STRATEGIC EQUALITY PLAN 2012 - 2016

‘Adding Life to Years and Years to Life’

Our vision is to deliver a world class health care system of the highest quality with improved outcomes for the people of Hywel Dda
Welcome…

to Hywel Dda Health Board’s first Strategic Equality Plan for 2012 – 2016. The Health Board is the local face of the NHS - the heart of local health care - for Carmarthenshire, Ceredigion and Pembrokeshire. The last 12 months have seen us talking and listening to our community in preparing for the future and designing our services to provide the right care, in the right place at the right time…every time for our patients.

It is thanks to all of our valued staff, volunteers and partners across all sectors within Hywel Dda that we continue to develop and deliver high quality services to meet the needs of our local people. Last year saw us being awarded the Gold accreditation for the Corporate Health Standard, the quality mark for workplace health promotion in Wales, the first Health Board to achieve this following an external revalidation assessment. We were also one of the first in Wales to join Stonewall’s Diversity Champions programme and have seen our staff excel in their areas of work and awarded for their contribution to improving patient care and experience. We launched our innovative engagement and involvement scheme – Siarad Iechyd / Talking Health, encouraging everyone who is interested in their local healthcare service to sign up to the scheme, which is unique to Wales. Whilst providing an opportunity for people within our local communities to have their say in how local health services are planned, developed and delivered, it will also help us to understand the needs of our diverse population, provide more accessible services and improve health and well being.

As we look ahead to the next ten years there are many challenges presented by the health of our local population, so we have made ten pledges to help local people lead healthier lives, to enjoy a better quality of life and to live longer. At Hywel Dda Health Board, we are making sure we change from being a sickness service that treats people when they only become ill to a wellness service that helps people stay healthy and live longer, more active lives.

This Strategic Equality Plan outlines how we aim to improve patient/staff experience and outcome, and add value. Whilst many of the objectives are aimed to benefit all within our communities, where our services users or staff have highlighted that we need to make improvements in order to provide a more equitable service for particular groups, we have included specific objectives around particular protected characteristics. We are working today to make sure that Hywel Dda Health Board is best placed to provide safe, high quality services that everyone can be proud of.

Chris Martin
Chairman

Trevor Purt
Chief Executive
Section 1  Introduction

1.1 ABOUT US - A description of Hywel Dda Health Board

At the Heart of Local Health

Hywel Dda Health Board is at the heart of local healthcare for mid and south west Wales. The organisation, formed in 2009, is responsible for providing all the necessary healthcare services for Carmarthenshire, Ceredigion and Pembrokeshire and also improving the health and general wellbeing of our community.

Services and Sites
The organisation brings together community, primary and secondary care services for around 375,000 people across all our counties and beyond.

We have four acute hospitals:
Bronglais General Hospital, Aberystwyth; Prince Philip Hospital, Llanelli; Glangwili General Hospital, Carmarthen; Withybush General Hospital, Haverfordwest.

Acute and community services are provided by these hospitals, as well as 8 community hospitals, 15 health centres, and other accommodation.

Primary care services are provided mainly through contractors, including: 55 GP practices (main sites) - GPs provide essential services to their registered population, including those with chronic disease. They can also provide additional and enhanced services such as vaccinations and immunisations, and some minor surgery procedures; 51 Dental Practices (67 dental contracts); 99 Community Pharmacies; 51 Optometric Practices. We also have numerous locations and settings providing Mental Health, Learning Disabilities, Rehabilitation, Psychotherapy and Neurophysiology services.

Our communities
Across the counties we serve, there are marked differences in income, access to transport/services, education, housing, employment and health.

With a mix of highly rural/ex-industrial and urban locations, unemployment is consistently high, with work opportunities often limited to certain areas such as leisure, tourism, agriculture and light industry.

Smoking, obesity, diet, teenage pregnancy, drug/alcohol related problems are highlighted in a variety of communities across the three counties. We have pockets
of poor health and deprivation alongside lower levels of social housing, residential and day care.

Many areas have a substantially older population and high proportions of people living alone, both pensioners and parents. Approximately 10% of the population of Hywel Dda Health Board is aged over 75 and this age-group is predicted to double to 70,000 over the next 20 years. At least a third of adults have at least one chronic condition such as asthma, diabetes, arthritis. Chronic diseases are more common in the over 75 age group.

Populations are also subject to temporary changes, with substantial increases in the summer months boosted by the tourism industry and, in Ceredigion, the presence of a large temporary University population has a significant effect on the community.

There are high concentrations of Welsh speakers in some areas across the three counties, with Carmarthenshire and Ceredigion having over 60% of their populations able to communicate through the medium of Welsh.

We are aware that whilst numbers for ethnic minorities, transgender, gay and bisexual people, gypsy travellers appear to be comparatively small when viewed across the three counties as a whole, we must ensure that they have opportunities to communicate their needs and have services provided appropriately. The influx of a significant number of Polish people into the communities we serve in recent years will continue to influence how we provide our services and offer opportunities as do concentrations of Gypsy/Traveller communities in key areas.

For more details on the demographic profiles of service users and staff within the Hywel Dda Health Board area, please see Appendix 1.
Chapter 2.1 Purpose of the Strategic Equality Plan

As one of the ‘listed’ public service organisations in Wales, we are statutorily required under the Equality Act 2010 and Public Sector Equality Duties in Wales, to develop and publish a Strategic Equality Plan (SEP), by no later than 2nd April 2012, focusing on improving experience and outcomes. This draft SEP highlights the key principles and initial prioritisation process, allowing for further development over the next five years. It details the steps we will take to fulfil the general and specific duties of the Equality Act 2010 and how all the elements of the legislation will be met and implemented, paving the way for further development over the next four years. Governance and monitoring processes are also detailed within the document which will be made publicly available to ensure openness and transparency.

2.2 Public Sector Equality Duties (PSED)

The PSED comprises the general Public Sector Equality Duty (as set out in the Equality Act 2010) and specific duties for Wales, imposed by the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The duty replaces three previous separate duties relating to disability, gender and race equality and covers the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership (for some aspects of the duty only in respect of the requirement to have due regard to the need to eliminate discrimination)
The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are integral to the design of policies and the delivery of services and that they are kept under review with the aim of achieving better outcomes for all.

