



AGENDA ITEM

3.1.8

CTM BOARD

ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT 2020-2023

Date of meeting	25/05/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Sara Thomas, Deputy Director of Public Health (Interim)
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Population Health and Partnerships Committee	(03/05/2022)	ENDORSED FOR APPROVAL

ACRONYMS

CTM	Cwm Taf Morgannwg
UHB/ HB	University Health Board/ Health Board
DPH	Director of Public Health
PSRS	Population segmentation and risk stratification
NIHR	National Institute for Health Research
LSOA	Lower Super Output Area
WIMD	Welsh Index of Multiple Deprivation
HLE	Healthy life expectancy
RSOG	Regional Strategic Oversight Group
ONS	Office of National Statistics

MSOA	Middle Super Output Area
TTP	Test, Trace and Protect
RCCE	Risk Communication and Community Engagement
PHW	Public Health Wales
CEOs	Chief Executive Officers
MT	Merthyr Tydfil
RCT	Rhondda Cynon Taf
COM-B	Capability, Opportunity, Motivation- Behaviour
BAME	Black Asian and Minority Ethnic
INNUs	Interventions Not Normally Undertaken
MECC	Making every contact count
WISE	Wellbeing Improvement Service
IMR	Infant Mortality Rate
LBW	Low Birth Weight
HMQ	Help me Quit
JVCI	Joint Committee on Vaccination and Immunisation
AWDPP	All Wales Diabetes Prevention Programme
SHAB	Sexual Health Advisory Board

1. SITUATION/BACKGROUND

- 1.1 The Board is presented with the Director of Public Health report which covers the period 2020 to 2023; it reflects on the unprecedented challenges of Covid-19 faced by the Health Board region and the legacy this has left. It considers the considerable learning from the pandemic experience and the importance of strong partnership working both during the pandemic and in recovery.
- 1.2 The draft report presented to the Population Health and Partnerships Committee was described as impactful, well-written and endorsed. There were no amendments to be made other than to improve the presentation of Appendix 2. Appendix 2 has been amended as requested.
- 1.3 The direct and indirect impact on health and other inequities are considered together with the triple challenge of the United Kingdom's withdrawal from the European Union ('Brexit'), the cost of living crisis and climate change, all of which are having a cumulative impact on the population's health and well-being in Wales.
- 1.4 The report acknowledges the leadership and contribution of Prof Kelechi Nnoaham both during the pandemic and in his advocacy for population health within CTMUHB and wider partnership. Also, the transfer of the Public Health Team from Public Health Wales to the employment of Cwm Taf Morgannwg University Health Board in November 2022 which affords further opportunities to population health in CTM.

- 1.5 The pandemic brought to the forefront local inequalities that exist because of deprivation; the report outlines the role of the health board and actions to build a stronger and more equal future for our population.
- 1.6 The scale of risk facing CTMUHB has been noted in the CTM Integrated Medium Term Plan by the Interim Director of Public Health within "CTM experienced the worst Covid19 outcomes in Wales; however, the decline in life expectancy predates the pandemic. Austerity measures since 2008 have affected not only the wider determinants of health, but also as the capacity of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in poorer people spending more of their shorter lives in ill health. The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a "*significant humanitarian crisis*".

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

2.1 The report's conclusion and recommendations are as follows:

2.2 Conclusions of DPH report

- Incidence of Covid-19 infection and related mortality were the highest in Wales driven largely, by local levels of deprivation, patterns of health behaviours and profile of ill health.
- In addition to the mortality directly related to Covid-19 our levels of all-cause mortality increased over the pandemic period and service disruption over the pandemic has left a legacy of increased waiting times, lower uptake of screening, late presentation of symptoms and reduced monitoring and management of chronic conditions. The challenge of Long-Covid is not yet fully understood. While striving to adopt a more proactive, preventative approach the treatment delay and late diagnoses consequences of the pandemic will need to be addressed.
- The pandemic had wide reaching impacts on the mental health and wellbeing of many of our population. Even with huge progress towards a return to 'normality' the causative factors for many, such as economic difficulties, health worries and the unique effects of bereavement during a pandemic climate remain, warrant the need to continue to provide additional support services. The scale of impact

and needs arising from Long-Covid need to be better understood and included in our plan.

