

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

April 2015 to March 2016

NOT FOR PUBLICATION

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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 (31st January), 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 to help them to address the equality issues arising from these analyses. This document offers a summary of the main findings arising from the analyses; detailed reports published at the end of January 2017 (in accordance with the Public Sector Equality Duty) are available at <http://www.leicspart.nhs.uk/Aboutus-EqualityandHumanRights-PublicationofEqualityInformation.aspx>

The demographic profile of LPT's service users and their access to services in 15/16 as derived from patient information systems:

- Ethnic groups of Leicester, Leicestershire, and Rutland were proportionately represented amongst service users in Community Health Services indicating equitable access to these services.
- Asian British people were underrepresented amongst those accessing mental health services in AMH&LD and FYPC.
- Information on ethnicity was not held for 69% of LPT's service users, primarily reflecting a lack of this information in the SystmONE patient information system and mainly affecting service users in CHS and FYPC.

Equality analysis of LPT's CQC Mental Health Inpatient Survey 2015:

- 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 (also apparent in the 2016 survey).
- LPT's respondents were more likely to report having shared a sleeping area with patients of the opposite sex (also apparent in the 2016 survey). It is noted that those patients surveyed in 2016, will have been on the ward between 1st July and 31st December 2015. All wards at LPT now offer only single sex accommodation.
- There were low levels of knowledge amongst LPT's respondents of an out-of-hours number for mental health services, especially amongst White service users / elective admissions. (Levels of knowledge amongst LPT's respondents of an out-of-hours number for mental health services have since increased in the 2016 survey.)

Equality analysis of LPT's CQC Mental Health Community Service User Survey 2016:

- 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).
- LPT's respondents aged 36 to 50 years old and respondents in AMH Outpatients were less likely to report having had a formal meeting in the last 12 months with someone from NHS mental health services to discuss how their care was working.
- LPT's respondents were less likely to report knowing who to contact out of office hours in a crisis—principally affecting those aged 66 years and over / those in the MHSOP Memory Service.
- LPT's respondents were less likely to report that NHS mental health services had given them help or advice in a number of wider domains—principally affecting those aged 36 to 50 years old / those in AMH Outpatients:
 - finding support for financial advice or benefits;
 - finding or keeping work;
 - taking part in an activity locally;
 - getting support from people who have experience of the same mental health needs as them.

Equality analysis of LPT's Adult Mental Health Patient Discharge Questionnaire for 15/16:

- The majority of respondents (71.4%) were either likely or extremely likely to recommend the ward to friends and family if they needed similar care or treatment.
- For each of the topic areas covered by the questionnaire, there were no indications that a particular group of service users was disadvantaged in terms of age, disability, ethnicity, religion or belief, and sexual orientation.
- Women reported feeling less safe on wards, feeling that it was less easy to find a member of staff on the ward to talk to about any worries or fears, and were less likely to recommend their ward to friends and family if they needed similar care or treatment.

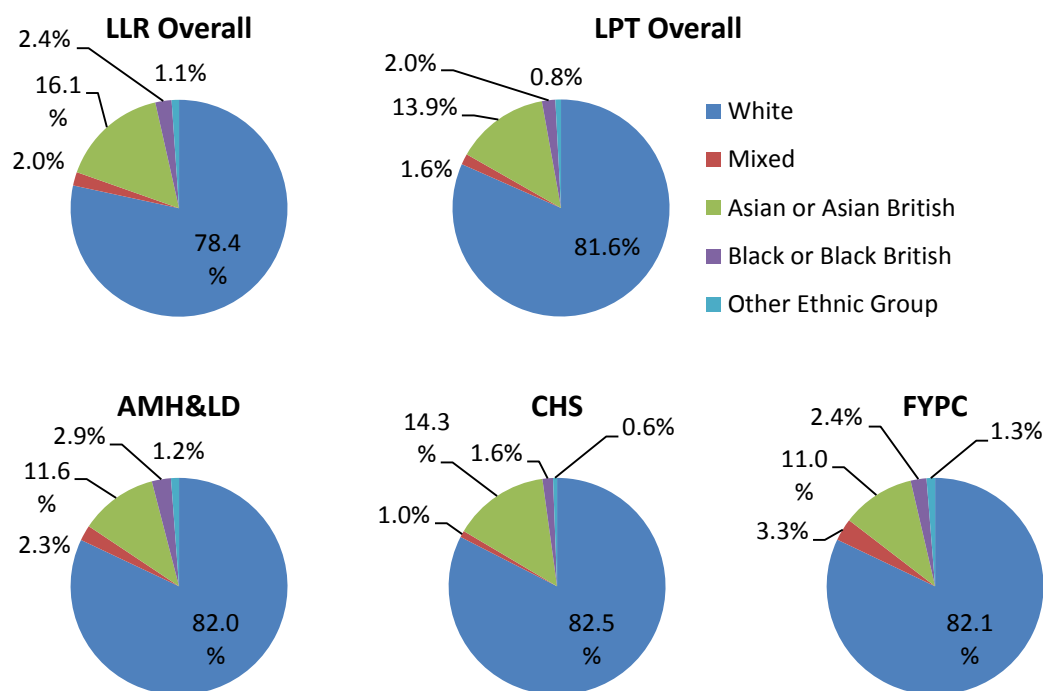
Equality analysis of complainants amongst LPT's service users for 15/16:

- Within each service, relative to the overall age profile of service users in that service, there were disproportionately high numbers of complainants amongst older service users (those in their fifties and sixties in AMH&LD, those aged 85 years old and over in CHS, and those aged 15 to 19 years old in FYPC).
- The most common reasons for complaint related to patient care and to the values and behaviours of staff.

