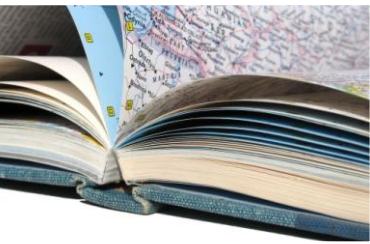




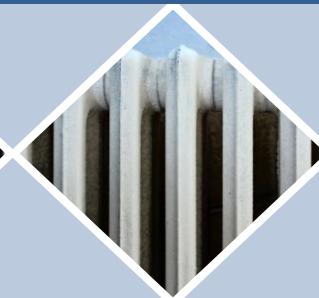
GIG
CYMRU
NHS
WALES

Arsyllfa Iechyd
Cyhoeddus Cymru
Public Health
Wales Observatory

Wider Determinants of Health



Hywel Dda Health Board



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Contributors: Gareth Davies, Lloyd Evans, Ioan Francis, Deirdre Hickey, Rhian Hughes, Ciarán Humphreys, Tracy Price, Nathan Lester, Bethan Patterson.

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1 Introduction

1.1 Factors affecting health

Health is affected, positively and negatively, by many factors. At an individual level there are fixed biological factors, such as age, sex and genetic (or inherited) makeup, and potentially modifiable lifestyle factors, such as smoking, diet and exercise.

The society within which individuals live can influence their health, with involvement in social and community networks, including friendships, contact with relatives and supportive community interactions, playing an important role in maintaining health.

Then, at a higher level again, are the wider determinants of health, or the “causes of the causes”, the environmental, social and economic contexts of lives. Factors such as education, employment, income and housing all influence health both directly and indirectly¹.

Many of these wider determinants of health are both inter-related and beyond the direct control of individuals. For example, an individual with few qualifications is more likely to be unemployed or to have a low income, which in turn limits their housing choice. Similarly there is evidence of a link between unemployment and health whereby ill health may be caused by, or result from, unemployment².

All of these circumstances may act to influence what is often wrongly perceived as solely a personal lifestyle choice. For example, whilst smoking may appear to an individual’s lifestyle choice, it is possible that their decision to smoke is pushed by the effects of the context of their lives and is in effect a response to those stresses³.

It follows then that any attempt to tackle poor health must address the wider contextual factors, rather than simply looking to influence individuals and their specific behaviours in isolation. As such, “building health into all policies and all policies into health” is rightly the first of the seven action areas of “Fairer Health Outcomes For All”, the Welsh Government’s strategic action plan to reduce inequities in health⁴.

1.2 Purpose of this report

The purpose of this brief report is not to establish associations between the wider determinants of health and health outcomes themselves, this has been done elsewhere¹. Nor is the purpose of this report to prescribe actions to tackle the wider determinants of health.

Rather, this report simply describes a number of indicators of the wider determinants of health at a small area level for each of the health boards in Wales. It has been produced by the Public Health Wales Observatory specifically to illustrate the variation in such indicators at small area level within health boards and their constituent local authorities.

Although a purely descriptive report, it is hoped that it will be of interest and use to the local Director of Public Health, the local Public Health Team and their stakeholders.

1.3 Content of this report

All but one of the indicators are presented at middle super output area (MSOA). There are 413 MSOAs in Wales with an average population of approximately 7,000 people. Therefore MSOAs provide a reasonably sized population for analyses whilst retaining a local small area focus.

In part, the (un)availability of determinants of health data at small area level has dictated the selection of the indicators presented here. In some instances, such as community safety, there were multiple alternatives with no definitive single indicator. In such circumstances a pragmatic choice had to be made, with the reality being that similar indicators will show a similar pattern. In other instances, such as housing, there was no up to date information available pending the release of 2011 Census data.

The indicators are presented under the following chapter headings: income, housing, employment, education and community safety. For most of the indicators, the following are presented:

- an overview of the meaning of the indicator and a description of the patterns observed within each area;
- a map of all the MSOAs by fifths of equal range within the health board area;
- a chart for each local authority within the health board;
- a chart of all local authorities across Wales.

In addition, an [Indicator Guide](#) is available providing further information on each indicator.

The one education indicator that was not available at MSOA level was the percentage of school leavers not in education, employment or training (NEET). This indicator is presented at local authority level only.

Where possible, confidence intervals are shown around the indicators. Confidence intervals are indications of the random variation that would be expected around these indicators. Unfortunately, in many instances it was not possible to provide confidence intervals due to the nature of the data. Confidence intervals and MSOAs are described in more detail in Appendix A.

Appendix B comprises a series of local authority area maps showing the MSOA boundaries for each local authority within the health board area.

Further information on health inequalities and the relationship of health to deprivation can be found in the Observatory topic page 'Inequalities and inequities' available: <http://www.wales.nhs.uk/sitesplus/922/page/49811>.

1.4 Fair Society, Healthy Lives

The Marmot Review, Fair Society, Healthy Lives, published in 2010, suggested a number of indicators that would support the monitoring of work that aimed to tackle health inequalities, which arise largely from the wider determinants of health.

Joint work by the London Health Observatory and The Marmot Review Team led to the publication of 10 such indicators for England⁵, shown below with details of the equivalent indicators for Wales.

Marmot Indicators for Local Authorities in England	Equivalent indicators for Wales
1 Male life expectancy at birth	Produced and published for Wales by the Public Health Observatory for Wales in the report 'Measuring Inequalities 2011: Trends in mortality and life expectancy in Wales', available at http://www.wales.nhs.uk/sitesplus/922/page/58379
2 Inequality in male life expectancy	
3 Inequality in male disability free life expectancy	
4 Female life expectancy at birth	
5 Inequality in female life expectancy	
6 Inequality in female disability free life expectancy	
7 Children achieving a good level of development at age 5	There is no current equivalent measure in Wales. A measure of achievement at the end of compulsory secondary education is presented here instead.
8 Young people not in employment, education or training (NEET)	Different recording systems in England and Wales mean the NEET data presented here are slightly different to those in England. However they are very similar so remain of use.
9 People in households in receipt of means tested benefit (%)	In England this is used as part of IMD. Here a similar measure is shown; percentage of working age population in receipt of employment related benefits, which itself is used in the WIMD.
10 Inequality in receipt of means-tested benefits	Not possible here as WIMD is based on LSOA whereas MSOA is the geographical level of this report.

2 Income

2.1 Household poverty

Definition

An experimental modelled estimate of the proportion of households living in poverty, after housing costs has been deducted. This is a relative measure of poverty as it is defined here as having less than 60% of the UK median net equivalised household income.

About

Low income and poor health are strongly associated, with low income leading to poor health and poor health leading to low income. A low income is likely to reduce the household's ability to access or maintain key aspects such as healthy food and warm accommodation. Low income is also likely to reduce societal participation and limit access to enabling resources and choices. Those on low incomes are more likely to engage in health damaging behaviours, such as smoking and eating high calorie foods, as coping mechanisms or short term fixes⁶.

More detailed information on this indicator can be found in the [Indicator Guide](#).

Pattern

Whilst it must be remembered that these are model based estimates, across the health board there was almost a twofold difference in the proportion of households estimated to be living in poverty from 18.5% (Ceredigion MSOA 004) to 32.8% (Pembrokeshire MSOA 013).

Estimates at the local authority level were not available but the median MSOA percentages suggest Pembrokeshire to be slightly higher than the rest and Carmarthenshire to be slightly lower.

It can be seen from the map that four of the five highest percentages occurred in Pembrokeshire around the towns of Pembroke, Pembroke Dock, Milford Haven and Haverfordwest. The remaining highest percentage occurred in Carmarthenshire around the town of Llanelli.

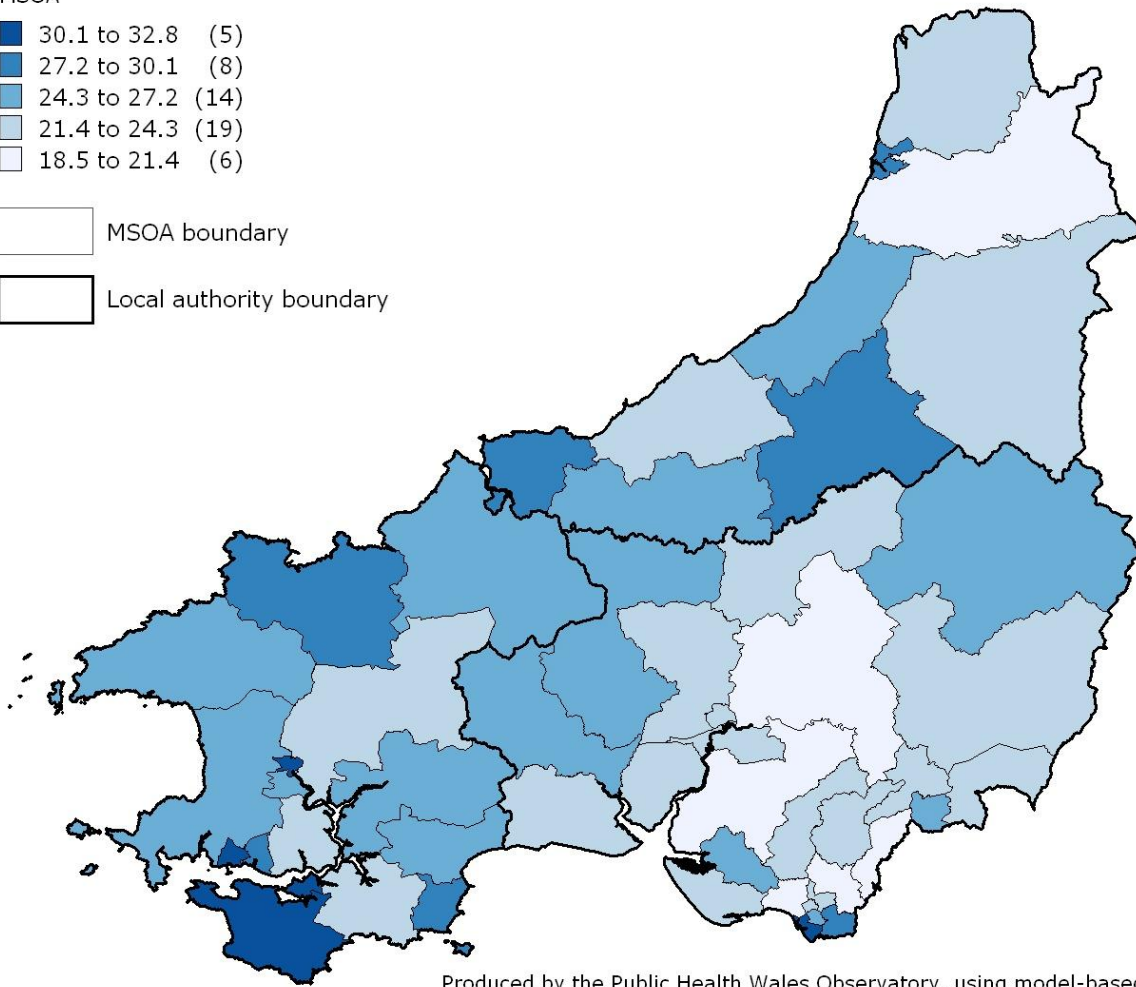
Percentage of households living in poverty, 2007/08

