



## **AGENDA ITEM NO 10**

**REPORT NO IJB 46/25**

### **ANGUS INTEGRATION JOINT BOARD**

**25 JUNE 2025**

#### **STRATEGIC PLANNING UPDATE**

**REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER**

#### **1. ABSTRACT**

The purpose of this report is to provide Angus Integration Joint Board (AIJB) with an update relating to the review of the Strategic Commissioning Plan 2023-2026. This report also provides an update about progress to deliver the commitments aligned to the strategic priority of prevention and proactive care.

#### **2. ALIGNMENT TO THE STRATEGIC PLAN and BEST VALUE CHARACTERISTICS**

2.1 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.
- Future Care Planning (previously Act early to anticipate needs)
- Optimise medicines to ensure prescribing resources are used effectively.

2.2 This report contributes to the following best value characteristics:

1. Vision and Leadership – at a national, regional and local level
2. Effective Partnerships – within Angus Council, ANGUSalve and Angus Health and Social Care Partnership (AHSCP)
3. Governance and Accountability – underpins this work.
4. Use of Resources – seeks to enable more effective use of resources.
5. Performance Management – outcome focused and performance processes.
6. Equality – this work is underpinned by a strong commitment to Population Health which has a positive focus on inequalities.
7. Sustainability – seeks to enable efficiency and effectiveness.

#### **3. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- (i) Scrutinise and discuss the content of the report;
- (ii) Request a revision of the Strategic Commissioning Plan 2023-2026 is presented to the IJB for approval in February 2026;
- (iii) Consider and agree a reasonable level of assurance regards progress related to prevention and proactive care; and
- (iv) Acknowledge further reports will be presented as per the IJB workplan.

## **4. BACKGROUND**

### **4.1 Review of Strategic Commissioning Plan 2023-2026**

The Public Bodies (Joint Working) (Scotland) Act 2014 places legislative requirements on Integration Authorities to review their Strategic Commissioning Plans (SCP) at least once in every relevant period. This must be carried out with the involvement of their Strategic Planning Group (SPG). Throughout the lifetime of the current SCP, SPG members have contributed to key decisions to support the implementation of current Strategic Delivery Plan and have reviewed Annual Performance Reports. On 14 May 2025 SPG members were requested to review the latest Angus Locality Plan which contributes to the overall Strategic Needs Assessment (SNA).

#### **4.1.1 Priority 1: Prevention and Proactive Care update**

As highlighted in the Chief Medical Officer for Scotland Annual Report 2023-2024: [Realistic Medicine: Take Care](#), we need to concentrate greater efforts on the prevention of disease, by tackling the social and commercial determinants of health and reduce the impact of established disease. This is essential if we are going to meet the challenges demonstrated by the Scottish Burden of Disease study and safeguard the health and social care services we all value and rely on.

4.1.2 The NHS Tayside Director of Public Health [Annual Report 2024/2025](#) also stresses the importance of the preventative approach. As requested by members during the April 2025 IJB meeting, the Angus Prevention and Proactive Care Programme Group (APPCPG), is reviewing the alignment of AHSCP's activities with the 'calls to action' within the report, with the aim to identify future opportunities for improvement.

4.1.3 The Scottish Government have been working in partnership with COSLA to develop a Population Health Framework for Scotland which is due to be published in Spring/Summer 2025. The purpose of the framework is to accelerate the improvement and recovery of population health in Scotland through a coherent long-term framework of whole system, primary preventative action. The framework aims to provide action across the life course on the key drivers of population health including Socio-economic factors, Places and Communities, Healthy Living, Equitable Health and Care and Prevention focussed system. The framework also proposes guiding principles of prioritising and creating and maintaining good health and preventing ill health; a focus on supporting the people and communities who need it most; changing systems and environments to support individuals to stay healthy; delivery of a whole system approach nationally and locally.

4.1.4 The APPCPG continue to meet bi-monthly to oversee the delivery of key actions. The group continues to work closely with Public Health colleagues to support the delivery of actions.

4.1.5 The work of the APPCPG is aligned to the NHS Tayside strategic aim to improve population health and address inequalities. It is also aligned to the 'Caring for our People' priority within the Angus Community Plan, focusing on reducing inequalities in all our communities, creating more opportunities for people to live well and achieve their personal goals and improve physical, mental health and wellbeing.

