

Health Inequalities – Deep Dive

Knowledge, Research and Information Committee

28 March 2025

Purpose

- Provide assurance to the Committee on progress of the cross-organisational group on health inequalities
 - Provide examples of how health inequalities is embedded in public health programmes and activities across the organisation
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Background

Tackling health inequalities is a core mission for Public Health Wales. To achieve this, health inequalities must be embedded in, and central to all that we do.

'Our Organisational Approach to Health Inequalities' steering group was set up in June 2023 and seeks to ensure that addressing health inequalities is embedded in all work.

Mapping of health inequalities activity presented to Board in 2024 demonstrated a significant volume of work underway in Public Health Wales.

The focus of this presentation is to update the Committee on six areas:

- Progress made by 'Our organisational approach to health inequalities' group
- Data, analysis and evaluation
- Primary care inclusion health
- Health protection inequalities programme
- Screening services equity strategy
- Research and evaluation


Our Organisational Approach to Health Inequalities

What have we achieved?



Agreement on a single organisational definition of health inequalities.


This has been done through a narrative co-developed with leaders across Public Health Wales.


Data, analysis & Evaluation subgroup



Task & Finish group to develop a health inequalities framework


Theory of change for health inequalities developed



Presentations to NHS inequalities group, Bevan Commission etc.


SharePoint site developed for single point of reference for members of steering group.

Also acts as a 'shop window' for work programme.


Time with Tracey


Facilitation of NHS Health Inequalities Group workshop


Close links established with the Health Protection Inequalities Programme

Influencing strategy

Through the collaborative development and feedback provided on PHW Routemaps by the steering group.



SimplyDo challenge to all Public Health Wales staff

How do we make health inequalities part of everyone's work?

14 Ideas received

7 Ideas taken forward for consideration into the work plan.



- E-Learning: Why health inequalities matter
- Common indicators and evaluation framework
- Forum to create movement & share learning
- Making addressing inequalities everyone's responsibility
- Comms around lived experience and what works
- Empowerment to raise concerns about the impact of work on health inequalities
- Evidence contribution to reducing inequalities in staff My Contribution process

Our Approach to Health Inequalities

Our Approach to Health Inequalities

Purpose

This narrative describes what health inequalities are and what causes them. It sets out the role Public Health Wales plays in tackling health inequalities. This narrative is intended for Public Health Wales staff to facilitate engagement and discussion.

Background

Everyone in Wales should have the opportunity to be healthy. However, too many people have poor health and live shorter lives. To build a healthier future for Wales, we need the right building blocks in place: good quality homes, fair work, enough money, safe and nurturing childhoods, and strong relationships.

In too many parts of Wales these building blocks are not strong enough or they are missing altogether. These differences in health often arise early in our lives and can worsen over our lifetime.

They affect our mental well-being, behaviours, exposure to environmental harms and infections and access to services. All of these can further increase health inequalities and can affect our ability to adapt to, and recover from, the challenges we face. Our experience of these building blocks are influenced by commercial forces, political priorities and the unequal distribution of income, wealth and power.

Figure 1: The building blocks of health



But it does not have to be this way. We can change this so that more people in Wales have a better chance to live longer and healthier lives.