MSOA

- 30.1 to 32.8 (5)
- 27.2 to 30.1 (8)
- 24.3 to 27.2 (14)
- 21.4 to 24.3 (19)
- 18.5 to 21.4 (6)

□ MSOA boundary

□ Local authority boundary



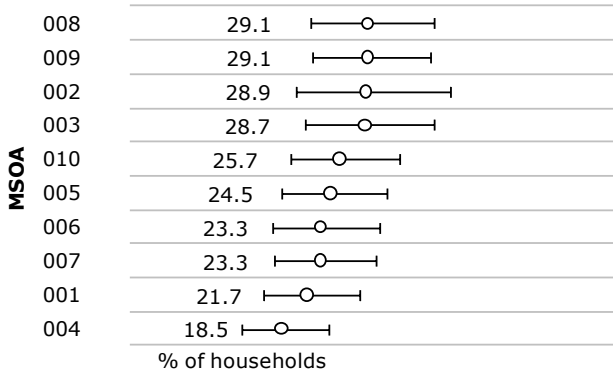
Produced by the Public Health Wales Observatory, using model-based estimates (ONS)
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Percentage of households living in poverty in Hywel Dda Health Board area, 2007/08

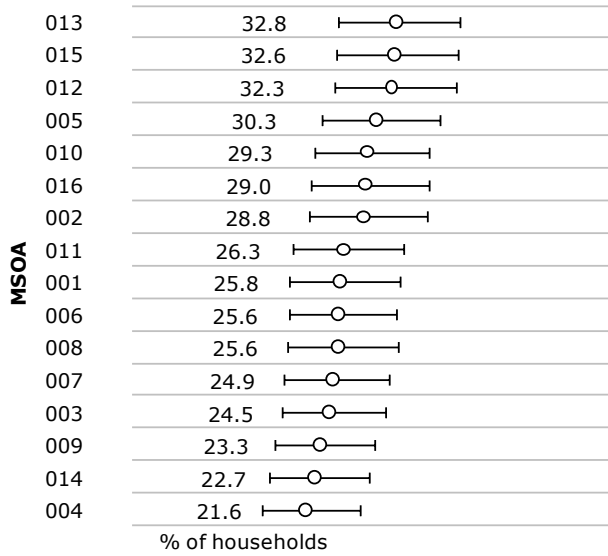
Produced by Public Health Wales Observatory, using model-based estimates (ONS)

—●— MSOA EASR with 95% confidence interval

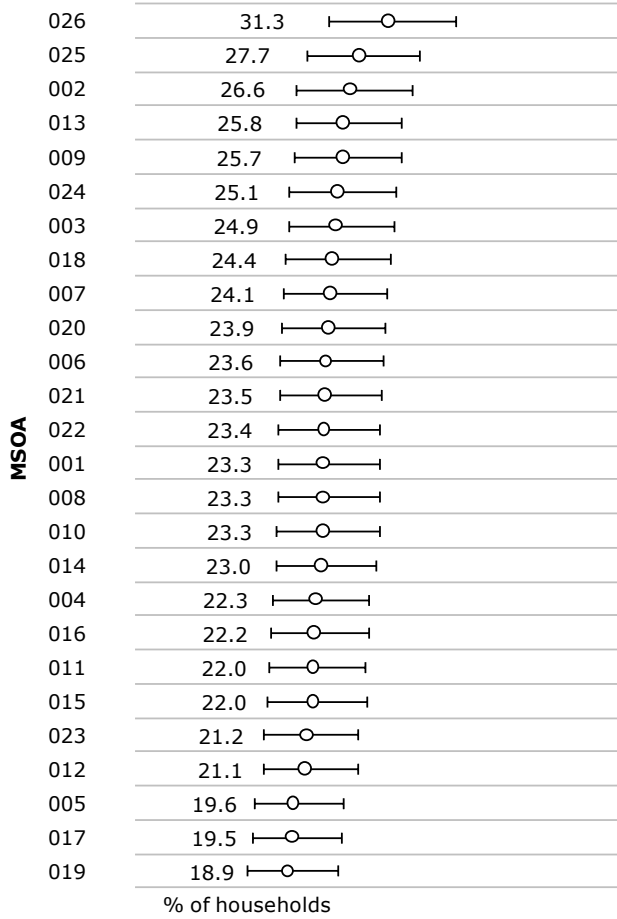
Ceredigion



Pembrokeshire



Carmarthenshire



3 Housing

3.1 No central heating

Definition

The percentage of all people living in households which had no central heating in any room or rooms.

About

The inability to adequately heat a house can have major health consequences. The cold itself can exacerbate many respiratory and circulatory problems, especially in the elderly, and is likely to contribute to excess winter deaths. Inadequate heating causes dampness and condensation within a house. Dust mites and fungal spores proliferate in such conditions, which then exacerbate respiratory problems such as asthma, wheezing and other lung inflammations⁷.

This indicator is taken from the 2001 Census and is hence out of date. However, in the absence of any other national housing data, and pending the release of the 2011 Census data, it is the most up to date source of housing data. More detailed information on this indicator can be found in the [Indicator Guide](#).

Pattern

The percentage of people living in households with no central heating was markedly higher than the Welsh average in two of the three local authorities within this health board. This was to such an extent that all 26 MSOAs in Ceredigion and Pembrokeshire were above the Welsh average. Across Wales as whole the highest percentages were seen in the more rural local authorities of the north and west. Areas without access to mains gas are less likely to have central heating.

Within this health board, there was substantial variation at the MSOA level, ranging from just 1% in Swiss Valley / Llangennech (Carmarthenshire MSOA 019) to 20% in parts of Milford Haven (Pembrokeshire MSOA 012). The map shows a very clear difference between the north and south with the majority of the lower percentages occurring in the southern most part of the health board.

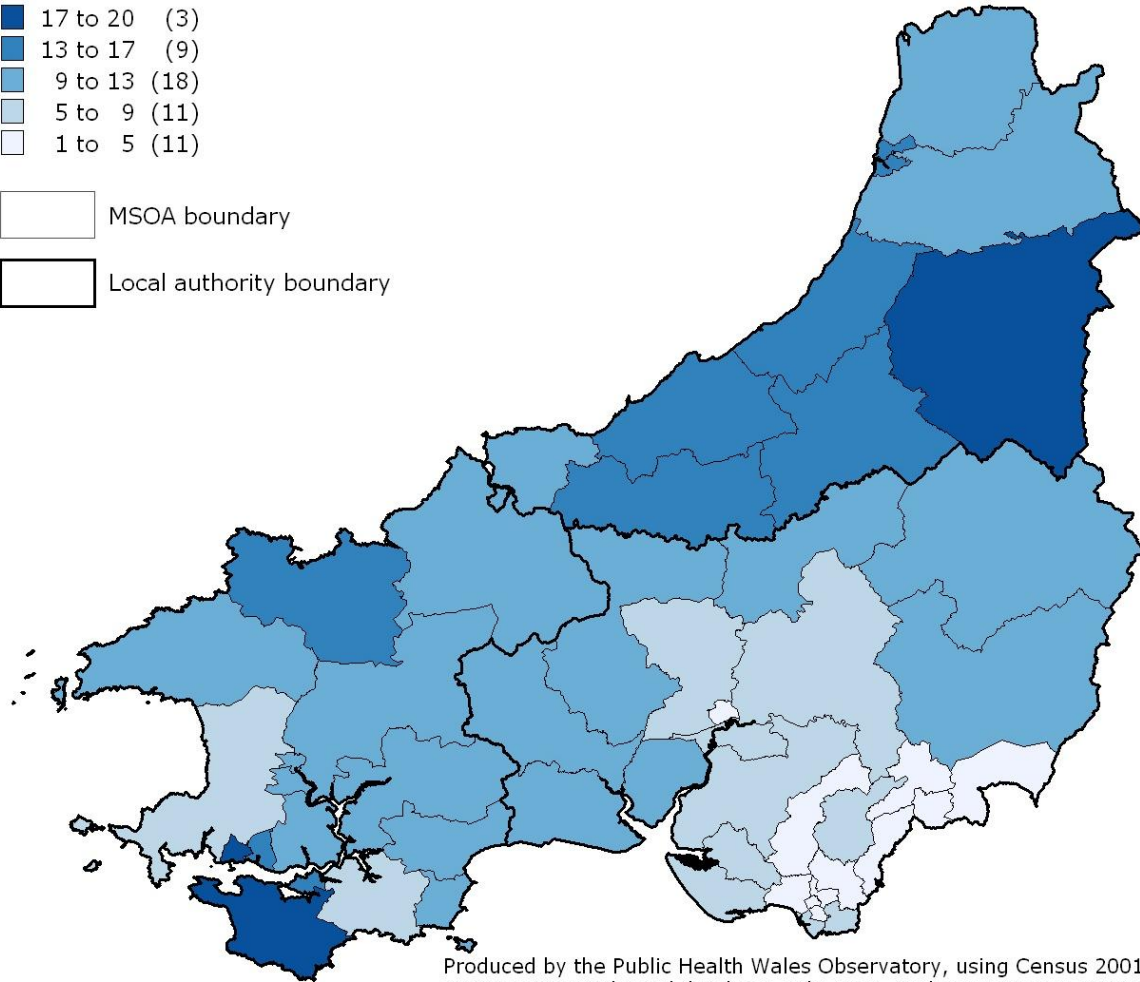
Percentage of all people living in households with no central heating, 2001

MSOA

- 17 to 20 (3)
- 13 to 17 (9)
- 9 to 13 (18)
- 5 to 9 (11)
- 1 to 5 (11)

