



## AGENDA ITEM NO 13

REPORT NO IJB 53/24

### ANGUS INTEGRATION JOINT BOARD

28 AUGUST 2024

#### STRATEGIC PLANNING UPDATE

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

#### 1. ABSTRACT

This report provides the Integration Joint Board (IJB) with an update relating to progress to deliver the commitments aligned to the strategic priority of prevention and proactive care.

#### 2. ALIGNMENT TO THE STRATEGIC PLAN

This report is aligned to Priority 1, focusing on prevention and proactive care and the strategic commitments to:

- Support people to look after their own health in a way which is manageable for them
- Build stronger and more resilient communities
- Act early to anticipate needs
- Optimising medicines to ensure prescribing resources are used effectively.

#### 3. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) Scrutinise and discuss the content of the Report;
- (ii) Consider and agree a reasonable level of assurance regards progress related to prevention and proactive care; and
- (iii) Acknowledge further reports will be presented as per the work plan.

#### 4. BACKGROUND

Prevention and proactive care are essential to improving the health of the whole population, helping secure the health and social care services we all value and rely on. Prevention minimises harm and reduces health care costs. 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.

As highlighted within the Chief Medical Officer for Scotland's Annual Report (2023) [Realistic Medicine, Doing the Right Thing](#), we need to be concentrating greater efforts on the prevention of disease, by tackling the social and commercial determinants of health, as well as reducing the impact of established disease. This is absolutely essential if we are going to meet the challenges shown within the Scottish Burden of Disease study (2022) which suggests that between 2019 – 2024, the burden of disease is forecast to increase from by 21%, with two thirds of the increase coming from cancers, cardiovascular disease and neurological conditions.

In December 2022 the Angus Prevention and Proactive Care Programme Steering Group (APPCPSG) was established, jointly funded by Angus Council, ANGUSalve and Angus Health and Social Care Partnership (AHSCP). The purpose of the Group is to achieve long term behaviour change in target areas identified to improve public health in Angus and contribute towards tackling health inequalities. The APPCPSG oversees

The SG [Value based health and care: action plan](#) includes a commitment which states “*the Scottish Government will support people and communities to access preventative and proactive approaches to improve healthy life expectancy and reduce health inequalities.*”

In January 2023 Public Health Scotland (PHS) published a report [Public health approach to prevention and the role of NHSScotland](#). This paper outlines a public health framework for prevention and the key contribution NHS Scotland makes to preventing poor health outcomes. There is broad recognition and support for preventative action to address Scotland’s health challenges but a lack of a clear and shared language on the spectrum of action needed. This is inhibiting investment in the most effective preventative actions within NHS Scotland. PHS is proposing the adoption of a public health approach to bring clarity and focus to whole-system discussions on prevention. PHS believes this will also enable decisive investment in primary prevention needed both within NHS Scotland and across the system.

As part of the Scottish Governments Care and Wellbeing Portfolio, a Waiting Well workstream has been developed, which aims to target and support our patients who are currently waiting for a required assessment or intervention. The Waiting Well programme aims to prevent further deterioration in the health and wellbeing of our patients whilst they wait; supporting patients to wait better, seeking stabilisation and in many cases, improvements in how patients can self-manage and become more proactive in their own care, health and wellbeing. Across Tayside, there has been significant stakeholder engagement and buy in for the Waiting Well approach, with NHS Tayside’s Planned Care Board agreeing to provide the required governance for development and implementation.

The NHS Tayside [Director of Public Health Report 2023](#), makes reference to the importance of prevention and proactive care approaches, especially in relation to mental health, diabetes, chronic obstructive pulmonary disease.

## 5. CURRENT POSITION

As Chief Officer for AHSCP, I would suggest that the level of assurance provided is: **Reasonable** due to the following factors:

- Significant efforts have been made towards developing, promoting and implementing prevention and proactive care at pace and scale, introducing evidence-based alternatives to a medicines first approach.
- Prevention and proactive care activities continue to benefit from clinical input from the Associate Medical Director, Associate Clinical Director and Public Health.
- Table 1 provides a summary of the status of the prevention and proactive care actions, focused on preventing deterioration. The majority of actions are not due for completion until 2025/2026. More details can be found in Appendix 1.

Table 1. Summary of status of actions.

Our Commitments:	Number of Actions	Status			
		RED Not started	AMBER Concern meeting deadline	GREEN On - track	BLUE Completed
Support people to look after their own health in a way which is manageable for them.	12	0	0	11	1
Build stronger and more resilient communities	4	0	0	4	0
Act early to anticipate healthcare needs	3	0	0	3	0
Prescribing resources will be used effectively	5	0	0	5	0
<b>TOTAL</b>	24	0	0	23	1

Additional information relating to the ANGUSalve Be Active Live Well programme is provided in Appendix 2.

