



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

**Public Health Wales**  
**Annual Equality Report 2020–2021**

# Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>1. Introduction .....</b>	<b>4</b>
<b>2. Our Legal Duties .....</b>	<b>4</b>
<b>3. Our Commitment.....</b>	<b>7</b>
<b>4. Our Organisation.....</b>	<b>8</b>
<b>5. Monitoring Our Progress.....</b>	<b>9</b>
<b>5.1 Workforce report .....</b>	<b>9</b>
<b>6. Working Together .....</b>	<b>11</b>
<b>6.1 Working with different abilities.....</b>	<b>11</b>
<b>6.1.2 Education pack.....</b>	<b>12</b>
<b>6.1.3 Influenza campaign.....</b>	<b>12</b>
<b>6.1.4 Accessible information.....</b>	<b>12</b>
<b>6.1.5 TAPE video .....</b>	<b>13</b>
<b>6.2 Connecting with minority ethnic communities.....</b>	<b>15</b>
<b>6.3 Improving health during pregnancy and maternity.....</b>	<b>21</b>
<b>6.3.2 Maternity services and the influenza campaign.....</b>	<b>22</b>
<b>6.4 Removing barriers for LGBT+ people .....</b>	<b>24</b>
<b>6.4.1 Pride Cymru Online.....</b>	<b>24</b>
<b>6.5 Making sure vital information reaches transgender people.....</b>	<b>24</b>
<b>6.5.1 Transgender Information Review.....</b>	<b>24</b>
<b>6.6 Supporting health in all age groups of our populace .....</b>	<b>25</b>
<b>6.7 Providing appropriate health interventions.....</b>	<b>29</b>
<b>7. Other Work to Further Equality.....</b>	<b>31</b>
<b>8. Conclusion and Forward Look.....</b>	<b>36</b>

## Executive Summary

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2020 to 31 March 2021. This has been an exceptional year, which saw Public Health Wales move quickly and reorganise in order to respond to the global pandemic.

This report looks at the work that the organisation has done during this period to further advance equality and work with diverse communities during these challenging times, where inequalities between different groups have been highlighted.

The pandemic changed the way we work, with a number of staff redeployed to assist with the organisation's response. This highlighted the flexible and adaptable approach of our staff, who stepped up to the challenges faced. As shown in this report, a lot of work continued to take place to address barriers and inequalities experienced by different groups, including:

- Creation of accessible resources in different formats and languages on Vaccinations, Covid, and Screening Services
- Developing information for Carers on Breast Screening
- Support for Clinically Extremely Vulnerable people on smoking cessation
- Outreach with communities to encourage testing and vaccination
- Work to support Asylum Seekers and Refugees
- Review of the pathway for FGM cases
- Health Impact Assessment on the Stay at Home rules
- Review of Trans resources on Screening Programmes
- Development of Microsites and websites for Influenza and minority groups
- Work and outreach with schools

The details on this work, as well as lots of other work that has been undertaken during the past year can be found in this report.

We launched our revised Strategic Equality Plan for 2020–2024 last June. This has provided an opportunity for us to clearly set out how we aim to address inequality as we recover from the COVID-19 pandemic.

## 1. Introduction

This report covers the reporting period 1 April 2020 to 31 March 2021, and looks at the work that the organisation has done during this time to further advance equality, and work with diverse communities.

During the period covered by this report, the organisation mobilised quickly in order to be at the centre of Wales' response to the global COVID-19 pandemic. This involved rapidly implementing changes in order to set up a 24-hour contact centre which was operating seven days a week, setting up testing centres across Wales, coping with a massive increase in demand for testing in our laboratories, and wide-scale communication of information and surveys across different communities and population groups. The scale of change was unprecedented, with staff rising to the challenges of adapting to new roles and ways of working within weeks.

The pandemic shone a light on the inequalities and incredible hardship faced by different groups, which require our focus and action to address them. Some of the highest death rates from COVID-19 were recorded in Wales. Of the six localities in the UK reporting the highest death rates per capita, five are located in Wales, with the highly deprived areas of Merthyr Tydfil and Rhondda Cynon Taf taking the top two spots.

We were proud to publish our new Strategic Equality Plan for 2020–2024 last June. This plan sets out our commitment to improving our work on equality, and how we will do this.

## 2. Our Legal Duties

Under the public sector equality general duty, public authorities must:

- eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Equality Act 2010;
- treat people who share a protected characteristic and those who do not equally; and

- encourage good relations between people who share a protected characteristic and those who do not.

The act provides protection for people with protected characteristics.

These are:

**Disability**

**Age**

**Race**

**Sex**

**Pregnancy and maternity**

**Religion and belief**

**Sexuality**

**Marriage and civil partnership**

**Gender reassignment**

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties) and the (Wales) Regulations 2011. These duties came into force in Wales on 6 April 2011 and include:

- developing Strategic Equality Plans which include our equality objectives;
- involving the public and our partners from protected groups when developing plans and policies and shaping services;
- completing appropriate equality impact assessments;
- collecting and publishing information about equality, employment and differences in pay;
- promoting equality-based staff training;
- considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current; and

- making sure people can access the information we provide.

### 3. Our Commitment

To encourage good practice relating to equality and human rights, we need to:

- make sure our leadership is effective and that people at all levels of the organisation take responsibility for equality;
- involve and listen to people with protected characteristics to better understand and meet their needs when providing our services;
- work together as equal partners with people who have protected characteristics to improve the services we provide;
- build on existing good practice and share learning across our organisation;
- invest in resources to promote equality effectively; and
- go above and beyond our legal duties by taking positive action on equality issues.

We are fully committed to promoting equality and have been making progress against the actions and objectives in our new Strategic Equality Plan 2020–2024, which was approved by our Board in March 2020. It sets out a clear plan for the future with clearly defined objectives, which are shown below.

