



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Dementia Connector Service Tender Event
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Liz Carroll, Director of Mental Health and Learning Disabilities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to inform Members of the outcome of the recent procurement exercise for the Dementia Well-being Connector Support Service which has been undertaken on behalf of Hywel Dda University Health Board (HDdUHB).

In line with Welsh Government (WG) approval procedures HDdUHB is required to approve the following tender, as it has a cumulative (3 + 1 + 1 year) contract value in excess of £1 million.

Cefndir / Background

The Dementia Action Plan, the All-Wales Dementia Care Pathway of Standards and the Regional Dementia Well-being Strategy calls for the development of a Dementia Well-being Connector service, aligned to the following standards:

- Standard 7: People will have access to a contact that can provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis and ensure following this period, it is offered as required.
- Standard 12: People living with dementia and their carers will have a named contact (connector) to offer support, advice and signposting, throughout their journey from diagnosis to end of life.
- Standard 15: Within 12 weeks of diagnosis will be offered support to commence planning for the future, including end of life care
- Standard 18: People living with dementia, their carers, and families will have support and assistance to engage with appointments. This will avoid receiving multiple health and social care appointments that can overwhelm, confuse and isolate the person.
- Standard 19: Services will ensure that when a person living with dementia has to change or move between any settings or services, care with supportive interventions will be appropriately coordinated to enable the person to consider and adapt to the changed environment. This will ensure that all care partners will communicate and work jointly with each other to support a seamless transition.

Since 2021 the Regional Dementia Steering Group (DSG) has been working to develop a plan for the delivery of a regional ‘Dementia Well-being Connector’ role. This service is in line with best practice, aligns to regional priorities and is a specific commitment of the West Wales Dementia Strategy, and meets the national requirements of the All-Wales Dementia Care Pathway of Standards.

The funding for the service is ‘ring fenced’ from WG as part of the overall allocation for Dementia services of £1.633 million per annum. Agreement was secured in February 2023 for the Health Board to lead on the procurement of this service through commissioning a Third Sector provider.

The development of a Dementia Well-being Connector service will ensure that those who are newly diagnosed with dementia, will have a dedicated person to link directly with, which will ensure continuity of care and enhance person centred care within an integrated service.

Asesiad / Assessment

The call for competition was launched via Sell2Wales on 2 October 2023. The Invitation to Tender (“ITT”) event (HDD-OJEULT-54531) was issued in tandem on the eTenderWales system with a return date of 31 October 2023. The contract structure of the tender has allowed for the provision of a single provider across the geographical footprint of HDdUHB. The cumulative contract value is £3 million (contract dates 1 April 2024 to 31 March 2027, with the option to extend for 2 years). The contract value includes potential for growth of the service, with an additional £1 million, built into the contract, should Welsh Government funding become available. Seven suppliers viewed the tender in this time, with two submitting responses.

An evaluation panel was established, with service users, carers, clinical staff (relevant to area of service delivery), finance colleagues and Local Authority colleagues appointed as scoring members. All evaluations were facilitated by procurement. The evaluation procedure in line with the tender requiring Welsh Government approval is set out below.

Evaluation Process

In order to provide a quantifiable method of evaluating the qualitative aspects of the bids, a set of weighted criteria was produced based on technical and financial information, which is set out in the table below:

Technical Criteria 70%	Weighting
Service Delivery	60%
Management & Staffing	25%
Quality Assurance	15%
Social Value	20%
Financial Criteria 10%	Weighting
Financial	10%

Responses were evaluated in accordance with the evaluation criteria set out in the above table. The finance element was scored on a pro-rata basis with the lowest total cost for the project receiving full marks of 100 points X weighting 10% = 10. The commercial and technical scores outlined in the table below were unanimously agreed by the evaluation panel.

Supplier	Technical (Out of 90)	Commercial (Out of 10)	Total (Out of 100)
Provider 1	47.60	9.44	57.04
Provider 2	38.50	10.00	48.50

Whilst Provider 1 submitted higher costs, that is reflected in the quality of their bid.

In line with the scores in the above table the evaluation panel recommends the contract is awarded to Provider 1.

Next Steps

Following approval to proceed with the contract award, a call off agreement will be executed, with the successful provider being awarded a contract in February 2024. A 12-week transition period has been built into the contract award period to mitigate any risks such as Transfer of Undertakings (Protection of Employment) Regulations 2006, and to allow for an extended period of transition for service users where an incumbent provider has not been successful at contract award. New services will become operational on 1 April 2024.

Services will be contract monitored by the Older Adults Mental Health Team in conjunction with clinical leads, Finance Business Partners, and Procurement Business Partners. The Providers will produce quarterly performance monitoring reports evidencing that agreed targets, objectives and measurable outcomes are being achieved.

An Equality Impact Assessment (EQIA) on the recommissioning of Mental Health and Learning Disabilities (MHL) Third Sector Well-being and Prevention Services has been undertaken to assist the Health Board in discharging its Public Sector Equality Duty under the Equality Act 2010. The EQIA has assessed that the service will affect individuals with well-being, mental health and dementia and individuals employed by the Third Sector organisation who support these individuals.

The proposed model will not have an adverse effect on the individuals affected as all service users will be assessed on the basis of need. As an incumbent provider has not been successful and the contract is awarded to a new provider, service users will still have access to the same level of service in the future but may need to access it in a different location than they currently do now. A 12-week implementation plan will be agreed with the successful provider to ensure that there are adequate transition plans in place for service users.

Staff working within the provider commissioned under the new contract will benefit as they will have longer term funding (3 + 1 + 1 years) which will ensure job stability. The pricing structure has enabled providers to price for full cost service delivery, which includes training opportunities and resources to support all staff in their roles. The additional funding will increase capacity and enable better use of resources.

The above provides a summary of the findings of the EQIA only, and it is essential that Members read the EQIA which is attached to this report at Appendix 1.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECOMMEND** and **APPROVE** the Dementia Well-being Connector Service for onward submission to Board for approval.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.5 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets. 3.6 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 6. Person-Centred 4. Efficient 5. Equitable
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	4c Mental Health Recovery Plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • Together for Mental Health Delivery Plan 2019 – 2022 • Social Services and Well-being (Wales) Act 2014 Dementia Action Plan • All-Wales Dementia Care Pathway of Standards Regional Dementia Well-being Strategy
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	<ul style="list-style-type: none"> • West Wales Regional Partnership Board • Regional Dementia Steering Group • Business Planning, Performance & Assurance Group • Quality, Safety and Experience Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable

Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	An Equality Impact Assessment (EQIA) on the recommissioning of MH&LD Third Sector well-being and prevention services has been undertaken to assist the Health Board in discharging its Public Sector Equality Duty under the Equality Act 2010. The EQIA has assessed that the new service will not have an adverse effect on the individuals affected as all service users will be assessed on the basis of need.