- The pandemic response however did produce some positives - strengthened cross sector partnership working, a greater appreciation of community assets, innovation in working practices, protection through mass vaccination and exploration of digital technology with a commitment to improving digital inclusion.
- It is anticipated that the pandemic will have worsened inequalities in health within CTM, further exacerbated by the additional challenges of the cost of living crisis, Brexit and climate change.
- The COVID-19 pandemic has been described as a 'syndemic' pandemic, interacting with and exacerbating existing inequities in chronic diseases, as well as inequities in the conditions in which people live, work, grow and age. Risk factors interact and multiple aspects of disadvantage come together, meaning the risks are cumulative and increase with each additional risk factor. The long-term direct and indirect impact on health and other inequities will take several years to become fully apparent.
- Tackling of these inequalities and the wider determinants that drive them needs a whole system approach and a clear, collective set of population goals to monitor progress.
- As part of its own service delivery, the health board has the challenge of moving towards prioritising prevention and early intervention while balancing the current backlog of service need. Greater use of data and intelligence will be vital in understanding our population and prioritising care effectively and proportionately.
- Widespread cultural and operational changes are required to achieve more effective partnerships with patients, building on the concepts of shared decision making and co-production and promoting the importance of supporting self-care to improve outcomes. This extends to preparing patients on waiting lists to optimise their wellbeing, reduce complications and improve outcomes of care
- There are numerous examples of effectively embedding prevention in practice within CTM but these need to be scaled up, evident across all specialities and settings and where appropriate adequately and sustainably resourced.
- Learning from the pandemic and utilising strengthened multiagency working relationships will enable development of an agile health protection system and workforce capable of protecting the CTM

population from Covid -19 variants and other communicable disease hazards going forward

- CTMUHB has a key role as an anchor organisation in CTM. Good progress has been made in building a strong foundation for further development.
- The Health Board has acknowledged the huge commitment and contribution of its staff and began to strengthen structure and policy within the organisation to provide ongoing support. These will need to continue to develop at scale to increase resilience and support wellbeing through the challenging post Covid-19 recovery times ahead.



2.3 Recommendations

- 2.3.1 Acknowledge the impact of Covid-19 on our population and the tremendous sacrifices made. In so doing ensure that we embrace the lessons learned, building on the strong partnerships developed to deliver our collective commitment to improving the health and wellbeing of our CTM population, reducing health inequalities and providing resilience and protection from future hazards. Defining our relationship with Public Health Wales as part of a Public Health System Memorandum of Understanding will be central to effective achievement of our population health ambitions for CTM
- 2.3.2 Celebrate the progress made in developing CTMUHB as a population health organisation and the solid foundations of a whole system approach, prioritising prevention and early detection and intervention in all pathways. The UHB should continue to develop and effectively deploy population health intelligence, technology, research and innovation to deliver timely, quality and equitable care
- maximise the learning from behavioural insights as a means to effect change
 - support the Care Groups to develop a value based public health approach in contribution to achieving our organisation's population health vision and goals
 - explore how "prehabilitation" could be supported as part of care pathways to prevent delays, change lifestyles, create better patient and population health outcomes and improve healthcare value
 - monitor the CTM wide implementation of evidence-based policy for Interventions Not Normally Undertaken (INNUs)
- 2.3.3 Recognise our staff as our greatest asset and fundamental to our future population health ambitions; colleagues have worked with sustained commitment during times of unprecedented challenge during the COVID-19 pandemic and subsequent recovery period. As an employer, continue to support and develop our staff to achieve their own wellbeing and be champions for health in the workplace and in their communities.
- 2.3.4 Develop and maximise the Health Board's role as an anchor organisation in the region, making the most effective use of all its resources and opportunities from estates, health promoting hospitals, employment and skills to actively promote good health and wellbeing to staff and residents enabling people to have the knowledge skills and confidence to look after their health.

- 2.3.5 Work with Public Service Board and Regional Partnership Board partner organisations to achieve a “More equal CTM”, building healthy communities, strengthening, resilience and maximising community assets.

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

- 3.1 Continued partnership working is essential to achieving a successful recovery from Covid-19, improving the health and wellbeing of the population and reducing health inequalities.
- 3.2 The Health Board has a statutory duty to protect the health of all individuals residing within the CTM footprint (*National Health Service (Wales) Act 2006¹*) both from Covid-19 and other hazards.
- 3.3 The Health Board has committed to being a Population Health Organisation and an Anchor Institution in CTM. The Strategy and Care groups are tasked with delivering on this commitment.

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: Governance , leadership and accountability, self care and effective care
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 no, please provide reasons why an EIA was not considered to be required in the box below. The report highlights inequalities in health and outcomes for CTM residents and makes recommendations to address them.
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 Committee is asked to **note** the conclusions and recommendations of this report.

ⁱ Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* [LINK](#)