

Service User Equality Data and Accessible Information Requirements 2022/23

Contents

Governance table.....	Error! Bookmark not defined.
Summary: Key Points	2
Section 1: Demographic Overview.....	4
Age & Gender.....	4
Ethnicity	5
Section 2: Directorate of Mental Health.....	9
Age & Gender.....	9
Ethnicity	10
Community Health	13
Age & Gender.....	13
Ethnicity	14
Families, Young People, Children and Learning Disabilities	16
Age & Gender.....	16
Ethnicity	17
Section 3: Restraint, Seclusion, Segregation and Section.....	20
Section 4: Accessible Information.....	20
Section 5: Summary and Next Steps.....	23

Summary: Key Points

These analyses were undertaken in relation to the Trust's public sector equality duty as prescribed by the Equality Act 2010. The following report will be published on LPT's public-facing website by March 2024, to comply with the requirements of NHS organisations outlined in the Public Sector Equality Duty.

Patient data from 1st April 2022 – 31st March 2023 is summarised below with respect to the following protected characteristics:

- Age
- Ethnicity
- Sex

Age and sex are known for virtually 100% of patients.

Ethnicity is known for 92.3% of patients (up from 91.5% last year):

- 87.6% in the Directorate of Mental Health, DMH (up from 86.9% last year)
- 92.0% in Community Health Services, CHS (up from 90.7% last year)
- 94.7% in Families, Young People and Children's Services, Learning Disabilities and Autism, FYPCLDA (up from 94.1% last year)

These percentages don't include anyone for whom ethnicity is not recorded, or recorded as "Not Stated".

Other protected characteristics are not analysed in depth in this report, due to incomplete data:

- Disability is known for 18.3% of patients
- Religion/belief is known for 41.9% of patients

Data is not available for sexual orientation, gender reassignment or pregnancy/maternity.

Patient and service user demographic information is fundamental to service provision, accessibility, and suitability. LPT has put equality demographics at the heart of service planning in the following ways:

- Patients and service users, and their families, are actively engaged through the **Patient Experience and Engagement team**.
- Our **Youth Advisory Board (YAB)** is made up of young people who advise on a variety of projects and policies and use their expertise to influence service developments.
- A patient **demographics form** is due to be piloted to encourage patients to share their equality information with us for the purposes of monitoring how accessible services are to our communities. Patients and service users as well as clinical teams have been engaged in the development of this template, with opportunities to feed back.
- Monitoring the Accessible Information Standard falls within the remit of the **Inclusive Communications Group**. The Group also provides support and advice on easy read formats, interpretation and translation services, and relevant policies and procedures.
- E-learning is available for all staff on the **Accessible Information Standard (AIS)**. The aim of the Accessible Information Standard is to ensure that people who have a disability,

impairment or sensory loss receive information in formats that they can access and they receive appropriate support to help them to communicate. This includes people who are d/Deaf, blind, deafblind, who have a learning disability, or who have aphasia, autism or a mental health condition which affects their ability to communicate. All colleagues are responsible for the AIS, the principles of which are to: **Identify, Record, Flag, Share** and **Meet** accessibility requirements.

- The **Equality Delivery System** is a framework which allows us to demonstrate how we are meeting key EDI competencies across 3 domains relating to both patients and staff (commissioned services across LLR, health and wellbeing, and inclusive leadership).
- We have refreshed and updated our Equality Impact Assessment process to produce a toolkit which is in line with the **Inclusive Decision-Making Framework**. This places inclusive engagement at the heart of any service development, policy, process, or quality improvement project, including engagement with patients where they are affected by proposals.

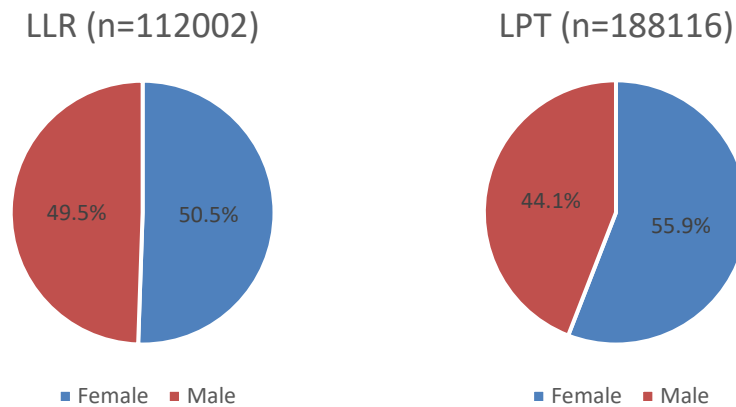
Section 1: Demographic Overview

LPT service user headcounts were compared to 2021 Census data for the population we serve.

Age & Gender

More women than men accessed LPT services in 2022/23 (see Graph 1).

GRAPH 1: LPT SERVICE USERS AND LLR POPULATION BY GENDER (2022/23 SERVICE USER HEADCOUNTS)



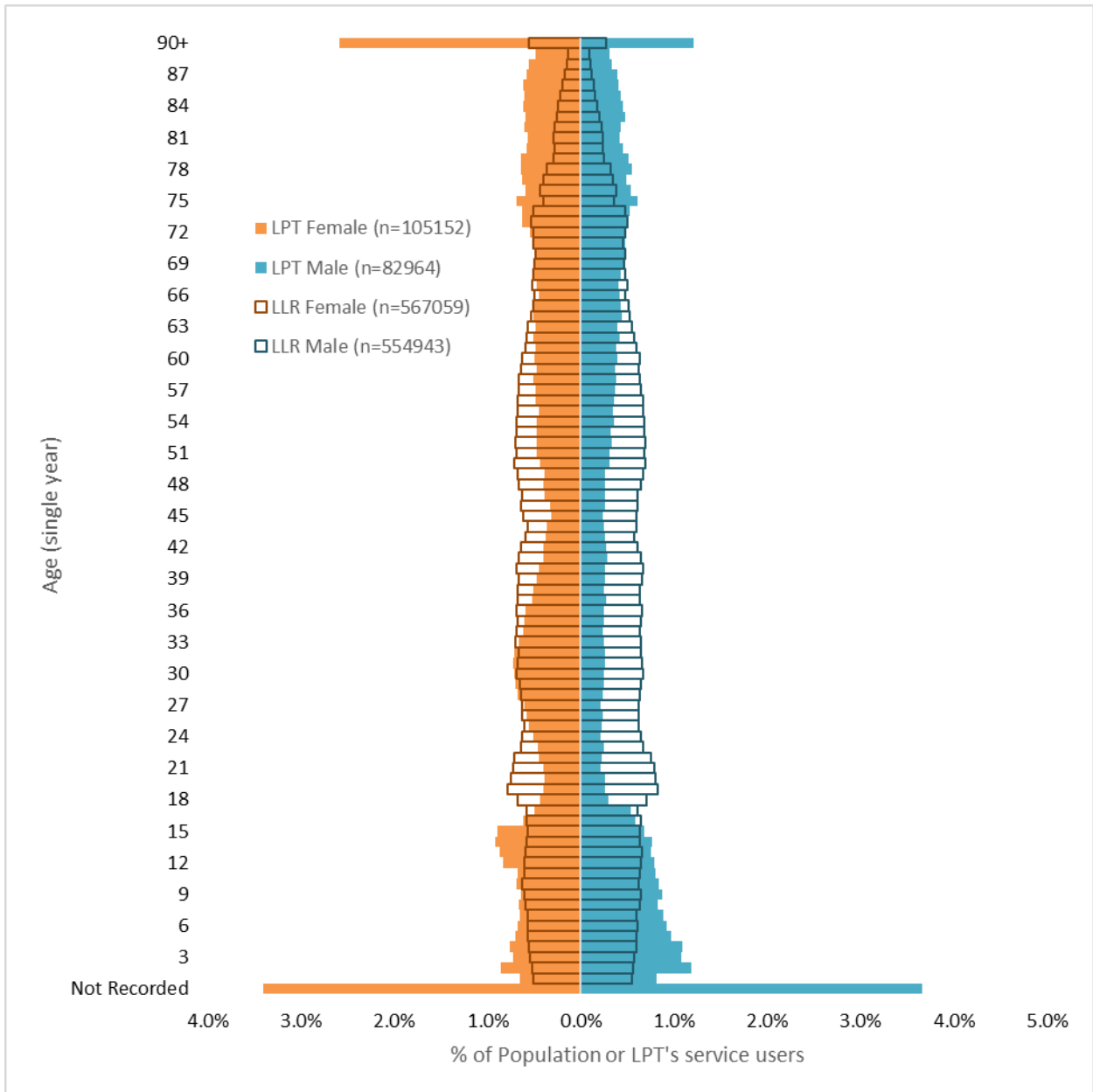
Graph 2 below shows the age and gender profile of LPT service users in 2022/23 compared to the population of LLR at the 2021 Census. The profile of service users has not changed significantly since the last report in 2021/22. LPT service users are concentrated in the early and later years of life, with fewer service users in middle age, particularly for men. In part, this is because the services we offer include:

