



AGENDA ITEM

6.1

CTM BOARD

POPULATION HEALTH BOARD REPORT

Date of meeting

(29/07/2021)

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Local Public Health Team Consultants
collated by Sara Thomas

Presented by

Angela Jones – Deputy Director in 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 potential solutions to successfully tackle the population health challenges in Cwm Taf Morgannwg.

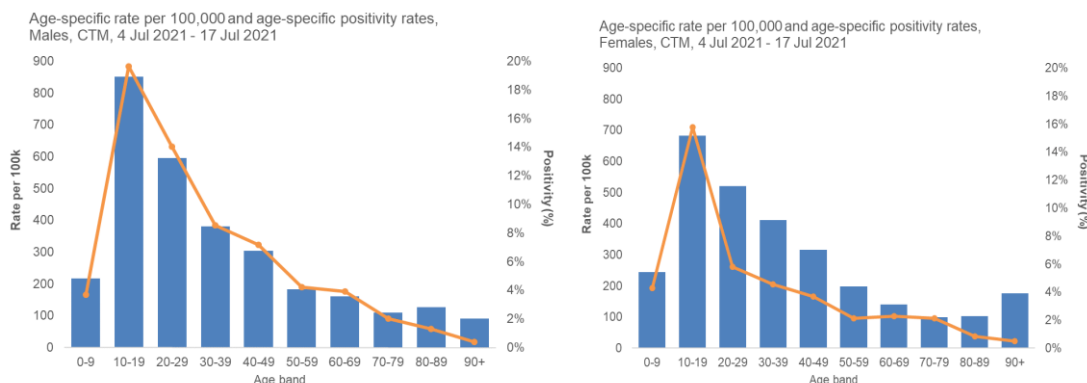
This report updates the Board on the current status of population health in CTM, progress on the delivery of the population health agenda and highlights specific matters for Board attention.

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

COVID- 19 Update

Covid-19 rates per 100,000 for Wales between 7th July 2021 and 17th July 2021 were at 367 with Cwm Taf Morgannwg Health Board being at 351; and Bridgend at 460, Merthyr Tydfil at 238 and Rhondda Cynon Taf at 316.

The age, gender profile of the cases along with positivity can be see below.



Positivity

Positivity across Wales is at 9.6% with the Health Board at 9.7% positivity, Bridgend at 11.8%, Merthyr Tydfil at 7.5% and RCT 8.8%.

The highest rates of cases are within 10-19 & 20-29 age groups with a similar pattern for the genders, but higher peak in young men compared to women. Testing pattern broadly in line with curve but positivity is lower in working-age women. This may be related to more women working in caring roles and hence being tested whilst being asymptomatic.

Care Home Update

Between the 6th July to the 19th July 2021, 15 care homes have been noted to have new cases with a total of 19 cases among staff and 12 new cases among residents. (Note - distinction may need to be made between cases identified in the previous waves and cases in third wave with no history of infection. Work is being undertaken to address this). Only one case known to have had single dose of vaccine (i.e. not double vaccinated).

Hospitalisation

From the 4th July to 18th July 2021 Royal Glamorgan Hospital has had 14 admissions, 11 of which are community acquired infections (CAIs), Prince Charles Hospital has had 18 admissions with 11 being CAIs. Princess of Wales had 7 admissions 6 of which were CAIs. There were no admissions in community hospitals.

Vaccination Progress

81% of the Covid-19 vaccination programme is complete with 327,256 first doses and 284,637 second doses administered as of the 22nd July 2021. Work is being undertaken to establish an inequities group to develop a multiagency action plan to support the Reducing Inequalities in Vaccinations strategy alongside modelling to address various predictors of non-uptake and various means of identifying reasons for non-attendance. Action taken so far has included targeted communications, information sharing to clarify questions and concerns raised by different ages (e.g. University of Wales) and minority groups, focussed offer e.g. with homeless groups and people with learning disabilities, encouraging registration with a GP, targeted drop in clinic and pop up clinics in areas of deprivation.

Of note is the drop in non-attendance with the roll out of second doses and the narrowing of the gap between the ages, deprivation quintiles and some minority ethnic groups' uptake.

Changes in TTP actions

TTP are no longer undertaking extended contact tracing (back to 14 days prior to either swab or symptom onset). This is in response to direction to only consider the previous 48 hours which is the significant period with respect to prevention of infection and isolation.