The demographic profile of LPT’s service users and their access to services in 15/16 as derived from patient information systems

- Service user headcounts 15/16*: LPT overall: 185,591; AMH&LD: 18,166; CHS: 93,558; FYPC: 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.
- Compared to representations in the age-matched local population, ethnic groups in Leicester, Leicestershire, and Rutland were proportionately represented amongst service users in Community Health Services indicating equitable access to these services ([BME population of Leicester, Leicestershire and Rutland: 21.6%](#); CHS service users: 17.5%, Figure 1).
- Compared to representations in the age-matched local population, Asian British people were underrepresented amongst those accessing mental health services in the AMH&LD and FYPC service areas ([Asian British population of Leicester, Leicestershire and Rutland: 16.1%](#); AMH&LD service users: 11.6%; FYPC service users: 11.0%, Figure 1).

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



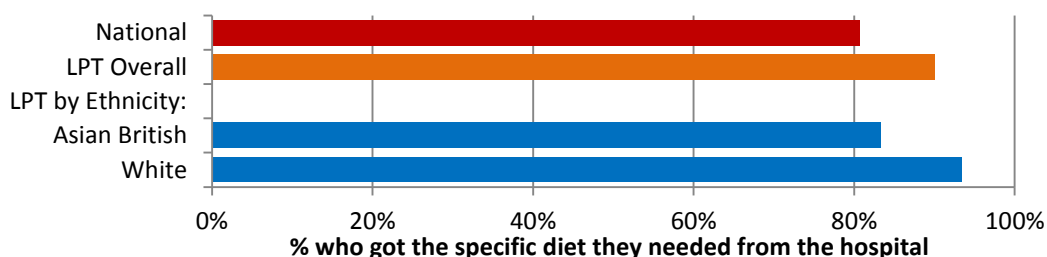
LLR: Leicester, Leicestershire, and Rutland (2011 Census)
 LPT: Leicestershire Partnership NHS Trust
 AMH&LD: Adult Mental Health and Learning Disability services
 CHS: Community Health Services
 FYPC: Families, Young People and Children’s services

- Information on ethnicity was not held for 69% of LPT's service users, primarily reflecting a lack of this information in the SystemONE patient information system and mainly affecting service users in CHS and FYPC.

Equality analysis of LPT’s CQC Mental Health Inpatient Survey 2015

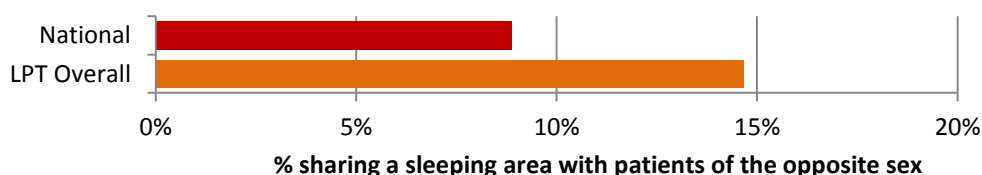
- The present report is concerned with detailed breakdowns from the 2015 CQC Mental Health Inpatient Survey. However, updates of overall national and LPT figures from the 2016 CQC Mental Health Inpatient Survey have been included alongside the detailed breakdowns from the 2015 survey (detailed breakdowns of the 2016 survey were not available at the time of writing this report).
- 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).
- Number of LPT respondents in 2015: 111.
- 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: 80.6%; LPT: 90.0%), with equality of provision by ethnicity at LPT (White: 93.3%; Asian British: 83.3%, Figure 2). (2016 update: Nationally: 80%; LPT: 91%.)

Figure 2: Percentage of respondents who had their dietary requirements met (2015)