- Community healthcare, with a high proportion of older people
- 0-19 Healthy Child Programme, which is accessed by mothers and children
- Families, Young People's, and Children's services

Other services are available to all regardless of age:

- Learning Disabilities
- Mental Health
- Many community services

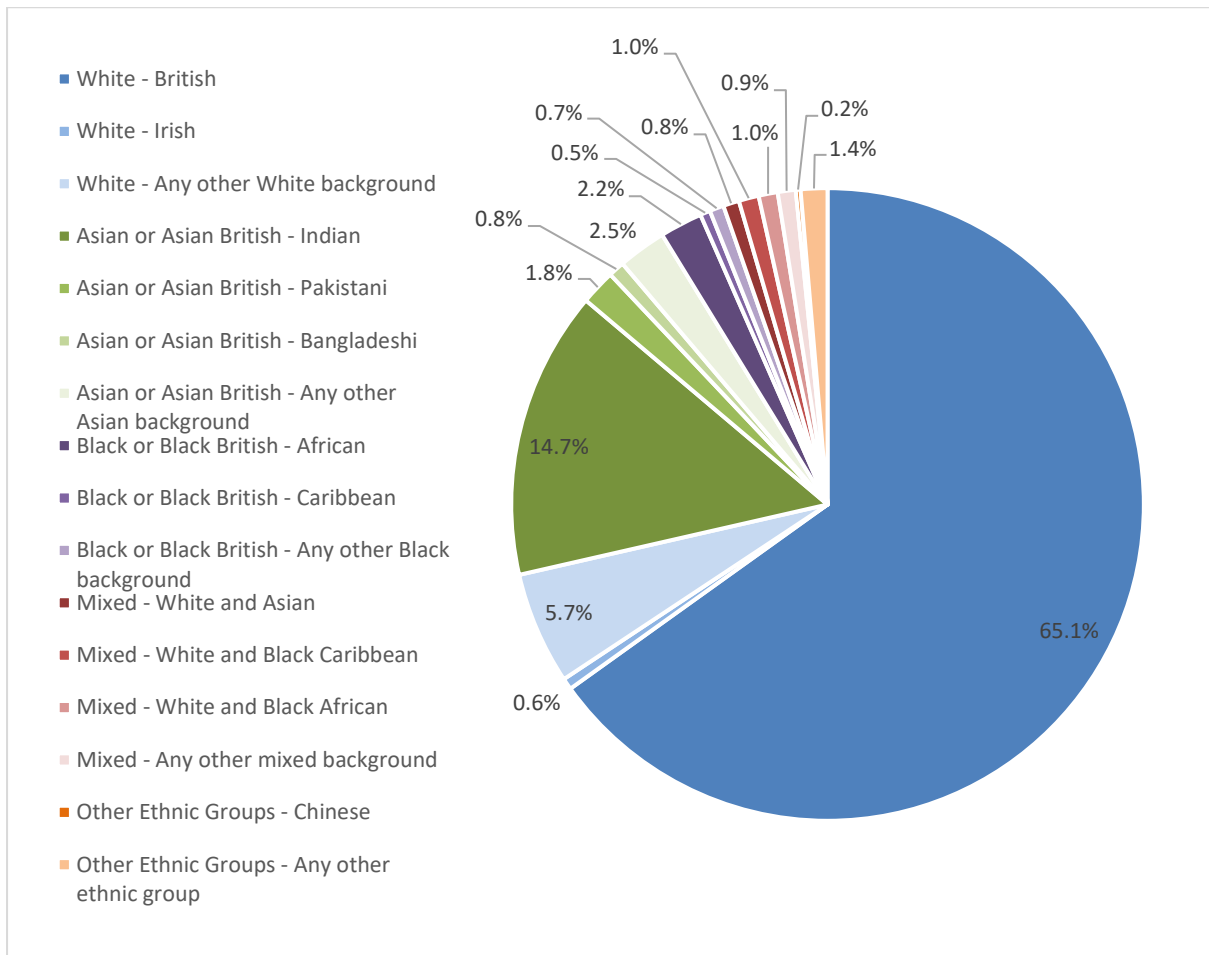
Note: where age is "Not Recorded", the majority of these patients are expected to be under 1 year old. The proportion of patients ages 1 and over are compared to the proportions of the LLR population aged 1 and over.



GRAPH 2: LPT SERVICE USERS BY AGE AND GENDER (2022/23 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity

White British patients continue to make up the majority of LPT service users, representative of the local Leicester, Leicestershire and Rutland (LLR) population (see Graph 3 and Table 1).



GRAPH 3: LPT SERVICE USERS BY ETHNICITY (2022/23 SERVICE USER HEADCOUNTS)

TABLE 1: LPT SERVICE USERS BY ETHNICITY (2022/23 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity	% Patients of known ethnicity (n=188116)	% LLR (n=1121985)
White - British	65.1%	67.3%
White - Irish	0.6%	0.5%
White - Any other White background	5.7%	4.6%
Asian or Asian British - Indian	14.7%	15.0%
Asian or Asian British - Pakistani	1.8%	1.5%
Asian or Asian British - Bangladeshi	0.8%	0.9%
Asian or Asian British - Any other Asian background	2.5%	1.5%
Black or Black British - African	2.2%	2.4%
Black or Black British - Caribbean	0.5%	0.6%
Black or Black British - Any other Black background	0.7%	0.3%
Mixed - White and Asian	0.8%	0.8%
Mixed - White and Black Caribbean	1.0%	0.9%
Mixed - White and Black African	1.0%	0.3%
Mixed - Any other mixed background	0.9%	0.6%
Other Ethnic Groups - Chinese	0.2%	0.6%
Other Ethnic Groups - Any other ethnic group	1.4%	2.0%

Census data from 2021 shows that Leicester is the second most diverse city in the UK, after London, with people from Black, Asian and minority ethnic (BAME) backgrounds making up 59.1% (217914/368571) of the population. When considering Leicester, Leicestershire and Rutland as one population, the percentage of people from BAME backgrounds is 27.5% (308993/1121985).

