

Leicestershire Partnership NHS Trust: CQC Mental Health Community Service User Survey 2015

A quantitative equality analysis considering
organisational unit, age, gender, and ethnicity: Summary
of findings

REDACTED FOR PUBLICATION

Table of Contents

Introduction	1
Aim	1
The Equality Act (2010)	1
A note on the anonymisation of information about service users within this report.....	2
Summary of main findings and recommendations	4
Younger service users felt that they were given insufficient time and attention during consultations, and insufficient involvement in their care.....	4
Future action	4
Appendix of analyses	5
Your health and social care workers	5
Reviewing your care	7
Crisis care	8
Other areas of life	9
About you	10
Appendix of analytical methods.....	16
Excluded and included groups.....	16
Analysis of questions with yes or no response categories	18
Analysis of questions with multiple response categories.....	19

Introduction

Aim

The present report looks at the 2015 Care Quality Commission's Mental Health Community Service User Survey. The analysis aims to identify equality issues arising from service user's responses to the survey.

The Equality Act (2010)

The Equality Act (2010) describes a 'public sector equality duty' (section 149). The 'public sector equality duty' applies to listed public authorities (including NHS Trusts) and others who exercise public functions.

149 Public sector equality duty:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership*; pregnancy and maternity; race; religion or belief; sex; sexual orientation. (*Marriage or civil partnership status is only covered by the first aim of the public sector equality duty, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.)

Listed public authorities must publish information to demonstrate compliance with the duty imposed by section 149(1) of the Act, at least annually. The information that a listed public authority publishes in compliance with paragraph (1) must include, in particular, information relating to persons who share a relevant protected characteristic who are—

- (a) its employees;
- (b) other persons affected by its policies and practices.

Although, only listed public authorities with 150 or more employees need publish information on their workforce.

Regarding other persons affected by its policies and practices, the types of information that listed authorities could publish to demonstrate compliance include¹:

- Records kept of how it has had due regard in making decisions, including any analysis undertaken and the evidence used.
- Relevant performance information, especially those relating to outcomes, for example information about levels of educational attainment for boys and girls, health outcomes for people from different ethnic minorities, and reported incidences of disability-related harassment.
- Access to and satisfaction with services, including complaints.
- Any quantitative and qualitative research undertaken, for example patient surveys and focus groups.
- Details of, and feedback from, any engagement exercises.

The present report considers the 2015 Care Quality Commission's Mental Health Community Service User Survey which covers several topic areas: care and treatment, health and social care workers, organising care, planning care, reviewing care, crisis care, other areas of life, and overall rating of care. In terms of the protected characteristics, breakdowns were available by age, ethnicity, and gender.

A note on the anonymisation of information about service users within this report

This version of the report has been redacted and edited to allow publication on a publically accessible website. The report contains counts of numbers of service users, analysed in several tables, by their protected characteristics (e.g., age group, gender). The use of these tables to produce aggregated summaries of service user counts has the effect of anonymising much of the information and protecting the identities of individual service users. However, some analyses contain very small counts of service users in some protected characteristic groups, especially when broken down by certain domains of interest. Such small counts could, potentially, be used to identify individual service users, even after aggregation. Consequently, these small counts might be considered personal information that is protected by the Data Protection Act 1998 and other legislation. Where there is a risk that individuals could be identified from a small count, these counts have been redacted from the tables. Where the redacted count can be deduced from other counts in a table, these other counts have been redacted as well. If a risk that individuals could be identified remains after redaction, or the table is rendered uninformative by the redaction of the counts within it, then the entire table is redacted. In the present report, as a start point for the anonymisation process, counts below 10 have been redacted to mitigate the risk that

¹ This guidance is taken from the technical guidance published by the Equality and Human Rights Commission: Equality Act 2010 Technical Guidance on the Public Sector Equality Duty England (August 2014), page 69

individuals might be identifiable. The anonymisation process has followed guidance issued by the Information Commissioner's Office². Additionally, groups of patients with fewer than 30 members have been excluded from the analyses altogether (they are removed from the breakdowns by the third party supplier of the survey data), please refer to the "Excluded and included groups" section of the appendix of analytical methods.

² Information Commissioner's Office: Anonymisation: managing data protection risk code of practice (November 2012)

Summary of main findings and recommendations

Data and analyses supporting the findings detailed below are provided for reference in the Appendix of analyses. Each table referred to below is hyperlinked to its occurrence in the appendix.