## Continence

AHSCP is the lead agency for the Tayside Continence Advisory and Treatment Service (CATS). The Tayside Continence Group Multi Disciplinary Team are promoting three months patient self-conservative treatments, following the NHS Tayside Overactive Bladder & Uro-Gynaecology Management of Stress Incontinence and Prolapse Pathway. Promoting continence is one of the priority areas of the service and the APPCPSG are supporting a programme of work to address levels of overspend aligned to this service.

The prevention and proactive care approach is in line with Clinical NICE Guidelines for the management of urinary incontinence. The aim is that people will self-manage and improve their incontinence symptoms and reduce the need for people requiring access to continence services thereby releasing capacity for the service to see people with a greater level of clinical need.

## Optimising Medicines

Optimising Medicines is part of the Prevention and Proactive Care Workstream. AHSCP Prescribing Management Quality Assurance Group (APMQAG) continues to provide a framework in which FHS prescribing spend is monitored. As a subgroup of the Angus Clinical Care and Professional Governance Group, it provides an annual assurance report to that group. Regular updates are also provided to Angus HSCP Executive Management Team.

The work plan continues to be tracked and reported at each APMQAG meeting. As previously reported, the operational aspect of delivery of the prescribing work plan has been devolved to the GP and practice pharmacy teams at cluster and practice level ensuring that the clinical engagement with prescribing management remains high. It has been identified historically that services in Angus take a more proactive approach to preventative prescribing using cost effective options. This has positively impacted upon the quality of prescribing within the National Therapeutic Indicators. We remain challenged by the increase in medicines cost set out in separate IJB reports.

## Performance indicators

The National Indicator aligned to prevention and proactive care is NI 1 - Percentage of adults able to look after their health very well or quite well. Data is reported from the biennial national survey (Health and Care Experience Survey). As indicated in the IJB Annual Performance Dashboard (IJB 32/24) the result for 23/24 is 91.1%. This is above the Scotland result of 90.7%. However, it is a concern that there has been a steady decline from the 2019/20 and 2021/22 data of 93.5% and 92.4% respectively. The aim of the all the work of the APPCPSG is to show a positive impact on this indicator in 2025/26.

Four local indicators aligned to Priority 1 were agreed at the IJB in April 2024 (IJB 19/24). It is noted that the IJB continues to review its local performance framework to ensure all measures reflect strategic and service requirements, and to ensure performance indicators are comprehensive, proportionate, and straightforward to interpret.

## Priority 1 Prevention and Proactive Care

Local Indicator	Results/comments
% of residents in a care home who are offered the opportunity to complete a Future Care Plan. It is proposed that this indicator is amended to:  % of care home residents in Angus with a future (anticipatory) care plan read coded in the GP record in the previous 56 weeks.	We recognise that not everyone will wish to have a future care plan.  Work remains ongoing to capture this information.
% of people with a decrease in their SPARRA (Scottish Patients at Risk of Readmission and Admission) risk score (Scottish Patients at Risk of Readmission and Admission to Hospital)	Subsequent discussions with colleagues from Public Health Scotland have recommended that this indicator requires to be revised, and work remains ongoing.
% increase in the number of people with a Power of Attorney (POA)	Data from the Office of the Public Guardian indicates that in 2013, 1066 people in Angus were registered with a POA. In 2023 this had

	increased by 82% to 1942. AHSCP continues to be an active member of the National Power of Attorney Steering Group.
% increase in number of people with a Long-Term Condition who access the ANGUSalve 'Be Active – Live Well' Programme	It is important to note that the impact of the new pathway and increased referrals will show in data 2024/25 as the re-launch and introduction of Active Start took place in the last week of financial year 2023/24. Please see latest data in Appendix 2.

### Priority 1a Optimising Medicines

Local Indicator	Results/comments
% of people aged over 75 on 10 or more medicines who have had a polypharmacy review in the past 56 weeks	April - 65% May - 76% June - 78%
% of people living in a care home who have had a medication review carried out within 56 weeks	April - 81% May - 83% June - 84%
% of generic prescribing comparison across two financial years i.e. what % of prescriptions issued in Angus are for a generic versus branded product.	% generic prescribing for 2022/23 is 82.8% and for 2023/24 is 82.9%.

Work remains ongoing to ensure robust local indicators are aligned to Priorities 1 and 1a.