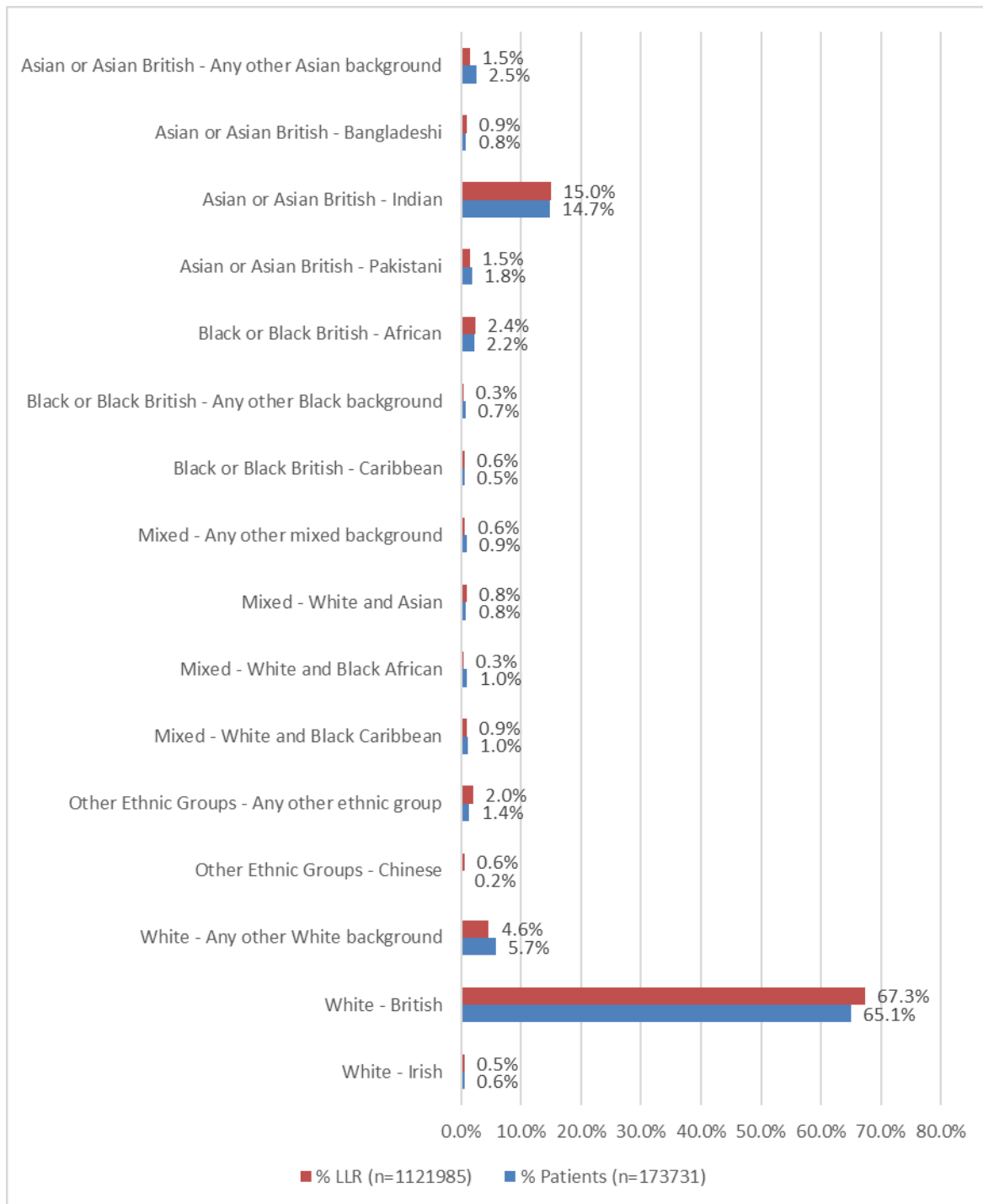
TABLE 2: ETHNICITY PERCENTAGES OF THE LOCAL LLR POPULATION, BY LOCAL AUTHORITY (CENSUS 2021)

Local Authority	%Population Black, Asian, or minority ethnic	%Population White
Leicester City	59.1%	40.9%
Blaby	13.8%	86.2%
Charnwood	17.7%	82.3%
Harborough	9.0%	91.0%
Hinckley & Bosworth	5.7%	94.3%
Melton	3.1%	96.9%
North-West Leicestershire	4.1%	95.9%
Oadby & Wigston	36.6%	63.4%
Rutland	5.2%	94.8%
TOTAL	27.5%	72.5%

When comparing the local population’s ethnicities to the ethnicities of LPT service users, overall our service users are representative of the local population. People who are “Asian or Asian British - Any other Asian background” are slightly over-represented as service users (2.5% of patients compared to 1.5% of the local population) and people who are from “Any other ethnic group” are slightly under-represented as service users (1.4% of patients compared to 2.0% of the local population). People from Black African backgrounds are no longer under-represented as patients to the same extent as last year (1.5% of patients were Black African in 2021/22, compared to 2.2% in 2022/23, and 2.4% of the local population).

Where our service users are not representative of our local population, this may be because:

- There are accessibility issues presenting barriers to certain groups of people
- There are health inequalities and social factors impacting the health needs of certain groups



GRAPH 4: ETHNICITY PERCENTAGES OF LPT SERVICE USERS (2022/23 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

Section 2: Directorate of Mental Health

Age & Gender

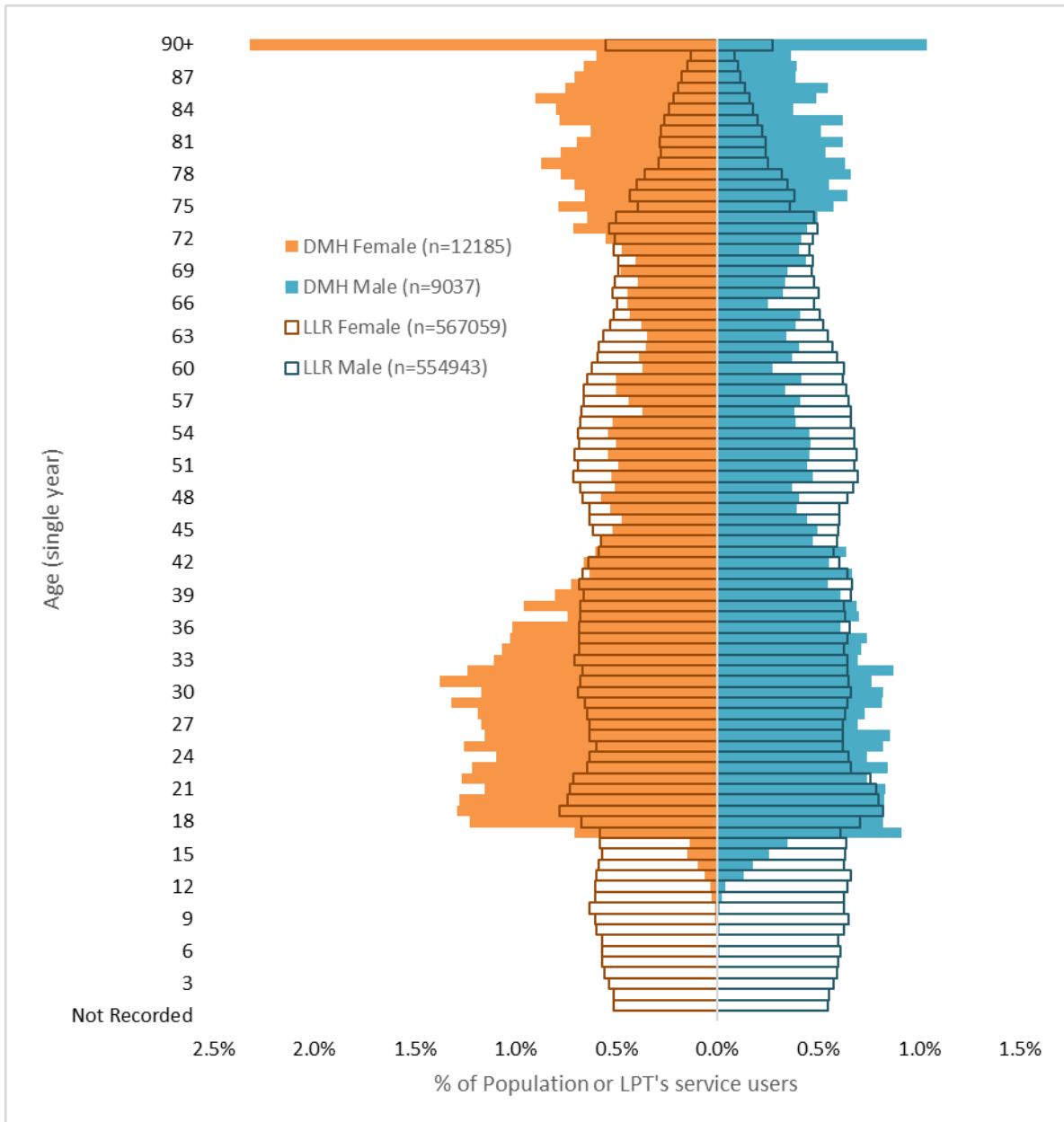
For the Directorate of Mental Health (DMH), service users are most likely to be:

- in their 20s to 50s (mostly Adult Mental Health Services, and Psychosis Intervention & Early Recovery services, PIER, an age 16 – 64 service),
- or over 70 (mostly Mental Health Services for Older People, MHSOP).

More women than men access DMH services.

Trends with respect to gender:

- **Men** were more likely than women to access some services. Men made up:
 - 79.7% of **Criminal Justice Liaison and Diversion Service** users
 - 84.2% (down from 92.2% last year) of **Community and Outpatients Forensic** service users
 - 76.1% **Homeless City** service
- **Women** were more likely than men to access other services. Women made up:
 - 76.7% of **Chronic Fatigue/ME** patients
 - 62.8% of **Cognitive Behavioural Psychotherapy** patients
 - 77.0% of **Personality Disorder Service** users
 - 77.7% of **Dynamic Psychotherapy** service users
 - 69.8% **Medical Psychology**
- Some services were fairly evenly split between men and women:
 - **General Psychiatry Acute Inpatients**
 - **Clinical Neuropsychology**
 - **ADHD Service**
 - **Assertive Outreach**, whereas last year this service was made up of a majority of men.



GRAPH 5: DMH SERVICE USERS BY AGE AND GENDER (2022/23 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

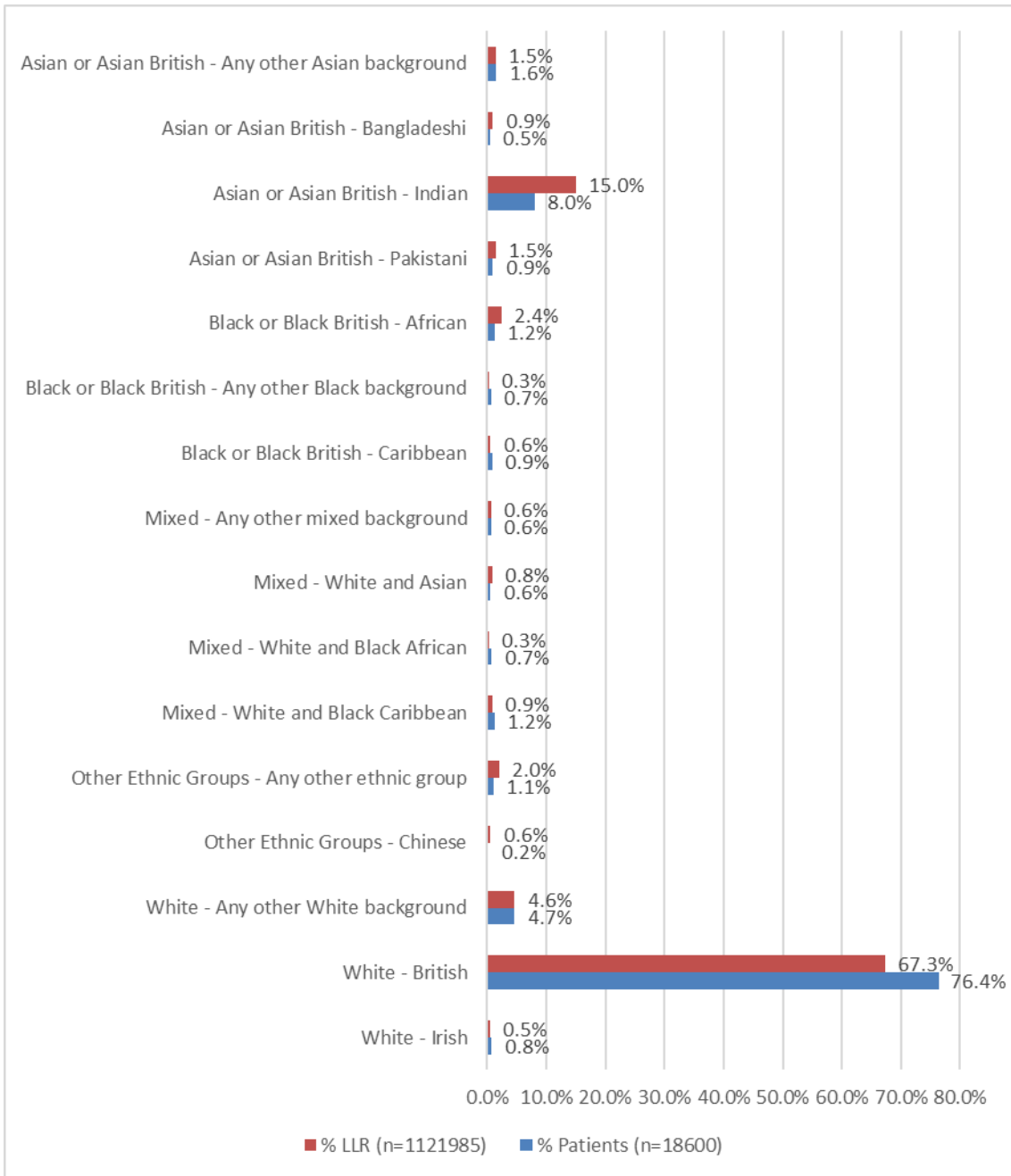
Ethnicity

For the Directorate of Mental Health, **White British** people were **over-represented** as service users (76.4% service users, 67.3% local population). Other groups were **under-represented: Black African** (1.2% service users, 2.4% local population) and **Asian Indian** people (8% service users, 15% local population).

Some services have particular trends:

- **MHSOP** services have an over-representation of **white** patients, which is to be expected given the demographics of older people across LLR. In particular, 96.4% of **MHSOP In-Reach** patients were **white**.

