



AGENDA ITEM

6.3

CTM BOARD

POPULATION HEALTH BOARD REPORT

Date of meeting	25 November 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Angela Jones – Deputy Director in Public Health
Presented by	Kelechi Nnoaham, Executive Director of Public Health
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

CTM	Cwm Taf Morgannwg
TTP	Test Trace Protect
PHM	Population Health Management
PH	Public Health

1. SITUATION/BACKGROUND

The Board has given its commitment to progress CTMUHB as a population health organisation and endorsed a paper in May 2021, which focused on agreed projects to progress as a Population Health Organisation to successfully tackle the population health challenges in Cwm Taf Morgannwg.

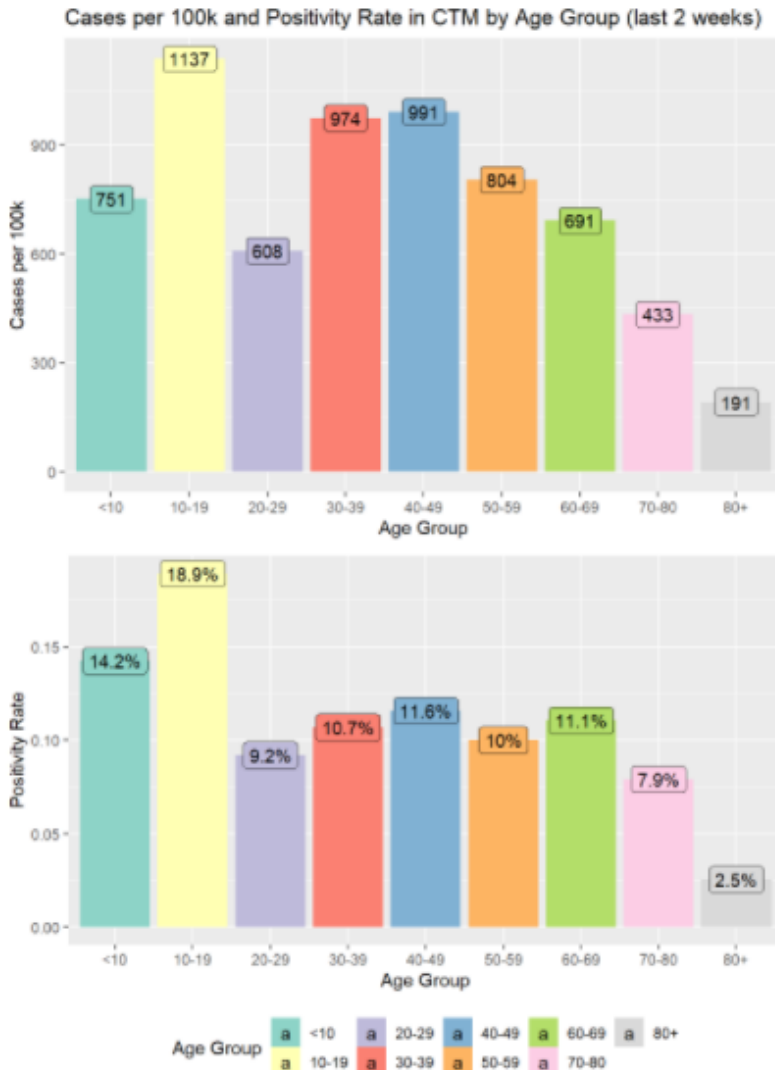
This report updates the Board on the current status of population health in CTM, progress on the delivery of the population health agenda and highlights specific matters for Board attention.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

COVID- 19 Update (please note position reported correct on 11/11/21)

Covid-19 rates per 100,000 for Wales and Cwm Taf Morgannwg Health Board have started to decrease over the last three weeks. The distribution of cases has been particularly high in younger people 10-19 age group, although this is now reducing as a result of the roll out of single vaccination in the 12-15 year age group, double vaccination of the 16+ age group and previous immunity from infection. The recommendation for secondary age pupils to wear face coverings remains in place as an additional measure and is being reviewed monthly.

The age profile of the cases along with positivity for the two weeks from 27/10/21-09/11/20 can be see below. This period includes half term, when there was less mixing and fewer tests undertaken.



Care Home Update

As Community cases decrease, the number of care homes affected by Covid is also generally decreasing, although we have seen an increase this week. Resident case numbers remain low in the majority of care homes.

The weekly CTM Region Care Home Situation update details care setting in Red, Amber and Green Status.

Settings in Red and Amber status are those that are **NOT** COVID free and are subject to restrictions such as not accepting new admissions.

Settings in Green status have been included to provide the following information:

- Identify a known single positive cases at the setting (single positive cases no longer require the setting to be in 'incident' status).
- Reflect the COVID vaccination status at the setting. This vaccination information will be checked regularly with the care setting and is therefore subject to change.