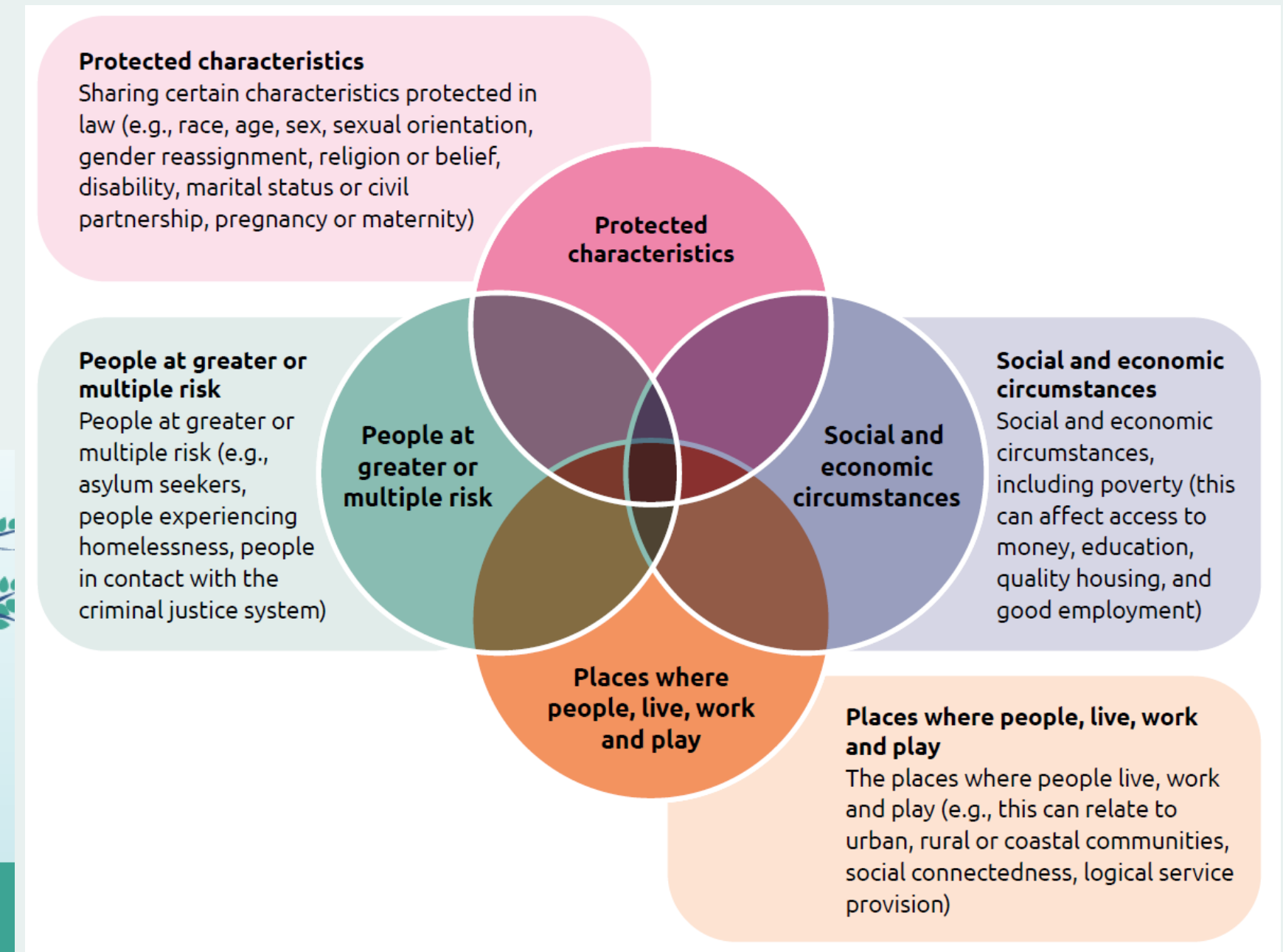
Definitions

Term	Definition
Health inequalities	Observable differences between subgroups within a population. They can be measured and monitored and serve as an indirect means of evaluating health inequity. ¹ These may also be referred to as disparities.
Health inequities	Avoidable inequalities in health between groups of people, which arise from inequalities within and between countries/societies. ² These are health inequalities that are systemic, socially produced and unfair. ³
Health equity	The absence of unfair or avoidable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means such as sex, ethnicity, or disability. Healthy equity is achieved when everyone can attain their full potential for health and well-being. ⁴

