

Leicestershire Partnership NHS Trust Summary of Equality Monitoring Analyses of Service Users

April 2016 to March 2017

Table of Contents

Introduction	1
Principle findings from the equality monitoring of services users	2
The demographic profile of LPT's service users in 16/17, derived from patient information systems	5
CQC Mental Health Inpatient Survey 2017	8
CQC Mental Health Community Service User Survey 2017.....	10
Complainants amongst LPT's service users for 16/17	16

Introduction

The Public Sector Equality Duty of the Equality Act 2010 places a requirement upon public sector organisations to publish equality monitoring information about their service users on an annual basis, with the associated guidance recommending the topic areas to be covered¹:

- access to services or participation rates for people with the different protected characteristics;
- customer satisfaction with services including any complaints (and the reasons for complaints);
- performance information for functions which are relevant to the aims of the general equality duty, especially around service outcomes (e.g. attainment, recovery rates);
- complaints about discrimination and other prohibited conduct from service users;
- details and feedback of engagement with service users;
- quantitative and qualitative research with service users, e.g., patient surveys;
- records of due regard to the aims of the public sector equality duty in decision-making with regard to service provision, including any assessments of impact on equality and any evidence used;
- details of policies and programmes that have been put into place to address equality concerns raised by service users.

¹ Equality and Human Rights Commission: Equality Act 2010 Technical Guidance on the Public Sector Equality Duty England (August 2014), page 69

Principle findings from the equality monitoring of services users

Analyses of equality monitoring information available on service users from various sources within LPT have been undertaken in relation to fulfilling the Public Sector Equality Duty. The Equality and Human Rights Team will work with other parts of LPT to help them to prioritise and address the equality issues arising from these analyses. This document offers a summary of the main findings arising from the analyses for the 2016/17 financial year; detailed reports that will be published at the end of January 2018 (in accordance with the Public Sector Equality Duty) are available from the Equality and Human Rights Team.

The demographic profile of LPT's service users in 16/17, derived from patient information systems:

- LPT had generally higher proportions of BME service users than expected for the population of Leicester, Leicestershire, and Rutland.
- There were underrepresentations of specific ethnic groups for some age groups, in some service lines:
 - younger Chinese men and women (LPT overall);
 - younger Asian British Indian men and women (AMH&LD);
 - younger Asian British Indian and Black British African women (CHS);
 - Black British African girls and boys and younger men and women (FYPC).
- Information on ethnicity was not held for 25% of LPT's service users; an improvement on the position for 2015/16 when information on ethnicity was not held for 69% of LPT's service users. This primarily reflects a big improvement in the completeness of ethnicity information held about the large number of service users in FYPC's 0-19 Healthy Child programme / Health Visiting & School Nursing service line.

CQC Mental Health Inpatient Survey 2017:

- For most of the topic areas covered by the survey, there were no indications that a particular protected group was disadvantaged amongst LPT's respondents (analyses were possible by age, gender, and ethnicity).
- The differing dietary requirements of inpatients (for example because of cultural or religious beliefs, a particular health condition, or through personal choice) were catered for, with equality of provision by ethnicity at LPT.
- LPT's respondents were more likely to report having shared a sleeping area with patients of the opposite sex (also apparent in the 2015 and 2016 surveys).

CQC Mental Health Community Service User Survey 2017:

- For most of the topic areas covered by the survey, there were no indications that a particular protected group was disadvantaged amongst LPT's respondents (analyses were possible by age and gender).
- Equality issues arising from the 2017 CQC Mental Health Community Service User Survey tended to reflect the differing age profiles of service users in the two services from which most respondents were drawn: Adult General Psychiatry Community and Outpatient Teams (younger service users); and the MHSOP Memory Clinics (older service users).
- Service users in Adult General Psychiatry Community and Outpatient Teams, who tended to be younger, were less likely to report:
 - having seen NHS mental health services often enough (or more than often enough) for their needs;
 - feeling that decisions were made together by them and the person they saw during discussions on how their care was working;
 - knowing who was in charge of organising their care while a change was taking place (also affecting women more than men);
 - being given any help or advice with finding support for finding or keeping work (of those who wanted this service).
- Service users in MHSOP Memory Clinics, who tended to be older, were less likely to report:
 - having agreed with someone from NHS mental health services what care they will receive;
 - knowing who to contact out of office hours in a crisis (also affecting women more than men).

Complainants amongst LPT's service users for 16/17:

- The most common reasons for complaint related to patient care, followed by the values and behaviour of staff, and appointments.
- Across LPT overall and also in AMH/LD in particular, BME people were overrepresented amongst those who raised a complaint on the grounds of privacy, dignity, and wellbeing. Within FYPC, BME people were overrepresented amongst those who raised a complaint on the grounds of values and behaviour of staff.
- There were disproportionately high rates of complainants amongst service users in their forties (especially in AMH&LD), and amongst women in their nineties (especially in CHS). (Here, the term complainant is used to refer to the service user who initiated the complaint.)