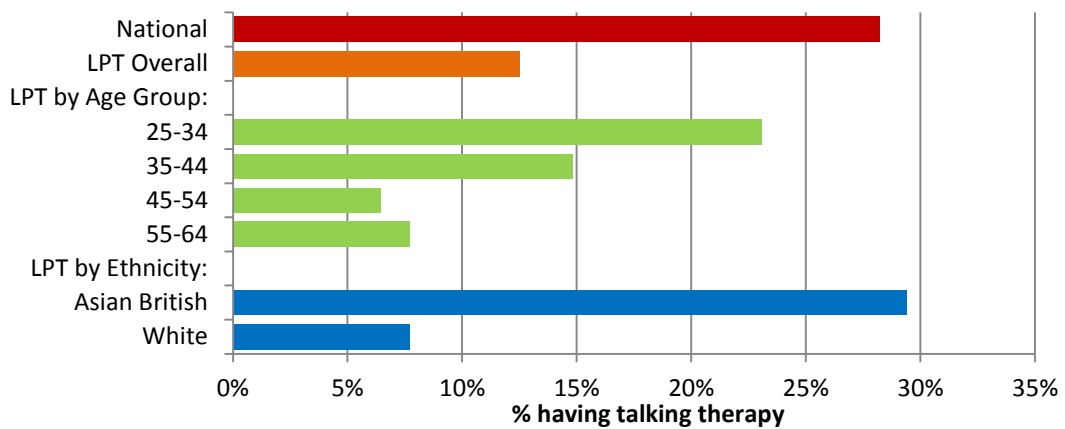
- Some inpatients reported sharing a sleeping area, for example a room or bay, with patients of the opposite sex (Nationally: 8.9%; LPT: 14.9%, Figure 3). Levels of sharing a sleeping area with patients of the opposite sex remained high at LPT according to the 2016 survey (2016 update: Nationally: 7%; LPT: 16%). It is noted that the 2016 update will relate to patients who were on the ward between 1st July and 31st December 2015. All wards at LPT now offer only single sex accommodation.

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



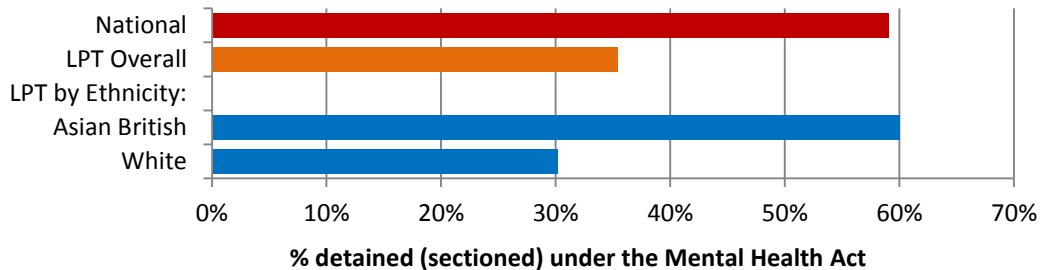
- There were low levels of provision of talking therapy services at LPT (Nationally: 28.2%; LPT: 12.5%), especially for older respondents (7.7%) and White respondents (7.7%, Figure 4); despite just under half of respondents expressing a desire for such services (Nationally: 49.7%; LPT: 43.9%). Levels of provision of talking therapy services at LPT have since increased amongst respondents at LPT according to the 2016 survey (2016 update: Nationally: 32%; LPT: 32%), with a slight increase in levels of demand (2016 update: Nationally: 56%; LPT: 49%).

Figure 4: Percentage of respondents who had talking therapies (2015)



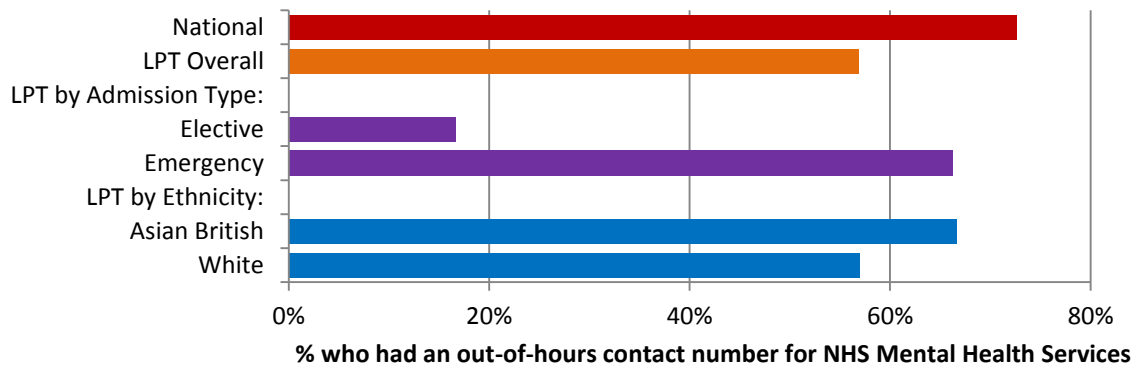
- Compared to national figures, LPT’s respondents were less likely to report having been detained under the Mental Health Act (Nationally: 59.0%; LPT: 35.4%); however at LPT, Asian British respondents were twice as likely as White respondents to report having been detained under the Mental Health Act (Asian British: 60.0%; White: 30.1%, Figure 5). Levels of detention under the Mental Health Act amongst respondents at LPT have since increased according to the 2016 survey (2016 update: Nationally: 55%; LPT: 61%).