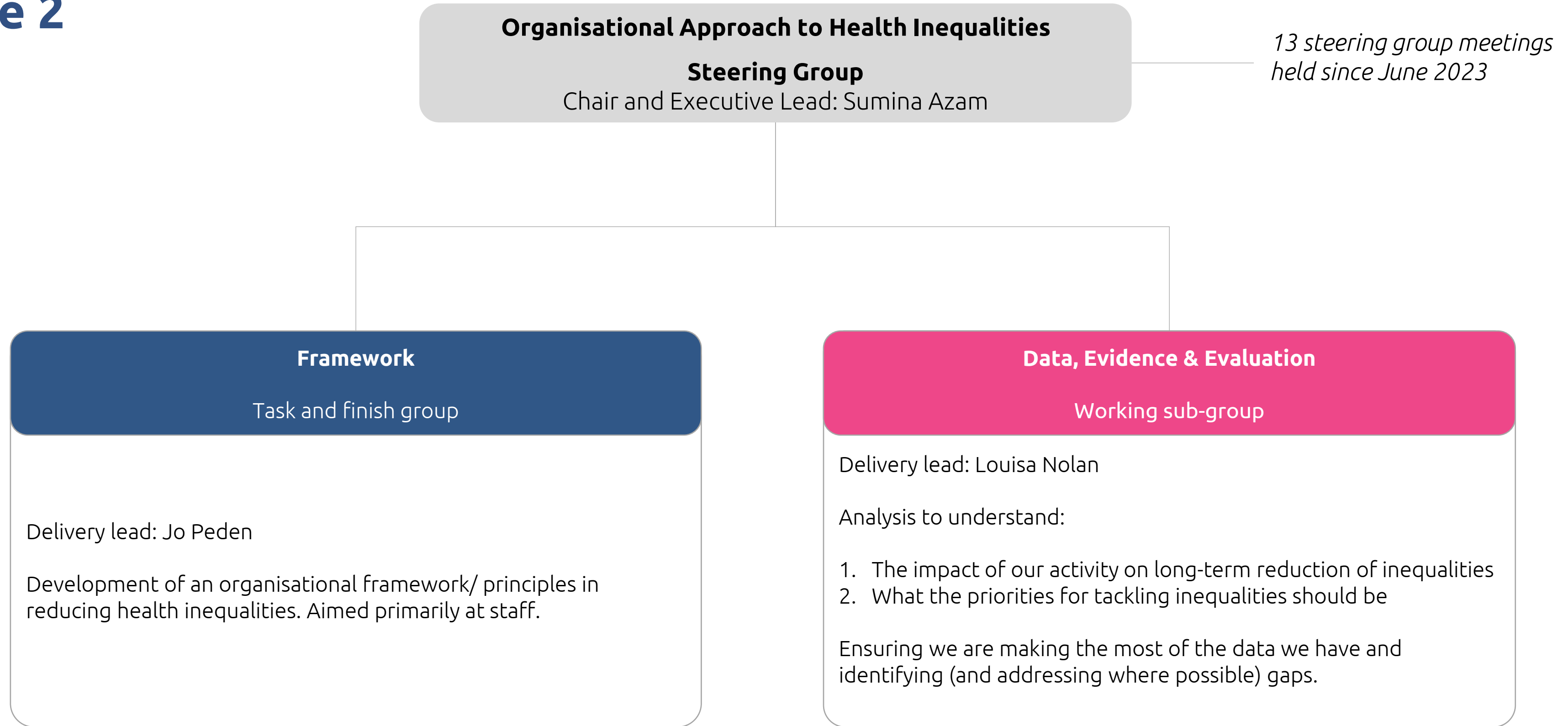
Equality vs Equity



Considerations of population groups and geographies commonly used when identifying health inequalities



Phase 2



Ambitions

- Understanding the impact of our work on inequalities
- Focus on culture change and embedding through strategic planning
- Improved visibility
- Co-ordinated action and support relating to health inequalities including a forum for senior leaders to steer and influence ongoing work
- Work with comms to develop engagement plan for phase 2
- Integrating health inequalities into the My Contribution appraisal and professional review process
- E-Learning
- Finalise theory of change model on health inequalities for the organisation
- Developing true co-production and sharing examples of lived experience

Discussion at Executive Team, January 2025

All parts of the organisation contribute

Role of the Group is:

- To focus on work that is 'once for Public Health Wales'
- To co-ordinate and help align and enable sharing – preventing duplication
- To identify gaps in what we are doing
- To support work with partners - Local Authorities and the 3rd sector
- Be the custodian of the health inequalities narrative
- Sense check actions against route maps and the IMPT

To be like a 'lighthouse'