The demographic profile of LPT’s service users in 16/17, derived from patient information systems

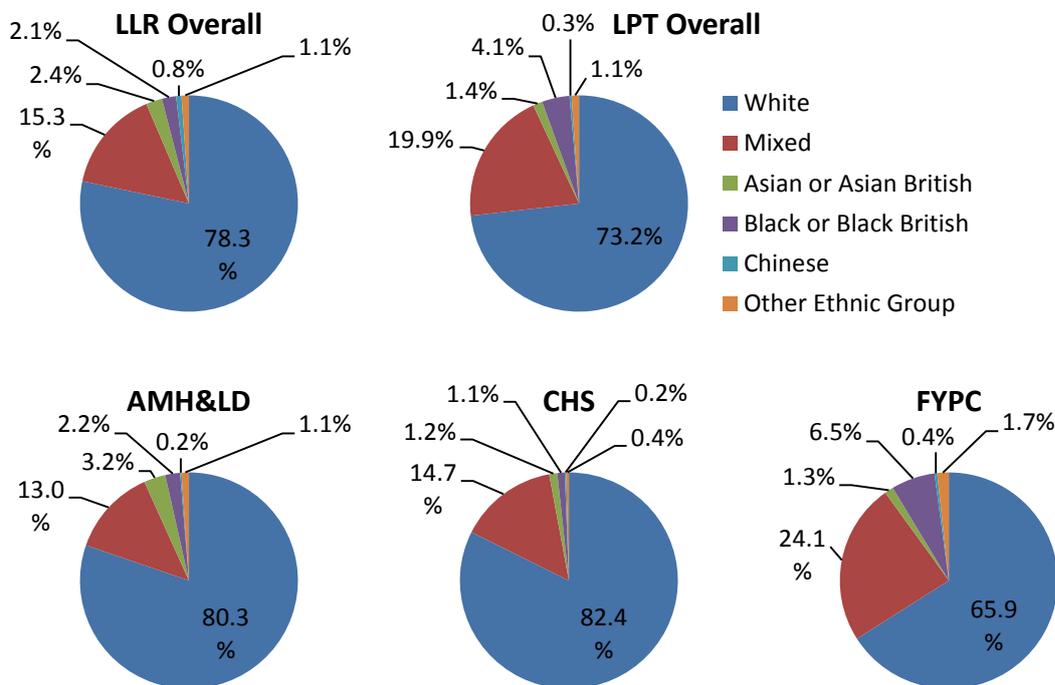
- Service user headcounts:

	Service user head counts*	
	16/17	15/16
LPT overall	275,020	185,591
AMH&LD	22,289	18,166
CHS	108,782	93,558
FYPC	158,860	74,142

*The sum of headcounts across individual services exceeds that for LPT overall as some service users appeared in more than one service, but were counted only once for LPT overall.

- In terms of ethnicity, in comparison to the local population benchmarks, LPT had generally higher proportions than expected of service users from BME groups (Figure 1).

Figure 1: The ethnicity profile of the local population and service users at LPT



LLR: Leicester, Leicestershire, and Rutland (2011 Census)
 LPT: Leicestershire Partnership NHS Trust
 AMH&LD: Adult Mental Health and Learning Disability services
 CHS: Community Health Services
 FYPC: Families, Young People and Children’s services

