Health inequalities:

we work to protect and improve health and well-being and reduce health inequalities for the people of Wales

KRIC, 23 February 2023

Health inequalities – the vision

1. We understand the scale of inequalities in health and health services

2. We understand where we should:
   - take action to reduce inequalities
   - advocate to reduce inequalities

3. We take action, and monitor our impact

Inequalities in what?

- Deprivation, usually via WIMD
- Age
- Gender reassignment
- Marital status
- Pregnant / maternity leave
- Race, including colour, nationality, ethnic or national origin
- Religion or belief
- Sex
- Sexual orientation

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Where we are

- Published data, mostly by WIMD, NSW & APS, too small for some breakdowns
- Quant & Qual insights with specific groups understanding barriers to good health (eg lived experience of homelessness, deaf communities, refugee & asylum seekers)
- Smoking analysis for tobacco strategy
- Iain – lead WG initiative
    - Survey mandated by CMO
    - Health and health service
    - Quality of data available now
- Waiting lists analysis – poor / no data on protected characteristics
- Supporting Inverse Care Law work at BCUHB
- No regular monitoring of our services (uptake and outcomes by pop groups)
- Screening utilise a number of metrics to map uptake to deprivation, including sex and age

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We do a lot with what we do have

Building the evidence base on the cost of health inequalities, social return on investment, and effective solutions to inequalities in Wales

Cost of health inequalities

- [Cost Associated with Inequality in Hospital Service Utilisation to the NHS in Wales](#) and associated [interactive dashboard](#) estimated total annual (2018-19) cost associated with inequality in hospital service utilisation to NHS Wales to be £322 million, equivalent to 8.7% of total hospital service expenses, and a clear social gradient across all service categories except elective and maternity inpatient admissions

Social return on investment (SRoI) and Economy of Wellbeing

- Applying a [Social Value approach and SROI methodology](#) towards building a 'Value-Based Public Health' and an Economy of Wellbeing in Wales to improve health and well-being, and reduce health inequity

Building the evidence base on the cost of health inequalities, social return on investment, and effective solutions to inequalities in Wales

... continued

Welsh Health Equity Status Report (WHESRi)
Informing solutions and investment prioritisation, and facilitating a joint cross-sector whole-of-government, whole-of-society policy dialogue and action towards a Healthier, More Equal and Prosperous Wales

- **Placing health equity at the heart of Covid-19 sustainable response and recovery** identifies the human, societal and economic costs of the pandemic and makes the case for targeted investment in well-being, health equity and prevention and coherent cross-sector action towards closing the health gap.
- **What's influencing the health gap in Wales** identifies social and human capital and income security and social protection as the drivers that contribute most to health inequities.

Health inequalities

Inequalities and the Coronavirus pandemic and 'Triple Challenge'

Public engagement survey with approximately 27,000 residents in Wales (April 2020 – March 2022) including:

- Trends report examined differences in responses by deprivation, gender and age on worry about coronavirus; mental and physical health; worry about finances; and perceptions of the national response
- Ethnicity report examined differences in responses between BAME and White populations, including differences in self-reported mental health and wellbeing
- Demographics report examined how deprivation, age and gender were making a difference to the impacts of Coronavirus, e.g. people living in the most deprived areas of Wales were more likely to be self-isolating, be feeling anxious and isolated during coronavirus restrictions, and reported greater worries about their mental health.
- The public health impact of loneliness during the pandemic identified groups most at risk of loneliness as those aged < 35 years, women, those with chronic health conditions and the unemployed, and that loneliness was a strong predictor of worsening health outcomes and behaviours.

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Inequalities and the Coronavirus pandemic and 'Triple Challenge'

… continued

International Horizon Scanning including:
- Summary report on mental health and increasing vulnerability identified mental health impacts and disruptions of mental health services, disproportionately affecting the most vulnerable and exacerbating existing health inequalities
- Summary report on impact of COVID-19 on increasing the health gap and vulnerability identified underlying factors contributing to the unequal impact of the COVID-19 pandemic including level of deprivation, education, health status and financial resources.