Data, analysis & evaluation

Aim

- Monitor and analyse inequalities in our services and products; ensure health inequalities data informs our decisions and actions and that of our stakeholders

Inequalities data outputs

- Public Health Outcomes Framework (PHOF) & Rapid Overview Dashboard
- SAIL data - inequalities in vaccinations, cancer, screening outcomes

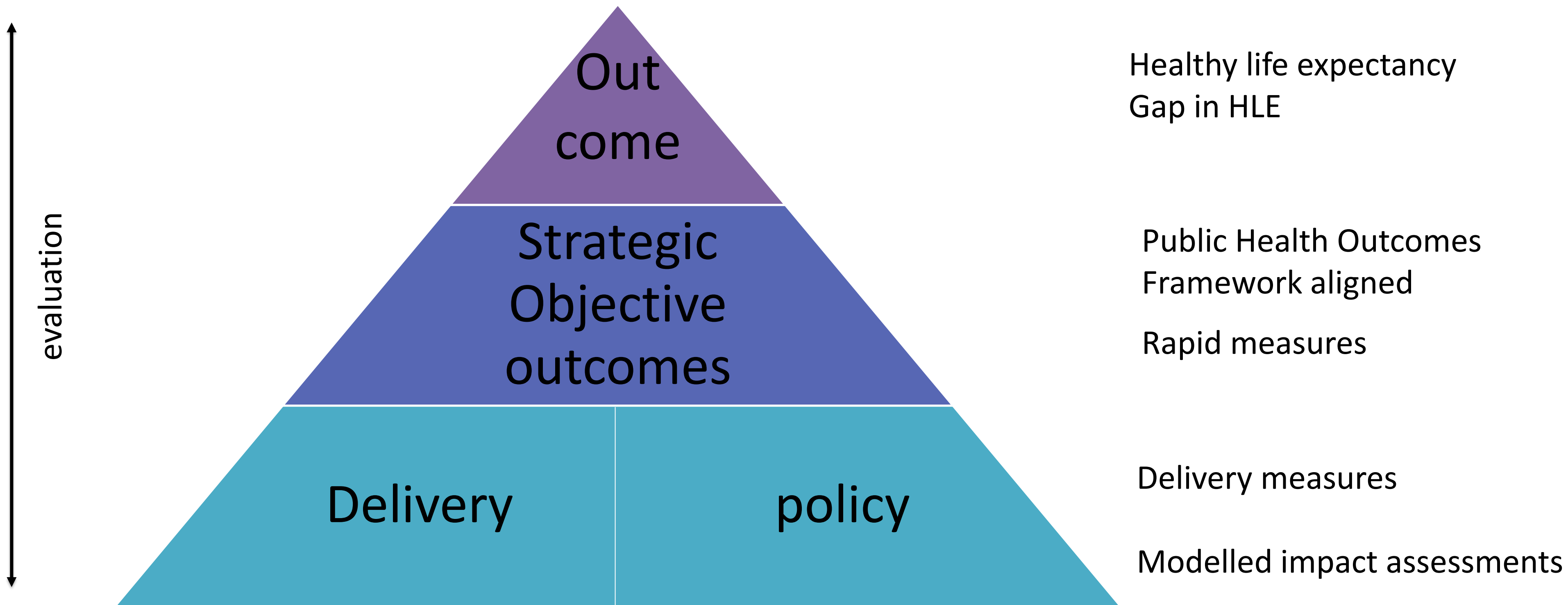
Data challenges

- No access to Primary Care or Census data
- SAIL / small areas estimation / modelling fills some gaps, but financial cost, and not optimal for regular reporting
- Some groups poorly reported on in any data set e.g. homeless

Next steps

- Data sub-group established & Lead analyst in post
- Inequalities monitoring for strategic priorities
- Cancer inequalities (Phase 2 – May 2025)
- HR inequalities report (March 2025)
- Child Measurement Programme (TBD)
- Explore breakdowns of Kantar behaviour data (nutrition, alcohol)
- Further inequalities analysis of PHOF

Measurement system



Measurement system and inequalities

Goals

- Healthy life expectancy (HLE) and inequalities gap as headline strategic outcome indicator for PHW
- We understand what drives HLE, our impact, and where we need to influence and advocate for change
- We use this to drive our priorities and resource allocation