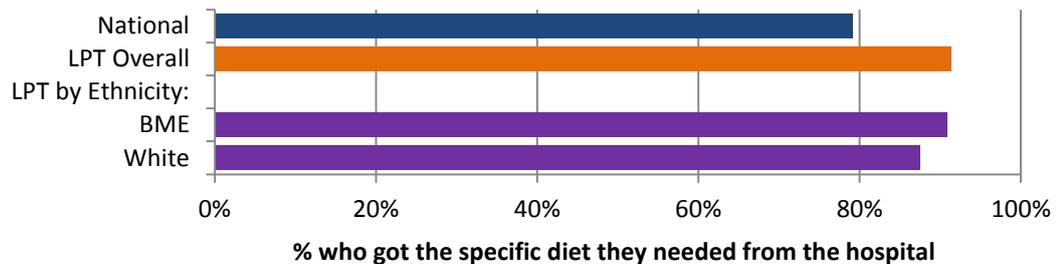
- However, some ethnic subgroups were underrepresented in some service areas.
- AMH&LD:
 - there were underrepresentations of younger Asian British Indian and Chinese, men and women;
 - with variations in ethnicity profile by individual service line.
- CHS:
 - there were underrepresentations of younger Asian British Indian and Black British African women;
 - there were underrepresentations of younger Chinese men and women;
 - with variations in ethnicity profile by individual service line - for instance, service use amongst Asian British Indian people was weighted towards the Continence Nursing, Podiatry, and Reablement service lines, with lower levels of representation in many other CHS service lines.
- FYPC,
 - there were underrepresentations of Black British African girls and boys and younger men and women;
 - there were underrepresentations of younger Chinese men and women;
 - with variations in ethnicity profile by individual service line – for instance, service use amongst Asian British Indian people was weighted heavily towards the Children’s Phlebotomy service line, with much lower levels of representation in many other FYPC service lines.
- A snapshot of service users’ mental health in AMH&LD for 2016/17 was analysed using Health of Nation Outcome Scores (these scores reflect mental health at a given time rather than a treatment outcome).
 - Asian British and Black British service users were overrepresented amongst those with a psychotic disorder.
 - Black British service users were more likely to have severe problems in several HoNOS domains:
 - hallucinations and delusions;
 - living conditions;
 - agitated behaviour / expansive mood (historical);
 - safeguarding children and vulnerable dependent adults (historical);
 - engagement (historical);
 - vulnerability (historical).

- In 2016/17, information on ethnicity was not held for 25% of LPT's service users; a large improvement on the position in 2015/16 when information on ethnicity was not held for 69% of LPT's service users. This reflects primarily an improvement in the completeness of ethnicity information held about the large number of service users in FYPC's 0-19 Healthy Child programme / Health Visiting & School Nursing service line (which went from 28% complete for 57,289 service users in 2015/16 to 96% complete for 135,417 service users in 2016/17).
- Information about disability, religion or belief, sexual orientation, and prior service in the armed forces was largely absent from patient information systems for the purposes of equality monitoring (incomplete for in excess of 95% of service users depending on the characteristic).

CQC Mental Health Inpatient Survey 2017

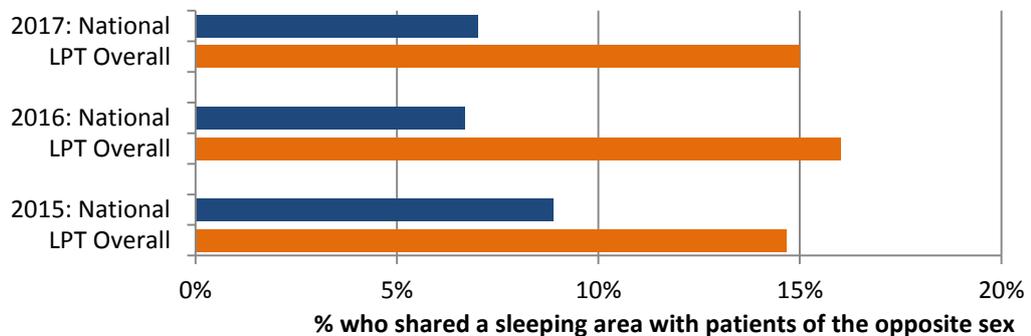
- The present report is concerned with detailed breakdowns from the 2017 CQC Mental Health Inpatient Survey.
- Number of LPT respondents in 2017: 82.
- For most of the topic areas covered by the survey, there were no indications that a particular protected group was disadvantaged amongst LPT's respondents (analyses were possible by age, gender, and ethnicity).
- For instance, the differing dietary requirements of inpatients (for example because of cultural or religious beliefs, a particular health condition, or through personal choice) were catered for (Nationally: 79%; LPT: 91%), with equality of provision by ethnicity at LPT (White: 88%; BME: 91%, Figure 2).

Figure 2: Percentage of respondents who had their dietary requirements met (2017)



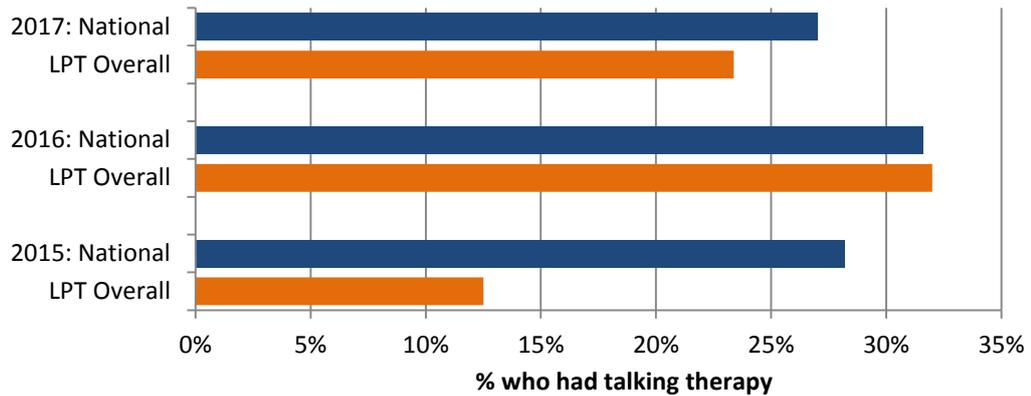
- Some inpatients reported sharing a sleeping area, for example a room or bay, with patients of the opposite sex (Nationally: 7%; LPT: 15%, Figure 3). Levels of sharing a sleeping area with patients of the opposite sex were similarly high in 2016 and in 2015.

