APPENDIX 2

Angus Prevention and Proactive Care Programme

'Developing at pace and scale, more preventative and proactive support and advice for people living in Angus'

Interim Report: September 2022 - November 2023

Purpose of Report

This report provides a summary of progress made at the mid-point of the Angus Prevention and Proactive Care Programme (APPCP).

Summary of Achievements

1. Appointment of Prevention and Proactive Care Programme Manager.
2. Establishment of the multidisciplinary/multiagency Angus Prevention and Proactive Care Programme Steering Group (APPCPSG) in December 2022.
3. Establishment of a data and evaluation sub-group led by Public Health Tayside and Public Health Scotland. Test of change with social prescribing offered to high SPARRA score patients (Scottish Patients at Risk of Readmission and Admission) to hospital within the next year.
4. Creation of a monitoring, evaluation and learning framework.
5. Remobilisation of rehabilitation and self-management classes.
6. Living Better for Longer Event - 11 May 2023.
7. Commissioning of Thistle Foundation to deliver Good Conversation (commenced 28 August 2023) and Lifestyle Management Training to staff. Service areas to deliver to Lifestyle Management Course to the public (January 2024 until June 2024). Full evaluation will follow (July-October 2024).
8. Launch of Nature Prescribing Calendar - September 2023.
9. Scaling up physical activity in with the National Physical Activity Pathway (NPAP) and Physical Activity Referral Standards (PARS).
10. Commissioning of a new data management system – 'ReferAll' by ANGUSalive.
11. Recruitment of ANGUSalive Health and Wellbeing Coordinator and Two Health and Wellbeing Advisors.
12. Developing and implementing accessible and effective pathways to improve physical and health and wellbeing by the Community Mental Health Team.
13. Collaboration with 'Paths for All' health walks co-ordinated by ANGUSalive.
14. Getting it Right for Everyone (GIRFE) – Pathfinder for Scottish Government Programme, focusing on falls prevention.
15. Working with Voluntary Action Angus (VAA) to improve access to information to enable people to take an active role in improving and managing their own health and wellbeing.
16. Contributed to Transformative Responses for Health Inequalities and Coastal resilience proposal (THINk Coastal) - a multiagency submission to the UK Coastal Communities & Seas with Dundee and Abertay University.

17. Working with Abertay University to explore the opportunity for local secondary schools to develop an App aimed to combine children's love of technology and games with the important message of healthy living.

Rationale for creating the Angus Prevention and Proactive Care Programme

Good mental and physical health should be fundamental to all our lives but that is not the case for too many people living in Angus. It is central to our happiness and enables us to engage fully in community life, and with the things that matter most. People with better health and wellbeing reduce the pressures on the health and social care system and other public services, including crime, justice and welfare.

Great progress has been made in improving the people's health, helping them to live longer lives. However not all these extra years are spent in good health. Despite efforts to reduce avoidable differences in health between population groups, there are still health inequalities across the country.

Life expectancy is stalling and there continues to be a real gap between life expectancy for those living in the most deprived areas of Angus where men can live approximately nine years less and women three years less than those living in the least deprived areas of Angus.

In Angus the proportion of life spent in good health varies, with men experiencing 81% of their life in good health (2% higher than the Scottish average) compared to women who spend 74% of their life in good health (2% less than the Scottish average) (National Records Scotland, 2021). We are seeing rising levels of obesity, mental illness, age-related conditions like dementia, and a growing, ageing and diversifying population, often living with multiple, long-term conditions such as diabetes, asthma and arthritis and this is putting pressure on the health and care system which cannot be maintained.

Many of the causes of ill health are preventable. There is now a growing body of economic evidence that supports the case for investing in public health interventions and prevention and there is a shift in government policy from hospital-based treatment of acute conditions, to one that is more community based with a preventative and anticipatory approach.

Prevention and proactive care is essential to improving the health of the whole population, and helping secure the health and social care services we all value and rely on. Everyone has a part to play in this agenda. This includes recognising the responsibilities of individuals

and families in reducing the chances of becoming unwell in the first place, but also how the wider environment we live in determines our health.

What do we mean by Prevention and Proactive care?

Prevention and proactive care is about helping people stay healthy, happy and independent for as long as possible. Stopping problems from arising in the first place; focusing on keeping people healthy, not just treating them when they become ill. If people do become ill, they need to be supported to manage their health earlier and more effectively. This means giving people the knowledge, skills and confidence to take full control of their lives and their health and social care, and making healthy choices as easy as possible.

About the Angus Prevention and Proactive Care Programme

The 23-month APPCP is a jointly funded initiative by ANGUSalive, Angus Council and Angus Health and Social Care Partnership (AHSCP).

Aim: To achieve long-term behaviour change in target areas identified to improve public health in Angus and make a contribution towards tackling health inequalities.

Vision: Prevention, early and proactive care and good disease management will be core elements of service delivery and co-ordinated care approaches, to support the holistic and person-centred needs of each person, thus helping people to live more years in good health and reduce the gap in equality on healthy life expectancy.

Scope: Evidence-based, non-pharmacological or non-pharmaceutical Interventions (NPIs). A non-pharmaceutical intervention or non-pharmacological intervention is any type of health intervention which is not primarily based on medication. For example; physical activity, mind-body practices (Yoga/Thai-Chi), relaxation techniques, meditation and mindfulness.

Programme Goals:

Short-term:

- To improve the provision of suitable physical activities for in-active adults, older adults and those living with long-term conditions.
- To introduce evidence-based alternatives to a medicines first approach.

Medium-term:

- Explore opportunities to help people look after themselves while they are on a waiting list for treatment.

Long-term:

- Encourage and support people to manage long-term conditions through lifestyle choices. For example, physical activity.
- Reduce inactivity across Angus.
- To build staff capacity.

An APPCP logic model has been prepared within the monitoring, evaluation and learning framework (Appendix 1).

Action Plan & Programme Timeline

An action plan and programme timeline has been developed (Appendix 2).

Governance

The Angus Prevention and Proactive Care Programme Steering Group (APPCPSG) reports to the AHSCP Strategic Planning Group, Angus Council Change Board and ANGUSalive Board.

A partnering agreement and financial framework has been developed to capture the governance arrangements and controls which are required between the three partners.

Finance

A total of £0.500m funding is available for this project. A breakdown of contributions is available (Appendix 3). A breakdown of spend to date is detailed in (Appendix 4).