#### Equality objectives 2020–2024

##### **Objective 1: Understand and advocate for diversity and inclusion**

We will ensure a safe, inclusive environment where staff understand diversity and inclusion enabling them to develop, thrive and reach their full potential, and where all staff will be able to advocate for diversity and inclusion in the course of their work.

##### **Objective 2: Attract, recruit, retain and develop our staff**

We will improve the recruitment, retention, progression and development of the staff employed by Public Health Wales so that the diversity mix of our workforce and Board reflects the diversity of Wales and the unique skills and experience they bring.

### **Objective 3: Fair pay**

We will be a fair employer, and will identify our pay gaps for each protected characteristic. We will endeavour to halve the pay gaps for gender, ethnicity and disability within the next four years.

### **Objective 4: Access to services and our environment**

We will ensure that our services, and the buildings we use, are accessible and capable of responding to the different and changing needs of the people who use our services / citizens.

### **Objective 5: Listening, learning and responding**

We will be an organisation who listens to people who use our services and citizens (including under-represented groups), and actively use their insights to inform and direct our work.

## **4. Our Organisation**

We are an all-Wales NHS trust. During the period covered by this report (April 2020 to March 2021), we employed just under 2200 people. Our staff work internationally, nationally and locally to provide a full range of public-health services.

Our vision is working to achieve a healthier future for Wales. We are committed to improving people's health and wellbeing and to reducing inequalities in health. We will continue to listen and learn from the people we serve, including people who have protected characteristics.

## **5. Monitoring Our Progress**

The Chief Executive Officer, together with our board, is responsible for making sure we meet our legal duties.

Our network of Equality Champions, which was set up during 2017, continues to help embed equality and report on progress within the departments. Individuals who have taken on this role on behalf of their department have a keen interest in taking equality forward; they provide and disseminate information and promote equality on a local basis.

Our five Staff Diversity Networks – Enfys (LGBTQ+ Staff), Porffor (Disabled Staff), We Care (Carers), BAME Network (Black, Asian, Minority Ethnic Staff) and Women’s Network – also play a vital role in reviewing and shaping our work going forward.

### **5.1 Workforce report**

Public bodies must keep to their legal duties under section 149 of the Equality Act 2010. There are specific duties that they must meet, including reporting information about employment, training and pay.

This can include information about protected characteristics of our staff and the people who use our services, or evidence used to develop policies and guide our decision-making.

Collecting, using and publishing this information helps us to:

- understand the effect our policies, practices and decisions have on the public and staff with different protected characteristics;
- make sure we are not discriminating against people with protected characteristics;
- take steps to promote equality and encourage good relations within our organisation and more widely;
- identify our main equality issues;
- check that our workforce reflects the diversity of the Welsh population;

- make sure our staff understand the communities they serve;
- create a more open organisation to help to explain how and why we make our decisions; and
- share with the public our successes in supporting equality.

A full workforce report for the annual reporting period has been published alongside this report, as a stand-alone document.

## 6. Working Together

During 2020–2021 we worked with different communities across Wales to improve their experiences of the services we provide. The following sections highlight some of the work we have been involved with. The work undertaken has been reported by protected characteristic to show what has been done for each group.

### 6.1 Working with different abilities

#### 6.1.1 COVID-19 accessible resources

Early on in the pandemic, we identified that there was no easy read information available to support the national messaging on COVID-19. We oversaw the translation of national COVID-19 advice from both Public Health Wales and Welsh Government into easy read, collaborating with the third sector and service users to do so. Work continues with any new messaging that comes out centrally.

A range of accessible resources were also developed to promote the COVID-19 vaccination to eligible individuals. This included developing four different easy read publications in collaboration with Learning Disability Wales, four large print publications and also four videos in British Sign language. The [www.publichealthwales.org/health-information-resources](http://www.publichealthwales.org/health-information-resources) website also has an accessible resources section.

The website itself has been modified to ensure easier accessibility, creating a clear platform with categories and sub-categories with labels to indicate particular features such as being download only.

We also produced the Once for Wales Health Profile, for both children and adults with learning disabilities. This is an important evidence-based and person-centred patient safety tool that aids communication for people with learning disabilities when accessing any health care setting.

A number of the Vaccine Preventable Disease Programme (VPDP) team sit on the COVID-19 vaccine equity committee. As part of the committee we are considering how we can assess uptake and thus improve coverage in vulnerable populations:

- People with physical, sensory and learning disabilities
- Those experiencing homelessness, substance misuse and severe mental illness
- Asylum seekers and refugees
- People from minority ethnic groups
- People at economic disadvantage

A survey was also created and distributed to immunisation coordinators and key stakeholders to find out what resources are being used, and what further resources are required to meet demand, focused particularly on accessible resources and which audiences we need to reach out to across Wales.

### **6.1.2 Education pack**

In May 2021 Improvement Cymru launched a modular education pack and accessible resources on delivering health care to people with learning disabilities.

### **6.1.3 Influenza campaign**

A range of accessible resources was developed as part of the annual Beat Flu campaign, promoting flu vaccination to eligible individuals. This included developing three different easy read Beat Flu publications in collaboration with Learning Disability Wales, flyers in large print, an audio version and also a version in British Sign Language. The [www.beatflu.org](http://www.beatflu.org) website now has an accessible resources section.

### **6.1.4 Accessible information**

The Screening Division has produced public information detailing information about 'Screening during the coronavirus pandemic'. This

information is available on each of the Public Health Wales Screening programme websites and is available in easy read and British Sign Language as well as multiple languages in addition to Welsh and English via the Recite Me website function.

The Screening Engagement Team has also led an information review of the Screening Division programme easy read resources. The team engaged with learning disability and sensory loss organisations, as well as organisations supporting communities from ethnic minority communities to inform the review and information development.

The new resources which include 'About your breast test', 'About your diabetic eye test' and 'About your Abdominal Aortic Aneurysm test' use simple language with supporting images. The resources are aimed at people with a communication barrier and can be used to support informed decision-making.

