

Service User Equality Data and Accessible Information Requirements 2023/24

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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 2025, to comply with the requirements of NHS organisations outlined in the Public Sector Equality Duty.

Patient data from 1st April 2023 – 31st March 2024 is summarised below with respect to the following protected characteristics:

- Age
- Ethnicity – the term “ethnic and cultural minority groups” (ECM) is used to refer to service users who are not white.
- Sex

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

Ethnicity is known for 89.4% of patients, down from 92.3% last year:

- 85.3% in Directorate of the Mental Health (DMH), down from 87.6% last year.
- 88.5% in Community Health Services (CHS), down from 92.0% last year.
- 92.6% in Families, Young People and Children's Services, Learning Disabilities and Autism, (FYPC LDA), down from 94.7% 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 status is known for 37.8% of patients, up from 18.3% last year.
- Religion/belief is known for 32.3% of patients, down from 41.9% last year.
- Sexual orientation is known for 18.4% of patients with a further 8.1% recorded as “unsure”. This data was not available last year.

Data is not available for 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.
- 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).
- Our **Inclusive Decision-Making Framework** provides a toolkit for services to complete meaningful Equality Impact Assessments. 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.
- Our **Quality Account** prioritises and monitors key EDI performance indicators.

Section 1: Demographic Overview

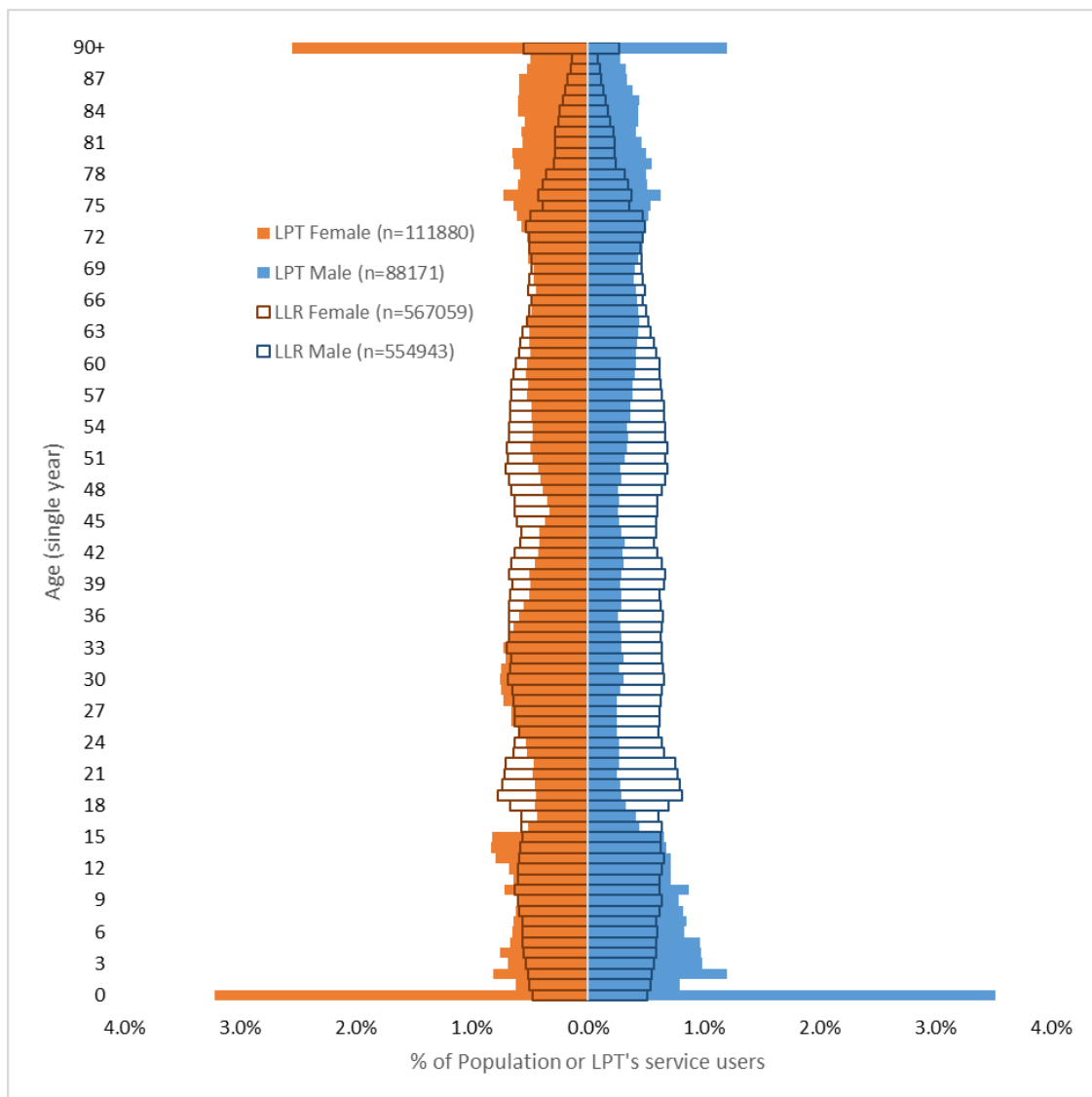
LPT service user headcounts were compared to 2021 Census data for the population we serve.