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Form 1: Overview

1.	What are you equality impact assessing?	The development of a new Third Sector Framework for the commissioning of Tier 0/1 early intervention and prevention support services (all ages) for the Mental Health and Learning Disability (MHL) Directorate.
2.	Brief Aims and Description	<p>The new Third Sector Commissioning Framework encompasses a range of open access all age support services for well-being and mental health, which will be commissioned across Pembrokeshire, Ceredigion and Carmarthenshire. Services are being commissioned under the following assigned Lots:</p> <ul style="list-style-type: none"> • Peri-natal Mental Health Support Services • Employment & Training Support • Learning Disability Support • Community Advocacy • Social Inclusion • Well-being Support Services • Counselling • Sanctuary Services • Community Well-being • Day Opportunities
3.	Who is involved in undertaking this EqIA?	<ul style="list-style-type: none"> • Aileen Flynn, Service Transformation and Partnerships Manager, MHL
4.	Is the Policy related to other policies/areas of work?	<ul style="list-style-type: none"> • Together for Mental Health Delivery Plan (2019 - 22) • Hywel Dda University Health Board Integrated Medium Term Plan (2022 – 25) • Welsh Government, Learning Disabilities Strategic Action Plan 2022-2026
5.	Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)	<ul style="list-style-type: none"> • All Third Sector services currently commissioned by the MHL Directorate and their staff • Service Users who access Third Sector services commissioned by the MHL Directorate • Family members, Carers (paid and unpaid) who support individuals (all ages) who access Third Sector services commissioned by the MHL Directorate

6.	What might help/hinder the success of the Policy?	<p><u>What may hinder the success</u></p> <ul style="list-style-type: none">• Limited responses to the individual Lots may result in adequate suppliers to deliver services equitably across the region and/or less competition in the market• Limited engagement from service users and carers will be that new services will not be co-produced and may not adequately reflect the needs of the local population <p><u>What may help the success</u></p> <ul style="list-style-type: none">• Robust market engagement• Robust service user and carer engagement• Identification of service user and carer representatives to sit on service development and evaluation groups
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Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to: ✓	Yes	No
<p>Article 2 : The right to life</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control</p>	✓	
<p>Article 3 : The right not be tortured or treated in an inhuman or degrading way</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	✓	
<p>Article 5 : The right to liberty</p> <p>Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	✓	
<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	✓	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	✓	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	✓	

Form 3 Gathering of Evidence and Assessment of Potential Impact

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	√			<p>All services commissioned under the new Third Sector Framework will be open access for those experiencing well-being and mental health issues. Services are being commissioned across the age range with specific services being commissioned for specific age groups dependent on need:</p> <ul style="list-style-type: none"> • 0 – 18 • 18 + • 65 + <p>We know that mental health issues are prevalent among young people and can manifest during teenage years, particularly when they may be questioning their gender identity and sexual orientation and when they leave home to undertake further or higher education/take up a new job.</p> <p>Mental health issues can be prevalent among people of working age, particularly around times of stress, e.g., when experiencing job loss, before, during and after pregnancy, at times of bereavement and when experiencing other major life events.</p> <p>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. Further, older people are more likely to experience a combination of physical and mental health issues (WHO, 2016).</p> <p><u>National Data</u></p> <p>According to the Welsh Government's Together for Mental Health Strategy:</p>	

- 1 in 4 adults experience mental health problems or illness at some point in their lifetime
- 1 in 6 adults are experiencing symptoms at any one time
- 1 in 10 children between the ages of 5 and 16 has a mental health problem and many more have behavioural issues
- Approximately 50% of people who go on to have serious mental health problems will have symptoms by the time they are 14 and many at a much younger age [Together for Mental Health Delivery Plan](#)

Local Data

The latest population estimates for the West Wales region (mid-2020), show an increase of 1.34% since the previous 2017 population assessment. By 2043, Welsh Government population projections predict an increase in the total population of West Wales to 396,000.

The 2021 Census predicts the following for the population the Hywel Dda region:

- 48.8% of the population live in Carmarthenshire, with an increase of 18.9% in people aged 65 years and over, a decrease of 2.5% in people aged 15 to 64 years, and a decrease of 0.8% in children aged under 15 years.
- 18.7% of the population live in Ceredigion, with an increase of 17.2% in people aged 65 years and over, a decrease of 12.2% in people aged 15 to 64 years, and a decrease of 10.1% in children aged under 15 years.
- 32.5% of the population in the region live in Pembrokeshire, with an increase of 20.6% in people aged 65 years and over, a decrease of 4.9% in people aged 15 to 64 years, and a decrease of 5.5% in children aged under 15 years. [How the population changed where you live, Census 2021 - ONS](#)

Service User Data

Service user specific data for services commissioned via the Framework is not yet available, as new services will not commence until 1st July 2023. However, the local population data provided above is sufficient to inform the EQIA. Once services commence in July 2023 data relating to service users age will be collected via the commissioned services and the EQIA will be updated accordingly. This will be monitored on an ongoing basis through quarterly contract management process and procedures.

Service User Impact

Contract management process and procedures to ensure that equality characteristic information relating to service users age is collected on a quarterly basis.

			<p>The new Framework will have a positive impact on service users because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy Equality, Diversity and Inclusion Policy, therefore no service users will be adversely impacted because of their age.</p> <p>The predicted increase in population for West Wales indicates that there will be a greater demand on mental health services. The development of the Third Sector Framework will have a positive impact on all service user age groups because services will be commissioned based on need which will include age specific services. For example; sit in/befriending services for older adults with mental health under the Social Inclusion Lot.</p> <p>The new Third Sector Framework will have a positive impact on service users because all services will be open access for those experiencing well-being and mental health issues. Services are being commissioned across the age range with specific services being commissioned for specific age groups dependent on need (0–18, 18+, 65+). This will ensure that service users receive the care that they need irrespective of their age.</p> <p><u>Workforce Data</u></p> <p>Workforce data for organisations commissioned through the framework is not yet available as the outcome of the Procurement process has not been ratified. However, the local population data provided above is sufficient to inform the EQIA. New services are planned to commence on 1st July 2023, at which point workforce data for all organisations commissioned via the Framework will be made available to the Health Board. The EQIA will be updated on receipt of this data. This will be monitored on an ongoing basis through quarterly contract management process and procedures.</p> <p><u>Workforce Impact</u></p> <p>The new Framework will have a positive impact on staff working for organisations commissioned because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy Equality, Diversity and Inclusion Policy, therefore no staff will adversely be impacted because of their age.</p>	<p>Contract management process and procedures to ensure that equality characteristic information in relation to staff age is collected on a quarterly basis.</p>
<p>Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health</p>	√		<p>All organisations commissioned under the new Third Sector Framework will need to provide accessible services for individuals experiencing well-being and mental health issues. As part of the Procurement process all organisations had to submit tender responses which identified how they will deliver accessible services (resources, training, physical devices/software etc), including:</p> <ul style="list-style-type: none"> • accessible environments • sensory impairment 	

conditions, long-term medical conditions such as diabetes

- hearing impairment
- physical disability
- learning disability

The National Institute for Health and Care Excellence (NICE) recognises the important link between physical disability and mental health. The Office for National Statistics estimates that those with a physical disability have a 43% chance of anxiety, compared to the 27% chance of their non-disabled counterparts. <https://www.harleytherapy.co.uk>

