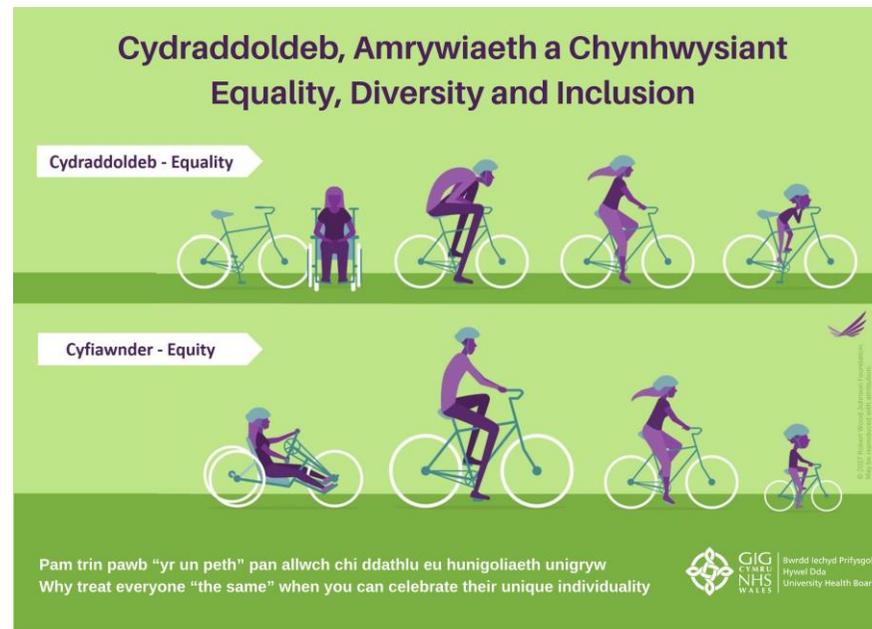


# Hywel Dda University Health Board Strategic Equality Plan and Objectives 2020-2024



**“... Making a difference...We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them.”**

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**What will this Strategic Equality Plan tell you?**

This plan sets out the context in which our strategic equality objectives sit and outlines what we intend to do to meet our duties under the Equality Act 2010 over the next four years.

**How to contact us**

If you require this publication, or any of our other publications in printed or alternative formats and/or languages please contact us using the details below:

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## Foreword

We are delighted to publish our refreshed Strategic Equality Plan and Objectives 2020-2024 which sets out our intended direction of travel over the next four years to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as in the way in which we provide services to patients, families, carers and our wider population.

Through a values based approach, we aim to deliver services which are safe, sustainable and kind for all and to offer an inclusive and nurturing working environment for all our staff. Within the suggested objectives, the words “culture”, “inclusion” and “well-being” are used in their broadest terms to encompass considerations in relation to Welsh Language and socio-economic influences.



We are committed to working to continuously engage and involve our communities in supporting equal opportunities for our population and in promoting their health and wellbeing. We are grateful, therefore, to everyone who took part in our staff and public survey and stakeholder discussions over the course of 2019, which helped develop our refreshed objectives.

This Plan is an evolving document and we will continue to review it annually, to ensure it remains fit for purpose. Within our Health Board, setting and meeting objectives is not just a matter of compliance, but something that staff at all levels can be actively involved in.

The responsibility for implementing the plan and objectives falls to all employees. This includes our Board members, staff and volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB. Whilst some action will be taken corporately, it is expected that all service areas within the Health Board will develop action plans aligned with the Health Board's overarching strategic objectives. We know that creating a fair and inclusive environment often involves changing cultures, challenging long held practices and breaking down barriers. We will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all.



Steve Moore, Chief Executive



Maria Battle, Chair



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## What we do

Hywel Dda University Health Board (the Health Board) plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 11,000 members of staff and volunteers provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector organisations. More details can be found in the Health Board’s [Annual Report 2018/19](#)

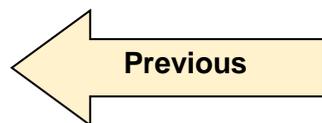
## Our communities

The following info-graphic table provides a broad over-view of protected characteristics across our three counties based on results of the 2011 Census. It is based on shrinking each county’s population to a village of approximately 100 people, with all of the existing human rations remaining the same, and provides an overview of protected characteristics for each county.

