



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

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# **Knowledge, Research and Information Committee June 2026**

**Deep Dive: Inequalities –  
check list for planning and related work**

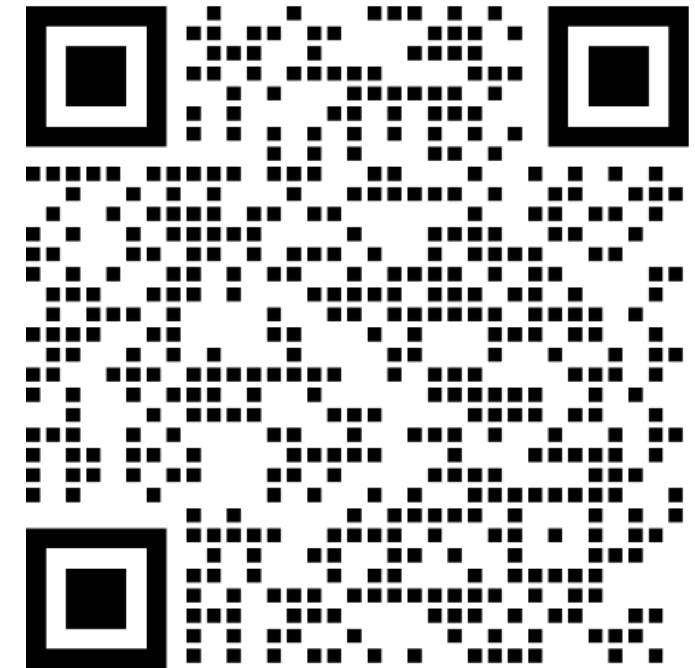
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The screenshot shows the top navigation bar with links for 'Topics A to Z', 'Reports', 'Data', 'News', and 'For Partners and Professionals'. A search bar is located in the top right. Below the navigation, a 'BETA' notice states: 'This is a new website - your feedback is welcomed to help us improve it.' The main content area features a 'Home' link and a section titled 'Teg I Bawb – Fair For All'. Under this section, there are two links: 'The Wales Inclusion Health Programme for Primary Care' and 'Reducing health inequalities through primary care'. Each link has a corresponding 'View further information' text below it.

# Background Information

## What we do... Teg I Bawb – Fair For All - Public Health Wales

### Health Inequalities in Healthcare team



# Governance and Accountability Arrangements

## Overview – Combination of formal and informal

Internal : Directorate and Public Health Wales IMPT reporting structures

Internal : 'Our Approach to Health Inequalities' steering group and subgroups

External: Development and workshops with key partners – shared aims, shared agreed actions

External Networks : clinical network, local and national public health inclusion network, Deep End

External: Quarterly system oversight group for mutual accountability

External: Health Equity Wales, Marmot work, interdependency articulated with partners

External Quality : presentations, workshops and posters at several national and international conferences ( including best poster at international health inclusion conference) ; Delivered Plenary at RCGP HEI conference

External Quality: Annual Health Inclusion Summit with Cymorth

- ensures the programme is aligned to evidence-based best practice, legislative requirements, policy and to enable cross-professional collaboration

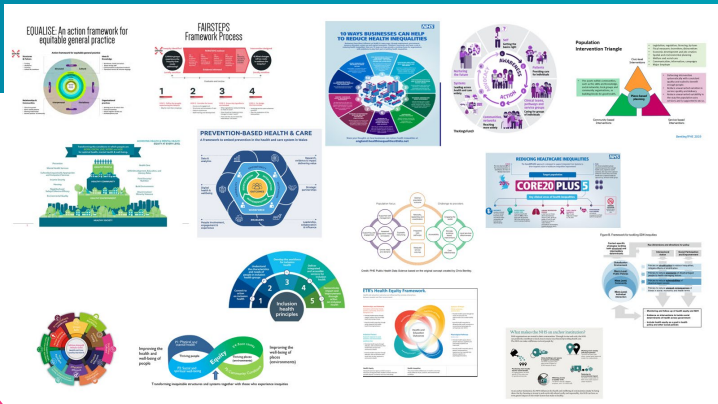
Other – Workshops at PHW conference

Other – Workshops at

~~Previously~~ – National WG steering groups of Inclusion Health and Health Inequality, Welsh Government