Changes from last week:

Location	Last Week		This Week		Change	
	Red Homes	Amber Homes	Red Homes	Amber Homes	Red Homes	Amber Homes
Bridgend	3	1	6	0	+3	-1
Merthyr Tydfil	0	0	0	0	0	0
RCT	8	2	11	0	+3	-2
CTM (Total)	11	3	17	0	+6	-3

This information is an accurate reflection at **17:00** hrs **09/11/2021**.

Hospitalisation

Data from COVID-19 healthcare settings summary report, correct as of 08/11/2021. Please note, the episode period for COVID-19 surveillance is set at 42 days (following current guidance from central PHW surveillance team, CDSC). If patients are tested outside this period (i.e. day 43 onwards), they will be counted as a new case in this report.

The total number of patients testing positive in CTM continued to remain almost the same as the w/c 24/10/2021. Of those admitted to CTM hospitals, community acquired infections make up the majority of infections (i.e. identified on day of admission or the day after admission), and is slightly lower than the number seen in last Week's figure (35 cases compared to 39 cases last week). The number of probable/definite healthcare acquired infections recorded in CTM declined by only 8% last week. While there were five probable/definite healthcare acquired infections recorded in POW, PCH and RGH recorded two and three probable/definite healthcare acquired infections, respectively. Please note that these figures will include Low-level positives, some of which will rescreen negative.

ICU

There were 16 admissions to ICU last week in individuals with COVID-19 (5 in PCH, 6 in POW, 5 in RGH). (Please note these are admissions with COVID-19, but reason for ICU admission may not be COVID-related).

Covid Surveillance

Given that funding for Covid support outside the TTP service is not likely to continue after the end of March 2022, plans are in place to assess ongoing requirements, automate reporting where possible and mainstream remaining surveillance work.

Vaccination Progress

There have been 759,829 total vaccinations provided with uptake in those 12+: 86.97% 1st dose, 85.90% of those currently eligible for a 2nd dose. (3/11/21). CVC walk in clinics remain in place for the opportunity for those unvaccinated to receive a 1st or 2nd dose. Mobile work is continuing for the homebound and homeless population.

Uptake in pregnant women is slowly increasing, 68% 1st dose, 48% 2nd dose (3/11/21) and work is ongoing with midwives to ensure accurate information about the vaccination is shared at antenatal clinics.

Uptake in the homeless/gypsy/traveler population remains low with uptake 55.82% 1st dose, 39.19% 2nd dose (3/11/21). Work is ongoing to reach this population.

Uptake at HMP Parc is increasing with uptake 68% 1st dose and 65% 2nd dose (19/10/21), however 30% have refused vaccination so work is ongoing with HMP Parc to understand the reasons for this refusal.

A recent PHW report revealed that CTMUHB had the highest uptake in Wales in those with a learning disability – 92.4% 1st dose, 87.8% 2nd dose. CTM learning disability nurses have strongly supported this campaign both at CVCs and in undertaking home visits to vaccinate their clients.

Third doses for the immunosuppressed started on 27th September 2021 and to date 3,619 3rd doses have been given reaching 56.97% of those eligible (3/11/21)

The booster vaccination campaign commenced on 18/9/21 with care home residents and care home staff. Staff boosters commenced on 27th September and offered the opportunity to receive the flu vaccination at the same time as COVID booster. The community booster campaign is now also well underway with eligible individuals currently being invited for their booster approximately 6 months 3 weeks after their 2nd dose. 74,817 boosters (23.42% of those eligible) had received their booster by 3/11/21 and it is expected that all eligible CTM residents will have been offered a booster by 31st December. Uptake of boosters amongst CTM healthcare workers is 69.11% (3/11/21).

All 16-17 year olds and 12-15 year olds have been invited for their 1st COVID-19 vaccination. Uptake of 1st doses in 12-15 year olds is 54.9% and in 16-17 year olds is 71.1%. Those that DNA'd this appointment have been resent a letter providing the opportunity to rebook their appointment and if required, to discuss any concerns about the vaccine with our specialist immunisation team.

The CTM Vaccine Equity Group meets monthly to identify interventions to encourage uptake in groups with lower uptake including deprived communities, BAME population, homeless, younger people, gypsy and travelers. Behavioral insight work is also being used to better understand hesitancy.

Changes in TTP actions

TTP are continuing to prioritise contact tracing for the highest risk groups including health and social care staff, care home residents, younger people and pupils in schools.

Population Health Update

There were 37 actions outlined in "Cwm Taf Morgannwg University Health Board as a Population Health Organisation: a discussion and options paper for Board" and agreed at Board in May 2021. These have been listed as individual projects with the lead Executive identified, along with named Consultant in Public Health support. Work is ongoing and all relevant Board Members leading these areas have met with respective lead Consultants in the Public Health Team and allocated resources to scope and progress the projects. The progress on this programme of work is reported to Executive Team every two weeks to assess and escalate any issues arising.

