



Public Health Wales

Annual Equality Report 2022–2023

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Executive Summary

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2022 to 31 March 2023.

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 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.

1. Introduction

Who we are and what we do

We are Public Health Wales – the national public health organisation for Wales. Our purpose is working together for a healthier Wales.

We are working towards a Wales where people live longer, healthier lives and where everyone has fair and equal access to the things that lead to good health and well-being.

Our Long Term Strategy (2023-35) sets out our vision for achieving a healthier future for people in Wales by 2035. This Annual Equality Report explains the work undertaken which helps us deliver our Long Term Strategy.

This report covers the reporting period 1 April 2022 to 31 March 2023 and looks at the work that the organisation has done during this time to further advance equality, and work with diverse communities.

It has been a very busy year for many departments within the organisation to further advance equality in many diverse communities. Examples of this work are below, however, many further fantastic work is highlighted in this report which has been broken down by the nine protected characteristics.

- The Help Me Quit team have developed new processes to help support sight impaired people, those with additional learning needs and for deaf and hard of hearing individuals to access their services.
- The Vaccine Preventable Disease Programme (VPDP) team collaborated with Learning Disability Wales and people with a learning disability (and their carers) to co-produce a vaccine information resource.
- The Screening Engagement Team undertook a community project with ethnic minority communities from across Wales by conducting focus groups and interviews with the aim of the work as to obtain a better understanding of barriers and attitudes to screening.

- The Screening Engagement Team has developed new trans and non-binary inclusive breast, cervical and bowel easy read resources.
- The WHO CC has published a wealth of reports and policies during this period on topics including gambling, cost of living crisis, preventing homelessness, violence prevention.
- Dental Public Health have developed improvement programmes for older adults in care and for children.
- The Violence Prevention Unit (VPU) has produced the first 'Female Genital Mutilation Experienced by Women Residing in Wales 2022'.

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

Sexuality

Race

Gender reassignment

Pregnancy and maternity

Age

Sex

Marriage and civil partnership

Religion and belief

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
- 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
- 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 current 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.

3.1 Linking our work with our equality objectives

The work outlined in this report links back to the objectives mentioned above. Section 6 explains in detail the work undertaken by protected characteristic, and how we have listened, learned, engaged and acted to develop inclusive services, ensure they are accessible and that we are responding to the different and changing needs of our service users.

By working in a collaborative and inclusive way, we ensure that our staff understand why diversity and inclusion is important and develop programmes and outcomes to reflect this.

4. Our Organisation

We are an all-Wales NHS trust. During the period covered by this report (April 2022 to March 2023), we employed just over 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 well-being and to reducing inequalities in health. We will continue to listen and learn from the people we serve, including people who share 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 five Staff Diversity Networks also play a vital role in reviewing and shaping our work going forward.

Our Networks are:

- Enfys (LGBTQ+ Staff)
- Porffor (Disabled Staff)
- We Care (Carers)
- REACH Network (Black, Asian, Minority Ethnic Staff)
- Women's Network

During the period of this report, we also set up another two networks. There were:

- Ymlaen – Welsh Speakers Network
- Chap Chat (Men's Network)

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
- 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 2022–2023 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 Help Me Quit

To help support access to pharmacotherapy for housebound/shielding clients, The National Telephone Support Service has processes in place to support clients who are unable to take Nicotine Replacement Therapy and Prescription Only Medication letters to pharmacies to collect their products, including 'fast track' procedures to allow advisors who are working from home to have Nicotine Replacement Therapy and Prescription Only Medication requests written, scanned and sent at short notice. These processes also assisted when clients were shielding during the recent lockdowns.

For sight impaired people – the Passport to Smoke Free smoking cessation tool is available in audio format which we can send to people who are unable to read the English or Welsh pre-printed versions.

For additional learning needs - we have continued to make allowances for client's relatives and/or friends to speak on client's behalf (after obtaining the clients consent) if they have a hearing impairment or learning difficulty.

For deaf or hard of hearing - we have continued to communicate with clients via email and SMS to create a booking for them if they are deaf or hard of hearing as opposed to them having to call the 0800 number and book over the phone. We have also been liaising with Helen Green and working on BSL workshops in regard to supporting deaf clients going forward and working on a pilot. Ongoing work is being implemented and worked on regarding this.

6.1.2 Accessible Formats of Public Information – Screening Division

Alongside bilingual public information development, the Screening Division developed a range of accessible formats. These include easy read resources which use simple words and pictures and are aimed at people with a communication and/or language barriers and British Sign Language (BSL) information which is for people who are Deaf.

The following accessible resources have been developed or are in development within the Screening Division:

a. Cervical Screening Easy Read

Cervical Screening Wales launched a new Easy Read leaflet [‘About your cervical screening \(smear\) test’](#) in November 2022.

The Screening Engagement Team worked with Cervical Screening Wales to revise the cervical screening easy read resource.

- b. As part of its development, the team engaged with service users and a number of stakeholders including learning disability, sensory loss and ethnic minority organisations. This resource is available on the cervical screening website. **Bowel Screening Easy Read**

Bowel Screening Wales launched two new Easy Read leaflets [‘About your bowel test kit’](#) and [‘What happens if blood is found in your poo’](#) in August 2022.

The Screening Engagement Team and Bowel Screening Wales worked with Learning Disability Wales to review and update the bowel screening easy read resources.

These resources will help people to have a better understanding of the screening pathway for bowel screening. These resources are available on the bowel screening website.

c. Helping you Decide BSL

Since January 2023, the Screening Engagement Team has been working with an accredited British Sign Language (BSL) translator on the development of the BSL version of the ‘Helping You Decide’ breast

screening leaflet. The team is currently undertaking engagement before uploading this to the screening websites.

During 2023, the Screening Engagement Team are looking to work with the Deaf community to develop further BSL resources ensuring there is equitable screening information available. Once complete these will be available on the screening websites.

d. Newborn Hearing Screening Leaflets Review

In October 2022, the Screening Engagement Team and Newborn Hearing Screening Wales began working on the review of a suite of newborn hearing leaflets. These leaflets are given to parents to help them decide on the newborn hearing screening tests that are offered as part of the screening pathway. This work is still underway. The team are developing both Plain English and Easy Read resources and will be engaging with people to ensure that user feedback shapes the development of the final leaflets. These resources will be launched during 2023.

e. Breast screening Benefits and Risk Easy Read leaflet.

Women who attend for breast screening are given information on the benefits and risks of breast screening. The Screening Engagement Team and colleagues from Breast Test Wales have been working in partnership to develop an Easy Read leaflet. Teams will be undertaking engagement on the new leaflet. This resource will be ready by end Autumn 2023.

6.1.3 Vaccine Preventable Disease Programme (VPDP)

Improvement Cymru supported the review of vaccination information for people with a learning disability in Wales and their families/carers.

Focus groups were conducted to gauge the reaction towards vaccinations and to better understand why some people with a learning disability may not want to get a vaccination. We commissioned Learning Disability Wales to carry out the review and compile a report.

6.1.4 Learning Disabilities

The Learning Disability Team at Improvement Cymru recognised that a key driver in reducing health inequalities experienced by people with a learning disability in Wales is education of the NHS workforce. In collaboration with people with a learning disability, health services and the third sector, Improvement Cymru have developed the Paul Ridd Learning Disability Awareness Training Programme foundation level learning disability awareness training for all NHS staff in Wales. It has been mandated by the majority of the health boards and trusts in Wales.

Reducing Restrictive Practice (RRP) workshops held across Wales to raise awareness of RRP with people with a learning disability and their carers to ensure people with a learning disability are aware of their rights and how they should be treated.