Figure 5: Percentage of respondents detained under the Mental Health Act (2015)



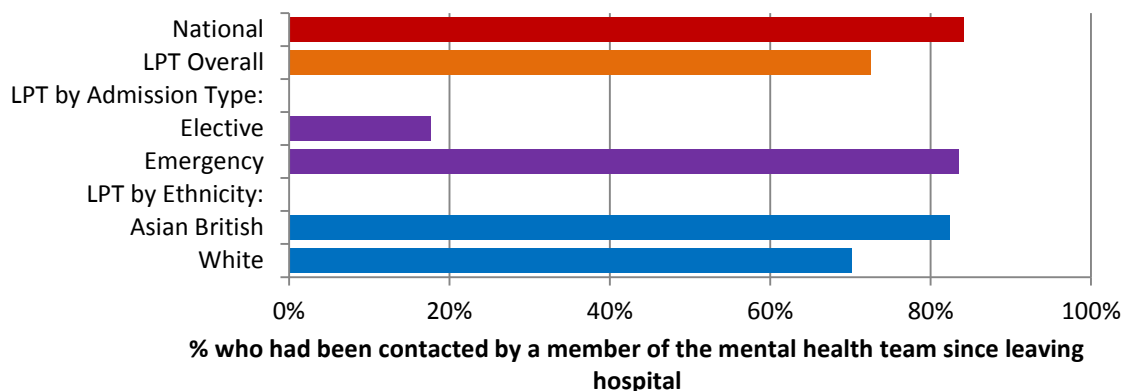
- There were low levels of knowledge amongst LPT’s respondents of an out-of-hours number for mental health services (Nationally: 72.7%; LPT: 56.8%), especially amongst White respondents (56.9%) and elective admissions (16.8%, Figure 6). Levels of knowledge amongst LPT’s respondents of an out-of-hours number for mental health services have since increased according to the 2016 survey, but remain lower than national levels (2016 update: Nationally: 73%; LPT: 64%).

Figure 6: Percentage of respondents who had an out-of-hours contact number for NHS Mental Health Services (2015)



- At LPT there were low levels of contact with respondents by a member of the mental health team since the respondent left hospital (Nationally: 84.1%; LPT: 72.6%), especially amongst White respondents (70.1%) and elective admissions (17.7%, Figure 7). Levels of contact with respondents since leaving hospital have since increased at LPT according to the 2016 survey (2016 update: Nationally: 84%; LPT: 82%).

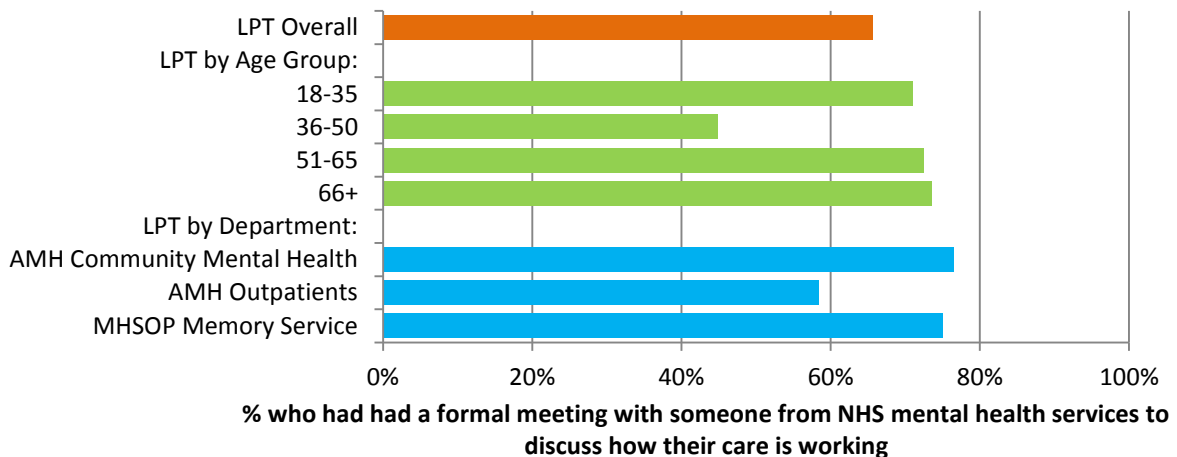
Figure 7: Percentage of respondents who have been contacted by a member of the mental health team since leaving hospital (2015)



Equality analysis of LPT’s CQC Mental Health Community Service User Survey 2016

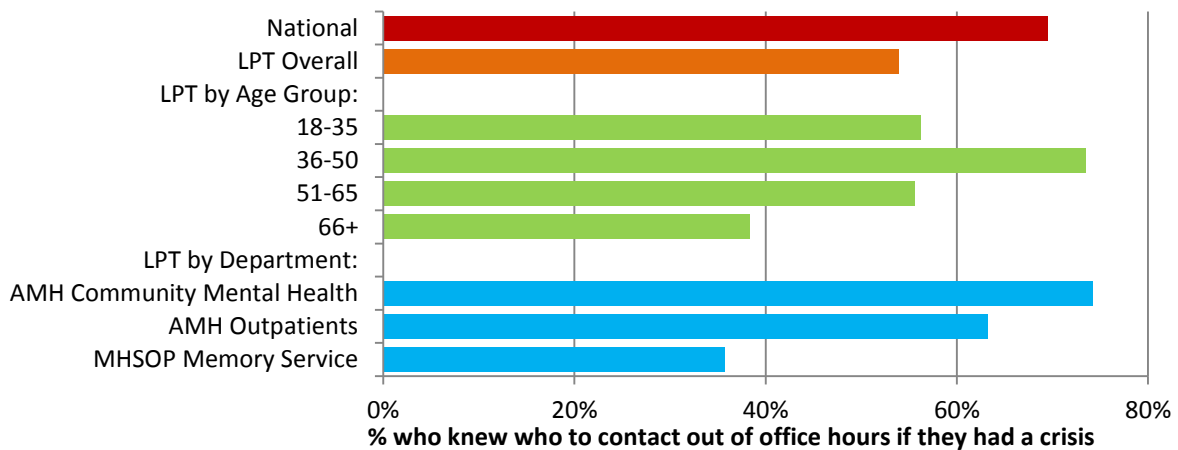
- Number of LPT respondents in 2016: 254.
- For most of the topic areas covered by the survey, there were no indications that a particular protected group was disadvantaged amongst LPT’s respondents (analyses were possible by age, gender, and ethnicity).
- LPT’s respondents aged 36 to 50 years old and respondents in AMH Outpatients were less likely to report having had a formal meeting in the last 12 months with someone from NHS mental health services to discuss how their care was working (LPT overall: 65.7%; 36 to 50 years old: 44.8%; AMH Outpatients: 58.3%, Figure 8).