- In **psychiatric intensive care inpatients**, 50% of patients were from **Black, Asian and minority ethnic backgrounds**, compared to just 27.5% of the local population.
- **Asian Indian** and **Black African** service users are **under-represented** in **ADHD** services (4.7% of service users were Asian Indian, up from 3.5% last year; and 1% were Black African, compared to the local population of 15% Indian and 2.4% Black African).
- **White British** people were **over-represented** in **Dynamic Psychotherapy**, with 79.1% of service users being White British, compared to 67.3% of the local population. **Asian Indian** people were **under-represented** (6.0% service users, 15.0% local population).
- People from **Asian Indian** backgrounds were **under-represented** in the **LLR Perinatal Mental Health**, with 7.1% of service users (down from 8.5% last year), compared to 15% of the local population.
- Representation for people from **Asian Indian** backgrounds has improved in the **Mental Health and Employment** service (12.9% services users, up from 10.4% last year, compared to 15% local population).
- Among **Personality Disorder** service users, people from **Asian** backgrounds were **under-represented** (2.6% of service users, 18.9% of local population) and people of **Mixed** backgrounds were **over-represented** (4.4% of service users, 2.7% of local population). **White British** people were **over-represented** (86.7% of service users, compared to 67.3% of local population).
- **White British** people were **under-represented** in **Psychosis Intervention and Early Recovery services (PIER)** (51.7% service users, 67.3% local population), while other groups were **over-represented: Asian Other** (3.7% service users, 1.5% local population); **Pakistani** (2.8% service users, 1.5 local population), **Black African** (7.3% service users, up from 5.0% last year, compared to 2.4% local population), **Black Caribbean** (2.5% service users, 0.6% local population), **Mixed White and African** (3.0% service users, 0.3% local population) and **White Other** (6.4% service users, 4.6% local population).



GRAPH 6: ETHNICITY PERCENTAGES OF DMH SERVICE USERS (2022/23 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

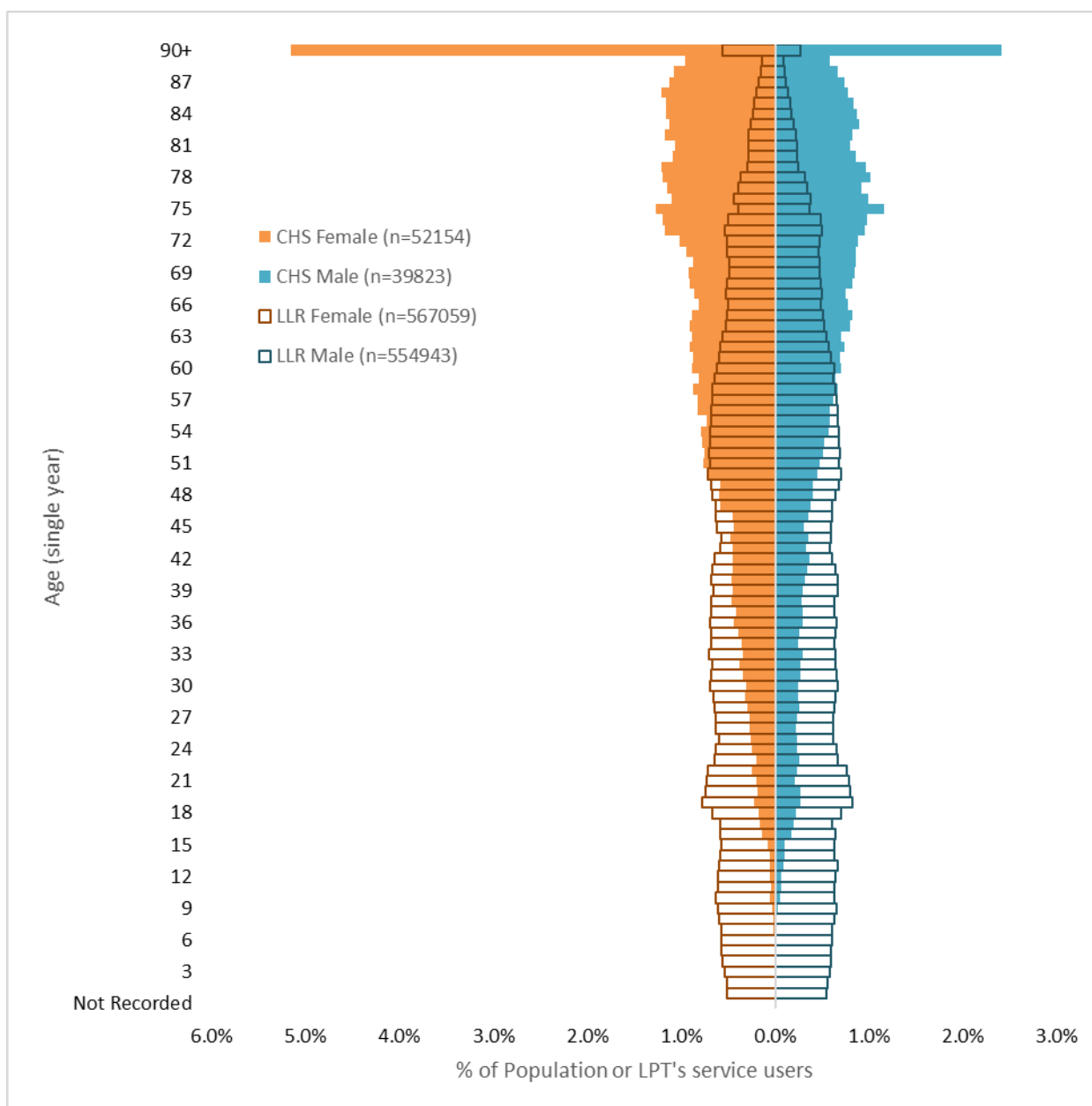
Community Health

Age & Gender

In Community Health Services, there are services for all ages but the vast majority of patients are 50 and above. Women, particularly at the older ages, are more likely to access CHS than men.

Trends with respect to gender:

- **Continance Nursing** and **Lymphoedema** services were accessed by more **women** than men (64.5% and 70.7% of service users were women).