Review



People

Evidence

**SWOT Analysis**

**Strengths**

- The policy context, we are policy rich nation
- Social justice is a core principle to Welsh Government policies
- Accelerated cluster development
- Place based approaches already popular
- Motivated workforce who want to make a difference
- Focus on quality improvement
- Some good examples of integrated teams & collaborative working
- An appetite for change
- Strong 3rd sector
- Recognitions of health inequalities

**Weaknesses**

- Short termism – funding approaches and contracts
- Lack of mainstream funding makes innovation difficult
- Difficult to navigate pathways and process makes access to services difficult
- GMS contract, no explicit focus on health inequalities / Dental contract inequitable
- Our states and infrastructure
  - Communication between services patchy
  - Data access and lack of transparency on the use of public access to data
  - Poor information and data sharing practices
- Lack of effective prioritisation of equality and equity
  - Link between primary and secondary care patchy
  - Staff burn out and high demand on services

**Opportunities**

- Strategic Programme for Primary Care
- Accelerated Cluster Development
- Professional collaborations
- Social prescribing
- Common ailment pharmacy program
- Public Health Awareness of health inequalities
- Strong 3rd sector to be utilised
- Duty of quality
- Agentic/teaching programs of staff development (in some GP practices)
- Learning Disability Health Equality framework
- Duty of quality
- Unified Health Boards (NHS an anchor institution)
- Public Service Boards and their focus on health inequalities

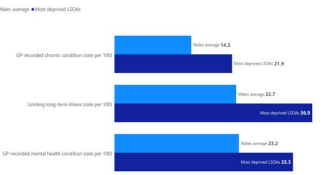
**Threats**

- Higher demand on secondary care drives resources away from community to hospitals
- Service & funding distribution
  - Political focus more towards secondary care
  - High demand on existing services and workforce in primary and community care
- Decrease funding
- Difficulty in recruitment and retention particularly in areas of high need (deprivation)
- Silo working
- Cost of living crisis
- Strict exclusion criteria in some services

|    |  |  |
|----|--|--|
| 01 | Leadership and Culture                     | <ul style="list-style-type: none"> <li>Strengthen collaborative leadership and accountability across the primary care system</li> <li>Embed focus on health inequalities in organisational and teams thinking and culture</li> </ul>   |
| 02 | Workforce                                  | <ul style="list-style-type: none"> <li>Invest time and resources in sustainable workforce planning that supports diverse composition of the workforce</li> <li>Make health equity focused training as an integral part of graduate and postgraduate training</li> </ul>  |
| 03 | Accessible Quality and Integrated Services | <ul style="list-style-type: none"> <li>Incorporate services within specific locations and cultural communities</li> <li>Normalise integrated working, consistent joint training, and shared vision development</li> </ul>  |
| 04 | Data, Knowledge & Intelligence             | <ul style="list-style-type: none"> <li>Commit to developing and publishing high quality data and accessible information on health inequalities both locally and nationally investing in data development workforce</li> <li>Identify trends and approaches that work for underserved communities through research and evaluation</li> <li>Identify and develop models, mechanisms and approaches to incorporate digital access and skills into analysis of inequalities</li> <li>Standardise and integrate inequality data that work for underserved communities through research and evaluation for recording, assessing, and reporting across primary care needs</li> <li>Share best practice to help services and organisations within primary care system become effective health equity entities</li> </ul> |
| 05 | Investment and Funding                     | <ul style="list-style-type: none"> <li>Invest time and commitment to review funding and resource distribution</li> <li>Give higher patient fee weightings for services in disadvantaged areas</li> </ul>   |
| 06 | Community enablement                       | <ul style="list-style-type: none"> <li>Foster long term relationship between care teams and community, such as locating services near community landmarks, offering transportation options, conducting targeted home visits and co-designing services with communities and partners</li> </ul>   |
| 07 | Collaboration                              | <ul style="list-style-type: none"> <li>Take ABCD approach to provide community centred care through working with local authority, voluntary sector, community groups and social enterprise partners</li> </ul>   |