People with sensory impairment are more likely to feel lonely and isolated. Research by the Royal National Institute for Deaf People in 2000 found that 66% of deaf and hard of hearing people feel isolated due to their condition excluding them from everyday activities. Apart from the day-to-day difficulties, people with sensory impairment also have poorer health outcomes, higher rates of poverty and lower educational achievements than people free from disability. [Sensory impairment - West Wales Care Partnership \(wwcp-data.org.uk\)](http://www.wcp-data.org.uk)

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. Sight loss is one of the top three causes of suicide among older people.

Evidence suggests that mental health problems may be higher in people with a learning disability than in those without a learning disability. Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population. Depending on the diagnostic criteria used, the estimated prevalence of mental health disorders ranges from 15-52%. [Learning Disability and Mental Health - Mental Health Research | Mencap](#)

People with long-term physical health conditions commonly experience mental health problems such as depression and anxiety, or dementia in the case of older people. Mental health problems are the largest single source of disability in the United Kingdom, accounting for 23% of the total 'burden of disease'.

Research evidence consistently demonstrates that people with long-term conditions are two to three times more likely to experience mental health problems than the general population. Much of the evidence relates specifically to affective disorders such as depression and anxiety, though co-morbidities are also common in dementia and cognitive decline. There is particularly strong evidence for a close association with cardiovascular diseases, diabetes, chronic obstructive pulmonary

disease (COPD) and musculoskeletal disorders also. [Long-term condition and mental health 2012 \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

National Data

From the 2019-2020 Quality and Outcomes Framework (QOF) register indicates an incidence rate of people with LD in Wales of about 0.5%. [Population Needs Assessment \(wwcp.org.uk\)](https://www.wcp.org.uk)

In 2018 to 2020 just over a fifth of the working-age population (aged 16 to 64, 22.1%) identified as disabled. This proportion has been gradually increasing since 2013 to 2015 (14.0%) and varies by age (from 15.4% in the 16 to 24 age group to 28.3% in the 45 to 64 age group). A higher proportion of women than men of this age group identified as disabled (24.6% compared with 19.6%).

[Wellbeing of Wales, 2022 | GOV.WALES](https://gov.wales)

In Wales there are a total of 5,549 people registered as having a sight impairment, 7,688 with a hearing impairment and 21,409 with a physical disability.

[Physically/sensory disabled persons by local authority, disability and age range \(gov.wales\)](https://gov.wales) (2020-21)

Wales has the highest rates of long-term limiting illness in the UK accounting for a large proportion of unnecessary emergency admissions to hospital. Chronic conditions are those which in most cases cannot be cured, only controlled, and are often life-long and limiting in terms of quality of life.

They include:

- **Diabetes**-150,000 people in Wales have diabetes
- **Chronic obstructive pulmonary disease**- more than 57500 people in Wales affected
- **Coronary heart disease**- is a leading cause of death in Wales, where the death rate is greater than in the majority of the countries in Western Europe
- **Stroke**- is the leading cause of adult disability in Wales

[Health in Wales | Chronic Conditions](https://gov.wales)

Local Data

Census data records of people on local authority registers or claiming certain benefits, provide a reasonable indication of the numbers in the region living with serious illness or disability as follows:

In the HDdUHB region over 22,000 people (18-64) are entitled to Personal Independence Payment (PIP); 10,000 people are entitled to Disability Living Allowance (DLA) and over 13,500 people are entitled to Attendance Allowance (AA).

In the HDdUHB region there are approximately 2,588 adults (16+) living with a moderate or severe learning disability (LD).

According to Welsh Government in 2019, there were 9,444 people with physical or sensory disabilities on local authority registers in the HDdUHB region, 1,679 of those are aged between 18 and 64 and are registered with a physical disability and a further 1,744 aged between 18 and 64 are registered as having physical and sensory disabilities.

Data from the 2011 census highlighted that Ceredigion had the lowest percentage of people whose day-to-day activities were limited (21.1%) or limited a lot (10%).

[Population Needs Assessment \(wwwcp.org.uk\)](http://www.wcp.org.uk)

An estimated 15,671 people in the West Wales region have a visual impairment, and around 85,864 have a hearing impairment with the vast majority aged 60 and over. Projections show this will increase to 21,910 and 107,782 respectively by 2043.

[Sensory impairment - West Wales Care Partnership \(wwwcp-data.org.uk\)](http://www.wcp-data.org.uk)

- Pembrokeshire- there are 370 people registered as sight impaired, 686 with a hearing impairment and 1558 with a physical disability.
- Carmarthenshire-there are 477 people registered as sight impaired, 1201 with a hearing impairment and 2734 with a physical disability.
- Ceredigion-there are 194 people registered as sight impaired, 175 with a hearing impairment and 637 with a physical disability.

[Physically/sensory disabled persons by local authority, disability and age range \(gov.wales\)](http://gov.wales) (2020-21)

According to a National Survey for Wales, 71% of the Hywel Dda population report 'very good or good general health'. 21% report their general health as 'Fair' with 9% reporting their general health to be 'bad or very bad'.

From the table below we can see that just under half of the Hywel Dda population report longstanding Health Conditions

	Illness				Type of illness				
	△Any longstan	◇2 or more	◇Limited at all by	◇Limited a lot by	◇Musculosk	◇Heart and	◇Endocr	◇Respirat	◇Mental

	ding illnesses	longstan ding illnesses	longstan ding illness	longstan ding illness	eletal complaints	circulat ory complai nts	ine and metab olic diseas es	ory system complai nts	disord ers
Hywel Dda Univer sity Health Board	49%	21%	34%	20%	17%	14%	8%	8%	9%

[General health and illness by local authority and health board., 2016-17 to 2019-20 \(gov.wales\)](https://gov.wales)

Service User Data

Service user specific data for services commissioned via the Framework is not yet available, as new services will not commence until 1 July 2023. However, the local population data provided above is sufficient to inform the EQIA. Once services commence in July 2023 data relating to service users age will be collected via the commissioned services and the EQIA will be updated accordingly. This will be monitored on an ongoing basis through quarterly contract management process and procedures.

