Hywel Dda University Health Board

Equality Impact Assessment

Draft proposal to inform the Transforming Mental Health agenda.

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About this document

This technical document has been produced to provide background evidence to support information provided within the Hywel Dda University Health Board public consultation on the review of adult mental health services.

This document is meant as a reference guide. It does not provide exhaustive detail and further illustrative information is available in additional accompanying technical documents. It aims to provide an overview of our findings to date about what groups within our population may be affected by our proposals and in what way. It is a living document and will be added to by information gathered during consultation and ongoing through all stages up to and including delivery of services where actual impact will be monitored.

This document has been developed by members of the Communication and Engagement Workstream

Background

A formal engagement period for the Transforming Mental Health programme was undertaken from the 1st of October 2015 to the 31st of January 2016, in order that the case for mental health service change was put forward and to gain feedback on what people wanted from a mental health service going forward. The engagement events involved a wide range of staff and stakeholders, service users, carers, the Third Sector, Community Health Council and Local Authority. Alongside the engagement events the MHPG worked closely with West Wales Action for Mental Health (WWAMH) in order that an independent service user and carer perspective on alternative models of care was used to inform any service transformation.

In February 2016 the MHPG commissioned an independent evaluation of the engagement programme by the University of Wales, Trinity Saint David, to test the robustness of the process and identify themes from the feedback received. An engagement analysis document was submitted to the MHPG in May 2016, in which a number of key themes as to service development were highlighted.
Phase 2 of the TMH project began in July 2016 and was concerned with the distilling and short-listing of options for service redesign from the engagement analysis document. In November 2016, after another period of extensive engagement with multi-stakeholder groups, two options were selected in order to take forward for Consultation. The core details around these options can be found below:

**Option 1 -**

- 24 hours a day/7 days per week Community Mental Health Centres, inclusive of hospitality/recovery beds, to be based in each County (Pembrokeshire, Carmarthenshire, Ceredigion).

- A Central Assessment and Treatment Inpatient Unit which will be based in Carmarthen, operational 24 hours a day/7 days per week, for those individuals requiring formal assessment and treatment of mental health issues.

- A central single point of referral to services, a single telephone number or physical place, operational 24 hours a day/7 days per week, to provide screening and assessment before referral on to a Mental Health service, advice or signposting to local services.

**Option 2 -**

- 24 hours a day/7 days per week Community Mental Health Centres, inclusive of hospitality/recovery beds, to be based in each County (Pembrokeshire, Carmarthenshire, Ceredigion).

- A Central Assessment and Treatment Inpatient Unit which will be based in Carmarthen, operational 24 hours a day/7 days per week, for those individuals requiring formal assessment and treatment of mental health issues.

- County based single point of referral, with designated telephone numbers or physical places allocated in Pembrokeshire, Ceredigion and Carmarthenshire, operational 24 hours a day/7 days per week, to
provide screening and assessment before referral on to a Mental Health service, advice or signposting to local services.

As outlined above, the singular difference between the proposed options was the location of the single point of referral. Following advice from the Consultation Institute, given that the Options were developed through co-production with key stakeholders, it was agreed to go out to consultation with one option. The Consultation will therefore seek views on where the single point of referral may best be placed eg. one centrally based within the Hywel Dda Region or one in each County.

**Impact On Workforce**

We recognise that any change will directly affect staff delivering mental health services directly and also staff in other services such as midwives and nursing staff in other services affected such as breast services and support staff. We have carried out an assessment of current staffing, and the impact on staff of possible service changes as part of work we have been doing to look at the longer term future of the service. Any changes to service which might have an impact on our workforce will be managed through the national framework for change. This is called the Organisational Change Policy. Within the Health Board we have developed guidance for managers on how to support staff through the change process.