Younger service users felt that they were given insufficient time and attention during consultations, and insufficient involvement in their care

- Younger service users (aged 18 to 35 years old) were less likely to feel that the person they saw listened to them carefully (Table 1) and were less likely to feel that they were given enough time to discuss their needs (Table 2).
- Younger service users (aged 18 to 35 years old) were less likely to feel as involved as they wanted to be in discussing how their care was working (Table 3) and were less likely to feel that decisions were made together between them and the person they saw during this discussion (Table 4).

Future action

In relation to the areas highlighted above, the following actions will be taken by the Equality and Human Rights Team:

- Presentation of the findings from the data analyses to services and teams; support to divisions and teams in developing and executing action plans to tackle the identified equality issues and gaps in provision; monitoring of the progress and efficacy of the action plans implemented.

Appendix of analyses

Keys to the colour coding in the tables of analysis can be found in Table 19 and Table 20.

Your health and social care workers

Compared to LPT overall:

- younger service users (aged 18 to 35 years old) were less likely to feel that the person or people they saw listened to them carefully (Table 1) and were less likely to feel that they were given enough time to discuss their needs (Table 2).

Table 1: Q4. Did the person or people you saw listen carefully to you? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
Yes, definitely / Yes, to some extent	233	94.72%	34	82.93%	47	97.92%	66	95.65%	86	97.73%
No	13	5.28%	7	17.07%	1	2.08%	3	4.35%	2	2.27%
Total	246	100.00%	41	100.00%	48	100.00%	69	100.00%	88	100.00%
<i>Missing / Don't know / Can't remember</i>	12	4.65%	1	2.38%	1	2.04%	3	4.17%	7	7.37%
<i>Grand total</i>	258		42		49		72		95	

Table 2: Q5. Were you given enough time to discuss your needs and treatment? Analysed by age group, compared against LPT overall

	LPT overall		Age group (years)							
			18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
Yes, definitely / Yes, to some extent	213	88.75%	30	73.17%	43	91.49%	60	90.91%	80	93.02%
No	27	11.25%	11	26.83%	4	8.51%	6	9.09%	6	6.98%
Total	240	100.00%	41	100.00%	47	100.00%	66	100.00%	86	100.00%
<i>Missing / Don't know / Can't remember</i>	18	6.98%	1	2.38%	2	4.08%	6	8.33%	9	9.47%
<i>Grand total</i>	258		42		49		72		95	

Reviewing your care

Compared to LPT overall:

- younger service users (aged 18 to 35 years old) were less likely to feel as involved as they wanted to be in discussing how their care was working (Table 3) and were less likely to feel that decisions were made together between them and the person they saw during this discussion (Table 4).

Table 3: Q15. Were you involved as much as you wanted to be in discussing how your care is working? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
Yes, definitely / Yes, to some extent	144	91.72%	19	73.08%	23	92.00%	47	97.92%	55	94.83%
No, but I wanted to be	13	8.28%	7	26.92%	2	8.00%	1	2.08%	3	5.17%
Total	157	100.00%	26	100.00%	25	100.00%	48	100.00%	58	100.00%
<i>Missing / Don't know / Can't remember / No, but I did not want to be</i>	101	39.15%	16	38.10%	24	48.98%	24	33.33%	37	38.95%
<i>Grand total</i>	258		42		49		72		95	

Table 4: Q16. Did you feel that decisions were made together by you and the person you saw during this discussion? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
Yes, definitely / Yes, to some extent	146	92.41%	19	73.08%	25	96.15%	46	97.87%	56	94.92%
No	12	7.59%	7	26.92%	1	3.85%	1	2.13%	3	5.08%
Total	158	100.00%	26	100.00%	26	100.00%	47	100.00%	59	100.00%
<i>Missing / Don't know / Can't remember / I did not want to be involved in making decisions</i>	100	38.76%	16	38.10%	23	46.94%	25	34.72%	36	37.89%
<i>Grand total</i>	258		42		49		72		95	

Crisis care

Compared to LPT overall:

- younger service users (aged 18 to 35 years old) were more likely to have tried to contact the out-of-hours cover because their condition was getting worse (Table 5).