Monitoring, evaluation and learning framework

The purpose of the framework, developed by Tayside Public Health Team, is to evaluate the outputs of the APPCP. A full evaluation will be completed by the end of the test of change. Objectives of the framework are to:

1. Demonstrate the impact of the APPCP service response.
2. To identify unmet needs and gaps.
3. To understand what has been effective in supporting prevention and proactive care in communities.
4. To share learning with stakeholders for service improvement.

Achievements in Year 1

Remobilisation of rehabilitation and self-management classes:

A key aim of the APPCP is to de-medicalise and shift a number of condition specific/rehabilitation exercise classes from hospital setting into leisure centres, utilising ANGUSalive, exercise instructors and venues to improve access and attendance. These include:

- Pulmonary Rehabilitation.
- Chronic Pain.
- Better Balance/ Falls Prevention.
- Fatigue.

Pulmonary Rehabilitation (PR). The delivery of face-to-face classes was temporarily paused during the COVID-19 pandemic. Classes have recommenced within the Saltire Centre (Arbroath) and Montrose Sports Centre. A third class has been added, which will commence imminently at Webster Sports Centre (Kirriemuir). Primary Care Services are actively seeking ways to create a more accessible, equitable and comprehensive Community Respiratory Service to offer the Angus population. With approval pending and acknowledging the presence of 161 individuals on the waiting list for PR support as of November 1, 2023, the proposal outlines the launch of the first phase in early 2024. This initial phase will encompass preventive, diagnostic, and rehabilitation components.

Chronic Pain. Monthly support is being delivered in community venues across Angus by Pain Association Scotland. A new five week self-intensive class was introduced in January 2023, which is being delivered in a blended way (online and in person). This has included Brechin and Carnoustie Sports Centre. A full evaluation of classes will be completed by Pain Association Scotland by December 2023.

Falls Prevention. The prevention and management of falls has been identified as a priority within the Urgent & Unscheduled Care Programme, Prevention & Proactive Care Programme and Getting it Right for Everyone (GIRFE, Angus Pathfinder) Scottish Government Programme. The improvement programme in Angus will aim to deliver the four priorities of the Tayside Falls Prevention and Management Strategic Framework:

- Activity and awareness.
- Education and training.
- Sharing and communication.
- Data.

Better Balance. As part of the AHSCP, Multi-Agency Falls Prevention Change Package, a key area for improvement is to upscale and train AHSCP colleagues to deliver Better Balance Classes across Angus; at present these classes are limited to Montrose Sports Centre, with a new class is scheduled to commence in Arbroath (Saltire Sports Centre) in January 2024. ANGUSalive Health and Wellbeing Advisors are also to be trained to maximise their knowledge and skills, enabling them to offer an extended programme of suitable activities.

Fatigue Management. Planning by AHSCP is underway to reinstate the four week supported classes in a blended way (online and in person) by early 2024.

Living Better for Longer Stakeholder Event – 11 May 2023

A Living Better for Longer Stakeholder Event was held on 11 May 2023 in the Reid Hall, Forfar (Appendix 5). The partnership event was hosted by Angus Community Planning Partnership on behalf of Angus Council, AHSCP and ANGUSalive. The event was designed to help residents and stakeholders have their say on improving health and wellbeing in Angus. Stakeholders expressed overwhelmingly from the event feedback and evaluation, that improving access to information and awareness of activities and support should be a priority. This is an area which has been prioritised and is being led by Voluntary Action Angus (VAA). The feedback gathered at the event has and will continue to help shape future improvements to create the best possible health and social are across Angus.

A podcast has been created to discuss the APPCP, including discussion and reflections of the Living Better for Longer Event in Angus.

Planning is underway for a second event, which will take place mid 2024. The focus will be on ‘Preparing for the Future’.

Good Conversation and Lifestyle Management Training

An important area of the prevention programme has focused on self-management and the commissioning of the Good Conversations & Lifestyle Management, provided by the Thistle Foundation. These courses commenced in August 2023, with good buy-in from both medical and non-medical services areas within AHSCP and partner organisations. The courses are designed to help support people with long-term conditions to build their own coping and recovery strategies and enable them to set up and co-deliver programmes in their own community. Initial training is with teams before rolling out to the public in January 2024. A full evaluation of the courses will be completed by the Thistle Foundation (Appendix 6) to inform

the scaling up of the courses across AHSCP. Further engagement will take place with professional leads and workforce planning to improve future uptake. In particular, with a focus on promoting uptake of Allied Health Professionals in early 2024.

Launch of Nature Prescribing for Angus (September 2023)

In September 2023, AHSCP, alongside ANGUSalive, Angus Council, NHS Tayside and RSPB Scotland, successfully launched an Angus Nature Prescribing Calendar to help people in Angus see the physical and mental health wellbeing benefits of nature and provide plenty of local ideas to encourage people to get outdoors (Appendix 7). The benefits of nature for our mental, physical, social and environmental health are overwhelming and nature prescriptions are a way to improve quality of life and wellbeing for people. The calendar is based on based on accessible, self-led activities that people could do from home, on their own or with others.

All GP practices in Angus can now prescribe the free calendars as part of their consultation. Copies of the calendars can be downloaded from the AHSCP website or people can collect the hard copy from Voluntary Action Angus (VAA) at the Cross, Forfar. Copies are also available in community pharmacies and libraries. A survey and feedback loop have been developed to inform an evaluation. 3,500 copies have been distributed across Angus with the view to expanding on this depending on the uptake and feedback.

Scaling up Physical Activity in line with the National Physical Activity Pathway (NPAP) and Physical Activity Referral Standards (PARS)

The design and implementation of the Prevention and Proactive Care pathway into ANGUSalive's Be Active…Live Well programme (BALW) began with a review of the existing offering and referral practices, along with team skillset. Initial discussions centred on condition specific classes in a leisure environment; however it was quickly identified that this model would be difficult to sustain long term due to the landscape of Angus as a county, the likely demand of such classes in terms of cost effectiveness and the principle of promoting self-management long-term.