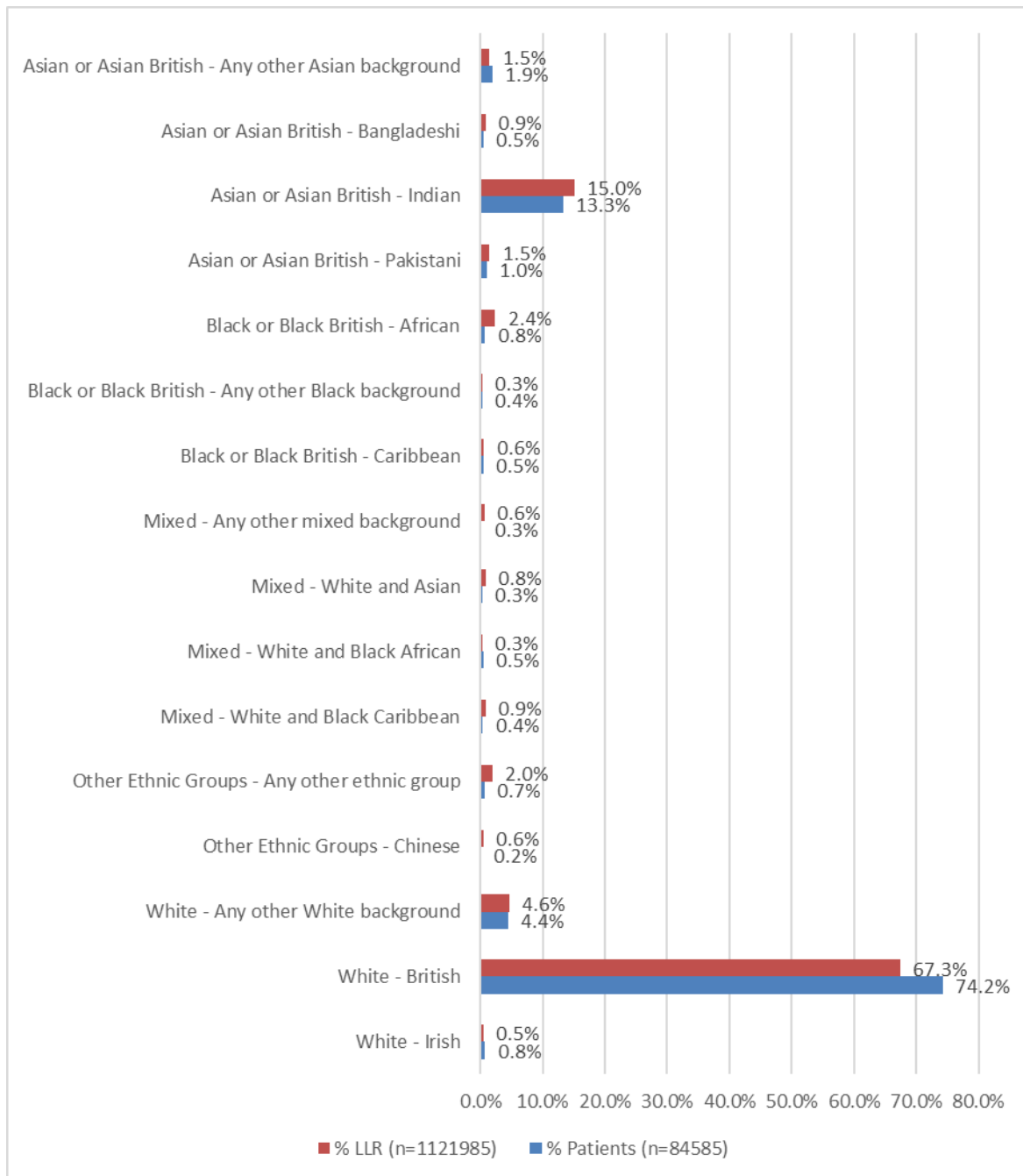
GRAPH 7: CHS SERVICE USERS BY AGE AND GENDER (2022/23 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity

For Community Health Services (CHS), White British people were over-represented as service users (74.2% of service users, compared to 67.3% of the population). Black, Asian and minority ethnic groups were under-represented, particularly Black African people (0.8% of service users, compared to 2.4% of the population). This is likely to be, at least in part, due to the age profile of CHS service users, who tend to be older. Older people are more likely to be White British than younger people, where there is more diversity in terms of ethnicity.

Some services have particular trends:

- **Community Hospitals inpatients** and **Community Nursing** services both have an **over-representation** of **White British** service users, although this is to be expected due to the demographics of older people in the population (84.4% and 77.0% service users respectively, compared to 67.3% local population). Similarly, **Falls Clinic** (83.5% White British service users) and **Tissue Viability** (87.5% White British service users). However, these proportions have slightly dropped since last year.
- The **Breathlessness Rehabilitation Service** was accessed by **mostly White British** service users (90.3% service users, 67.3% local population), as was the **Respiratory Specialist Service** (90.3% service users). Again, these proportions have dropped slightly since 2021/22.
- In Physiotherapy, most groups are proportionately represented except **Black African** (0.9% service users, 2.4% local population). A similar pattern is seen in Podiatry (0.9% of service users were **Black African**). This is similar to 2021/22.
- **Black** service users were under-represented in Speech and Language Therapy (1.0% of service users, down from 1.3% in 2021/22, compared to 3.3% local population).



GRAPH 8: ETHNICITY PERCENTAGES OF CHS SERVICE USERS (2022/23 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

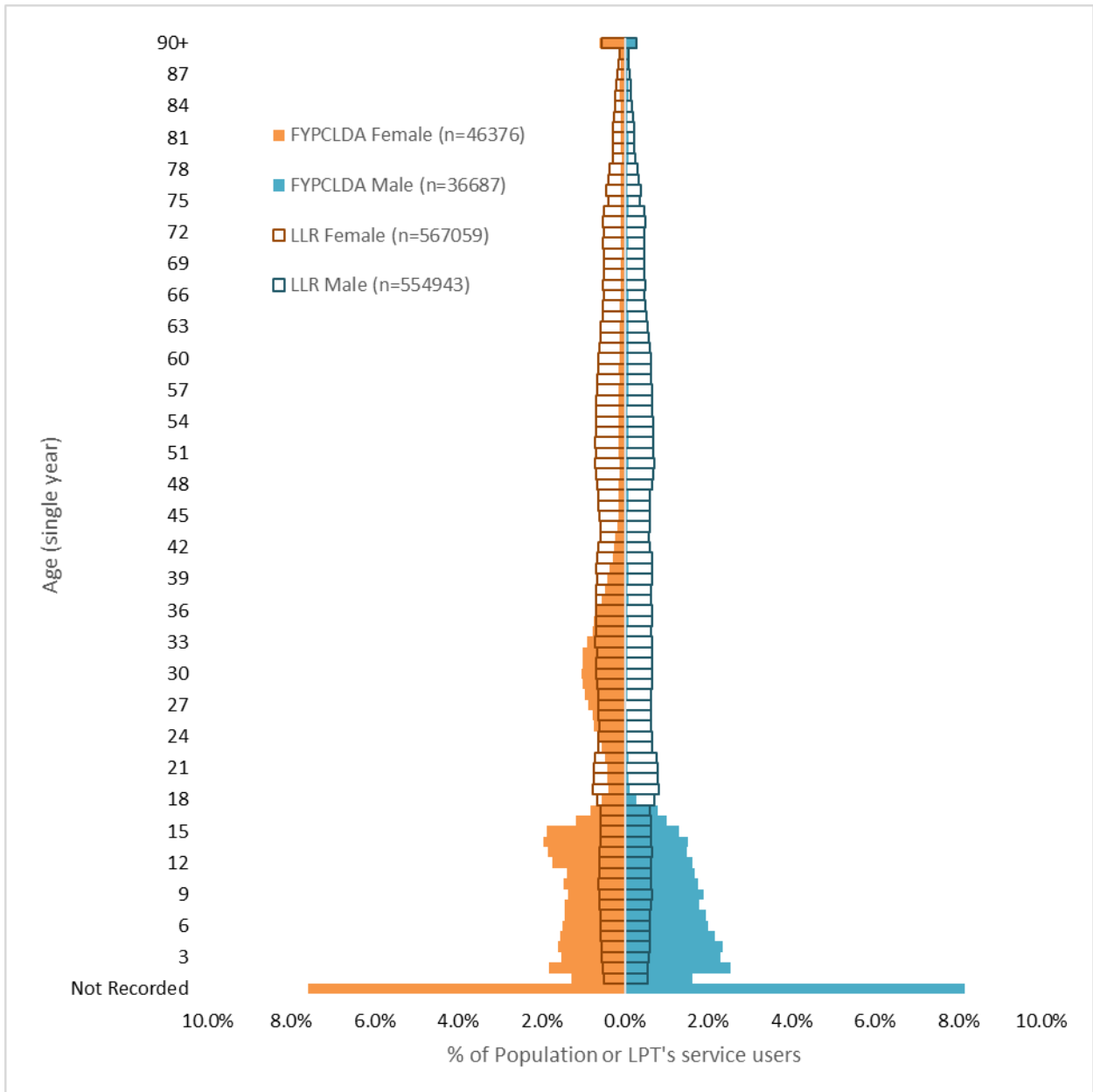
Families, Young People, Children and Learning Disabilities

Age & Gender

In Families, Young People's, Children's and Learning Disabilities Services (FYPCLDA), service users were more likely to be children and young people, or women between 20 and 40, reflecting the services on offer for mothers, babies, and children: 0-19 Healthy Child Programme for Leicester City, and the 0-11 Healthy Together Programme for Leicestershire and Rutland, which includes a child immunisation programme, school nursing, and health visiting for mothers and babies.