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 to meet with lead executives to scope the projects, timelines and nominate key staff to take forward each project. The progress on this programme of work will be

reported to the 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 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. 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 anonymised data to LPHT is planned for July 2021, with provision of de-anonymised data to Merthyr Tydfil Primary Care Cluster in August 2021. Phase 2 is planned for completion by January 2022 (this is subject to the impacts of the third wave of Covid19 and associated winter pressures).

Systems Work

Health Board Systems Groups

The Public Health leads for systems groups have delivered presentations to their boards and reference groups providing an introduction to Population Health and a 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. To do this they are launching 100 Days of Engagement 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. Through these opportunities it is hoped that a rich insight into the story behind the data can be developed that will assist both 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 summer 2022 and will be evaluated to assess its impact on HbA1c (blood sugar), weight and waist circumference and acceptability.

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: We have commissioned Play Wales to deliver a number of interventions to allow safe street play and use of school grounds for safe play.

Healthy Families Intervention (HENRY): Health professionals will refer families to this programme. This programme will deliver supportive services digitally from September 2021 due to the pandemic. Further work to target families in the Merthyr area is being developed.

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.

Adult weight management: Level 1: work is ongoing to remap community current service provision. Level 2/3: Ongoing work is continuing to develop an integrated level 2/3 obesity pathway with options being developed, which will require additional recurrent health board funding to support staff recruitment to support this proposal. This recurrent funding will bring the proposed level 2/3 integrated service into line with neighbouring health board provision.

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. These are referenced below and linked to the data where appropriate.

National Survey for Wales

Most recent data from the national survey indicates the following for CTM:

Population Health Goal 8. By 2026, the prevalence of overweight & obesity has been reduced by 5 percentage points from its current levels

Key messages for CTM:

- More than 60% of adults are overweight or obese
- Alcohol consumption is lower than the Welsh averages (21% of adults in Wales do not drink alcohol compared to 26% of adults in Cwm Taf Morgannwg UHB)
- Health related lifestyle behaviours are generally worse than the Welsh average.

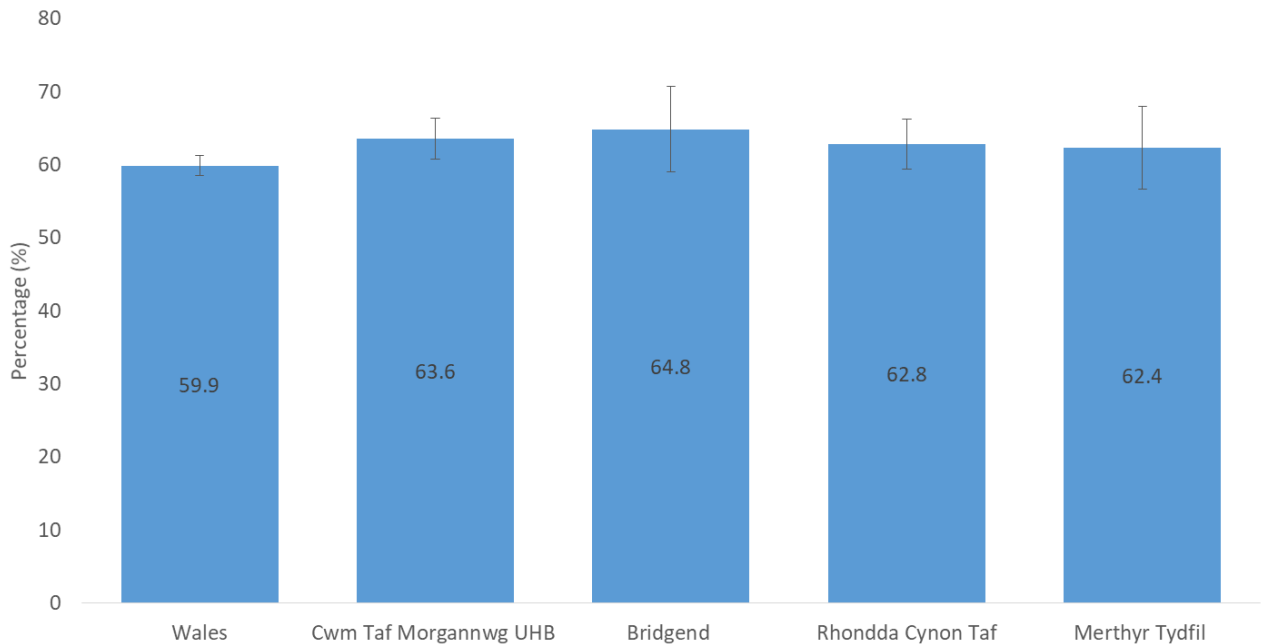
Percentage of adults that report the following behaviours- National Survey for Wales (2018-19 and 2019-20)					
	Smoke (%)	Eating 5 portions of fruit and veg a day (%)	Meet physical activity guidelines (%)	Drinking above guidelines for weekly alcohol consumption levels (%)	Working age adults of Healthy Weight (%)
Cwm Taf Morgannwg	18.6	21.6	41.7	16.5	36.4
Wales	17.4	24.3	53.2	18.6	40.1