6.1.5 Dementia

The Mental Health Team at Improvement Cymru are working with people living with dementia to support all Welsh regions in delivering and achieving the All Wales Dementia Pathway of Standards and the Dementia Friendly Hospital Charter. Lleisiau Dementia Voices is an independent group of people with lived experience of dementia, that engage and offer a support to each regional dementia board promoting coproduction and inclusivity for all people with dementia.

a. Dementia and protected characteristics:

Improvement Cymru are working with the Welsh regions to promote an inclusive and coproduction agenda within their regional work. Dementia is present across gender, race and disability, affecting all ages and within all settings including hospitals and prisons.

b. Learning Disability and Dementia:

Improvement Cymru are working with learning disability services to deliver on the dementia pathway of standards and dementia friendly hospital charter. This work ensures that people with a learning disability

are fully represented and included in the work to achieve better dementia care across Wales.

6.1.6 Mental Health

The Outcome Measures project from the Mental Health Team at Improvement Cymru focuses on introducing and embedding the use of outcome measure tools in all mental health and learning disability services in Wales.

Improvement Cymru commissioned the University of South Wales to co-produce an accessible outcomes tool that could be used by people with learning disabilities and their families.

The tool is based on the Health Equalities framework (HEF) which will be part of the outcome measures suite of tools offered for use to learning disability services across Wales. The tool has been developed and has recently undergone a validation study.

Next steps will involve exploring translating and validating the tool in Welsh and also undertaking a short pilot of the tool with a learning disability team who are already using the HEF clinician tool before making it available more widely to services.

6.1.7 Cost of Living Crisis

In November 2022, the WHO CC published [Cost of living crisis in Wales: A public health lens](#). This report summarises the ways in which the cost-of-living crisis can impact on health and well-being and identifies people living with disabilities as at increased risk of health harms from the cost-of-living crisis.

In October 2022, the WHO CC published [Communities and Climate in a Future Wales](#). This report explores how particular communities feel about the impacts of climate change, and how these impacts might exacerbate existing inequalities. It highlights that unless specific consideration is given to the needs of people living with disabilities, climate change will increase inequality e.g. the shift away from adapted cars to more active and public transport.

6.1.8 Help Me Quit

Help Me Quit was identified as a 'Covid-critical' service as part of PHW's response to the pandemic. Processes implemented before and during the pandemic allowed smokers to access support to quit smoking. HMQ continues to use telephone interpreter services such as Language Line to ensure that smoking cessation support is available to those whose first language is not Welsh, or English as mentioned in the ethnicity section.

6.1.9 Primary Care

The Division provided peer support to a HEIW Optometric Fellow to who was undertaking an all-Wales eye health needs assessment. The needs assessment will help to report on prevalence of conditions causing sight loss in Wales and, per our advice, include service user and professional engagement to comment on the issues facing current service provision for people living with sight loss (and their carers).

6.1.10 Learning Disabilities

The Vaccine Preventable Disease Programme (VPDP) team are working in partnership with Learning Disability Wales and those with a learning disability (and their carers) to co-produce a vaccine information resource for people living with a learning disability. The team have collaboratively gathered insights to inform resource production.

VPDP produce vaccine resources in accessible formats, including easy read, British Sign Language, large print and audio. Where possible, voice overs are added on available video resources.

Development of COVID-19 vaccine uptake surveillance for those with learning disabilities.

Work to develop methods to estimate vaccine uptake in groups with physical disabilities.

6.1.11 Health Improvement

Disability as a protected characteristics that can often negatively impact children's opportunities to access an equitable range of quality physical activity offers within and around the school setting. As a core component

of the development of the **Daily Active** whole school approach to physical activity, these factors were considered at the start of the planning process, including obtaining relevant insight from existing data and commissioned research with schools across Wales investigating barriers and facilitators to implementation of a whole school approach to physical activity. This evidence informed approach seeks to mitigate any inequalities by providing all school children with the opportunity to access a variety of quality physical activity offers, before, during and after the school day.

6.1.12 Deaf Community

The Engagement Team worked with the All Wales Deafness and Wellbeing group, which is led by members of the Deaf community who use BSL, on a **report** highlighting hidden inequalities. This included a launch event with Ministers to raise the profile of the issue. Actions falling out of the report have included mapping routes to service access for Deaf people and improved processes for quality assurance of BSL translation of health information.

More recently, the team are a named partner on a bid to work with academics and Deaf communities to improve health outcomes through behaviour change and increased access.

PHW's 'Help Me Quit' smoking cessation service liaised with the Engagement and Collaboration Team on proposals for a pilot version of the service in BSL, following a request from the community. Resource was cited as the reason this cannot be taken forwards at this point in time.

6.2 Connecting with Minority Ethnic Communities

6.2.1 Improving Screening Services

Research and Evaluation carried out the first study using census linkage to look at cancer screening uptake data by ethnic group, enabling a population-scale analysis of inequalities. Full article is [here](#).

The Evidence Service undertook an agile scoping review into inequalities in access to healthcare which identified ethnicity/immigration

status as one population group/characteristic experiencing inequalities in access to healthcare services. The review has been passed onto Welsh Government stakeholders to help with informing further work. The review can be found [here](#).

6.2.2 Screening Engagement Team Ethnic Community Project

The Screening Engagement Team undertook a community project with ethnic minority communities from across Wales. The aim of the work was to obtain a better understanding of barriers and attitudes to screening within these communities.

Between December 2022 – March 2023 the team undertook engagement with several partners who support ethnic minority communities across Wales.

The engagement approach included conducting focus groups and interviews. Partners involved in the engagement included outreach workers from health boards and organisations including Race Equality First, Diverse Cymru, Chinese in Wales Association, EYST, Sght Cymru and Gypsy and Traveller Wales.

The outcome of this work is being collated and once complete the findings will shape the work of the team going forward.

6.2.3 Early Intervention in Psychosis (EIP)

The Mental Health Team at Improvement Cymru, developed the Early Intervention in Psychosis (EIP) programme and has engaged with Diverse Cymru for all EIP teams across Wales to adopt the Cultural Competency Toolkit.

The team commissioned a systematic review and recommendations to improve access to and quality of psychological interventions for people from ethnic minority communities. A report and associated guidance will be published summer/autumn 2023.

6.2.4 Gambling Health Needs

In February 2023, the WHO CC published [Gambling Health Needs Assessment for Wales](#) which identifies people from non-White ethnic groups as being less likely to gamble but more at risk of health harms.

6.2.5 Cost of Living Crisis

In November 2022, the WHO CC published Cost of living crisis in Wales: A public health lens report which identifies people from ethnic minority groups as being at higher risk of health harms from the cost of living crisis, but recognises variation.

6.2.6 Communities and Climate Change

In October 2022, the WHO CC published Communities and Climate Change in a Future Wales and this report used participatory futures methods to involve less heard from communities, including ethnic minority women and refugees, in conversations about climate change so that our response does not exacerbate inequalities.

6.2.7 Health Inclusion

Funded by Health and Care Research Wales, Public Health Wales was the sponsor of a collaborative research project with Swansea University and a number of third sector partners in Wales. 'Health Experiences of Asylum Seekers and Refugees 2' (HEAR2) was funded for two years and investigated how well the interpretation needs of asylum seekers and refugees in Wales are met in primary and emergency healthcare. As well as a Public Advisory Group, peer researchers were an integral part of the study. This study resulted in many recommendations being made. These were shared at a dissemination event attended by the Chief Nursing Officer and a working group has been set up by Welsh Government to move forward with these recommendations.

The study report has been published online and the Executive Summary is also available in Arabic.

The third sector partners were Displaced People in Action, British Red Cross and Ethnic Youth Support Team (EYST).

- New insight into NHS interpretation services in Wales. - Public Health Wales – includes links to the Executive Summary and Recommendations
- HEAR2_Report_English.pdf ([primecentre.wales](https://www.primecentre.wales)) – link to the full report

6.2.8 Help Me Quit

This characteristic is captured on the client management system upon booking and is monitored for equality reporting and comparison against smoking prevalence. Clients are made aware prior to all monitoring questions being asked that they are welcome to respond with 'prefer not to say'. We continue to offer to support Welsh speaking clients through the medium of Welsh through our Welsh speaking call handlers in the Help Me Quit Hub.