The alternative programme design (Appendix 8), centres around individualised participant journeys which are tailored specifically to the client's condition or conditions, personal abilities, and desired outcomes, with long term progression as a core principle. The BALW programme will now see two route offerings, with the free 12-week PPC pathway requiring a referral or sign off from a healthcare professional or a self-referral option into the existing

BALW programme. Once a referral has been received, the participant will be triaged internally by appropriately qualified Health and Wellbeing Advisors, after which an in depth 1-1 initial consultation will be conducted. The BALW pathway will have three internal routes, Active Start, Balance Active and Cardiac Active, where participants can access timetabled classes suitable for their needs. Within the BALW programme, each participant will receive a tailored programme card designed specifically for them to enable progression throughout the 12 weeks, after which the programme will be concluded with a final consultation.

The existing BALW programme will be internally categorised as Stay Active classes, aimed at maintenance and further progression, with advice offered at the final consultation of class suitability based on the client needs. To appropriately receive referrals into, manage and monitor this intervention, a robust data management and referral system was required. Refer-all was selected as a well-recognised and comprehensive referral and data management system, with the capacity to support mobilization, sustainability, and growth of this intervention, as well as any additional sub-programmes later implemented.

Due to the wide range of inclusion criteria for this programme, data will be collected and outcomes measured on a range of factors, including mental wellbeing scores with the use of WEMBS, collections of biometric data, Physical Activity Referral Questionnaire (PARQ) and a self reporting pain scale (likely in line with Escape Pain). The aim of this pathway is to see improved outcomes on at least one of these scales for each participant at the final review consultation after 12 weeks continued participation.

In addition to the above reporting outcomes, the Sport England Model for Estimating the Outcomes and Values in the Economics of Sport (MOVES) is a tool which can be utilised to support programme outcomes and return of investment in Angus. With the support of the University of Edinburgh, Dumfries and Galloway and Forth Valley Health and Social Care Partnerships, undertook a rigorous Health Economic Assessment (HEA) to show how scaling up of their equivalent physical activity programmes, invested financially, that for every £1 invested by the NHS, there is approximately £3.30 returned. The Quality Adjusted Life Years (QALY) financially shows that for every £1 invested, £7.37 is returned.

Commissioning of 'ReferAll' – Data Management System

ANGUSalive have been supported by the APPCPG to implement a new data management system, Refer-All. The data management system will effectively and efficiently receive process and analyse referrals to the BALW programme. This will mean a more streamlined referral process and improved data collection in line with Public Health Scotland's Physical

Activity Referral Standards (PARS). This will contribute to improved participant outcomes, and better inform the impact of the programme on a number of outcomes and improve feedback for partners.

Recruitment of ANGUSalive staff

To support the delivery of the new BALW programme and pathway, a health and wellbeing coordinator and two health and wellbeing advisors have been successfully recruited into post. It's expected that the launch of the programme will take place in January 2024.

The BALW programme supports towards meeting the minimum Scottish Government Physical Activity Referral Standards and ensuring Angus is at the forefront of improving health for our residents and pioneering new initiatives. This activity supports the most vulnerable groups by acting as a bridge between clinical care and self management, both for those diagnosed with a long term-condition and preventatively, also those at risk. It is focused on de-medicalising health care by supporting health promotion in the community.

Robust evaluation will be required to ensure this pathway is able to fully demonstrate the outcomes that we expect to see and also show where gaps remain. Should the evidence be positive as we expect, future funding will be required to ensure sustainability.

Improving physical health for people with severe mental illness

Members from the APPCPSG are supporting a new working group to co-design and co-produce a project with the Community Mental Health Team. The aim of this project is to explore a number of areas to improve physical health for people with severe mental illness through a number of pathways. This is an area of inequality which is recognised at a National Level, within the Mental Health Strategy and within the AHSCP Living Life Well Improvement Plan. Evidence suggests that individuals are also less likely to access preventative physical health care and health promotion interventions than the general population. The project objectives are to:

- Develop and implement accessible and effective pathways to improve physical health wellbeing.
- Reduce the risk factors for cardiovascular disease and metabolic disorders through early identification.
- Increased access and availability to a wide range of interventions to improve physical health wellbeing.

- Improve physical activity for our service users.
- Have a workforce who are skilled and knowledgeable in this area.

Collaboration with 'Paths for All' health walks in Angus

The APPCPSG have invested towards the continuation of the ANGUSalive, 'Paths for All', health walks in Angus. The role that walking can play in improving health and wellbeing is well documented within key national policy documents. Angus Paths for All Health Walks (13) are short, low level, accessible, safe, free group walks led by trained Health Walk leaders. These walks predominantly target the least active members of our communities, offering an accessible means of becoming more active to those who are most likely to benefit in terms physically, mentally and/or socially.

Getting it Right for Everyone – GIRFE – Scottish Government 'Pathfinder'

AHSCP and members of the APPCPSG are participating and engaged in the programme where the focus for Angus has been initially on Older People and Falls Prevention. Team Angus has utilised this space to use service design and a series of public engagements have taken place to inform this work, including individual user journeys, focus groups and workshops. This will inform a change package, co-designed with the public. It also supports the Angus Multi-Agency Falls Prevention Group and the Urgent and Unscheduled Care work streams.

Public Access to Information

VAA have receiving funding from the APPCPSG to modernise the Locality Locator website and to complement this with a mobile phone App (free online directory for all third sector organisations, services, community groups and social enterprises in Angus). This follows on from the evaluation of the Living Better for Longer Angus event (May 2023) where the overwhelming feedback supported the need for improved information about local resources and information related to improving health and wellbeing. The name of the refreshed website and app will be put to a public vote, and a local co-ordinating group will help support the developer and VAA inform the new look website and App. The expected completion date for this project will be January 2024.

Reaching our population of interest; social prescribing test of change

A data and evaluation sub-group led by Public Heath Tayside and Public Health Scotland have led this area of the programme to date. The purpose of this sub-group is to identify a population cohort in Angus who may benefit from preventative, non-medical interventions of support. To access these patients, the group identified Public Health Scotland's, SPARRA

tool (Scottish Patients at Risk of Readmission or Admission). SPARRA focuses on three main groups (Frail Elderly, Long Term Conditions and Young Emergency Department).
The group identified patients in Angus with a score of >30 which resulted in 4,000 plus Angus residents at risk of being admitted or readmitted to hospital in the next year (Appendix 9). In order to prioritise interventions of support to those who need it the most, the sub-group are focusing on patients who live within a SIMD1&2 post code, then this will expand depending on uptake of support. The test site for reaching out to these patients will begin within Brechin (Appendix 10). This pilot will begin at the end of October 2023.