Service User Impact

The new Framework will have a positive impact on service users because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy [Equality, Diversity and Inclusion Policy](#), therefore no staff will adversely be impacted because of their disability. Furthermore, all organisations will need to deliver accessible services (resources, training, physical devices/software etc), including;

- accessible environments
- sensory impairment
- hearing impairment
- physical disability
- learning disability

This will ensure that service users receive the care that they need irrespective of their disability.

Workforce Data

Contract management process and procedures to ensure that equality characteristic information relating to service users disability is collected on a quarterly basis.

Contract management process and procedures to ensure that equality

			<p>Workforce data for organisations commissioned through the framework is not yet available as the outcome of the Procurement process has not been ratified. However, the local population data provided above is sufficient to inform the EQIA. New services are planned to commence on 1 July 2023, at which point workforce data for all organisations commissioned via the Framework will be made available to the Health Board. The EQIA will be updated on receipt of this data. This will be monitored on an ongoing basis through quarterly contract management process and procedures.</p> <p><u>Workforce Impact</u></p> <p>The new Framework will have a positive impact on staff working for organisations commissioned because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy Equality, Diversity and Inclusion Policy, therefore no staff will be adversely impacted because of their disability.</p>	<p>characteristic information relating to staff disability is collected on a quarterly basis.</p>
<p>Gender Reassignment Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. 	√		<p><u>National Population Data</u></p> <p>Data on transgender and gender identity is limited, with the 2021 census topic consultation identifying a need to collect gender identity data.</p> <p>In 2018, the governments Equalities Office tentatively estimated that there are approximately 200,000 - 500,000 trans people in the UK. Gender Reassignment - Diverse Cymru</p> <p>According to the 'Review of Evidence of Inequalities in Access to Health Services in Wales' they are not able to estimate the number of people who identify as 'Trans', or the number of people who may wish to undergo gender reassignment but who have not yet begun the process, and so data relating to this population cannot tell us the prevalence of particular problems in relation to the wider population. However, the evidence that does exist is detailed and a good indication of the issues that Transsexual people might face.</p> <p>Trans people are at increased risk of depression and self-harm, and a third of transgender people have attempted to take their own life. Trans people who have mental health difficulties are more likely to report that they have felt uncomfortable using mainstream services and a majority report experiences of negative interactions within this setting. Almost a third of Trans people who have used mental health services report feeling that their gender identity was not seen as valid but as a symptom of mental ill-health.</p> <p>According to the only study in this area, one in seven Trans people report feeling treated adversely by health professionals and there are reports that some Trans people are placed in hospital wards</p>	

that are inappropriate for their sex. Similarly, Intersex people are not always included in appropriate screening programmes.
[Review of evidence of inequalities in access to health services in Wales: gender, gender reassignment and sexual identity | GOV.WALES](#)

Local Population Data

There is no local population data available in relation to gender reassignment in West Wales.

Service User Data

Service user specific data for services commissioned via the Framework is not yet available, as new services will not commence until 1 July 2023. However, the local population data provided above is sufficient to inform the EQIA. Once services commence in July 2023 data relating to service users age will be collected via the commissioned services and the EQIA will be updated accordingly. This will be monitored on an ongoing basis through quarterly contract management process and procedures.

Service User Impact

The new Framework will have a positive impact on service users because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy [Equality, Diversity and Inclusion Policy](#), therefore no service users will be adversely impacted due to gender reassignment. All services commissioned will need to comply with the Health Boards values and behaviours and therefore all services will be accessible to all individuals regardless of their gender identify.

Workforce Data

Workforce data for organisations commissioned through the framework is not yet available as the outcome of the Procurement process has not been ratified. However, the local population data provided above is sufficient to inform the EQIA. New services are planned to commence on 1 July 2023, at which point workforce data for all organisations commissioned via the Framework will be made available to the Health Board. The EQIA will be updated on receipt of this data. This will be monitored on an ongoing basis through quarterly contract management process and procedures.

Workforce Impact

The new Framework will have a positive impact on staff because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy [Equality, Diversity and Inclusion](#)

Contract management process and procedures to ensure that equality characteristic information relating to service user gender reassignment is collected on a quarterly basis.

Contract management process and procedures to ensure that equality characteristic information relating to staff gender reassignment is collected on a quarterly basis.

			<p>Policy, therefore no staff will be adversely impacted due to gender reassignment. All services commissioned will need to comply with the Health Boards values and behaviours and therefore all organisations will need to employ staff regardless of their gender identify.</p>															
<p>Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.</p>	√		<p><u>National Population Data</u></p> <p>It is recognised that separation, divorce and being widowed is associated with increased anxiety and depression, and increased risk of alcohol abuse. The effects of divorce and separation on mental health in a national UK birth cohort - PubMed (nih.gov)</p> <p>Since 2014, when same-sex marriages became legal, the number of same-sex marriages has increased (to 397 in 2019) whilst the number of same-sex civil partnerships formed has reduced substantially (40 partnerships in 2020). Two thirds of same-sex marriages in 2019 were between female couples.</p> <p>Every year since the introduction of same-sex marriages in 2014, there have been more female than male same-sex marriages. Wellbeing of Wales, 2022 GOV.WALES</p> <p>According to the Annual Population Survey, conducted by the Office for National Statistics in January 2022 the following figures were recorded in Mid and West Wales for marital status:</p> <ul style="list-style-type: none"> • Single: 258,300 • Married /Civil Partnership: 358,400 • Widowed: 51,500 • Divorced/separated: 77,600 <p><u>Local Population Data</u></p> <p>The table below shows the number of people in West Wales by county who are registered as being part of a Marital or Civil Partnership:</p> <table data-bbox="533 1204 1832 1444"> <tr> <td>All usual residents Carmarthenshire aged 16+</td> <td style="text-align: right;">150,763</td> </tr> <tr> <td>Single (never married or never registered a same-sex civil partnership)</td> <td style="text-align: right;">44,478</td> </tr> <tr> <td>Married</td> <td style="text-align: right;">74,636</td> </tr> <tr> <td>In registered same-sex civil partnership]</td> <td style="text-align: right;">205</td> </tr> <tr> <td>Separated (but still legally married or still legally in a same-sex civil partnership)</td> <td style="text-align: right;">2,977</td> </tr> <tr> <td>Divorced or formerly in a same-sex civil partnership which is now legally dissolved</td> <td style="text-align: right;">15,017</td> </tr> <tr> <td>Widowed or surviving partner from a same-sex civil partnership</td> <td style="text-align: right;">13,450</td> </tr> </table>	All usual residents Carmarthenshire aged 16+	150,763	Single (never married or never registered a same-sex civil partnership)	44,478	Married	74,636	In registered same-sex civil partnership]	205	Separated (but still legally married or still legally in a same-sex civil partnership)	2,977	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	15,017	Widowed or surviving partner from a same-sex civil partnership	13,450	
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All usual residents Ceredigion aged 16+	64,692
Single (never married or never registered a same-sex civil partnership)	25,047
Married	27,711
In registered same-sex civil partnership[113
Separated (but still legally married or still legally in a same-sex civil partnership)	1,218
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	5,525
Widowed or surviving partner from a same-sex civil partnership	5,078