**Demand**

Variation in Prevalence of long-term conditions between the most and least deprived LSOAs (StatsWales,2019)



Variation in Cancer Incidence and premature death between the most and least deprived LSOAs ( Stats Wales, 2019)

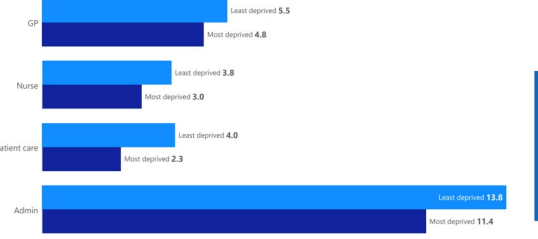


Data

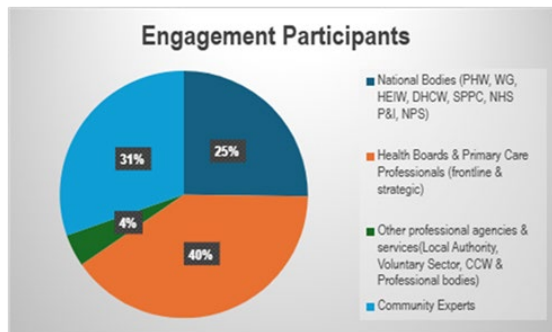
Inverse care law still exists

**Supply**

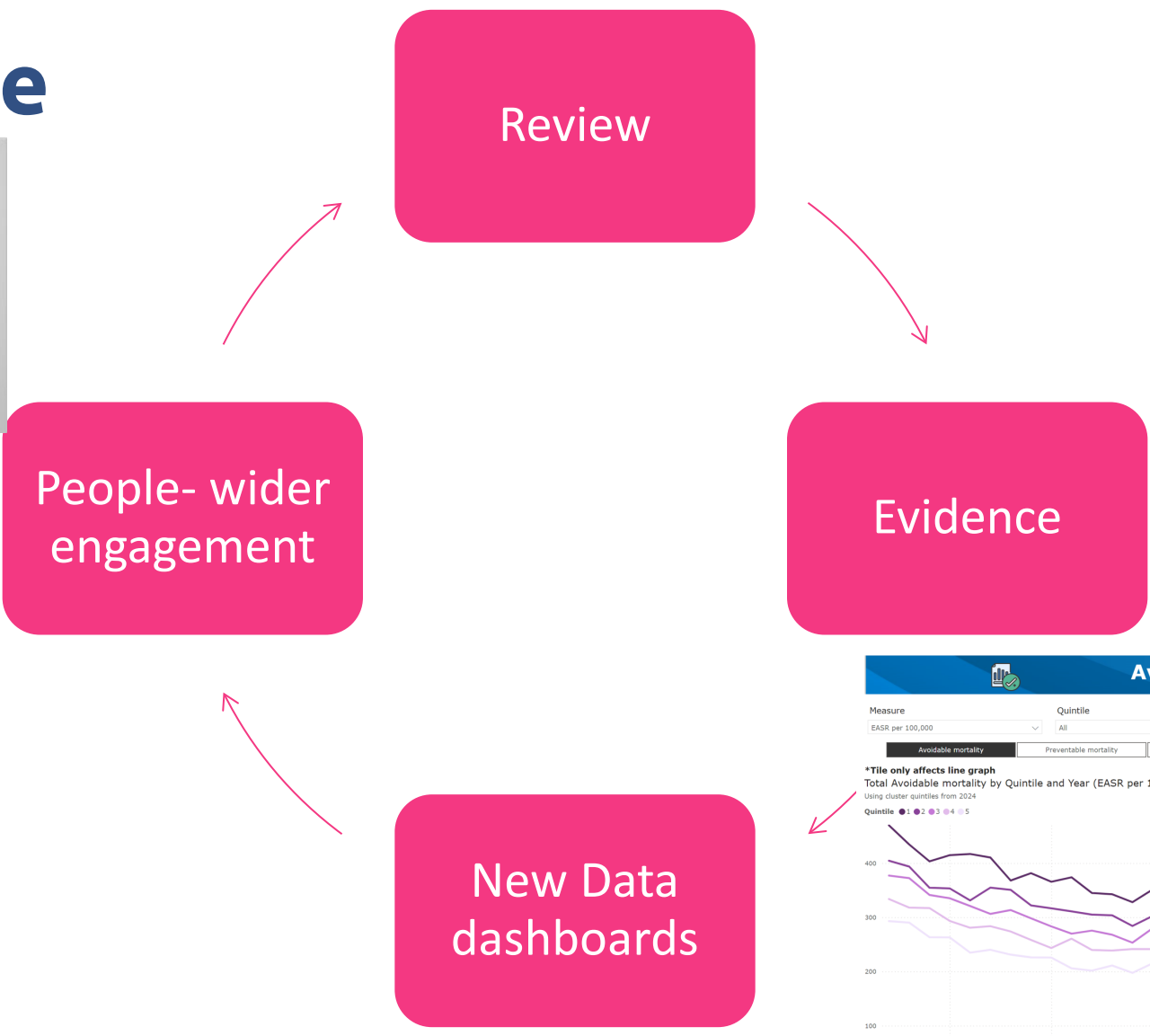
Ratio of full-time equivalents to 10,000 practice population by practice quintiles based on count of population