- The types of intervention to be offered include: BALW (exercise programme), Lifestyle Management Course, Health Walks and Nature Prescribing.

THINk Coastal - multiagency submission to the UK Coastal Communities & Seas with Dundee and Abertay University

Members of the APPCPSG have contributed towards a multi-agency submission. The aim of the THINk Coastal project is to enhance the resilience, health and wellbeing of UK coastal communities and seas. Our project has a focus on reducing health inequalities in these coastal communities, especially ensuring that climate vulnerabilities do not increase health inequalities. Unfortunately, the submission has been unsuccessful, but the consortium are keen to continue to collaborate and explore funding opportunities. Conversations will re-commence in 2024.

Proposals being considered

Promotion of Healthy Living:
The APPCPSG is collaborating with Abertay University to explore the opportunity to produce a video game/app with school children in Angus to promote healthy living. This project will aim to inspire as many children as possible in Angus to think more creatively about preventative health measures which they can then challenge their peers, parents, friends, family members and the wider school community to live better and longer lives.

Waiting Well:
Early scoping work is underway, looking at a weight loss mobile phone App for GP practices to prescribe to patients who have a BMI of >30 to prevent diabetes and to ensure patients are fit as possible before potential surgery. This links with the North East Cluster, comprising of Montrose, Brechin and Edzell practices that are currently looking at diabetes prevention projects.

Pharmacy-Led Polypharmacy Clinic:
Early scoping work is underway for a pharmacist-led polypharmacy clinic targeting the frail, elderly population of South Angus with the aim of reducing inappropriate polypharmacy, medicines related harm and unplanned hospital admissions in this patient group. Using STU and SPARRA data, patients will be invited for review based on an inclusion and exclusion criteria. The clinics will run as a mix of face to face and telephone appointments with each patient receiving a level 3 medication reviewed carried out by a pharmacist. Medication changes, including plans for monitoring and follow up, will be communicated to the patient's Primary Care team following the review.

Increasing Opportunities for Strength and Balance Activities across Angus:
A proposal is being considered to test a locality-based approach, using national strength and balance resources developed by Paths for All, across a range of healthcare settings, to support Prevention and Proactive Care, particularly with regards to falls reduction and rehabilitation. This will complement existing falls improvement work within a test of change. Modelling of this will be co developed by partners with within the agreed test locality but may include signage within healthcare and social care facilities with external panels used within walking routes/facilities grounds to support both walking and strength and balance activities. There is potential to link this programme to the existing Health Walk networks across Angus.

Next steps (October 2023 – September 2024)

- Meeting with three funding partners to discuss sustainability and mainstreaming of the APPCP (Nov 2023)
- Test of change- VAA social prescribing in Brechin (November 2023)
- Falls improvement change package (November 2023)
- Launch of BALW pathway (January 2024)
- Launch of the VAA App and website (January 2024)
- Abertay University – 'Healthy Living' App development (January 2024)
- Delivery of Lifestyle Management Courses (January 2024)
- Self Management – periodic education classes, i.e. healthy eating, menopause, diabetes prevention, preventing falls, mindfulness, mental wellbeing (Feb 2024)
- Expanding the reach of nature prescribing (e.g. learning disabilities, mid 2024)
- Part two - 'Living Better for Longer in Angus – Preparing for the Future' (Mid 2024)
- Full evaluation and sustainability report (September 2024)

List of appendices

Appendix 1 - Monitoring, Evaluation and Learning framework – Prevention and Proactive Care in Angus

The purpose of this work is to evaluate the APPCP which has been established to support people to keep well through preventing issues and offering earlier proactive support.

Key question: Are programs designed to support PPC fit for purpose?

Objectives

1. To demonstrate the impact of the PPC service response
2. To identify unmet need and gaps
3. To understand what has been effective in supporting prevention and proactive care in communities
4. To share learning with stakeholders for service improvement

Logic Summary

Stage	Detail
Goals	To provide people with the tools that they need to improve or maintain their health. To help people age well and add healthy years to life. Build stronger and more resilient communities. Act early to anticipate healthcare needs.
Process	What are the barriers to delivering PPC? Is PPC meeting the needs of communities? What is required to ensure the ongoing delivery of PPC?
Impact	What has been the response in communities that PPC is working in? Are people who are most in need able to access PPC? What are the additional needs of those accessing PPC? What has been the staff/resource impact on delivering PPC?

Stage	Detail
Outcomes	Short term: To improve the provision of condition specific exercise classes provided across Angus. To introduce evidence-based alternatives to a medicines first approach. Medium term: Explore opportunities to help people look after themselves while they are on a waiting list for treatment. Long term: Support the self-management of long-term conditions and promote digital solutions. To build staff capacity.
Outputs	Communication; Signposting; Classes; Resources; Digital platforms/tools; Develop a self-management network
Activities	Baseline data collection Surveying service users and primary/secondary care Engagement events (community and clinical) Design and test digital tools Progress report writing

Programme Design

Outcome	Indicators – to be refined	Source
Introduce evidence-based alternatives to a medicines first approach.	Assess programs designed to support Preventative and Proactive Care	WEMWBS; EQ-5D Physical Activity Referral Standards; METs values; Frailty index/Fried Criteria - survey; PHS data; SPARRA
	(Target number) non-medical interventions piloted/adopted by prescribers (nature prescribing)	Literature review

		Interview/numbers on how many engaging with newly adopted non-medical interventions
Improve the provision of condition specific exercise classes provided across Angus.	Do programs increase confidence/wellbeing - Do programs improve balance - Do programs reduce hospitalisation due to falls Implement findings to exercise classes	Survey/interview responses (baseline, 3 months, 6 months, 12 months, 18 months and final survey) Interview with class instructors
Explore opportunities to help people look after themselves while they are on a waiting list for treatment.	How well do people care for themselves while waiting for treatment (target needed)	Baseline survey data – Waiting Well group to establish?
Support the self-management of long-term conditions and promote digital solutions.	How well do people manage long term conditions (Target number) are engaging with digital solutions (Knowledge Hub)	Baseline data on self-management Engagement figures
To build staff capacity	Number of staff trained (Angus Alive)	Internal audit

Proposed Evaluation Questions

1. To what extent are the interventions designed to support proactive and preventative care meeting the needs of the target population?