We continue to liaise with staff from both the local Help Me Quit community teams and central team (National Telephone Support service) for support to be arranged with a Welsh speaking advisor when requested.

Summary 2022/23

- 97 of the inbound calls to the Hub were classified as 'Welsh' on the telephone system – note that this may include calls for any reason, not only from smokers referring themselves to Help Me Quit.
- 19 of the Help Me Quit online call back forms were classified as 'Welsh forms'.
- 126 client episodes had Preferred Language = Welsh. However this doesn't necessarily mean that the clients received their support through the medium of Welsh
- We frequently use the Language Line service to support clients living in Wales who do not speak English or Welsh. We have recently supported a Kurdish client who has become a successful non-smoker through the HMQ service.

Other languages we have recently support include Somali, Sorani, Czech, Farsi, Bulgarian, Albanian, Spanish, Slovak and Bengali.

6.2.9 Vaccine Preventable Disease Programme (VPDP)

Representation and inclusion of ethnically diverse communities in images used in public information leaflets updates within the last year, and within the respiratory campaign.

The VPDP Winter respiratory vaccination campaign (COVID-19 and flu) was weighted towards ethnic minority communities. Engagement activity

with a number of ethnic minority community groups for the winter respiratory campaign, such as Ethnic Minority and Youth Support Team (EYST), Diverse Cymru and Race Equality First. A communications resource with Dr Bnar responding to a Q+A session

Monitoring COVID-19 uptake disparities between ethnic groups with data also recently published for MMR vaccine:

<https://www.mdpi.com/2076-393X/11/3/680>

6.3 Improving Health During Pregnancy and Maternity

6.3.1 Antenatal Screening Detection Data

Congenital Anomaly Register and Information Service for Wales Official Statistics Publication updating the congenital anomalies prevalence data and the antenatal screening detection data for Wales (published Autumn 2022).

6.3.2 Maternal and Child Easy Share Resources

A suite of easy share resources has been developed for Antenatal and Newborn screening programmes. The resources contain simple messages with pictures. The Easy share resources are behaviourally informed in terms of the messaging. The suite of resources are available on the maternal and child websites. These resources can be shared on social media and amongst community networks.

6.3.3 Cost of Living Crisis

The WHO CC published Cost of living crisis in Wales: A public health lens in November 2022 which identifies single parents as at increased risk of health harms from the cost-of-living crisis.

6.3.4 Help Me Quit

We have improved Referral Pathways by providing administrative assistance and guidance to staff members in different Health Boards to assist in setting up Pregnancy/Maternity specific smoking cessation referral pathways and services.

6.3.5 Primary Care

Public Health Wales Dental Public Health team create resources and training packages for oral health education to midwives and health visitors. Advice is provided to early years programmes including development of Bump, Baby and Beyond, and Early Years MECC resources. The Primary Care Obesity Action Plan includes specific actions to gather insight and develop interventions for peri-natal weight management and the team has entered into a grant collaboration with the FUSE academic collaborative to understand the effectiveness and implementation of non-specialist interventions for weight management up to 5-years after birth

6.3.6 Vaccine Preventable Disease Programme (VPDP)

VPDP gathering attitudinal and behavioural insights from pregnant women to inform future training opportunities for professionals and public resources.

Targeted pregnant women in the winter respiratory campaign by including pregnant women within communication campaigns and utilising pregnant influences for social media campaigns.

Monitoring COVID-19 vaccination uptake in pregnant women in the point of delivery report

6.4 Removing Barriers for LGBT+ People

6.4.1 Help Me Quit

We have added non-binary salutation “Mx” to client management system. This was not a part of the Quit Manager system and was added as soon the team was made aware that it is the preferred salutation for people who identify as non-binary.

We have the facility to provide male or female advisors where a client expresses a preference regarding their support (e.g., victims of sexual violence etc).

6.4.2 Vaccine Preventable Disease Programme (VPDP)

The team produced a suit of public and professional information and resources for MPOX, and new clinical and public content for microsite pages for MPOX.

VPDP have initiated the development of a HPV resource, targeted at the MSM community.

Supported Swansea Bay University Health Board in their sexual health presentation on HPV MSM programme in professional engagement workshop/day.

Communications team have been actively working with stakeholders to create assets to share on their channels without adding stigmatisation and reaching those eligible. Stakeholders included: Terrence Higgins Trust, Stonewall, Fast Track Cardiff & Vale.

6.5 Making Sure Vital Information Reaches Transgender People

6.5.1 Transgender and Non-Binary Easy Read Leaflets

The Screening Engagement Team held a focus group in January 2022. The purpose of this was to discuss the development of new easy read resources for people who are transgender and non-binary. Since that time, the Screening Engagement Team has been working on the development of the new breast, cervical and bowel easy read resources.

Collaboration and engagement with the transgender/non-binary community and professional partners with a specialist interest in gender diversity was undertaken in February to April 2023. The team are in the process of modifying the leaflets which are expected to be launch end of 2023.

These easy read resources aim to support and inform people within these communities about the screening offer, who is invited and who should go for screening. Once launched, these resources will be available on the programme website.

6.5.2 Transgender and Non-Binary Professional Resources

The Screening Engagement Team have worked with health professionals with a specialist interest in gender diversity to develop a suite of resources for use in Gender Identity Clinics and within Primary Care. These resources were launched in December 2022. The resources are available on our screening websites and will assist partners working in Primary Care when supporting people who are transgender and non-binary.

6.5.3 Trans Community Resource Cards

The Screening Engagement Team developed promotional community resource cards in August 2022. The development of the cards was to signpost people who are transgender and /or non-binary to the transgender information and resources on the screening webpages. The bilingual cards, which are business card size and have a QR signposting the webpages, were distributed at Pride events. Due to their size, they are discrete and can be easily handed out.

6.5.4 Implementation of the Cervical Screening Information Management System (CSIMS)

In September 2022 Cervical Screening Wales implemented a new Cervical Information Management System. This is an improvement in service for members of the transgender community.

The main benefits are that it will enable Cervical Screening Wales to generate a result letter for people with a cervix registered as male who have a cervical test.

It will also enable Cervical Screening Wales to automatically invite people with a cervix registered as male for cervical screening once they, or their doctor on their behalf, have contacted the programme to let them know they are eligible for screening.

6.6 Supporting Health in All Age Groups of our Populace

6.6.1 Impact of the COVID pandemic

Research and Evaluation have drawn on existing and new data to generate new evidence on the impact of the COVID pandemic and lessons for recovery across different areas including examining the impact of [working from home](#) on health and wellbeing highlighting the negative impact on specifically on younger groups.

6.6.2 All Wales Diabetes Prevention Program

Research and Evaluation have looked at the update of the All Wales Diabetes Prevention Program by age group to understand preferred mode of delivery of the intervention by age group as well as uptake of referrals to onward appropriate programs. This evidence will support equitable access to the service and referral to other services by age group in the future.

6.6.3 Inequalities in Access to Healthcare

The Evidence Service undertook an agile scoping review into inequalities in access to healthcare which identified age as one population group/characteristic experiencing inequalities in access to healthcare services. The review has been passed onto Welsh Government stakeholders to help with informing further work. The review can be found [here](#).

6.6.4 Data Broken Down by Sex

Analyses produced by Observatory and Cancer Analytical Team routinely include data broken down by sex.

6.6.5 Bowel Screening Wales Optimisation

Bowel Screening Wales, in line with the agreed plan for optimisation, began inviting 55 and 57 year olds for the first time for bowel cancer screening in October 2022. Optimisation plans will continue into the forthcoming years.