Trends with respect to gender followed themes observed last year:

- **Girls** were more likely to access **CAMHS** services than **boys** (girls made up 72.9% of service users accessing **primary mental health**, 85.2% of **eating disorders** services, 69.3% of **crisis and home treatment**, and 63.4% of **outpatients and community** services). The Access team and Paediatric Psychology were more evenly split between **boys** and **girls** accessing these services (56.5% and 53.2% girls respectively). The exception is **CAMHS Learning Disability** services, for which 68.7% of service users were **boys**.
- **Boys** were more likely than **girls** to access **Children's Speech and Language Therapy** (68.0% of service users), **Occupational Therapy** (66.0%), **Audiology** (61.9%) and **Continence** services (66.0%).
- Learning Disability services were fairly evenly split between female and male service users. **Male** service users were more likely to access the **Special Educational Needs and Disabilities service** (67.3% of service users).



GRAPH 9: FYPCLDA SERVICE USERS BY AGE AND GENDER (2022/23 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity

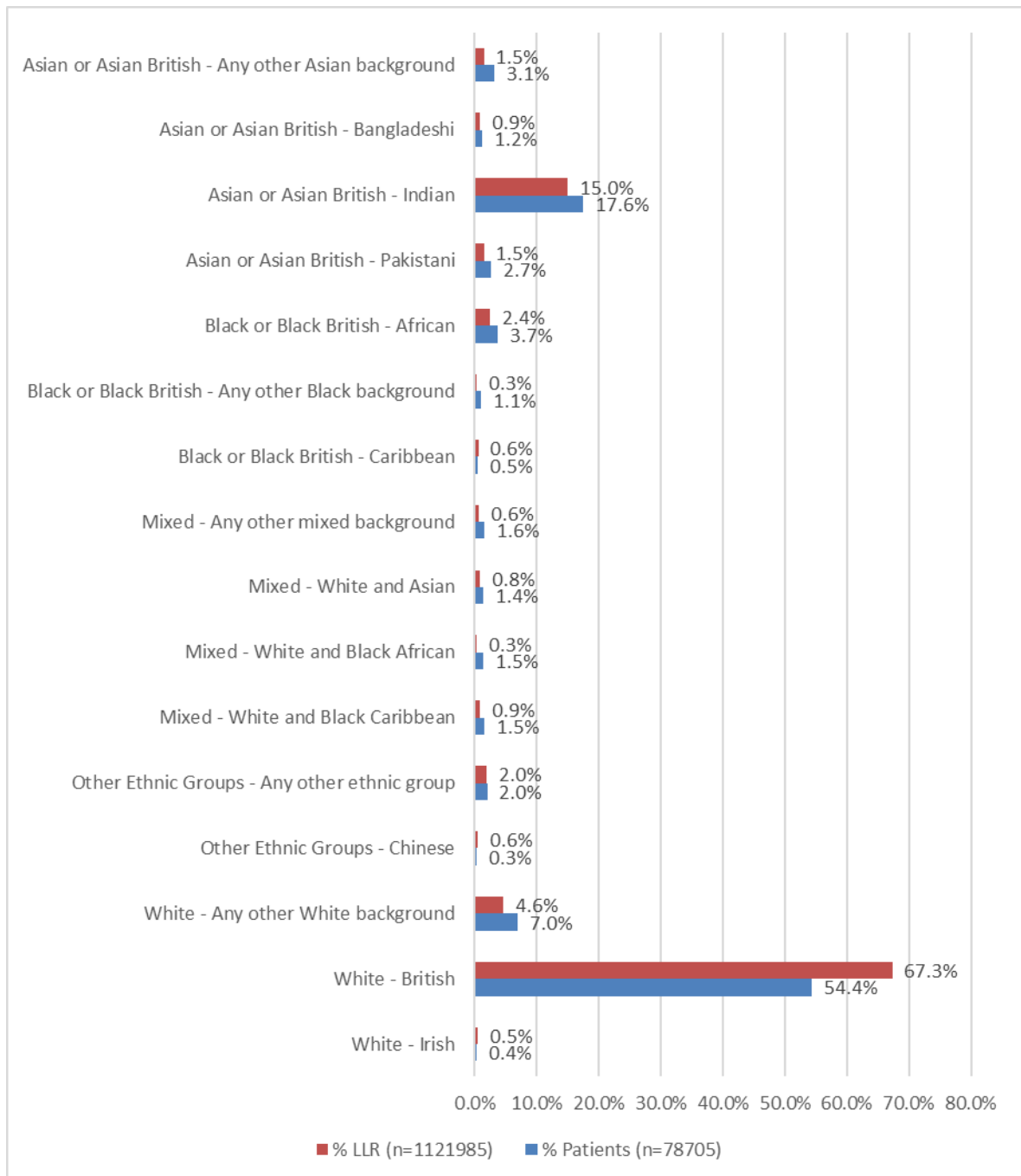
For Families, Young People, Children’s, Learning Disability Services and Autism (FYPCLDA), White British people were under-represented as service users (54.4% of service users, compared to 67.3% of the population). Most Black, Asian and minority ethnic groups were over-represented. This is likely to be due to the typically younger age profile of FYPCLDA service users. Younger people across LLR are more likely to be from Black, Asian, or minority ethnic backgrounds than older people are.

Other FYPCLDA services are under-representative of certain Black, Asian and minority ethnic groups:

- **CAMHS** services are typically **under-representative** of people from **Asian Indian** backgrounds. While the local population is 15.0% Indian, only 5.1% of CAMHS Central Access

Point service users are Indian, as well as 4.0% of the Access Team, and 4.0% of Outpatients & Community. This is similar to 2021/22.

- Similarly, people from **Asian Indian** backgrounds are **under-represented** in **Children's Occupational Therapy** (7.2% service users), but **over-represented** in **Children's Phlebotomy** (29.0%), showing that a sizeable proportion of the local population of young people are Asian Indian.
- Among **Learning Disability Community** service users, **Asian Indian** and **Black African** service users are **under-represented** (10.4% and 1.6% of service users, compared to the local population of 15% and 2.4%).
- For **Diana Children's Community Nursing**, however, **Asian Indian** service users are proportionately represented, and **Black African** service users are **over-represented** (4.7% of service users, compared to the local population of 2.4%). Again this is likely due to the more ethnically diverse demographics of younger people.
- Among the service users of the **Looked After Children** service, children from **Asian Indian** backgrounds are very **under-represented** (2.1% of service users, compared to 15% of the local population). Children from **Mixed** ethnic backgrounds are **over-represented** in these services, which is to be expected given the ethnic demographics of this age group (9.8% of service users, compared to 2.7% of the local population).
- A similar pattern of **under-representation** of **Asian Indian** children is seen for **Mental Health Support in Schools** (5.4% service users) and **Paediatric Medical Services** (7.2%).
- In **Dietetics**, **White British** people are very **under-represented** (31.1% service users, 67.3% local population). People of **all Asian backgrounds** are **over-represented** (46.5% service users, 18.9% local population), as well as people of **all Black backgrounds** (8.9% service users, 3.3% local population). People from mixed **White and African** backgrounds are also over-represented (2.3% service users, 0.3% local population); as well as **White Other** (6.2% service users, 4.6% local population). This follows similar trends to last year.



