

Cwm Taf Well-being Objectives -**Delivery plan Update – Healthy People**

Update on Progress

Despite a really challenging time throughout the pandemic, there has been significant progress on this work stream, due to dedicated resources to support this work both Welsh Government, Public Health Wales and the Prevention and Early Years grant to Health Boards.

Vulnerability Profiling

The purpose of this programme of work is to enable information sharing between partner organisations to identify pregnant women and children who would benefit from early interventions to prevent poor outcomes for them and their children. This is required for safeguarding purposes and this project extends this principle to all pregnant women and children. The scope was originally from preconception to age 2, that is the First 1000 days of life, but has been extended to age seven to ensure that profiles are developed that promote school readiness and transition into and through the foundation phase of education. Progress to date is summarised below:

- Data fields of interest identified by multi agency partners, including all LAs.
- Data Disclosure Agreements signed by CTMUHB, RCTCBC, South Wales Police and SAIL (Secure Anonymised Information Linkage), Swansea University.
- Early win includes electronic transfer of birth data from the Health Board to RCTCBC (pilot area) which was manually input from published pdf documents previously, risking errors.
- Swansea University engaged as a key partner using SAIL. This work has included an evidence search for risk factors associated with our agreed priorities to confirm that the data field selected were correct:
 - low birth weight,
 - being taken into care,
 - subject to adverse childhood experience(s) and
 - school readiness
- In addition Swansea University has used SAIL to verify and check the outcomes of children from 2000 across RCT and Wales by linking these fields along with outcomes for children. This will enable weighting of the risk factors by importance to prioritise action locally.
- Qualitative research has been undertaken by EMPOVA funded by the PSB to gain the views of families and professionals in sharing data across organisations to inform future practice and confirm risk factors as seen by a range of partners in their work. This research was particularly challenging during the pandemic. Responses were received from 96 professionals a broad range of agencies including NHS, Local Authorities, third sector, FRS, police and Welsh Government. In addition semi structured interviews were undertaken with 13 senior managers. Families were engaged through online surveys and promoted by key professionals. There were 209 responses with 169 fully completed. The findings suggest that

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the public agree that information sharing between agencies providing support and services is acceptable. However, in common with professionals who took part in this study there was recognition by the members of the public who completed the survey of the importance of personal rights and privacy and further comments highlighting that it is much better if parents agree for information to be shared.

- In addition to the above work, the project attracted KESS2 European funding following a successful application between CTMUHB and Swansea University. This enabled a Masters programme student to be employed to specifically identify where vulnerable families were located geographically to compared against the financial distribution to the more deprived areas provided by Flying Start Services. This work is near completion and evidence for, low birth weight and poor school readiness, suggests that there as many vulnerable families living outside of flying start areas:. Of the children who are low birth weight, 21.18% live in a flying start area with nearly 4/5 of the low-birth-weight cases occurring outside of a Flying Start eligible postcode (RCT pilot area). Across Wales more children who have low school readiness do not live in a Flying Start area. This indicates a potential for more intelligent targeting of anti-poverty funding.

Further research is currently in progress with a PhD student within SAIL (cost neutral), to progress the early years vulnerability profiling work with the inclusion of the Family Resilience Assessment Instrument Tool (FRAIT) and level of care (Universal, Enhanced, Intensive) in the Early Years Vulnerability Profiling work.

CHOICE Pilot

The CHOICE project delivers trauma informed, prevention focussed sexual health services, tailored for and co-produced with vulnerable women and their partners.

The project aims to improve the knowledge and skills of patients and partner agency staff in understanding fertility, sexually transmitted infections, testing, and Long Acting Reversible Contraception (LARC) options available. Empowering vulnerable women and their partners to make an informed decision about LARC, giving both voice and choice. Supporting a reduction in unintended pregnancy, which can often lead to the removal of a baby/child into Local Authority care.

Funding was initially secured for a 2 year pilot (April 2020-March 2022) through the Welsh Government Prevention & Early Years funding stream and the team are delighted to confirm that an additional 3rd year of funding has also now been secured from the same funding stream. A Year 3 pay/non pay projection has been finalised.

