



AGENDA ITEM

4.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

NATIONAL INVERSE CARE LAW PROGRAMME REPORT

Date of meeting

26/07/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Sara Thomas, Consultant Public Health

Presented by

Sara Thomas, Consultant Public Health

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

Strategic Programme for Primary Care Prevention and Wellbeing Work stream

(08/07/2022)

ENDORSED FOR APPROVAL

ACRONYMS

ICL Inverse Care Law

ABU Aneurin Bevan University Health Board

CT Cwm Taf University Health Board

CTM Cwm Taf Morgannwg University Health Board

CVD Cardiovascular Disease

CVRA Cardiovascular Risk Assessment



1. SITUATION/BACKGROUND

- 1.1 The Inverse Care Law (ICL) Programme for Wales was conceptualised in 2013, with an aim to reduce excess cardiovascular morbidity and mortality in more deprived populations. The ICL Programme was developed in the two University Health Boards with the highest premature mortality rates and health inequalities in Wales: Cwm Taf University Health Board (now Cwm Taf Morgannwg, CTMUHB) and Aneurin Bevan University Health Board (ABUHB). The ICL Programme aimed to improve the prevention, detection and management of cardiovascular disease thus reducing the variation in life expectancy between socioeconomic groups (Board, National Inverse Care law Programme, 2019).
- 1.2 Cardio-Vascular Risk Assessments (CVRA) commenced in 2015. This involved inviting eligible individuals aged 40-74 years not otherwise on a disease register to a face to face appointment with a trained Health Care Support Worker. Individual lifestyle and clinical risk factors for CVD were identified and support offered to reduce or manage the risk.

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

- 2.1 This programme provides an exemplar partnership working between primary care and public health at a local health board level.
- 2.2 The programme report presents the analyses of participants' anonymised and linked primary care data captured in the SAIL Databank. It captures lessons learned and conclusions for future interventions to address health inequalities.
- 2.3 The Report Executive Summary is provided for information with the full report available on request. A presentation of the main headlines will be made to the meeting.

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

- 3.1 The Health Board continues to receive Welsh Government (Primary Care) funding to develop and share the learning from this exemplar programme.
- 3.2 There are on-going discussions regarding the focus of the next phase of the programme.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
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	Yes (Include further detail below) Health Board in receipt of Welsh Government funding
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

The Committee is asked to **NOTE:**

- 1.1 The Health Board involvement in this programme
- 1.2 The lessons learned and conclusions of this report