Figure 8: Percentage of respondents who had had a formal meeting with someone from NHS Mental Health Services to discuss how their care is working



- LPT’s respondents were less likely to report knowing who to contact out of office hours in a crisis (Nationally: 69.5%; LPT: 53.9%)—at LPT there was a trend for this issue to affect respondents aged 66 years and over (38.4%) and respondents in the MHSOP Memory Service (35.7%, Figure 9).

Figure 9: Percentage of respondents who knew who to contact out of hours in a crisis



- LPT’s respondents were less likely to report that NHS mental health services had given them help or advice with
 - finding support for financial advice or benefits (Nationally: 57.9%; LPT: 45.5%; LPT 36-50 years old: 31.4%; LPT AMH Outpatients: 25.6%, Figure 10),
 - finding or keeping work (LPT: 40.6%; Nationally: 58.2%; LPT 36-50 years old: 26.1%; LPT AMH Outpatients: 34.8%, Figure 11),
 - taking part in an activity locally (LPT: 45.5%; Nationally: 59.7%; LPT 36-50 years old: 30.3%; LPT AMH Outpatients: 42.1%, Figure 12),
 - and getting support from people who have experience of the same mental health needs as them (LPT: 39.6%; Nationally: 51.8%; LPT 36-50 years old: 27.8%; LPT AMH Outpatients: 22.9%, Figure 13);
 - at LPT there was a trend for these issues to affect respondents aged 36 to 50 years old and respondents in AMH Outpatients.

Figure 10: Percentage of respondents getting help from NHS Mental Health Services with finding support for financial advice or benefits

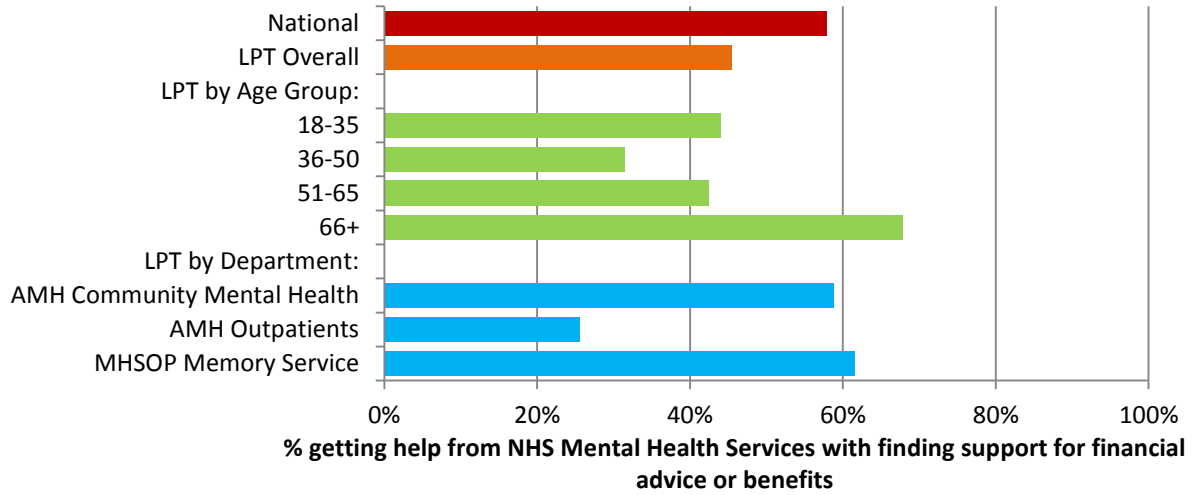


Figure 11: Percentage of respondents getting help from NHS Mental Health Services with finding or keeping work