By end of March

- Complete the agreed additional analysis of HLE to understand drivers of the downturn, and potential for PHW & others' impact over the next 10 years
- Complete discussions with strategic priorities (SP) leads to map out SP outcome indicators and inequalities breakdowns
- Identify key activities within each SP to evaluate our impact on outcomes
- Report to Board
- Latest HLE deprivation gap due to be published by ONS 3 April, 2025

Medium term

- Regular reporting to Board
- Explore data sources to fill gaps

Long term

- Deeper dive on health in HLE
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Inclusion Health: Primary Care

Data

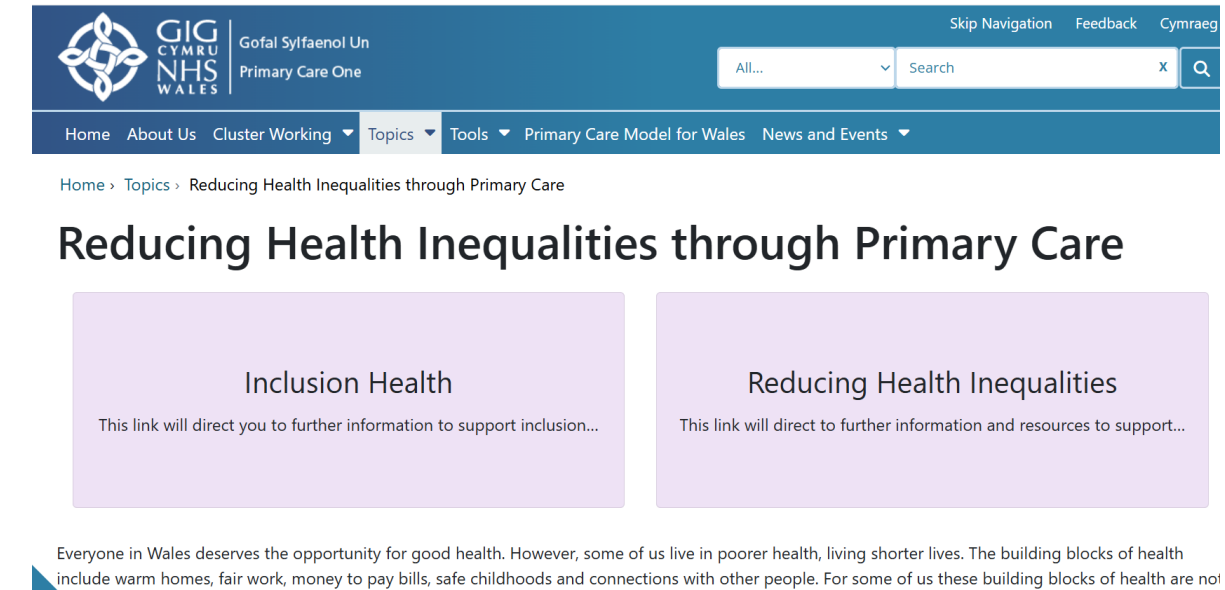
Numerating – For Planning

- Best nationally available data analysed for/by

Gypsy traveller, refugees and asylum seekers, probation, sex workers, Homeless

Each health board, LA, Cluster – pack for planning produced

Challenges – still no routine primary care data access



[Reducing Health Inequalities through Primary Care - Primary Care One](#)

Evidence summaries – of best available evidence on health needs of key population groups

Research – SAIL – the morbidity and mortality of people experiencing severe overlapping needs

Health Protection Inequalities Programme

- Overarching programme made up of Health Protection divisional (HPD) teams and Emergency Preparedness, Resilience and Response (EPRR).
- Fully connected to 'Our Approach to Health Inequalities' steering group through contribution to key asks, such as establishing a framework or contributing to route maps through an inequalities lens.
- Deliverables such as the 'Best Practice Guide' which is designed to promote and set an expectation of how inequalities should be placed at the heart of work within HPD and EPRR services. Focusing on three key objectives, with the help of signposting to available resources and case studies:
 - Identifying and describing the problem
 - Acting to reduce inequalities
 - Evaluating our actions
- Our Communicable Disease Inclusion Health Programme works closely with others across the organisation e.g. Primary Care, Screening, Infection Services to ensure there is a specific focus to understand and serve the populations who are at greater or multiple risk of health inequalities.
- Forward look includes supporting the PHW Pandemic Preparedness Plan and supporting EPRR to Implement key evidence-based community resilience interventions.



