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Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

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13 December 2021

Chair and Chief Executive

Russell George MS  
Chair  
Health and Social Care Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

Dear Russell,

### **Follow up questions after post-appointment scrutiny session on 4 November 2021**

Further to your letter dated 16 November, please see responses to your questions.

#### **1. How you intend to improve information sharing and communication with patients**

As a public health organisation in a global health crisis, staff, patients and communities have turned to CTMUHB as a trusted source of information about the pandemic throughout 2020 and this has continued throughout 2021. We will continue to fulfil our 'warning and informing' obligations under the Civil Contingencies Act duties, whilst using a compassionate yet authoritative communications and engagement approach that will enable us to continue to improve the trust and confidence between CTMUHB, its staff, patients, communities and stakeholders throughout winter 2021/22

Communications and Engagement will continue in much the same way it has done throughout the pandemic which has seen all owned channels (i.e. website and all socials) maximised and used heavily by staff, public, patients and stakeholders.

Outlined below, are some of the ways in which we have continued to improve the way in which we communicate and engage with patients and public;

- Patient and public-facing information will continue to be published on the CTMUHB website and social media channels which also includes sharing content from Public Health Wales and Welsh Government to reinforce the critical messages for public safety.
- From the very start of the pandemic, a closer working arrangement has been established between our Health Board's communications team and those in the local authorities which enabled coherent and co-ordinated efforts that reflected localised issues whilst maintaining the central public safety messaging.

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#### **Cyfeiriad Dychwelyd/ Return Address:**

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Cadeirydd/Chair: Emrys Elias

Prif Weithredydd/Chief Executive: Paul Mears

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- This has been developed further when we commissioned an external agency specialising in behavioural science on behalf of our Health Board and three local authorities. This partnership work included the research, planning and delivery of a staff and public digital campaign to cut through the vast Covid-19 'social noise' when Covid-related messaging fatigue became evident. Engagement on this campaign has been extensive with partners and stakeholders and the results were very positive.

## 2. How you will improve services for the local population in the Cwm Taf region, especially those who are hardest to reach, and generally have lower levels of fitness or experience poorer health outcomes.

Under the Leadership of Professor Kelechi Nnoaham, Executive Director of Public Health, the Local Public Health Team has been leading on work to address inequalities in health in the population served by the Health Board and across the local system. There are a number of key pieces of work that will support this programme of work, including those listed below:

### **CTM is leading the Population Health Management Pilot for Wales**

Population health as an approach seeks to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across whole populations. At the core of this approach is the goal of improving health outcomes for whole populations, not just for those seeking care, while paying attention to the distribution of those outcomes within the population. One of the key pillars of population health is person-centred integration of health and care systems, a reflection of the need to reduce fragmentation of care around the growing numbers of patients with multiple long-term conditions. Person-centred care is however not feasible if, in population health policy terms, it implies developing care pathways unique to every individual in the population.

Population segmentation, which involves grouping populations on the similarity of one or more proxies of health needs, potentially allows definition of population groups for whom integrated and tailored health and care interventions across the continuum of care. Risk Stratification and segmentation defines individuals most likely to benefit. Current systems of health & care categorise populations by: (1) the disease conditions they have, or (2) the kind of services they utilise at a point in time, e.g. non-elective admissions, primary care attendances etc. This categorisation does not respond efficiently to need, it creates waste and gaps. For example, about 25% of admissions from accident and emergency (A&E) do not require admission; they have accessed a service they do not need (waste). At the same time, mortality from cardiovascular disease (CVD) is higher in populations with the least access to preventative health care (gaps). Waste and gaps can be reduced (thus improving population health and reducing health disparities) by tailoring health and care services more closely to the needs of populations. This is what segmentation aims to achieve.

The pilot involves assessing data across the Health Board particularly in primary and secondary care for the entire population of CTM and grouping similar patients into these segments to ensure that appropriate services from prevention to treatment pathways can be tailored to each of these groups. It can identify patients, for example, that are at risk of emergency admission due to frailty and work, in particular with GP practices to identify these patients and provide pre-emptive assessment, treatment, care and services to prevent exacerbations.

Patients from each of these groups or segments will also be involved in designing new services, closer to home where possible. The data analysis and assessment is currently underway and we plan to work with our GPs next year to take this work forward.

### **Population Health Organisation**

CTMUHB has committed to maximise opportunities to be a Population Health Organisation. The vision of the Health Board – becoming known as a population health organisation that works with its communities and partners to improve health and wellbeing - is already set out in key strategic planning documents. To move this from a concept to a tangible outcomes the Health Board has agreed population health goals as it ensures that the organisation is clear with itself and partners exactly what it is seeking to achieve by pursuing specific actions and how it will hold itself to account for delivering on the ambitions. It includes 37 projects to achieve this including clear population health outcomes and targets to improve health and reduce inequalities; improving care quality for key causes of inequalities e.g. cancer, cardiovascular disease, diabetes, stroke and mental health, becoming a health promoting organisation for staff and patients, combining the integration of health and care services with a population health approach and functioning as an anchor institution for our places and communities.

**Early Years Vulnerability profiling** – this is a pioneering approach sharing data across health, local authority and police to identify children at risk of poor outcomes and target family interventions as early as possible.

### **Investing in programmes of work to identify risk factors for the development of disease with support services for prevention and early intervention, including:**

- a. Inverse Care Law programme
- b. Pre-diabetes screening programme
- c. Health Weights
- d. Inequalities in Covid Vaccination uptake
- e. Inequalities in colorectal screening uptake

I hope this provides some reassurance that addressing inequalities is a high priority within CTMUHB and with partner organisations.

Yours sincerely,



**Emrys Elias**  
**Cadeirydd/Chair**