Notable progress includes:

- The CTMUHB Staff Health Needs Assessment nearing completion, which will form the basis of an organisation wide health improvement policy.
- Mapping is complete of activities related to CTMUHB as an anchor institution. A report is currently being drafted for review by the board.
- A Multi agency Housing and Health Alliance is in development, led by Director of Strategy and Transformation.
 - A Housing Health Group is meeting regularly.
 - Workshops to commence imminently on development of a data sharing mechanism between housing and health, working alongside the RIIC hub.

Population Health Management Work Stream

Population Health Management (PHM) seeks to understand patient populations, groups or clusters by characteristics related to their need and use of health care resources. In CTM one PHM tool has been developed –

the Population Segmentation and Risk Stratification (PSRS) tool - which can help Primary Care Clusters, GPs, ILGs and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Segmenting the population based on a range of factors can identify groups by their holistic need and ability to benefit from prevention, early interventions and anticipatory care.

Implementation of the Programme was delayed by the need for key staff to prioritise the Public Health response to the Covid-19 crisis along with the complexities of information governance. Following these delays and associated resource impacts, the Programme is following a revised timetable and plan. The rollout is being implemented in two phases:

- Phase 1 – Two data streams will be initiated. The first being the anonymized data direct to the LPHT. The second being de-anonymised data for the Merthyr Tydfil Primary Care Cluster GPs. The aims are to validate the data-driven model against data gathered during Covid19 and review the provision of data to GP practices and LPHT.
- Phase 2 aims to enhance the reporting and involves the roll out of PSRS to all remaining participating GPs in CTM.

Provision of de-anonymised data to Merthyr Tydfil Primary Care Cluster is now planned for December 2021 and anonymised Health Board data by GP practice to LPHT for December 2021. Reports at CTM, ILG, Cluster and GP practice levels will be developed Jan-Mar 2022. Phase 2 rollout is planned to start Jan 2022, with data provisioned to GP practices across CTM Jan-Mar 2022 (this is subject to the impacts of the third wave of Covid19 and associated winter pressures).

A PHM Steering group and PHM Stakeholder group have been established to oversee the governance and direction of population health management across CTM. The first meeting of the PHM Stakeholder group was held on 19 October 2021, with the second meeting planned for 2 December 2021. The first Steering group meeting will be held 6 December 2021. Thereafter, the meetings are planned to be held every two months.

Desk space has been secured for establishment of a Population Health Management Unit and Principal and Advanced Public Health Intelligence Analysts have been appointed into permanent PHM roles.

Following a PHM proposal to the Digital Programme Investment Fund earlier this year, the bid was approved at the Digital Scrutiny Panel on 8 November 2021. This proposal aims to support implementation of the segmentation and risk stratification work and provide analysis and expertise in predictive actuarial system modelling and impactability modelling.

Systems Work

Health Board Systems Groups and Strategy 2032 Clinical Workshops:

The Public Health leads for Strategy Groups and Strategy 2032 Workshops are coordinating public health leadership into all these work streams to ensure the focus on population health outcomes.

Needs Assessments:

The Regional Partnership Board and Public Service Boards of Cwm Taf Morgannwg are working jointly to produce their statutory Population Needs Assessment and Assessment of Local Well-Being. The 100 Days of Engagement is ongoing for members to provide unique and varied opportunities for individuals, groups and organisations to articulate their needs and perceptions of the services on offer across the region. The 100 days runs from 1 July 2021- 17 November 2021. This will assist the Regional Partnership Board and Public Service Boards of Cwm Taf Morgannwg to make needs led and experience informed decisions in the future.

As the end of the 100 days approaches, there has been good progress on this, with production of the first drafts of the PSB Wellbeing Assessment and RPB Population Needs Assessment. Work is ongoing to ensure maximum collaboration on both assessments and share data and engagement activities where possible.

In addition, support for emerging cluster and ILG profiling needs will be considered in the wider partnership.

Pre Diabetes

A brief intervention for pre-diabetes is being piloted in the South Cynon Primary Care Cluster. All patients with pre-diabetes registered at a South Cynon GP surgery have been invited for a brief lifestyle intervention with a health care support worker and offer referral to local weight management services, e.g. Foodwise for Life, free slimming world membership, support from local community groups. 12-month follow up appointments have now commenced, with a number of patients providing positive feedback about this service. Formal evaluation by the DRU at Swansea University will be undertaken following completion of all 12-month follow up appointments, expected to be completed in August 2022. It will be evaluated to assess its impact on HbA1c (blood sugar), weight and waist circumference and acceptability.

