



Public Health Wales

Annual Equality Report 2021–2022

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Executive Summary

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2021 to 31 March 2022. This has been another exceptional year, which saw Public Health Wales continue to respond to the global pandemic, and make changes to the way we usually work.

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

- Creation of accessible resources in different formats and languages on Vaccinations, Smoking cessation, Screening Services and Healthy Working Wales
- Development of a Suicide and Self Harm Strategy
- Support for Clinically Extremely Vulnerable people on smoking cessation
- Screening awareness training in the community
- Work to support Asylum Seekers and Refugees
- Launch of Trans resources on Screening Programmes
- Adverse Childhood Experiences research into preterm births
- Review of Breast Screening invitation letters
- Implementation of the Socio-economic Duty for public bodies in Wales

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

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

1. Introduction

This report covers the reporting period 1 April 2021 to 31 March 2022, and looks at the work that the organisation has done during this time to further advance equality, and work with diverse communities.

During the period covered by this report, the organisation continued to be at the centre of Wales' response to the global COVID-19 pandemic. This involved rapidly implementing changes in order to maintain the 24-hour contact centre which was operating seven days a week, coping with a massive increase in demand for testing in our laboratories, and wide-scale communication of information and surveys across different communities and population groups. Responding to and working with this level of change has been a challenge, with staff continuing to adapt to new roles and ways of working with little notice.

The pandemic shone a light on the inequalities and incredible hardship faced by different groups, which require our focus and action to address them. Some of the highest death rates from COVID-19 were recorded in Wales. This past year also saw the implementation of the Socio-economic duty, which requires public bodies to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

2. Our Legal Duties

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

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

The act provides protection for people with protected characteristics.

These are:

Disability

Age

Race

Sex

Pregnancy and maternity

Religion and belief

Sexuality

Marriage and civil partnership

Gender reassignment

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

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

3. Our Commitment

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

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

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

Equality objectives 2020–2024

Objective 1: Understand and advocate for diversity and inclusion

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

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

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

Objective 3: Fair pay

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

Objective 4: Access to services and our environment

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

Objective 5: Listening, learning and responding

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

4. Our Organisation

We are an all-Wales NHS trust. During the period covered by this report (April 2021 to March 2022), we employed just under 2500 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)
- BAME Network (Black, Asian, Minority Ethnic Staff)
- Women'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; and
- share with the public our successes in supporting equality.

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

6. Working Together

During 2021–2022 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 Suicide and Self-Harm Strategy 2021–2024

The Cardiff and Vale Suicide and Self-Harm Strategy and Action Plan describes how partners across statutory and non-statutory services will work together to prevent suicide and self-harm. As part of the Public Health Wales epidemiological review of suicide and self-harm in Cardiff and the Vale of Glamorgan, the work identified those with sensory loss and physical disabilities and particularly those with long term mental health conditions as being at higher risk compared with the general population. In developing the strategy the team worked closely with those who had lived experience of these issues, including those who had experience self-harm, been bereaved by suicide, and cared for those at higher risk because of mental or physical disability or illness.

An approach called Group Concept Mapping was used, which involves surveys and workshops, to gain a rounded view of the issues these groups experienced and their priorities for prevention and recovery. This process enabled them to have an equal voice with professionals and clinicians involved in care, and the final strategy and action plan, as well as reflecting their priorities, included a number of co-produced activities (e.g. a communications plan) that those with disability and long term illness could have ownership over, either directly or through representative and advocacy bodies. A complete Equalities and Health

Impact Assessment was carried out to ensure that the strategy and action plan would not negatively impact on those with this protected characteristic.

6.1.2 Education pack

A key driver in reducing health inequalities experienced by people with a learning disability in is education of the workforce. In collaboration with people with a learning disability, health services and the third sector, Improvement Cymru lead on the development of the Paul Ridd Learning Disability Awareness Training Programme foundation level e-learning disability awareness training for all NHS staff in Wales.

6.1.3 Influenza campaign

Information leaflets outlining eligibility for flu vaccination were made available in large print, British Sign Language, easy read and audio.

Another flyer outlining the importance of flu vaccination for those with a learning disability was developed in collaboration with Learning Disability Wales. It was shared proactively via our colleagues in Improvement Cymru.

Engagement sessions were held with service users at Sight Cymru to gather feedback on access to information, messaging and the best format for providing information for the sight loss community.