**Equality And Human Rights**

Under the Equality Act 2010 we have a legal duty to pay due regard\(^1\) to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not. This means that we need to take into account the needs of people from different groups within our populations who might be affected by our proposals for changing how we deliver mental health services. We must take reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage. Transforming Mental Health Services also gives us the opportunity to identify and enhance

\(^{1}\) Due regard – the Brown Principles
any potential positive impact on protected groups. The Equality Act 2010 gives people protection from discrimination in relation to the following “protected characteristics”

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

We are also concerned about other groups who might be particularly affected - for example, carers, homeless people and other vulnerable groups.

The Human Rights Act 1998 also places a positive duty to promote and protect rights for all. In Wales, we also have a responsibility to comply with the Welsh Language (Wales) Measure 2011, ensuring that Welsh speakers can receive services in Welsh. We will take all our legal duties into consideration when we make decisions around Transforming Mental Health.

In Wales, we are obliged under the Public Sector Equality Duties to undertake Equality Impact Assessments (EqIAs) which will assist us to consider how the decisions we make around Transforming Mental Health affect a range of people in different ways.

We recognise that consideration of the needs of protected groups helps us to develop and deliver cost-effective services and person-centred care, ensuring that as far as is practicably possible, people are treated fairly and equitably.
Equality Impact Assessment (EqIA)

In order to help us with assessing the impact of our proposals, we follow the principles and framework outlined in the NHS Centre for Equality and Human Rights Toolkit

http://www.wales.nhs.uk/sitesplus/862/page/61516

and the Health Board’s Equality Impact Assessment Policy and Procedure (currently under review)


EqIA is an ongoing process that running throughout the course of the decision making process, from the start through to implementation and review. An EqIA can be broken down into a number of stages:

- **Stage one**: Define the proposal for change and the rationale behind it. Consider the expected outcomes, who will be impacted and how will it be delivered.

- **Stage two**: Screen for relevancy to the Equality Act. Will the proposal impact upon different groups either positively or negatively?

- **Stage three**: Collect evidence to identify potential impacts and any options for mitigation.

- **Stage four**: Consult/engage with the public.

- **Stage five**: Review evidence collected from stages three and four and determine whether the proposal should: continue unchanged; continue with modifications; or not proceed.

- **Stage six**: Publish the EIA.

- **Stage seven**: Monitor and review the service change.
**Stage 1**
The proposal for change and rationale behind it is outlined fully in our Consultation Document.

**Stage 2**
The equality screening process was undertaken by members of the Transforming Mental Health Communication and Engagement Group using the NHS Centre for Equality and Human Rights Toolkit as a framework.

**Findings:** Mental health issues can affect anyone among the population at any stage of life. However, national statistics show that there are higher incidences of mental health issues among certain protected groups and that it will be important to ensure that the needs of service users are fully explored during the consultation process.

Drawing on national research, Mind (in their report “Our Communities, Our Mental Health” highlight the following:-

Individuals or groups of people with ‘protected characteristics’ as identified under the Equality Act are often at ‘high risk’ of developing mental health problems:-

**Age**
20 per cent of children have a mental health problem in any given year, and about 10 per cent at any one time. A quarter of older people in the community have symptoms of depression that require an intervention, and this increases to 40 per cent of care home residents.

**Disability**
Physical illness more than doubles the risk of depression, and between 30 per cent and 50 per cent of adults with learning disability in the UK have mental health problems.

**Gender reassignment**
Trans people are at increased risk of depression and self-harm, and a third of trans people have attempted to take their own life.
Marriage and civil partnership
Separation, divorce and being widowed is associated with increased risk of mental health problems.

Race
Black African and Caribbean people living in the UK have lower reported rates of common mental health problems compared to other ethnic groups, however they are more likely to be diagnosed with severe mental health problems. Black African and Caribbean people are also much more likely to be detained under the Mental Health Act compared to other ethnic groups. Young women from ethnic minorities are much more likely to take their own life than White British women.

Religion or belief
Spiritual awareness, practices and beliefs (of any religion or for those engaging in spiritual practices without a particular faith) is associated with psychological benefits, including subjective wellbeing.