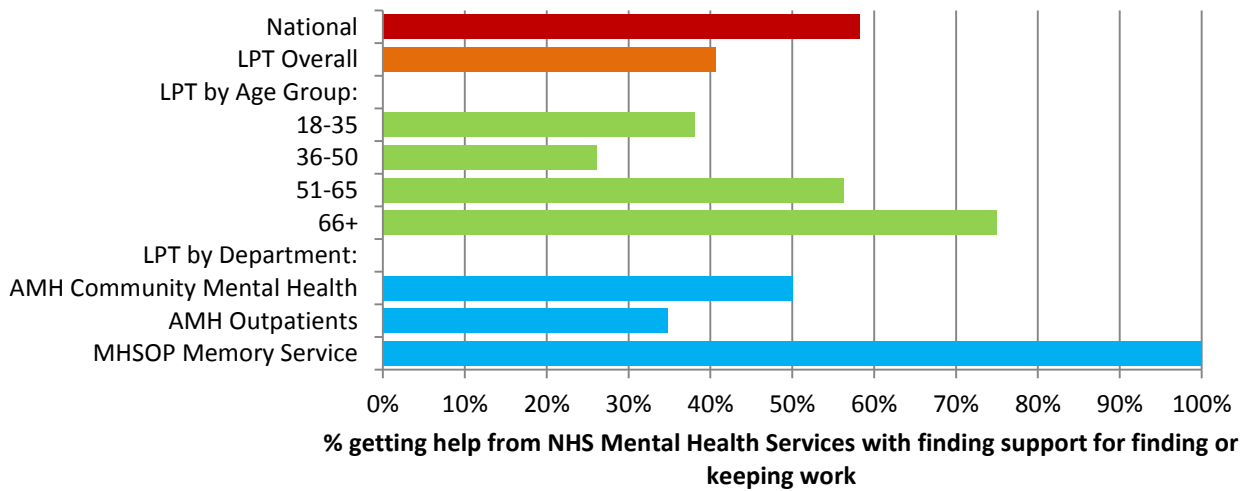


Figure 12: Percentage of respondents getting help from NHS Mental Health Services with taking part in an activity locally

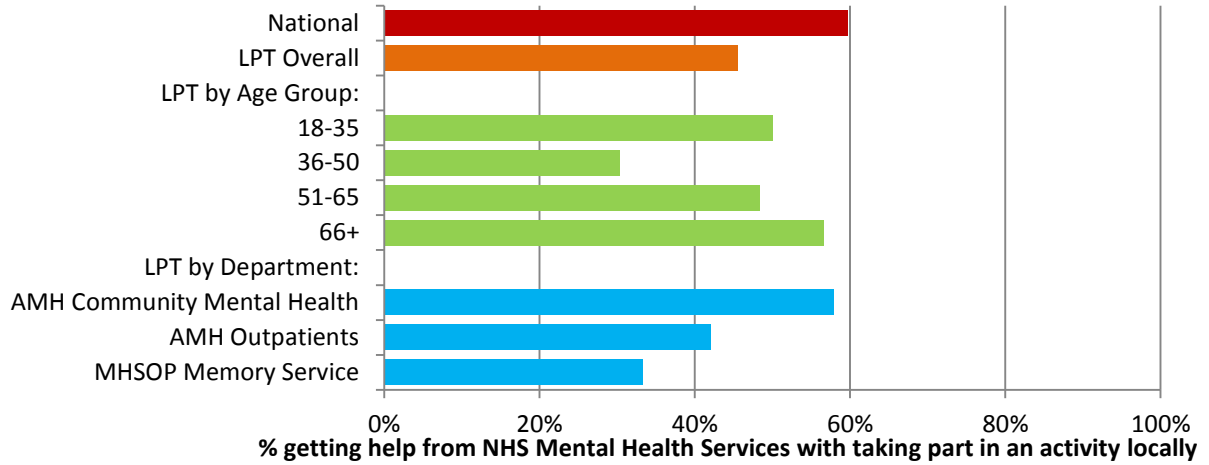
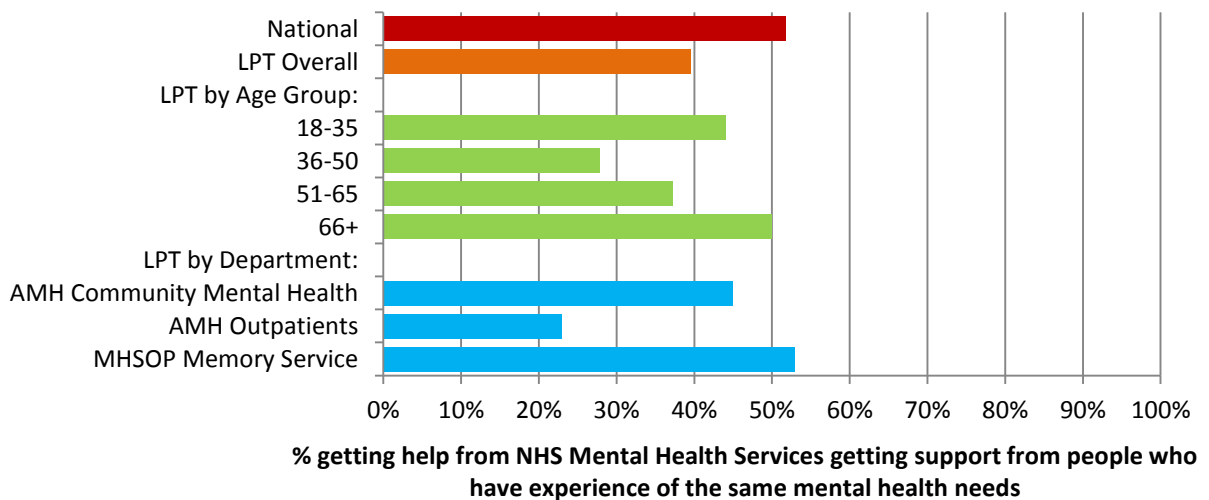