2. How effective are the interventions at improving health outcomes for the target population?
3. What are the barriers and facilitators to the implementation and effectiveness of the interventions?
4. How effective are the interventions at improving health outcomes and reducing the incidence of chronic diseases in the target population?
5. What are the experiences and perceptions of the target population and healthcare providers with the interventions?
6. How sustainable are the interventions in terms of funding, staffing, and community support?
7. What are the best practices and lessons learned from the interventions that can inform future interventions and programs in this area?

Objective	**Question**	**Method**	**Responsibility**	**Timescale**
To what extent are the interventions designed to support proactive and preventative care meeting the needs of the target population?	1	Practitioner survey; Service users survey;	Blair team	Mid-point; end point
How effective are the interventions at improving health outcomes for the target	3	Practitioner survey; Hospital/service uptake figures?	Blair team	End point

population?				
What are the barriers and facilitators to the implementation and effectiveness of the interventions?	2	Practitioner survey; Service users survey;	Blair team	Mid point; end point
How effective are the interventions at improving health outcomes and reducing the incidence of chronic diseases in the target population?	3	Practitioner survey; Hospital/service uptake figures?	Blair team Eilidh Robbie?	End point
What are the experiences and perceptions of the target population and healthcare providers with the interventions?	1	Practitioner survey; Service users survey;	Blair team	Mid point; end point

How sustainable are the interventions in terms of funding, staffing, and community support?	5	HSCP input	Blair team	End point
What are the best practices and lessons learned from the interventions that can inform future interventions and programs in this area?	4	Practitioner survey; Service users survey;	Eilidh	End point

Programme Theory and Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short-term (XX months)	Medium-term (XX months)	Long-term (XX months)
Funding and resources to support the programme Data on the current state of proactive and preventative care in the target population (what's available now, current service provision and population data) Knowledge and expertise of program staff	1. Baseline data gathering 2. Survey work 3. Stakeholder meetings/decision making 4. Research 5. Develop resources 6. Evaluation 7. Partnership working	Literature review Baseline data collection Survey work A list of existing interventions and their suitability for supporting proactive and preventative care. Program evaluation (1) - report Feedback loop – with stakeholders Program evaluation (2) – report Feedback loop Final evaluation	What can we learn and gain? Literature review completed to support evidence base Baseline data established Survey questions decided and first survey launched Increase knowledge and	What we do differently? 1st and 2nd survey work completed Data shared with stakeholders Feedback loop and adjustments made Technology use planned New non-medical interventions	What difference does that make? Improved understanding of which interventions are most effective at supporting proactive and preventative care. Improved implementation of interventions that support proactive and

						awareness	planned	preventative care. Improved health outcomes for the target population, including lower rates of illness and disease.

PROCESS EVALUATION				OUTCOME EVALUATION		

Appendix 2 – PPC - High Level Action Plan & Timeline (2022-2024)

AIM - Increase healthy life and reduce inequalities. We want the population of Angus to 'live well' and feel supported in self-management.

RAG rating as of 13/03/2023

	Critical issues/delays		Some issues/minor risks/possible delays		On track/making good progress		Not yet started

Description of action	Outcome to be achieved	Measures/how will we know we have made a difference	Lead person	Timeline	RAG update
Identify priorities for Angus and target population.	Agree population to be targeted.		Robbie MacAulay (PHS)	January 2023- March 2023	Complete
Map against programme priorities.	Use the data to plan and identify where resources or interventions should be targeted appropriately.	No. of people engaging in evidence-based and non-medical interventions. Improved physical/mental health	Blair Finlay (AHSCP)		Complete

Identify and refine programme outcome measures	Shared understanding of programme outcomes amongst stakeholders. Outcome measures will be SMART	Joined up approach across services	Blair Finlay (AHSCP)	March 2023- April 2023	Complete.
Develop a financial framework	A financial framework will be in place which will incorporate the three funding partners (AHSCP, ANGUSalive, Angus Council)	Partners will have a clear understanding of the governance and controls	Elaine Brown (AHSCP)	Feb 2023 -March 2023	Complete.
Stakeholder engagement/co-design/GIRFE	Mapping of assets and understanding stakeholders wants for future provision	Information from stakeholders to inform service delivery	Blair Finlay (AHSCP)	March 2023-October 2024	Living Better for Longer – Angus Event held on 11 May 2023.
Develop a programme monitoring and evaluation framework	To provide qualitative and quantitative data to assess progress and impact over time	Establishing feedback loops to be able to change and adapt the programme over time	Blair Finlay (AHSCP) Eilidh Moir (NHST, Public Health)	March 2023	Complete.

Conduct a literature review of evidence-based, non-medical interventions	A literature review will be produced	Use or consider the findings from the evidence-base to inform future decision making	University of Dundee – MPH Student (Lauretta John Paul) Blair Finlay (AHSCP)	May - July 2023	Complete. Lauretta John Paul to discuss findings at AP&PCG meeting on 21 August 2023.
Review and improve ANGUSalive's BE ACTIVE... Live Well (Long-Term Condition (LTC), Physical Activity Programme)	Further expansion and delivery of a suite of evidence-based physical activities to support those living with LTC in Angus. This will include improved exit pathways for those transitioning between health care and community. For example, falls prevention, pulmonary rehabilitation, cardiac rehabilitation and those	No. of referrals to BE ACTIVE... Live Well LTC Programme % of referred patients who take up the service % of referred patients who complete the scheme Pre & Post... % of participants report improvements in their	Kirstie Abbey(ANGUSalive)	November 2023	Service modelling and review well underway. A health and well-being co-ordinator was recruited came into post in to oversee the review of the BE ACTIVE... Live Well programme. Two Health and Wellbeing Advisor posts advertised in August 2023