Gender (sex)
There are clear differences in the way women and men experience mental health problems. Women are more likely to report common mental health problems. Girls are also more likely than boys to self-harm, and eating disorders are more common in young women compared to young men. Men are more likely to have undiagnosed depression, be detained under the Mental Health Act and take their own life compared to women.

Sexual orientation
Lesbian, gay and bisexual people are at increased risk of mental health problems, including self-harm and attempted suicide. Lesbian, gay and bisexual people have a 1.5 fold increased risk of depression and anxiety.

Pregnancy and maternity
Mental health problems affect between 10 and 20 per cent of women at some point during the perinatal period (pregnancy and one year after birth). Poor maternal health can also increase the risk of mental health in children.

Within the Mind report the following issues are also identified as contributory risk factors:-
Trauma and stressful events, poverty, unemployment and housing insecurity, social isolation and loneliness, discrimination and inequality.

**Referrals to Mental Health Services within Hywel Dda**
Statistics collected on referrals and admissions within mental health services from April 2015 – March 2016 reflected the population across the three counties. However, we are mindful that the needs of minority groups accessing our services will need to be taken into account as we work towards a new model of service delivery.

Looking at evidence outlined above, we believe that Transforming Mental Health Services has a high relevance to the Health Board’s obligation to meet its duties under equality legislation to eliminate discrimination, advance equality and foster good relations between people who share protected characteristics and those who do not. The way in which we deliver mental health services must take into account the particular needs of those who access our services. Through consultation, we intend to undertake further targeted engagement with groups identified above as being at higher risk of experiencing mental health issues.

**Stage 3**
Transforming Mental Health is currently at stage three of the EqIA process. We have started to identify potential impacts and any possible actions for reducing or eliminating disadvantage. Further evidence to inform the EqIA process will be gathered during formal consultation.

We have undertaken an exercise (Stakeholder Mapping and Analysis) to help us identify who we would need to engage with to find out more information on how people accessing our mental health services may be affected by our proposals. We want to know how our decisions may impact on our service users (particularly from protected groups), their families and carers, our staff and partner organisations. Over 100 engagement activities have been undertaken to capture the perspectives of the public, staff and stakeholders about issues, concerns and questions related to existing mental health services and our proposed new model of mental health services.
Methods of engagement included
- Group facilitated workshops and meetings
- One to one; face to face meetings
- Digital communication: email and survey monkey
- Handwritten free text responses

The engagement was considered by those involved to be inclusive, extensive and rigorous.

The following ten core areas of finding were identified through engagement:

Responses to Change

Accessibility to Mental Health Services

Understanding and Managing Crisis

Workforce issues

Rurality and Mental Health Services

Systems and Management

Collaboration

Values and Attitudes

Engagement, Research and Knowledge-Sharing

Desired Outcomes

There was an overwhelmingly positive response to change. There was a consensus amongst public, staff and stakeholders that the mental services model in the Hywel Dda region needs to change and reflect the distinctive needs of the Hywel Dda health economy. Findings from engagement activities included the following:

* Existing access to mental health services in the Hywel Dda University Health Board is inadequate and poor.
A new model of mental health services needs to be highly accessible and this must be enabled by improved transport within the region, equitable access to information using digital technologies and 24-7 access to appropriate, localised mental health care and treatment in the community.

Available touchpoints of mental health care and support need to expand beyond traditional services and formally use the expertise and skills of service providers across other sectors.

The lived experiences of service users and carers should be involved in reviewing existing care pathways in mental health services in order to inform redesigned services.

A whole community approach to mental health care in the Hywel Dda region is likely to reduce the hospitalisation and medicalisation for many service users, instead opening up real opportunities for therapeutic, creative approaches to mental health and wellbeing.

Training and education opportunities are essential for NHS staff and should be expanded as an offering to collaborative partners to create a culture across organisations that fosters ambition and education at the core as well as recognising and appreciating the value of staff.