It is acknowledged that changes in population will have occurred over time and that “sensitive” equality monitoring information around sexual orientation, religion and belief may not be reliable so may not give a complete and true picture of the county demographics. Population Demographics for the Hywel Dda region are available on the ONS website [www.ons.gov.uk](http://www.ons.gov.uk). Information on health and socio-economic factors across the three counties is available here <http://www.wales.nhs.uk/sitesplus/922/home> and here [www.daffodilcymru.org.uk](http://www.daffodilcymru.org.uk)



Data Source		Carmarthenshire	Ceredigion	Pembrokeshire
	2011 Census	49 Males and 51 females	50 Males and 50 females	49 Males and 51 females
	2011 census	18 children aged under 16	15 children aged under 16	18 children aged under 16
	2011 census	61 people of working age	63 people of working age	60 people of working age
	2011 census	21 people of pensionable age	23 people of pensionable age	22 people of pensionable age
	2011 census	44 people able to speak welsh	47 people able to speak welsh	19 people able to speak welsh
	2011 census	98 people from a white background and 2 from a non white background	97 people from a white background and 3 from a non white background	98 people from a white background and 2 from a non white background
	Stonewall Cymru	6-9 people would be Lesbian, Gay or bisexual	5-7 people would be Lesbian, Gay or bisexual	6-9 people would be Lesbian, Gay or bisexual



Data Source		Carmarthenshire	Ceredigion	Pembrokeshire
	2011 census	38 with a limiting long term illness or disability	21 people with a limiting long term illness or disability	11 with a limiting long term illness or disability
	2011 census	13 people would be providing unpaid care	11 people would be providing unpaid care	12 people would be providing unpaid care
	2011 census	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)	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)	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)
	CACI Paycheck 2013	17 households would be earning less than £10,000 per year & 5 households would be earning over £80,000 per year	16 households would be earning less than £10,000 per year & 5 households would be earning over £80,000 per year	16 households would be earning less than £10,000 per year & 5 households would be earning over £80,000 per year
	DWP Stats May 2013	31 people from the total population claiming key Department of Work and Pension benefits	14 people from the total population claiming key Department of Work and Pension benefits	14 people from the total population claiming key Department of Work and Pension benefits
		18 lone parents	5 lone parents	12 lone parents

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## Strategic Context

The Equality Act 2010 came into force in October 2010 and places an equality duty on public bodies such as the Health Board. The Equality Act 2010 sets out nine protected characteristic groups: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. Public bodies are required to consider the needs of protected groups when designing and delivering public services.

The health board must, in our policies and practices, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

When thinking about how to advance equality of opportunity, we also need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic and are connected to that characteristic;
- Meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- Encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- Consider how we will tackle prejudice and understanding.

We are mindful that the Welsh Government is considering introducing a specific duty in relation to Socio-Economic considerations in 2020 and have incorporated this in to our thinking as we developed our equality objectives for 2020-2024. Socio-economic considerations are fundamental to our overarching Health and Wellbeing Strategy, [“A Healthier Mid and West Wales”](#).

Meeting the duties of the Equality Act 2010 and providing services tailored to meet the needs of our communities involves a whole organisation approach. Everyone throughout the organisation is expected to be mindful of:

- how they can contribute to providing equitable services, with dignity and respect; and
- how they can contribute to making the working environment inclusive and a place where all staff feel free to be themselves and can fulfil their potential.