Source: Stats Wales 2020



Percentage of adults who were overweight or obese, 2018-19 and 2019-20

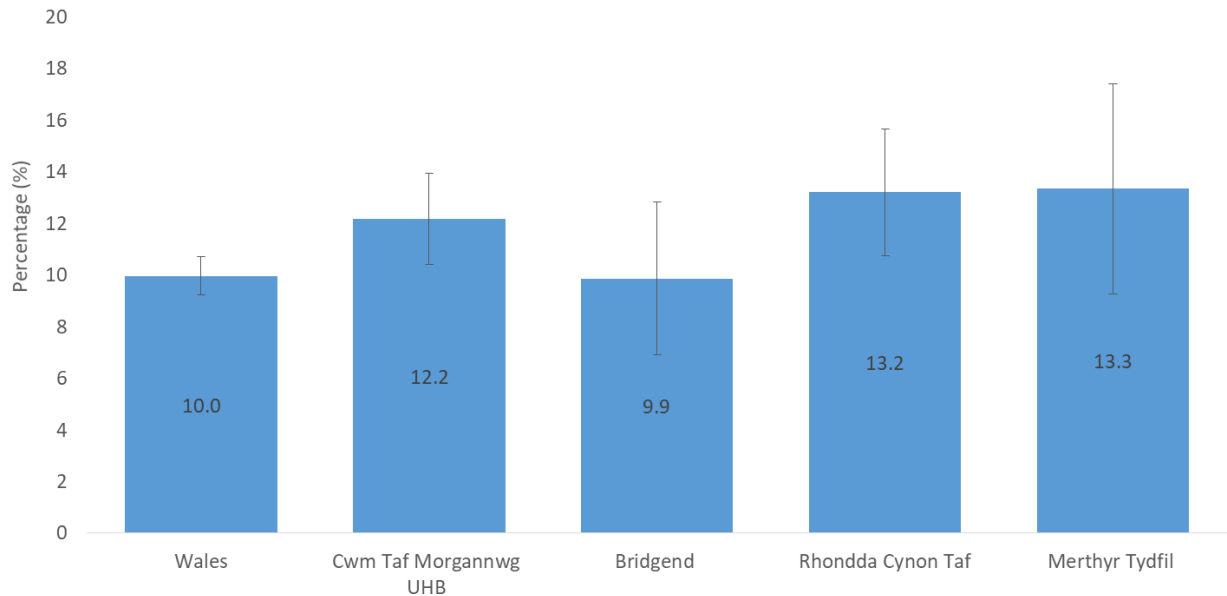
Produced by CTM LPHT using National Survey for Wales data (2020)



Percentage of adults who reported fewer than 2 healthy lifestyle behaviours

Percentage of adults who reported fewer than 2 healthy lifestyle behaviours, 2018-19 and 2019-20

Produced by CTM LPHT using National Survey for Wales data (2020)