The 'triple challenge' and inequalities including health, wellbeing and equity, food security and identification of vulnerable groups including rural communities

Health inequalities

Screening Services

To Date:

- ❖ Establishment of Screening Equity Group with membership across all programmes

- ❖ Development of Screening Equity Strategy

- ❖ Creation of Screening Equity Action Plan

- ❖ Publication of Screening Division Inequities Report (annual)

  - ❖ Analysis of Uptake deprivation, age, and gender by programme and health board

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Where we are: conclusions

- We do a lot with what we do have
- We do not know the level of inequalities adequately
- Likely that we don't collect sufficient good quality data at present, survey will assess this
- Challenging to collect data across all the protected characteristics
- We do not fully monitor inequalities in our service delivery, nor outcomes
- We have pockets of focused work on specific groups but not a coherent whole
- We do not have an approach to support co-production with public representing protected groups
- We do not have comprehensive plans that unite across data gaos and service delivery

Ambitions

Policy as a lever / health in all policies
- **Socio economic duty training and support** to Health Boards and Public Health teams to implement the Duty to improve health outcomes
- Multisectoral workshop(s) to **disseminate and mobilise findings of the climate change HIA** into regional and local integrated adaptation planning
- Supporting Welsh Government and wider system to implement the **Public Health (Wales) Act 2017 HIA regulations**
- **MWIA Guidance or Toolkit for Practice** for Wales drafted to support a focus on mental health and wellbeing
- **Strengthen partnership working** with the WBFG Commissioner

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Ambitions

Cost of health inequalities, social return on investment, and effective solutions to inequalities in Wales

- Feasibility study for **third cost of health inequalities project**
- Establish **leading role in using Social Value methods, health economics and modelling** to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building an Economy of Well-being in Wales
- **SRoI of sexual health testing programme** within two prisons in Wales
- **What works to address health inequalities** systematic review
- **Welsh Health Equity Solutions Platform** progressing and accelerating health equity solutions, focusing on evidence of what works (interventions, investments, policies)
- **Policy dialogues and expert webinars** supporting the narrowing of health inequalities in Wales and globally, promoting Wales as a leader in developing health equity policy and helping to embed health equity into investment decisions
- **Co-produced health equity tool** supporting integration of health equity considerations in planning and decision-making across sectors, and progressing policy solutions, innovation in population health, and sustainable investment
- Explore the **link between social capital and health equity** to inform future policy research and action

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Ambitions

- Utilise Census data to undertake a more comprehensive analysis of inequalities across all protected characteristics

- Work with Welsh Government and wider NHS to fill gaps in inequality data on an ongoing basis

Screening Services

Ongoing and Future Activity:

- ❖ Engage with communities to understand barriers to taking up offer of screening

- ❖ Produce LHB reports on uptake by demographic and include wait times for diagnostic tests and treatment

- ❖ Undertake mapping of service user journey to access and address barriers in opportunity and access

- ❖ Develop health inequality indicators and produce targets to reduce inequality gaps in uptake

- ❖ Develop monitoring of uptake by ethnicity in Cervical Screening and Bowel Screening programmes

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Communicable Disease Inclusion Health Programme

Remit:

❖ Creation of Programme inclusive of Substance Misuse, Vulnerable Groups, Health and Justice, and Sexual Health, including workplan

❖ Supports existing programmes through specialist expertise in high risk settings and populations at increased risk of communicable disease, negative health outcomes, inequalities and inequities.

❖ Inclusion Health Groups include: those experiencing homelessness and unstable housing, substance misuse (drugs and alcohol), mental health and learning disabilities, sex workers,   those in contact with criminal justice, vulnerable migrants (refugees and asylum seekers), those from Gypsy, Roma and Traveller communities, those experiencing multiple deprivation in both rural and urban communities

❖ Complete an ongoing mapping exercise in conjunction with partners to provide information on the geographical spread of inclusion groups and supporting services

❖ Work with inclusion health teams within health boards and coordinate a national inclusion health network meeting for Wales

❖ Ensure dissemination of surveillance outputs to inform public health action, including: Harm Reduction Database, WEDINOS, Prison BBV, sexual health and vaccine surveillance, Sexual Health Reporting, Substance misuse reporting

❖ Continue to progress specific projects, including: TB Screening pilot at HMP Berwyn, Test and Post, Interventions to prevent harm from IPED use, Harm reduction initiatives to prevent bacterial infections from IDU, Take home Naloxone distribution and training

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How we get to where we want to be

- Complete survey identifying the gaps in inequality data
- Complete waiting lists analysis
- Assess how we want to improve data collection across all our services
- Assess how we want to engage with under-represented groups
- Embed regular monitoring of inequalities, balancing burden of data collection with need
- Embed inequalities lens in all evaluations
- Put plans in place
- Advocacy based on analysis

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