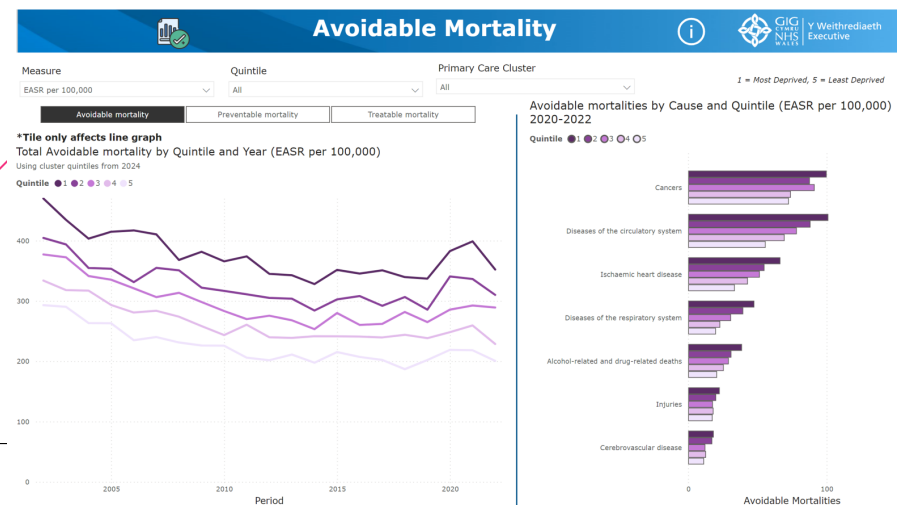
# Second cycle



Experts by experience, sex workers, probation, and Time to Talk



Literature reviews - What works to reduce health inequalities clinically –general, cardiometabolic, cancer





**INPUTS**

**Leadership & Culture**

**Data & Population Health Management**

**Finance & Resources**

**Workforce**

**Community Involvement**

**ACTIONS**

**Short to Medium Term Actions**

Year 1 - 5

Appoint accountable leaders across organisations and teams.  
Appointed leaders to begin to influence culture and practices.

Disaggregation of metrics by age, gender and deprivation.  
Improve other inequality metrics including ethnicity, inclusion health, and digital exclusion.  
Use population health approaches for planning and delivery.

Review funding models.  
Undertake options appraisal of funding models.  
Equity focused investment and distribution of services mandated.

Develop equity training models and packages for different roles.  
On the job learning opportunities and peer-led systems are in place in areas of high need.  
Higher apprenticeships in healthcare are prioritised.

Develop and publish guidance on engagement with communities and individuals with lived experience.  
Include experts by experience and community voices in service planning, delivery and improvement.  
Develop more integrated services in the areas of highest need.

