



AGENDA ITEM

6.1

CTM BOARD

POPULATION HEALTH BOARD REPORT

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| Date of meeting | 27 January 2022 |
| 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 13/01/2021)
Verbal update will support this report

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 and then levelled out until mid-December when omicron resulted in an unprecedented peak, as shown in the epidemic curve of cases for Cwm Taf Morgannwg in Figure 1. This was led by younger age adult groups (20-29 years predominantly) as shown in the demographics charts (12/01/21). This resulted in asymptomatic or mild disease in the main, due to the hugely successful vaccination campaign with high uptake of vaccinations, including the boosters. Although we have seen increases in hospital admissions and residents of care homes with Covid, many of these infections have been identified on screening samples and are either asymptomatic or very mild illness for a day or two. More severe illness is associated with those who are unvaccinated. The biggest challenges of the current wave is that of business continuity, with staff isolating and the

operational management of cases and contacts in the hospital environment.

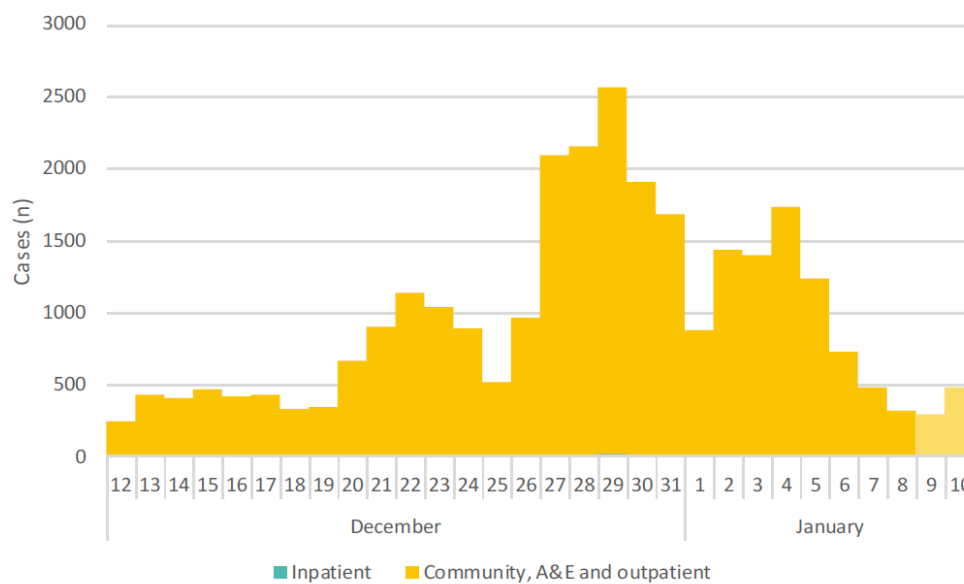
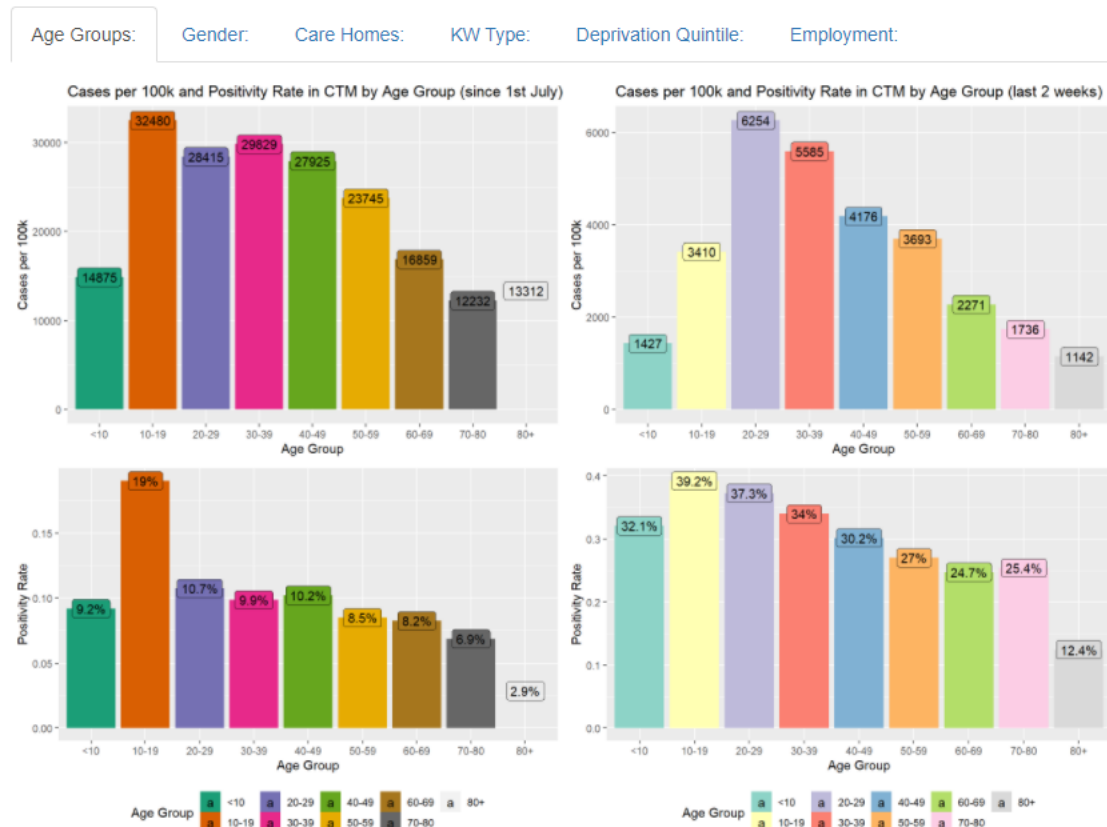