Further work is ongoing to review and update the bowel and cervical screening programme easy read resources. The resources will be launched during the summer of 2021.

#### **6.1.5 TAPE video**

The Screening Engagement Team has worked collaboratively with Betsi Cadwaladr University Health Board Transformation project and TAPE Community Music and Film to develop a video for people with a learning disability. The short video aims to help break down barriers to participation in screening for people with a learning disability. The film, which will be available on the PHW screening websites, will be launched alongside the newly developed easy read programme leaflets.

#### **6.1.6 Healthy workplaces**

Healthy Working Wales developed a virtual 'one stop shop' of COVID-19 information and resources for employers. A key aim was to support employers in protecting vulnerable employees both during the pandemic, for example when furloughed or working from home, and as they returned to the workplace, including those with mental health and

wellbeing issues, long-term conditions and disabilities, and also those experiencing the effects of long COVID. Resources available included risk assessment tools to assess and guide mitigation of risks to individual employees.

### **6.1.7 Stakeholder group**

In July 2020, the Equity, Engagement and Quality team worked with the Communications Team to organise and facilitate an online stakeholder group for disabled people in order to shape the resources to support wellbeing during the COVID-19 pandemic.

The team used feedback from the session to highlight issues such as digital exclusion and the need for information in a variety of accessible formats.

### **6.1.8 Information for carers**

Following a review of resources for carers, in March 2020 a new resource was developed by Breast Test Wales aimed at partners and carers of participants who are unable to consent to breast screening. This bilingual handout provides information about why the screening had not taken place and what steps are needed to be taken to help decide what to do next.

### **6.1.9 Help Me Quit**

The National Help Me Quit (HMQ) telephone support service has processes in place to support clients who are unable to take letters regarding requests for Nicotine Replacement Therapy (NRT)/Prescription Only Medication (POM) to pharmacies to collect their products, including 'fast track' procedures to allow advisors who are working from home to have NRT/POM requests written, scanned and sent at short notice. These processes also assisted when clients were shielding during the recent national COVID-19 lockdowns.

The Passport to Smoke Free smoking cessation tool is available in audio format for those who are unable to read the English or Welsh pre-printed versions.

Service users with additional learning needs (following adherence to the consent process) can have nominated individuals to act on their behalf if they have a hearing impairment or learning difficulty.

Deaf or hard of hearing clients continue to receive communication via email and SMS, and to have bookings created for them (as opposed to them having to call the 0800 number and book over the phone).

## **6.2 Connecting with minority ethnic communities**

### **6.2.1 Outreach workers**

Three community development outreach workers have recently been employed under the Public Health and Wellbeing Directorate. Their role is to ensure effective COVID-19 messaging and to encourage uptake of the COVID-19 vaccine. Current activities include engaging with local minority ethnic communities and intermediaries, and sharing information in a variety of languages and formats. A myth-buster document is being developed, to support conversations with individuals and address misinformation.

### **6.2.2 Vaccinations**

Targeted COVID vaccination clinics have been provided at Gypsy Traveller sites, along with continued engagement with outreach workers about testing and compliance with guidance.

In July 2020 key partners drawn from the community asset directory were brought together with representatives of the three lead statutory services to form the Test Trace Protect (TTP) ethnic minority subgroup. Members of the group include representatives of the South Riverside Community Development Centre, Welsh Refugee Council, Cardiff and Vale College, Oasis Cardiff and Butetown Community Centre, as well as health promotion specialists and communications professionals. In

coproduction with the key members of the wider network, the group has developed a suite of digital and printed materials to promote access to testing and vaccination across the region. Our partnership with this subgroup informed the decision to hold COVID-19 vaccine clinics in mosques to encourage uptake.

The subgroup identified that short video clips, fronted by spokespeople felt to be credible from ethnic minority communities, would be a very effective form of communication and address literacy issues within some communities. The subgroup determined that recognisable local ethnic minority medical professionals and community leaders would be those most trusted. A number of such spokespeople were then identified through the wider network. These included local doctors, religious leaders and well-known community figures, who fronted a wide range of short information films on topics such as the firebreak lockdown, how to spot symptoms of COVID-19 and the importance of getting tested, and the importance of following the national restrictions in place in Wales. This work not only fostered trusted links with the ethnic minority population at a community level, it also established a library of resources for those working within the community to use.

In response to insight from the group two mobile COVID-19 testing facilities were opened at sites in southern Cardiff during December 2020. Both experienced very high demand.

A regular e-bulletin was established as a way of providing a selection of shareable content that addressed local issues in a format that could be easily passed on, either as individual elements or in its entirety. The Cardiff and Vale COVID-19 Vaccination Programme Community Leaders Bulletin included latest news from the vaccination programme, links to the latest videos produced by the subgroup, links to other reliable information online, and a list of other trusted sources of information. It played a key role in ensuring those most likely to be able to influence thinking in ethnic minority communities had access to the most up-to-date and accurate information.

A monthly COVID vaccination inequality report which reports on equity of uptake of COVID vaccination in Welsh residents by ethnic group, age and gender was produced. This work was carried out in collaboration with the SAIL (Secure, Anonymised Information Linkage) databank. These reports allow services to identify ethnic minority groups with low uptake and target appropriate interventions

The team collaborated with Welsh Government to publish three different COVID-19 leaflet resources translated into 36 different languages.

### **6.2.3 Influenza campaign**

To support flu vaccination in children, template invitation letters for flu vaccination in primary schools and for preschool-aged children, a common questions for parents document, and also template school flu vaccine consent forms were made available in 18 minority languages. General and children's flu leaflets were also made available in 18 languages.

The Vaccine Preventable Disease Programme Team continues to engage with stakeholders such as Muslim Doctors Cymru, EYST, Race Council Cymru, Wales Advocacy Forum and Women Connect First to identify most effective messaging and also trusted voices within communities.