Table 5: Q21. In the last 12 months, have you tried to contact this person or team because your condition was getting worse? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
Yes	47	37.30%	15	68.18%	11	42.31%	15	34.88%	6	17.14%
No	79	62.70%	7	31.82%	15	57.69%	28	65.12%	29	82.86%
Total	126	100.00%	22	100.00%	26	100.00%	43	100.00%	35	100.00%
<i>Missing / Can't remember</i>	132	51.16%	20	47.62%	23	46.94%	29	40.28%	60	63.16%
<i>Grand total</i>	258		42		49		72		95	

Other areas of life

Compared to LPT overall:

- service users who were aged 66 years old or over were more likely to feel that NHS mental health services had involved a member of their family or someone else close to them as much as they would like (Table 6).

Table 6: Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
Yes, definitely / Yes, to some extent	120	71.01%	17	54.84%	15	55.56%	32	66.67%	56	88.89%
No, not as much as I would like / No, they have involved them too much	49	28.99%	14	45.16%	12	44.44%	16	33.33%	7	11.11%
Total	169	100.00%	31	100.00%	27	100.00%	48	100.00%	63	100.00%
<i>Missing / My friends or family did not want to be involved / I did not want my friends or family to be involved / This does not apply to me</i>	83	32.94%	11	26.19%	21	43.75%	22	31.43%	29	31.52%
<i>Grand total</i>	252		42		48		70		92	

About you

Compared to LPT overall:

- service users aged 66 years old and over were more likely to have a friend or relative fill in the form for them (Table 7).

Respondent demographics:

- LPT’s respondents had similar demographic profiles to respondents nationally in terms of gender (Table 8), age (Table 9), and sexual orientation (Table 13);
- compared to LPT overall, respondents aged 66 years old and over were underrepresented in General Psychiatry Counties and overrepresented in the MHSOP Memory Service (Table 10);
- compared to the national benchmark, LPT had an overrepresentation of Hindu respondents (Table 11);
- compared to LPT overall, respondents of “No Religion” were overrepresented amongst those aged 18 to 35 years old (Table 12);
- compared to the national benchmark, LPT had an overrepresentation of Indian respondents (Table 14), particularly (when compared to LPT overall) in General Psychiatry City (Table 15).

Table 7: Q43. Who was the main person or people that filled in this questionnaire? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
The person named on the front of the envelope (the service user/client)	158	65.83%	34	85.00%	38	82.61%	54	77.14%	32	38.10%
A friend or relative of the service user/client	57	23.75%	3	7.50%	4	8.70%	6	8.57%	44	52.38%
Both service user/client and friend/relative together	21	8.75%	2	5.00%	4	8.70%	7	10.00%	8	9.52%
The service user/client with the help of a health professional	4	1.67%	1	2.50%	0	0.00%	3	4.29%	0	0.00%
Total	240	100.00%	40	100.00%	46	100.00%	70	100.00%	84	100.00%
<i>Missing</i>	18	6.98%	2	4.76%	3	6.12%	2	2.78%	11	11.58%
<i>Grand total</i>	258		42		49		72		95	

Table 8: Q44. Are you male or female? LPT overall compared against the national benchmark

Gender	National		LPT overall	
	n	%	n	%
Male	5702	42.74%	88	35.63%
Female	7640	57.26%	159	64.37%
Total	13342	100.00%	247	100.00%
<i>Missing</i>	431	3.13%	11	4.26%
<i>Grand total</i>	13773		258	

Table 9: Q45. Age: LPT overall compared against the national benchmark

Age band (years)	National		LPT overall	
	n	%	n	%
18-35	1806	13.84%	39	16.25%
36-50	2986	22.89%	48	20.00%
51-65	3386	25.95%	67	27.92%
66+	4869	37.32%	86	35.83%
Total	13047	100.00%	240	100.00%
<i>Missing</i>	726	5.27%	18	6.98%
<i>Grand total</i>	13773		258	

Table 10: Q45. Age: Analysed by unit, compared against LPT overall

	LPT overall		General Psychiatry City		Unit (service area) General Psychiatry Counties		MHSOP Memory Service	
	n	%	n	%	n	%	n	%
18-35	39	16.25%						
36-50	48	20.00%						
51-65	67	27.92%			31	42.47%		
66+	86	35.83%					29	96.67%
Total	240	100.00%	36	100.00%	73	100.00%	30	100.00%
<i>Missing</i>	18	6.98%	3	7.69%	4	5.19%	3	9.09%
<i>Grand total</i>	258		39		77		33	