Age & Gender

The graph below shows the age and gender profile of LPT service users in 2023/24 compared to the population of LLR at the 2021 Census. The profile of service users has remained similar in recent years. 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, e.g. Learning Disabilities, Mental Health.



GRAPH 1: LPT SERVICE USERS BY AGE AND GENDER (2023/24 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, with sizeable patient groups of people from Asian and Black backgrounds as well. The proportion of White British patients has dropped since last year (65.7% in 2022/23, 62.3% in 2023/24) and the proportion of Black African patients has increased (2.2% in 2022/23, 2.5% in 2023/24). Other groups have remained much the same.

TABLE 1: LPT SERVICE USERS BY ETHNICITY (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity	% Patients of known ethnicity (n=178885) red= under-represented; green = over-represented	% LLR (n=1121985)
White - British	64.8%	67.3%
Asian or Asian British - Indian	14.8%	15.0%
White - Any other White background	5.4%	4.6%
Asian or Asian British - Any other Asian background	2.7%	1.5%
Black or Black British - African	2.5%	2.4%
Asian or Asian British - Pakistani	1.9%	1.5%
Other Ethnic Groups - Any other ethnic group	1.4%	2.0%
Mixed - White and Black Caribbean	1.1%	0.9%
Mixed - White and Black African	1.0%	0.3%
Mixed - Any other mixed background	0.9%	0.6%
Asian or Asian British - Bangladeshi	0.8%	0.9%
Mixed - White and Asian	0.8%	0.8%
Black or Black British - Any other Black background	0.7%	0.3%
White - Irish	0.6%	0.5%
Black or Black British - Caribbean	0.5%	0.6%
Other Ethnic Groups - Chinese	0.2%	0.6%

Census data from 2021 shows that Leicester is the second most diverse city in the UK, after London. People from ethnic and cultural minorities make up 59.1% of the city population, and 12.1% of Leicestershire county & Rutland population (27.5% overall for LLR).

Where our service users are not representative of our local LLR population, this is likely to be because:

- Some services are offered in the City or County only, which have different demographics, and/or;
- There are accessibility issues presenting barriers to certain groups of people, and/or;
- There are health inequalities and social factors impacting the health needs of certain groups.