6.6.6 Cervical Screening Wales Campaign

Following the policy change in January 2022 to the extension of the routine cervical screening interval, Cervical Screening Wales ran a public awareness campaign during June 2022

This campaign was aimed at eligible people aged 25-49; people from ethnic minority communities and people from lower socio economic communities. The campaign had focused messaging aimed at these groups to ensure that the correct messages around screening were communicated and understood.

6.6.7 Diabetic Eye Screening Wales – Younger People’s Work

The National Service Framework for Children, Young People and Maternity Services in Wales (2004) and the Young People’s Charter states that Screening Programmes are more effective when they are:

- An integrated part of children’s services
- Professionals communicate directly with children and young people, listening to them, and attempting to see the world through their eyes
- Children and young people and their family should have equitable access to high quality child centred health promotion, prevention and care services which are responsive to their individual needs and preferences
- The views of children, young people and families being valued and taken into account in planning, delivery, and evaluation of services.

Diabetic Eye Screening Wales ran a pilot in August 2022. The aim of the pilot was to make a positive change to the delivery of diabetic eye screening to young people aged 12-18.

Public Health Wales Screening Centres located in Mountain Ash, Rhondda Cynon Taff were used as part of the pilot.

It was agreed that the pilot clinic would consist of:

- A clinic held on a Saturday between the hours of 9am and 3pm
- A clinic held after normal working hours 5-7pm on a weekday

A new appointment letter and information sheet was developed for these appointments. Participants were contacted to make an appointment at the Public Health Wales Screening Centre. Appointments ran every 15 minutes. This was to allow increased time for staff to engage with Young People, answer any questions they may have and obtain informed consent for the administration of the Tropicamide eye drops.

Key findings from the pilot concluded that:

- Non-attendance rates was highest in those with appointments in normal working hours
- Both the Young People Pilot clinics had the highest attendance
- Non-attendance was highest for those who lived furthest away, concluding that Young People were more likely to attend if they lived closer to the venue.

Surveys were also designed to encompass feedback from both the participants and/or any parent/ guardians who wished to feedback.

Survey findings outlined that:

- 77% of respondents felt that the appointment times were either good or very good.
- 11% felt that it was too early (this was for a Saturday morning appointment)
- 77% felt that the venue was either good or very good
- 80% felt they were treated with dignity and respect

The outcome of this work has led to the service realising that it needs to change the way it provides its service to Young People.

Work in this area is continuing and further pilot clinics are required to develop a clinic model which can be used to provide appointments to diabetic eye participants between the ages of 12-18.

6.6.8 Education

In October 2022, the WHO CC published International Horizon Scanning and Learning Report: COVID-proofing the educational environment: 4-18 years. This report looks at how the continuity of education should be at the forefront of all relevant considerations and

decisions to support children's overall well-being and health and safety. It also highlights the negative physical, mental and educational impacts of proactive school closures on children, as well as the economic impact on society, could outweigh the benefit, as well as measures that should be adapted to levels of community COVID-19 transmission as well as to the educational setting, age group, and the measures' impact on learning and psychosocial development.

In December 2022, the WHO CC published International Horizon Scanning and Learning Report: Early childhood education and care. This report highlights how the lack of ECEC disproportionately affects women and increasing access to ECEC is one mechanism by which to improve women's employment. It also highlights that some groups of children are less likely to access ECEC, including:

- Children with health conditions or disabilities
- Migrant children
- Children with mothers in prison
- Children from lower income families

The ACE Hub introduced the TrACE Toolkit to the Further Education (FE) Sector and delivered a Roadshow event across 4 regions of Wales between March 2nd-17th 2023. The aim was to deliver collaborative, interactive workshops with FE sector staff to co-produce a set of success indicators for the sector to embed in their monitoring and evaluation processes.

6.6.9 Older People

In June 2023, the WHO CC published Building the social relationships of older people in Wales: challenges and opportunities. This policy briefing provides an overview of the link between older people's social relationships and networks on their health and how the COVID-19 pandemic and current cost-of-living crisis has impacted it.

6.6.10 Impact of Gambling

In February 2023, the WHO CC published Gambling Health Needs Assessment for Wales - Highlights young people, students and older

people as particularly vulnerable to gambling harms and recommends tailored services and support.

6.6.11 Cost of Living Crisis

In November 2022, the WHO CC published Cost of living crisis in Wales: A public health lens. This report identifies older people and students as at increased risk of health harms from the cost-of-living crisis.

6.6.12 Homelessness

In October 2022, the WHO CC published Preventing homelessness in care experienced individuals. This study is an overview of evidence and lived experience to identify suggestions to improve models of care that reduce the risk of homelessness for young people leaving care.

6.6.13 Violence Prevention

The WHO CC, Violence Prevention Unit published Wales Without Violence: a shared framework for the prevention of violence among children and young people. The Framework is an evidence-informed and coproduced, whole-system approach to the prevention of violence in Wales which sets out measures for primary prevention and early intervention to prevent violence among children and young people. The Framework takes a public health approach setting out the rationale for focusing violence prevention efforts on children and young people, working with them to coproduce the solutions, prevalence, risk and protective factors, strategies for action, prevention infrastructure mapping, information on evaluation, as well as a theory of change which underpins the implementation of the Framework. In doing so, the Framework sets out how partners and stakeholders in Wales, in partnership with children and young people, can deliver lasting system change for the prevention of violence.

The WHO CC Wales Violence Prevention Unit has written a report on violence and abuse against older people in Wales. This report explores current data trends (health, police and third sector) in the prevalence of violence against an older person, and domestic abuse and sexual violence cases whereby the victim was an older person. This report was initially requested by the Older People's Commissioner for Wales, and has since been shared with other stakeholders, including the National

Safeguarding Board. The report was first written in August 2022 and will be updated annually.

The Wales Violence Prevention Unit also attend the Older People's Abuse Steering Group and Action Group, whereby they share advice on evaluation, research and data.

6.6.14 Welsh Health Impact Assessment Support Unit (WHIASU)

Protecting the Future Mental Wellbeing of our Future Generations: learning from COVID-19 for the long term is a mental wellbeing impact assessment that aims to support current and future policy makers across government, education and service providers, and wider civil society by providing an assessment of the evidence of impacts of the pandemic on the mental wellbeing of children and young people. The ultimate goal is to promote and protect the mental wellbeing of young people in Wales in the recovery from the pandemic and for the long-term

6.6.15 Primary Care

Gwên am Byth is an oral health improvement programme for older adults in care and nursing homes, delivered by the Community Dental Services. Public Health Wales Dental Public Health team has created webpages to provide information about the programme, resources for stakeholders. The team compile the annual activity report and chair the national advisory group.

The Dental Public Health team also worked to support the restart of Designed to Smile, the national oral health improvement programme for children (www.designedtosmile.org) the service continued to work towards regaining coverage that was suspended during the pandemic. A new monitoring process was introduced by PHW, and the 2021/22 annual report was published in September 2022.

6.6.16 Vaccine Preventable Disease Programme (VPDP)

Initial insight gathered from children and young people to inform co-production of resources to support uptake of flu and HPV vaccines in this age group.

Working with service users, care home staff and immunisation coordinators to support with updating Public Health Wales health protection team care home influenza season tool kit

Supported the development of Shingles questions on Public Health Wales Time to Talk Population Panel to gather insights to inform future engagement.

Insights gathered from General Practice's nationally around invitational practices for shingles vaccines for future engagement.

VPDP have developed and delivered an animated respiratory virus communication video, targeting parents of 2- and 3-year-olds via health boards and Public Health Wales channels. The parents of 2- and 3-year-olds were included within the overall evaluation and a focus group to gain insights and feedback from the winter respiratory virus campaign.

VPDP have gathered attitudinal and behavioural insights around childhood vaccinations, in particular MMR vaccine (scheduled at the age of 3 years and 4 months) to inform future work planning and targeted messaging.