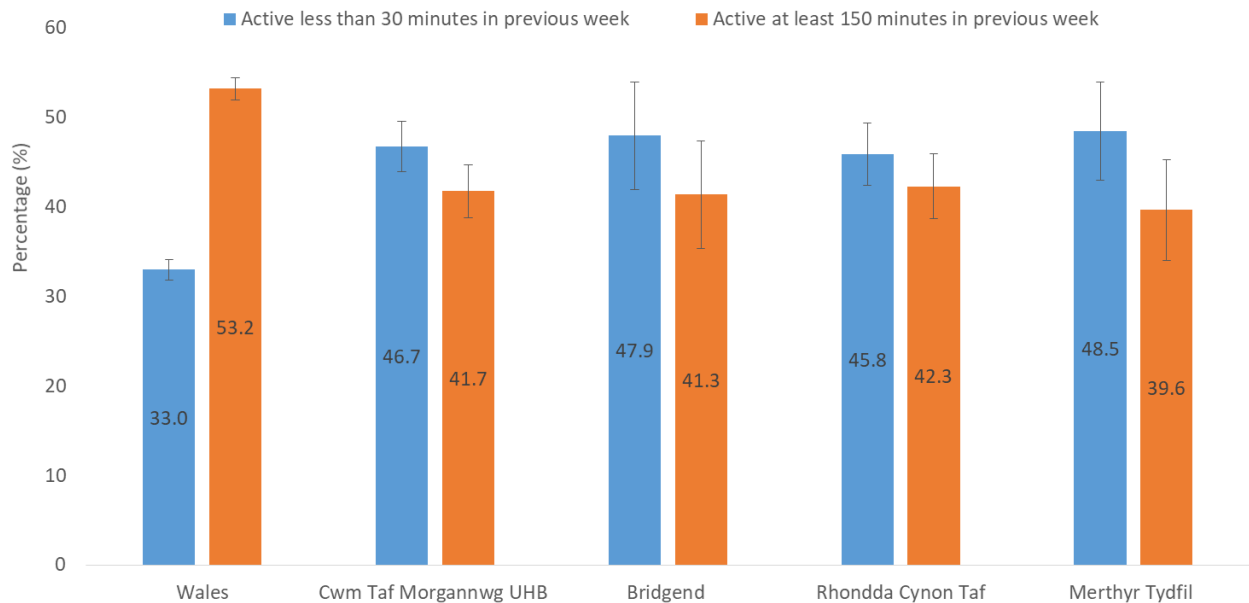


Percentage of adults who reported being active for at least 150 minutes or being inactive (less than 30 minutes) the previous week, 2018-19 and 2019-20



Percentage of adults who reported being active for at least 150 minutes or being inactive (less than 30 minutes) the previous week, 2018-19 and 2019-20

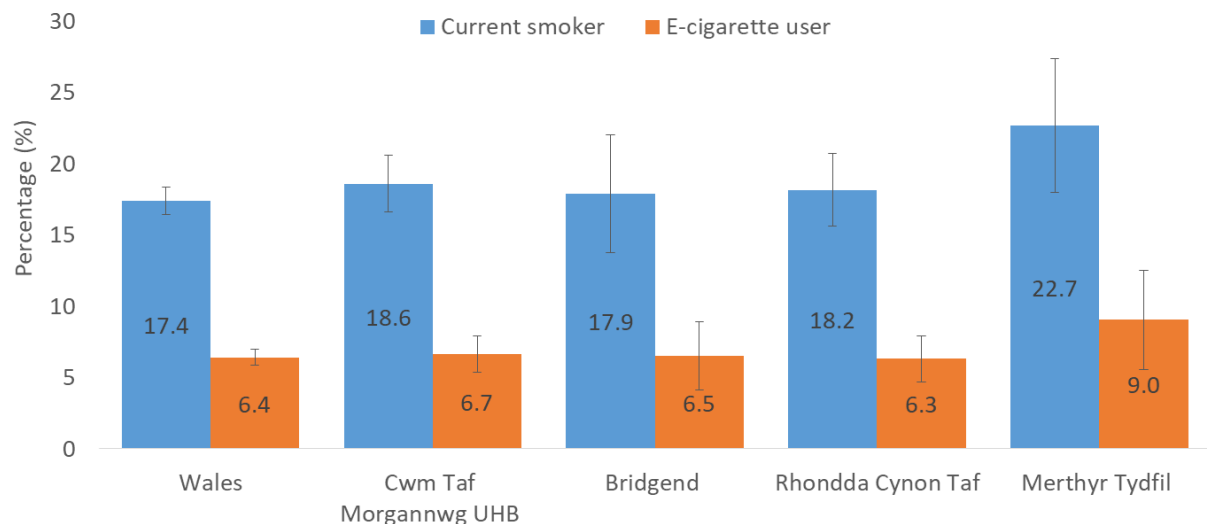
Produced by CTM LPHT using National Survey for Wales data (2020)



Population Health Goal 7. By 2026, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated

Percentage of adults who smoked or used e-cigarettes, 2018-19 and 2019-20

Produced by CTM LPHT using National Survey for Wales data (2020)



Population Health Goal 1. By 2026, in men and women in CTM, Life Expectancy at birth and Healthy Life Expectancy match the Wales average

Healthy life expectancy (the number of years a person can expect to live in good health) is only available for Cwm Taf (not CTM) level: 56.9 years (males) and 59.6 years (females). For Wales, HLE is 61.4 years (males) and 62 years (females).