CHOICE interventions include:

- Counselling and support
 - Regular telephone consultations
 - LARC & condom provision
 - STI screening; opportunistic and symptomatic
 - Emergency Hormonal Contraception provision
 - Cervical screening
 - Pre Exposure Prophylaxis/Post Exposure Prophylaxis (PrEP)
 - HIV point of care testing
 - Tailored 1-1 education sessions on understanding your body, reproduction, fertility and sexual health and well-being
 - Onward referral to additional support services where a need is identified
- Referrals and uptake of the CHOICE service have continued to grow month on month. At the end of November 2021, the project had received **621** referrals. **Bridgend – 205; Merthyr Tydfil – 168; Rhondda – 84; Cynon – 60; Taf – 104. Within each of the ILG areas, referrals equate to – Merthyr/Cynon, 228. Rhondda/Taf 188; Bridgend, 205.**
- Referrals received from: **Barnardo’s Reflect service; 23, CTMUHB Contraception & Sexual Health service; 58, Youth Offending Team; 8, Domestic Abuse; 62, Drug & Alcohol services; 178, Education; 13, Family resilience programmes; 7, CTMUHB Health visiting service; 27, CTMUHB Maternity service; 171, Housing & Homelessness; 11, CTMUHB Youth Partnership team; 9, Body wise/ Pregnancy Advisory service; 31, CTMUHB Mental Health services; 10, Welsh Ambulance service; 2, Integrated Autism Service; 1, Family Health and Wellbeing Programme; 1, CTMUHB Looked after children team; 1, Care leavers programme; 1. New service referring to the project – Action for children; 7.**
- The project has provided **365 Long Acting Reversible Contraceptive devices; 66 Progesterone only/Combined Oral Contraception; 265 Sexual health screenings; 62 cervical smears, with 15 needing immediate onward referral to Colposcopy services. Multiple contact attempts for 7 clients**

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have been unanswered; 22 have moved out of area; 7 are currently pregnant; 3 of which were referred into the project as pregnant; 7 clients have been sterilised; 3 are sadly now deceased; 3 have entered custodial sentences and 1 is in a same sex relationship.

- Additional client outcomes; **36 clients referred to the project declined a LARC; 6 were provided with the contraceptive pill; 18 had STI screening and 8 a cervical smear.**
- The newly developed partner agency sexual health staff-training course will commence shortly. Key partners are also encouraged to undertake Level 1 MECC Training to support healthy conversations with their clients.
- Partnership links established within the CHOICE Project support a holistic, person centred approach. Enabling the CHOICE team to fast track clients directly to key partner support agencies. 11% of CHOICE clients were referred on to partner organisations for additional support during the first year of the project (1st April 2020-31st March 2021).
- Evaluation: Work has commenced with support from the CTMUHB Finance and Integrated Sexual Health Teams to develop a cost consequences analysis. This piece of work will form an integral part of the CHOICE Year 2 report and will enable us to demonstrate the financial cost savings the CHOICE Project has the potential to offer both the Health Board and Local Authorities partners.

A number of service enhancement have also now commenced:

- Introduction of a text reminder service for clients (currently a pilot in the Bridgend area).
- Introduction of x 2 new CHOICE Outreach clinics delivered in partnership with: CTMUHB Blood Borne Virus team (with a focus on asylum seekers); & CTMUHB Perinatal mental health team.

Healthy Weight/ Obesity

Childhood Obesity:

A number of key areas of service development are now coming to fruition to address this important issue:

- The HENRY - Healthy Families: Right from the Start Programme has been commissioned in CTM, utilising Prevention and Early Years grant funding. This is a franchised service where a small team of employed staff are trained to deliver the 8 week programme to families of children up to the age

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of five. This 'HENRY approach' brings together support for parenting efficacy, family emotional wellbeing and behaviour change with information about nutrition, active play and physical activity, setting and achieving goals as a family and oral health. The programme was launched online in September 2021 due to Covid-19 restrictions, health and social care practitioners can refer families into the service, families can also self-refer. The programme is currently delivered across 8 weeks consisting of 1 hourly group sessions. In addition to this the programme can also be delivered on a 1 to 1 basis with parents who may benefit from individual support and a more flexible approach around sessions and times. Once Covid restrictions diminish, it is planned to implement face to face programmes in community centres that will run in conjunction with the online programmes.