Figure 3: Percentage of respondents who shared a sleeping area with patients of the opposite sex (2017, 2016, and 2015)



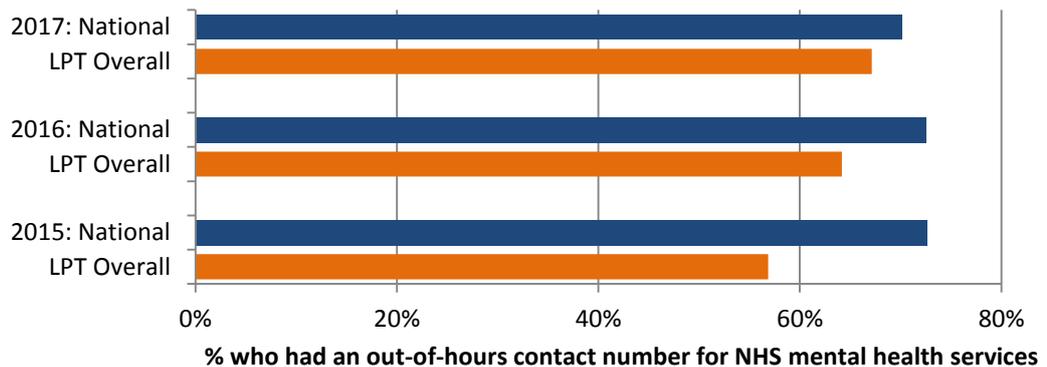
- Since 2015, the levels of provision of talking therapy services at LPT have increased (2015: Nationally: 28%; LPT: 13%; 2017: Nationally: 27%; LPT: 23%, Figure 4), and levels of provision were equitable by age, gender, and ethnicity.

Figure 4: Percentage of respondents who had talking therapies (2017, 2016, and 2015)



- Since 2015, the levels of knowledge amongst LPT’s respondents of an out-of-hours number for NHS mental health services have increased (2015: Nationally: 73%; LPT: 58%; 2017: Nationally: 70%; LPT: 67%, Figure 5), and levels of knowledge of this number were equitable by age, gender, and ethnicity.

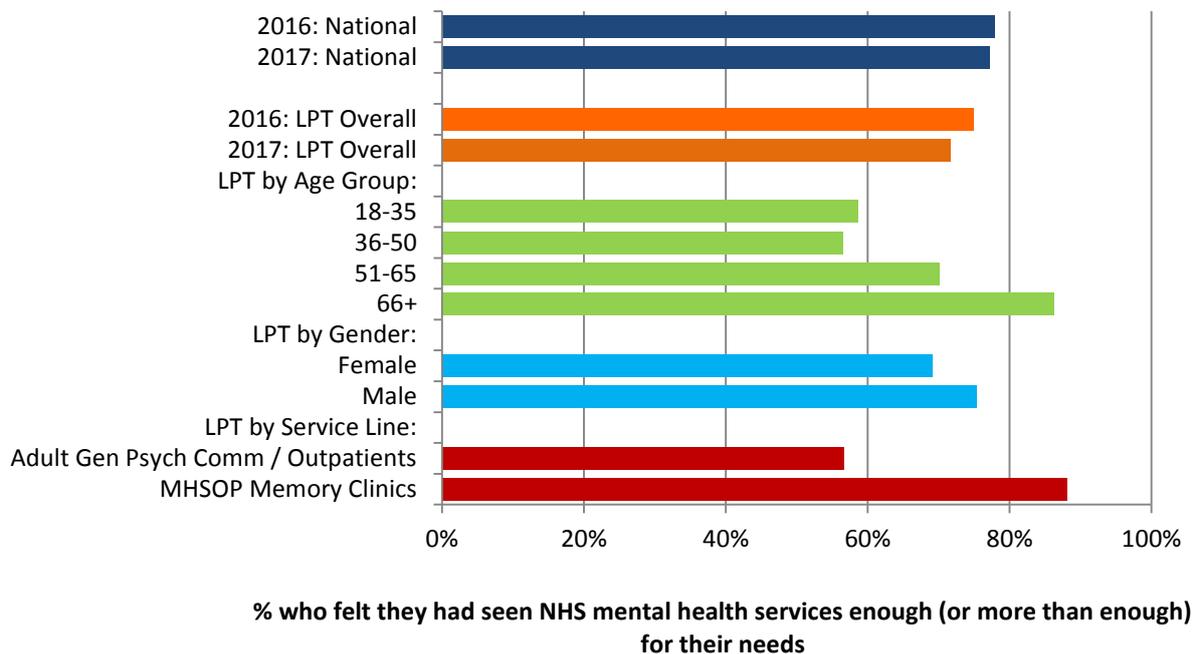
Figure 5: Percentage of respondents who had an out-of-hours contact number for NHS Mental Health Services (2017, 2016, and 2015)