Whilst our Strategic Equality Plan and Objectives is based around the duties of the Equality Act 2010, it does not sit in isolation, but is embedded in a national, regional and local context. Our work to progress the equality agenda is inter-linked with our work around the [Well-being of Future Generations \(Wales\) Act 2015 \(WFGA\)](#) and the [Social Services and Wellbeing \(Wales\) Act 2014](#). The WFGA sets out 7 national well-being goals and five ways of working and delivering our strategic equality objectives will help to address a number of the national well-being goals, in particular:

- A more equal Wales
- A Wales of cohesive Communities
- A Prosperous Wales
- A Healthier Wales

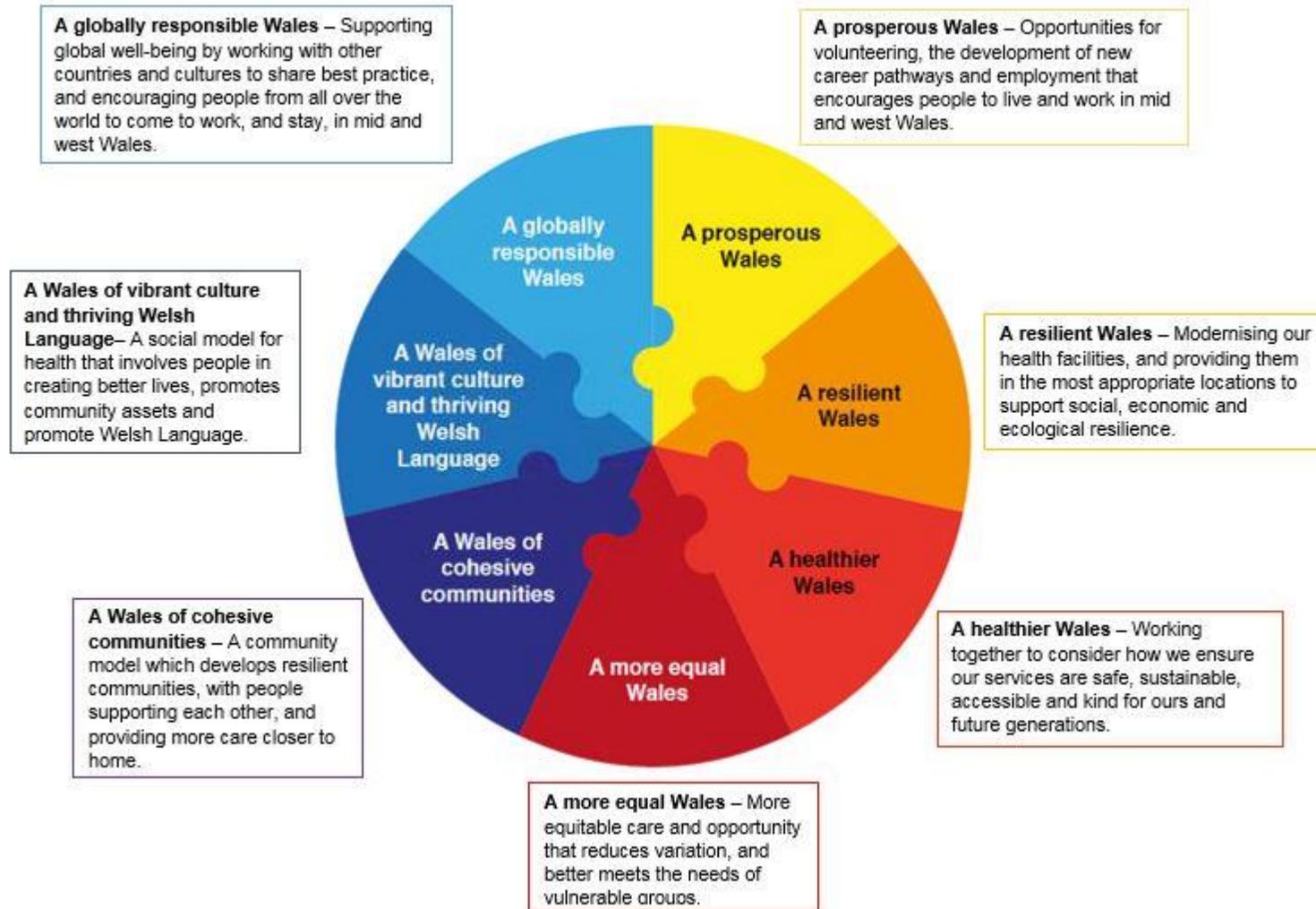


Delivering our health and care strategy, “A Healthier Mid & West Wales: Our Future Generations Living Well will also contribute to our commitment to achieving the seven national well-being goals as set out in the Well-being of Future Generations (Wales) Act, 2015. This vision was developed from the shared ambitions of our partners as set out in the well-being plans of Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards and seeks to empower communities to work together in areas they care about, and feel enabled to contribute to.