Supported and co-branded a version of a vaccines and preventable disease toolkit with UKHSA to university students, evaluated by UKHSA. Additionally, communications team launched a MMR campaign targeting 16-24 year olds in college and university.

A young person's guide to vaccines distributed across schools through Welsh Government education system. The guide included a downloadable roadmap of school age vaccinations.

A video communications resource was developed targeting children between 5-11 years old, providing information on COVID-19 vaccines. The video was developed with input from the Children's Commissioner for Wales, to help ensure appropriate current language and targeted messages.

Monitoring uptake of vaccines across all age groups.

6.6.17 Health Improvement

Age as a protected characteristics that can often negatively impact children's opportunities to access an equitable range of quality physical activity offers within and around the school setting. As a core component of the development of the **Daily Active** whole school approach to physical activity, these factors were considered at the start of the planning process, including obtaining relevant insight from existing data and commissioned research with schools across Wales investigating barriers and facilitators to implementation of a whole school approach to physical activity. This evidence informed approach seeks to mitigate any inequalities by providing all school children with the opportunity to access a variety of quality physical activity offers, before, during and after the school day.

6.6.18 Young Ambassadors Programme

The Public Health Wales Young Ambassadors programme has been re-established in-person events following the pandemic. The programme works with local authority partners and young people aged between 12 – 21 years old from across Wales to support and influence the work of the organisation.

6.7 Health Inequalities by Sex

6.7.1 Early Childhood Education and Care

In December 2022, the WHO CC published International Horizon Scanning and Learning Report: Early childhood education and care: This report highlights how the lack of ECEC disproportionately affects women and increasing access to ECEC is one mechanism by which to improve women's employment.

6.7.2 Impact of Gambling on Women and Men

The WHO CC report Gambling Health Needs Assessment for Wales, published in Feb 2023 identified that both men and women gamble in Wales but men are more likely to be classified as "problem" gamblers.

6.7.3 Violence Prevention

The Wales Violence Prevention Unit, in partnership with the Good Night Out campaign and with support from Welsh Women's Aid, have developed and ran two phases of the #SafeToSay campaign. This campaign aims to empower bystanders against sexual harassment in night life settings.

Phase Two ran throughout the summer of 2022, and specifically looked to engage men as prosocial bystanders. The campaign sought to address sexual harassment behaviours, or problematic attitudes and beliefs that may escalate into sexual harassment if left unchallenged (for example, misogyny). Both phases of the campaign have received a process and outcomes evaluation. The Phase One evaluation has been published, and the evaluation of Phase Two is in progress. Both evaluations have found that members of the public felt that #SafeToSay had drawn people's attention to an important issue within the night time economy, and had provided them with information, resources and the skills to take prosocial bystander action against sexual harassment.

6.7.4 Vaccine Preventable Disease Programme (VPDP)

The team have monitored COVID-19 vaccination uptake by sex and have done exploration into determinants of MMR coverage in children, teens and young adults.

6.7.5 Health Improvement

Sex as a protected characteristics that can often negatively impact children's opportunities to access an equitable range of quality physical activity offers within and around the school setting. As a core component of the development of the **Daily Active** whole school approach to physical activity, these factors were considered at the start of the planning process, including obtaining relevant insight from existing data and commissioned research with schools across Wales investigating barriers and facilitators to implementation of a whole school approach to physical activity. This evidence informed approach seeks to mitigate any inequalities by providing all school children with the opportunity to

access a variety of quality physical activity offers, before, during and after the school day.

6.8 Health Inequalities by Religion or Belief

6.8.1 Violence Prevention Unit

Part of the VPU's remit to support partners in Wales to deliver an evidence based public health approach to prevent all forms of violence is to support partners to access, collate and analyse a range of administrative data in order to more fully understand the issue in question and support the planning of service provision. In response to the new All Wales Female Genital Mutilation (FGM) clinical pathway, the VPU has produced the first 'Female Genital Mutilation Experienced by Women Residing in Wales 2022' report which provides a baseline for the understanding of the prevalence and impact of violence in relation to both current and historic FGM. It is hoped that providing a greater insight into the issues around FGM will lead to establishing further mechanisms for reducing and preventing it.

6.8.2 Vaccine Preventable Disease Programme (VPDP)

The team produced Flu Vaccine Nose Spray and Gelatine leaflets (as this vaccine contains porcine gelatine). The leaflet was produced for parents about the flu vaccine for children given as a spray up the nose.

They also monitored COVID-19 uptake disparities between ethnic groups with data also recently published for MMR vaccine:

<https://www.mdpi.com/2076-393X/11/3/680>

6.9 Health Inequalities by Marriage and Civil Partnerships

6.9.1 Vaccine Preventable Disease Programme (VPDP)

The team did exploration into the variation in COVID-19 vaccination uptake in those of living alone/ multiple occupancy.

<https://www.mdpi.com/2076-393X/11/3/604>

7. Other Work to Further Equality

7.1 Socio-economic Duty

The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision making and helps those who are socio-economically disadvantaged.

The introduction of the Socio-economic Duty means that Public Health Wales needs to think about how our strategic decisions, such as setting objectives and developing public services, can improve inequality of outcome for people who suffer socio-economic disadvantage. We are reviewing our processes and been training colleagues so that we can ensure we include consideration of socio-economic disadvantage into the work we do.

We have updated our diversity monitoring questions to include information on household income in order to get a better understanding of economic disadvantage and the impact on accessing health care and information.

7.1.1 Inequalities in Access to Healthcare Services

The Evidence Service undertook an agile scoping review into inequalities in access to healthcare which identified socioeconomic status as one population group/characteristic experiencing inequalities in access to healthcare services. The review has been passed onto Welsh Government stakeholders to help with informing further work. The review can be found [here](#).

7.1.2 All Wales Diabetes Prevention Programme

Research and Evaluation have looked at the update of the All Wales Diabetes Prevention Program by socio-economic disadvantage to understand how this influences preferred mode of delivery of the intervention and uptake of referral to other appropriate services.

7.1.3 Child Measurement Programme

Child Measurement Programme Official Statistics Surveillance Output, May 2023. Data stratified by Welsh Index of Multiple Deprivation (WIMD) quintile at Local Health Board level.

Analyses produced by Observatory and Cancer Analytical Team routinely include data broken down by WIMD deprivation fifths

7.1.4 Screening Awareness Training

The Screening Engagement Team has adapted all training and community education talks to online delivery.

The Screening Awareness training is aimed at Community Health Workers and Community Champions who support people from the most deprived communities across Wales and those who share protected characteristics.

The team are also encouraging new staff working with Public Health Wales to access this training.

Three sessions are available including:

- An introduction to screening
- Non-cancer screening
- Cancer screening

The new training package is now live with sessions being offered via the Screening Division Website. For more information about the Screening Awareness Training visit: <https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/information-resources/community-training-and-education/>

7.1.5 AAA Screening in Butetown

The AAA programme is screening in the heart of the Butetown community in Cardiff. This is in a bid to improve uptake of AAA

screening in socially deprived areas. It is hoped that using a more convenient local venue within the Butetown area itself, will encourage the largely ethnically diverse community to attend for their AAA screening appointment when invited.

7.1.6 Approach to reducing inequities

Public Health Wales Screening Division launched a divisional Inequities Strategies during 2022. As part of this work a divisional Equities Group has been established to work through the actions within the strategy. In addition, a Screening Division Inequities in Uptake Report has been made available on the screening division websites with a new report being made available annually. Work is now underway within programmes and teams to fulfil the commitments set out within the Strategy.

7.1.7 Consent

Work to improve our consent processes has continued this year, with an improved process now in place within diabetic eye, AAA and breast screening. There are occasions that individuals presenting for screening are not able to give informed consent themselves. Screeners have been trained to undertake a best interest decision in the clinic settings in these situations, thus allowing our service users to be screened and not disadvantaged. A national audit is underway and will explore how this pathway is working and our compliance with the consent processes.