#### Next Steps for APPCPSG:

- **THINK Climate: Transformative responses for Health Inequalities & Climate resilience, a placemaking approach.** We have collaborated with Abertay University and the University of Dundee on a submission to the UK Research Innovation (UKRI). The aim of which is to facilitate and assess improved and adaptive decision-making mechanisms to equip and empower local communities with the necessary capacity, knowledge and skills to develop resilience to climate shocks and to reduce health inequalities. Outcome expected in October 2024.
- **Stop Diabetes** – The £1M challenge. Exploring the opportunity to take a collaborative and innovative approach to identifying and treating people with Type 2 diabetes in Angus.
- [Luminate - Scotland's creative ageing organisation](#) engages with older people in a wide range of contexts including those who are being cared for, those who live independently and may (for example) have just retired and be considering what to do with their time, older people's community groups, and older professional artists. Members of APPCPSG have been approached by Luminate to be part of a pilot to explore the potential impact of creating a fixed-term, part-time post based (initially) in a single local authority area, to act as a creative ageing supporter, champion, signposter and connector. While Luminate secure funding, they have offered to support a test of change commencing Autumn 2024.

## 6. PROPOSALS

The IJB to note the work undertaken to progress improvements with prevention and proactive care agenda in Angus.

## 7. FINANCIAL IMPLICATIONS

A full breakdown of the prevention and proactive care programme is provided (Appendix 3)

Regarding "Return on investment", early scoping discussions are taking place between AHSCP, Public Health Tayside/Scotland and Health Improvement Scotland (HIS) to look at the feasibility of undertaking an economic analysis of the prevention and proactive care programme, including Waiting Well and Optimising Medicines work-streams.

This report refers to “Optimising Medicines”. Separate reports to the IJB note that for 2024/25 the IJB is forecasting an overspend Family Health Services (Primary Care) prescribing of c£2.8m in 2024/25. The work within this workstream will support the IJB manage this resource.

## 8. RISK MANAGEMENT

<b>Risk Description</b>	Failure to deliver on the priorities within the SCP which improve the health and wellbeing outcomes of the population of Angus within available resources
<b>Risk Category</b>	Strategic
<b>Inherent Risk Level</b>	Level Likelihood 5 x Impact 5 = Risk Scoring 25 (very high-risk level).
<b>Mitigating Actions</b>	Mitigating Actions: Identify and progress actions within the SDP to ensure prevention and proactive care activities improve the experience for service users, improve the experience for staff, lead to better health outcomes, and lower the cost of care. Monitor via SPG, Strategic Delivery Group and report to IJB regularly
<b>Residual Risk Level</b>	Likelihood 5 x Impact 4 = Risk Scoring 20 (very high-risk level)
<b>Planned Risk Level</b>	Likelihood 4 x Impact 4 = Risk Scoring 16 (high risk level)
<b>Approval recommendation</b>	Given our developed understanding of the situation and in line with the IJB’s risk appetite, the risk is deemed to be High but manageable at this current time.

## 9. PUBLIC HEALTH IMPLICATIONS

As outlined within the background section of this paper, prevention and proactive care is of significant public health importance with prevention being one of the most effective ways to provide value in health and care. This can be via lifestyle advice (to stop smoking or exercise more), secondary prevention (to manage blood pressure or cholesterol) or preventing poor outcomes through future care planning conversations.

## 10. CLIMATE SUSTAINABILITY IMPLICATIONS

Climate health risks and vulnerabilities are linked to location, social factors (including poverty and isolation) and individual factors (including young and old age, health status). It is important that the adaptations we choose to implement to improve resilience to not enhance vulnerabilities.

Work already being undertaken and work proposed within this paper aim to equip and empower local communities with knowledge and skills to develop resilience to climate shocks and to reduce health inequalities through effective adaptation.

## 11. EQUALITY IMPACT ASSESSMENT, CHILDREN’S RIGHTS AND FAIRER SCOTLAND DUTY

The content within this report is aligned to the Impact Assessment submitted to support SCP 2023-2024 (IJB 29/23).

All projects will have an individual screening assessment and a full Impact Assessment if required.

## 12. COMMUNICATION AND ENGAGEMENT

Work of the APPCPSG was shared at the Tayside Realistic Medicine Conference on 1 December 2023 and more recently at the National Realistic Medicine Conference on 22 April 2024.

Feedback from a range of initiatives are included in this paper and we continue to explore new opportunities to promote the importance of prevention and proactive care.

## 13. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act

2014. This mechanism takes the form of binding directions from the Board to one or both of Angus Council and NHS Tayside. Integration Joint

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices

Appendix 1 Prevention and Proactive Care Action Plan  
Appendix 2 ANGUSalive Be Active Live Well Programme - Data and Participant Feedback  
Appendix 3 Finance Report