MSOA boundary

Local authority boundary



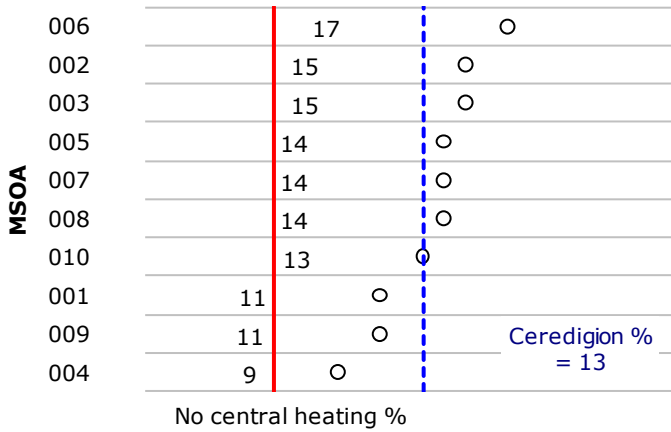
Produced by the Public Health Wales Observatory, using Census 2001 (ONS)
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Percentage of all people living in houses which had no central heating in any room or rooms in Hywel Dda Health Board area, 2001

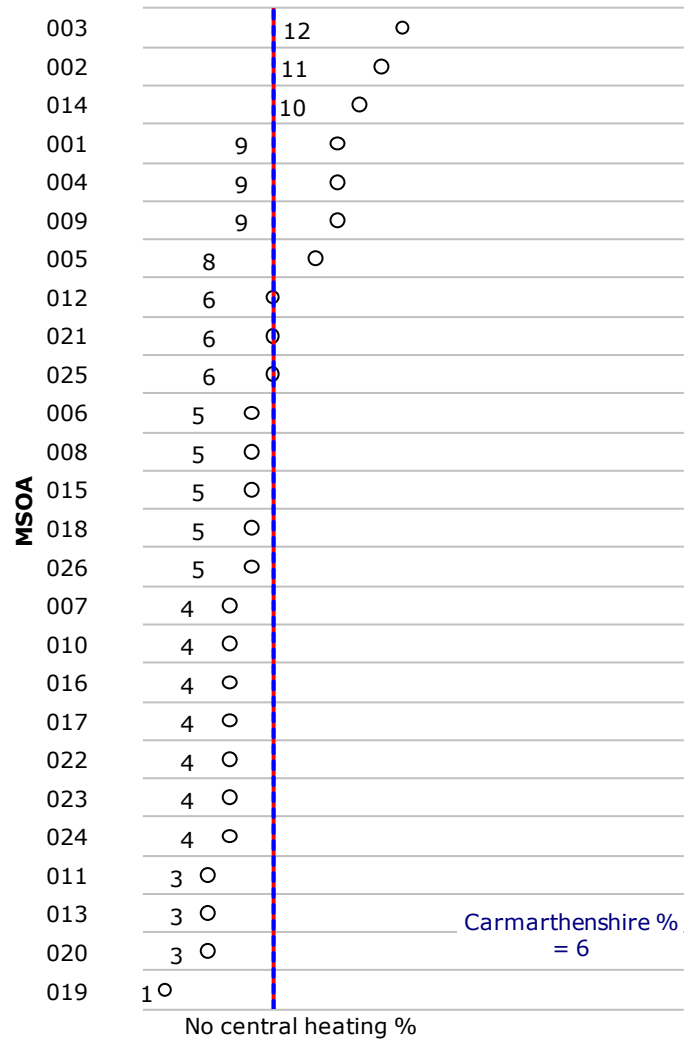
Produced by Public Health Wales Observatory, using Census 2001 (ONS)

○ MSOA - - - Local Authority — Wales (6%)

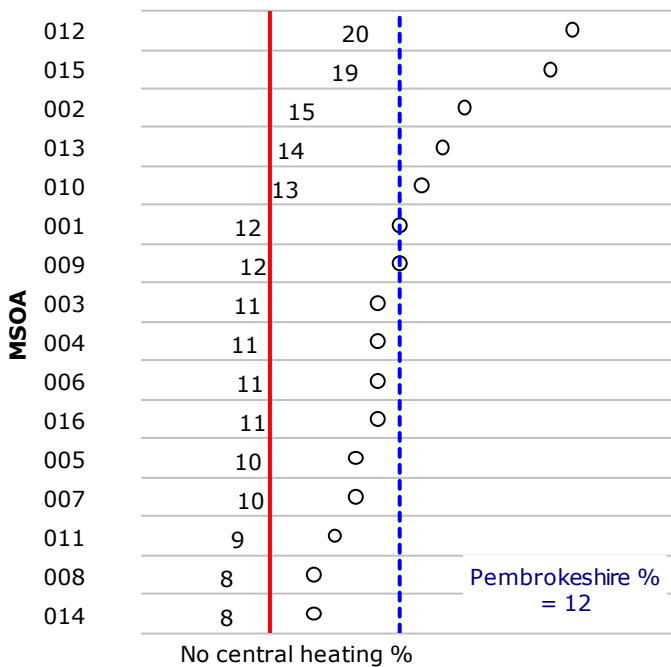
Ceredigion



Carmarthenshire



Pembrokeshire



Local authorities

Percentage of all people living in households with no central heating by local authority, 2001

Produced by Public Health Wales Observatory, using Census 2001 (ONS)



4 Employment

4.1 Employment related benefits

Definition

The percentage of the working age population claiming one or more (un)employment related benefits.

About

The lack, or loss, of employment will limit, or reduce, income. Unemployment can result in poverty, with all of its attendant negative health effects. Unemployment may also adversely affect psychological wellbeing which in turn may reduce societal participation⁸. It is likely that poor health may contribute to the loss of employment and may also limit the chances of gaining employment². Living in communities where unemployment levels are high, and therefore the expectation of finding work is low, can cause anxiety and depression as well as leading some to turn to drugs, alcohol and crime¹¹. Children growing up in such communities are similarly affected.

This indicator is the de-duplicated total number of working age people claiming one or more employment benefits, including Job Seeker's Allowance, Employment and Support Allowance and Incapacity Benefit. People claiming more than one such benefit are only counted once. More detailed information on this indicator can be found in the [Indicator Guide](#).

Pattern

Whilst the local authority averages for Ceredigion and Pembrokeshire were below the Welsh average (9.6% and 13.0% respectively), the local authority average for Carmarthenshire was slightly above the Welsh average at 15.1%.

There was considerable variation at the MSOA level from just 6.9% in parts of Aberystwyth (Ceredigion MSOA 002) to 27.6% in parts of Llanelli (Carmarthenshire MSOA 026). Eight of the nine highest percentages occurred in Carmarthenshire. The other particularly high percentage was in Pembroke Dock (MSOA 013). Ceredigion had a particularly high percentage in the Cardigan / Aberporth area (Ceredigion MSOA 009). Employment related benefits, unsurprisingly, show a similar pattern to that of poverty, being generally highest in the coastal and larger towns.

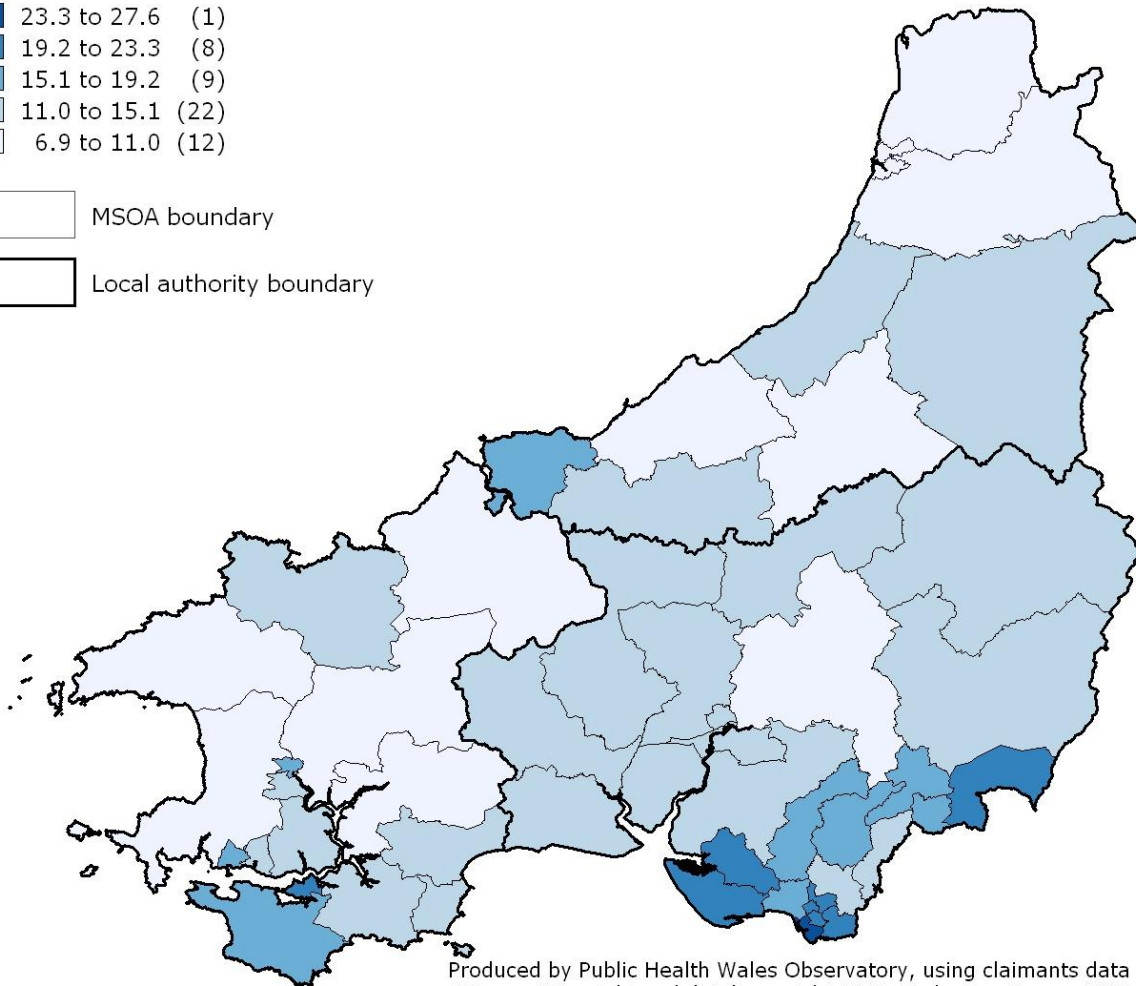
Percentage of working-age population claiming employment-related benefits, November 2009 - August 2010