**Medium to Long Term Actions**

Year 5 - 10

Appointed leaders to embed equity in planning, commissioning and organisational culture.

All service and outcome metrics are disaggregated by deprivation, gender, geography, ethnicity and digital access.  
Health equity metrics are embedded in all monitoring and evaluation activities.

Funding and resource distribution reflect deprivation and population need.  
All funded innovations proven to reduce health inequalities are mainstreamed.

Train Primary Care workforce in equity and equality.  
Inclusive workforce recruitment and retention models developed and actively monitored.

Embed lived experience and community engagement into service design and delivery.  
Normalise integrated service delivery.

**VISION**

A culture of leadership grounded in equity.

Easily accessible equity data to enable embedding of population health approaches.

Finance and resource allocation is transparent and based on need.

An inclusive and equity-informed Primary Care workforce.

Routine inclusion of community engagement and lived experience as standard practice.



## INPUTS

### Leadership & Culture

### Data & Population Health Management

### Finance & Resources

### Workforce

### Community Involvement

## ACTIONS

**All National Bodies:** Ensure board-level leadership is accountable for embedding equity into strategy and delivery.

**NHS Performance and Improvement (NHS P&I):** Appoint a designated equity lead within cardiometabolic and respiratory networks, with the aim of expanding this role across all clinical networks over time.

**Public Health Wales (PHW):** Produce and deliver leadership development programmes and training to support equity-focused planning and service delivery.

**PHW / Health Education and Improvement Wales (HEIW):** Provide leadership development for health boards and primary care clusters to strengthen leadership capabilities in population health management (PHM) and equity culture.

**NHS P&I:** Ensure all cardiometabolic and respiratory programme data are disaggregated and monitored through a health equity lens.

**PHW:** Lead in identifying and promoting best practices for data disaggregation, evidence use, and evaluation of effective equity-focused interventions.

**PHW:** Coordinate and develop an evaluation framework for the implementation of this action plan.

**Digital Health and Care Wales (DHCW) / PHW / HEIW:** Prioritise improved analysis of existing datasets over the collection of new data.

**PHW:** Build the evidence base for financial and social return on equity-focused investments, and support strategies for more equitable funding allocation.

**PHW / HEIW / Academic Partners:** Review and provide appropriate options on health inequalities training for undergraduate and postgraduate health professional training curricula, CPD, and both clinical and non-clinical new starter training.

**All National Bodies:** Embed population health approach and skills for all involved in planning Primary Care services.

**All National Bodies:** Foster a population health approach within the culture of all those involved in planning Primary Care services.

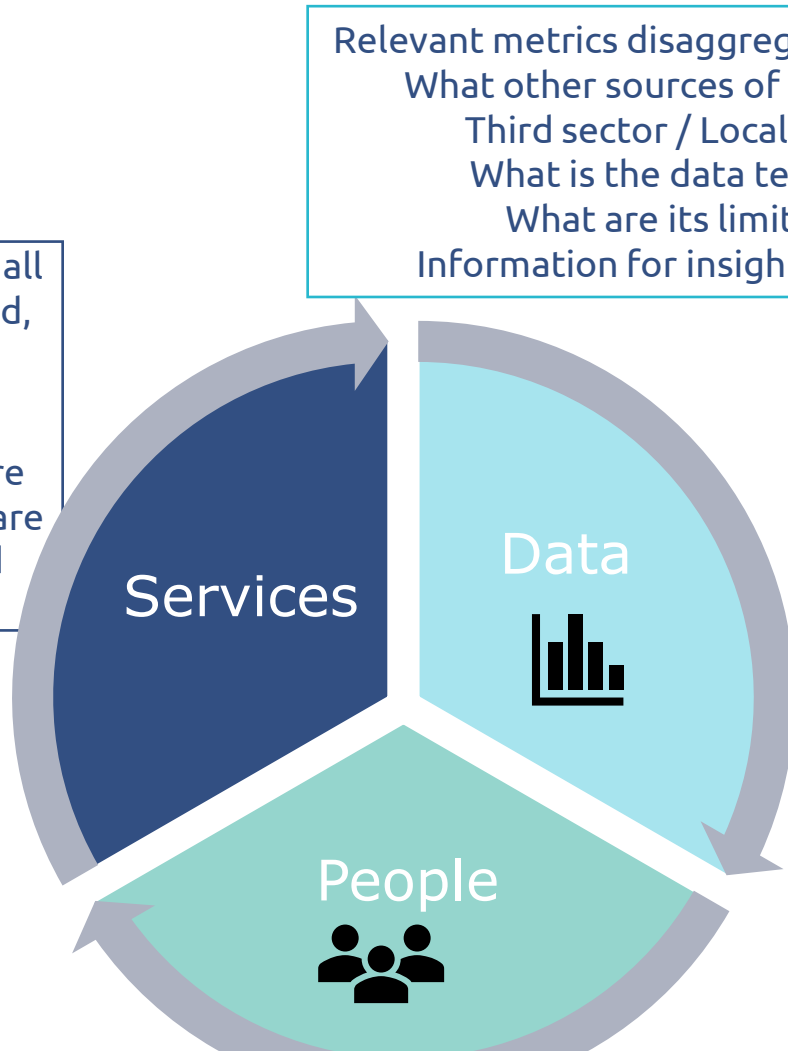
**NHS P&I:** Embed structured community engagement, including lived experience, into strategy development processes.