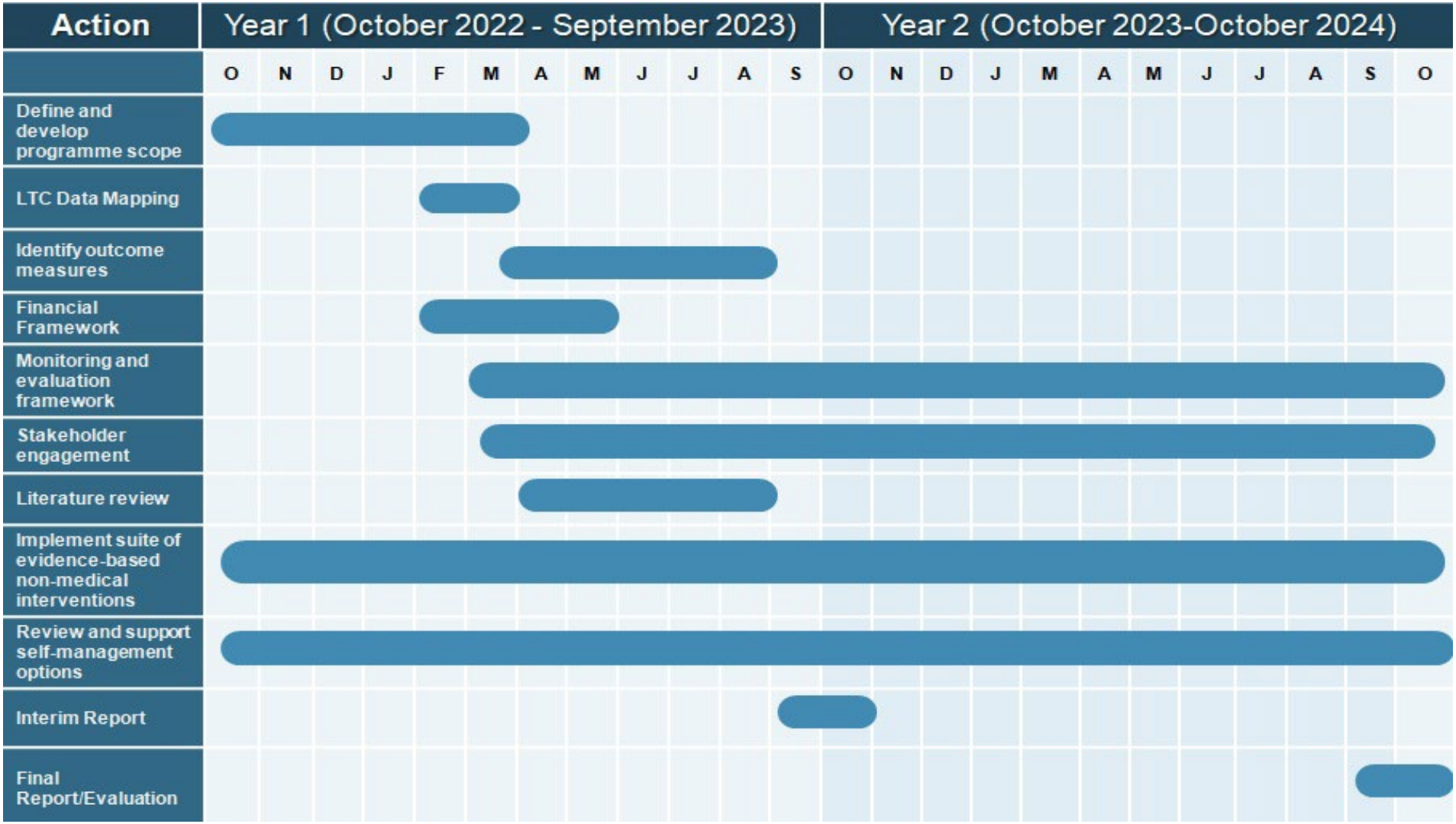
	accessing support from the community mental health team. In addition, broadening health promotion across Angus.	physical activity (IPAQshort, validated tool) and mental health(Validated Tool: WEMWBS OR (EQ5D, includes QALYS) %of participants who continue to use the leisure services, one year after completion as tracked by ANGUSalive system			with the view to testing the new programme in Arbroath for 12 months.
Explore and introduce evidence-based alternatives to a medicines first approach e.g. Nature Prescriptions	Established Nature Prescribing Options that are robustly monitored and evaluated Other evidence-based	No. of patients prescribed nature calendar %of patients prescribed and engaging with nature	Ashleigh Henderson (Senior Health Promotion Officer – NHS Tayside)		Completed August 2023. Nature Prescribing Calendar Pilot being launched August 2023 with a media launch to

	alternatives being explored	prescribing calendar % patients reporting improved physical and mental wellbeing % of patients continue to use nature prescribing % of GPs/Health Professionals continue to refer patients to nature prescribing No. of GP practices prescribing nature prescriptions			follow.

Together with NHS Tayside, explore opportunities to help people look after themselves while they are on a waiting list for treatment	Establish method of identifying appropriate physical activity/lifestyle interventions for people who are awaiting surgery	No. of people reporting improved physical functioning/quality of life pre-post surgery No. of people Body Mass Index IPQAQ – Pre & Post EQ5D	Fatim Lahka (NHST, Public Health) Ashleigh Henderson (NHST, Public Health)	TBC	Early scoping work underway, looking at a weight loss mobile phone app for GP practices to prescribe to patients who have a BMI of >30 to prevent diabetes and to ensure patients are fit as possible before potential surgery.
Continue to review and support the self-management of long-term conditions and promote digital solutions	People with LTCs will have a range of options available to help manage or improve their health and wellbeing	Reducing the need for prescribed medicine. Promoting non-medical interventions	Blair Finlay (ASHCP)	October 2022-October 2024	Public Information – VAA Commissioned to developed website and app (January 2024)
Interim Report	Understanding the direction of the	Feedback loop and engagements with the	Blair Finlay (AHSCP)	October 2023	1st Draft Complete (October 2023)

	programme/making adjustments when appropriate Increasing communication with stakeholders	report			
Final Report and Evaluation	Findings and recommendations	Suggestions for sustainability	Blair Finlay (AHSCP)	September/October 2024	

Programme Timeline



Appendix 3 –Partnering Agreement

Governance Arrangements

Purpose:

"A partnering agreement will be developed to capture the governance arrangements and controls which will be required between the three parties, Angus Health & Social Care Partnership, Angus Alive and Angus Council to support the implementation of this 'test of change', including the parameters for how the funding will be managed and utilised."