MSOA

- 23.3 to 27.6 (1)
- 19.2 to 23.3 (8)
- 15.1 to 19.2 (9)
- 11.0 to 15.1 (22)
- 6.9 to 11.0 (12)

MSOA boundary

Local authority boundary



Produced by Public Health Wales Observatory, using claimants data (ONS) & (DWP)
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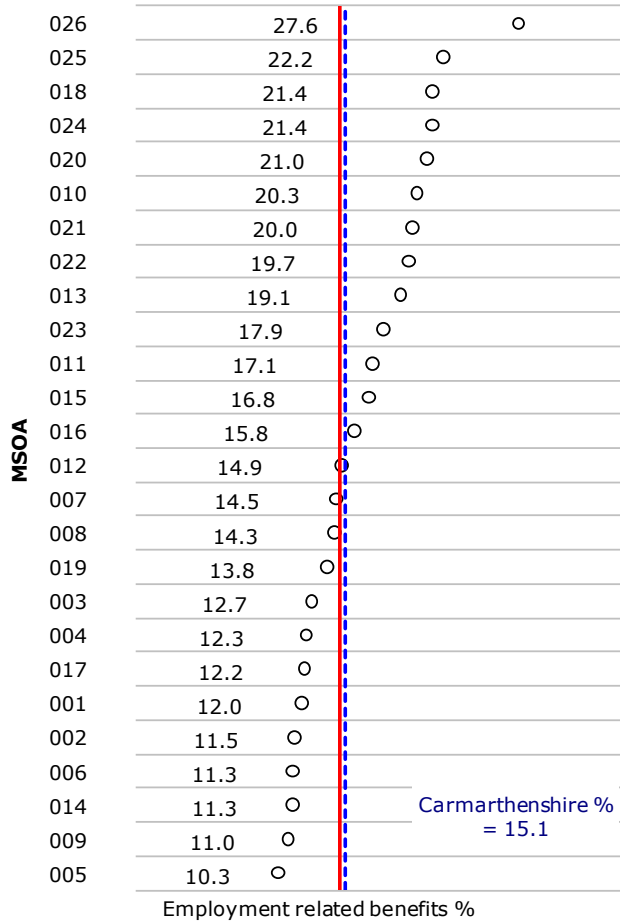
Percentage of the working-age population claiming one or more employment related benefits in Hywel Dda Health Board area, November 2009 – August 2010
 Produced by Public Health Wales Observatory, using claimants data (ONS) & (DWP)

○ MSOA - - - Local Authority — Wales (14.7%)

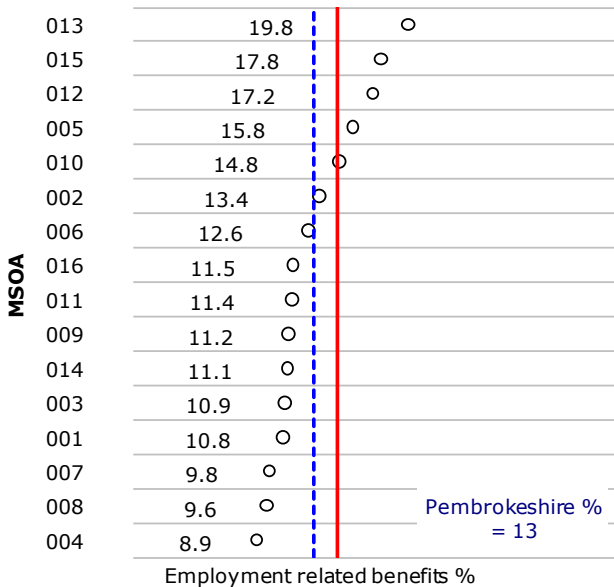
Ceredigion



Carmarthenshire



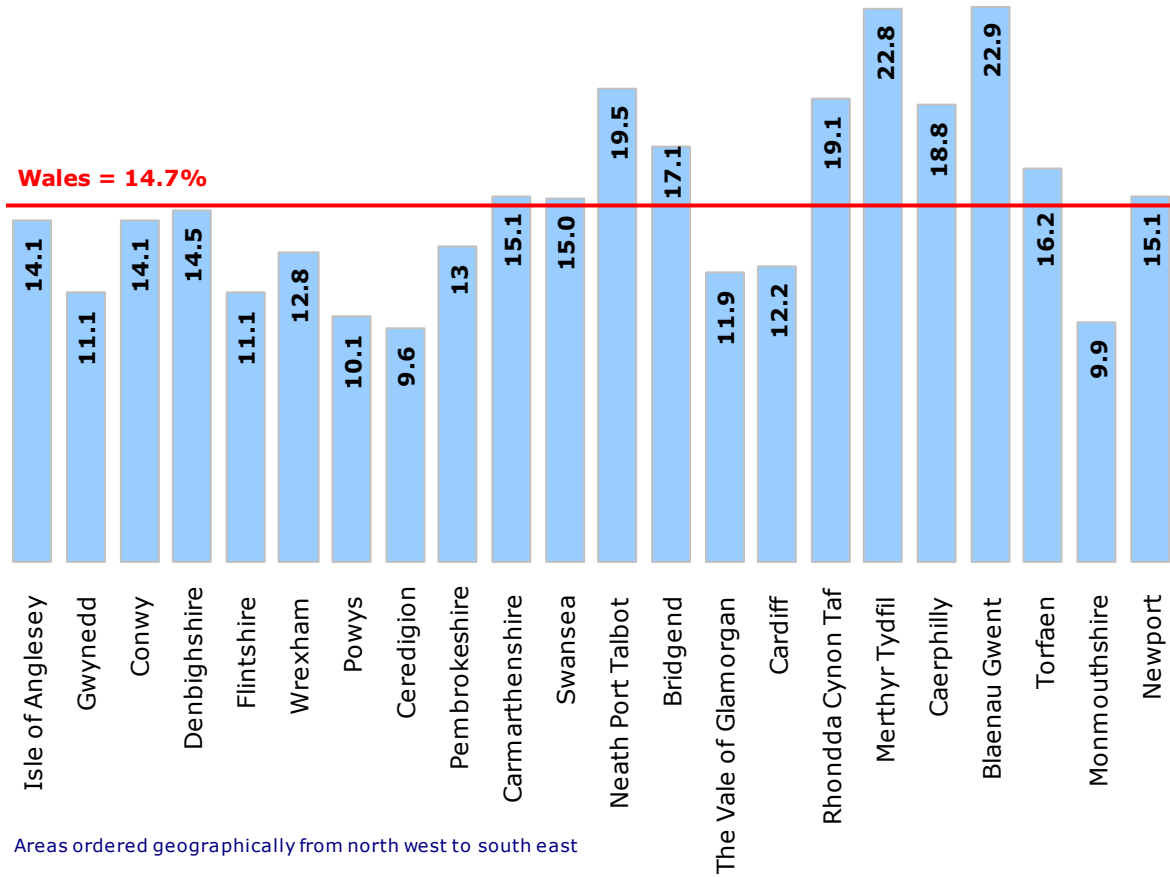
Pembrokeshire



Local authorities

Percentage of working-age population claiming employment-related benefits, November 2009 - August 2010

Produced by Public Health Wales Observatory, using claimants data (ONS) & (DWP)



5 Education

5.1 Educational attainment aged 16

Definition

Key stage 4 educational attainment at the end of compulsory education.

About

Educational attainment is a critical indicator of future education and employment opportunities. These opportunities in turn are critical indicators of income which, as discussed earlier, has a major effect on health⁸.

Unlike all of the other indicators, here a higher value is better. The widely used school performance tables are, by design, based on the school's pupils irrespective of where they live. Hence school based performance indicators are not amenable to a small area of residence analysis. The indicator presented here is based on the area of residence of pupils irrespective of their school, though that of course means that it is possible for more than one school to draw pupils from any single MSOA. The wider average points scores presented here represent the absolute achievement of resident school pupils with regards to all approved qualifications taken up to the age of 16 including GCSEs, NVQs, City & Guilds and other vocational qualifications. To understand more about the complex composition of this score it is best to view the more detailed information on this indicator that can be found in the [Indicator Guide](#). Notwithstanding that, scores at the extreme ends of the scale represent substantial differences in educational achievement.

Pattern

All of the local authority averages in this health board area were above the Welsh average (394), ranging from 413 in Pembrokeshire to 461 in Ceredigion.

There was considerable variation at the MSOA level from just 317 in parts of Milford Haven (Pembrokeshire MSOA 012) to 576 in parts of Aberystwyth (Ceredigion MSOA 002). The highest (best) scores occurred in the Aberystwyth and Devil's Bridge area of Ceredigion (Ceredigion MSOA 002, 004), the Tenby area of Pembrokeshire (Pembrokeshire MSOA 016) and the Llandeilo and Llanegwad areas of Carmarthenshire (Carmarthenshire MSOA 004, 005). The lowest scores occurred in MSOAs near Pembroke, Pembroke Dock, Milford Haven, Kidwelly and Llanelli.