Table 11: Q46. What is your religion? LPT overall compared against the national benchmark

Religion or belief	National		LPT overall	
	n	%	n	%
No religion	2696	21.29%	57	23.85%
Buddhist	105	0.83%		REDACTED
Christian	8513	67.23%	148	61.92%
Hindu	182	1.44%	14	5.86%
Jewish	132	1.04%		REDACTED
Muslim	574	4.53%	10	4.18%
Sikh	88	0.69%		REDACTED
Other	373	2.95%		REDACTED
Total	12663	100.00%	239	100.00%
<i>Missing / I would prefer not to say</i>	1110	8.06%	19	7.36%
<i>Grand total</i>	13773		258	

REDACTED FOR PUBLICATION

Table 12: Q46. What is your religion? Analysed by age group, compared against LPT overall

	Age group (years)									
	LPT overall		18-35		36-50		51-65		66+	
	n	%	n	%	n	%	n	%	n	%
No religion	57	23.85%	19	48.72%			14	20.29%		
Buddhist										
Christian	148	61.92%					39	56.52%	74	86.05%
Hindu	14	5.86%								
Jewish					REDACTED					
Muslim	10	4.18%								
Sikh										
Other										
Total	239	100.00%	39	100.00%	45	100.00%	69	100.00%	86	100.00%
<i>Missing / I would prefer not to say</i>	19	7.36%	3	7.14%	4	8.16%	3	4.17%	9	9.47%
<i>Grand total</i>	258		42		49		72		95	

Table 13: Q47. Which of the following best describes how you think of yourself? LPT overall compared against the national benchmark

Sexual orientation	National		LPT overall	
	n	%	n	%
Heterosexual / straight	11246	93.83%		
LGBO	739	6.17%		
Total	11985	100.00%	216	100.00%
<i>Missing / I would prefer not to say</i>	1788	12.98%	42	16.28%
<i>Grand total</i>	13773		258	

REDACTED FOR PUBLICATION

Table 14: Q48. What is your ethnic group? LPT overall compared against the national benchmark

	National		LPT overall	
	n	%	n	%
English / Welsh / Scottish / Northern Irish / British	10908	83.16%	212	85.14%
Irish	179	1.36%		
Gypsy or Irish Traveller	18	0.14%		
Any other White background	384	2.93%		
White and Black Caribbean	110	0.84%	REDACTED	
White and Black African	52	0.40%		
White and Asian	74	0.56%		
Any other Mixed / multiple ethnic background	67	0.51%		
Indian	310	2.36%	24	9.64%
Pakistani	159	1.21%		
Bangladeshi	67	0.51%		
Chinese	47	0.36%		
Any other Asian background	124	0.95%		
African	252	1.92%	REDACTED	
Caribbean	209	1.59%		
Any other Black / African / Caribbean background	53	0.40%		
Arab	56	0.43%		
Any other ethnic group	48	0.37%		
Total	13117	100.00%	249	100.00%
<i>Missing</i>	656	4.76%	9	3.49%
<i>Grand total</i>	13773		258	

REDACTED FOR PUBLICATION

Table 15: Q48. What is your ethnic group? Analysed by unit, compared against LPT overall

What is your ethnic group?	LPT overall		General Psychiatry City		Unit (service area) General Psychiatry Counties		MHSOP Memory Service	
	n	%	n	%	n	%	n	%
	English / Welsh / Scottish / Northern Irish / British Irish	212	85.14%	21	58.33%			
Gypsy or Irish Traveller								
Any other White background								
White and Black Caribbean								
White and Black African								
White and Asian								
Any other Mixed / multiple ethnic background								
Indian	24	9.64%			REDACTED			
Pakistani								
Bangladeshi								
Chinese								
Any other Asian background								
African								
Caribbean								
Any other Black / African / Caribbean background								
Arab								
Any other ethnic group								
Total	249	100.00%	36	100.00%	75	100.00%	32	100.00%
Missing	9	3.49%	3	7.69%	2	2.60%	1	3.03%
<i>Grand total</i>	<i>258</i>		<i>39</i>		<i>77</i>		<i>33</i>	

REDACTED FOR PUBLICATION

Appendix of analytical methods

Excluded and included groups

Data available from the Care Quality Commission's 2015 Mental Health Community Service User Survey, through Quality Health's reporting portal (Survey Online Analysis & Reporting - S.O.L.A.R.) were analysed against national and LPT-wide benchmarks as appropriate, in terms of the available protected characteristic breakdowns: age group, gender, and ethnicity (although only statistically significant findings are considered in the present report). Within each breakdown, Quality Health excludes subgroups with small numbers of respondents (fewer than 30) to reduce the risk that individuals can be identified from the analyses. The excluded and included groups for the age group, gender, and ethnicity breakdowns are given Table 16, Table 17, and Table 18 respectively.