The role of the service user in managing their own health requires facilitation and best practices related to coproducing personalised care need to become common practice.

A new model of mental health services can play a pivotal role in breaking down stigmatized perceptions of mental health and in bridging the gap between physical and mental health.

A full copy of the Post-Engagement report is available within the accompanying suite of Technical Documents.
Findings to date

Potential Impacts

In researching information to inform this equality impact assessment screening, we found results of Consultation around changes to the provision of Mental Health Services in Abertawe Bro Morgannwg University Health Board to be generally relevant and these will be considered as part of our assessment, along with more localised information gathered. The main issues raised in ABMU consultation which would have relevance to changes within HDUHB were:

Access

Single sex wards

The Right to a Private and Family Life

Potential Impacts Identified in the Engagement Process

**Accessibility:** With the current model of care in operation service users and carers find it difficult to access services. The themes that came out of the engagement were cited as the following:

1. People experienced difficulties in navigating a sometimes complicated and disparate mental health service, with many differing contact points and access routes into service.

2. Sometimes it was difficult to access services if in mental health crisis, often people in crisis out of hours would wait in Accident and Emergency rooms or not know where to go or who to contact.

3. If somebody is in Mental Health crisis in the community the current pathway to services is to phone either the GP, (a team if known to services) or a generic NHS helpline, which can be stressful for people in mental health crisis.
**Duplication of Care:** Inconsistencies and duplication in referral and admission processes, occurring often from a lack of communication between differing mental health services and organisations, could be compounded in a new model of care. Service users and carers reported frustration at having to retell difficulties and their stories and this could upset the person in crisis further. The introduction of a centralised assessment and treatment unit could mean that communications between services become further fragmented.

Moving to a new model of service delivery gives us a chance to prevent these negative impacts from transferring over.

**Transport:** With the proposed centralisation of formal assessment and treatment inpatient beds, transport was a core theme identified within the engagement analysis document. The likely base for the central assessment and treatment unit will be Carmarthen. Given this there was concern raised with regard to how these would be accessed for people living within Pembrokeshire and Ceredigion. Further information on Transport is available in the accompanying Transport document.

Transport issues are problematic across the Hywel Dda region, particularly in rural areas where public transport is limited. This may impact as follows:-

**Age:**

*Older people* (aged 60 and above) are more vulnerable to mental health problems, depression is a common disorder amongst this population and it has been estimated that 7% of older people suffer with uni-polar depression (World Health Organisation, 2016). Further Older people are more likely to experience a combination of physical and mental health issues (WHO, 2016).

**Potential impact:**- Older people may experience more difficulties around accessing centralised services due to lack of access to their own transport and reliance on public transport which can be fragmented, particularly in rural areas. Physical health issues such as sensory loss and other disabilities may also contribute to disadvantaging older people when travelling further and relying on public transport to access centralised facilities as a service user or as a family member/carer/friend to support their loved ones.
**Younger adults** are susceptible to mental health issues, with 6.2% of 16-24 year olds attempting suicide in their lifetime and 16.4% experiencing neurotic symptoms (Young Minds, 2016). Further, student populations are disproportionately affected by mental health issues, with an estimated 1 in 4 reporting mental health problems. Poor mental health amongst young people can lead to reduced life chances and impact on their education, social participation and ability to find and sustain employment.

**Potential impact** - Anecdotally, younger people are less likely to own, or be able to drive a car, and are more reliant on public transport that the general population. The population within the three counties across Hywel Dda include a proportion of students, some from overseas, who may be disadvantaged when relying on accessing centralised services either as a service user or as a family member/carer/friend to support their loved ones.