## **5. CURRENT POSITION**

### **5.1 Review of Strategic Commissioning Plan 2023-2026**

SPG members have reviewed the current SCP and its effectiveness to ensure we deliver the best services for the people of Angus with the resources available to us. SPG members consider that the main strategic direction of the SCP remains relevant however some aspects of the document require to be updated, for example the need to reflect the current financial position and reference key documents that have been published during the lifetime of the current plan. As such SPG members recommend that the current SCP is revised. As requested by IJB members in February 2025 (IJB 7/25) an update on work to progress the review of the current SCP will be presented to the IJB in August 2025.

## 5.2 Priority 1: Prevention and Proactive Care update

The Chief Officer for AHSCP suggests that the level of assurance provided in relation to Priority 1 is **reasonable** due to the following factors:

- Significant efforts continue to be made developing, promoting and implementing prevention and proactive care at pace and scale, introducing evidenced-based alternatives to a medicines first approach.
- Prevention and proactive care activities continue to benefit from clinical input from the AHSCP Associate Medical Directors and NHS Tayside Public Health Team and Public Health Scotland.
- Table 1 provides a summary of the status of the prevention and proactive care actions, focused on preventing deterioration. A more detail can be found in Appendix 1.

5.2.1 Table 1: Summary of status of action.

Our Commitments:	Number of Actions	Status				GREY Information Gap
		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.	13	0	0	8	5	0
Build stronger and more resilient communities	4	0	0	3	1	0
Future Care Planning	3	0	0	3	0	0
Prescribing resources will be used effectively	3	0	0	3	0	0
<b>TOTAL</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>6</b>	<b>0</b>

## 5.3 Promoting Continence

A new public facing digital web page has been developed by NHS Tayside colleagues with the support of AHSCP ([here](#)). Continence promotion, education and primary prevention involves informing and educating the public and health care professionals that urinary incontinence and faecal incontinence are not inevitable, but are treatable or at least manageable.

## 5.4 Launch of the Cardiovascular Disease (CVD) Risk Factors Programme in Primary Care

A key objective of the Scottish Government's Cardiovascular Risk Factors Programme is to find those living with key modifiable risk factors that they are currently unaware of, and to optimise our early intervention and care to therefore reduce patients' risk of developing CVD.

The programme, which is being considered across Tayside, has a stretch aim of reducing avoidable (under 75 yrs) CVD deaths by 20% in 20 years. This supports a focus on equity, as most people dying prematurely of CVD causes will be people who have multiple risk factors and with a disproportionate distribution in the most deprived SIMD communities.

## 5.5 Angus Falls Reduction and Safer Mobility Service

A significant amount of work has been undertaken to improve the falls pathway and there are currently no people on the waiting list.

## 5.6 Neurodevelopment Pathway Test of Change

The APPCPG have contributed to funding to the Community Mental Health Team to resource a new neurodevelopment (ND) pathway of care which aims to shift the model from a medicalised system of care and a reliance on secondary care intervention and medication, to a stepped model of care. The new pathway will enable quicker access to peer support, and access to group work to learn new coping strategies. Currently all people with an ND need are referred to the Community Mental Health Team then have a lengthy wait of 3 years plus to be seen. This pathway will shift the focus from providing a diagnosis to providing support when it is needed, proportionately, and reduce reliance on medication to other forms of support.

## 5.7 Waiting Well

5.7.1 A 'Waiting Well' project commenced in May 2025 in two general practices within Angus. It aims to provide holistic care for patient on the waiting list for hip or knee replacement, utilising the Community Link Workers (CLW) to deliver a 'what matters to you?' approach intervention. CLWs have undergone training to support holistic care and patient empowerment, and the project is being monitored for its effectiveness. The project endeavours to apply principles of proportionate universalism targeting those who live in SIMD 1-3. 64 eligible patients have been identified. The project will run for nine months until mid February 2026. We will have some initial results by early summer mid August and a final report will be due in Spring 2026.

5.7.2 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 APPCPG is to show a positive impact on this indicator in 2025/26.

## 5.8 Optimising Medicines

The following report ([AIJB NO 11/25](#)) was discussed on 26 February 2025, providing an update on the current state of prescribing management in Angus, highlighting emerging challenges and offered recommendations to ensure effective and sustainable prescribing practices.

## 5.9 Understanding Public Perceptions and Information Needs for Pharmacogenomic Testing in Primary Care: A Collaborative Project with Angus HSCP and University of Dundee

Successfully implementing any new healthcare intervention requires careful consideration of public perceptions and information needs. People may feel uncertain, anxious, or even distrustful of new technology without adequate information. As part of the pathway development pilot, APPCPG have provided funding to support the engagement of patients and members of the public in Forfar and Kirriemuir to find out their information needs, expectations, and any concerns they may have around genetic testing in primary care. We will use this information to co-create effective communication materials that are relevant, accessible, and understandable.