Public bodies are required to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The Equality Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages experienced by people due to their Protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act describes fostering good relations as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. (Meeting the duty may involve treating some people more favourably than others, as long as this does not contravene other provisions within the Act).
2.4 Specific Duties

The specific duties in Wales are as set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The specific duties in Wales came into force on 6 April 2011.

The specific duties in Wales cover:

- Objectives
- Strategic Equality Plans
- Engagement
- Assessing for Impact
- Equality Information
- Employment Information
- Pay differences
- Staff Training
- Procurement – when procuring works, goods or services from other organisations on the basis of a relevant agreement, a listed body in Wales must (i) have due regard to whether it would be appropriate for the award criteria for that contract to include considerations to help meet the general duty; (ii) have due regard to whether it would be appropriate to stipulate conditions relating to the performance of the contract to help meet the three aims of the general duty
- Annual Reporting
- Publishing
- Welsh Ministers Reporting - Welsh ministers have a specific duty to publish a report on how devolved public authorities in Wales are meeting their general duty. They are required to publish a report no later than 31 December 2014 and every four years thereafter. They are required to publish an interim report every two years. These reports must set out an overview of the progress made by public authorities in Wales towards complying with the general duty and proposals to coordinate action by public authorities in Wales to bring about further progress on the general duty).
- Review
- Accessibility
Compliance with the duty is a legal obligation for public sector bodies with the intention of facilitating the mainstreaming of equality, diversity and human rights issues into the day-to-day duties of the organisation, thereby bringing about better informed decision making and policy developments leading to services that are more effective for service users. Neither the general duty nor the specific duties create rights for people to claim damages in court or at tribunal. However, it allows for anyone affected and with a sufficient interest to challenge a public body in the High Court by judicial review in respect of failing to comply with the general Public Sector Equality Duty.

It is important that key people within public bodies are aware of their responsibilities under the equality duty so that it is given due regard during the decision making processes throughout the organisation. Examples where it applies can include:-

- **Non-Organisational Members, Chairman, Vice Chair, Chief Executive and Executive Directors** – in how they set strategic direction, review performance and ensure good governance of the organisation.
- **Senior Managers** – in how they oversee the design, delivery, quality and effectiveness of the organisation’s functions.
- **Equality and Diversity Staff** – in how they raise awareness and build capacity around the general and specific duties within the organisation, supporting staff to deliver on their responsibilities and acting as agents for change to drive the equality agenda forward.
- **Workforce and Organisational Development Staff** – in how they build equality consideration into employment policies and procedures to provide a supportive environment for staff, helping to develop the culture of the organisation and working towards building a diverse workforce.
- **Policy/Decision Makers** – in how they build equality considerations into all stages of the policy/decision making process including review and evaluation.
- **Public and Patient Engagement Staff** – in finding ways to effectively engage with service users
- **Communications Staff** – in ensuring that information is available and accessible to staff and service users
- **Procurement and Commissioning staff** – in how they build equality considerations into the organisation’s relationships with suppliers.
- **Front-line staff** – in how they meet the needs of people with protected characteristics.
Chapter 3  ENGAGEMENT PROCESS

3.1  Who have we talked to?

Engaging with staff

We have used feedback from our listening and engagement events around “Your Health, Your Future” - the current discussions around reconfiguration of services- to pick up issues around equality, diversity and human rights in order to inform our equality objectives. Staff who are members of our Siarad Iechyd/Talking Health Scheme have also had the opportunity to complete the joint questionnaire developed by the Mid and West Wales Fire and Rescue Service, Carmarthenshire County Council and Ceredigion County Council.

External engagement

We participated in a joint survey as mentioned above, which was circulated across Carmarthenshire and Ceredigion through public sector networks and our Siarad Iechyd/Talking Health Membership. This questionnaire asked participants to comment on high level, broad ranging equality objectives and to add any other comments around equality, diversity and human rights in free-text. As Pembrokeshire did not participate in this joint consultation, a separate questionnaire was sent out to Citizens’ Panels across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire asking for experiences in accessing services and comments on where services might be improved in relation to equality, diversity and human rights issues.

We aim to continually increase the diversity of those we engage with, finding new pathways and forging new links, affording opportunities for involvement through our Siarad Iechyd/Talking Health Scheme, Stakeholder Reference Group and other internal and external groups where there is an identified interest and desire to do so.
Demographics of respondents

For the joint survey, 988 responses were received from individuals, 8 from organisations. 5 organisations provided the requested information applicable only to organisations. The aspect of diversity organisations identified as being most interested in was “age”, followed by “disability”.

**Ethnicity** - The majority of respondents identified themselves as white, with percentages of below 10% amongst all other ethnic groups, including those who preferred not to say.

**Age** - The age-groups identifying as being between 55 and 64 and 66 – 74 formed a high percentage of respondents.

**Gender** - 54% of respondents identified as women, 45% as men and a percentage below 10% preferred not to say.

**Gender re-assignment** - A percentage below 10% identified that their gender was not the same as that assigned to them at birth.

**Partnership status** - The majority of respondents identified as being married, with a small percentage identifying as being in a civil partnership. The majority of respondents identifying in “other” were largely widowed with a small number identifying “common law partner”.

**Disability** - Of 958 responses made, 24% of respondents considered themselves as being disabled.

**Religion or belief** - 954 people responded to this question, 69% of whom indicated they did have a religion or belief, 26% no and below 10% preferred not to say. The majority of respondents with a religion or belief were Christian, though the following belief systems were also cited:-

- Agnostic, Ecumenical Buddhist, Humanist, Jehovah’s Witness, Jewish, Muslim, Pagan, Rastafarian, Taoism, Veganism.

**Sexual Orientation** – Of the 929 who responded, 92% were heterosexual, and percentages below 10% identified as bisexual, lesbian and gay or preferred not to say.
Other sources

We have used a number of reports from external agencies to inform our equality objectives including:-

- The Equality and Human Rights Commission (EHRC) Report “How Fair is Wales”
- The Older People’s Commissioner’s Report on the care of older people in Hospitals – “Dignified Care?”, EHRC
- “Hidden in Plain Sight” – inquiry into disability related harassment

We also used feedback from the Stonewall report following the South West Wales LGB Have your Say Event held in Carmarthen in 2011 and information from formal and informal meetings with local groups during our Listening and Engagement events around future service provision outlined in our discussion document “Your Health, Your Future”.