6.1.4 Improving screening websites

Screening Division has been working with the PHW Digital Team to improve the Screening Division public facing websites. This work, which is being phased in by programme, will be of benefit to users of the websites.

The new layout will allow people to find the information they need and to navigate the site more easily. The teams involved are looking for ways to make the site more inclusive and accessible, with PHW introducing the Read Speaker functionality which will help people who experience communication or language barriers. They are also exploring ways to improve information on our accessible information pages.

In addition, they are also developing a survey which will be available on the screening websites to obtain service user feedback in relation to our websites.

The team are also planning to do broader engagement with external partners to obtain feedback on the refreshed site. This work is expected to happen in spring 2022 and the outcome of this work will inform any future website developments/improvements.

The suite of resources are expected to be available in early spring 2022. When launched they will be available for download from the Screening Division websites.

6.1.5 ‘About Screening’ video for people with a learning disability

The Screening Engagement Team has worked collaboratively with Betsi Cadwaladr University Health Board Transformation project and TAPE Community Music and Film to develop a video for people with a learning disability. The short video aims to help break down barriers to participating in screening for people with a learning disability. This film is available on the screening websites in English, Welsh and BSL. For more information visit:

<https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/information-resources/accessible-resources/british-sign-language-bsl/>

6.1.6 Easy read resources

The Screening Division Easy Read Resources use simple words and pictures and are aimed at people with a communication and/or language barriers.

The Screening Engagement Team and Bowel Screening Wales have worked with Learning Disability Wales to review and update the bowel screening easy read resources. The resources include 'About your bowel test kit' and 'what happens if blood is found in your poo'. The revised resources will be available in the summer 2022.

The Screening Engagement Team and Cervical Screening Wales have revised the cervical screening easy read resource. The team engaged with service users and a number of stakeholders including learning disability, sensory loss and ethnic minority organisations to inform the review.

The revised leaflet, 'About your cervical screening (smear) test', will be available in early summer 2022.

6.1.7 Breast screening open invitations for breast screening first timers

Breast Test Wales has changed the process for first time screening participants. An open appointment letter is being piloted, asking participants to contact their local screening centre to make a breast screening appointment. This enables individuals to have a discussion with staff and agree a suitable time and location for their screening appointment, and for staff to discuss COVID-19 guidance and answer any queries the person might have.

A service user engagement review of the open invitation letter was undertaken with organisations who represent communities with various protected characteristics.

The outcome of this has led to the service making changes to the letter to make this more accessible for people using the service. This includes adding a generic email address on their open invitation letters.

For people emailing the service a survey link was included in all email responses. The purpose of this survey was to establish how service users found this new way of contacting the regional breast screening centre.

Making appointments

A telephone survey was undertaken with service users contacting the breast screening centres after receiving an open invitation letter. The purpose of this survey was to find out the person's experience of making an appointment when ringing into the breast screening centres.

Breast screening audio leaflets

Audio versions of all breast screening leaflets are available. These will also be available on the refreshed breast screening website, which is due to be launched during the spring of 2022.

6.1.8 Help Me Quit

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

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

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

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

6.1.9 Eye health needs assessment

The Primary Care Division supports a Health Education Improvement Wales (HEIW) Fellow leading an all-Wales eye health needs assessment, which will help confirm 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 Healthy Working Wales

Healthy Working Wales (HWW) is actively working towards developing resources in different formats to meet diverse needs of audiences, for example, developing resources in both written and audible formats. Six bilingual [podcasts](#) have been launched in the last 12 months as part of the HWW podcast series on a range of topics relevant to workplace setting and we have provided written transcripts in addition to the aural content.

In December 2021, HWW and the Welsh Government joined forces to celebrate the way in which Welsh employers stepped up to look after the health and well-being of their staff, clients and the wider community during the global coronavirus pandemic by seeking entries for and holding a [COVID-19 Commendations Event](#). One of the categories was for progress made during the COVID-19 pandemic in equality, diversity and inclusion. The judging panel had representatives of 9 organisations with a range of expertise in relation to workplace health and well-being,

including a Welsh Government Disabled People's Employment Champion who contributed to the event with a speech focusing on disability and employment.