All usual residents Pembrokeshire aged 16+	100,362
Single (never married or never registered a same-sex civil partnership)	28,538
Married	50,580
In registered same-sex civil partnership[133
Separated (but still legally married or still legally in a same-sex civil partnership)	2,159
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	10,162
Widowed or surviving partner from a same-sex civil partnership	8,790
Data Viewer - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)	

Service User Data

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Service User Impact

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Workforce Data

Contract management process and procedures to ensure that equality characteristic information in

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<p>Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>	√		<p>As many as one in five women develop a mental health problem during pregnancy or in the first year after the birth of their baby. Maternal mental health problems can range from anxiety, low mood, and depression to psychosis. Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety; many women will experience both. Depression and anxiety also affect 15-20% of women in the first year after childbirth.</p> <p>Maternal mental health problems – the impact in numbers (theconversation.com)</p> <p><u>National Population Data</u></p> <p>Wales statistics in 2021 relating to Pregnancy and Maternity and Mental Health found the following:</p> <ul style="list-style-type: none"> • There were 28,879 live births, an increase of 0.3% from 2020 • 29% of pregnant women reported that they had a mental health condition at their initial assessment. 	

- Younger pregnant women (aged 24 or younger) reported a higher percentage of mental health conditions than other age groups
- 30% of pregnant women were obese (recorded as having a BMI of 30 or more) at their initial assessment
- 15% of pregnant women were recorded as being a smoker at their initial assessment

[Maternity and birth statistics: 2021 | GOV.WALES](#)

Local Population Data

The following table shows the number of live births recorded for the year 2015 in the Hywel Dda Footprint.

Hywel Dda University Local Health Board	Ceredigion	632
	Pembrokeshire	1,180
	Carmarthenshire	1,855

[Live births by area and age of mother \(gov.wales\)](#)

In 2021, 29% of women in the Hywel Dda footprint reported a mental health condition at their initial assessment which mirrors the national statistics recorded for Wales in the same year.

Service User Data

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Service User Impact

The new Framework will have a positive impact on service users because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy [Equality, Diversity and Inclusion Policy](#), therefore no service users will be adversely impacted due to pregnancy and maternity. The new Framework includes a Lot specific services are commissioned for Peri-natal Mental Servies, which will ensure that service users will have access to services when they need it.

Contract management process and procedures to ensure that equality characteristic information in relation to service user pregnancy and maternity is collected on a quarterly basis.

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<p>Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.</p>	√		<p>National evidence indicates that people from Black, Asian, and Minority Ethnic backgrounds, (BAME) – including Gypsies and Travellers are disproportionately represented among mental health service users.</p> <p>Rates of mental health problems can be higher for some BAME groups than for White people. As well as the factors that can affect everyone’s mental health, people from BAME communities may also contend with racism, inequality, and mental health stigma.</p> <ul style="list-style-type: none"> • Black men are more likely to have experienced a psychotic disorder in the last year than White men • Black people are four times more likely to be detained under the Mental Health Act than White people • Older South Asian women are an at-risk group for suicide • Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety, and PTSD <p>Some groups have better mental health. For example:</p> <ul style="list-style-type: none"> • People of Indian, Pakistani, and African-Caribbean origin showed higher levels of mental well-being than other ethnic groups • Suicidal thoughts and self-harm were less common in Asian people than in White people • Mental ill-health is lower among Chinese people than among White people 	

Different communities understand and talk about mental health in different ways. In some communities, mental health problems are rarely recognised or spoken about. They may be seen as shameful or embarrassing. This can discourage people from talking about their mental health or seeing their GP for help.

Research shows BAME people can face barriers to getting help, including:

- not recognising they have a mental illness because mental health was stigmatised or never talked about in their community
- not knowing that help is available or where to go to get it
- language barriers
- turning to family or friends rather than professional support, especially for people who don't trust formal healthcare services
- financial barriers, such as paying for private counselling
- not feeling listened to or understood by healthcare professionals
- White professionals who do not understand their experiences of racism or discrimination

[Black, Asian and minority ethnic \(BAME\) communities \(mentalhealth.org.uk\)](https://www.mentalhealth.org.uk)

National Population Data

Ethnicity data reported in June 2022 by Stats Wales shows that, 5.1% of people identify as Black, Asian or a Minority Ethnic.

Location	White	Black, Asian, and Minority Ethnic	Percentage of people who are Black, Asian, and Minority Ethnic
Wales	2,973,800	158,400	5.1%

[Ethnicity by area and ethnic group \(gov.wales\)](https://gov.wales)

Local Population Data

Local Ethnicity data reported in June 2022 for the Hywel Dda footprint shows a greater percentage of White people living in each county.

Location	White	Black, Asian, and Minority Ethnic	Percentage of people who are Black, Asian, and Minority Ethnic
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Pembrokes hire	125,000	1,600	1.5%
Carmarthen	176,900	5,600	3.1%
Ceredigion	74,800	1,100	1.5%

[Ethnicity by area and ethnic group \(gov.wales\)](https://gov.wales)

It should be noted that the data collected on Black, Asian and Ethnic Minorities is not considered robust due to a low engagement in responses.

Service User Data

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Service User Impact

The new Framework will have a positive impact on service users because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy [Equality, Diversity and Inclusion Policy](#), therefore no service users will be adversely impacted due to Race/Ethnicity or Nationality. As part of the Procurement process all organisations had to submit tender responses which identified how they will deliver accessible services and what forms of communication they would employ to provide services to service users who first language is not English or Welsh. All organisations provided detailed information on translation services and software that they will use to ensure that services are accessible to all regardless of their Race/Ethnicity or Nationality.

Workforce Data

Workforce data for organisations commissioned through the framework is not yet available as the outcome of the Procurement process has not been ratified. However, the local population data provided above is sufficient to inform the EQIA. New services are planned to commence on 1st July 2023, at which point workforce data for all organisations commissioned via the Framework will be made available to the Health Board. The EQIA will be updated on receipt of this data. This will be monitored on an ongoing basis through quarterly contract management process and procedures.

Contract management process and procedures to ensure that equality characteristic information in relation to service user Race/Ethnicity or Nationality is collected on a quarterly basis.