We have also tailored our objectives to align with the emerging potential areas for Welsh Government Equality Objectives and “Doing Well, Doing Better” – Standards for Health in Wales.
3.2 WHAT DID THEY SAY?

3.2.1 Emerging Potential areas for Welsh Government Equality

- Strengthen advice, information and advocacy services to help people with protected characteristics to understand and exercise their rights and make informed choices
- Work with partners to identify and address the causes of the gender, ethnicity and disability pay and employment differences
- Reduce the numbers of young people not in education, employment or training
- Reduce the incidence of violence against women, domestic abuse, hate crime, bullying, “honour” based violence and elder abuse.
- Tackle barriers and support disabled people so that they can live independently and exercise choice and control in their daily lives.
- Put the needs of service users at the heart of delivery in key public services, in particular health, housing and social care services, so that they are responsive to the needs of people with protected characteristics.
- Improve the engagement and participation of under-represented groups in public appointments.
This report identified four key areas for intervention in Wales:-

- Building leadership and partnerships
- Using the new equality duties to prioritise tackling disability harassment
- Introducing a human-rights based approach to safeguarding
- Increasing reporting rates by putting in place measures to ensure a positive reporting experience and effective support

Key areas for improvement in health were identified as:-

- Increase recognition and reporting of harassment
- Provide better support for disabled victims
- Strengthen safeguarding
- Strengthen communication and partnership working
- Improve response to wider health needs
- Recognise tackling harassment as a priority

The Panel identified eight recurring themes where care was found to be wanting at times:-

- Ward Environment;
- Interpersonal Care;
- Communications;
- Language Preferences;
- Assistance with Eating and Drinking;
- Dementia Care; Discharge Planning;

- and cross-cutting themes such as Training and Leadership.

Twelve recommendations were identified based around the following three overarching objectives:-

- The need to change the culture of caring for older people in Welsh hospitals;
- Resourcing the care of older people in Wales;
- Creating the conditions for greater dignity and respect in hospital care
This report identified significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between socio-economic groups, particularly health inequalities affecting older and younger men. It found that in terms of ill-health, socio-economic group combines with age to produce poor outcomes for older people from working class backgrounds and in disadvantaged areas.
The information gathered from engaging with staff, service users and carers identified a few cross-cutting issues that needed to be addressed in order to improve services from an equality, diversity and human rights perspective.

Initially, respondents were asked how strongly they agreed or disagreed with the following broad ranged commitments reflecting our duties under the Equality Act 2010 and following on from work started as part of our Single Equality Scheme. The scores ranged between 75% and 90% or respondents who either agreed or strongly agreed as follows:-

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<th>Commitment</th>
<th>Result</th>
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<tr>
<td><strong>Leadership and Corporate Commitment</strong> – The organisation will be committed to promoting equality, assessing the impact of its actions and publishing results</td>
<td>75%</td>
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<td><strong>Partnerships</strong> – the organisation will continue to work with relevant partners in promoting equality and good relations and eliminating discrimination</td>
<td>83%</td>
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<td><strong>Strategy and Services</strong> – The organisation will help to ensure equitable access to information and services for all groups</td>
<td>85%</td>
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<td><strong>Patient and Public Involvement</strong> – The organisation will continue to develop links with the population we serve, promoting community involvement and supporting social cohesion</td>
<td>86%</td>
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<td><strong>Health</strong> – We will continue to increase knowledge in relation to health needs of groups within our communities. We will work towards reducing inequalities in health by providing the right care, in the right place at the right time.</td>
<td>88%</td>
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<td><strong>Workforce</strong> – We will support staff to ensure that in carrying out their duties they promote equality and good relations, dignity and respect.</td>
<td>90%</td>
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These results gave us a clear message that in order to deliver on equality, diversity and human rights for the people in our communities, we need to prioritise awareness raising and training of staff, focus on reducing health inequalities and increase our efforts to effectively engage and involve people from all groups within our communities. We must also be able to demonstrate high level commitment from the organisation, work collaboratively with other organisations and ensure equitable access to services and information.

The questionnaire also gave respondents the opportunity to comment more generally. Respondents made a clear link between the necessity for a real commitment from top level within the organisation and the ability to deliver equality objectives and they were keen to see robust, effective public involvement, especially around issues involving the reconfiguration of services. Respondents were keen to see action along with words.

There was a lot of support for the dedication and hard work of staff with a recognition that training around equality, diversity and human rights, including dignity would further help them to provide fair and equitable services in accordance with individual needs, with care and compassion. It was particularly felt that there should be sufficient numbers of Welsh speaking staff available to deliver services through the Welsh language when needed.

Comments around collaborative working included making efforts to reduce “red tape” and ensuring that any private sector services provided are monitored to ensure equality standards.

The suggestion to take positive action in order to ensure staff recruited reflect the diversity of local populations was also highlighted.

The following issues were raised relating to specific protected characteristics:-

| Age | Respondents commented on ageism, where older people are perceived to be getting worse treatment. The need to devote more attention to the needs of dementia sufferers and their carers was raised along with the needs of those who live alone in isolation. |
| Learning Disabilities | The necessity to cater for the needs of people with learning disabilities was highlighted, as was the suggestion of developing a voluntary database for disabled people to help ensure the most appropriate care. |
| Lesbian, Gay, Bisexual | It was commented by a respondent who identified themselves as gay that staff completing ward forms need to be mindful that not all patients will fit the assumed profile. |
3.2.6 Information gathered at the Stonewall “Have Your Say Event”

Information gathered at the Stonewall “Have Your Say Event” included the following:-

To be included in staff training:-

- LGB cultural/historical context
- Challenging assumptions
- Using real information and case studies/voices of LGB people
- LGB awareness/providing confidentiality/dignity/use of appropriate language
- Next of kin sensitivity and legal position
- Up to date legislation
- Practice being gay affirmative

Priorities for tackling local health inequalities for LGB people:-

- Training frontline staff
- Providing dignity and respect/don’t assume patients are straight
- Facilitate signposting directly to LGB organisation/services/gay GPs/care homes for older LGB&T people
- Responding to next of kin requests
- Local inequalities to be addressed and support to be given to local LGB groups to increase general confidence and encourage openness to enable disclosure
- Be aware of particular areas where health issues can occur for LGB people:
  - Mental Health
  - Drug/alcohol misuse
  - Self-harm
  - Blood donation
  - Age
  - Accident and Emergency awareness of LGB domestic violence

Common themes

There was a general expectation of discrimination from health staff and a strong awareness of barriers expressed as when mentioning you are gay – ignorance, health staff not sure how to “deal” with it and the fear they might “catch something”.