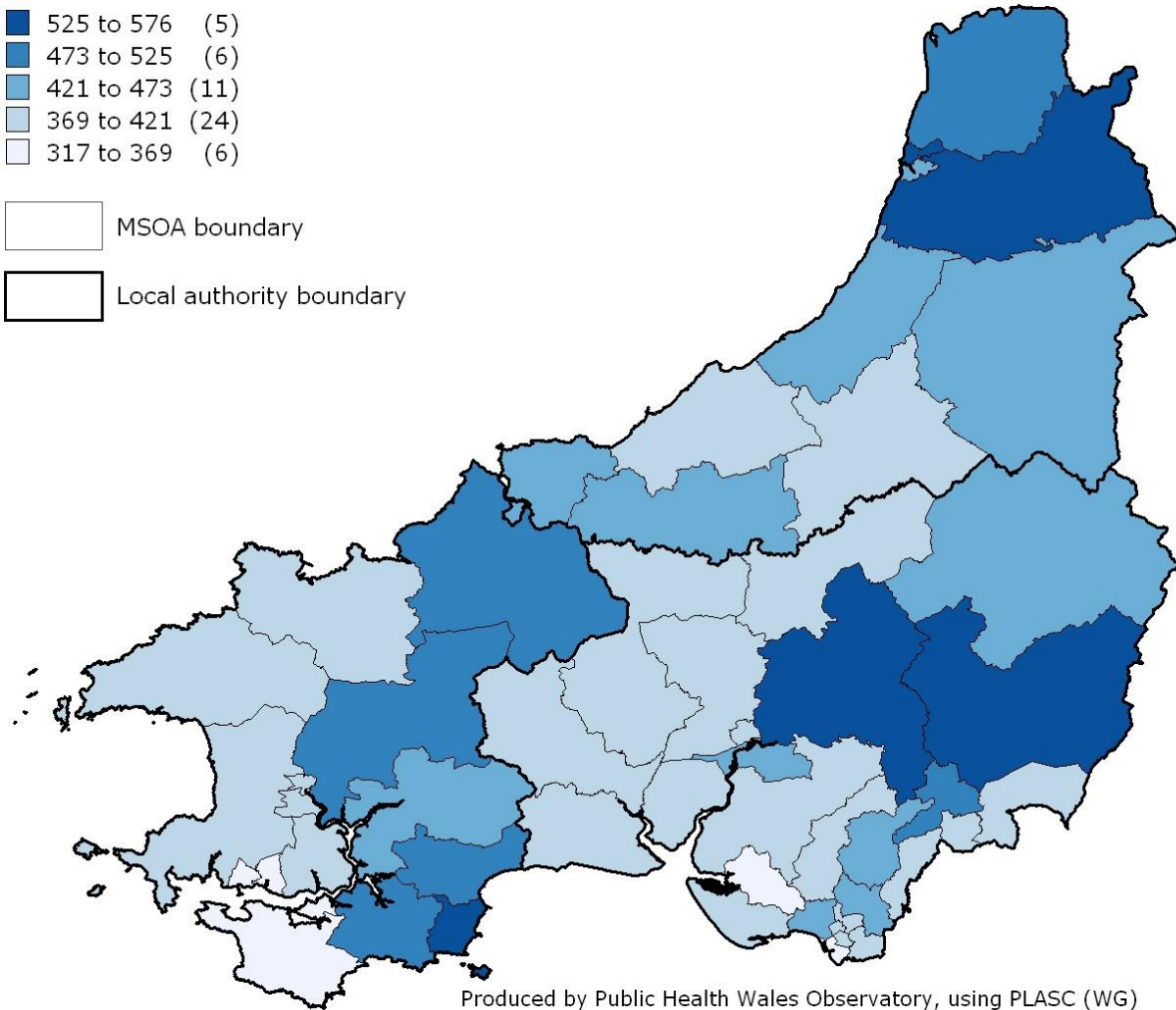
Key stage 4 educational attainment, 2008-2010

MSOA, mean score

- 525 to 576 (5)
- 473 to 525 (6)
- 421 to 473 (11)
- 369 to 421 (24)
- 317 to 369 (6)

□ MSOA boundary

□ Local authority boundary



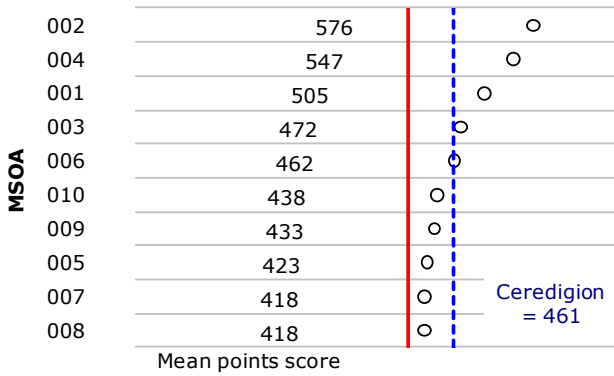
Produced by Public Health Wales Observatory, using PLASC (WG)
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Key stage 4 educational attainment mean scores in Hywel Dda Health Board area, 2008-10

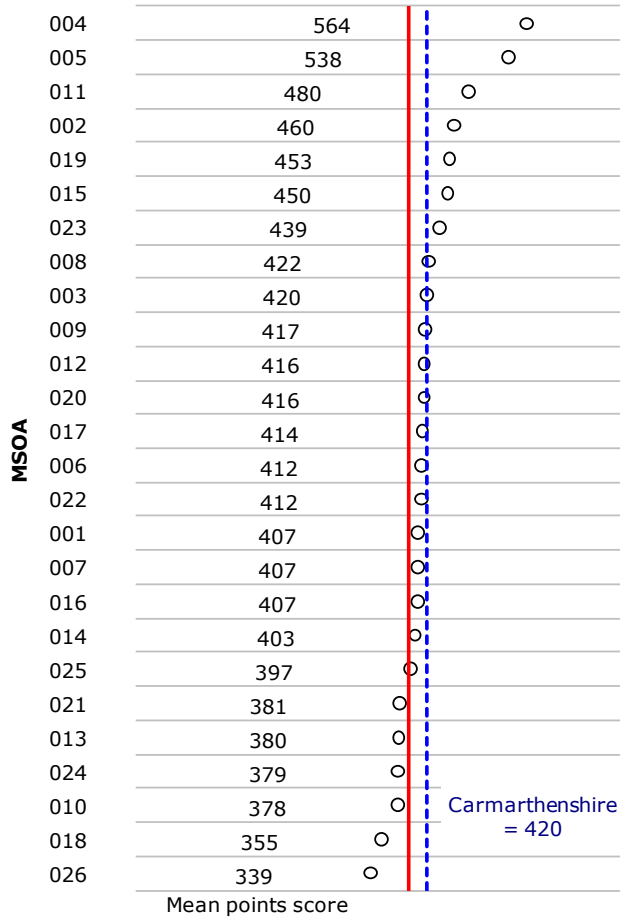
Produced by Public Health Wales Observatory, using PLASC (WG)

○ MSOA - - - Local Authority — Wales (394)

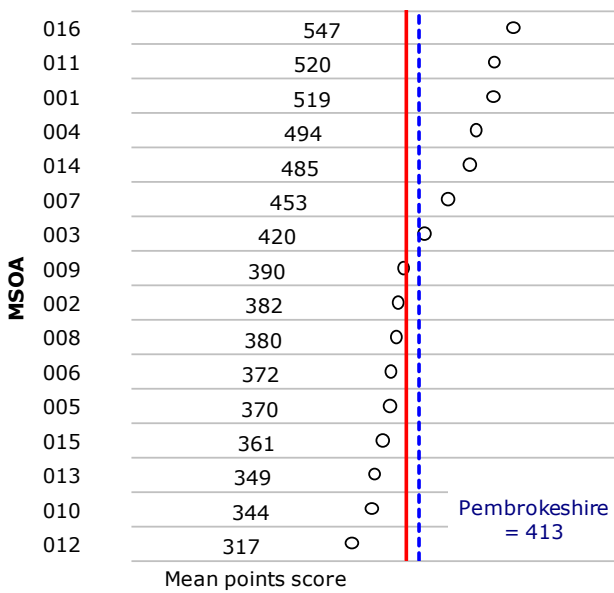
Ceredigion



Carmarthenshire



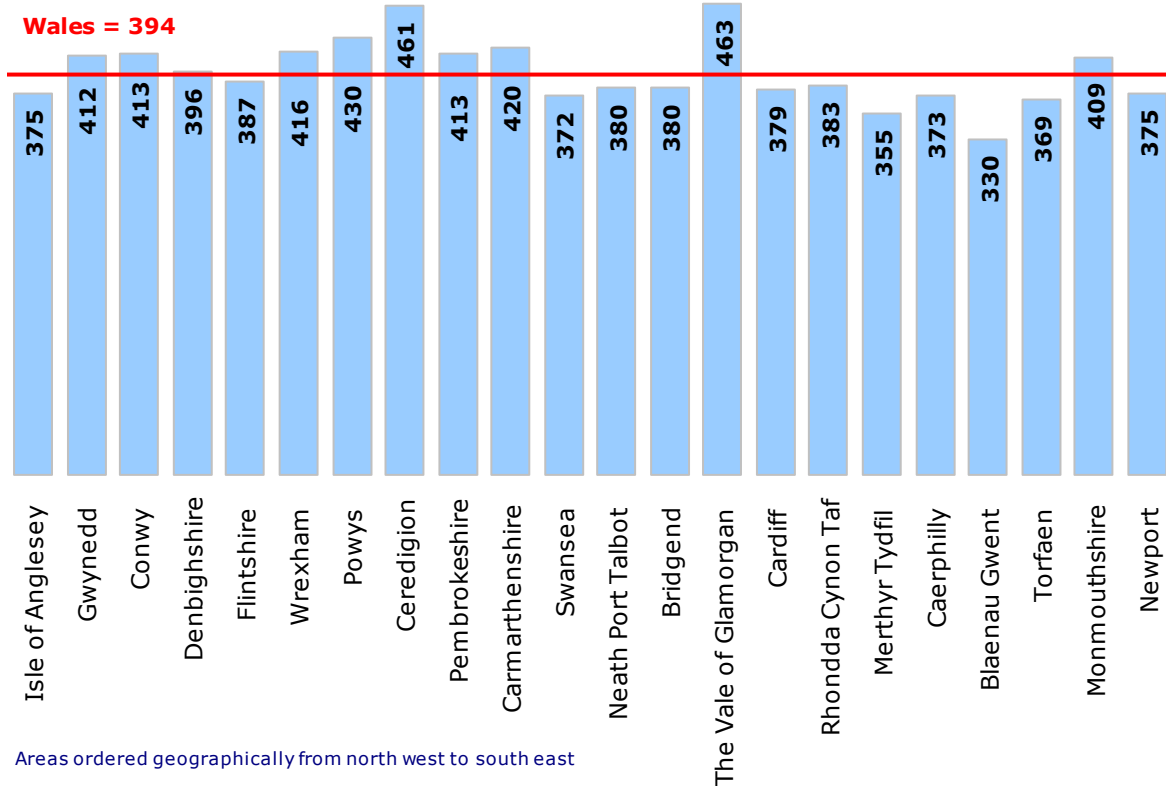
Pembrokeshire



Local authorities

Key stage 4 educational attainment mean scores by local authority, 2008-10

Produced by Public Health Wales Observatory, using PLASC (WG)