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			<p><u>Workforce Impact</u></p> <p>The new Framework will have a positive impact on staff working for organisations commissioned because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy Equality, Diversity and Inclusion Policy, therefore no staff will adversely be impacted because of their Race/Ethnicity or Nationality.</p>	<p>information in relation to staff Race/Ethnicity or Nationality is collected on a quarterly basis.</p>																				
<p>Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.</p>	√		<p>Research suggests that a better understanding of service users religious and cultural needs can contribute to their wellbeing and has been seen to reduce Length of Stay in hospital.</p> <p>Research indicates that higher levels of religious belief and practice (known in social science as "Religiosity") is associated with better mental health. In particular, the research suggests that higher levels of religiosity are linked with lower rates of depression, anxiety, substance misuse, and suicidal behaviour.</p> <p>Religiosity is also linked with better physical health and subjective well-being. Religion and Mental Health: What Is the Link? Psychology Today</p> <p><u>National Population Data</u></p> <p>According to wellbeing Wales 2022, for the first time in Wales (2018 to 2020), the proportion of the population stating they had no religion (49.9%) was higher than the proportion identifying as Christian (45.8%), though these figures varied by region. 1.7% of the population identified as Muslim and 2.4% identified with another religion (apart from Christian). A more equal Wales [HTML] GOV.WALES</p> <table border="1" data-bbox="533 1093 1832 1268"> <thead> <tr> <th>Location</th> <th>No Religion</th> <th>Christian</th> <th>Buddhist</th> <th>Hindu</th> <th>Jewish</th> <th>Muslim</th> <th>Sikh</th> <th>Other Religion</th> <th>Religion Not Stated</th> </tr> </thead> <tbody> <tr> <td>All Wales</td> <td>982,997</td> <td>1,763,299</td> <td>9,117</td> <td>10,434</td> <td>2,064</td> <td>45,950</td> <td>2,962</td> <td>12,705</td> <td>233,928</td> </tr> </tbody> </table>	Location	No Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	Religion Not Stated	All Wales	982,997	1,763,299	9,117	10,434	2,064	45,950	2,962	12,705	233,928	
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[Data Viewer - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

Local Population Data

This table provides information that classifies usual residents by religion in the Hywel dda footprint as at census day, 27 March 2011.

Location	No Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	Religion Not Stated
Pembrokeshire	33,442	77,162	422	230	50	425	36	648	10,024
Carmarthen shire	53,036	113,534	420	351	82	625	125	945	14,659
Ceredigion	23,329	43,981	355	197	64	521	30	742	6,703

[Data Viewer - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

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Service User Impact

The new Framework will have a positive impact on service users because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy [Equality, Diversity and Inclusion Policy](#). All services are open access and therefore no service users will be adversely impacted due to their religion or belief (or non-belief).

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Contract management process and procedures to ensure that equality characteristic information in relation to service user religion, belief and non belief is collected on a quarterly basis.

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<p>Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?</p>	√		<p>Research widely acknowledges that there are clear differences in the way women and men experience mental health problems. For example, women are more likely to report common mental health problems. Girls are more likely than boys to self-harm, and eating disorders are more common in young women compared to young men. Whereas men are more likely to have undiagnosed depression, be detained under the Mental Health Act and take their own life compared to women.</p> <p><u>National Population Data</u></p> <p>According to Stats Wales population projections, the population of Wales in 2022 is 3,167,598. Overall, there were 1,567,505 males (49% of the population) and 1,600,093 females (51% of the population).</p> <table border="1" data-bbox="533 927 1081 1187"> <thead> <tr> <th>Location & year</th> <th>Male</th> <th>female</th> </tr> </thead> <tbody> <tr> <td>Wales 2021</td> <td>1,561,980</td> <td>1,596,082</td> </tr> <tr> <td>Wales 2022</td> <td>1,567,505</td> <td>1,600,093</td> </tr> <tr> <td>Wales 2023</td> <td>1,573,033</td> <td>1,604,191</td> </tr> </tbody> </table> <p>Population projections by year and gender (gov.wales)</p> <p><u>Local Population Data</u></p> <p>Data from Census 2021 aligns with the Wales data, showing a 51% to 49% female to male ratio in each county with the Hywel Dda Health Board footprint.</p> <table border="1" data-bbox="533 1422 1223 1489"> <thead> <tr> <th>Local Authority</th> <th>All persons</th> <th>Females</th> <th>Males</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Location & year	Male	female	Wales 2021	1,561,980	1,596,082	Wales 2022	1,567,505	1,600,093	Wales 2023	1,573,033	1,604,191	Local Authority	All persons	Females	Males					
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Local Authority	All persons	Females	Males																					

Ceredigion	71500	36500	35000
Pembrokeshire	123400	63300	60100
Carmarthenshire	187900	96200	91700

[Population and household estimates, Wales: Census 2021 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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Contract management process and procedures to ensure that equality characteristic information in relation to service users sex is collected on a quarterly basis.

Contract management process and procedures to ensure that equality characteristic information in relation to staff sex is collected on a quarterly basis.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

√

Mental health problems such as depression, self-harm, alcohol and drug abuse and suicidal thoughts can affect anyone, but they're more common among people who are LGBTIQ+. Things LGBTIQ+ people go through can affect their mental health, such as discrimination, homophobia or transphobia, social isolation, rejection, and difficult experiences of coming out.
[LGBTIQ+ people: statistics | Mental Health Foundation](#)

The latest National Survey for Wales results available (2019-20) indicate that people who are lesbian, gay, or bisexual are about twice as likely to report feeling lonely (particularly emotional loneliness) than others. They are also more likely to report having experienced discrimination at work.

Sexual orientation was judged to be a motivating factor in 884 hate crimes recorded by police in Wales in 2020-21, which is up 16% from 763 in 2019-20 reporting period. This represents 19% of all recorded hate crimes, the same proportion as in the previous year.
[Wellbeing of Wales, 2022 | GOV.WALES](#)

National Population Data

The number of people in Wales who identify as lesbian, gay, or bisexual, or who chose not to identify as straight (heterosexual) are rising, with same-sex marriages now much more common than same-sex civil partnerships.

In 2020, 94.3% of the population of Wales identified as heterosexual, with 4.2% identifying as gay or lesbian, bisexual or another sexuality which has doubled since 2016.
[Wellbeing of Wales, 2022 | GOV.WALES](#)

Local Population Data

Although survey-based estimates at national level are regularly published, there is currently no reliable data on sexual orientation at a local level. A White paper was presented to parliament in 2018 which outlined the proposal from the Office for National Statistics to collect information on sexual orientation in the Census 2021 to meet the needs for better equality monitoring.