3.2.6 Results from the 3 Counties Citizens Panel service questionnaire

Questions centred around service delivery and addressing concerns and complaints. In broad terms, the key themes emerging were:

- Training of staff – attitudes, awareness and communication skills (including language barriers)
- Long waiting times
- Transport, accessibility and parking
- Access to information
Through the lifetime of this Strategic Equality Plan we aim to:-

- Streamline effective equality data monitoring of staff and patients and secure confidentiality of this information in line with the Data Protection Act.
- Actively encourage staff to complete equality monitoring information through the introduction of self-service access to the Electronic Staff Record.
- Ensure Human Resources management procedures are compliant with equality legislation in the collation of employment information.
- Ensure that all information recording systems are compliant with an agreed equality monitoring set.
- Streamline systems for producing and analysing equality information, review information gathered on a regular basis and take appropriate action to address any unjustifiable discrimination identified.
Procurement is a Specific Duty for Wales. Hywel Dda Health Board holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods or services, to some of which equality considerations will have more relevance than others. However, we are aware of our obligation to always have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations when considering the awarding of contracts. We will give due regard through each stage of the procurement process and in monitoring our contracts with third parties to the need to advance equality.
SECTION 6    ASSESSING FOR IMPACT (AfI)

6.1    The Process

The Health Board has worked towards mainstreaming assessing and consulting on the likely impact of proposed policies, functions, services and guidelines and this is an ongoing process in streamlining the procedure across the whole organisation. It is the responsibility of all staff who develop, review and revise policies, functions, services and guidelines to ensure that AfIs are carried out. Training on Assessing for Impact is provided as needed. The NHS Centre for Equality and Human Rights Toolkit is used as a guide; emphasis is placed on considering equality, diversity and human rights at the earliest stages within the development/review process. It is acknowledged that consultation with key stakeholders and the gathering of evidence is the key component of sound practice within assessing for impact.

Arrangements for publishing reports on policies/strategies/service developments etc. on our internet website are currently being established. Electronic or paper copies are currently available from the Policy Co-ordinator at Hywel Dda Health Board.

6.2    Monitoring

Monitoring is carried out in a variety of ways appropriate to the relevant policy. The Concerns Procedure and Grievance and Disciplinary procedures are key mechanisms for identifying adverse impacts following implementation.
SECTION 7 EMPLOYEE AWARENESS

7.1 Knowledge and Understanding

By making this Strategic Equality Plan widely available and progressing its stated objectives, we seek to promote knowledge of the general and specific duties and contribute to the greater understanding and appreciation of the disadvantages experienced by those with particular protected characteristics, in relation to health and healthcare.

Hywel Dda Health Board communicates with its staff through a variety of channels. These include the Corporate Team Brief, staff newsletter ‘Hywel’s Voice’, regular bulletins, open forums, topical roadshows, team meetings, as well as through the redesigned and improved intranet website. Opportunities to directly promote knowledge and understanding via these channels as appropriate will be fully utilised. Wherever possible, awareness raising will be aligned with existing training activities, particularly leadership and management training and training for front-line staff.

In-house training on equality issues is provided for new staff via Corporate Induction and for existing staff via e-learning from the NHS Centre for Equality and Human Rights, available on our Intranet site. Sessions on Equality, Diversity and Human Rights are provided in ILM Manager’s Passport Training and Empowering Healthcare Leaders Programmes.

We are also exploring the possibility of accessing a new Equality and Human Rights e-learning package produced for the NHS at Betsi Cadwaladr Health Board and have participated in discussions around development of Human Rights learning packages by the NHS Centre for Equality and Human Rights on.

We acknowledge that training in specialist equality areas such as disability (in its discreet forms), gender, sexual orientation etc. is best provided by trainers with specialist knowledge and experience of these issues. Specific training needs in these areas may be identified during the annual Personal Development Review (PDR). Training provision around equality issues encompasses Welsh Language Training in line with our commitment to our Welsh Language Scheme and in recognition of the fact that being able to access a service in your language of need has proven benefits at the point of care and for recovery.

Personal and organisational responsibilities of staff, Board members and contractors are reinforced via the organisation’s policies and procedures.
7.2 Performance Assessment

Performance is assessed and Training need identified against Core Dimension 6 (Equality and Diversity) of the Knowledge and Skills Framework applicable to all non-medical staff within the NHS in the annual Personal Development Review undertaken between manager and Staff. Similar performance assessments are undertaken for Medical Staff.
Equality Objectives for this Strategic Equality Plan are yet to be fully developed, although evidence from engagement with our communities indicate that over-arching priorities outlined within our previous Single Equality Scheme are still relevant and can form the basis of more detailed objective setting against protected characteristics.

8.1 Leadership and Corporate Commitment

The organisation will be committed to promoting equality, assessing the impact of its actions and publishing results.

Examples of how we may demonstrate this include:

- Encouraging more people with protected characteristics at all levels within the organisation to become role models
- Including a statement of commitment in the organisational plan and service level agreements.
- Appointing a designated Non-Organisational Member Equality Champion
- Engaging effectively with all sectors of the community as appropriate when developing, reviewing or revising policies, procedures and services.
- Strengthen advice, information and advocacy services to help people with protected characteristics to understand and exercise their rights and make informed choices
### 8.2 Strategy and Services

The organisation will help ensure equitable access to information and services for all groups by:

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<td><strong>Streamlining Interpretation and Translation Service provision across all Health Board sites</strong></td>
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<td><strong>Reviewing and revising documents produced for the public and where necessary making adjustments to improve accessibility</strong></td>
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<td><strong>Working with our partners in the three local authorities</strong></td>
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<td><strong>We need to improve access to our community services and we acknowledge that all of our primary care contractors, GPs, dentists, optometrists and pharmacists have a key role to fulfil within this challenge. Many of the buildings from which our community and primary care services are delivered are old and no longer fit for purpose. This needs to be remedied by investing in new facilities, accessible to all.</strong></td>
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<td><strong>Providing care closer to home, delivered as locally as possible where it is safe and practicable to do so</strong></td>
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8.3 Patient and Public Involvement

The organisation will continue to develop links with the population we serve, identifying where there are gaps and seeking to forge new links where possible.