Based around a social model for health, our 20 year health and wellbeing strategy presents enormous opportunities for us to think and act differently in the way we deliver health and care services in collaboration with key partners, including our staff and service users and others who live and work in the Health Board area. Adopting the social model of health means that when developing and reviewing our services, we will consider a broader range of factors that influence health and wellbeing, including environmental, economic, social and cultural issues.



We envisage that our strategy will support the delivery of equality, diversity and inclusion, and impact on the national well-being goals in the following ways:



Our Director of Public Health's Annual Report 2018/19 recognises that in order for us to meet our aims, people need access to support and advice to improve their health, including advice on smoking, nutrition, alcohol as well as other things that may be affecting their health like housing, debt and caring responsibilities.

Conversations with patients about their health as a whole person and about their well-being is a way of combining the expertise of clinicians with the expertise that people have about their lives and what matters to them. A new relationship of 'working with' rather than 'doing to' puts more power into the hands of patients and service users and can be the catalyst for people to make positive changes in their lives and communities. This cannot be done without considering the needs of our populations from an equality and human rights perspective, breaking down the barriers that exist in our communities.



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## How we developed our refreshed strategic equality objectives

Evidence to inform our equality objectives for the next four years has been collected from national and local reports, as well as from engagement activities with staff, service users and the wider population.

## How we engaged and what we learned

We undertook a 6 week multi-agency engagement exercise with other public sector organisations in the Dyfed Powys area. We worked collaboratively with Dyfed Powys Police, Mid and West Wales Fire and Rescue Service, Local Authorities from Carmarthenshire, Ceredigion, and Pembrokeshire, Powys Teaching Health Board, Pembrokeshire Coast National Park and Brecon Beacons National Park.

Engagement activities included an on-line survey available to staff and the general public in a variety of alternative formats. The survey gathered views on how people from different backgrounds experience six major areas of life:

- Education
- Work
- Living Standards
- Health
- Justice and Personal Security
- Participation

A series of engagement events held in the three counties facilitated by Carmarthenshire People First (Carmarthenshire and Ceredigion) and Pembrokeshire Voices for Equality (Pembrokeshire), on behalf of the Mid and West Wales Collaborative group. Meetings with specific community groups reflecting the protected characteristics were also undertaken across our three counties.

The information and feedback gained from the engagement activities has been used to help us define our revised equality objectives. The reports produced following this engagement, together with information gathered from our continuous engagement activities facilitated by our Engagement Team, will be used to help inform the way in which we plan, develop and deliver services on an ongoing basis.

## **Findings from our engagement**

Across our three counties, and in Powys, different demographic groups were perceived as having broadly similar experiences in respect to health in comparison to the wider population. Most protected groups (apart from those who were pregnant or who had recently given birth) were perceived to have worse experiences of health than the population as a whole. Each group also considered that they had worse experiences of health in comparison to the population as a whole, apart from single people, who said they have similar negative experiences compared to the population.

The top 4 groups rated as having worse experiences of health than the population as a whole were:

- Disabled people
- Older people
- Transgender people
- BME people

The majority of topics and themes reported as worse experiences were in relation to:

- Access
- Communication
- Engagement and involvement
- Training
- Employment



Whilst we have identified the top 4 groups rated as having worse experience of health than the population as a whole, we realise that efforts also need to be made to improve the experience of all protected groups when accessing our services. It will be the responsibility of each service to identify where their focus should be in addressing issues of inequality or introducing positive initiatives aligned to meeting the Health Board's strategic equality objectives.