Figure 1. Epidemic curve of cases resident in Cwm Taf Morgannwg UHB. Samples collected in the last 30 days.

Demographics

The following sections provide context around the cases in CTM:

Left charts aim to provide historical context towards the age groups around cases, whilst the charts on the right show the provide age groups around the last 2 weeks of cases.





Care Home Update

As Community cases increase, the number of care homes affected by Covid is also increasing. Resident case numbers remain low in the majority of care homes.

| Care Homes in CTM with an outbreak of COVID-19 | | | |
|--|-----------|-----------|--------|
| Location | Last Week | This Week | Change |
| Bridgend | 6 | 6 | 0 |
| Merthyr Tydfil | 5 | 7 | +2 |
| RCT | 22 | 27 | +5 |
| CTM (TOTAL) | 33 | 40 | +7 |

This information is an accurate reflection at **18:00** hrs **11/01/2022**.

Hospitalisation

Data from COVID-19 healthcare settings summary report, correct as of 10/01/22. 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.

Summary

The total number of patients testing positive in CTM decreased by 25% this week compared to w/c 26/12/2021. Of those admitted to CTM hospitals, community acquired infections (CAI) make up the majority of infections (i.e. identified on day of admission or the day after admission). The number of probable/definite healthcare acquired infections recorded in CTM hospitals decreased by 17% last week, with 33 cases meeting the criteria for probable or definite healthcare acquired infections. Please note that

these figures will include Low-level positives, some of which will rescreen negative.

Open Outbreaks (data as at 0800 10/01/2022):

RGH = 11

PCH = 4

YCC = 2

POW = 7

ICU

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.
- These admissions include patients who were in the ICU at some point this week but might have been discharged at the time of circulating this report (weekly report considers all ICU admissions during one week; hence, it includes newly admitted cases, ongoing admissions previous weeks as well as cases discharged during this week).

Vaccination Progress

A huge remobilization of resources was undertaken to meet the end of year deadline to offer all eligible adults a booster dose. This was successful and further work is ongoing to offer doses to those who were not eligible at that time. A summary of progress is included:

1. Uptake 12+ (as of 11/01/22) – 88.37% 1st dose, 84.26% 2nd dose, 67.25% boosters
2. HMP Parc (as of 24/12/2021): 72% 1st and 2nd dose (13% of prison population reported as refused/declined), 39.3% boosters. Vaccination training undertaken in December with Healthcare Champions, which was followed up by a Q&A radio session; segments from which will also be used as part of the UHB's communication campaign.
3. Black, Asian and Minority Ethnic vaccination uptake – Focus group held with regional stakeholders to identify levels of engagement with the COVID vaccination programme, and associated facilitators and barriers (07/01/22). Sub-group planned for 14/01/22 to develop a work plan to support.

Changes in TTP actions

TTP are prioritising contact tracing for the highest risk groups including health and social care staff and care home residents. The use of e-forms

is targeting all other groups to manage the increase in cases. There are issues with compliance with only 50% of forms returned, poor quality information and few contacts identified.

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. A high level summary is included in Appendix 1.

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 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.

The first data releases are currently being analysed.

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.

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.