6.1.11 'Your NHS Care' Experience Questionnaire

Commissioned via Welsh Government, Improvement Cymru developed the '[Your NHS Care' Experience Questionnaire](#) to enable more people with limited literacy skills to have the opportunity to have their say about their NHS experiences

Improvement Cymru also commissioned the development of a clinician rated outcomes measure tool known as the Health Equalities Framework into an accessible user version. This will enable more people with a learning disability to either self-assess their health status or complete the tool with support from family/carer. This will then enable individuals to set their own priorities of need.

6.1.12 All Wales Dementia Pathway

A programme to support each region to implement and deliver on 20 of the [All Wales Dementia Pathway of Standards](#) to ensure effective and equitable outcomes and experience for all people living with dementia and their care partners. The standards are themed around accessibility, partnerships and relationships, journey and responsiveness and, as exemplified in Standard 2, ensure that reasonable adjustments are made at an individual, service and organisational level to ensure access for all people.

6.1.13 Outcome Measures programme

Since our last report in 2021 highlighting the Outcome Measures project (introducing and embedding the use of outcome measure tools in all mental health and learning disability services in Wales) resources have

been adapted to consider further the needs of people with a learning disability.

This includes adapting the service user leaflet to an easy read version to provide people with a learning disability further information about outcome measures.

The existing resources, created in conjunction with Diverse Cymru, have also been adapted and further developed to include people with a learning disability when exploring cultural competence and unconscious bias.

6.1.14 Counselling services and British Sign Language

The Quality, Engagement and Collaboration Team is working with Health Boards to map their patient pathways to British Sign Language (BSL) counselling services in a format that can be made publicly accessible. This is part of a wider piece of work with the All-Wales Deafness and Mental Health (AWD&MH) working group. There is a discussion with third sector partners over where this information should be hosted while a suitable 'Once for Wales' webpage is in development.

6.2 Connecting with minority ethnic communities

6.2.1 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/>

Diabetic Eye Screening Wales staff attended an event organised by the All Wales Diabetic Patient Reference Group. The diabetic awareness day was held on the 22nd February 2022 in Butetown Community Centre in Cardiff. A range of organisations were present on the day. People attending were able to talk to the organisations about their care and to share their experience in relation to living with diabetes.

6.2.2 Vaccinations

Key publications on COVID-19 and a number of influenza information resources were made available in up to 22 minority languages. This included an eligibility flyer, an information sheet for parents, and invitation letters for children and adults.

More recently all COVID-19 resources have also been produced in Ukrainian and Russian.

Every year a proportion of children refuse flu vaccination due to parental concerns regarding the gelatine content in the nasal spray flu vaccine. In collaboration with Cardiff and Vale University Health Board, the Vaccine Preventable Disease Programme developed, translated, printed and shared a short easy read leaflet highlighting key issues identified by

parents locally. This was made available in English, Welsh, Urdu and Arabic and was proactively shared.

6.2.4 Adverse Childhood Experiences Support Hub

The [Uncharted Territory Review](#) focuses specifically on the experiences of violence of refugee, asylum seeking and migrant women and girls. Race and ethnicity are explored in the review particularly in terms of how UK and Welsh governments have taken forward recommendations that support the recognition of **harmful cultural practices such as forced marriage and female genital mutilation**. The report also discusses the ongoing concerns, exacerbated by the COVID-19 pandemic, around **accessibility of services in Wales to racially minoritised groups**. It found that **those with no recourse to public funds were particularly disadvantaged** when trying to access support for violence against women, domestic abuse and sexual violence.

A leaflet [Health and Well-being Support for Displaced Peoples](#) was produced and updated to ensure that racially minoritised and refugee, asylum seeker and migrant communities knew where to access support if they were experiencing adversity in the home. Many asylum seekers were unable to have any interaction throughout the restrictions and if they were in digital poverty no access to online support. The original leaflets were translated into 6 languages and detail how to get free medical advice that would not disclose their immigration status, and advise on domestic abuse, mental health and well-being, crime etc. The updated version added Ukrainian and Russian versions of the information. The leaflets were printed and distributed to over 2500 people across Wales in initial and dispersal accommodation.

6.2.5 HEAR2

The Quality, Engagement and Collaboration Team has been actively involved in a research partnership with Swansea University, exploring the suitability of interpretation services offered to refugees and asylum seekers accessing health services, known as Health Experiences of Asylum Seekers and Refugees in Wales (HEAR2). The project is in the

data collection phase and has two part-time members of dedicated staff plus management support from other team members.