## **Wider Considerations**

We recognise that all the domains explored within the regional engagement survey can impact on health and well-being and that we also have a duty to be a fair and inclusive employer. Wider considerations include:

- Education - Disabled people and transgender people were perceived to have the worst experiences of education. People who are pregnant or recently given birth, older people, BME and LGB were all believed to have negative experiences of education. Younger people and Welsh speakers were seen to have the best experiences of education. All other groups were believed to have a generally neutral experience of education.
- Employment - Being disabled, an older person, BME or being pregnant or recently given birth were seen to have the worst experiences of employment. The survey also found that being transgender, a younger person or female also have negative experiences of work. Being a Welsh speaker or being male were perceived to have better experiences of work.
- Social Care - Other groups were perceived to have a neutral experience or a small negative experience of accessing social care services.
- Housing - Younger people were seen to have the worst experiences of housing, reflecting the difficulties of young people finding affordable housing. Disabled people, single people and older people were all seen to have worse experiences of housing, which may be due to the lack of accessible and suitably sized properties. Other groups were seen to have an approximately neutral experience of housing.



- Transport - Disabled people were rated as having a significantly worse experience of transport, with all other groups having a more or less neutral experience.
- Leisure and access to coast and countryside - Disabled people were believed to have a much worse experience of leisure and access to coast and countryside. Older people and or those who are pregnant or have recently given birth were perceived to be slightly worse off than the population as a whole. All other groups were seen to have a neutral experience.
- Accessing information and digital services - Younger people were perceived to have a much greater positive experience of accessing information and digital services. Other groups were perceived to have a broadly neutral experience.
- Community cohesion - Being disabled, transgender, BME or LGB were seen to have the worst experiences of getting on well together in a community. Welsh speakers were believed to have the best experiences of getting on well together in a community. The other protected characteristics were perceived to have a broadly neutral experience of getting on well together.
- Influencing decisions - Younger people, disabled people or people who are BME were seen to have the worst experiences of influencing decisions. Only people who are male or people who speak Welsh were perceived to have better experiences in influencing decisions than the population as a whole.



## National reports

The Equality and Human and Human Rights Commission (EHRC) published a report called [Is Wales Fairer 2018?](#) and we have used the key findings to inform our thinking as we developed our refreshed strategic equality objectives. The EHRC report highlighted three themed areas in relation to Health:

### Access to healthcare:

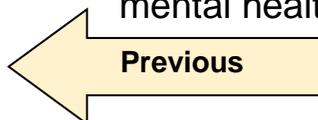
- Gypsy, Roma and Traveller families continue to experience difficulties in accessing quality health services.
- There are concerns about the quality of translation and interpretation services for migrants, refugees and asylum seekers, which may act as a further barrier to accessing health services.
- There is a need to develop access to, and the quality of, specialist healthcare for transgender people in Wales.
- The majority of people with learning disabilities in Wales do not receive an annual health check and the uptake rates vary considerably across the country.

### Health outcomes:

- Disabled children report good health less frequently than non-disabled children.
- In 2016, men in Wales were over four times more likely than women to die by suicide.
- Although life expectancy is increasing, there are significant gaps between and within local authorities; and adults – particularly men – living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.

### Mental health

- Despite an increase in funding, mental health provision in Wales is not meeting demand. The number of people waiting for mental health treatment has doubled in the past six years.
- The number of children and young people referred to, and waiting for treatment from, child and adolescent mental health services continues to increase.



- Concerns remain about the level of specialist perinatal mental health services in Wales and up to one in five women in Wales is affected by perinatal mental illness. Compared with the UK average of 40%, 70% of people in Wales have no access to specialist perinatal mental health services.
- Inconsistent monitoring of protected characteristics and at-risk groups makes it difficult to assess their access to health services and determine their health outcomes.
- Access to mental health service provision is particularly poor for refugees and asylum seekers.
- Poor access to health provision, combined with mistrust and reluctant uptake of health services, has a negative impact on Gypsy, Roma and Traveller health.