**PHW / NHS P&I:** Promote a unified, clear definition of primary care to community, to support engagement.

**PHW:** Provide leadership and toolkits enabling community and experts by experience to be involved in planning and evaluation.

# Planning **Data Informed, People led, Based on reality**

Understand, Evaluate, all services including third, other public sector, employers  
Where they are, where they aren't, who they are designed for pooled resources

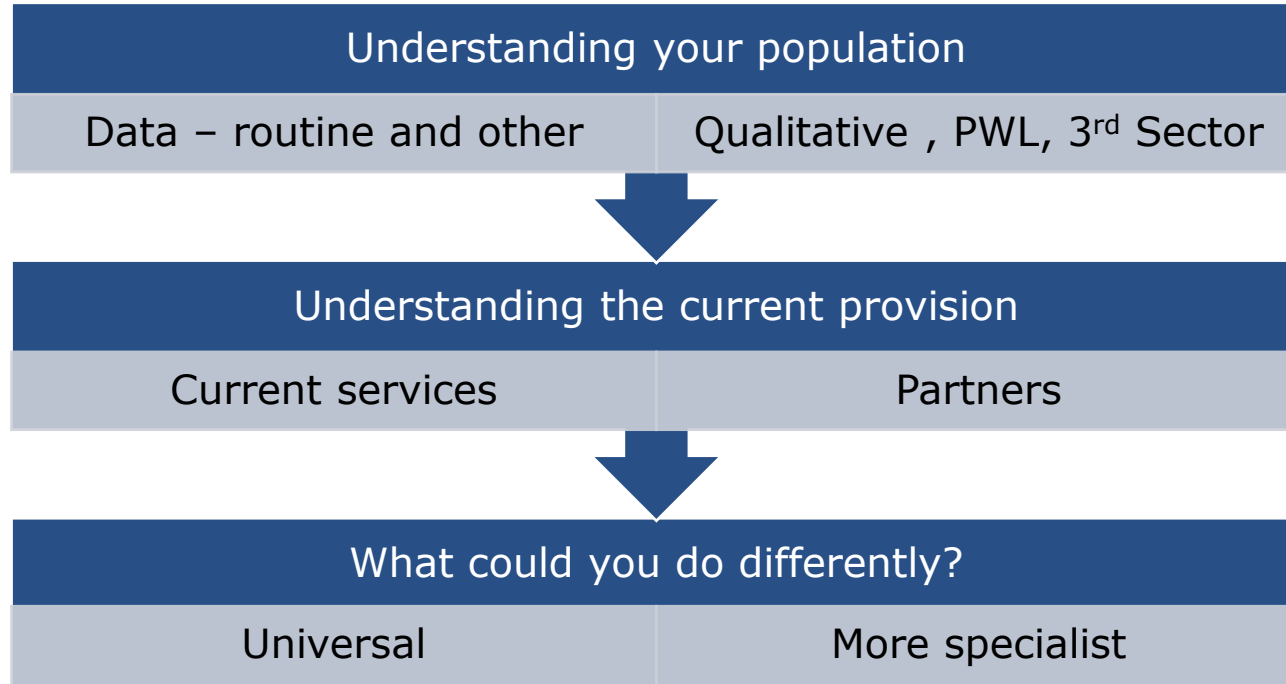


Relevant metrics disaggregated adequately?  