7.1.8 Carers Community Project

In July 2022, the Screening Engagement Team started a community project which looked to work with Carers organisations and groups across Wales. The purpose of this work was to gather insights into barriers that unpaid carers may encounter when accessing screening and gather insights into their knowledge and attitudes to screening.

The team worked in partnership with organisations including Carers Wales, Carers Trust, PHW Carer's Network, Improvement Cymru, YMCA and Care Forum Wales who support unpaid carers in Wales.

The team conducted surveys and focus groups between December and March 2023. They also engaged with screening and pathway staff to gain feedback on their experiences of carers and the people they care for when attending for screening.

The team are now collating all the information and the results of this work will help shape future work.

7.1.9 Screening Websites

Screening Division has been working with the PHW Digital Team to improve the Screening Division public facing websites.

The new layout will allow people to find the information they need and to navigate the site more easily.

Engagement was undertaken between May and June 2022. A range of third sector partners including Stonewall Cymru, Conwy Connect, Vision Support, Centre for Sign Sight and Sound, British Deaf Association, Public Health Wales Youth Ambassadors, The MentorRing, Women's Connect First, Swansea Carers Centre, Diabetic Reference Group, Health Professional leads within Health Boards, Occupational Health leads supported this work.

The purpose of the engagement was to obtain feedback on the refreshed sites which would seek to inform current and future development of the programme websites.

Learning from this engagement has led to further improvements to the websites both in the short, medium and long term.

The learning from this work was also shared with Emphyrean who were employed to undertake a website discovery project on behalf of Public Health Wales.

All but one programmes have gone through the website refresh with the final programme, Cervical Screening Wales, expected to be completed shortly.

7.10 Mental Wellbeing

Promoting good mental and social wellbeing is a strategic priority for both Welsh Government and Public Health Wales, and therefore the Health Improvement Division is developing a new long-term strategic programme of work called *Hapus*.

The *Hapus* programme includes several elements, all aimed at encouraging people to prioritise their mental wellbeing and to engage with activities that help to protect and promote it. This will include working with national and local partners in the public and voluntary and community sectors, raising awareness of the existing evidence base on what works for wellbeing, building further evidence and, crucially, starting a national conversation with the people of Wales about mental wellbeing.

While developing *Hapus*, Public Health Wales have taken a team approach to conducting an Equality Impact Assessment. This will inform ongoing improvements to the programme so that it can support all people in Wales, whatever their background or circumstances.

Public Health Wales also commissioned insight work with the public to test branding, website development, and understanding of mental wellbeing. Every stage of this engagement sought to include participants living in socio-economic disadvantage and those of non-white ethnicity, as well as ensuring representation from protected characteristic groups. Of those taking part in the focus groups:

- 47.7% were from socio-economic grade DE (Semi-skilled & unskilled manual occupations, Unemployed and lowest grade occupations)
- 21.9% were of Asian, Black, African, or Caribbean ethnicity.
- 45.8% were living in the 10%-30% most deprived areas of Wales.
- 8.3% identified as LGBTQ+
- 23.2% reported having a disability lasting or expected to last 12 months.
- 7.1% reported having a neurodiverse condition.

We know that inequalities in mental and social wellbeing exist in Wales, and it is important that *Hapus* works to address these. By undertaking an

Equality Impact Assessment for the programme and including the voices of a diverse range of people in the development of the work, we aim to contribute to a healthier, happier and fairer Wales.

7.11 Screening Information for Professionals

Screening Division has created 'Information for Professionals' communication sites for each screening programme. The purpose of these sites is so that health professionals can access screening information first hand. This will assist health professionals working in the NHS to better support diverse communities across Wales in relation to screening.

7.12 Contacting the Service

Screening Division are continually working to ensure that the services they provide are accessible to everyone. The ways in which people can get in touch with the service is very important. People contacting the service can do this now by writing, telephoning, and emailing us.

7.13 Service User Experience

During 2022, a "once for Wales" approach to gathering service user experience was implemented by Public Health Wales. This new platform enables feedback to be gathered in many ways, including completing hard copy/electronic survey's using links or QR codes and using different devices including web, mobile and tablets. The Civica system can also sent SMS to participants. Services can run reports and can have real time feedback which will help programmes and teams to make service improvements.

Screening Division is now capturing feedback using this platform and are able to create surveys in both Plain English and Easy Read formats.

7.14 Screening Venues

Screening Division has always offered screening in local communities across Wales. This has been on mobile screening units, in static screening centres and in community clinics.

In 2022, Screening Division opened a bespoke screening centre, Rhos House in Mountain Ash. This was the first screening centre to appear on a high street in Wales.

The move into the heart of local communities is part of an approach to boost accessibility and uptake of screening and to offer multiple screening services e.g. diabetic eye screening, abdominal aortic aneurysm screening and newborn hearing screening under one roof.

Further work is underway, with screening teams looking at the potential of having similar community screening centres in other parts of Wales.

7.15 Breast Test Wales Websites

Breast Test Wales website development has improved access to breast screening information and has a translation function for information to be access in the language required.

The website has added regional generic email addresses on the contact us page, in addition to address and telephone number to improve accessibility.

7.16 Breast Test Wales Processes

Breast Test Wales have developed new processes which ensure women resident in secure units who are not registered with a doctor are identified and offered appropriate breast screening invitations.

7.17 Breast Test Wales Screening Sites

Breast Test Wales are improving links with local councils and public health consultants across Wales to identify additional community sites for the mobile breast screening units, in an effort to increase access for service users.

7.18 BTW Translation Pilot

Breast Test Wales are piloting an electronic translation device which translates into 108 different languages. The purpose of the pilot is to assess if this device can improve communication with women in clinics, whose first language is not Welsh or English.

7.19 Breast Test Wales Community Public Information

A review of the breast community poster has been undertaken. This is used when communicating when screening mobile units will be screening in local areas.

7.20 Accessible Mobile Units

New mobile equipment offers greater opportunity to provide local accessible screening appointments and all mobiles have a lift facility to enable access when required.

7.21 Screening in Prisons

Diabetic Eye Screening Wales provides diabetic eye screening clinics at:

- HMP Berwyn
- HMP Parc
- HMP Usk
- HMP Prescoed

In addition, screening clinics are also held in Mental Health Secure Units including:

- Caswell House in Bridgend
- Llanarth Court in Monmouthshire.

7.22 Education Programme for Patients

A new self-management course has been developed by Improvement Cymru during 2022 for people living with HIV and will be piloted in September 2023. The Positive Self-Management Programme (PSMP) is a course that will be updated and co-produced by people living with HIV and Sexual Health clinicians.

The course will be offered to anyone diagnosed with HIV and it is anticipated that workshops will be facilitated by people living with or affected by HIV.

It is supported by the Public Health Wales Sexual Health Lead, Welsh Government and other partner organisations. This course aims to be offered at point of diagnosis, at

an early stage, so that a person diagnosed with HIV can access peer support and learn from the experience of experts also living with the condition.

7.23 Triple Challenge of Brexit, COVID-19 and Climate Change

The WHO CC released the report *Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change* highlighting how the combined influences of Brexit, Coronavirus and climate change will potentially see rural communities in Wales experience a time of great change, with both opportunities and negative impacts to navigate.

7.24 Climate Crisis

The WHO CC released the report, [Responding to the climate crisis: applying behavioural science](#). The climate crisis presents a persistent and growing environmental burden of disease with significant public health consequences. Addressing the crisis via mitigation and adaptation methods requires changing our behaviour. This guide is for professionals/practitioners working on policy, services or communications to tackle the climate crisis, offering useful tips on incorporating behavioural insights and increasing the likelihood of a change in behaviour being adopted.