**Sensory loss:** Sensory loss currently affects 1 in 5 people in Wales, with 1 in 6 people affected by hearing loss and an estimated 115,000 people living with sight loss which has a significant impact on their daily lives (Sensory Loss in the Adult population in Wales, 2012). Those affected by sensory loss are more susceptible to the development of mental health issues, especially older people. Older people with sight loss are three times more likely to experience depression than people with good vision (Depression and Anxiety in Visually Impaired Older People, 2007) with the British Medical Journal reporting that sight loss is one of the top three causes of suicide among older people. This has relevance to the protected characteristics of Age and Disability.

**Potential impact** :-The development of a single point of referral or access will need to consider the needs of those with sensory loss, as a single point of access either, centrally or locally, would be the gateway to a variety of mental health services. It would also act as an information point for those with mental health and sensory loss issues in Hywel Dda, and will need to be developed to accommodate for this accordingly.

National evidence indicates that people from **Black, Asian and Minority Ethnic backgrounds** (BAME) – including **Gypsies and Travellers** - and **Lesbian, Gay,**
**Bisexual and Transgender people (LGB&T)** are disproportionately represented among mental health service users.

Within the HDUHB area, statistically numbers for these groups appear to be low in comparison to the population as a whole, or are unreliable (due to non-disclosure of information or lack of inclusion in Census statistics. However, the UHB hosts Universities and colleges across its three counties, and there will be a proportion of students from overseas among the population. Also the three counties have been involved in re-locating Syrian refugees and include a proportion of BME staff among its workforce.

**Potential impact:-** Lack of access to their own transport would impact on individuals within these groups who would be reliant on public transport to access centralised services in any capacity.

**Carers** – While carers are not a specified group under the Equality Act 2010, they are protected from discrimination by association.

**Potential impact:-** Again, lack of access to their own transport would be problematic when accessing services in any capacity and being reliant on public transport.

**Socio-economic status:** Individuals in lower socio-economic groups have an increased prevalence of common mental disorders (The British Journal of Psychiatry, 2006). The Welsh Government in its strategy “Together for Mental Health” drew upon research which indicates that many mental health problems start in early life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Those affected often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes and are more likely to be homeless or poorly housed.

**Potential impact:** The costs associated with transport, in accessing and visiting a centralised assessment and treatment unit, may negatively impact upon those lower socio-economic groups. Many individuals from protected groups are also experience socio-economic disadvantage.
Mental illness is prevalent amongst **homeless people** (many of whom fall within identified protected groups). Accessing centralised services would be problematic for this group having reliance on public transport.

**Potential mitigation**:- Within the option the project group are looking to either directly provide or commission specialist transport for service users to and from the central assessment unit. Further, it is planned that the central assessment and treatment unit will be based next to an established and regular public transport route to minimise impact for those wishing to visit.

**Summary Assessment of Potential Impact**

The results of the EqIA at this stage are inconclusive. Information gathered to date around the potential impact on protected groups has been limited and anecdotal. Concerns raised have been general and mainly in relation to transport and access to centrally located services. No concerns have been raised in relation to particular protected characteristics in addition to what may be experienced by the general public who do not have access to their own transport.

**Elimination/mitigation of negative impacts and enhancement of positive impacts for protected groups**

The project will work towards eliminating or mitigating negative impacts identified from the engagement process and on an ongoing basis throughout each stage of the project. The development of a new service model offers opportunities for positive impacts and improving staff and patient experiences and work will be centred on the enhancement of these.

It is important to note that as the consultation process progresses, further information on possible equality impacts may come to light, which will need to be captured and considered as part of a consultation plan on an ongoing basis.
Work around improving accessibility for people with sensory loss will be a key point for discussion during service development. The introduction of applications and using technology to support communications is an area that will be considered and the project group will seek to actively engage with sensory loss groups in Hywel Dda on this matter.

Further, a positive impact is expected with the introduction of the proposed Community Mental Health Centres (CMHCs) which will provide a localised central building, housing many differing mental health services. The CMHCs will provide a safe space for individuals to attend with mental health issues or in crisis if they wish and will negate the need to present at A&E in times of crisis. The idea behind the CMHCs is that service users/carers will be able to and have the choice to attend a local CMHC and see a mental health practitioner, to prevent a crisis or issue escalating. An enhanced community team will compliment the CMHCs and provide additional support in community settings should this be required.