Phase 2 of this pilot – trial of a case-finding pathway – was planned to commence in autumn 2021. National blood bottle shortages has meant that this project is likely to be delayed until January 2022 but the use of point of care testing is currently being explored.

Implementation of wave 1 of the All Wales Diabetes Prevention Programme (AWDPP), led by Public Health Wales, is planned to commence in April 2022, with 2 CTM clusters contributing to this implementation and subsequent national evaluation. In addition to this, we are currently scoping the

possibility of offering this same brief intervention for pre-diabetes across all CTM clusters using funding from the CTM allocated of the Strategic Programme for Primary Care (SPPC) fund.

Obesity

Healthy Families Intervention (HENRY): HENRY has begun delivering its first digital family programmes at the start of October 2021 and practitioners are now well in to their third cohort of families. Feedback and attendance has been positive so far and referrals are increasing each week from a number of different health, social care and teaching colleagues. Additional training has been commissioned from HENRY to train contracted HENRY trainers that will be recruited in December 2021. This training has capacity for around 10 health, social care or education colleagues to be trained in delivering online and face to face HENRY early years programmes. Work is being undertaken to offer these spaces to widen the reach of the delivery of HENRY to stakeholder organisations.

The Health Board has been granted a significant grant to develop a targeted family intervention for overweight and obese 3-7 year olds in Merthyr Tydfil. The LPHT is working closely with public health dietitians and the Children and Young People System Group and stakeholders across Merthyr to drive the project forward. This project will link closely with BUMP Start and HENRY and working across the childhood obesity system in Merthyr Tydfil. Confirmation has been received from Welsh Government that this funding will be available for 2021-22, 2022-23 and 2023-24. The pilot will work to improve the healthy weights environment across school settings in Merthyr as well as delivery the intervention to families referred to the programme.

Social marketing: Jamjar PR agency has been commissioned to work with stakeholder organisations to promote healthier family lifestyles aimed at families with children under 5, using social media platforms microsites. Jamjar will work with the LPHT, Play Wales, HENRY coordinator and other stakeholders to promote positive information of nutrition and play/physical activity. CTM. 'Healthy Start, Healthy Future' will be launched in January 2022 and run for at least two years promoting the co-produced messages and to amplify existing good practice ongoing across the health board area.

Performance Measures

In the paper 'Cwm Taf Morgannwg University Health Board as a Population Health Organisation: a discussion and options paper for Board', a suite of outcome measures was identified. Progress against these was reported to Board in July 2021. There were a number of goals which required calculation, all of which have been scoped in collaboration with OCAT (Observatory and Cancer Analytical Team). Data on smoking prevalence by deprivation to be provided by OCAT in January 2022. There are three remaining goals to be calculated:

- Slope Index of Inequality (SII) is no longer being produced by OCAT, a new method for calculating life expectancy (LE) and healthy life expectancy (HLE) likely to produce data later in 2022, date tbc.
- LE in people with mental health problems: not produced by OCAT so the Local Public Health Team(LPHT) are scoping alternative methods
- Key long term conditions in people with mental health problems: not produced by OCAT so LPHT are scoping alternative methods

Smoking Cessation Activity

The smoking cessation service *Help Me Quit* continues to perform well attracting and supporting clients to quit smoking, in the context of the pandemic. Data for September is presented below:

In the month of September 2021, there were 134 client episodes (-5% August 2020), with 122 treated smokers (+4% on August 2020) and 72

persons self-reporting being smoke free at 4 weeks (+3% from August 2020).

100% of scheduled assessment sessions were completed within 14 days of initial contact date.

Of community service clients, 56% were female (44% male), with 10% aged under 25 years; 41% aged 25-44years; 41% aged 45-64 years and 8% aged over 65 years.

Bowel Screening Wales invites people aged 58 and 59 for screening for the first time

From October 2021, the Bowel Screening Wales programme will begin inviting people aged 58 and 59 years old for the first time for bowel cancer screening. The programme will continue to invite those aged 60 to 74 years old who are currently invited.

Evidence shows that screening people at a younger age would enable more bowel cancers to be picked up at an earlier stage, where treatment is likely to be more effective and survival chances improved.

Both men and women, aged 58 to 74, will be invited for bowel screening with a free NHS test kit sent to their homes every 2 years.

Bowel Screening Wales now uses the Faecal Immunochemical Test (FIT) kit which is easier for people to use and only one sample is needed. Invitations and test kits are sent by post to their home and participants are asked to complete the test kit and return it to Bowel Screening Wales in the pre-paid envelope using the Royal Mail postal system.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no specific risks or matters for escalation to board

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Staying Healthy If more than one Healthcare Standard applies please list below:



Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

5.1 The Board is asked to **NOTE** the contents of this update report.