6.2.6 Help Me Quit support in other languages

Our Welsh-speaking call handlers in the Help Me Quit (HMQ) Hub offer support to clients through the medium of Welsh. The Hub continues 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; 146 Welsh speakers accessed the service for support in 2021–2022.

The Hub frequently makes use of the Language Line service to support clients living in Wales who do not speak English or Welsh, and has recently supported a Kurdish client who has become a successful non-smoker through the HMQ service.

Other languages that have recently been supported include Somali, Sorani, Czech, Farsi, Bulgarian, Albanian, Spanish, Slovak and Bengali.

6.3 Improving health during pregnancy and maternity

6.3.1 Adverse childhood experiences and preterm birth

[Maternal adverse childhood experiences and their association with preterm birth: secondary analysis of data from universal health visiting](#) aimed to explore the relationship between a history of adverse childhood experiences (ACEs) and preterm birth among mothers engaged with health visiting services in south and west Wales. The findings revealed a strong association between high ACE exposure and preterm birth, even among otherwise healthy women. The results highlight that the experience of childhood adversity can have a lasting impact into and beyond the prenatal period.

6.3.2 Maternal and child (MAC) screening

As part of the move to digital by default, the MAC programmes need to ensure that the information can be accessed in a variety of ways so that women have access to screening information in a format of their choice.

Maternal and Child Screening have developed animations for antenatal screening, newborn bloodspot screening and newborn hearing screening. These animations are an alternative format for key information on the screening available.

There is a general introduction animation covering antenatal, newborn bloodspot and newborn hearing. There are 5 animations for antenatal, 1 for newborn bloodspot and 1 for newborn hearing.

The animations were reviewed by advisors from the programmes and other colleagues within PHW. The animations will be available on the programme websites from May 2022.

There will be some wider consultation with service users during summer 2022 to gain feedback and support the move to digital information provision.

6.3.3 Maternity-specific smoking cessation referral pathways

Improved referral pathways have provided administrative support and guidance to staff members in different health boards to assist in setting up pregnancy/maternity-specific smoking cessation referral pathways and services. As of May 2022, 95% of all HMQ Hub maternity referrals received their first call within two days of the referral date (in line with service Key Performance Indicators).

6.4 Removing barriers for LGBT+ people

6.4.1 Pride Cymru online

The organisation took part in the 2021 online Pride event organised by Pride Cymru; a link to a webpage signposting people to our services and information was made available on the Pride Cymru online marketplace.

6.4.2 Stonewall Top Employer Awards

Public Health Wales were placed 64th in the Stonewall Top 100 Workplace Equality index out of 400 organisations taking part. We also achieved Stonewall's Gold award for our work on LGBTQ+ inclusion.

6.5 Making sure vital information reaches transgender people

6.5.1 Transgender leaflet launch

The Screening Engagement Team has led the review of the screening based resources for people who are transgender as well as those who identify as non-binary. A comprehensive engagement review was undertaken with the community and health professionals to inform the review and information development. The new resource was launched in the autumn of 2021. For more information visit:

<https://phw.nhs.wales/services-and-teams/screening/abdominal-aortic-aneurysm-screening/information-resources/information-for-transgender/screening-information-for-people-who-are-transgender-non-binary-gender-diverse/>

6.5.2 Transgender and non-binary easy read development

The team are now in the process of developing easy read information for transgender and non-binary people. A focus group was held in January 2022 to discuss the layout and content of the new leaflets. The team will work with Learning Disability Wales to develop these resources. This is expected to be complete by autumn 2022.

6.5.3 Transgender and non-binary professional resources

The team have been working with health professionals with a specialist interest in gender diversity to develop some resources for use in Gender Identity Clinics and within Primary Care. These resources will be ready in spring 2022.

6.5.4 Transgender web pages

The team have updated the screening web pages so that transgender and non-binary people as well as professionals supporting people who are gender diverse can access information about screening. For more information visit: <https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/information-resources/information-for-people-who-are-transgender-or-non-binary/>

6.5.5 Using gender inclusive language

Cervical Screening Wales are working to ensure its messaging is gender inclusive. They have updated the terminology used to incorporate the phrase 'women and people with a cervix'. This can be found in the literature wherever possible with the aim of being more gender inclusive.