The “Is Wales Fairer? 2018” report also highlighted the following key findings in relation to the wider context of health and well-being:

- Insecure employment is twice as high on average for those aged 16-24
- Disabled people’s employment rate is less than half that of non-disabled people
- Seven out of ten mothers have had a negative or discriminatory experience during pregnancy, maternity or returning to work. Sexual harassment remains widespread in the workplace
- Apprenticeships remain strongly gender segregated with under-representation from ethnic minorities and disabled people
- A gender pay gap exists in Wales.

In developing our equality objectives for the next four years (2020-2024), we took into account the findings of our collaborative survey, together with the findings of the Equality and Human Rights Commission “Is Wales Fairer? 2018” report. We also took account of the Welsh Government equality objectives and the need to take an underpinning human rights based approach, as agreed across the Mid and West Wales multi-agency SEP Collaborative. We involved representatives of our Board across a wide range of disciplines at the early stage of developing our objectives and held a workshop on 11 October 2019 to refine our objectives and undertook our own public engagement survey during November and December to test out our proposed strategic equality objectives prior to submission for approval.



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## Our Equality Objectives

We have developed four overarching strategic equality objectives which are set out in the tables below.

Theme	Objective	Anticipated outcome
Leadership by All	Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation	Staff, including Board members, will be motivated to use their lived experiences and act as role models to create positive experiences for colleagues and service users, to identify where improvements can be made and will be supported to put their ideas into practice as appropriate.

Each new member of staff within the Health Board attends a corporate Induction course which includes a “Person-Centred Care” session. This session emphasises the importance of considering service users and colleagues as individuals and affording them due dignity and respect in accordance with the Health Board Values. It also raises awareness of unconscious bias and how it may be mitigated. Health Board staff also complete the All Wales “Treat Me Fairly” mandatory e-learning package developed by the NHS Centre for Equality and Human Rights, both as new starters and as refresher training every three years. Additional training is also available for staff to attend or complete according to their needs. Bespoke training on a one-to-one or group basis is also offered in relation to Equality Impact Assessment and can be arranged for a variety of subjects according to identified needs on request.

Each member of staff, including Board members, is expected to be mindful of how they can contribute to providing equitable services and treat colleagues in accordance with Health Board values. We expect that this would be demonstrated in a number of ways, for example:

**Independent Members, Chair, Vice Chair, Chief Executive and Executive Directors** – the way in which they set strategic direction, review performance and ensure good governance of the organisation.

**Service, Departmental and Team Managers** – building equality considerations into all aspects of work including the way in which they oversee the planning, design, development, delivery, quality and effectiveness of services.

**Corporate Equality and Diversity staff** – in raising awareness and building 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 Recruitment staff** – in building 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.

**Organisational Development staff** – in ensuring fair and equal access to training and development opportunities, and that diversity and inclusion is embedded into content of training and organisational development programmes.

**Communications and Engagement staff** – in finding ways to effectively engage with service users and ensuring that information is available and accessible to staff and service users.

**Procurement and Commissioning staff** – in building equality considerations into the commissioning and procurement of goods and services.

**All staff** – in how we provide equitable, person-centred, individualised care and demonstrate the Health Board values in all our interactions with patients, family members, colleagues and the public.



Theme	Objective	Anticipated outcome
Working Together	Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services.	We will use our mechanism of continuous engagement to ensure equal opportunities across all groups, particularly those who traditionally face barriers, to contribute to and influence the design and delivery of services.

Working closely with the Community Health Council we have developed the Health Board’s [Framework for Continuous Engagement](#). The benefits of a continuous engagement approach mean patients, carers, service users, citizens, staff and partners work together to design services that better meet the individual and community needs and utilise resources effectively. This approach reinforces the commitments within our Patient’s Charter and recognises the diversity in experiences amongst our population. Our approach to continuous engagement must be flexible and accessible for people with protected characteristics and whose first language is not Welsh or English. We will sometimes need to listen and have conversations with particular communities about specific services or around what is important to them. We will need to make it easier for people to have conversations with us in their language of choice, as well as supporting staff to exercise their right to converse in Welsh. When considering changes which have an impact on communities, we will base this engagement on our seven geographical localities. This will support working in an integrated way across not only health and social care but with public health, other public sector organisations, the third sector, housing, education and many other services.