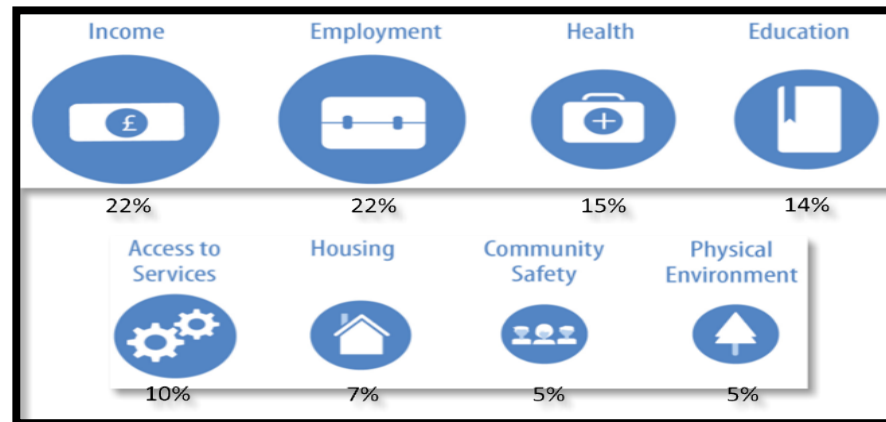
ONS research and consultation showed a clear need for information on sexual orientation, to support work on policy development and service provision and to allow local authorities to meet and monitor their requirements under the Equality Act 2010.

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<p>Socio-economic Deprivation Consider those on low income, economically inactive,</p>	√		<p>According to The British Journal of Psychiatry (2006), individuals in lower socio-economic groups have an increased prevalence of common mental disorders. 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.</p>	

unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: <https://gov.wales/more-equal-wales-socio-economic-duty>

As defined by the Welsh Index of Multiple Deprivation (WIMD) there are 8 types of deprivation.



Local Population Data

Out of the most deprived lower output areas within Wales, 12% of these, fall within the Hywel Dda Area:

- Tyisha, Llanelli
- Pembroke Dock
- Glanymor
- Haverfordwest: Garth
- Bigyn, Llanelli
- Pembroke: Monkton
- Cardigan
- Llwynhendy, Llanelli

Due to the rurality of Hywel Dda, people are more likely to suffer from poor/inadequate:

- Access to services
- Digital infrastructure
- Fuel Poverty

		<p><u>Service User Data</u></p> <p>Service user specific data for services commissioned via the Framework is not yet available, as new services will not commence until 1 July 2023. However, the local population data provided above is sufficient to inform the EQIA. Once services commence in July 2023 data relating to service users age will be collected via the commissioned services and the EQIA will be updated accordingly. This will be monitored on an ongoing basis through quarterly contract management process and procedures.</p> <p><u>Service User Impact</u></p> <p>The new Framework will have a positive impact on service users because all services have been commissioned to provide equitable services across the Hywel Dda Health Board footprint, with considerations for areas of Socio-economic Deprivation. All services are open access and therefore no service users will be adversely impacted due to Socio-economic Deprivation. All services are free to use, which will ensure service users in lower socio-economic groups are not disadvantaged by accessing services commissioned via the Framework. All services have been commissioned to signpost service users to other organisations and services which will benefit them including local food banks, Citizens Advice and debt management etc.</p> <p><u>Workforce Data</u></p> <p>Workforce data for organisations commissioned through the framework is not yet available as the outcome of the Procurement process has not been ratified. However, the local population data provided above is sufficient to inform the EQIA. New services are planned to commence on 1 July 2023, at which point workforce data for all organisations commissioned via the Framework will be made available to the Health Board. The EQIA will be updated on receipt of this data. This will be monitored on an ongoing basis through quarterly contract management process and procedures.</p> <p><u>Workforce Impact</u></p> <p>The new Framework will have a positive impact on staff because all organisations are being commissioned at full cost recovery in line with the recent rises in inflation, with all organisations having to submit costings for all staff working to deliver the services commissioned by the Health Board. This includes robust staff training and staff travel costs. As part of the Procurement process the financial weighting on the tender evaluations was low to ensure that small services could compete with larger organisations. Furthermore, all services commissioned a the framework will be awarded 4 year contracts to ensure sustainability in the workforce. Over the lifetime of the contract</p>	<p>Contract management process and procedures to ensure that equality characteristic information in relation to service user Socio-economic Deprivation is collected on a quarterly basis.</p> <p>Contract management process and procedures to ensure that equality characteristic information in relation to staff Socio-economic Deprivation is collected on a quarterly basis.</p>
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providers will receive a 6% uplift which will be passed on to staff to ensure that staff receive cost of living increases.

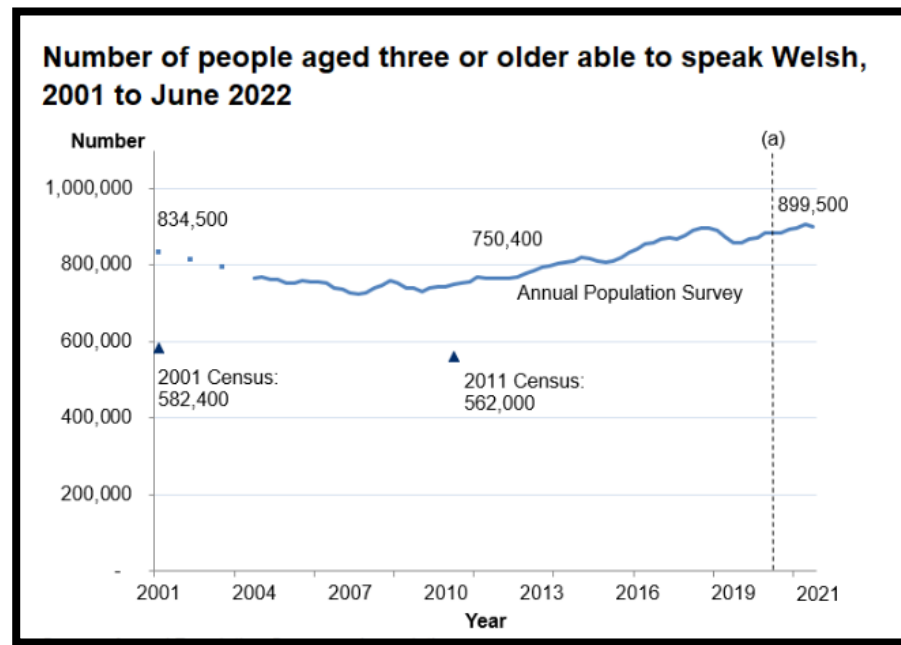
Welsh Language
Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.

√

As part of the Procurement process all organisations were asked to identify how they will ensure that service users' and carers Welsh Language communication needs will be met. This includes providing Welsh speaking staff and providing all resources, materials and publicity information through the medium of Welsh.