GRAPH 10: ETHNICITY PERCENTAGES OF FYPCLDA SERVICE USERS (2022/23 HEADCOUNTS) COMPARED TO THE LLR POPULATION (2021 CENSUS).

Section 3: Restraint, Seclusion, Segregation and Section

When compared to White patients across the Directorate of Mental Health (including MHSOP and PIER), patients from Black, Asian and minority ethnic backgrounds (BAME) are more likely to experience restraint, seclusion/segregation, and section. The disparity is even larger for Black patients.

TABLE 3: PERCENTAGE OF BAME AND WHITE SERVICE USERS WHO WERE RESTRAINED, SECLUDED/SEGREGATED, OR SECTIONED, COMPARED TO PERCENTAGES OF BAME AND WHITE SERVICE USERS.

	Likelihood ratio
All Incident Types	BAME patients are 2.3 times more likely to be subject to restriction, than White patients, when comparing those who are restricted against the total headcount of DMH patients.
Restraint	BAME patients are 2.2 times more likely to be restrained than White patients (similar to last year, 2.4). Black patients in particular are 5.4 times more likely to be restrained than White patients (similar to last year, 5.0).
Seclusion/ Segregation	BAME patients are 4.6 times more likely to be secluded/segreated than White patients (up from last year, 3.1). Black patients in particular are 11 times more likely to be secluded than White patients (up from last year, 6.5).
Section	BAME patients are 2.6 times more likely to be sectioned than White patients (up from last year, 2.2). Black patients in particular are 3.3 times more likely to be sectioned than White patients (slightly down from last year, 3.8).

Section 4: Accessible Information

The overall count of service users with a need identified under the Accessible Information Standard for 2022/23 was 2528; up from 2197 in 2021/22, 1041 in 2020/21, 1069 in 2019/20 and 776 in 2018/19. A summary of the counts for 2022/23 is provided below. Headcounts below 11 have been redacted:

TABLE 4: INSTANCES OF ACCESSIBLE INFORMATION NEEDS RECORDED 2021/22 AND 2022/23

PLEASE NOTE: THE TOTAL FOR LPT OVERALL WILL BE LOWER THAN THE SUM OF PEOPLE WITH NEEDS IDENTIFIED IN INDIVIDUAL SERVICES AS THE SAME SERVICE USER MAY HAVE HAD NEEDS IDENTIFIED IN DIFFERENT SERVICES, BUT THEY WILL BE COUNTED ONLY ONCE FOR TOTAL FOR LPT OVERALL.

Row Labels	Patients (2021/22)	Patients (2022/23)
LLR Adult Speech And Language Therapy	270	287
LLR Charnwood DN	163	160

LLR Childrens Audiology Service	70	89
LLR Children's Community Services	23	76
LLR Children's Continence Service	73	79
LLR Children's Diana Services	67	110
LLR Children's Occupational Therapy	94	113
LLR Children's Phlebotomy Service	88	81
LLR Children's Physiotherapy	68	95
LLR Children's Speech and Language	365	441
LLR City East DN	133	149
LLR City West DN	150	138
LLR Community Hospitals	130	139
LLR Community Paediatrics	243	262
LLR Community Therapy Service	797	811
LLR Continence Service	624	558
LLR Discharge Hub	313	300
LLR East Central DN	117	127
LLR East North DN	121	102
LLR East South Leics DN	115	98
LLR Falls Service and Residential Reablement	71	91
LLR Health Visitor & School Nurse Charnwood	17	25
LLR Health Visitor & School Nurse City North	67	117
LLR Health Visitor & School Nurse City South	137	67
LLR Health Visitor & School Nurse Hinckley & Bosworth	20	16
LLR Health Visitor & School Nurse Melton & Rutland	14	R
LLR Health Visitor & School Nurse North West Leicestershire	R	13
LLR Health Visitor & School Nurse South Leicestershire & Harborough	84	229
LLR Healthy Together Helpline	N/A	14
LLR Hinckley & Bosworth DN	70	115
LLR Home Oxygen Service	59	58
LLR Infection Control Service	23	23
LLR Integrated Community Equipment Active Recall Service	779	1085
LLR Integrated Community Specialist Palliative Care	188	199
LLR Leicester, Leicestershire & Rutland Child Health Service	466	643
LLR Long Term Conditions	151	157
LLR Looked After Children Service	19	19
LLR Musculoskeletal Physiotherapy	95	129
LLR North West Leics DN	162	165
LLR Nutrition And Dietetics	448	417
LLR Phlebotomy Service	817	713
LLR Podiatry	314	318
LLR Safeguarding Service	90	118
LLR SPA	1275	1315
LLR Special Educational Needs And Disabilities (SEND)	273	283
LLR Stroke & Neuro Service	166	188
LLR Tissue Viability Service	144	102
Rainbows Hospice	20	59

The accessibility needs recorded were:

Deaf-blind telephone user
Giving time to communicate needs
Giving opportunity to talk
Facing the client when communicating
Needs an advocate
Does use hearing aid
Unable to communicate
Difficulty using non-verbal communication
Requires contact by short message service text message
Requires contact by letter
Requires contact by email
Sign Supported English interpreter needed
Requires information in Moon alphabet
Requires information in Makaton
Visual frame sign language interpreter needed
Hands-on signing interpreter needed
Requires audible alert
Requires visual alert
Requires tactile alert
Uses communication device
Uses symbols for communication
Uses photographs for communication
Reqs written information in at least 20 point sans serif font
Reqs written information in at least 24 point sans serif font
Reqs written information in at least 28 point sans serif font
Uses alternative communication skill
Uses sign language
Requires third party to read out written information
Using British sign language
Difficulty hearing with background noise
Requires communication partner
Medicine labelling large print required
Using Makaton sign language
Uses hearing loop
Interpreter needed - British Sign Language
Interpreter needed - Makaton Sign Language
Requires written information in large font
Requires information verbally
Communication assistance from carer requested
Uses textphone
Requires contact by telephone
Requires contact by text relay
Requires information in Easyread

Requires slow verbal communication
Uses Personal Communication Passport

Section 5: Summary and Next Steps

Directorates are asked to:

- Review the equality demographic information for their areas
- Consider how to improve accessibility and outreach into groups of the population who are “easy to ignore” (i.e. less likely to access services that they require).
- The Inclusive Decision Making Framework (IDMF) toolkit on StaffNet can be used to inform decisions about how improvements can be made.
- Work with clinical teams to ensure protected characteristics data is captured as fully as possible for all service users, to improve our data accuracy and completeness.

The next steps for the organisation are to:

- Publicise training available on the IDMF, including a recording available on StaffNet.
- Finalise and roll out the protected characteristics data capture form for patients to complete
- Undertake an Accessible Information Standard audit to ensure needs are being recorded and acted upon.