The cervical team have also updated their Standard Operating Processes and Procedures (SOPPs) to be more inclusive. There has also been a strengthening of the document control procedures and SOPPs to support programme wide uniformity with accessible and inclusive information.

New letters using inclusive language have been standardised ahead of the launch of the new call/recall system, which invites people for cervical screening.

The new IT system will have the ability to recall those who are registered with their GP as a male but still have a cervix; this is not possible with the current IT system.

6.6 Supporting health in all age groups of our populace

6.6.1 Vaccine Preventable Disease Programme (VPDP)

A key aim of the annual influenza programme is to protect those most vulnerable to flu and its complications. In 2021–2022 this included those aged 50 and above.

Targeted communications aimed at this age group were produced and proactively shared with service users and traditional points of contact, including general practices, community pharmacies, prisons and care homes.

Information on the importance of flu and COVID-19 vaccination for older adults was shared with the Older People's Commissioner for Wales and was published in her [November 2021 newsletter](#).

Another key aim of the annual influenza programme is to protect those most vulnerable to flu and its complications. In 2021–2022 this included children 2 to 15 years of age.

The VPDP commissioned a programme of quantitative and qualitative data collection exploring attitudes, perceptions and awareness of COVID-19 and flu vaccines among young people aged 11 to 25 and parents of young people aged 11 to 16. The study was conducted by BMG Research on behalf of the VPDP and PHW, and the report was produced in March 2022.

Targeted communications aimed at this age group were produced. Resources included traditional printed assets and also social media, using influencers to better resonate with the target groups (and/or their parents).

Hard copies of leaflets and posters were available to order and were also proactively shared with nursery schools.

A newsletter was developed for health visitors (to support vaccination of 2 and 3 year olds) and also one for school nurses (to support maximizing vaccine uptake in children from 4 to 15).

6.6.2 Bowel Screening Wales optimisation

Bowel Screening Wales, in line with the agreed plan for optimisation, began inviting 58 and 59 year olds for the first time for bowel cancer screening in October 2021. Work has also started on analysing uptake data in this age range.

6.6.3 Cervical Screening Wales campaign

Following a recent policy change, the extension of the routine cervical screening interval, Cervical Screening Wales are planning a public awareness campaign which will run during 2022.

This campaign is aimed at eligible people aged 25–49, people from ethnic minority communities and people from more socio–economically deprived communities. The campaign will include focused messaging aimed at these groups to ensure that the correct messages around screening are communicated and understood.

6.6.4 Young Ambassadors

The Public Health Young Ambassadors programme continues to develop, albeit within the context of the pandemic. During 2021–2022 the four Agored level 2 qualifications have been further refined, ensuring that all young people taking part in the Young Ambassadors programme will have equal opportunity to complete the qualifications.

The Young Ambassadors programme engages young people between the ages of 12 and 21 years old via local authority youth forums. This supports geographic representation as well as wider socio-economic and equality representation.

6.6.5 Young people, COVID-19 and employment

The COVID-19 pandemic and control measures had an immense impact on the economy and employment for young people. Young people were more likely to be employed in shut down sectors, be employed in precarious employment, find it hard to get a job when leaving school related to shut-down and find that their opportunities for training and apprenticeship were also affected.

To understand the impact of COVID-19 on employment for young people, Beaufort Research were commissioned to talk to young people (aged 18–24) from a wide a variety of employment backgrounds, third sector organisations that work with young people and policy makers and influencers. This qualitative research highlighted how pathways to training were disrupted, and precarious working conditions intensified. It demonstrated the financial stress, uncertainty and mental well-being challenges young people faced, often when caring for children of their own. The insights also considered what had helped young people and what should be put in place in the future.

This work was combined with descriptive analysis of who was affected by employment changes, highlighting age, gender and ethnic differences. Working with Alma Economics, we produced an evidence map of promising interventions to improve health and equity related to employment changes. These findings were brought together through the lens of six profiles relating to young people and employment and we [published these reports in May 2021](#).

These findings were shared with Welsh Government during the pandemic to inform the policy response. The voice of young people continued to be involved within the expert panel we established. This panel used these findings to develop recommendations to increase participation in fair work for health, wellbeing and equity.