5.2 Not in education employment or training

Definition

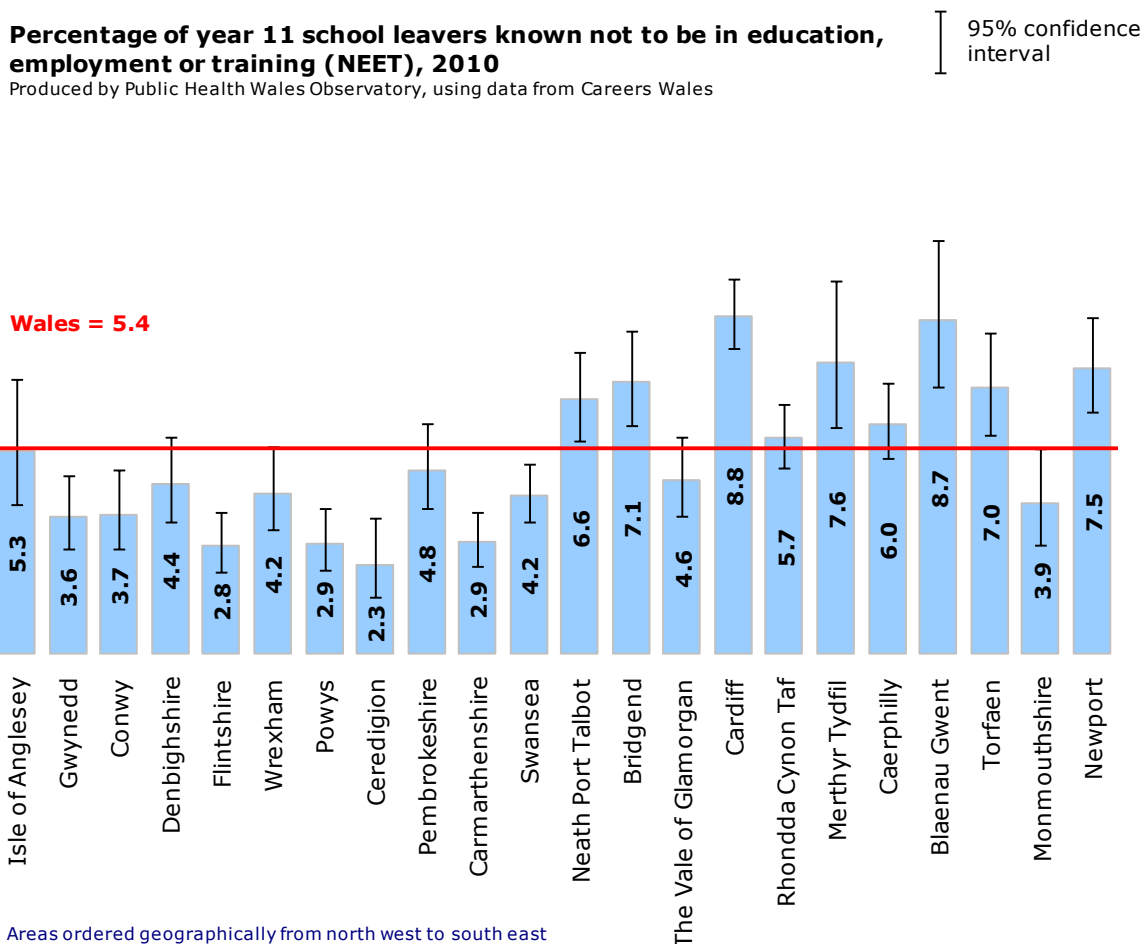
The percentage of year 11 school leavers who left school in the summer and who, by the end of October, were not known to be in full or part time education, employment or training (NEET).

About

The non-participation in education, employment or training after compulsory education is associated with subsequent unemployment, low income, mental illness and criminal activity⁹. More detailed information on this indicator can be found in the [Indicator Guide](#).

Pattern

At local authority level within the health board, Ceredigion had the lowest percentage of year 11 school leavers who were not known to be in education, employment or training when coming into the next academic year. The percentages for all three local authority areas in Hywel Dda were less than the average for Wales.



6 Community Safety

6.1 Criminal damage incidents

Definition

The rate of incidents of criminal damage per 1,000 day time population.

About

Criminal damage relates to unlawful damage or destruction of property. As well as the immediate effects of criminal damage to property, this, and all crime, can adversely affect mental wellbeing. The development of a fear of crime can lead to decreased social interactions. There are strong associations between all levels of criminal activity and also with drug and alcohol misuse¹⁰. More detailed information on this indicator can be found in the [Indicator Guide](#).

Pattern

The rate of recorded incidents of criminal damage in all three local authorities in the health board is lower than the all Wales level. Ceredigion had the lowest rate of recorded incidents of all the local authorities in Wales.

There is considerable variation at the MSOA level and the highest level was 24.6 in Carmarthenshire MSOA 026 and the lowest level was 1.8 in Pembrokeshire MSOA 004. The map shows that there are concentrations of higher levels of criminal damage in the Pembroke and Pembroke Dock areas of Pembrokeshire and Llanelli area of Carmarthenshire.

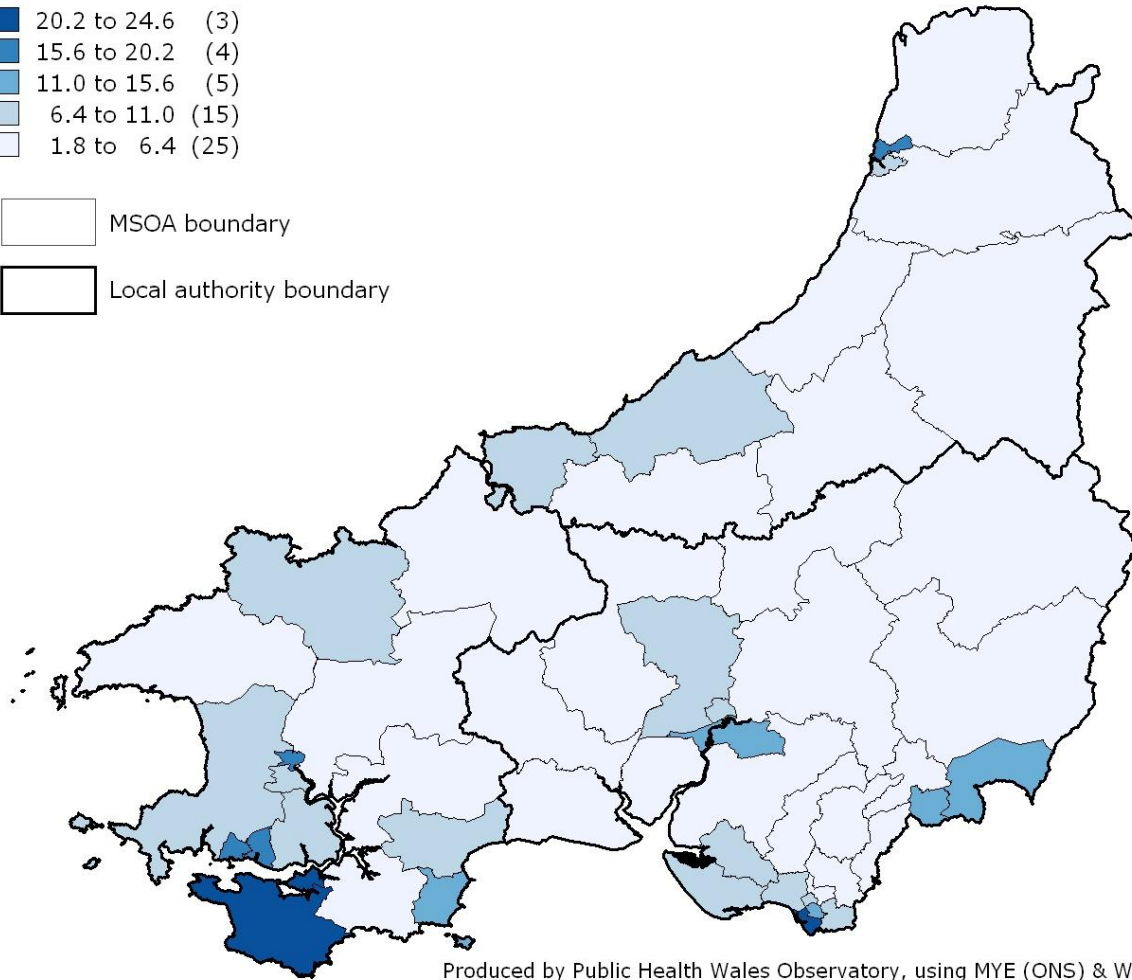
The rate of incidents of criminal damage per 1,000 day time population, April 2008 - March 2010

MSOA

- 20.2 to 24.6 (3)
- 15.6 to 20.2 (4)
- 11.0 to 15.6 (5)
- 6.4 to 11.0 (15)
- 1.8 to 6.4 (25)

MSOA boundary

Local authority boundary



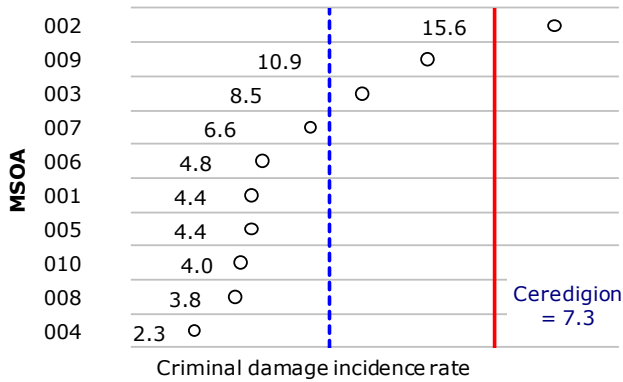
Produced by Public Health Wales Observatory, using MYE (ONS) & Welsh Police Forces
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The rate of incidents of criminal damage per 1,000 day time population in Hywel Dda Health Board area, April 2008 – March 2010