Screening Services Equity Strategy

- Five key areas of focus:
 - Communication
 - Collaboration
 - Community and Engagement
 - Service Delivery
 - Data and Monitoring
- All screening programmes, through an equity lead, are committed to taking forward these areas of focus through collaboration with partners in local health boards, third sector, and voluntary organisations to ensure all participants have equal access and opportunity to take up a screening offer.
- Actions undertaken to date:
 - An audit of our provision of accessible information has been carried out. Our standard is for all resources to be available in Plain English, Welsh, Easy Read, British Sign Language and audio across all the programmes.
 - On-going work to identify population groups not registered with GPs e.g. prisons, those in long-term care facilities, and the military.
 - Adopting a behavioural science informed communication approach within invitation letters to address barriers to participation.
 - Engagement with groups where engagement with screening can face barriers such as for carers and for people who are transgender or non-binary with development of specific targeted communication and resources. Development of Working Together resource for people who work with ethnic minority communities to support engagement with screening.
 - Deliver screening awareness training to upskill and empower community leaders and support organisations to champion screening.

Research and Evaluation Strategy

- Goal: To make a measurable improvement to the health of the population in Wales by leading and supporting population-level health research and evaluation.
- Health inequalities reflected in the PHW annual of areas of research interest – to influence researchers and funders.
- Research partnerships with academic driven by SP, with a focus on inequalities. Eg SAIL Hwb – health data linked to census data providing population demographics and domains of equity
- Partnership with Bangor University - Tackling health inequalities with and for the Deaf BSL-using communities in Wales
- Research within PHW with a specific focus on health inequalities include;
 - Children and Young Peoples Mental health and Wellbeing - SAIL and qualitative insights
 - Digital Health and exclusion – commissioned by WHO Europe on how equity is considered across the regulation, implementation and evaluation of digital health.
 - [Better Outcomes through Linked Data \(BOLD\)](#) research programme joining up data across government to support most vulnerable (homeless populations, victims of crime, substance misuse).
 - Reducing substance use-related harm among people in prison and on their release: A qualitative study – HCRW funded led by CDIP

Evaluation Programme

- Goal: Capturing the impact of our actions (and, where appropriate, the actions of others) against our strategic priorities through an open and transparent, strategically aligned, evaluation programme.
- How : Apply process, outcome and economic evaluations to understand what works, for whom, and why. Embedding equity into design (e.g. equity domains embedded into data collection/analysis, ensuring reach of population groups, addressing barriers to participation, qualitative insights).
- Evaluations completed in 2024/25 which have embedded inequalities include:
 - **Preventative Behaviours Campaign** by age, gender, deprivation and occupation, showing older age groups and men were less likely to recall the campaign, and older age groups spent longer handwashing
 - **Prehab2Rehab** demonstrating the positive impact of rehabilitation on post operative outcomes – and no difference by sex, or deprivation, but older patients had greater odds of having complications or being readmitted post operatively
 - **Winter Vaccines Comms Campaign (2022/23)** Winter Vaccines Comms Campaign (2022/23) targeting those at greater risk of health inequalities (ethnicity and C2DE) indicating an increase in vaccination uptake in the high-risk group (those chronically ill with respiratory disease) modelled, with an additional 1200 vaccinations over the campaign period
 - **Winter Vaccines Comms Campaign (2023/24)** indicating equal recall across deprivation and ethnicity and higher recall in chronically ill and health and social care workers
- Evaluation areas of focus for 2025/26 currently under consideration, include
 - Hapus national conversation
 - All Wales Diabetes Prevention Programme
 - Tackling Diabetes Together
 - Help me Quit / Make Every Contact Count
 - Healthy Schools Programme