6.6.6 Move More, Eat Well Plan

An Equality Health Impact Assessment undertaken against the Move More, Eat Well Plan (Cardiff and Vale's Healthy Weight Strategic Framework) highlighted population groups where further work to ensure engagement and adequate support to meet needs may be necessary. This included people of different genders. As a result, local insight work has been taken forward including:

- Piloting an engagement approach (with males aged over 65 years) using the COM-B model as an engagement framework. A focus group was facilitated to further understand the enablers and challenges to being physically active and eating well.
- Commissioning local insight work by M.E.L Research, who, over a period of one week on a facilitated 'online community', gathered insight into the everyday challenges, difficulties and enabling factors for people on low incomes relating to eating well and keeping active.

6.7 Providing appropriate health interventions

6.7.1 Assessment invitation letter review

Breast Test Wales conducted a survey with women invited to attend an assessment appointment. The purpose of this was to find out their opinion on the assessment invitation letter. Comments were collated and

reviewed, and consequently changes were made to the existing invitation letter.

6.7.2 Pre-assessment triage

Breast Test Wales currently contact service users by telephone prior to their assessment appointment to go through the COVID-19 guidance. This contact is also used as an opportunity to answer any questions women may have, and to provide local information (e.g. car parking or traffic) for women who may not have otherwise contacted the service with their queries. Triage also acts as an appointment reminder.

7. Other Work to Further Equality

Many of our reports and projects take an intersectional approach, recognising that people can have multiple protected characteristics and belong in many different groups. The reports are detailed below. In addition to addressing the protected characteristics, other work that was undertaken to further equality is also explained below.

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 training colleagues so that we can ensure we include consideration of socio-economic disadvantage into the work we do.

7.2 Housing

The report [No place like home? Exploring the health and well-being impact of COVID-19 on housing and housing insecurity](#) explored the health and well-being impact of COVID-19 on housing and housing

insecurity, and highlighted major or major-moderate positive/negative impacts for those living on low incomes, private tenants and renters, people experiencing homelessness, children and young people, homeworkers, and women. The report suggests a need to conduct research to understand the specific impact of housing insecurity on groups such as asylum seekers and refugees, and LGBTQ+ groups in Wales.

The report focused on the importance of having a consistent, good quality, affordable and safe home. The evidence in the report can assist policy- and decision-makers when considering the impact of the pandemic on housing and housing insecurity, so that potential inequalities and negative impacts can be reduced, and future opportunities for positive health and well-being maximised.

In August 2021, the Equity, Engagement and Quality Team published the findings of the [CAPITAL](#) project, which explored the effects of initiatives to build social capital in social housing and sanctuary seeking communities, with funding from The Health Foundation. The results are being further shared in two upcoming conferences.

7.3 Groups at risk from loss of European Union funding

[The Health and Well-being Impact of Regional Funding in Wales](#) report identifies the impacts of the loss of European Union Funding and the risks and opportunities presented by a replacement scheme. The report is based on an extensive literature review and input from local government, Non-Governmental Organisations (NGOs) and industry representatives in two different local areas of Wales. Participants in the project identified population groups that should be prioritised for future regional funding. including children and young people, low income groups, and groups at higher risk of discrimination, such as the LGTBQ+ community, people with mental health problems, people with disabilities and minority ethnic groups.

7.4 Spatial planning

The report [Maximising health and well-being opportunities for spatial planning in the COVID-19 pandemic recovery](#) highlights the impact the pandemic has had on communities in Wales, including disproportionate

impacts for individuals from ethnic minority groups, women, lower-income households, those working in low wage occupations such as carers, those working in sectors that were closed down, older people, younger people, individuals with a disability, those with an underlying health condition and those individuals living in disadvantaged areas, as well as the different experiences of those living in rural and urban communities.

It aimed to highlight the major positive and negative health and well-being impacts of spatial planning policies during the COVID-19 pandemic on the population of Wales and considered the pandemic response and recovery through the lens of spatial planning, health, well-being and inequalities.

The report outlined potential future opportunities for national and local decision makers and spatial planning and health officers to consider and implement in Wales, to ensure that any detrimental impacts are mitigated for and positive ones and co-benefits are maximised.

Population groups which have experienced disproportionate impacts from the COVID-19 pandemic can be supported to recover through planning and placemaking, such as giving specific consideration to design, quality of homes and the surrounding environment.