CQC Mental Health Community Service User Survey 2017

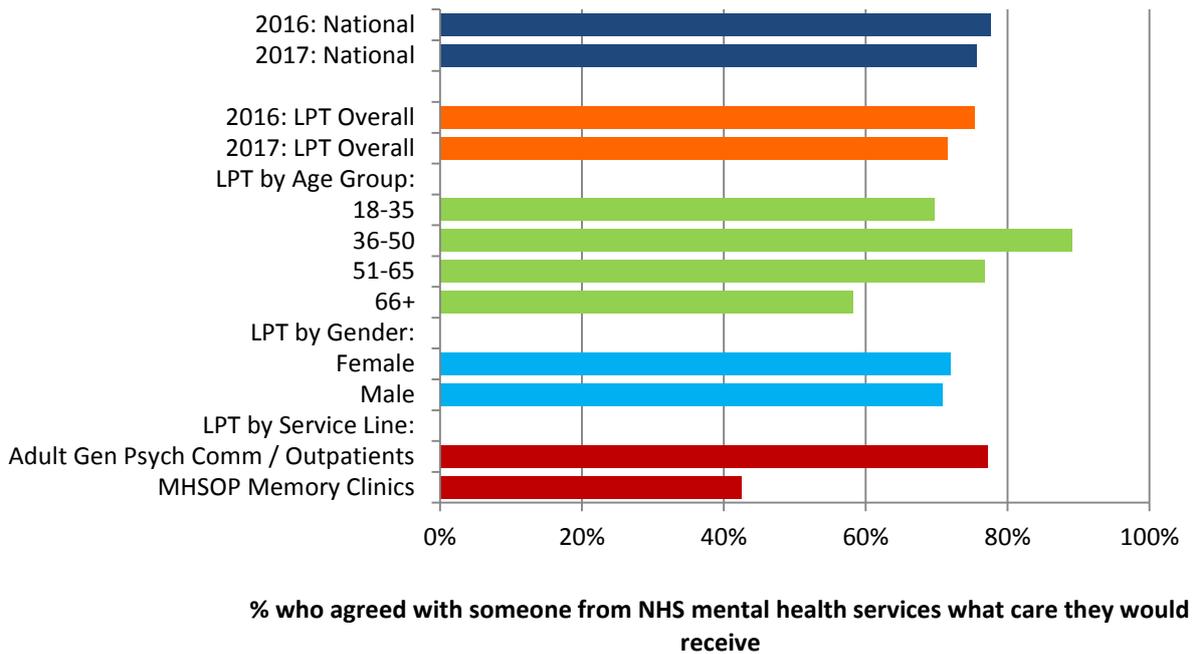
- The present report is concerned with detailed breakdowns from the 2017 CQC Mental Health Community Service User Survey.
- Number of LPT respondents in 2017: 227.
- For most of the topic areas covered by the survey, there were no indications that a particular protected group was disadvantaged amongst LPT's respondents (analyses were possible by age and gender).
- Service users in Adult General Psychiatry Community and Outpatient Teams were less likely to report that they had seen NHS mental health services often enough (or more than often enough) for their needs; there was a trend for this issue to disproportionately affect patients aged 50 and under (LPT overall: 72%; 18 to 35 years old: 59%; 36 to 50 years old: 57%; Adult General Psychiatry Community and Outpatient Teams: 57%; Figure 6).