How

- To ensure the delivery of good governance, It has been agreed at the Angus Prevention and Proactive Care Group (APPCG) Meeting on Monday 5 December 2022 that the funds will be managed and controlled by Angus Health & Social Care;
- The allocation of this funding will be approved by the APPCG , via the submissions of bids;
- Funding must be agreed in advance of spend;
- The long term impact of any spend against this project must be considered and assessed and a clear exit strategy, if required, be agreed by Angus Prevention and Proactive Care Group.

Funding

- A total of £0.500m funding is available for this project, consisting of partner contributions as follows;
    - £0.250m from Angus Council;
    - £0.125m from Angus Health & Social Care Partnership;
    - £0.125m from Angus Alive
- The project duration is 2 years;
- It is anticipated the spend profile of the project will be across three financial years 2022/23, 2023/24 & 2024/25.

Mechanism for Processing Costs

- All costs incurred must adhere to the respective partners Standard Financial Instructions with services and goods procured aligned to the respective partners procurement process;
- The Programme Manager can authorise expenditure up to £5,000. Anything excess in this amount requires to be approved by the APPCG.
- Any costs incurred by either Angus Alive or Angus Council in respect to the project will be cross charged to Angus HSCP in the financial year to which the costs occurred;
- AHSCP Management Accountant will seek to recover Angus Alive and Angus Council's funding contributions based on spend profile on a 6 monthly basis.

Reporting Mechanisms

- Monthly finance reports will be produced for the APPCG Group by the Management Accountant.
- Performance measures/outcomes will be measured via the programme Monitoring and Evaluation Framework, which will help to inform return on investment.

Appendix 4 – Angus Prevention and Proactive Care Programme – Finance Report (October 2023)

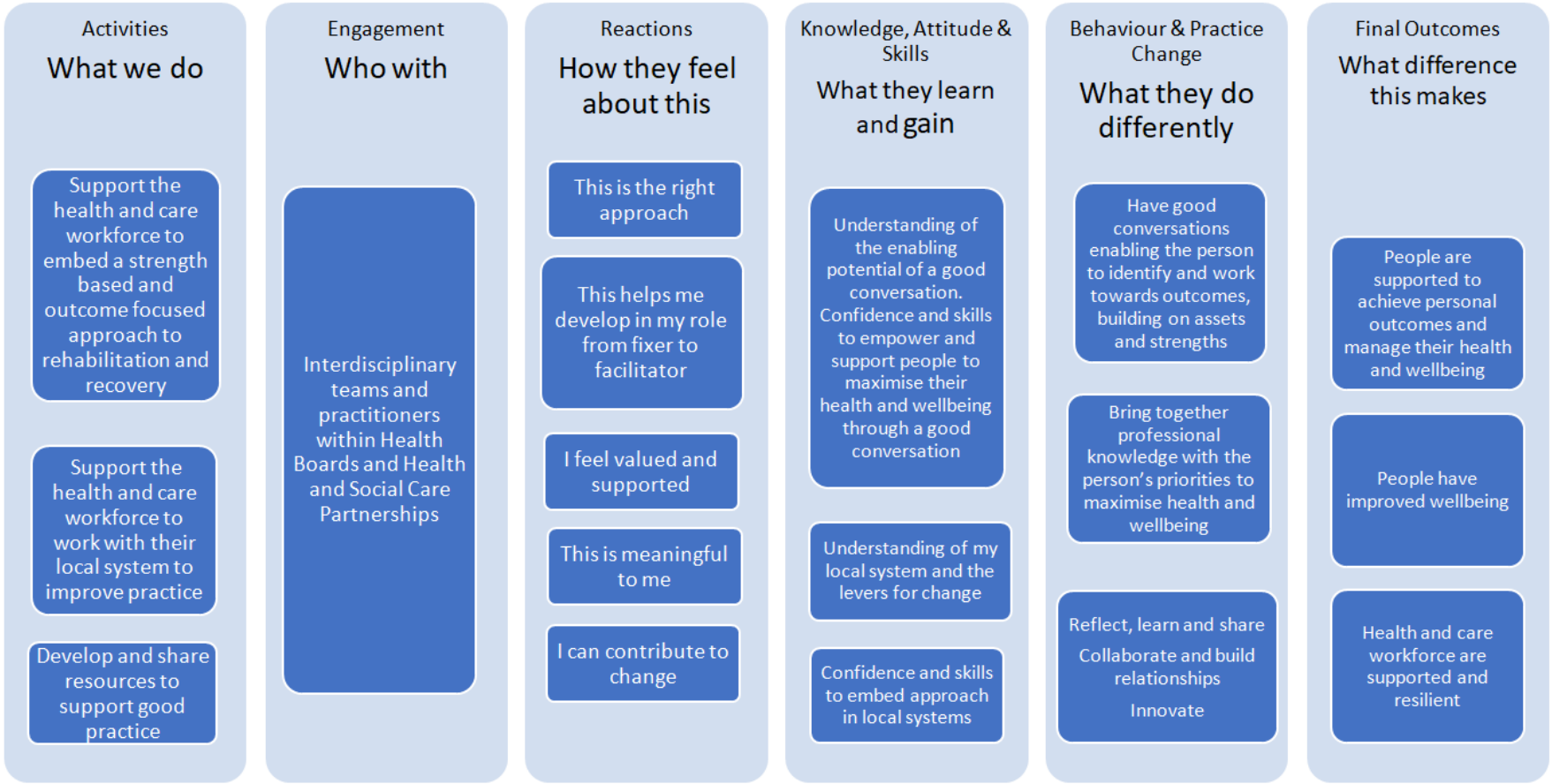
ANGUS PREVENTION & PROACTIVE CARE PROGRAMME
FINANCE REPORT - October 2023