The creation of active working groups committed to identifying adverse trends, the causes of inequality and poor patient and staff experience will assist in breaking down cultural and organisational barriers that hinder progress towards our strategic equality objectives.



Theme	Objective	Anticipated outcome
Improving health and well-being for all	Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities.	Staff have access to training and development opportunities to enable feedback received from our continuous engagement activity to be used to improve patient access and experience with due regard to individual needs within a values based approach.

Our practice of continuous engagement helps to inform our Equality Impact Assessments (EqIAs). These help us to identify potential negative impacts at the earliest opportunity, so that arrangements can be made to eliminate or mitigate disadvantage as soon as possible in the design, development and review of and services and service delivery. It also enables us to find opportunities where positive impacts may be enhanced for the benefit of all. Results of EqIAs are published alongside relevant policies and within documentation relating to service change. Bespoke training in relation to equality impact assessment is available from the Partnerships, Diversity and Inclusion Team on a one-to-one or group basis.

We have a “Quality Assurance Framework”, designed to ensure high quality services are delivered throughout the Health Board. It is focused on engaging and enabling the whole workforce to understand and deliver high quality Patient Centred Care. Arrangements for the EqIA process for each service change from engagement through to action plans and monitoring is scrutinized within this process through our usual governance channels.

Patient experiences may differ across different services, and between protected groups. It will be the responsibility of each service to identify where action needs to be taken to reduce inequalities between different groups.



Theme	Draft Objective	Anticipated outcome
Being an employer of choice	We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.	Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being. Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.

The Workforce and Organisational Development Department and Strategic Partnerships, Diversity and Inclusion Team will work closely to identify and resolve issues and will work collaboratively to create a fair and inclusive working environment. Within the theme of being employer of choice and the associated objective, we will include actions to identify and address Gender Pay Gap issues. Over time, we will also seek to identify and address pay gap issues relating to additional single or multiple protected characteristics where they might exist.

Whilst pay systems are one method of determining pay equity, we know there are a number of additional issues that are relevant to determining what staff from different protected groups are paid. These include occupational segregation, availability of full/part time work in different occupational groups, availability of family friendly policies, managerial support for flexible working and organisational culture. We will work on each of these factors to assist in reducing/ closing pay gaps where they exist. We will ensure that all our staff (including medical staff) will receive an annual Performance Development Review where training needs will be identified and opportunities for development discussed.



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## Conclusion

The Health Board approved its Health and Care strategy in November 2018 setting out a 20 year vision for services fit for current and future generations, in line with our duties under the Wellbeing of Future Generations (Wales) Act 2015. This has coincided well with the requirement under the Equality Act 2010 to review of our strategic equality objectives as it has helped us to view our equality ambitions from a fresh perspective.

Health and care services are only part of a complex system that needs to work better together to improve health and well-being outcomes for our population, enabling all to live healthy, fulfilled and prosperous lives. Our vision has been developed from the shared ambitions of our partners as set out in the well-being plans of Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards. Our Strategy seeks to empower communities to work together in areas they care about, and feel enabled to contribute to each other. None of this can be achieved without viewing through an equality lens to ensure we work towards breaking down barriers that exist for many in our communities just because of who they are.

We recognise the unique assets, barriers and goals of seldom heard groups and we will adapt our continuous engagement process to meet their needs, to ensure they can make a valuable contribution to helping us meet our objectives. We aim not just to reduce inequalities and improve experiences for both service users and staff, but to identify and eliminate the root causes of inequality and poor experience. There are many milestones in our 20 year journey; however, we must first develop the building blocks for success. Our refreshed equality objectives will provide the foundations for our future action, creating a movement for change through continuous involvement of our staff, patients, patients, people in our communities and key partners.

“Before we change the way we do things, we have to change our beliefs about ourselves, about others and about what is possible. Hidden within the challenges is great opportunity – to innovate and to involve us all in a movement for health and wellbeing.”