Figure 6: Percentage of respondents who felt that they had seen NHS mental health services enough (or more than enough) for their needs



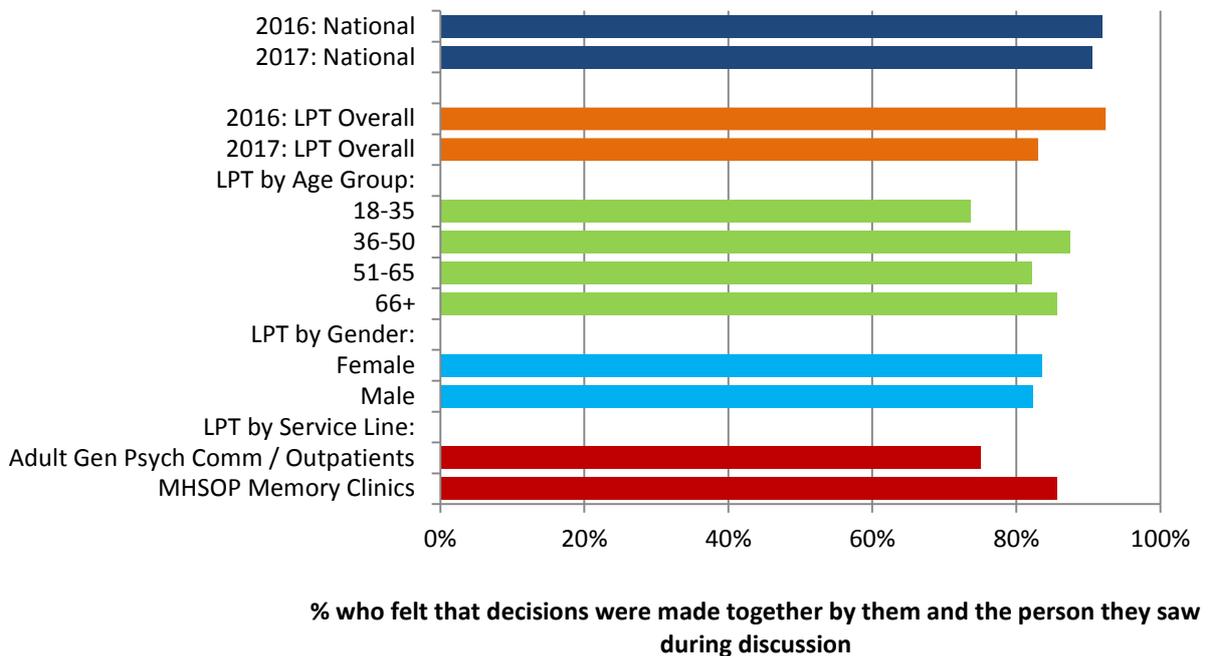
- Service users in MHSOP Memory Clinics were less likely to report that they had agreed with someone from NHS mental health services what care they will receive; there was a trend for this issue to disproportionately affect patients aged 66 and over (LPT overall: 72%; 66 years old and over: 58%; MHSOP Memory Clinics: 43%; Figure 7).

Figure 7: Percentage of respondents who agreed with someone from NHS mental health services what care they would receive



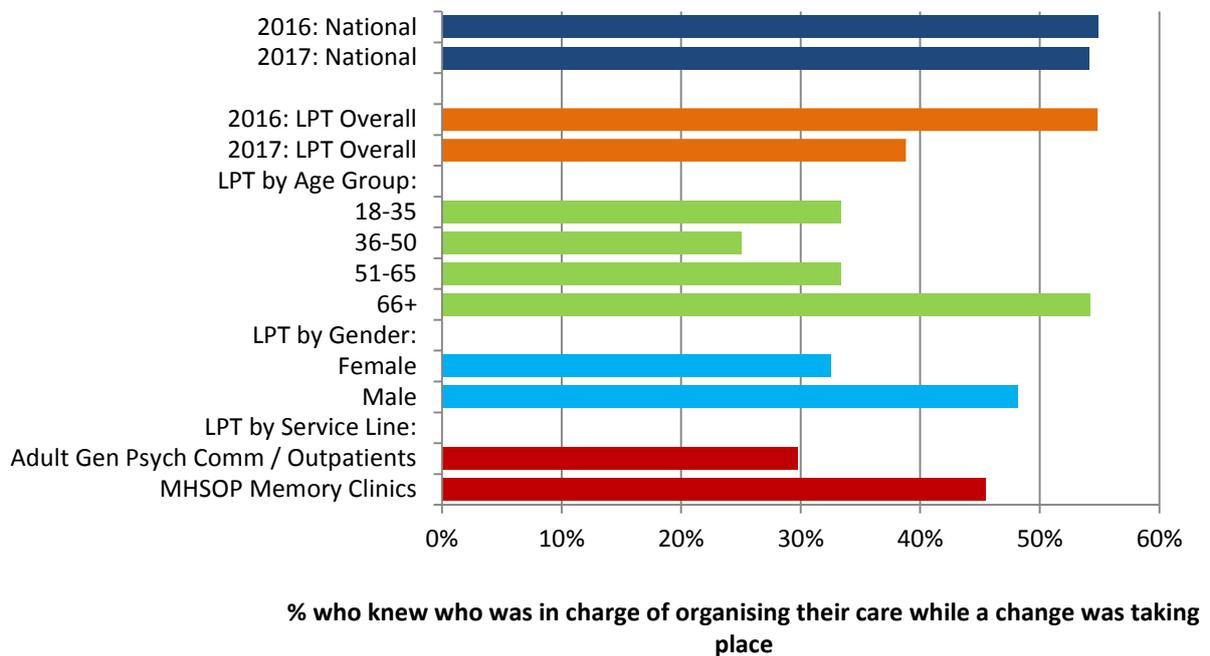
- Compared to the national benchmark, service users in LPT, and especially in Adult General Psychiatry Community and Outpatient Teams, were less likely to report that they felt that decisions were made together by them and the person they saw during discussions on how their care was working; there was a trend for this issue to disproportionately affect patients aged 35 and under (Nationally: 91%; LPT Overall: 83%; 18 to 35 years old: 74%; Adult General Psychiatry Community and Outpatient Teams: 75%; Figure 8).