- Establish an ongoing recruitment drive to Siarad I echyd/Talking Health to increase diversity of members
- Work collaboratively with partners within other public sector bodies and the voluntary sector to widen networks
- Encourage involvement from individuals and groups with protected characteristics where there are opportunities to inform the decision making process within the organisation as appropriate.

8.4 Health

We will continue to increase knowledge in relation to the health needs of groups within our Communities and work towards reducing inequalities in health by providing the right care, in the right place, at the right time.

- Collaboration with Public Health and analysis of national and local statistics to provide information on the demographics and health of our communities.
- Implementation of our 10 Pledges
- Putting the needs of service users at the heart of our health service
8.5 Workforce

We will support staff to ensure that in carrying out their duties they promote equality and good relations, dignity and respect.

- We need to ensure that both staff and service users are aware of harassment, discrimination and victimisation and the steps they can take to address concerns. We must provide and environment where people feel safe to report such concerns and can be assured that complaints will be properly investigated and appropriate action taken to address issues raised.

- We need to ensure that staff have access to appropriate training around Assessing for Impact, equality, diversity and human rights.

- Ensuring that our policies for dealing with staff, service users and external bodies are fair and equitable.

- Develop a Hywel Dda Managers Standard to support the promotion of equality, good relations, dignity and respect within the Hywel Dda Way culture.
8.6 Partnerships

We will continue to work with relevant stakeholders and partners in promoting equality and good relations and eliminating discrimination.

- Progressing Siarad Iechyd/Talking Health
- Progressing Health, Social Care and Wellbeing/Integrated Health Strategies
- Progressing Co-Design Report with the third sector
- Working with partner organisations to reduce the incidence of domestic abuse, hate crime, bullying and “honour” based violence and elder abuse.
- Improving the participation of under represented groups in our decision making processes
- Work with partners to identify and address the causes of the gender, ethnicity and disability pay and employment differences
- Work with partners to help reduce the numbers of young people not in education, employment or training
- Tackle barriers and support disabled people so that they can live independently and exercise choice and control in their daily lives.

The tables show how our overarching objectives dovetail with those emerging from the Welsh Government.
Our detailed objectives will continue to develop as we glean further information from our formal consultation on service reconfiguration under “Your Health, Your Future”. Objectives are also linked to ongoing work within Health and Wellbeing Strategies in Ceredigion and Pembrokeshire, the Integrated Community Strategy in Carmarthenshire and our Co-Design Report outlining collaborative working with the voluntary sector across the three counties.

The following section outlines our equality objectives in relation to protected characteristics, also incorporating Welsh Language and Human Rights. Our Welsh Language Scheme stands legally as an independent document, but its aims are also reflected in this SEP, affording parity with other equality strands and reinforcing its principles. The scope of the SEP has also been extended to incorporate human rights in the belief that in order to provide a holistic service in accordance with any individual's social identity, all these strands also need to be taken into account.

The identified Objectives will be supported by action plans within each service/ward/department and each will be encouraged to identify further equality, diversity and human rights objectives specific to their area of work.

**AGE**

- Through our Dignity Care Plan, ensure that older people receive an equitable service and are afforded dignity and respect in all aspects of service provision including physical, emotional and spiritual needs.
- We aim to ensure that older people maintain their independence and that those with chronic conditions know how to care for themselves, but have good access to a specialist when they need it.
- Through collaborative working with social services and the third sector, ensure that no older person living alone is discharged from hospital without their physical needs being fully assessed and support mechanisms for social interaction in place.
- Set up robust support mechanisms for service users with dementia and their carers. Through the implementation of the “Butterfly Scheme” provide training for staff in providing an appropriate and dignified service for people with dementia.
- Through continuing collaboration with the Prince’s Trust, work towards encouraging young people into careers within the NHS.
- Provide opportunities for older and younger participants in our Volunteer Scheme.
- Within our 10 Pledges we have pledged to double the number of mothers breastfeeding their babies from 0 to 6 months. (Breastfeeding has been proven to give babies the healthiest start in life with a continuing positive influence throughout life).
DISABILITY

- Establish a mechanism to ensure that any staff having contact with a service user with communication difficulties due to a disability can easily identify this need and take the necessary action to resolve these difficulties.

- Ensure staff have access to training in communication skills and awareness raising around specific disability issues

- Ensure staff have access to training around awareness on the wider health needs of people with learning disabilities.

- Promote the social model of disability in all relevant training to encourage staff to carry through into the delivery of services.

- Each department/ward to undertake an analysis of their service provision to staff and service users to identify any problem areas and seek solutions eg. information on out-patient letters needs to be in a font that can be read by those who are visually impaired.

- Review safeguarding procedures
GENDER

“How Fair is Wales” identified health inequalities between socio-economic groups – especially those affecting older and younger men. We have identified pockets of poor health and deprivation within our communities. Our 10 Pledges seek to reduce such health inequalities and improve the health of the general population across all protected characteristics. Some targets will have more relevance to some protected characteristics than others:

Over the next three years we will:-

- Help 5,000 people to stop smoking or prevent them from starting
- Increase by 20,000 a year the number of people treated in a community setting who would previously have been treated in hospital
- Help 12,000 people to lose weight
- Help prevent or stop 7,500 people drinking to excess

Within the next 5 years we will:-

- Help prevent 200 people a year from developing a heart disease
- Reduce the number of people dying from cancer by 100 a year
- Help prevent 125 people a year from suffering a stroke
- Double the number of mothers breastfeeding their babies from birth up to 6 months of age
- Ensure wherever possible than no-one with a known long term condition is admitted unexpectedly to hospital with that condition

In 10 years time we will increase life expectancy by 3 years in the areas with the lowest life expectancy and improve quality of life for all.

We will continue to scrutinise our policies and procedures to ensure that they are fair and equitable in terms of providing services and a working environment that is free from discrimination and affords flexibility to all in accordance with needs.
GENDER REASSIGNMENT

We have identified a gap in our knowledge around the specific needs of people who are considering, undergoing, or who have undergone gender reassignment. There are complex and unique issues around planning and making provision for people who are protected by the gender reassignment characteristic and the Gender Recognition Act 2004\(^1\), we therefore aim to:-

- Work collaboratively with groups and individuals to gain a better understanding of issues affecting the treatment of individuals who are considering, are undergoing or have undergone gender reassignment

- Ensure staff have access to training which will help them provide a sensitive, fair and equitable service to individuals in accordance with their needs.