Table 16: Excluded and included groups for the age group breakdown

Excluded Groups
Missing (0)

Included Groups
National (14311)
My Organisation (258)
18-35 (42)
36-50 (49)
51-65 (72)
66+ (95)

Table 17: Excluded and included groups for the gender breakdown

Excluded Groups
Missing (0)

Included Groups
National (14311)
My Organisation (258)
Female (164)
Male (94)

Table 18: Excluded and included groups for the ethnicity breakdown

Excluded Groups
Missing (19)









Included Groups
National (14311)
My Organisation (258)
BME (36)
White (203)

Analysis of questions with yes or no response categories

For comparisons between LPT’s respondents and the national benchmark, respondents were grouped according to whether they responded “yes” or “no.” The odds of responding “yes” were calculated for the national benchmark and for LPT overall, and were compared using an odds ratio. Statistically significant deviations from even odds of responding “yes” are flagged in the results tables ($\alpha = .05$, Bonferroni correction applied for multiple comparisons).

For comparisons with the LPT overall benchmark, LPT’s respondents were analysed into breakdown groups (e.g., by age band or gender) and also grouped according to whether they responded “yes” or “no.” The odds of responding “yes” were calculated for each breakdown group and compared to the odds of responding “yes” for those not in the breakdown group using an odds ratio. Statistically significant deviations from even odds of responding “yes” are flagged in the results tables ($\alpha = .05$, Bonferroni correction applied for multiple comparisons).

Table 19: Key to interpreting tables of results for questions with yes or no response categories

	Reference benchmark (national benchmark or LPT overall)
	A subgroup with significantly higher odds of responding “yes” than those not in the subgroup, to a large degree
	A subgroup with significantly higher odds of responding “yes” than those not in the subgroup, to a medium degree
	A subgroup with significantly higher odds of responding “yes” than those not in the subgroup, to a small degree
	A subgroup with statistically even odds of responding “yes” compared to those not in the subgroup
	A subgroup with significantly lower odds of responding “yes” than those not in the subgroup, to a small degree
	A subgroup with significantly lower odds of responding “yes” than those not in the subgroup, to a medium degree
	A subgroup with significantly lower odds of responding “yes” than those not in the subgroup, to a large degree









(Essentially, greens indicate higher odds of responding “yes” and yellows/oranges/reds indicate lower odds of responding “yes”.)

Analysis of questions with multiple response categories

For questions with multiple response categories, the distributions of respondents across response categories were analysed into breakdown groups (e.g., by age band or gender) and compared the distribution of respondents across response categories in the benchmark (either the national distribution or the distribution for LPT overall).

Overrepresentation or underrepresentation of a breakdown group (e.g., a specific age band) in a certain response category was assessed relative to its level of representation in the benchmark for that response category (Chi-Squared Test or Fisher's Exact Tests, $\alpha = .05$, followed by *post-hoc* analyses of standardised residuals with the Bonferroni correction applied). Statistically significant deviations from proportional representation are flagged in the results tables.

Table 20: Key to interpreting tables of results for questions with multiple response categories

	Reference benchmark against which overrepresentation or underrepresentation is evaluated (national benchmark or LPT overall)
	A group that is overrepresented to a significant, large degree when compared to its level of representation in the reference benchmark
	A group that is overrepresented to a significant, medium degree when compared to its level of representation in the reference benchmark
	A group that is overrepresented to a significant, small degree when compared to its level of representation in the reference benchmark
	A group that is proportionately represented when compared to its level of representation in the reference benchmark
	A group that is underrepresented to a significant, small degree when compared to its level of representation in the reference benchmark
	A group that is underrepresented to a significant, medium degree when compared to its level of representation in the reference benchmark
	A group that is underrepresented to a significant, large degree when compared to its level of representation in the reference benchmark

(Essentially, greens indicate overrepresentation and yellows/oranges/reds indicate underrepresentation.)