**How this project will benefit patients, communities and employees with all the nine characteristics protected by the Equality Act 2010**

Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities or failure to positively promote equality and diversity. Depending on which options are progressed as part of the next phase of the work, different protected groups may see different improvements and these would be identified through subsequent EqIAs as part of plans to implement service change.

We will explore ways of eliminating current weaknesses in the system such as duplication of care and accessibility and we remain committed to ensuring that, as far as practicably possible, opportunities for promoting equality and human rights are maximised and any potential or actual negative impact is eliminated or minimised as this development continues.
Monitoring, Evaluation and Review

A Data and Evaluation group has been set up as part of the project to measure the impacts of the service change for a wide range of stakeholders, inclusive of service users, carers and staff. The group is a multi-stakeholder group and is developing a number of measures to evaluate the impacts of the change inclusive of protected groups.

This document is not intended to be a definitive statement on the potential impact of the Transforming Mental Health Programme on protected characteristic groups. The document’s purpose is to describe our understanding at this point in the EqIA process of the likely impact. By following the EqIA process we will identify and address any gaps in our knowledge by continuously engaging and consulting with the public and stakeholders.

Next Steps

In the next stages through consultation we will further explore what people may tell us about how they will be affected by the proposals in relation to their protected characteristics so that we may seek to eliminate or mitigate any potential disadvantage.

We will continue to update the assessment of impact during this consultation, taking into account feedback given to us during the consultation. To help, we are asking for feedback on any impact you think we should know about – whether negative or positive.

We will particularly involve people from protected groups who are disproportionately represented among mental health service users.

We have set up a group which includes independent people who have an interest in equality to help advise and challenge the work, to make sure it is as thorough as possible. The Health Board will be fully informed of the outcome of the assessment before any decisions are made.
References

Assessment of Local Well-being Prepared by the Ceredigion Public Services Board 2016-2020

Strategic Equality Plan 2016-2020 Author: Policy Support Service —CLM

Pembrokeshire 2010

Ceredigion 2010

Demographics on sexual orientation, gender reassignment, religion and belief can often be unreliable. Engagement with WWAMH and other third sector bodies supporting protected groups and national reports will help inform around these protected characteristics.

Population Demographics for Carmarthenshire, Ceredigion and Pembrokeshire by protected characteristic – ONS Census 2011

Age
Disability


Race


Religion


Sex


Sexual Orientation - This information was not included in the 2011 Census. Statistics on marriage and civil partnership may give an indication of statistics for lesbian, gay and bisexual population. Also, Integrated Household Survey 2012 Infographic


Marriage and Civil Partnership


Gender Reassignment - This information was not included in the 2011 Census

Pregnancy and Maternity – This information was not included in the 2011 Census. Statistics may be gleaned from patient information and in-patient activity across the three counties.
Additional demographics

Welsh Language


Prevalence of mental health issues

The Welsh Government in its strategy “Together for Mental Health”[1] drew upon research which indicates that many mental health problems start in early life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Those affected often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes and are more likely to be homeless or poorly housed. The following statistics give some indication of the prevalence of some of these factors across Carmarthenshire, Ceredigion and Pembrokeshire and England/Wales as a whole.