Compared to Wales
Wales
Similar
Significantly worse

	Wales	Cwm Taf Morgannwg UHB	Bridgend	Rhondda Cynon Taf	Merthyr Tydfil
Healthy life expectancy at birth (females), 2015 to 2017 (Years)	62.0		61.3	60.2	56.5
Healthy life expectancy at birth (males), 2015 to 2017 (Years)	61.4		60.9	56.5	58.0
Life expectancy at birth (females), 2015 to 2017 (Years)	82.3	81.0	81.2	81.0	80.6
Life expectancy at birth (males), 2015 to 2017 (Years)	78.3	77.6	77.9	77.5	77.2

Produced by Public Health Wales Observatory. Please consult the technical guide for full details on how these indicators are calculated and data sources.

Population Health Goal 2. By 2026, the Slope Index of Inequality in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%

The inequality gap for life expectancy in CTM is 6.4 years (males) and 5.0 years (females), (Source: Public Health Wales Observatory PHOF Tool (2020) using ONS and WG data)

Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

Cwm Taf Morgannwg
57.1%

Source: Public Health Wales Observatory using WDS (NWIS) and WIMD 2014 (WG) data

Population Health Goal 3. By 2026, Avoidable Mortality in CTM matches the Wales average

Avoidable mortality is higher than the Wales average in all three local authorities. Combined data for the years 2017-2019 (LA breakdowns only available in aggregated years) show that Bridgend is the closest to the Wales average with 285 per 100,000 in 2017-19 compared to 263 per 100,000 for Wales. Merthyr Tydfil has the highest avoidable mortality with 329.6 per 100,000 followed by RCT with 301.4 per 100,000.

Data from 2019 (latest data available at HB level) show, CTM is at 300/100,000 population and Wales is at 260/100,000 population

Population Health Goal 5. By 2026, the prevalence of key LTCs (stroke, diabetes, cancer and heart disease) in people with mental health problems in CTM matches that in those without

Chronic disease is often preventable. Previous work in Cwm Taf for the Cwm Taf Wellbeing assessment in 2017 indicated the following: -



Estimated % prevalence of chronic conditions (2018)		
	Cwm Taf Morgannwg	Wales
Asthma	7.4%	7.1%
CHD	3.9%	3.6%
COPD	2.7%	2.4%
Dementia	0.6%	0.7%
Diabetes	6.6%	6.1%
Heart failure	1.0%	1.1%
Stroke +TIA	2.3%	2.1%
Source: Primary Care Needs Assessment tool, 2019- using QOF data 2018		

CTM UHB has generally a higher estimated prevalence of all chronic conditions than the Welsh average with the exception of dementia. Prevalence data is estimated from Audit + and as such, only captures conditions which have been diagnosed and coded. This may therefore be an underestimate of 'true' prevalence.

Population Health Goal 6. By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and percentage of Low Birth Weight (LBW)

Low birth weight babies (born less than 2500g in 2018): CTM (6.5%). Birth weight is an important determinant of future health. Low birth weight babies are at risk of problems with; growth, cognitive development and the onset of chronic conditions later in life. (Source: Public Health Wales Observatory PHOF Tool (2020) using WCCHD (NWIS) data)

Children living in poverty in Bridgend: 25.0%, MT: 29.0% and RCT 28.0% children (aged 0-18) live in poverty. Wales average 24% (Source: Public Health Wales Observatory PHOF Tool (2019) using WG and ONS data)

Other relevant published data

National Screening Programmes - Bowel screening has the lowest uptake rate of the national screening programmes across CTMUHB. There

are also marked inequalities in uptake of bowel screening across CTM (49.2% in North Merthyr Tydfil to 65.1% in South Taf Ely). A whole raft of measures are in place / development to tackle this, including public awareness campaigns and initiatives with secondary schools.

In line with Wales as a whole, there has been a decline in young women attending their first cervical smear across Cwm Taf Morgannwg.

National Screening programme	Target Group	National targets	Cwm Taf Morgannwg	Wales
Bowel	60-74yr olds	60%	57.6%	57.3%
Breast	Women aged 50-70	70%	73.3%	72.5%
Cervical	Women aged 25-64	80%	73.0%	73.2%
Abdominal Aortic Aneurysm (AAA)	Men aged 65+	80%	78.8%	80.8%

Source: PHW screening, 2020

Smoking Cessation Activity

In the month of June 2021, there were 151 client episodes (+15% on June 2020), with 118 treated smokers (+7% on June 2020) and 72 persons self-reporting being smoke free at 4 weeks (+41% from June 2020).

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

Of community service clients, 62% were female (38% male), with 10% aged under 25 years; 46% aged 25-44years; 31% aged 45-64 years and 13% 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:

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 Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

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