- Take the necessary action to ensure that individuals who are considering gender reassignment, have timely access to appropriate services that can support them in their future decisions and treatment options.

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\(^1\) Under the Gender Recognition Act, trans people who experience severe gender variance, and have medical treatment for the condition, may apply to the Gender Recognition Panel (GRP) for a Gender Recognition Certificate (GRC). The GRC then entitles them to recognition of the gender stated on that certificate “for all purposes”. Section 22 of the Act is designed to protect the privacy rights of transsexual people under Article 8 of the European Convention on Human Rights by criminalising the disclosure of information relating to their gender history by a person who acquired that information in an official capacity.
## PREGNANCY AND MATERNITY

It is anticipated that evidence may become available around pregnancy and maternity objectives during ongoing engagement and forthcoming consultation around service reconfiguration under “Your Health, Your Future”.

- In terms of eliminating discrimination in the delivery of obstetric and midwifery services, we aim to minimise travelling whilst maintaining standards ensuring that mums and babies are only transferred elsewhere when really specialist care is needed.

- We will continue to scrutinise our policies and procedures to ensure they are fair and equitable for employees and service users. Assessing for impact around any reconfiguration of services will identify any potential adverse impacts on staff or service users under this protected characteristic and any objectives that need to be set.

## RACE

The main areas of concern identified around race/ethnicity within our three counties was provision of service in the language of need, we therefore aim to streamline our Translation and Interpretation services across the three counties under one provider, to enable us to provide more accessible services in accordance with individual needs.

We have identified a gap involving and engaging with BME and Gypsy Traveller Communities and aim to increase opportunities for wider engagement.
RELIGION OR BELIEF

No evidence to support specific objectives relating to staff or service users with a particular religion or belief was available on a local basis; however, research has shown that people feel better provided for when they are able to exercise their religion or belief freely. In line with the Welsh Government’s “Standards for Spiritual Care Services in the NHS in Wales 2010”, we aim to develop a structured spiritual care service within the Health Board and are exploring how we can respond to the spiritual, religious and pastoral needs of patients, carers and staff and ensure these needs are met, whatever the background, faith or tradition.

SEXUAL ORIENTATION

- Ensure that staff have access to comprehensive training around Lesbian, Gay and Bi-Sexual (LGB) Issues.

- Work towards developing a library of case studies/patient stories to use in training provision.

- Awareness raising of areas where health issues can occur for LGB people such as mental health, drug/alcohol misuse, self harm/suicide, domestic violence and others.

- Work collaboratively with Stonewall and other representative groups and individuals to gain a better understanding of the needs of LBG people.

- Work collaboratively with Stonewall to improve our placement on the Stonewall Workplace Equality Index by providing a welcoming and positive working environment for LGB staff.

- Work collaboratively with local authorities and the third sector to ensure the needs of LGB patients are acknowledged and considered following discharge from hospital, particularly in the cases of older people who may be discharged into residential/nursing care.
WELSH LANGUAGE

Respondents to our engagement were keen to ensure that services could be provided through the medium of Welsh, wherever and whenever needed. Through our Welsh Language Scheme and Action plan we have developed a training programme to increase the number of front line staff who are able to communicate in Welsh and have ongoing Welsh Language training sessions for those staff who wish to improve their Welsh Language skills. Our recruitment process facilitates the identification of posts that need to be advertised as “Welsh speaker essential” ie. where there is a lack of Welsh speakers in key roles within the department. By these means, we aim to increase the number of staff within the Health Board who are able to deliver a bilingual service.

HUMAN RIGHTS

We aim to take a human rights based approach to all functions, policies and procedures within the organisation and our assessing for impact process ensures that all decisions on policy development, service provision and other functions take human rights into consideration.
It was anticipated that Agenda for Change would provide a fair and equitable pay framework for NHS staff as a new pay system, based on job evaluation, ensuring that the basic pay that staff receive is fair and reflects the knowledge, responsibility, skills and effort required in their job, rather than their historic job title or occupational group. However, other factors such as access to flexible working opportunities, choice of returning to work after maternity leave etc. have been shown to have an effect on pay.

These elements need to be further explored within the organisation to assess whether men or women are placed at a disadvantage and whether there is a differential associated with any other protected characteristic. We will undertake an analysis of pay in relation to protected characteristics and results will be included in our first Strategic Equality Plan Annual Report.
All equality reports are passed through the Strategy and Planning Committee who report to the Board. In line with the Wales Specific Duty, the Health Board will monitor performance against SEP Objectives and report to the Strategy and Planning Committee on a regular basis. We will produce an annual report outlining what we have achieved, progressed and developed in the preceding year and outline plans for the following year. This will be published on our internet and intranet website and circulated to key staff groups, Siarad Iechyd/Talking Health members and other key stakeholders to enable, staff, service users, relatives and carers to comment and make suggestions for improvements. The annual report will be presented to the Strategy and Planning Committee. The Strategic Equality Plan will be revised every 4 years, Objectives may be changed more frequently as needs identify.

- **As previously stated** Welsh ministers have a specific duty to publish a report on how devolved public authorities in Wales are meeting their general duty. They are required to publish a report no later than 31 December 2014 and every four years thereafter. They are required to publish an interim report every two years. These reports must set out an overview of the progress made by public authorities in Wales towards complying with the general duty and proposals to coordinate action by public authorities in Wales to bring about further progress on the general duty).

### SECTION 10 MONITORING AND REPORTING

### SECTION 11 CONCLUSION

Across Hywel Dda Health Board we aim to:-

- Improve the health and wellbeing for **all**
- Move from a sickness service to **a wellness service**
- Deliver **quality** healthcare in the most appropriate setting
- Have **high quality, safe and sustainable hospital services** that meet the needs of our population
- Be recognised as **Wales’s leading integrated rural health and social care system**
SECTION 12  CONTACT DETAILS

All comments/views/requests for further information relating to this draft Strategic Equality Plan, should be forwarded to:

Jackie Hooper
Equality and Diversity Advisor
Hywel Dda Health Board/Bwrdd Iechyd Hywel Dda*
Canolfan Gwenog
Glangwili General Hospital/Ysbyty Cyffredinol Glangwili
Dolgwili Road/Heol Dolgwili
Carmarthen/Caerfyrddin
SA31 2AF

Tel: 01267 674097 (direct line) Ext 4097 (Internal Extension)
Population Profile
31.4%, 47.9% and 20.7% of the population live in the local authority areas of Pembrokeshire, Carmarthenshire and Ceredigion respectively.