National Population Data

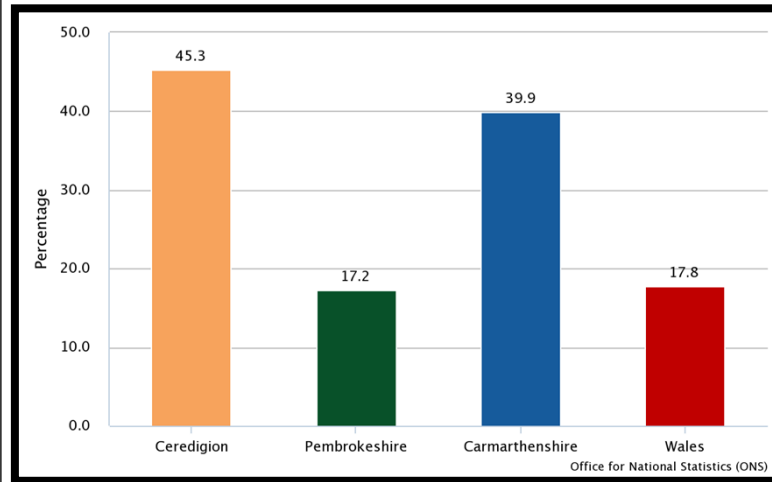
According to the Annual Population Survey and population census (July 2021- June 2022) 29.7% of people aged three or older were able to speak Welsh. This figure equates to around 899,500 people. This is 0.5 percentage points higher than the previous year (year ending 30 June 2021), equating to around 14,400 more people. The chart below shows how these figures have been gradually increasing each year since March 2010 (25.2%, 731,000), after they had been gradually declining from 2001 to 2007.



[Welsh language data from the Annual Population Survey: July 2021 to June 2022 | GOV.WALES](#)

Local Population Data

The current Welsh language data captured by the West Wales population assessment is shown in the table below.



<https://www.wwcp-data.org.uk/welsh-language>

This is an important consideration for our region as the proportion of Welsh speakers is considerably higher in Carmarthenshire and Ceredigion than in Wales as a whole. This is not the case in Pembrokeshire, although it is still vital that services are available in Welsh for people within the community for whom Welsh is the language of choice.

Service User Data

Service user specific data for services commissioned via the Framework is not yet available, as new services will not commence until 1 July 2023. However, the local population data provided above is sufficient to inform the EQIA. Once services commence in July 2023 data relating to service users age will be collected via the commissioned services and the EQIA will be updated accordingly. This will be monitored on an ongoing basis through quarterly contract management process and procedures.

Service User Impact

Contract management process and procedures to ensure that equality characteristic information in relation to service user Welsh Language is collected

		<p>The commissioning of the third Sector Framework will have a positive impact on the Welsh language characteristic for service users. All organisations commissioned via the Framework will need to provide Welsh speaking staff and provide all materials and promotional materials through the medium of Welsh. All organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy Equality, Diversity and Inclusion Policy, therefore no staff will adversely be impacted because of the Welsh Language.</p> <p><u>Workforce Data</u></p> <p>Workforce data for organisations commissioned through the framework is not yet available as the outcome of the Procurement process has not been ratified. However, the local population data provided above is sufficient to inform the EQIA. New services are planned to commence on 1st July 2023, at which point workforce data for all organisations commissioned via the Framework will be made available to the Health Board. The EQIA will be updated on receipt of this data. This will be monitored on an ongoing basis through quarterly contract management process and procedures.</p> <p><u>Workforce Impact</u></p> <p>The new Framework will have a positive impact on staff working for organisations commissioned because all organisations will need to comply with the Health Boards Equality, Diversity and Inclusion Policy Equality, Diversity and Inclusion Policy, therefore no staff will adversely be impacted because of the Welsh Language.</p>	<p>on a quarterly basis.</p> <p>Contract management process and procedures to ensure that equality characteristic information in relation to staff Welsh Language is collected on a quarterly basis.</p>
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Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information to make a fully informed decision on any potential impact?	Yes adequate information has been provided across all protected characteristic areas to make a fully informed decision on any potential impact.
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Yes the information collected within the EQIA relates to all protected characteristics.
4.	What additional information (if any) is required?	Additional information is required on workforce protected characteristics; however, this information cannot be collected until the Procurement process has been ratified and services commence post July 2023. This has been actioned in the Action Plan and the EQIA will be updated accordingly on receipt of this information.
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).	N/A

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	2	+3	+6
Disability	2	+3	+6
Sex	2	+3	+6
Gender Reassignment	2	+3	+6
Marriage and Civil Partnership	2	+3	+6
Pregnancy and Maternity	2	+3	+6
Race/Ethnicity or Nationality	2	+3	+6
Religion or Belief	2	+3	+6
Sexual Orientation	2	+3	+6
Socio-economic Deprivation	2	+3	+6
Welsh Language	2	+3	+6

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	Yes the Third Sector Framework will be adopted by the Health Board.
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	As at 10/03/2023 no changes have been made to the Third Sector Framework as a result of conducting this EQIA.
What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	<p>All services commissioned under the Third Sector Framework will be subject to stringent quarterly monitoring processes and procedures including assessment of the following:</p> <ul style="list-style-type: none"> • Service user protected characteristic data • Carer protected characteristic data • Commissioned providers staff protected characteristic data

<p>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</p>	<p>Information will be reviewed during first quarter (July – September). Following this information will be collected via scheduled Contract Monitor Meetings in mid-October. The EQIA will then be updated by 31st October 2023. The Commissioning Manger for Third Sector services will be responsible for gathering and analysing the data and updating the EQIA.</p>
<p>Where positive impact has been identified for one or more groups please explain how this will be maximised?</p>	<p>Positive impacts have been identified in all characteristic's areas. As part of the contract monitoring process the impact will be monitored. Where areas of best practise are identified this will be shared with other organisations to ensure consistency on data monitoring.</p>
<p>Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this.</p> <p>If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.</p>	<p>As at 01/03/2023 no potential for negative impacts have been identified as a result of developing the Third Sector Framework.</p>

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
Contract management process and procedures to ensure that equality characteristic information in relation to staff Welsh Language is collected on a quarterly basis.	Commissioning Manager, Third Sector Services	15/08/2023	31/10/2023	Information will be reviewed during first quarter (July – September). Following this information will be collected via scheduled Contract Monitor Meetings in mid-October. The EQIA will then be updated by 31 October 2023.
Contract management process and procedures to ensure that equality characteristic information in relation to staff Welsh Language is collected on a quarterly basis.	Commissioning Manager, Third Sector Services	15/08/2023	31/10/2023	Information will be reviewed during first quarter (July – September). Following this information will be collected via scheduled Contract Monitor Meetings in mid-October. The EQIA will then be updated by 31 October 2023.

EqIA Completed by:	Name	Aileen Flynn
	Title	Service Transformation & Partnerships Manager, MHL D
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	Contact details	aileen.flynn@wales.nhs.uk
	Date	10/03//2023
EqIA Authorised by:	Name	Liz Carroll
	Title	Director, MHL D
	Team / Division	MH&LD
	Contact details	liz.carroll@wales.nhs.uk
	Date	10/03/2023