## 5.10 Priority 1 – Prevention and Proactive Care Local Indicators

Local Indicator	Results/comments
% of care home patients coded with Future Care Plan (FCP) in notes in the last 56 weeks	Jan – 36.8% Feb – 44.2% Mar - 46%
% of people living in a care home who have had a medication review carried out within 56 weeks	Jan - 82% Feb - 85% Mar - 83%

% of people aged over 75 on 10 or more medicines who have had a polypharmacy review in the past 56 weeks	Jan – 78% Feb – 77% March – 78%
Average number of repeat items per care home patient	Jan: 9.1 Feb: 9.1 Mar: 9
% of prescriptions that were serial prescriptions	Jan: 24.4% Feb: 25% Mar: 24%
% increase in the number of people with a Power of Attorney	Awaiting data from The Office of the Public Guardian
% increase in number of people with a long-term condition who access the ANGUSalve 'BE Active-Live Well' Programme	Between April 2024 and March 2025, a total of 957 referrals were received. (This is the first full year of data therefore no % increase available).

#### 5.11 Next steps for APPCPG

- (i) Explore continuation of funding for the Health Walks Programme.
- (ii) Develop and co-ordinate an action plan and vision for tackling loneliness and social isolation with the Angus CPP.
- (iii) Work is about to commence to promote Ageing Well in Angus. Taking a project management approach, the aim is to help people to help themselves to understand and manage their conditions and make informed choices to help minimise a potential crisis. We will work with services and teams across AHSCP to implement and promote LifeCurve™ and develop an approach to work with communities to enable the key components of ageing well.
- (iv) Arrange a meeting with Angus, Dundee, Perth and Kinross HSCPs, NHS Tayside Public Health and Leisure partners with the aim of taking a collaborative approach to Prevention and Proactive Care activities across Tayside. It is important that a strategic and joined up approach to issues such as Long-Term Condition Management is in place across the Tayside region which is aligned to the NHS Tayside Population Health strategic priority.

## 6. PROPOSALS

- 6.1 Following a recommendation from the SPG, it is proposed that the Strategic Commissioning Plan 2023-2026 is revised.
- 6.2 It is also proposed that Angus IJB note the work undertaken to progress improvements within the prevention and proactive care agenda in Angus.

## 7. FINANCIAL IMPLICATIONS

- 7.1 There are no immediate financial implications for AHSCP directly arising from the activities described in this report. Existing initiatives have been progressed within allocated budgets and through successful external funding bids for example the Be Active Live Well expansion.
- 7.2 However, from a strategic perspective, the continued shift to preventative and early intervention models requires:
  - Sustained investment in community- based services to avoid escalation to more intensive and costly acute care
  - Better alignment of funding with long-term health gain and system sustainability, moving away from reactive, demand-led expenditure
  - Evaluation of value-based outcomes, particularly from initiatives like pulmonary rehabilitation, falls prevention, and the CVD Risk Factors Programme, which are recognised for their cost-effectiveness.

- 7.3 Financial planning is embedded in the programme governance, and AHSCP will continue to work closely with partners to ensure that prevention and proactive care remains a funding priority within the wider system's financial recovery and transformation agenda.

## 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 AIJB'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 considered to be 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), preventative therapies (such as blood pressure or cholesterol lowering treatments) 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.

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

- 11.1 The content within this report is aligned to the Impact Assessment submitted to support SCP 2023-2024 (IJB 29/23).
- 11.2 All projects will have an individual screening assessment and a full Impact Assessment if required.

## 12. COMMUNICATION AND ENGAGEMENT

### 12.1 Chief Medical Officer for Scotland visit to Angus

The Chief Medical Officer for Scotland [visited](#) AHSCP on 10 April 2025 Angus and complemented the APPCPG leadership and programme of work. A case study capturing the work taking place in Angus will be included in the next Chief Medical Officer Report.

### 12.2 NHS Scotland Event, 9 June 2025: 'NHS Renewal; Protecting and Strengthening Scotland's Health and Care Services

The APPCP Group submitted a poster for inclusion at the 2025 NHSScotland Event, "Angus: A model of preventative and proactive care". As one of the top scoring 100 **poster** abstract submissions we have been invited to display a paper **poster** at

the **event** and submit the poster to the online poster showcase. We have since learnt that as one of the top scoring submissions we have been selected to give a short presentation at the event.

### 12.3 Best Value Case Thematic Review – Transformation: Case Study

Angus Council have chosen to submit the work of the APPCPG as one of two transformation projects to Audit Scotland.

## 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 Angus Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices:

Appendix 1 – Strategic Delivery Plan – Priority 1 – Prevention and Proactive Care