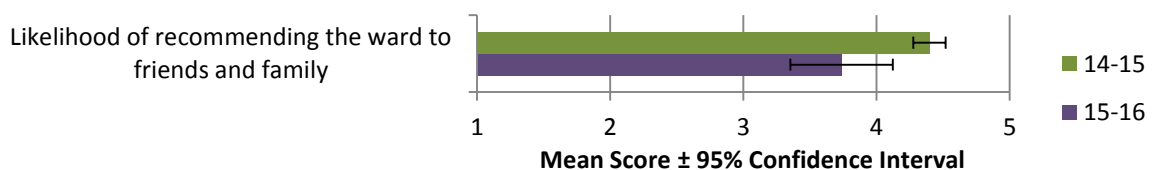
Figure 13: Percentage of respondents getting help from NHS Mental Health Services with getting support from people who have experience of the same mental health needs



Equality analysis of LPT’s Adult Mental Health Patient Discharge Questionnaire for 15/16

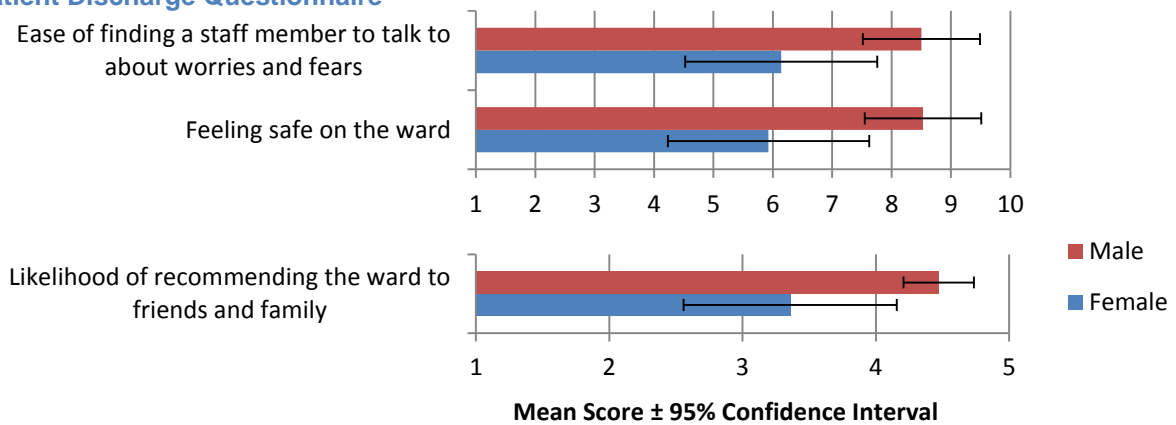
- Number of respondents in 15/16: 42 (for a total of 1118 ward discharges).
- The percentage of discharged patients who completed and returned the Adult Mental Health Patient Discharge Questionnaire was extremely low (3.8%, having dropped from 9.1% in 14/15).
- The majority of respondents (71.4%) were either likely or extremely likely to recommend the ward to friends and family if they needed similar care or treatment.
- The positivity of responses to all questions declined relative to 14/15 (e.g., 88.3% in 14/15 would recommend their ward to friends and family if they needed similar care or treatment compared to 71.4% in 15/16, Figure 14).

Figure 14: Likelihood of recommending the ward to friends and family if they needed similar treatment (score out of five); comparing the 14/15 and 15/16 financial years



- For each of the topic areas covered by the questionnaire, there were no indications that a particular group of service users was disadvantaged in terms of age, disability, ethnicity, religion or belief, and sexual orientation.
- However, women:
 - felt less safe on wards (mean rating out of ten for women: 5.9; men: 8.5);
 - felt that it was less easy to find a nurse or another member of staff on the ward to talk to about any worries or fears (mean rating out of ten for women: 6.1; men: 8.5);
 - were less likely to recommend their ward to friends and family if they needed similar care or treatment (mean rating out of five for women: 3.4; men: 4.5).
 - Please refer to Figure 15.