What other sources of data is there?  
Third sector / Local authority  
What is the data telling you?  
What are its limitations?  
Information for insights and action

Who is involved in your planning – which services? which public sectors? employers, experts by experience? Voices seldom heard? And how? ( see right)



# Planning toolkit – Equity Checklist



## Tool 1: Equity Checklist

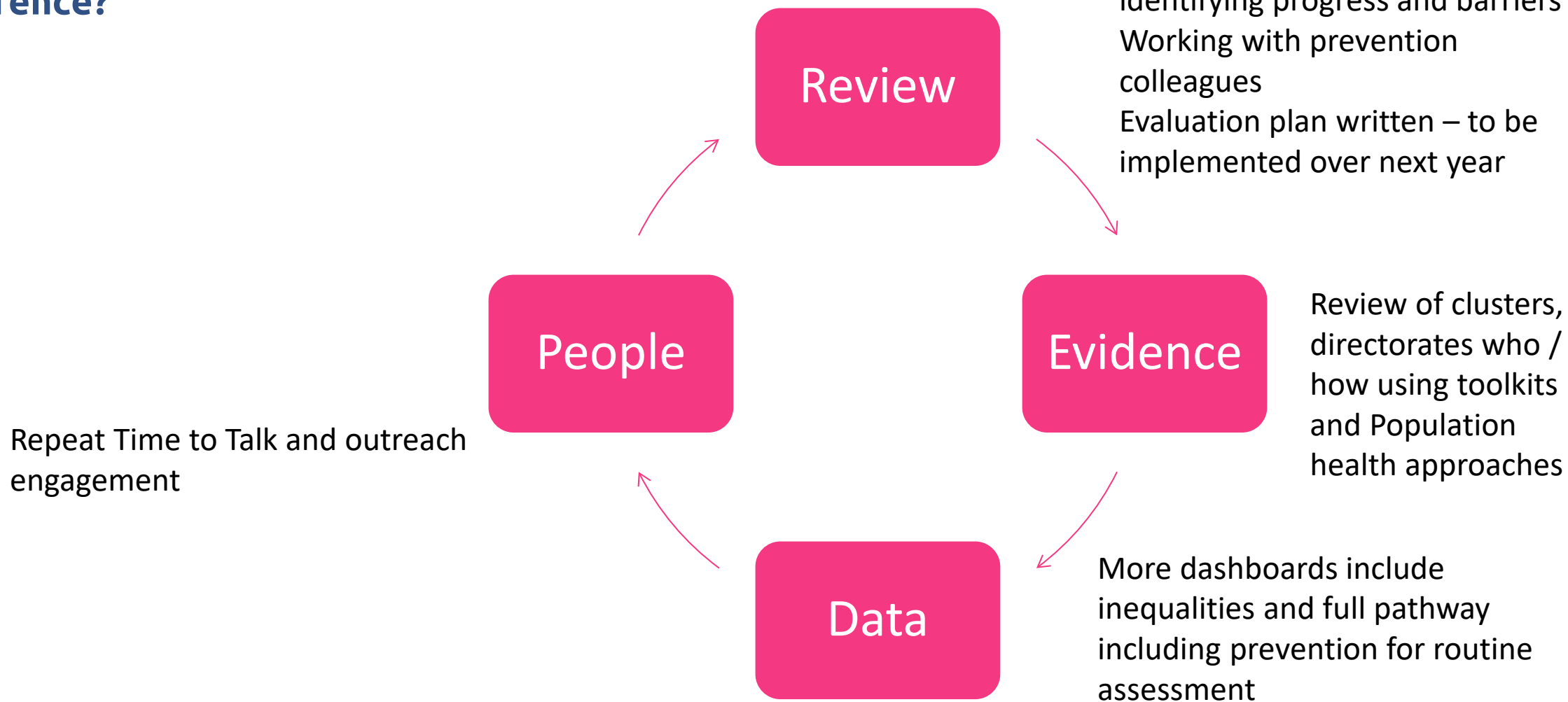
For service leads, cluster leads, and coordinators, here are some friendly reminders to keep health equity in mind in planning and delivery.