With 30% of Wales’ population resident in Hywel Dda, the area’s age and sex profile is similar to that of Wales as a whole (Figure 12), but there are notable differences with fewer people aged 25-44 and more people aged 55-79.

Figure 12. Population Pyramid for Hywel Dda Health Board and Wales

In rural Pembrokeshire and Ceredigion, there are relatively high numbers of older people. Although the 2001 census reported that 1% of the population came from black and ethnic minority backgrounds, the effect of migration since this time is more difficult to quantify but will be reported shortly with the publication of the 2011 census.

Across Wales and the UK the general fertility rate, the number of births per 1000 women of child bearing age, has been falling until 2001/2002. However it has been
slowly rising since (Figure 13). The general fertility rate in the Hywel Dda Health Board area is lower than the Wales rate but closely reflects the Welsh pattern.

**Figure 13. General Fertility Rate Trend for Hywel Dda Health Board and Wales 1998-2007**

![Graph showing the general fertility rate trend for Hywel Dda Health Board and Wales from 1998 to 2007. The graph indicates a slowly rising trend for both regions with slight fluctuations.](image)

**General fertility rate (GFR) trend, Wales and Hywel Dda LHB, 1998 to 2007**

*Source: Office for National Statistics (Annual District Births Extract, Mid-year Population Estimates)*

In the Hywel Dda Health Board area, the under 75 age standardised mortality rate has dropped by 22% between 1998 and 2007, (Figure 14). It has remained consistently below the Wales rate. This fall is likely to reflect not only the activities of health services, but also improvements in living standards in Hywel Dda during the latter part of the twentieth century.
The greatest cause of death in people aged under 75 years in Hywel Dda Health Board residents are cancer, circulatory disease and respiratory disease, together accounting for 43%, 27% and 9% of the approximately 1,400 deaths respectively during 2007.

Geographically based deprivation measures can be used to show inequality in health and suggest areas likely to most need measures to improve health and manage ill health. The Welsh Index of Multiple Deprivation, 2008, is produced at small area levels called lower super output areas (LSOA), and is derived from a broad range of factors.

In Hywel Dda LHB there are areas of deprivation including parts of Llanelli, Pembroke Dock and Cardigan (Figure 15).
Figure 15. Overall Welsh Index of Multiple Deprivation 2008

Overall Welsh Index of Multiple Deprivation 2008
Fifths of deprivation, Lower Super Output Areas, Data source: WAG
- Most deprived (22)
- Next most deprived (41)
- Median (90)
- Next least deprived (66)
- Least deprived (11)

Local authority boundary
A Roads
Motorway

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22 out of the 230 LSOAs in the Health Board (10%) are among the most deprived fifth in Wales, with 11 out of 230 (5%) in the least deprived fifth. However, within less deprived areas there are often pockets of hidden deprivation. Current projections see a rise in the older population (75 years and over) of Hywel Dda Health Board residents from 35,000 (10% of the total population) in 2006 to 70,000 (16% of the total population) in 2031 (Figure 16).
These estimates are based on assumptions about births, deaths and migration. The increase in the number of older people is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge of the Health Board. In the current economic climate the relative (and absolute) increase in the economically dependent and, in some cases, case dependent populations will pose particular challenges to communities.

3.3 Protected Characteristics

Census information 2001\(^1\) has been used to provide the following analysis of the population across Hywel Dda in relation to:

- Religion
- Gender
- Disability
- Ethnic Group

The population estimates are mid-year estimates (as at 30 June each year) produced by the Office for National Statistics. Mid-year estimates are based on the usual resident population i.e. estimates of people where they usually live. Students are included at their term-time address. Estimates also include international migrants staying for 12 months or longer, but do not include short-term migrants.
Figure 17. Population Profile by Religion

Population Profile by Religion - 2001 (All Religions)

<table>
<thead>
<tr>
<th>Religion</th>
<th>Ceredigion</th>
<th>Pembrokeshire</th>
<th>Carmarthenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buddhist</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hindu</td>
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<td></td>
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<tr>
<td>Jewish</td>
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<td></td>
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<tr>
<td>Sikh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Figure 18. Population Profile by Religion – 2001 (minority groups)

Population Profile by Religion - 2001 (minority groups)

<table>
<thead>
<tr>
<th>Religion</th>
<th>Ceredigion</th>
<th>Pembrokeshire</th>
<th>Carmarthenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
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<tr>
<td>Hindu</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

Figure 19. Population Profile by Age 2010

Population Profile by Age - 2010

The high number of 16-24 year olds in Ceredigion is due to the large student population.
Figure 20. Population Profile by Gender - 2010

![Population Profile by Gender - 2011](image)

- **Ceredigion**
- **Pembrokeshire**
- **Carmarthenshire**

Figure 21. People of Working Age with Disabilities

![People of Working Age with Disabilities - 2009](image)

- **Not disabled**
- **DDA disabled only**
- **Work-limiting disabled only**
- **DDA and work limiting disabled**

Figure 22. % Total Disabled

<table>
<thead>
<tr>
<th>County</th>
<th>Ceredigion</th>
<th>Pembrokeshire</th>
<th>Carmarthenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Total disabled</td>
<td>18%</td>
<td>20.60%</td>
<td>23.30%</td>
</tr>
</tbody>
</table>
Figure 23. Population Profile by Ethnic Group

Population Profile by Ethnic Group

![Population Profile by Ethnic Group](image)

Figure 24. Ethnic Groups – Other than White

Ethnic Groups - Other than White

![Ethnic Groups - Other than White](image)
GENDER-REASSIGNMENT

Information assembled for the Home Office by GIRES (Gender Identity Research and Education Society) estimate that among public sector employees and service users, the number who may: be gender variant to some degree (1%); seek medical treatment for their condition at some stage (0.2%); be receiving such treatment already (0.025%); have already undergone transition (0.015%); have a Gender Recognition Certificate (GRC) (0.005%); begin treatment during the year (0.003%). The number who have sought treatment seems likely to continue growing at 11% per annum. GIRES advise that public bodies should assume there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Fewer younger people present for treatment, despite the fact that most gender dysphoric adults report experiencing the condition from a very early age. Nonetheless, presentation for treatment amongst youngsters is also growing rapidly.