7.5 Brexit Triple Challenge

[Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change for health, well-being and equity in Wales](#) was published in October 2021 and provides a strategic overview of the impact, and interconnectedness, of Brexit, the COVID-19 pandemic and climate change (defined as the Triple Challenge). Using a range of evidence the report identifies the key determinants of health that are affected by the Triple Challenge, as well as the population groups disproportionately affected, which are: babies, children and young people; older people; those on low incomes/unemployed; certain geographical areas (including rural or coastal areas, tourist areas or port towns); those with existing health conditions and needs; farmers, fishers and agricultural sector workers; critical workers (including health and social care workers, and delivery and

HGV drivers); minority ethnic groups; migrants and their families; and single parent families.

The report proposes developing more data, evidence and research (and utilising existing available data and health intelligence) for the three challenges as a whole, which will assist in further identifying those who are most vulnerable in the population and who will be disproportionately negatively affected by them.

The report aims to support policy and decision makers across a wide range of sectors and settings including public health and health care services and systems, the economy and environment and sustainable development, and strategic organisational stakeholders including public bodies and the third sector. The report suggests some potential actions to promote health, well-being and equity in Wales in the context of the Triple Challenge.

A [series of infographics](#) were published in November 2021 that outline the impact of climate change on the health and well-being of the population of Wales. Climate change affects the whole population; however, the infographics highlight that those groups who are particularly positively and negatively affected by climate change include children and young people, people on low income, older adults, and people with disabilities and long-term health conditions.

The infographics aim to support public bodies and businesses to take action to address any impacts.

[Brexit and Poverty in Wales: A Public Health Lens](#) aims to strengthen knowledge and understanding of the implications of the United Kingdom's (UK) exit from the European Union (EU) – 'Brexit' - on poverty, and health and well-being in Wales. This report summarises the latest research, building on findings from Public Health Wales' health impact assessments of Brexit published in 2019, and forms part of an ongoing programme of work to explore the interconnected nature of Brexit, trade agreements and health. The pathways by which Brexit could impact on health and well-being, and affect those in poverty, are complex and interconnected. The impacts of Brexit are explored through five themes where evidence has been identified: employment and skills; social protections and financial

resilience; community, economic and infrastructure investment for addressing inequalities; public services, including health and care provision; and agriculture and food security. The impacts identified will have differential effects on inequalities and population groups, including those who are more vulnerable.

7.6 Welsh Health Equity Status Report initiative (WHESRI)

The Welsh Health Equity Solutions Platform is an online portal to data, health economics and modelling, policies, and national and international resources on health equity and sustainable solutions for reducing the health gap in Wales and beyond. Resources made available on the Solutions Platform include those that focus on addressing the unmet needs of populations, including those with protected characteristics.

The WHESRI team has committed to continuous engagement and dialogue with stakeholders and users, to inform the development and ongoing evolution of the Solutions Platform, focusing on informing understanding of health inequities in Wales and mobilising action and solutions. This has included an extensive period of engagement undertaken between July and December 2021 with multi-sectoral stakeholders, including Public Health Wales, NHS Wales, Welsh Government, local government, the third sector, equalities groups and international organisations.

7.7 International Health

Since April 2020, the International Health team has produced regular systematic rapid [International Horizon Scanning and Learning reports](#) to inform the evolving COVID-19 public health response and recovery plans in Wales. Topics related to inequalities and the disproportionate impact of COVID-19 on specific vulnerable groups have been a focus in a number of reports. For example:

- [A report](#) published in January 2021 focused on migrants, refugees and asylum seekers has shown that COVID-19 has created new challenges for migrant populations, while exacerbating existing vulnerabilities
- [A report](#) published in October 2021 focused on the impact on people from the LGBTQ+ community, and international evidence has shown

that this particular community still faces discrimination and that this is reported to have increased during the pandemic

- In February 2022, [a summary report](#) on the direct and indirect impact of COVID-19 increasing the health gap was published. The report focuses on inequalities and vulnerable groups to better understand and address the unequal distribution of indirect impacts resulting from the pandemic
- In March 2022, [a summary report](#) on the direct and indirect impacts of COVID-19 on mental health, mental health services and increasing vulnerability was published.