Figure 8: Percentage of respondents who felt that decisions were made together by them and the person they saw during discussion



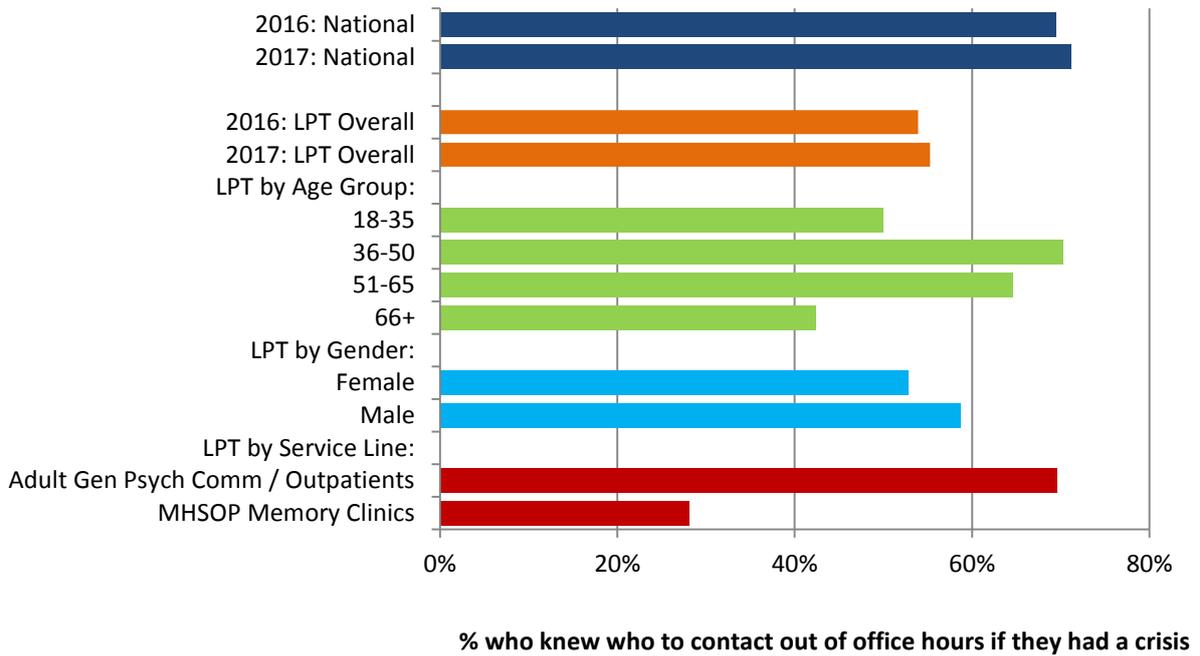
- Compared to the national benchmark, service users in LPT, and especially in Adult General Psychiatry Community and Outpatient Teams, were less likely to report that they knew who was in charge of organising their care while a change was taking place; this issue was more likely to affect women (Nationally: 54%; LPT Overall: 39%; Adult General Psychiatry Community and Outpatient Teams: 30%; Women: 33%; Figure 9).

