



AGENDA ITEM

6.1

CTM BOARD

POPULATION HEALTH

Date of meeting	30/09/2021
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.

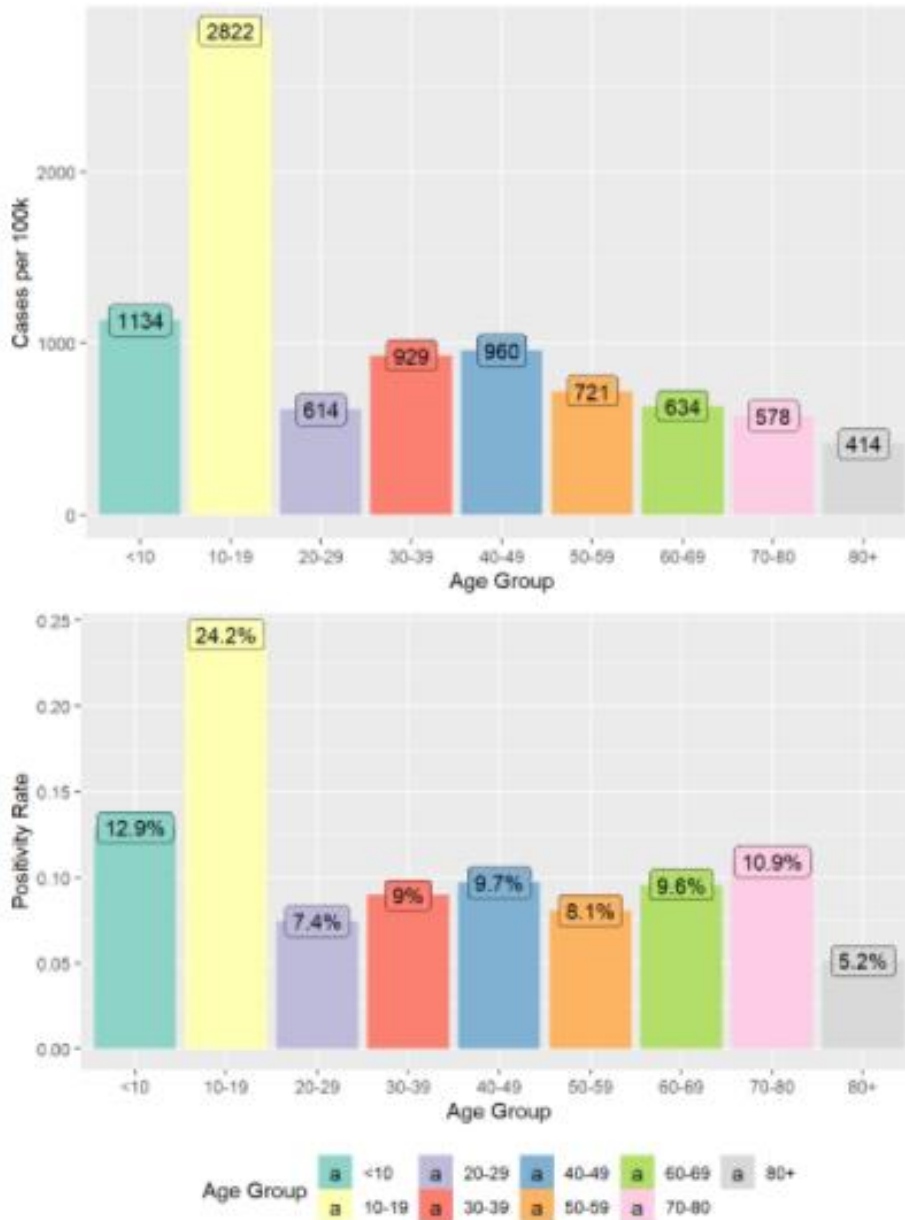
This report updates the Board on the current status of population health in CTM, progress on the delivery of the population health agenda and highlights specific matters for Board attention.

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

COVID- 19 Update (please note position reported correct on 20/09/21)

Covid-19 rates per 100,000 for Wales and Cwm Taf Morgannwg Health Board have increased significantly since the move to level 0 on 7th August 2021. The distribution of cases is particularly high in younger people 10-19 age group, as would be expected with much of the older population fully vaccinated.

The age profile of the cases along with positivity for the two weeks from 06/09/21- 20/09/21 can be see below. This is the period since the schools started the autumn term.



Care Home Update

As Community cases increase, the number of care homes affected by Covid is also increasing. This is thought to be impacting through a combination of staff, visitors and residents excursions into the community. Resident case numbers remain low in the majority of care homes. Of the 17 homes with resident cases, eight have 1 case, four have 2 cases, three have 3 cases, one has 6 cases and one has seven cases. This also includes 4 children's homes. (This information is an accurate reflection at 15:55 hrs 21/09/2021.)



Location	Last Week		This Week		Change	
	Red Homes	Amber Homes	Red Homes	Amber Homes	Red Homes	Amber Homes
Bridgend	9	0	9	0	0	0
Merthyr Tydfil	3	0	4	0	+1	0
RCT	15	0	13	0	-2	0
CTM (Total)	27	0	26	0	-1	0

Hospitalisation

Data from COVID-19 healthcare settings summary report, correct as of 20/09/2021. 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 number of patients testing positive in CTM sites increased by 22% last week. 120 new positive/Low-level positive cases were identified in hospitals last week, the highest total since w/c 10/01/2021. 30% were not actually admitted to hospital (i.e. positive tests collected in AE/OPDs but no subsequent admission). Of those admitted to CTM hospitals, community acquired infections (CAI) continue to make up the majority of infections (i.e. identified on day of admission or the day after admission), though numbers of new CAI inpatients remained relatively stable. The number of probable/definite healthcare acquired infections (P-HCAI/HCAI) recorded in CTM increased by 85% last week. The vast majority of this burden lies in community hospitals, where a large increase in Low-level positive results was seen at the end of last week. 14/15 cases identified in community hospitals last week were low-level positive cases, of which 3 have been rescreened and returned negative results, and 11/14 were awaiting re-screen results as at 08:00 20/09/2021. PCH has also recorded a climb in the number of P-HCAI and HCAI cases.