Mind – “Our Communities, our mental health – working for better public mental health in Wales”


Deprivation


Lone Parent Households


Access to car/van


Barriers faced by people accessing work, transport, education and training infographic England and Wales


Census website


Stonewall Mental Health Briefing  www.Stonewall.org.uk

Black Asian and Minority Ethnic ( BAME) Communities – Mental Health Foundation - www.mentalhealth.org.uk

Mind “Our Communities, Our Mental Health – working for better public mental health in Wales”

http://www.mind.org.uk

Mental Health Foundation – Fundamental Facts About Mental Health 2015 www.mentalhealth.org.uk

Report on Outcome of Public Consultation Process on proposals for Adult Mental Health Acute Assessment Facilities in ABMU

http://www.wales.nhs.uk/sitesplus/documents/863/2%20%20iv%29%20outcome%20of%20publication%20consultation%20for%20adult%20mental%20health.pdf
Appendix 1

Our populations equality demographics across the three counties

Information on health and socio-economic factors across the three counties is available here:
http://www.publichealthwalesobservatory.wales.nhs.uk/home

http://www.daffodilcymru.org.uk/

Demographics for the Hywel Dda region are available on the ONS website www.ons.gov.uk

Our populations are also subject to temporary changes, with substantial increases in the summer months boosted by the tourism industry and by transient student populations.

There are high concentrations of Welsh speakers in some areas across the three counties, though the 2011 Census showed in drop in the numbers of Welsh speakers. Numbers for ethnic minorities, transgender, gay and bisexual people, gypsy travellers continue to appear to be comparatively small when viewed across the three counties as a whole. However, information collected on these demographics cannot be relied upon to be entirely accurate.

We recognise that when transforming mental health services, we must continue striving towards ensuring that there are opportunities for all to communicate their needs, to have services provided appropriately and to have equal opportunities for employment and career progression.
Population Information Summary

If we could shrink Carmarthenshire’s population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

- 49 Males and 51 Females (2011 Census)
- 18 children aged under 16 (2011 Census)
- 61 people of working age (2011 Census)
- 21 people of pensionable age (2011 Census)
- 44 people able to speak Welsh (2011 Census)
- 98 people from a white background and 2 from a non-white background (2011 Census)
- 6 – 9 people would be Lesbian, Gay or Bisexual (Stonewall Cymru)
- 14 people with a limiting long term illness (2011 Census)
- 13 people would be providing unpaid care (2011 Census)
- 24 of the working age population with a disability (DWP Stats May 2013)
- 62 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
- 17 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
- 31 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
- 18 lone parents

If we could shrink Ceredigion’s population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

(Data taken from Census unless otherwise stated)

- 50 Males and 50 Females
- 15 children aged under 16
- 63 people of working age (taking working retirement age for both sexes as 64) (2014 MYE)
- 23 people of pensionable age – using 65 as the cut off from 2014 MYE
- 47 people able to speak Welsh
- 97 people from a white background and 3 from a non-white background
• 5-7 people would be Lesbian, Gay or Bisexual (ONS Integrated Household Survey)
• 21 people with a limiting long term illness or disability
• 11 people would be providing unpaid care
• 58 people who were Christian, 2 person would be of other religion and 31 would have no religion (9 would prefer not to state their religion)
• 16 households would be earning less than £10,000 per year and 3 households would be earning over £80,000 per year
• 14 people claiming key Department of Work and Pension benefits
• 5 would be living in lone parents rent households with dependent children

If we could shrink Pembrokeshire’s population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

• 49 Males and 51 Females (2011 Census)
• 18 children aged under 16 (2011 Census)
• 60 people of working age (2011 Census)
• 22 people of pensionable age (2011 Census)
• 19 people able to speak Welsh (2011 Census)
• 98 people from a white background and 2 from a non-white background (2011 Census)
• 6 – 9 people would be Lesbian, Gay or Bisexual (Stonewall Cymru).
• 11 people with a limiting long term illness (2011 Census)
• 12 people would be providing unpaid care (2011 Census)
• 63 people who were Christian, 2 person would be of other religion and 27 would have no religion (8 would prefer not to state their religion) (2011 Census)
• 16 households would be earning less than £10,000 per year and 3 households would be earning over £80,000 per year
• 14 people from the total population claiming key Department of Work and Pension benefits
• 12 would be living in lone parents rent households with dependent children

Demographic information on our Workforce is available here:-