Figure 9: Percentage of respondents who reported that they knew who was in charge of organising their care while a change was taking place



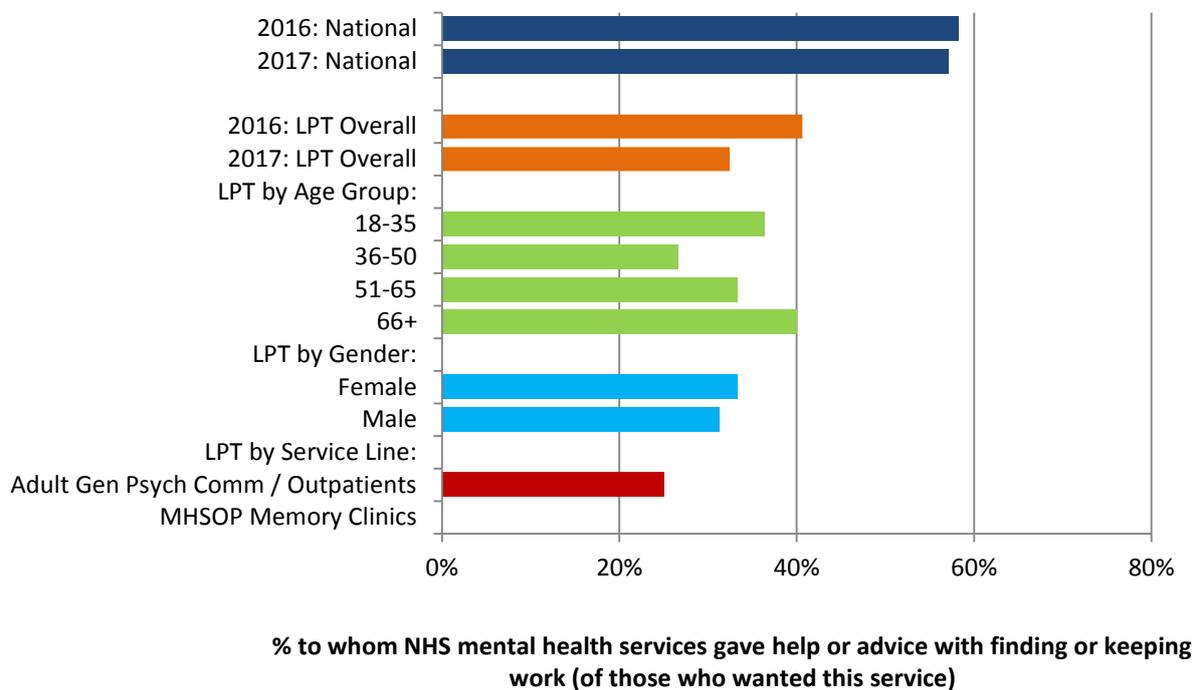
- Compared to the National benchmark, service users in LPT, and especially in MHSOP Memory Clinics, were less likely to report knowing who to contact out of office hours in a crisis; this issue was more likely to affect people aged 66 and over and women (Nationally: 71%; LPT Overall: 55%; MHSOP Memory Clinic: 28%; 66 years old and over: 42%; Women: 53%; Figure 10).

Figure 10: Percentage of respondents who knew who to contact out of hours in a crisis



- Compared to the National benchmark, service users in LPT, and especially in Adult General Psychiatry Community and Outpatient Teams, were less likely to report having been given any help or advice with finding support for finding or keeping work (of those who wanted this service) (Nationally: 57%; LPT Overall: 32%; Adult General Psychiatry Community and Outpatient Teams: 25%; Figure 11).

Figure 11: Percentage of respondents to whom NHS mental health services gave help or advice with finding or keeping work (of those who wanted this service)



(Although no respondents from the MHSOP Memory Clinic received help or advice with finding or keeping work, very few respondents from the MHSOP Memory Clinic wanted this service.)

Complainants amongst LPT’s service users for 16/17

- Total number of complaints 16/17: 372
- Total number of complainants 16/17: 346 (0.13% of a total of 275,020 service users in 16/17) – here, the term complainant is used to refer to the patient or service user at the origin of the complaint (as opposed to a relative or advocate who may have raised the complaint on behalf of the service user).
- Equality monitoring information on the ethnicity of complainants was incomplete (not known for 25% of complainants), reflecting the near complete absence of this information in the Safeguard database and poor levels of completeness in other patient information systems.
- The most common reasons for complaint related to patient care (42.0%), followed by the values and behaviour of staff (17.0%), and appointments (11.1%).
- Across LPT overall, and also in AMH/LD in particular, BME people were overrepresented amongst those who raised a complaint on the grounds of privacy, dignity, and wellbeing. Within FYPC, BME people were overrepresented amongst those who raised a complaint on the grounds of the values and behaviour of staff.
- There were disproportionately high rates of complainants amongst service users in their forties (especially in AMH&LD), and amongst women in their nineties and above (especially in CHS) (Figure 12).

Figure 12: The rates of complainants by age band and gender as a percentage of the total number of service users within a given age band and gender