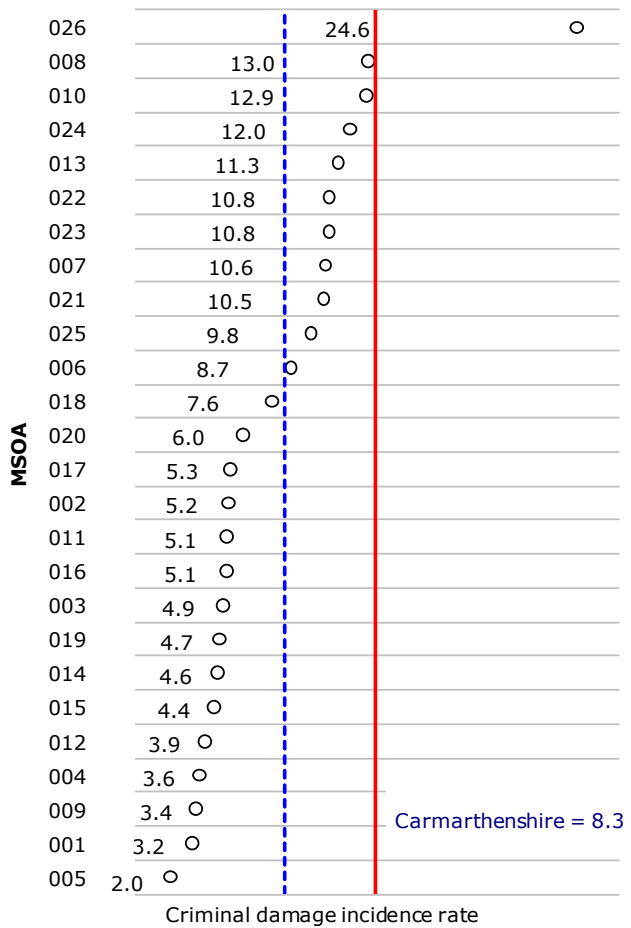
Produced by Public Health Wales Observatory, using data from Welsh Police Forces & MYE (ONS)

○ MSOA - - - Local Authority — Wales (13.4)

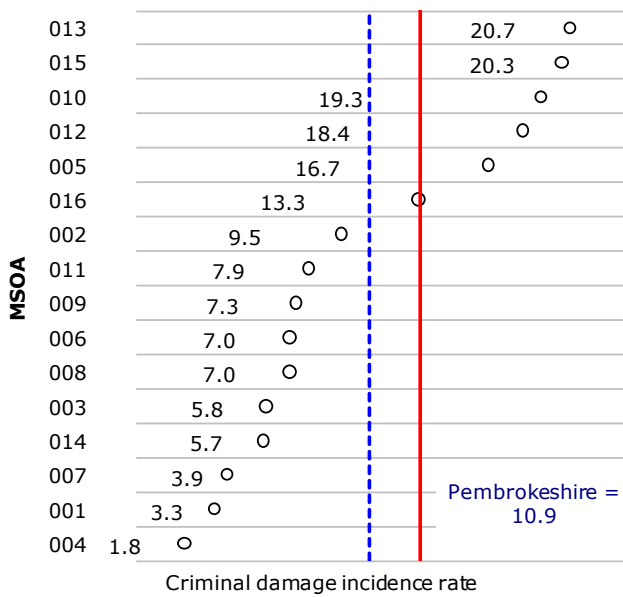
Ceredigion



Carmarthenshire



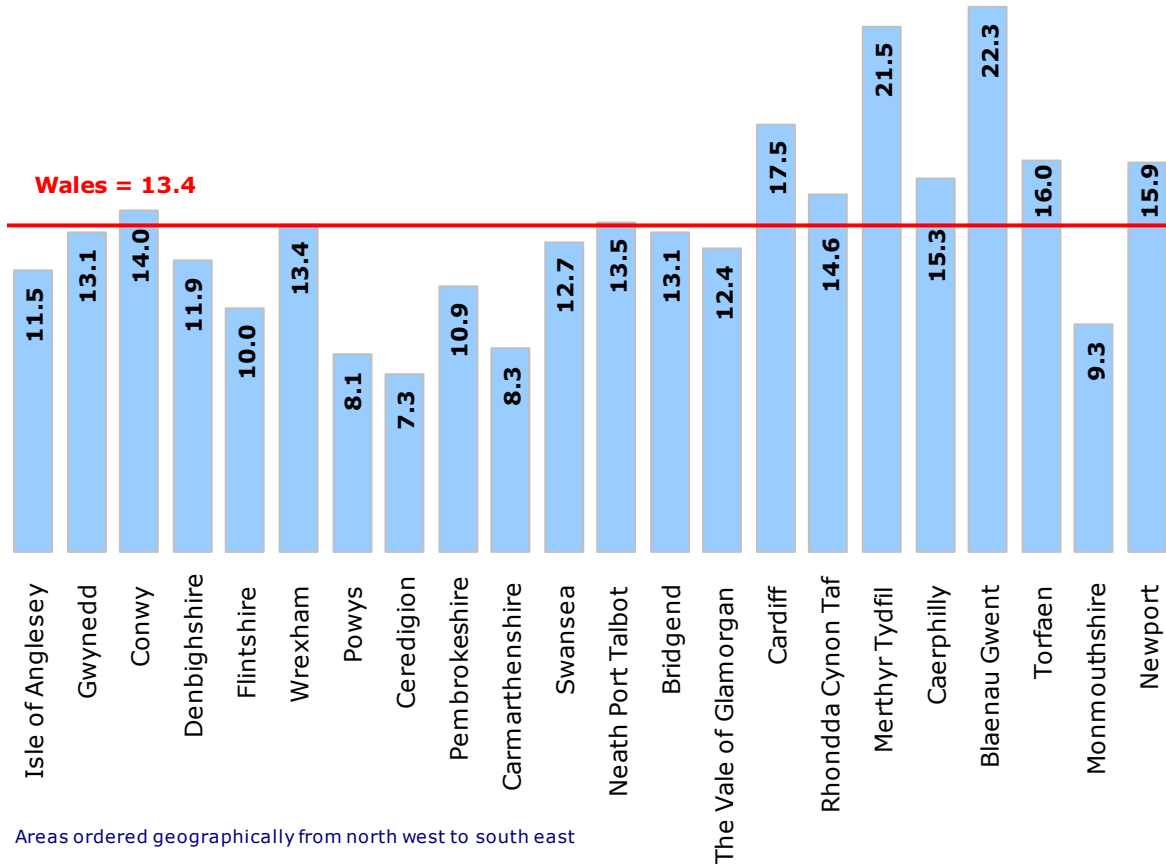
Pembrokeshire



Local authorities

The rate of incidents of criminal damage per 1,000 day time population by local authority, April 2008 - March 2010

Produced by Public Health Wales Observatory, using data from Welsh Police Forces & ONS (MYE)



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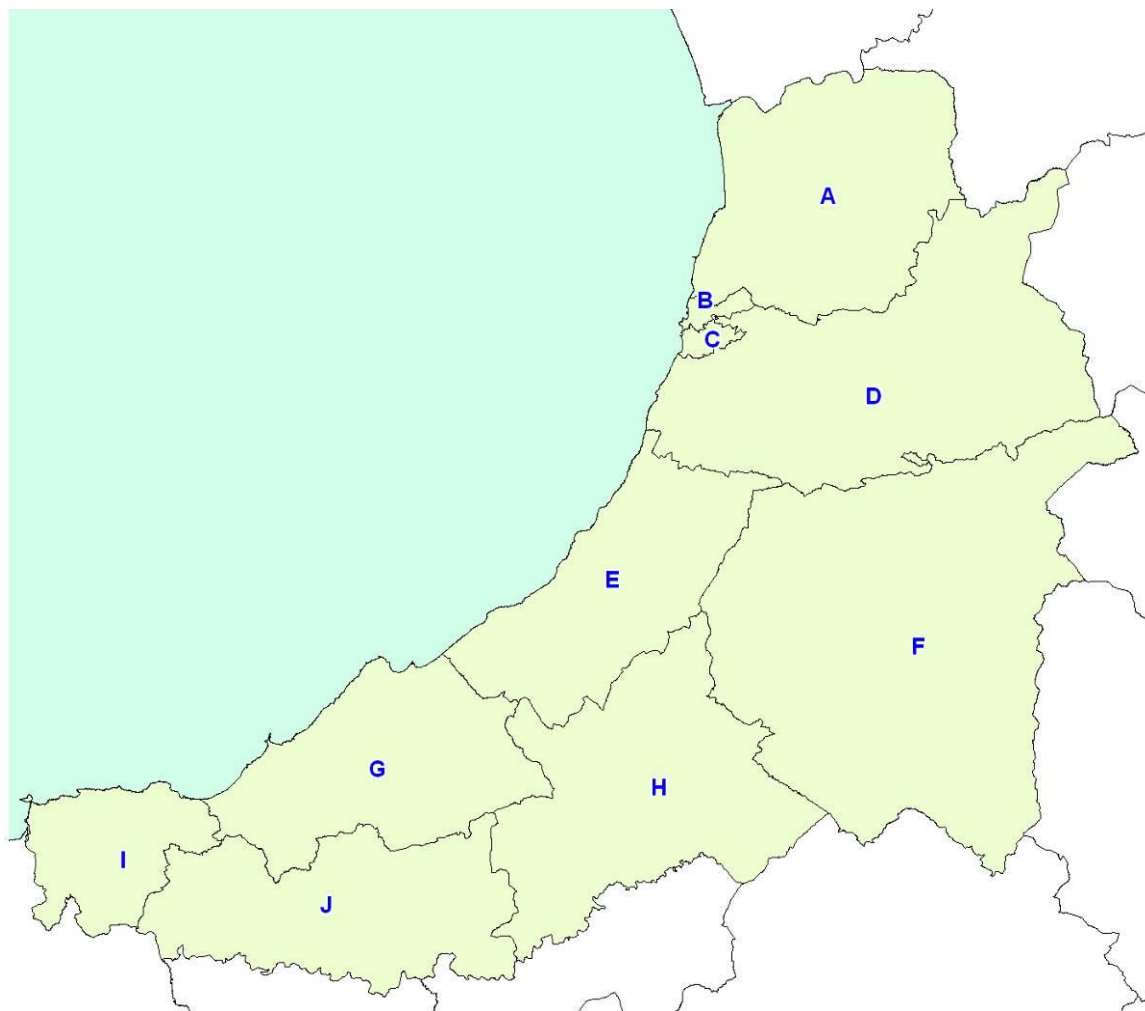
8 Appendix A: Glossary