### **6.2.4 Safeguarding maturity matrix peer review**

A safeguarding maturity matrix (SMM) peer review was undertaken, and explored the impact of COVID-19 on BAME communities, to identify and share good practice across NHS Wales

### **6.2.5 Screening brief intervention training**

In response to the coronavirus pandemic, the Screening Engagement Team has adapted all training and community education talks for online delivery. The screening awareness training, which is aimed at community workers who support people from the most deprived communities across Wales and those who share protected characteristics, has been split into three separate training sessions, 'An introduction to screening', 'Non-cancer screening' and 'Cancer screening'. The new training package is being piloted and evaluated which will inform the All Wales delivery plan.

## **6.2.6 Health Experiences of Asylum Seekers and Refugees in Wales**

A collaboration to produce a multilingual resource to support refugees and asylum seekers to get help during COVID-19 resulted in a booklet distributed directly to all sanctuary seekers in Wales housed in UK government-provided accommodation, and also hosted online on the Welsh Government, Public Health Wales and wider voluntary sector sites. The booklet is available in six languages, gives information on where to get support on a range of issues such as mental health and domestic abuse, and reinforces the message that refugees and asylum seekers can access healthcare when they need it.

As part of PHW's participation in the Joint Action on Health Equity Europe, health orientation materials were produced that use pictorial-based messaging to enable those newly arrived in Wales, those who don't speak English or Welsh, and/or those with lower levels of literacy to understand the appropriate type of healthcare for different ailments (based on the Choose Well hierarchy). The leaflets were accompanied by a handbook for supporters giving key messages and further information on accessing healthcare in Wales. The leaflets were translated into 23 languages and distributed via the Wales Strategic Migration Partnership and the Cardiff Health Access Practice in both hard copy and pdf format. A similar flyer highlighting symptoms of poor mental health and signposting to appropriate support, translated into 24 languages, was also produced and distributed.

A report on the experiences of sanctuary-seeking children of education in schools in South Wales was presented to Welsh Government's education and inclusion department, to inform best practice and areas for schools to consider when supporting children in primary education. The report sets out the experience of children in schools as they learn new languages and cultures, and integrate into Welsh society. It also highlights where schools have demonstrated practice that has facilitated this, and where more consideration needs to be made for additional support. It was published in October 2020.

Between 2019 and 2021, the Equity, Engagement and Quality team worked with third-sector organisation Tai Pawb on a project to increase social capital for both refugee and asylum seeker communities and

social housing tenants. Using a community empowerment approach, a diverse group was created which has gone on to create a number of collaborative newsletters for the area and to influence local public services. Participants have continued with the group since PHW involvement ended and have reported higher levels of connection and trust with their neighbours.

### **6.2.7 Adverse Childhood Experiences Support Hub**

The ACE Support Hub commissioned three research projects this year to better understand the experience of ACEs and migrant, refugee and asylum seekers. The first was a study by Public Health Wales WHO Collaborating Centre that looked at the experience of ACEs and children from refugee or asylum seeking populations. Whilst our understanding of ACEs within high-income countries is growing, we currently know little about the extent to which refugee and asylum seeking children arriving and settling into these countries are affected by ACEs. This review found that wider adversities are experienced both in the home country, on the migration journey and in the place that sanctuary is sought.

[https://issuu.com/acesupporthub/docs/aces\\_in\\_child\\_refugee\\_and\\_asylum\\_se\\_c51c6b5a06cc08/6](https://issuu.com/acesupporthub/docs/aces_in_child_refugee_and_asylum_se_c51c6b5a06cc08/6)

The second project was undertaken by Aberystwyth University and explored the experience of ACEs and child refugees in the 1930s (the Kinder transport). This project focussed on specific areas of learning that might support knowledge around the support needs of unaccompanied asylum seeking children (UASC) in particular. The report was launched in June 2020 with a webinar attended by over 60 people working in policy, academia and supporting refugees and asylum seekers from Wales and internationally.

[https://issuu.com/acesupporthub/docs/aberystwyth\\_aces\\_and\\_child\\_refugees\\_report\\_eng\\_fi](https://issuu.com/acesupporthub/docs/aberystwyth_aces_and_child_refugees_report_eng_fi)

Both of these reports and their findings were presented to the Welsh Government Ministerial Taskforce for Refugees and Asylum Seekers

and have been referenced in Welsh government policy guidance on UASC.

The third report was a study on the experience of education and those working in educational support services in meeting the needs of asylum seeking children. The small study was completed in South Wales, and has clear findings to support the good work being done in education settings, and areas where more is required.

[https://issuu.com/acesupporthub/docs/ras\\_schools\\_report\\_eng\\_\\_final\\_](https://issuu.com/acesupporthub/docs/ras_schools_report_eng__final_)

There are also two pieces of work in development that will report in 2021. The first is a paper for the Older People's Commissioner's Domestic Abuse Strategy group that looks at the experience of older people from diverse backgrounds and domestic abuse. The paper includes specific focus on Gypsy and Roma Traveller older people and those from communities at risk of harmful traditional practices and racially minoritised groups. The paper will contribute to the Commissioner's work to raise the profile of older people and domestic abuse. The second is an ACE Support Hub review of the implementation of the recommendations of the 2013, Wales Strategic Migration Partnership 'Uncharted Territory' report, which looked at the Welsh response to violence against refugee, asylum-seeking and migrant women and girls. The review also considered the experience of women and girls from these communities during COVID-19. Findings are informing the current review of the Welsh Government Strategy on Violence Against Women, Domestic Abuse and Sexual Violence. The report will be published in 2021.

### **6.2.8 NHS Wales Clinical Pathway for Female Genital Mutilation**

The National Safeguarding Team contributed to the review of the NHS Wales Clinical Pathway for Female Genital Mutilation (FGM) – a pathway utilised when FGM is identified within certain health settings.