				2022/23 £k				2023/24 £k				2024/25 £k				Project Total £k				Key Messages / Notes
Budget				AHSPC	AA	AC	TOTAL	AHSPC	AA	AC	Total	AHSPC	AA	AC	Total	AHSPC	AA	AC	TOTAL	
Budget Carry forward *				125	125	250	500	88	125	250	463	11	65	247	322	125	125	250	500	
Other Income																			-	
Total Budget				125	125	250	500	88	125	250	463	11	65	247	322	125	125	250	500	
Projected Spend	**Organisation / Post Holder**																			
Pay:		**Grade**	**WTE**																	* Included an assumption each financial year for pay awards
Programme Manager	NHS - Blair Findlay	8A	1	37			37	78			78	41			41	155	-	-	155	In post Oct '22 for a period of 24 months -
Health & Wellbeing Co-ordinator	Angus Alive - Veronica Hu	LG8	1						37		37		38		38	-	75	-	75	assumed post filled from July '23 as 18 m post
Health & Wellbeing Advisor	Angus Alive	LG5	26hrs						8		8		9		9		17		17	Started 19/10/23 12m temp contract
Health & Wellbeing Advisor	Angus Alive	LG5	26hrs						6		6		11		11		17		17	Due to start 20/11/23 - 12m temp contract
Total Pay				37	-	-	37	78	51	0	129	41	58	0	99	155	109	-	265	
Non Pay:							-								-	-	-	-	-	
Advertising							-								-	-	-	-	-	Health & Wellbeing post associated costs
IT Purchases							-		1		1				-	-	1	-	1	
Venue Hire							-					1			1	1	-	-	1	
Travel & Subsistence							-								-	-	-	-	-	
Professional Fees & Charges							-		8						-	-	8	-	8	
Nature Calanders							-			3	3			1	1	-	-	4	4	3.5k copies orderd to date
Angus Health Walks												20				20	-	-	20	
Thistle Foundation												42				42	-	-	42	
VAA Locality Locator												44				44	-	-		
ReferAll System (Angus Alive)							-					6				6	-	-	6	
Total Non Pay				-	-	-	0	-	9	3	4	113	-	1	2	113	9	4	126	
Total Spend				37	-	-	37	78	60	3	133	154	58	1	101	268	118	4	391	
Under / (Over) spend				88	125	250	463	11	65	247	330	(143)	7	246	221	(143)	7	246	109	

Appendix 5 – Living Better for Longer, Stakeholder Event (11 May 2023)

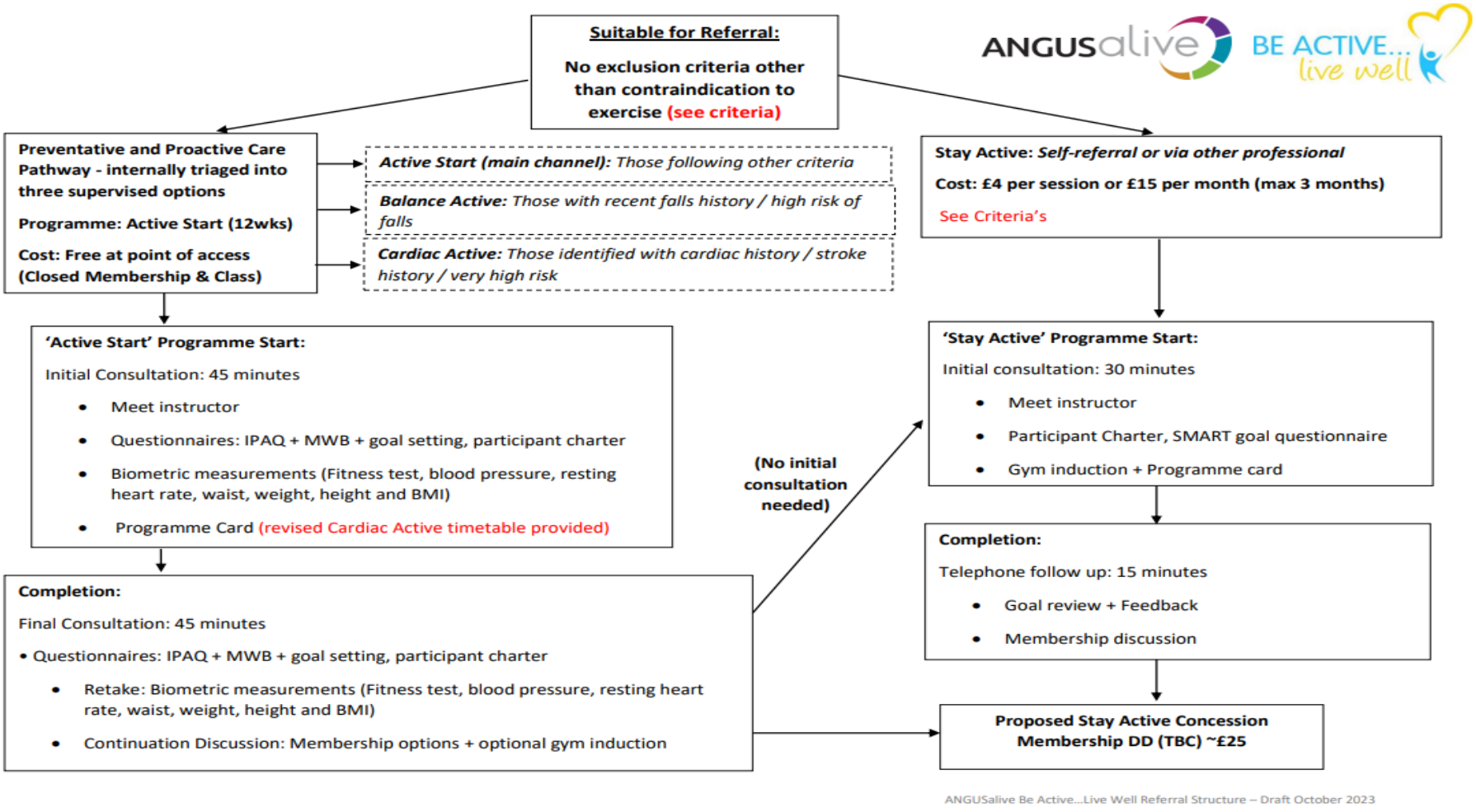
Appendix 6 – Thistle Foundation Evaluation Outcome Map

Outcome map



Appendix 7 - Launch of Nature Prescribing for Angus (September 2023)

Appendix 8- BE ACTIVE... Live Well – Pathway



Appendix 9 – SPARRA Population >30 Population – Angus

SPARRA Score	Angus Population	Related Local Priority Area
>30% YED	412	Mental Health
>40% YED	244	Mental Health
>30% YED	412	Substance Use
>40% YED	244	Substance Use
>30% FE	2473	Falls
>40% FE	1122	Falls
>50% FE	494	Falls
>30% LTC	1302 (351 w/ diabetes LTC flag)	Obesity
>40% LTC	663 (198 w/ diabetes LTC flag)	Obesity

Appendix 10 – Brechin Medical Practice – Social Prescribing Pilot