Section 2: Directorates

Directorate of Mental Health

Age & Gender

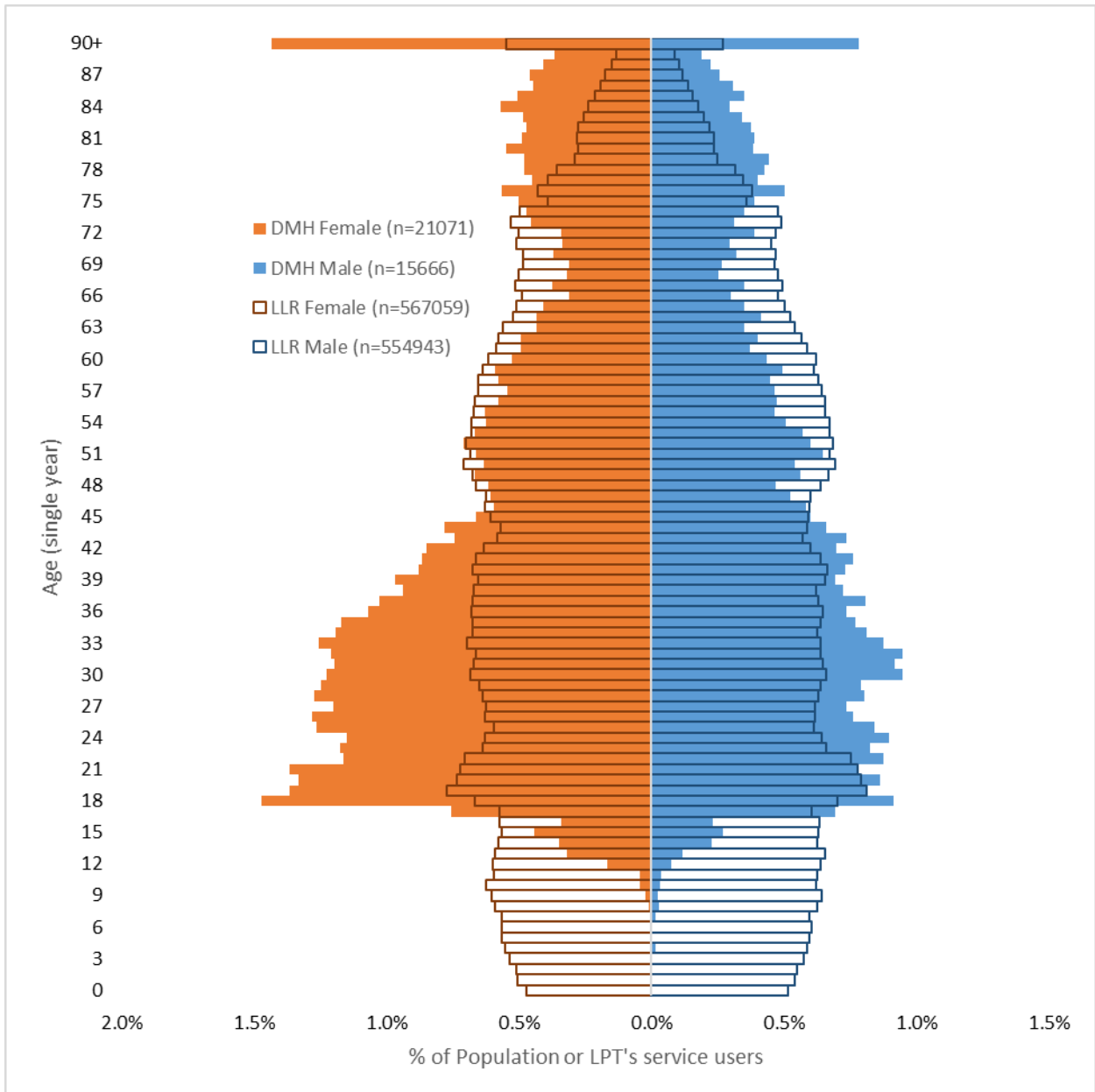
For the Directorate of Mental Health (DMH), service users are most likely to be:

- 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 have remained much the same since last year:

- **Men** were more likely than women to access some services:
 - **Criminal Justice Liaison and Diversion Service** (75.0%)
 - **Community and Outpatients Forensic** (88.7%)
 - **Homeless City** (74.0%)
 - **PIER** (59.2%)
- **Women** were more likely than men to access other services:
 - **Chronic Fatigue/ME** (78.8%)
 - **Pro-active Vulnerability Engagement (PAVE)** (62.5%)
 - **Cognitive Behavioural Psychotherapy** (62.6%)
 - **Personality Disorder Service** (77.1%)
 - **Dynamic Psychotherapy** (72.2%)
 - **Medical Psychology** (69.2%)
 - **Primary Care Mental Health Practitioners** (62.6%)
- Some services were fairly evenly split between men and women:
 - **General Psychiatry Acute Inpatients**
 - **Clinical Neuropsychology**
 - **ADHD Service**
 - **Assertive Outreach**
 - **Rehab Community Transitional Support Team**



GRAPH 2: DMH SERVICE USERS BY AGE AND GENDER (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity

In common with previous years, White British patients are over-representative of the local population, and many ethnic minority groups are under-represented.