<p>Middle Super Output Areas</p>	<p>Middle super output areas (MSOAs) were released by the Office for National Statistics (ONS) in 2004. In contrast with administrative boundaries such as electoral divisions (wards), super output areas were created for the purpose of showing statistical data.</p> <p>MSOAs have a mean population of 7,500 and a minimum of 5,000. There are 413 MSOAs in Wales and 52 MSOAs in the Hywel Dda Health Board area. These are shown on the maps in Appendix B.</p> <p>The ONS have stated that super output area geographies will be fixed for at least 10 years. The advantage of using these statistical geographies is stability and homogeneity. However, the main drawback is that they do not conform to known administrative boundaries such as electoral divisions (wards); this makes them less amenable to the public and local government.</p>
<p>Confidence intervals</p>	<p>Confidence intervals are indications of the random variation that would be expected around a rate. Confidence intervals must be considered when assessing or interpreting a rate. The 95% confidence interval represents a range which has a 95% probability of including the underlying population rate.</p> <p>The range of the confidence interval is dependent on the size of the population from which the events came. Rates based on small populations are likely to have wider confidence intervals and rates based on large populations are likely to have narrower confidence intervals.</p>

9 Appendix B: Maps showing Middle Super Output Areas in the Hywel Dda Health Board area

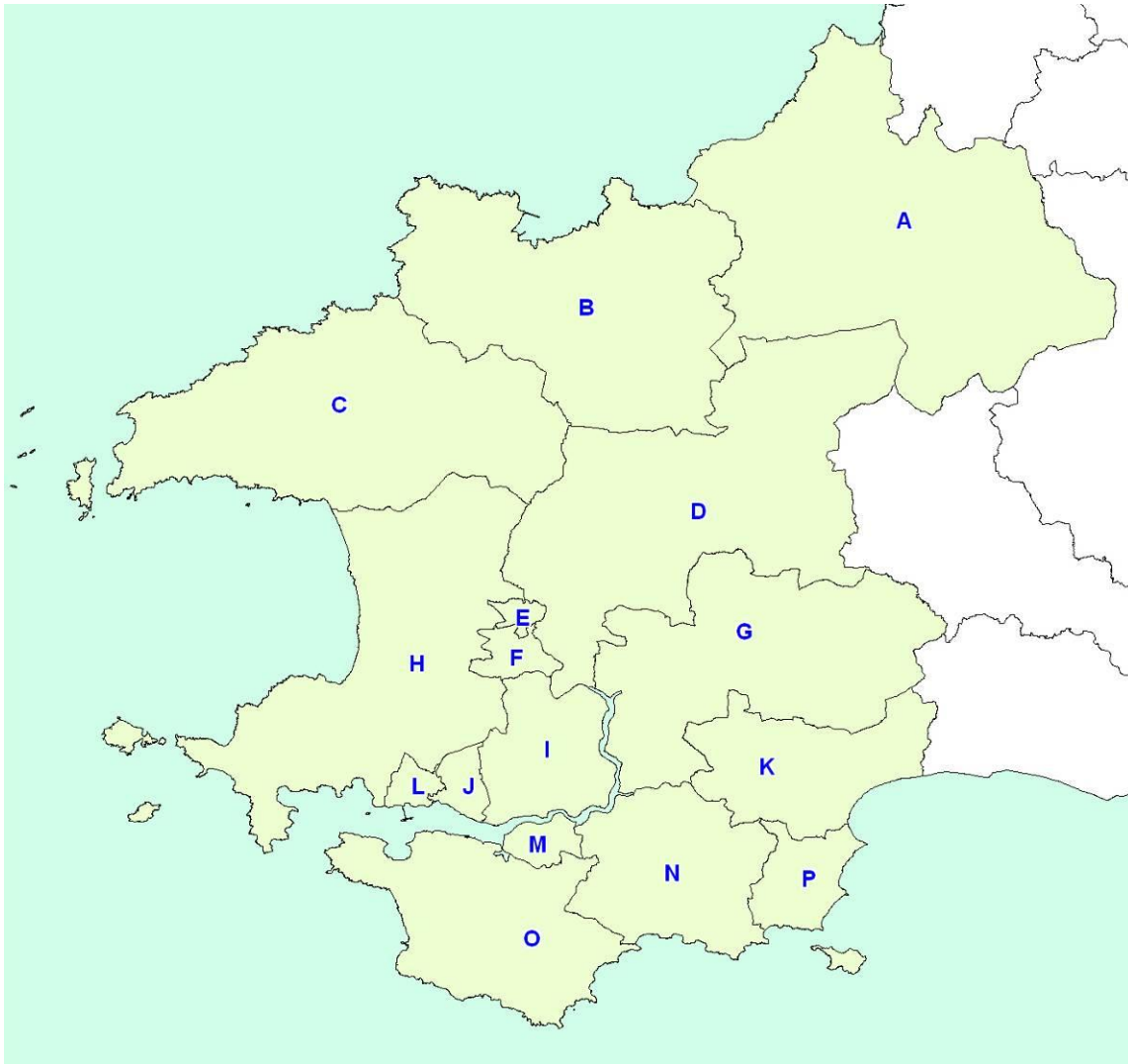
The Public Health Wales Observatory has also produced a web-based interactive map showing MSOA boundaries, with the added facility of background Ordnance Survey mapping. Follow this link: <http://www2.nphs.wales.nhs.uk/InstantAtlas/GeographyTool/atlas.html>

Ceredigion



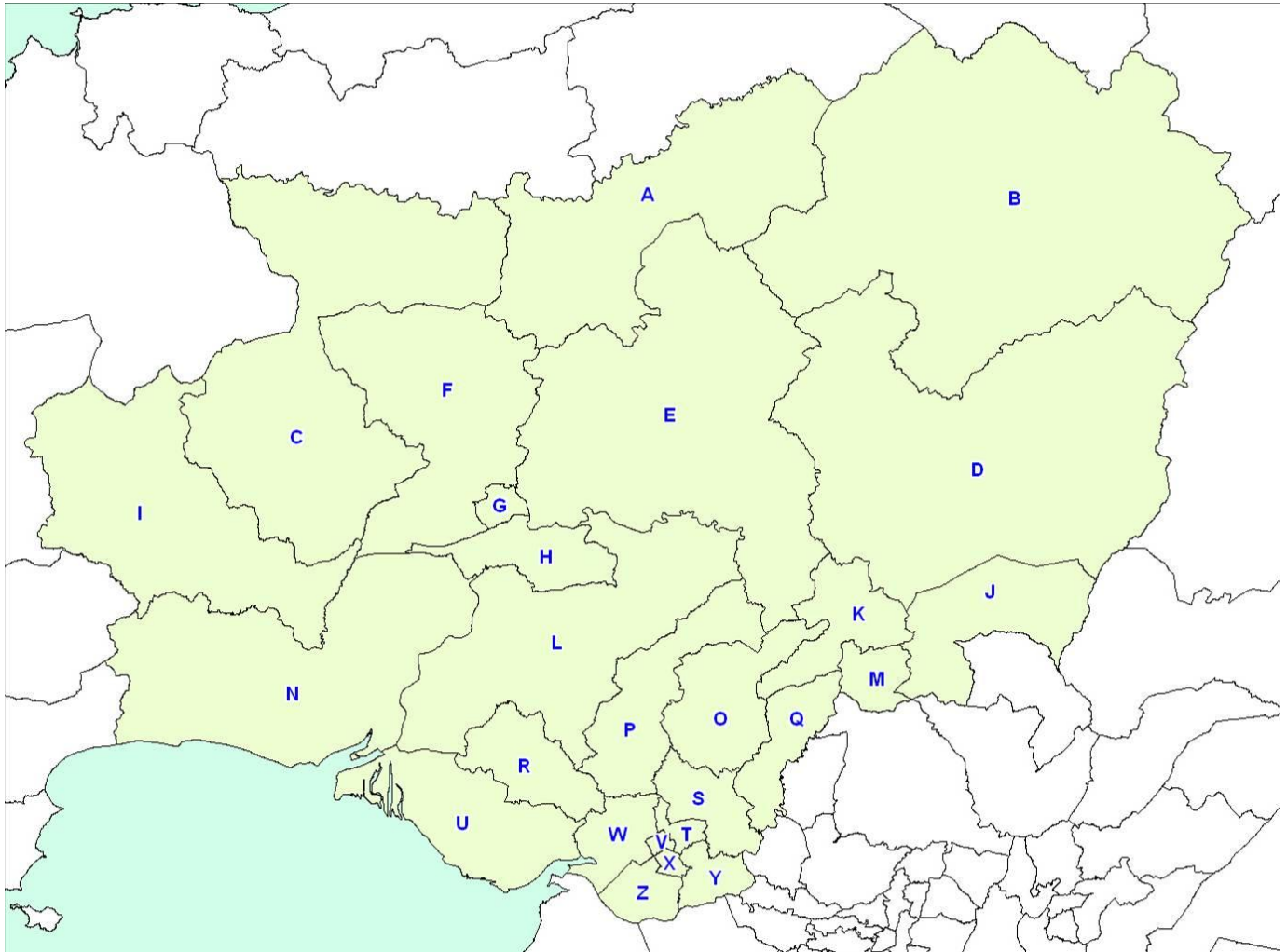
- A Ceredigion 001
- B Ceredigion 002
- C Ceredigion 003
- D Ceredigion 004
- E Ceredigion 005
- F Ceredigion 006
- G Ceredigion 007
- H Ceredigion 008
- I Ceredigion 009
- J Ceredigion 010

Pembrokeshire



- A Pembrokeshire 001
- B Pembrokeshire 002
- C Pembrokeshire 003
- D Pembrokeshire 004
- E Pembrokeshire 005
- F Pembrokeshire 006
- G Pembrokeshire 007
- H Pembrokeshire 008
- I Pembrokeshire 009
- J Pembrokeshire 010
- K Pembrokeshire 011
- L Pembrokeshire 012
- M Pembrokeshire 013
- N Pembrokeshire 014
- O Pembrokeshire 015
- P Pembrokeshire 016

Carmarthenshire



A	Carmarthenshire 001	N	Carmarthenshire 014
B	Carmarthenshire 002	O	Carmarthenshire 015
C	Carmarthenshire 003	P	Carmarthenshire 016
D	Carmarthenshire 004	Q	Carmarthenshire 017
E	Carmarthenshire 005	R	Carmarthenshire 018
F	Carmarthenshire 006	S	Carmarthenshire 019
G	Carmarthenshire 007	T	Carmarthenshire 020
H	Carmarthenshire 008	U	Carmarthenshire 021
I	Carmarthenshire 009	V	Carmarthenshire 022
J	Carmarthenshire 010	W	Carmarthenshire 023
K	Carmarthenshire 011	X	Carmarthenshire 024
L	Carmarthenshire 012	Y	Carmarthenshire 025
M	Carmarthenshire 013	Z	Carmarthenshire 026