- Public Health Wales is also funding the development of targeted services for children and families up to seven years, with support from Healthy Weight Healthy Wales grant funding. Three pilot areas across Wales have been selected, including Merthyr Tydfil. This will enable a tailored 1:1 family programme based on food and nutrition, active play, physical activity and positive parenting skills. The pilot will additionally take a systems based approach working with education settings, specifically relying upon strong partnership working within communities and a range of referral and recruitment mechanisms to support engagement with the target population. Delivery of the pilot is expect to commence in Q1 2022/23
- In addition Jamjar have been commissioned to support the delivery of a co-produced social marketing campaign with a name chosen by residents. Healthy Start Healthy Future will utilise targeted and organic social media posts around healthy living for families suggesting low or free costs ideas for play and physical activity and realistic ideas for eating well and healthily. The campaign will work with PSB partners and wider to promote existing services, building on campaigns and community work not duplicating it. The programme will launch in January 2022 and run for at least 2 years with outcomes measured by social media reach and signposting in to services.

[Whole Systems Approach \(WSA\) to Healthy Weights in CTM](#)

The Healthy Weight: Healthy Wales Whole Systems Approach (HWHW WSA) programme is funded by Welsh Government to 'enable delivery of a national programme for Healthy Weight System Based Approaches'. This includes the establishment of a national team within Public Health Wales to provide oversight and develop evidenced based approaches, and work with local health boards to develop local teams.

The HWHW WSA Programme is a collaborative programme between Public Health Wales, the Directors of Public Health Leadership Group and Welsh Government.

While overweight is common across all social groups in society, being obese is much more likely for those who live with multiple disadvantage and those in certain ethnic groups who are more likely to experience poor health as a result of their weight.

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The rise in levels of overweight and obesity is complex and is the result of a number of rapid changes in our lives and lifestyles over the 20th century.

The complexity of the problem means that there are no simple solutions and no one agency or organisation can solve it alone. In addition there has been growing recognition that there are complex inter-relationships between different aspects in a system that is constantly adapting and changing. Action taken by one part of the system can have an unintended consequence on other parts. The role and influence of the commercial determinants of health has never been greater and often has a global dimension.

The Whole System Approach to a Healthy Weight in Wales will take a long term view. It will recognise complexity and work with a range of stakeholders, including local communities, to both better understand the system and the opportunities for change. The process explicitly aims to reveal the structures and goals within a given system.

Directors of Public Health and the local public health systems leads will provide expert public health leadership within their region, maximising their local relationships and partnerships and their links with their local communities to implement and drive change. The approach will recognise the importance of building on local assets and opportunities, and strengthening cross-sector alliances.

Although systems working has similarities with effective partnership working, it is set apart by the application of complex systems thinking, methods and practice to both understanding the problem and to support identification and testing of actions to address it.

When moving from a traditional working model to systems working there are a number of ways of working that will become more prominent. These include:

- Strong leadership across the system through actively engaged partners, rather than a single main driving force
- Consistent language used across the key organisation involved to promote a unified approach
- A shared understanding of the local context and what will work in this context
- Meaningful engagement with local communities who experience the system to understand their viewpoint
- Recognition that outcomes are influenced by a complex and adaptive system of interacting components
- Robust governance structures and shared values (This is where the PSB can support the aims and objectives of a WSA).
- Continued learning, reflection and refinement for ongoing improvement

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- Initiatives embedded within the broader policy.

To set strong foundations for an effective whole systems approach to it will be important to embed these ways of working, recognising that creating this system will take time. It will be important to build relationships, trust, and community and organisational capacity.

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