TABLE 2: DMH SERVICE USERS BY ETHNICITY (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

	% Patients of known ethnicity (n=31369) red= under-represented; green = over-represented	% LLR (n=1121985)
Ethnicity		
White - British	74.6%	67.3%

Asian or Asian British - Indian	8.5%	15.0%
White - Any other White background	5.0%	4.6%
Asian or Asian British - Any other Asian background	2.0%	1.5%
Black or Black British - African	1.4%	2.4%
Other Ethnic Groups - Any other ethnic group	1.2%	2.0%
Mixed - White and Black Caribbean	1.2%	0.9%
Asian or Asian British - Pakistani	1.2%	1.5%
Mixed - White and Black African	0.8%	0.3%
Black or Black British - Caribbean	0.8%	0.6%
White - Irish	0.7%	0.5%
Mixed - Any other mixed background	0.7%	0.6%
Mixed - White and Asian	0.6%	0.8%
Asian or Asian British - Bangladeshi	0.6%	0.9%
Black or Black British - Any other Black background	0.5%	0.3%
Other Ethnic Groups - Chinese	0.3%	0.6%

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, 91.7% of **MHSOP In-Reach** patients were **white**.
- In **psychiatric intensive care inpatients**, 50.5% of patients were from **ECM backgrounds**, compared to just 27.5% of the local population.
- In **Psychosis Intervention and Early Recovery services (PIER)**, many ethnic minority groups were **over-represented: Asian Other** (4.5% service users, 1.5% local population); **Pakistani** (3.2% service users, 1.5% local population), **Black African** (5.7% service users, up from 5.0% last year, compared to 2.4% local population), **Mixed White and African** (3.0% service users, 0.3% local population) and **White Other** (6.2% service users, 4.6% local population).
- **Asian** people (18.9% of the population) are very under-represented across a range of mental health services, including **ADHD** (7.5%); **Dynamic Psychotherapy** (9.3%); **Personality Disorders** (4.7%); and **Primary Care Mental Health** (12.1%). These figures, however, have increased in recent years. In **Perinatal Mental Health**, **Asian Indian** people are underrepresented (8.4%, compared to 15.0% of the population), whereas other Asian groups are proportionally represented.
- **Black** people (3.3% of the population) are underrepresented in the **ADHD** service (1.8%). **Black African** people in particular are underrepresented in the **CMHT and Outpatient team** (1.3% service users, compared to 2.4% population), whereas people of Caribbean and other Black backgrounds are proportionally represented.