The review has resulted in the pathway being adjusted to ensure mandatory reporting of FGM by regulated health and social care professionals and teachers.

### **6.2.9 Help Me Quit support in other languages**

Welsh-speaking call handlers and advisors are available to any clients wishing to access the Help Me Quit service through the medium of Welsh; 109 Welsh speakers accessed the service for support in 2020-2021.

A workplace stop smoking group was set up for Polish clients. Stop Smoking Wales also had a member of staff who is Polish so could deliver the support in the language of choice.

Visits were also made to the Gypsy Traveller community to raise awareness of the support available to stop smoking.

A number of visits and talks were given in mosques to raise awareness of the service.

Clients that are not able to speak English or Welsh can access the service with the support of the Language Line interpreter service. During 2020–2021, 81 clients stated that their preferred language was an alternative to Welsh or English; languages that have been supported include Albanian, Bengali, Bulgarian, Czech, Farsi, Kurdish, Slovak, Somali, Sorani and Spanish.

## **6.3 Improving health during pregnancy and maternity**

### **6.3.1 NHS Wales Routine Enquiry into Domestic Abuse**

A review of the minimum standards of NHS Wales Routine Enquiry into Domestic Abuse for midwives and health visitors took place in 2020, to ensure relevance with VAWDASV (Wales) Act 2015 and increase the effectiveness of routine enquiry for individuals to disclose domestic abuse and subsequently seek assistance. The problems identified, such

as a lack of confidence and staff training, will be actioned during 2021–2022.

### **6.3.2 Maternity services and the influenza campaign**

A flyer aimed specifically at pregnant women encouraging flu vaccination was developed and proactively shared with general practice and community pharmacies.

An aide memoire for midwives and a PowerPoint presentation focusing on the benefits of flu vaccination for pregnant women were made available to those delivering midwifery services to help meet their information needs.

The VPDP also ran a Point of Delivery survey over a five-day period in January 2021. The purpose of the survey was to monitor how many pregnant women recalled being offered influenza and pertussis vaccinations during pregnancy, and also how many pregnant women took up that offer.

Resources on COVID-19 and fertility, pregnancy and breastfeeding have been added on the VPDP website as leaflets, in the FAQ section, as videos and also in social media promotions:

<http://nww.immunisation.wales.nhs.uk/faqs-covid-19>. A specific PowerPoint presentation was developed for maternity services outlining the guidance on administering COVID-19 vaccine to pregnant women and those women who are breastfeeding. A live all wales question and answer session was also held, and plans are in place to develop an e-learning module.

### **6.3.3 Improvement in Practice Project**

An Equality Impact Assessment (EqIA) was completed for the Improvement in Practice Project aiming to test out a new model of infant feeding support to new mothers in hospital. This is part of the Betsi Cadwaladr University Health Board (BCUHB) Infant Feeding Strategic

Plan. The overall aim is to increase the initiation and continuation of breastfeeding, and contributing to a healthy start and a strong foundation for child health.

The Infant Feeding Strategic Group has improved access to information by developing new resources and online support such as peer supporters across north Wales and the Solihull Approach online antenatal classes, which are accessible to residents in north Wales.

The Group, led by the Dietetic team, has commenced a project to improve the uptake of Healthy Start, which provides food vouchers and free vitamins to eligible pregnant women and families with children under 4 years of age.

#### **6.3.4 Healthy weight in pregnancy**

Maternal obesity / weight management support during pregnancy isn't sufficiently covered by current service provision. This, coupled with a high prevalence of maternal obesity and the associated evidenced-based risk factors for mothers and their babies, means that 'Healthy Weight in Pregnancy' is a priority for the Women's Directorate of BCUHB.

Utilising the Welsh Government 'Building a Healthier Wales' funding, BCU Local Public Health Team commissioned some insight work to develop a deeper understanding of healthy weight before, during and after pregnancy, including considerations of maternal behaviour, attitudes, motivations, influences, needs and barriers, and experiences.

The 'Healthy Weight in Pregnancy' insight work is currently underway and the findings will inform the way forward, enhancing local pathway developments to ensure a focus on maternal obesity and supporting the implementation of evidenced-based interventions to promote healthy weight in pregnancy across north Wales based on the regional needs.

#### **6.3.5 Maternity-specific smoking cessation referral pathways**

Improved referral pathways have provided administrative support and guidance to staff members in different health boards to assist in setting up pregnancy/maternity-specific smoking cessation referral pathways and services. As of May 2021, 95% of all HMQ Hub maternity referrals received their first call within two days of the referral date (in line with service KPIs).

As part of Welsh Government Prevention Funding a 'Models for Access to Maternity Smoking Cessation Support' (MAMSS) Advisor has been appointed to increase the number of offers of smoking cessation support that are accepted by pregnant women who smoke and, of those, increase the numbers engaging with services and quitting smoking.

## **6.4 Removing barriers for LGBT+ people**

### **6.4.1 Pride Cymru Online**

The organisation took part in the 2020 online Pride event organised by Pride Cymru; a link to a webpage signposting people to our services and information was made available on the Pride Cymru online marketplace.

The VPDP are currently working with our Communications Team to promote update of the HPV vaccine for the LGBTQ+ community to tie in with Pride Cymru 2021.

## **6.5 Making sure vital information reaches transgender people**

### **6.5.1 Transgender Information Review**

The Screening Engagement Team has led the review of the screening-based resources for people who are transgender and identify as non-binary. A comprehensive engagement review was undertaken with the community and health professionals to inform the review and information development. The new resource will be launched during the summer of 2021. Accessible versions of the resource and supporting information for health professionals are currently under development.

### **6.5.2 Cervical screening for people who are transgender**

Cervical screening laboratory Standard Operational Procedures have been strengthened to improve screening for people who are transgender. In the past, the laboratory would reject samples taken from individuals identified as male, but now samples taken from participants labelled as male will be processed. This has resulted in increased knowledge and education of laboratory staff around gender identity, and improved screening access for transgender participants.