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2 A term used to describe individuals who experience a mismatch between the way they look on the outside and how they feel inside. Gender dysphoria is not a popular term with those experiencing the condition since it has become associated with the “clinical diagnosis” gender identity disorder, both these terms imply a diagnosis of “pathology” and “mental illness” whereas the more neutral term, gender variance, denotes that these departures from stereotypical gender experience and expression are part of a natural, if unusual human development.

3 GIRES – Collecting Information on Gender Identity September 2011
Profile of Current Workforce by County

Source: ESR Data

The following workforce charts reflect the current workforce by actual numbers of staff and full time equivalent staff (FTE) and are depicted by profession and by county, by age and gender.

Figure 26: Full Time Equivalents by Staff Group and County-October 2011

Source: ESR Data

The largest staff groups are clinical: Nursing, Medical and Allied Health Professionals.

Figure 27: Numbers of Staff by Staff Group and County –October 2011

Source: ESR Data
The workforce charts reflect the current workforce by head and full time staff and are depicted by profession and by county.

**Figure 28: Age profile of Staff by County – October 2011**

Source: ESR Data

Approximately half (47%) of the Health Board's workforce is over the age of 45 and almost a third (30%) is over the age of 50.

In terms of race, the majority of staff state that they are white, but there is also a large number of staff who do not state their ethnic origin and this is recorded as 'undefined' or 'not stated'. The percentage of staff from ethnic minorities is low.
The gender profile of Health Board staff is reflected in Figure 30. It shows the high proportion of female staff and also reflects slight differences between counties and across specific staff groups. The overall male/female split is approximately 20%:80% across the Health Board. No figures are available for transgender status.

Recorded numbers of the sexual orientation of staff are very small and statistics are unreliable, with a large number classified as ‘undefined’.
Figure 31: Workforce by Disability

Very small numbers of staff state that they have a disability and it is suspected that the extent of disabilities in the workforce is under-reported.

Figure 32: Religion or Belief

The majority of staff prefers not to state their religion or belief and it is recorded as 'undefined'.

Source: ESR Data
There are twice as many married as staff as single. Less than 10% of staff is recorded as being in a civil partnership, legally separated, widow or widower.

**Service Users**

**Gender**
The age/gender profile for the Health Board is similar to that of Wales, but there are notable differences, with fewer males and females aged 25-44 and more aged 55-79.

**Age**
Currently, 21.3% of the population within Hywel Dda Health Board are over the age of 65, with slightly higher numbers in Pembrokeshire (21.8%) compared with Ceredigion (21.3%) and Carmarthenshire (20.9%).

Projections see a rise in the older population (75 years and over) from 35,000 (10% of the total population) in 2006 to 70,000 (16% of the total population) in 2031. The older age group are more likely to require health services and the projected rise in life expectancy will also increase the level of demand for health services.

**Race**
The 2001 Census shows that the population across the three counties is mainly white, with only 1% black or other ethnic minority groups (Mixed, Asian, Asian British, Black, Black British, Other). There are Polish communities within our areas and pockets of Gypsy/Travellers across the three counties.

**Sexual orientation**
The majority of people declare themselves to be heterosexual. Of the remainder of responses, many are recorded as ‘Don’t know’ or ‘Declined to Answer’.
Disability
In Ceredigion, 18% of the population are recorded as being disabled, with 20.6% in Pembrokeshire and 23.3% in Carmarthenshire. It should be noted that some people may not consider themselves as having a disability and therefore the recorded numbers of disabled people may be under-reported.

Gender Reassignment
Trans-gender individuals have a right to protect their trans-gender status and may often record their gender status as male or female.

Religion or belief
Approximately 75% of the population are Christian and there are very small numbers of people who record their religion as Buddhist, Hindu, Jewish and Sikh (less than 1%).

Marriage or civil partnership
Information not available.

Welsh Language
42% of the population is Welsh speaking. The percentage varies across the counties, with a higher number of Welsh speakers in Ceredigion (52%) and Carmarthenshire (50%) when compared with Pembrokeshire (22%).

Poverty, multiple deprivation and exclusion
In Hywel Dda, there are areas of deprivation in parts of Llanelli, Pembroke Dock and Cardigan. Women are the most likely to suffer from poverty and deprivation, with separated, divorced and single people at the higher end of the spectrum.

Households with dependant children/adults
The Health Board is aware that members of some households will have caring commitments on which changes in service provision might have an impact.

Note: Although not considered to be protected characteristics, these issues will also be taken into consideration when assessing the impact of any reconfiguration of services.

Staff

Gender
The gender profile for the Health Board’s staff overall is 22.8% male and 79.2% female. These figures are similar in Carmarthenshire, with 22% male and 78% female staff. However, the percentages vary slightly in the other counties, with a higher percentage of female staff in Pembrokeshire (81.3%) a lower percentage (72.5%) in Ceredigion.

Approximately 70% of the staff across the Health Board are clinical and are likely to be working shift patterns; (nursing, medical, dental and clinical services staff).
Age
Approximately half of the Health Board’s staff are over the age of 45, and a quarter of the workforce over the age of 50.

Ethnic Origin/Race
Available data suggests that very small numbers of the total workforce are from ethnic minority groups. However, a large proportion of the Health Board’s clinical staff are from ethnic minority groups.

Sexual Orientation
Recorded numbers of the sexual orientation of staff are very small and statistics are unreliable.

Disability
It should be noted that some people may not consider themselves as having a disability and therefore the recorded numbers of disabled staff are very small and may be unreliable.

Transgender
Not currently recorded. Trans-gender individuals have a right to protect their trans-gender status and may often record their gender status as male or female.

Religion or Belief
The majority of staff have not specified a religion or belief. Of those stated, the majority are Christian.

Marriage or Civil Partnership
There are twice as many married as staff as single. Very few staff state that they are in a civil partnership.

Welsh Language
Over half of the workforce in Carmarthenshire and Ceredigion are Welsh speaking. Only a third of the Pembrokeshire workforce speak Welsh. Changes in work base could affect the number of patients receiving care in their language of choice, for instance if large numbers of Welsh speaking staff were relocated from one part of Hywel Dda to another.