Outbreaks are opened when there are 2 or more confirmed cases within a 14 days period, where at least one case has been admitted for >7days. Outbreaks remain open for 28 days after the last known case. Cases may have acquired infection elsewhere. Some wards may have changed status during the course of an outbreak (e.g. amber pathway to exposed contacts, or vice versa). Work is planned with Infection, Prevention and Control Nurses to separate out cases before/after the change of ward status.

Currently there are four outbreaks on wards in PCH and three in RGH. All 3 DGH's have also recorded single nosocomial cases across other wards.

There were 10 admissions to ICU last week in individuals with COVID-19. (Please note these are admissions with COVID-19, but reason for ICU admission may not be COVID-related).

Vaccination Progress

There have been 658,861 total vaccinations provided with Uptake 16+: 88.6% 1st dose, 83.2% 2nd dose (14/09/21). CVCs walk in clinics successful with between 75-150/day (<18s approx. 20/day). Mobile work is continuing for homebound, homeless and University of South Wales Freshers' Weeks.

Uptake in pregnant women is low 49% 1st dose, 35.59% 2nd dose (47.91% no vaccine) and work is ongoing with midwives to offer vaccination at key antenatal visits.

The booster vaccination campaign commenced on 18/9/21 starting with care home residents and staff. Staff boosters are planned to start w/c 27/9/21 along with the wider community booster campaign. Where possible, CTM staff will be offered the flu vaccination at the same time as their COVID booster.

Third doses for the immunosuppressed will start w/c 27/9/21. Vaccination of 12-15 year olds with underlying health conditions is already underway, and children age 12-15 years without any underlying conditions will be invited for vaccination from 2/10/21.

The CTM Vaccine Equity is meeting 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 prioritising 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.

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 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 Local Public Health Team (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 in November 2021 and of anonymised Health Board data by GP practice to LPHT is now planned for December 2021, with provision. Phase 2 is planned for release of data early in 2022 (this is subject to the impacts of the third wave of Covid19 and associated winter pressures).

Systems Work

Health Board Systems Groups and Strategy 2032 Clinical Workshops

The Public Health leads for systems 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.

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. It is expected to be completed in Autumn 2022 and 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.

Obesity

Obesity in Pregnancy: CTMUHB delivers a weight management during pregnancy programme called BUMP start. This involves a Public Health midwife working with general midwives to utilise the “Foodwise in Pregnancy” package to support women with BMI 35 to 39.9. Those women, who have a BMI over 40 are seen by the Public Health Midwife at 16, 24 and 36 weeks for individual support.

- Children's Play and Physical Activity: Play Wales have embarked on a number of activities as agreed in the SLA that was developed pre-Covid 19. Areas that have been paused (school ground use and street pilots) have now begun to be progressed as Wales is in alert level 0. The outputs for the project have been listed below:
 - 27 street play pilots (9 per authority/3 per year)
 - 27 schools using their grounds for out of hours play (9 per authority/3 per year)
 - 18 play focussed resources for use on social media produced over the 3-year grant period
 - Evaluate the impact of the work

Healthy Families Intervention (HENRY): HENRY will be delivering its first digital family programme on 4 October with sessions scheduled each week onwards. Referrals have begun to be received from health, social care and teaching colleagues.

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.

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. The programme name, chosen by families in CTM, is Healthy Start Healthy Future and will launch in October 2021 and run for at least 2 years. Jamjar will work with the LPHT, Play Wales, HENRY coordinator and other stakeholders to promote positive information of nutrition and play/physical activity and to promote and amplify existing good practice ongoing across CTM.

Adult weight management:

A paper went to the board in August 2021 detailing options for an integrated Level 2/3 weight management pathway. The board agreed to Option B of the paper which is a dietetic led integrated pathway. Welsh Government has confirmed funding to support the programme's development for 2022/23. Further meetings have taken place with finance, therapies and primary care to accelerate plans. Recruitment of staff, such as a project lead, for the programme will take place as plans and programme development progresses.

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. Further work to develop these alongside outcome measures for the System Groups and Strategy 2021 will continue.

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 July and August is presented below: In the month of July 2021, there were 152 client episodes (-3% July 2020), with 131 treated smokers (+22% on July 2020) and 80 persons self-reporting being smoke free at 4 weeks (-5% from July 2020).

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

Of community service clients, 57% were female (43% male), with 8% aged under 25 years; 47% aged 25-44years; 32% aged 45-64 years and 13% aged over 65 years.

In the month of August 2021, there were 162 client episodes (+15% August 2020), with 132 treated smokers (+23% on August 2020) and 93 persons self-reporting being smoke free at 4 weeks (+29% from August 2020).

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

Of community service clients, 59% were female (41% male), with 4% aged under 25 years; 44% aged 25-44years; 37% aged 45-64 years and 15% aged over 65 years.

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:



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

5. RECOMMENDATION

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