### **6.5.3 Updated client management system for Help Me Quit**

The Non-binary salutation 'Mx' has been added to our client management system; this was not an original option as part of the Quit Manager system and was added for people who identify as non-binary.

The Hub has the facility to provide male or female advisors where a client expresses a preference regarding their support (e.g. victims of sexual violence).

### **6.5.4 Working with schools**

Transgender awareness-raising sessions were held with all schools in the Swansea Bay area, with comprehensive-aged pupils invited to attend. The training was provided by Youth Cymru, and supported by the Welsh Network of Healthy Schools.

The training covered:

- Becoming more confident in identifying and using appropriate language about gender
- Identifying the barriers and discrimination that face trans people
- Gaining practical skills and knowledge in supporting trans young people and eliminating barriers and discrimination

## **6.6 Supporting health in all age groups of our populace**

### **6.6.1 Vaccine Preventable Disease Programme**

Flu vaccination is recommended for all older people, and the eligibility age was reduced to 50 in 2020. To support this, several awareness-raising resources were produced aimed at older people, and targeted messages developed, shared and incorporated into the digital and stakeholder strategies to support the influenza programme. The VPDP 'Beat Flu' vaccines website, <https://phw.nhs.wales/services-and-teams/beat-flu/adults/> includes messages specific to older people.

Two microsites were developed as part of [www.beatflu.org](http://www.beatflu.org), one aimed at care home managers and one at domiciliary carers.

In addition to monitoring influenza vaccine in specific age groups, the surveillance team also monitored vaccine uptake for the shingles vaccine in eligible patients over age 70 and eligible pneumococcal (PPV) patients over age 65. The team also monitored childhood immunisation throughout the year, and published the uptake data in quarterly and annual COVER reports.

A two-week targeted social media campaign on Instagram ran in September 2020 targeting 16–25 year olds promoting MenACWY and MMR vaccination. These assets and messages were shared via Universities Wales for wider distribution with relevant stakeholders.

### **6.6.2 COVID-19 vaccine**

The Vaccination Preventable Disease Programme has devised a targeted, paid-for campaign which aims to achieve higher engagement and understanding within the 18–29 age group to increase the likelihood that they will take up the vaccine.

Fourteen Instagram stories and videos were created, all containing messages that focus on 'getting back to normal'/ normalising having the vaccine – that it is safe, easy etc. These videos are also available on YouTube.

### **6.6.3 Serious Violence Interventions Pathway**

The Wales Violence Prevention unit has developed a Serious Violence Interventions Pathway in partnership with Cardiff Family Advice and Support (CFAS) to ensure there is better alignment across our funded service providers in Cardiff who work with young people experiencing vulnerabilities and harms.

#### **6.6.4 Working with partners**

In autumn 2020, the Equity, Engagement and Quality team liaised with organisations including Chwarae Teg, Women Connect First, Women's Aid and the Black Association of Women Stepping Out (BAWSO) in order to create content for webpages on the PHW site that addressed issues which disproportionately affect women.

Along with information and practical advice on topics such as flexible or part-time working, household budgeting, emotional labour and domestic abuse, the page's content held signposting links to key partner organisations.

#### **6.6.5 Young Ambassadors**

The Public Health Wales Young Ambassador programme was paused for a four months due to the first pandemic wave. However, the programme restarted July 2020 and has continued to support young people aged 12–24 years old. The young people have influenced a number of organisational pieces of work including:

- supporting the National Safeguarding Team with messages to vulnerable young people;
- supporting PHW Communications with targeting COVID-19 messages;
- supporting work on wider determinants of health and the impact of COVID-19 on employment for young people;
- supporting the Mental Health Priority group; and
- taking part in and supporting the Royal College of Paediatrics and Child Health Conference.

### **6.6.6 Breast screening open invitations for breast screening first timers**

Breast Test Wales has changed the process for first-time screening participants. An open appointment letter is being piloted, asking participants to contact their local screening centre to make a breast screening appointment. This enables individuals to have a discussions with staff and agree a suitable time and location for their screening appointment, and for staff to discuss COVID guidance and answer any queries the participant might have.

A service user engagement review of the open invitation letter is currently underway with organisations who represent diverse communities to help inform the pilot and project evaluation.

As part of the pilot to improve programme accessibility, a regional email address has been set up to enable service users to contact the service.

Service user evaluations are being carried out, by way of a telephone and email surveys, to obtain real-time service user feedback and opinions on the effectiveness of the new service and pilot, providing the programme with an opportunity to review and improve processes throughout the period of the pilot.

### **6.6.7 Intergenerational Grant Scheme**

Through Transformation Fund monies, an Intergenerational Grant Scheme awarded funding to over 20 community-based projects during 2020–2021, which provided opportunities for all ages to work and learn together across the Hywel Dda Health Board area. All projects included an element of digital connection.

### **6.6.8 Care homes**

A programme of work was developed to create a ‘safe space – peer support’ for care homes managers during the pandemic. This became

known as the 'Care Home Cwtch'. It provided the opportunity for learning and sharing of information and ideas to know what worked well in order to keep residents safe when faced with a global pandemic. Many of the conversations focused on infection and prevention control, advanced care planning, staffing, isolation and touch starvation for residents. Care home staff requested further support for 'bite-size' skill-build sessions and a simple communication channel for care homes. In response, Improvement Cymru established and delivered to care home staff fortnightly skill-build sessions, and developed a Care Home digital app and website for the sharing of information and key guidance.

These work streams support staff who deliver care to older people living in care homes across Wales to deliver high-quality care. They focus on ensuring consistency and dignity of care is delivered by provision of evidenced-based interventions.

### **6.6.9 Better Together**

Better Together is a collaborative project, funded by the Health Foundation and led by Public Health Wales in partnership with the national wellbeing charity Action for Elders, the Swansea-based Bay Health GP Cluster Network and Swansea Community Voluntary Sector. The focus of the project is to address social isolation and loneliness in older people, leading to measurable improvements in their health and wellbeing, through the development of a peer-to-peer approach.