7.25 Cost of Living Crisis

The [Cost of Living Crisis in Wales; Applying Behavioural Science infographic](#) details the understanding and shaping behaviours, including accessing support services, is critical in responding to the cost of living crisis. This infographic illustrates how behavioural science can be used, drawing on the report written by Public Health Wales and the resources produced by Hertfordshire County Council's Behavioural Science Unit.

7.26 Welsh Health Equity Solutions Report Initiative (WHESRI)

The paper by [WHESRI Decomposition analysis discussion](#) attempts to quantify the health gap in Wales, as well as to provide a better understanding of its main drivers across the five essential conditions for healthy prosperous lives for all, using a novel World Health Organization framework.

7.27 Using the Socio-economic Duty in Policy and Practice

In June 2023, the WHO CC produced a guide: [Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage: A guide to using the Socio-economic Duty in policy and practice in Wales](#). This is a toolkit designed to help public bodies in Wales apply the Socio-economic Duty so that it can act as a powerful lever to improve the health outcomes for people and communities who experience socio-economic disadvantage.

7.28 Gambling Health Needs

In February 2023, the WHO CC published [Gambling Health Needs Assessment for Wales](#) which highlights that people who are unemployed, on low incomes and in debt as particularly vulnerable to gambling harms and recommends tailored services and support.

[Cost of living crisis in Wales: A public health lens](#) summarises the ways in which the cost-of-living crisis can impact on health and well-being and identifies the areas for action within a public health response to mitigate immediate harms and address underlying issues to improve longer-term resilience. Identifies people already experiencing socio-economic disadvantage as at higher risk of health harms.

7.29 Communities and Climate Change

The report [Communities and Climate Change in a Future Wales](#) - Used participatory futures methods to involve less heard from communities, including social renters and those living in rural and farming communities, in conversations about climate change so that our response does not exacerbate inequalities.

7.30 Impact of Regional Funding

The WHO CC published [The Health and Well-being Impact of Regional Funding in Wales](#) which found that disadvantaged communities in Wales have the potential to be disproportionately disadvantaged by the end of EU Structural Funds and that in the future targeted funding will be

needed to continue to tackle inequality and support marginalised communities.

7.31 WHO CC International Health

International Horizon Scanning and Learning Report: The Cost of Living Crisis: This report focuses on the Cost of Living Crisis and the effects on Food, Housing, Fuel and Employment from a multi-country perspective.

Understanding health inequalities in Wales using the Blinder-Oaxaca decomposition method: The decomposition analysis sought to explain the differences in the prevalence of these outcomes in groups stratified by their ability to save at least £10 a month, whether they were in material deprivation, and the presence of a limiting long-standing illness, disability or infirmity. The analysis not only quantified the significant health gaps that existed in the years leading up to the COVID-19 pandemic, but it has also shown what determinants of health were most influential. Understanding the factors most closely associated with disparities in health is key in identifying policy levers to reduce health inequalities and improve the health and well-being across populations.

Cost of Living Crisis: Implications for Public Health and the Identification of Solutions report: The report summarises learning from the World Health Organisation (WHO) All-Regions for Health Network (RHN) webinar facilitated by the WHO Collaborating Centre at Public Health Wales on the 21st of September 2022.

Cost of Health Inequality to the NHS in Wales: The Health Economics Team used whole-population hospital service data to estimate hospital utilization and cost by five deprivation groups for different age groups, sex and hospital service types. The cost of health inequality to the NHS in Wales was defined as the excess hospital utilisation costs among the most deprived four-fifths of the population compared with the least deprived fifth of the population.

Sustainable Investment in Population Health and Well-being: Towards a Value-Based Public Health: Applying a Social Value approach towards building a 'Value-Based Public Health' and an Economy of Wellbeing in Wales.

International Horizon Scanning and Learning Report: Intermediate care:

This report focuses on intermediate care and how it has developed in response to:

- Changing demographics and increasing long-term conditions and multi-morbidity – Need to increase outcomes and value for people/patients and families
- Need to decrease costs and increase value for money

Toward an economy of wellbeing: The economic impact of the Welsh healthcare sector: Population health and wellbeing is both a result, as well as a driver, of economic development and prosperity on global, European, national, and sub-national (local) levels. In this paper, the economic importance of the healthcare sector to the Welsh economy is explored. We use a large number of data sources for the UK and Welsh economy to derive an economic model for 2017. We estimate output, income, employment, value-added, and import multipliers of the healthcare sector. Results suggest that the healthcare sector has an above average contribution in four explored economic aspects of the Welsh economy (output, income, employment, value-added), according to its impact on the surrounding economic ecosystem.

Improving Health and Well-being: A guide to using behavioural science in policy and practice: This guide for practitioners and policy makers provides a brief introduction to behavioural science and a step-by-step process for developing behaviour change interventions – whether policy, service or communications. It's designed to support topic-matter experts to optimise their interventions – helping to ensure we more often 'get what we aim for'. Improving health and wellbeing; a guide to using behavioural science in policy and practice

Predicted and observed impacts of COVID-19 lockdowns 2 HIAs in Scotland and Wales: Health Impact Assessment is a key approach used internationally to identify positive or negative impacts of policies, plans and proposals on health and well-being. In 2020, HIAs were undertaken in Scotland and Wales to identify the potential health and well-being impacts of the 'stay at home' and physical distancing measures implemented at the start of the coronavirus disease (COVID-19) pandemic. There is sparse evidence evaluating whether the impacts

predicted in HIAs occur following policy implementation. This paper evaluates the impacts anticipated in the COVID-19 HIAs against actual observed trends.

Social Return on Investment (SROI) of mental health related interventions—A scoping review: This study aims to map existing evidence on the social value of mental health interventions that uses the SROI methodology. This scoping review is a first of its kind to focus on SROI of mental health interventions, finding a good number of SROI studies that show a positive return on investment of the identified interventions. This review illustrates that SROI could be a useful tool and source of evidence to help inform policy and funding decisions for investment in mental health and wellbeing, as it accounts for the wider social, economic, and environmental benefits of public health interventions.

[International Horizon Scanning Report – Communication campaigns for vaccine acceptance](#): The report touches on improving equity of campaign reach by:

- Tailoring Immunisation Programmes approach to target strategies to improve uptake
- Acknowledge that health literacy is content and context specific
- Community-centred approaches
- Ensure website accessibility Include disabled people's experiences in campaigns

Specific strategies can be employed to improve health equity targeting vulnerable or disadvantaged populations, including Ethnic, religious and racial minorities; Low literacy and language barriers; Persons who are pregnant; Disabled people; Asylum seekers and refugees; Children and young people.

[Developing Behaviourally Informed Communications](#): An interactive tool to help you take a behaviourally informed approach when designing your communications.

Behavioural science can be thought of as fundamentally concerned with reducing inequity. Through our Behavioural Science Unit (launched in May 2022) we have advocated for the increased use of behavioural

science and started to enable this through the development of tools and methods. Behavioural science approaches examine the psychological, social and environmental factors unique to sub-population groups, and that contribute to unequal outcomes, and are concerned with designing interventions to address them. Behaviourally informed approaches: include the early identification of implicit biases and stereotypes, and then work towards mitigating their influence; advocate for inclusive design principles that consider the diverse needs and experiences of marginalized populations, to inform the creation of products, services, and policies that are more accessible, equitable, and responsive to different user groups; identify and address systemic barriers that contribute to inequity. Through analysing determinants of behaviours (observable actions), behavioural science informed actions proposes interventions that address structural biases, promote diversity and inclusion, and create fairer systems. Overall, behavioural science provides a multidisciplinary approach to understanding and addressing inequity, offering insights into the cognitive, social, and systemic factors that contribute to disparities, and employing evidence-based strategies to create more equitable policies, services and communications.