### Target Audience -


#### Understand your population & address their needs

|  |   |
|--|---|
| <p><b>Who?</b><br/>are the population you serve?</p> | <p>Have you considered the following categories?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> People living in your most deprived 20% postcodes?</li> <li><input type="checkbox"/> Those with protected characteristics?</li> <li><input type="checkbox"/> Your inclusion health groups?</li> <li><input type="checkbox"/> Your rural population</li> <li><input type="checkbox"/> Who miss appointments regularly?</li> <li><input type="checkbox"/> Who is missing in your data?</li> </ul>  |
| <p><b>What?</b><br/>are their needs?</p>             | <p>Think about the following categories:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health conditions</li> <li><input type="checkbox"/> Lifestyle and healthy Behaviours</li> <li><input type="checkbox"/> Prevention</li> <li><input type="checkbox"/> Any other needs based on their social circumstances?</li> <li><input type="checkbox"/> Are there are differences in Health outcomes?</li> <li><input type="checkbox"/> What are your populations unmet needs?</li> <li><input type="checkbox"/> Have you spoken to people &amp; organisations in your area who might have soft local knowledge?</li> </ul> |

# How will we know we are shifting to prevention/ making a difference?



# Our role - Snapshot of products

|          | Leadership and Culture   | Data and Population Health  | Finance and resources  | Workforce  | Community involvement  |
|----------|--|---|--|--|--|
| Products | <p>NHS planning framework – role of NHS in Health inequalities (chaired systems group &amp; wrote)</p> <p>Health inclusion in GMS contract – supporting implementation</p> <p>Population Health approaches <b>training rolled out to system leaders</b> across Wales</p> | <p>Population health online <b>webinar</b> coproduced and piloted and recorded</p> <p>Population health <b>animation</b> in development</p> <p><b>Two new dashboards</b> – Health inequalities and health inclusion</p> <p>Everything we are doing has evaluation</p> | <p>Planning resources developed</p> <ul style="list-style-type: none"> <li>- Toolkits</li> <li>- Checklists</li> <li>- Infographics</li> <li>- Evidence summaries</li> </ul>  | <p><i>Education:</i></p> <p><b>New online training tool</b> on TyDsgu</p> <p><b>Teg I Bawb –F2F</b> receptionist training piloted and rolled out</p> <p><b>Multiprofessional Framework for inclusion health</b> – coproduced , piloted , evaluated</p> <p>Review of inequalities in undergraduate and PG training</p> <p><b>Training Directory</b></p> | <p>How to engage communities– evidence and best practice toolkit</p> <p>SBAR for PHW to develop an expert by experience shadow board</p> |

# Next Steps / Future Proofing

## Overview

- Strategic actions owned by all stakeholder organisations – systems overview groups to hold each accountable
- Ongoing focus on education from frontline to leaders to ensure whole system implements population/healthcare public health focus - needs based planning, proportionate allocation of resources, evidence and data informed including population involvement in decisions, which is shown to deliver increased prevention and outcomes, equitable care and outcome
- Implementation of monitoring and evaluation with process and outcomes built in ( baseline from 2025) across the five domains over the next 3 years
- Acknowledgement of synergies and flexing to meet current policy and priorities including Marmot, community by design, current Government priorities



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Gweithio gyda'n gilydd  
i greu Cymru iachach

Working together  
for a healthier Wales

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# What we do...

# Teg I Bawb – Fair For All - Public Health Wales

Provides system leadership and public health expertise to embed health inequalities approach within the Primary Care System in Wales.