The approach has been developed based on evidence which identifies 'families, friends and communities' as a key social determinant of health. The project aimed to use evidenced-based approaches and co-design with beneficiaries to support older people who are either socially isolated or lonely, to build new friendships and social networks through a variety of community-based activities.

## **6.7 Providing appropriate health interventions**

### **6.7.1 Human Papilloma Virus (HPV) vaccination programme**

Following the introduction of a universal HPV vaccine, the programme has been expanded to include boys in school years 8 and 9; the Vaccine Preventable Disease Programme surveillance team has been reporting on HPV uptake of school-age children by gender.

### **6.7.2 Wales Violence Prevention Unit (VPU)**

The Wales VPU supported Welsh Women's Aid with the development of a [Blueprint for the Prevention of Violence against Women, Domestic Abuse and Sexual Violence](#) (VAWDASV). The Blueprint for Prevention demonstrates how, through taking a public health approach to VAWDASV, we can make progress towards achieving our vision – a Wales in which all women and children live free from violence against women, domestic abuse and sexual violence – and by doing so achieve independence, freedom and liberation from oppression.

The Unit also ran a social media campaign for the 16 Days of Action to prevent VAWDASV created by UN Women. The campaign featured the voices of VPU partners to raise awareness about the prevention of VAWDASV.

### **6.7.3 Suicide and Self-Harm Multi-Agency Group**

Working in partnership with the Ospreys, as part of the regional Suicide and Self-Harm Multi-Agency Action Group (MAG), the Swansea Bay Local Public Health Team worked with club members and supporters to better understand and address mental health, distress and suicidal ideation.

Young and working-age men have been identified as a high-risk group for suicide in our local population; to support them and help prevent suicide and self-harm, the group:

- held listening and engagement events
- co-designed a toolkit
- developed an overarching visual identity and brand that appeals to men.

Building on this engagement, the aim is to develop a network of participants that will co-design, co-produce and co-assess solutions

identified from the insight work. The outputs will be a co-produced set of actions / solutions that can feed into the wider Suicide and Self-Harm Prevention action plan for Swansea Bay Health Board.

## 7. Other Work to Further Equality

In addition to addressing the protected characteristics, further work was undertaken to further equality. This is captured below.

### 7.1 Employment

In June 2020, a Health Impact Assessment (HIA) of the [‘Staying at Home and Social Distancing Policy in Wales in Response to the COVID-19 Pandemic’](#) was published by Public Health Wales. It aimed to support key stakeholders and decision-makers to better understand some of the wider health and well-being implications of enforced changes such as the ‘Staying at home’ (otherwise known as ‘lockdown’) and physical distancing measures which were implemented to address the pandemic in Wales. These policies also had wider implications – some intended and others unintended; for example, the ‘Staying at Home and Social Distancing’ policy led to an immediate reorientation to homeworking, where feasible, in Wales.

[Public Health Wales’ Health Impact Assessment on Home and Agile Working](#) highlights the positive and negative impacts of home and agile working on employment. It provides an evidence-based appraisal of the implications of home and agile working across the determinants of health (for example, the environment and the economy), mental wellbeing and wider society. It also focuses on any inequalities that may arise across the broad range of population groups in Wales, so that decision- and policy-makers can make informed decisions about home and agile working so that it facilitates health and wellbeing, mitigates for any negative impact and reduces any potential inequalities amongst employees.

In October 2020, our Health Economist, Rajendra Kadel, published a report which forecasts potential economic consequences of COVID-19 on longstanding illness, taking into account the change in unemployment rate. It is part of our Population Health work stream: [Economic](#)

## [Consequences of COVID-19 Pandemic Outbreak on Health Indicators and Health Service Use in Wales.](#)

### **7.2 Welsh Health Equity Status Report initiative**

In March 2021, the first report from the Welsh Health Equity Status Report initiative (WHESRI), focusing on the wider COVID-19 impacts, related to health equity was published. Wales is the first country to deliver this as part of a World Health Organization (WHO) milestone initiative which identifies five essential conditions needed to create and sustain a healthy life for all: good quality and accessible health services; income security and social protection; decent living conditions; social and human capital; and decent work and employment conditions. Policy actions are needed to address all five conditions. The WHESRI report is intended to help inform and support a sustainable response and recovery from Coronavirus (COVID-19) in Wales, reinforcing our understanding of how interdependent individual and societal well-being are with the wider economy. [Placing Health Equity at the Heart of the COVID-19 Sustainable Response and Recovery: Building prosperous lives for all in Wales.](#)

### **7.3 Development of Equality and Health Impact Assessment toolkit**

The Screening Engagement Team in partnership with the Wales Health Impact Assessment Support Unit (WHIASU) has developed a practical toolkit and supporting training resources for Screening Division staff to undertake Equality and Health Impact Assessments. The resources have been designed to help facilitate and standardise the process of undertaking impact assessments. The toolkit has been utilised to undertake Equality and Health Impact Assessments of screening in prisons and breast screening open invitations, and in relation to the divisional website project.

### **7.4 Stakeholder engagement review**

The Screening Engagement Team led a Wales-wide stakeholder engagement review to ascertain how community stakeholders have adapted their ways of working in response to the coronavirus pandemic,

and to explore the barriers to screening for people disproportionately affected by COVID-19.

A two-tier engagement approach was employed to carry out the project. An online smart survey was sent to Primary Care and third-sector partners, and semi-structured interviews were conducted with organisations representing communities who had been disproportionately impacted by COVID-19. Organisations who participated in the interview included EYST, People First, Centre of Sight and Sound, Women Connect First, and community coordinators and inclusion officers in targeted communities.