7.8 Economics and modelling

In December 2021, the WHO CC published '[Cost of Health Inequality to the NHS in Wales. Report 1: Cost Associated with Inequalities in Hospital Service Utilisation to the NHS in Wales](#)'. The report, looking at different hospital services, says preventative action targeted at improving the health equity between advantaged and disadvantaged communities could help reduce a £322 million healthcare gap, especially in emergency admissions and Accident and Emergency attendance. An [interactive dashboard](#) makes it possible to see in detail the costs associated with inequality by service category, sex, age and level of deprivation.

7.9 Development of the Screening Inequity Strategy

Our vision, across the national screening programmes in Wales, is that everyone eligible for screening has equitable access and opportunity to take up their screening offer using reliable information to make a personal informed choice.

To help us achieve this, a 'Screening Inequities Strategy' is being developed. The purpose of this strategy will be to identify how through collaborative working with our partners in local health boards, the third sector and the people of Wales we can achieve this ambition.

The new strategy outlines a number of commitments which the division will work towards. These include a commitment to communication and how we develop and convey screening messages. The strategy clearly defines the commitment to providing screening information in accessible formats, which will support people with communication and language difficulties. The final strategy will be available in spring 2022.

7.10 Easy share resources

In 2020–2021 the Screening Engagement Team led a Wales-wide stakeholder engagement review to find out how community stakeholders had adapted their ways of working in response to the coronavirus pandemic, and to explore the barriers to screening for people disproportionately affected by COVID-19.

The findings and recommendations from this work informed the development of easy share resources. These resources were developed in line with feedback obtained through the stakeholder work. Further engagement was undertaken to ensure the resources were clear, easy to understand. The easy share messages are behaviourally informed.

The suite of resources are expected to be available in early spring 2022. When launched they will be available for download from the Screening Division websites and can be used by community networks across their different social media platforms.

7.11 Service user experience

A ‘Once for Wales’ approach to gathering service user experience has been approved by Public Health Wales. This new digital platform will enable feedback to be gathered in many ways, including completing hard copy/electronic surveys using links or QR codes and using different devices including web, mobile and tablets. This system can

also send SMS to participants. Services can run reports and can have real time feedback, which will help programmes to make service improvements. The implementation of this new platform is underway and it is expected to be in use by spring 2022. The introduction of the digital tool will open up the possibility of feedback from the people we work with and for across all protected characteristics.

7.12 Breast Screening community resource pack

Breast Test Wales has audited their community resource pack. As a result of the audit, the resource pack has been extended to include newly developed screening information leaflets, such as our Transgender Information Leaflet and easy read Information Leaflet. This resource pack will help Primary Care Teams when supporting potential service users in deciding whether to attend for screening.

7.13 Health guidance for veterans

The Primary Care Division developed veteran health guidance for general practices in Wales in partnership with the Royal College of General Practitioners (RCGP), Welsh Government and other key partners, and this is on track for launch in June 2022 to support Armed Forces Day.

The Division are also developing a veteran friendly accreditation scheme for GP practices in Wales in partnership with the RCGP Wales.

7.14 Prison settings – respiratory virus vaccination 2021–2022

A number of resources were produced, which include:

- Poster aimed at prison staff
- Poster aimed at prison residents
- Letter to staff to raise awareness of the importance of getting their flu vaccine

- Letter to prison residents on admission to raise importance of getting their COVID-19 and flu vaccines, with supporting COVID-19 question and answer sheet.
- 10 flu facts flyer for residents to help debunk flu vaccine myths
- Top tips for maximising flu and COVID-19 vaccine uptake amongst residents and staff. This is to help those delivering immunisation services and includes links to the PHW e-learning modules Flu/COVID One and Flu Two, and also includes good practice approaches to having conversations about vaccines.
- 'Ask me for more information' sticker, for staff and residents to wear to prompt and encourage conversations about flu and COVID-19

7.15 Vaccines and care homes

Working collaboratively with key partners such as Social Care Wales, Care Forum Wales, and representatives from care homes and domiciliary care providers, support for those working and living in social care settings was planned and developed together to best support maximising flu and COVID-19 vaccines. This included printed assets, social media activity and guidance on best practice. Resources and guidance were shared by these partners, to ensure they reached individuals who work in social care settings across Wales. This helped us reach those who can then influence vaccine uptake in those living in social care setting, many of whom are very elderly and/or vulnerable to respiratory viruses.

8. Conclusion and Forward Look

This is the second 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 as we emerge from the pandemic, and reviewing our practices to ensure we are creating a great place to work.

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

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