7.32 Health and Sustainability

The factors that shape our health and well-being are complex and interconnected with the health and well-being of our planet, and all of the Hub's work is focussed on this. We know that climate change effects more on those who are most vulnerable. Differences in the experience of a range of social, economic and environmental factors will influence people's mental and physical health. This can lead to differences in health outcomes, or health inequalities. PHW has now included an explicit **new strategic priority focusing on the health impacts of climate change**, which the Hub has contributed to. Therefore, it is important to recognise not just the potential implications of individual trends but how they may operate together, to compound or mitigate each other, and then interface with our lives and surroundings.

To support increased understanding of the challenge, the Hub has arranged **Carbon Literacy training** for staff (which refers to a number of protected characteristics) and also organised **training and capacity building opportunities** to engage PHW colleagues to support

awareness and understanding of climate change, sustainability and reducing emissions. Four sessions were organised between December 2022 and March 2023, including one with Public Health Wales' Board and Execs. The sessions highlight the interconnections between planetary and human health and simple actions everyone can take in response.

Cutting your carbon emissions - The Hub has also been supporting a range of activities to progress Public Health Wales's work on decarbonisation. In 2021/22 we supported the development of **Public Health Wales's Decarbonisation Action Plan** and published an infographic in January 2023 to highlight how people can take actions to reduce carbon emissions in work and at home.

The Hub champions the **Well-being of Future Generations Act** and sustainability across the organisation, to ensure that together we can reduce and mitigate the effects of the climate and nature emergencies on social and environmental determinants of health now and in the long-term. In 2023 we developed the **Well-being Statement** for Public Health Wales to support our new Long-term strategy; this sets out how our new strategic priorities, also our well-being objectives, contribute across all seven national well-being goals set out in the Act.

'Resources for Sustainable Health' e-catalogue - bringing together the range of online resources and toolkits produced by the Hub into one place. These cover a variety of protected characteristics and are aimed at engaging, inspiring and helping organisations and individuals to consider the natural environment and the health of the planet and people in everything they do.

SIFT Healthy Environment – A workshop which supports teams to identify and reduce their negative impacts on the environment and climate change, whilst also considering health and well-being for all.

The Health & Sustainability Hub coordinates the Internal **Green Advocates Network**, established in March 2021, with now over 100 members who come together to meet for informal quarterly lunchtime sessions, enabling discussion, learning and action at an individual and team level. The network meets virtually and is open to all to participate. Recent discussions have included climate change, biodiversity, active

travel and sustainable nutrition, and themes linking to mental health and well-being.

Green Opportunities Winter 2021/22

Green Opportunities Spring/Summer 2022

Green Opportunities is an e-briefing from the Health and Sustainability Hub. The quarterly updates capture learning to aid Wales' green recovery from COVID-19, identifying sustainable opportunities to support population health.

Biodiversity and Resilience of Ecosystems Duty Report - Outlining the steps Public Health Wales is taking to promote biodiversity, highlighting progress made between 2019 and 2022 including against actions identified in our Biodiversity Action Plan, Making Space for Nature. Throughout the plan the links between green space, nature and health and mental well-being are highlighted.

Strategic needs assessment (SNA) guidance - The guidance supports the implementation of the new Serious Violence Duty, ensuring local areas have Wales-specific guidance to undertake a needs assessment. The guidance emphasises the importance of collecting intersectional data to represent the diversity of lived experience of violence, as well as the inclusion of community voice.

Wales Violence Prevention Portal (WVPP) -The focus of the WVPP is to support partners in Wales to deliver an evidence based public health approach to violence prevention. The WVPP is an online interactive data tool that enables users to extract and analyse a range of multi-agency violence surveillance administrative data from across Wales. Through this digital platform, users are able to identify and monitor trends in violence at a local and national level, benchmark current services, inform violence prevention strategies and identify at-risk and vulnerable groups; with the potential to evaluate the impact of interventions."

Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity - Publication and implementation of Framework to align with the WG 'ACEs Policy Plan'; a response to the work of the task and finish group on ACEs policy in 2021

What Works in the Prevention and Early Intervention of ACEs at the Community Level? Identifying and Supporting Projects across Wales -

Previous research undertaken by ACE Hub Wales indicated that community projects across Wales provide support for community members in respect of a range of adversities. Building on this research, the aim of this project is to identify and map further community projects; to understand the most effective methods of supporting these projects as well as barriers to engagement; and finally to explore the impact of services on community groups

Trauma-Informed Communities: A Comparative Study of Welsh Models of Practice - Co-produced comparative analysis of trauma-informed community models in Wales. Showcasing the work of:

- North Wales: Glyndwr University and 2025 Social Movement
- Gwent: Bettws Early Learning Community Project
- Dyfed Powys: Ceridigion Council and Dyfed Powys Police

The aim of this report was to showcase and compare three examples of trauma-informed communities in Wales. Also, to place these examples within the context of similar initiatives across the devolved nations of the UK and other high-income countries worldwide.

7.33 Socio-economic Disadvantage

Designed to Smile is a national oral health improvement programme for children in Wales. It is delivered by the Community Dental Services with the majority of activity involving engaging with nurseries and schools in deprived areas to deliver supervised toothbrushing and fluoride varnish programmes. The D2S programme is targeted towards the three most deprived WIMD quintiles, but is offered to all additional learning needs settings regardless of WIMD status. Public Health Wales Dental Public Health team provide national leadership of the programme.

7.34 Vulnerable and Marginalised Groups

Primary Care Division advocates for the reduction of inequalities in access and health outcomes as part of the Cluster Planning Support Portal, including emphasis on the importance of identifying and discussing unwarranted variation and promotion of equity as a key consideration for clusters in the design or re-design of primary care services.

7.35 Veteran's and Ex-Service Personnel

The veteran's community has a disproportionately high number of individuals who have a disability as well as other challenges such as homelessness and poor mental wellbeing. The Primary Care Division has developed [veteran health guidance for general practices in Wales](#) in partnership with the RCGP, Welsh Government and other key partners

7.36 CAPITAL Project

A research project to bolster the social capital and community cohesion of an area of Swansea, known as [CAPITAL](#), ran over a two year period and was facilitated by the Engagement and Collaboration team, in partnership with Tai Pawb. The project focused on working with social housing tenants and People Seeking Sanctuary. The team took a co-production approach with participants, with staff spending time with them both in-person and online to draw out their strengths and passions. This resulted in significant barriers being broken down between groups who previously had negative pre-conceptions about each other. The diverse group went to create and promote a community newsletter.

7.37 Digital Health and Inequalities

Our knowledge on digital health and inequalities led to the World Health Organisation commissioning PHW to complete [one of the most comprehensive reviews of equity within digital health technology](#). The report has been shared across the WHO European region and is shaping WHO's digital action plans and we will continue to strengthen these links for future programmes and supporting innovation in Wales.

7.38 Winter Respiratory Vaccination Campaign

Vaccine Preventable Disease Programme (VPDP) winter respiratory vaccination campaign (COVID-19 and flu) was weighted towards the three lower socio-economic groups (C2DE). The team monitored COVID-19 uptake disparities between quintiles of deprivation as well as monitored childhood vaccination uptake disparities between quintiles of deprivation with further data recently published for MMR vaccine: <https://www.mdpi.com/2076-393X/11/3/680>.

They explored the associations between COVID-19 vaccination uptake and different components of the Welsh Index of Multiple Deprivation.

7.39 Splenectomy Patients

The Survey to Department of Public Health and MD will enquire about vaccination information given to patients following splenectomy and will use this to inform decision making for new resources and are considering co-production of leaflet with the respondents of the survey.

7.40 Prison Population

Vaccine Preventable Disease Programme (VPDP) team are currently gathering insights from prison population and working alongside CDIP team in PHW to inform future resource.

8 Conclusion and Forward Look

This is the third 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 involving them as we develop new ways of working.