The findings and recommendations were reported upon and shared with stakeholders. This work is helping to inform Screening Division public information development and its strategy to reducing health inequalities during the coronavirus pandemic and beyond.

## **7.5 Supporting national and organisational work streams**

The Screening Division attends and contributes to a number of national and organisational work streams including:

- **Improving consent procedures:** The Public Health Wales consent group has reviewed the consent policy, with plans to adopt the Welsh Government Guide to Consent for examination or treatment with a Public Health Wales procedure underpinning it. Discussions with the Welsh Risk Pool have taken place as to how we undertake best-interest decisions with screening participants. It has been agreed that we will be able to proceed to screen in the participant's best interest following the completion of a risk and benefit analysis. It is anticipated that these amendments will result in significant improvements for screening participants enabling those who are unable to provide informed consent to access screening in a timely manner.
- **Service user experience:** Gathering service user experience during this time has been challenging due to the impact of the Coronavirus pandemic and associated infection prevention and control guidance in conjunction with the requirements for social distancing. We are in the process of implementing a 'Once for Wales' approach to gathering service user experience feedback,

which will enable feedback to be gathered in many ways thus allowing participants to provide feedback to using a method that best suits their needs. This could be by a paper survey, QR code, SMS bundles, telephone interview, postal, tablet or online.

## **7.6 Homelessness**

A Homeless Task and Finish Group was established in March, which also covers substance misuse. Homeless people at high risk – street homeless, and those in shared temporary accommodation and refuges – have been identified. Mobile vaccination teams have visited sites in all three counties where the majority of residents live. Others have been invited directly to drop in to their nearest Mass Vaccination Centre on a specified day. We have worked with local authority homeless teams who have liaised with accommodation providers to distribute information about the vaccine from PHW and from homelessness charity Groundswell. Those in temporary accommodation but not sharing facilities are being called by age group under group 10 of the vaccination priority ranking.

## **7.7 Physical Literacy Project**

Funded by Welsh Government 'Building a Healthier Wales', the Physical Literacy (PL) Project will embed the use of a Physical Literacy informed approach when developing strategy and policy, or actions and interventions, that change people's relationship with physical activity from across the life course. The aim is to empower and upskill the workforce across north Wales to:

- create a PL community of practice across the region;
- influence decision-makers using PL Champions supported and mentored by PL consultants; and
- inform and create PL resources that can be used as part of an ongoing legacy from the investment.

The plan has been co-produced with partners including specialist Physical Literacy consultants, local authorities, Sport North Wales, Disability Sport Wales colleagues and third sector partners that represent the interests of different community groups.

## **7.8 Beat Flu Awards**

The annual Beat Flu Awards included an equality and inclusion award for the second year. The award is open to anyone involved in the flu programme in Wales who has addressed an inequity, inequality or inclusion issue.

### **Winner: Cath Hughes, Immunisation Nurse, Cardiff and Vale University Health Board**

Through hard work, perseverance and the personal touch Cath has built up a relationship of trust with an independent Muslim school that has not previously engaged with the annual flu programme for pupils, helping to address concerns, and facilitating flu vaccination for the pupils. Cath's vision is one of relationship building, collaborative working, inclusion and equity.

## **7.9 Health needs assessment for Travellers**

A health needs assessment has been undertaken on Travellers usually residing in north Wales. A literature review and interviews with local stakeholders provided evidence for the assessment, as there are very few routine data sources to describe this population. Due to the COVID-19 pandemic, it was not possible to collect Traveller voices directly. The assessment showed inequalities between Travellers and the settled population in health literacy, aspirations, mental health and wellbeing, and access to services.

Recommendations include collecting primary data from Travellers, training health mediators to act as a conduit to facilitate health and wellness services, an audit of suicide data to inform suicide prevention work, and undertaking a stakeholder mapping exercise to improve collaboration between local partners. All health improvement projects and programmes in north Wales should incorporate a consideration for how to engage Travellers – for example, through appropriate materials, improved accessibility, and outreach.

The preliminary findings of the health needs assessment have been and will continue to be shared with multi-agency partnership groups. The partners involved to date are supporting the stakeholder mapping exercise with a view for this to lead to joint funding bids and sharing of good practice.

### **7.10 Outcome Measures Project**

As part of the Outcome Measures project (introducing and embedding the use of outcome measure tools in all mental health and learning disability services in Wales), a key component of the training was to create an increased awareness of the unique personal experiences of the people using those services.

This was done by considering the health inequalities that can arise between groups or populations from the sometimes unequal distribution of social, environmental and economic conditions within societies.

The training looks at three specific areas:

- When and how to make reasonable adjustments for people using mental health and learning disability services.
- Whether the service provided for an individual needs to be in Welsh.
- How to be culturally competent and understand our own unconscious biases.

The training provides some useful information and links to resources to create further awareness, and, in conjunction with Diverse Cymru, Improvement Cymru have produced four 10-minute videos and an awareness booklet to explore cultural competence and unconscious bias further.

## **8. Conclusion and Forward Look**

This is the first year of our revised Strategic Equality Plan, and we continue to work towards meeting our objectives. We have continued to

work with different stakeholders to involve and consult with them in order to progress the work that we have committed to in our action plan.

Our teams will continue to work in the community with the people who use the services we provide, and we will continue to develop an inclusive culture within the organisation, through the development of our staff diversity networks, and reviewing our practices to ensure we are creating a great place to work.

The revised Strategic Equality Plan (2020–2024) contains details of how we will achieve our revised objectives over the four-year period, and will continue to further embed equality within our plans so that we properly consider and monitor the effects and outcomes of our work on people with protected characteristics. We will support innovation, encourage good practice and challenge poor practice. All of this will be done in partnership with our stakeholder reference group, which is made up of representatives who cover the protected groups.

Any future legislative requirements, such as the Socio-economic Duty, will also be incorporated into the new plan as they are enacted.

In doing all of these things we will strengthen how we work, and truly demonstrate our commitment to the people we serve.