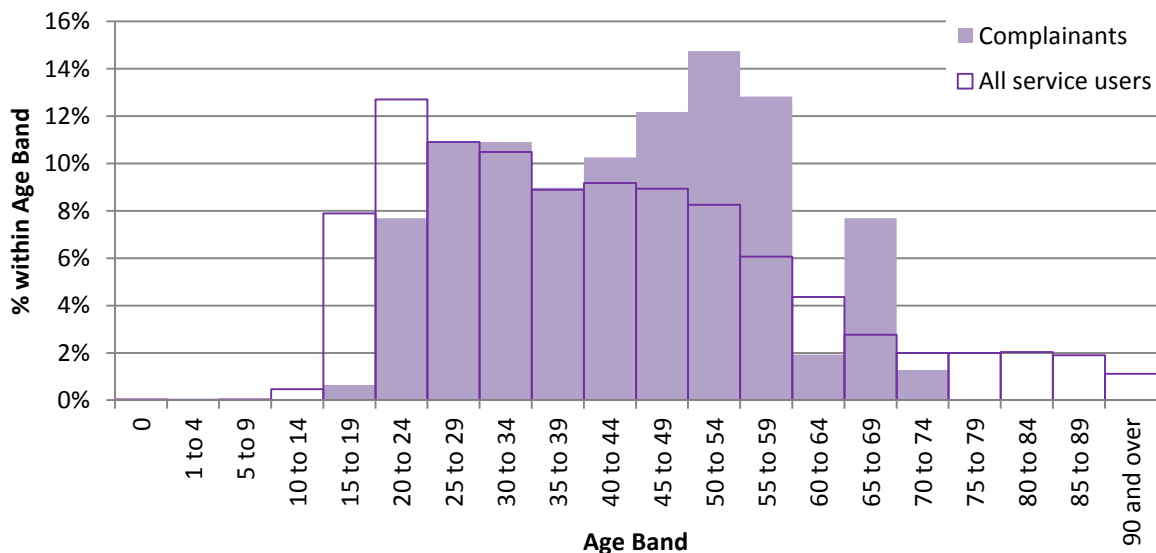
Figure 15: Differences between men and women in responding to the Adult Mental Health Patient Discharge Questionnaire



Equality analysis of complainants amongst LPT’s service users for 15/16

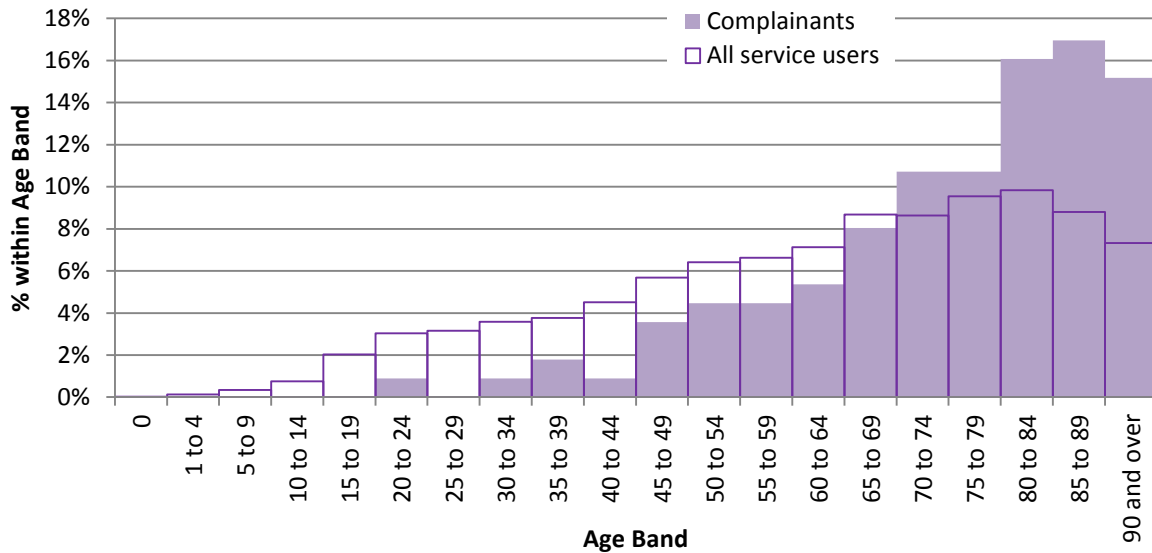
- Headcount of complainants 15/16: 346.
- Equality monitoring information on the ethnicity of complainants was incomplete (not known for 42% of complainants), reflecting the near complete absence of this information in the Safeguard database and poor levels of completeness in other patient information systems (especially SystmONE).
- The most common reasons for complaint related to patient care (29.8%) and to the values and behaviours of staff (22.3%); however, there were no statistically significant variations in the reasons for complaint by protected characteristic.
- There were disproportionately high numbers of complainants amongst older service users in AMH&LD (those in their fifties and sixties comprised 21.4% of AMH&LD’s service users and 37.2% of their complainants, Figure 16), especially amongst women (those in their fifties and sixties comprised 21.3% of AMH&LD’s female service users and 45.1% of their female complainants).

Figure 16: The age profiles of complainants and all service users in AMH&LD



- There were disproportionately high numbers of complainants amongst the oldest service users in CHS (those aged 85 years old and over comprised 18.9% of CHS’s service users and 32.0% of their complainants, Figure 17).

Figure 17: The age profiles of complainants and all service users in CHS



- There were disproportionately high numbers of complainants amongst older teenagers (15 to 19 years old) in FYPC (those aged 15 to 19 years old comprised 8.6% of FYPC’s service users and 30.8% of their complainants, Figure 18).

Figure 18: The age profiles of complainants and all service users in FYPC