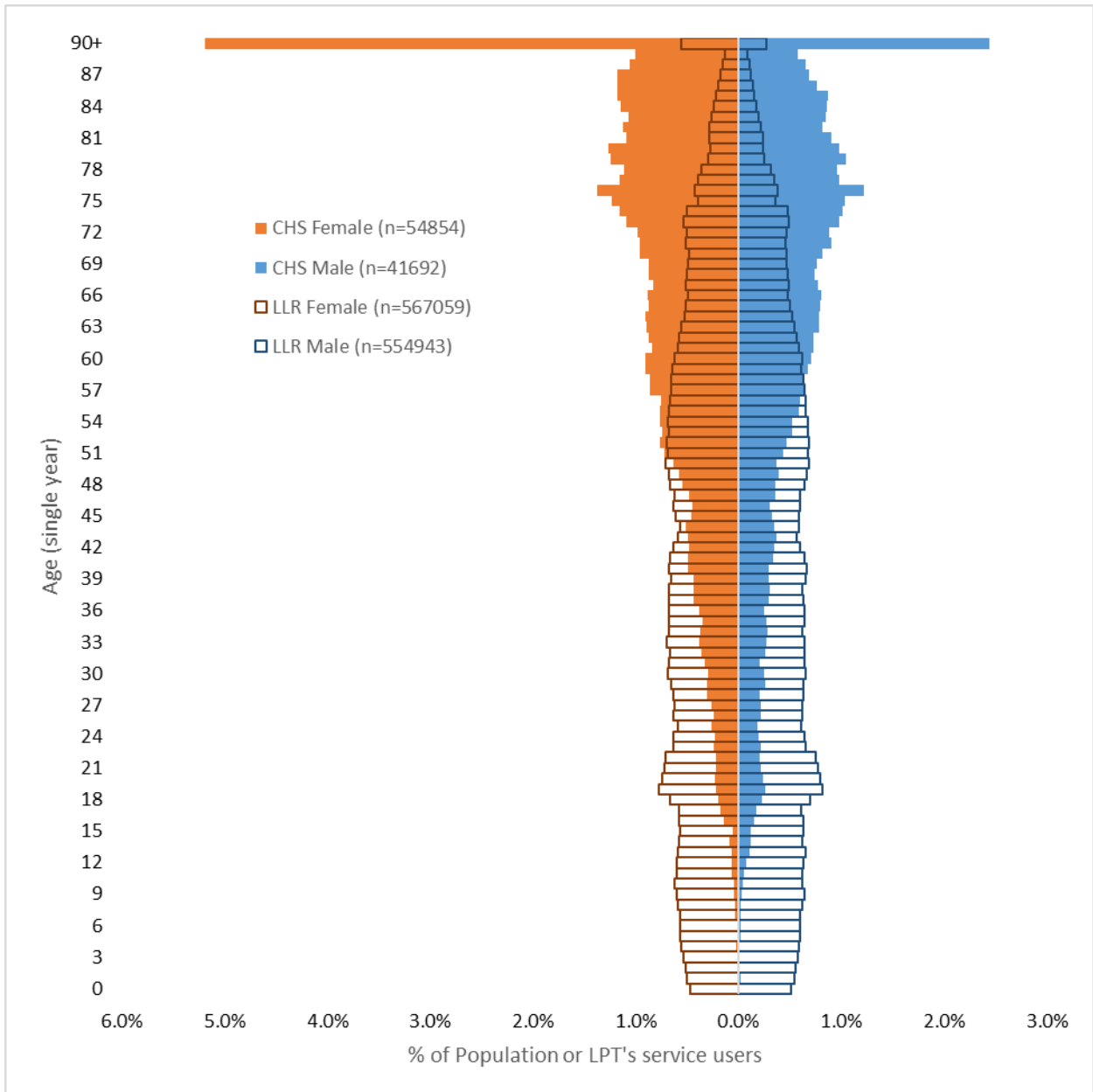
Community Health Services

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 have remained much the same since last year:

- **Men** were more likely than women to access some services:
 - **Heart Failure** (60.2%)
- **Women** were more likely than men to access other services. Women made up:
 - **Continence Nursing** (64.8%)
 - **Lymphoedema** (76.3%)
 - **Physiotherapy** (61.0%)
 - **Residential Reablement** (69.0%)
- Most services were fairly evenly split between men and women:
 - **Speech Therapy**
 - **Respiratory Specialist Service**
 - **Breathlessness Rehab**
 - **Integrated Specialist Community Palliative Care**
 - **Virtual Ward**



GRAPH 3: CHS SERVICE USERS BY AGE AND GENDER (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity

As in previous years, White British people were over-represented as CHS service users. Many ethnic minority groups were under-represented. 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.

TABLE 3: CHS SERVICE USERS BY ETHNICITY (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity	% Patients of known ethnicity (n=85455) red=	% LLR (n=1121985)

	under-represented; green = over-represented	
White - British	73.8%	67.3%
Asian or Asian British - Indian	13.3%	15.0%
White - Any other White background	4.4%	4.6%
Asian or Asian British - Any other Asian background	2.0%	1.5%
Asian or Asian British - Pakistani	1.1%	1.5%
Black or Black British - African	0.9%	2.4%
Other Ethnic Groups - Any other ethnic group	0.8%	2.0%
White - Irish	0.8%	0.5%
Black or Black British - Caribbean	0.5%	0.6%
Asian or Asian British - Bangladeshi	0.5%	0.9%
Mixed - White and Black African	0.5%	0.3%
Mixed - White and Black Caribbean	0.4%	0.9%
Black or Black British - Any other Black background	0.4%	0.3%
Mixed - White and Asian	0.3%	0.8%
Mixed - Any other mixed background	0.2%	0.6%
Other Ethnic Groups - Chinese	0.2%	0.6%

Some services have particular trends:

- **Community Hospitals inpatients, Community Therapy and Community Nursing** services 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 (83.1%, 77.9%, and 76.9% service users respectively, compared to 67.3% local population). Similarly, **Falls Clinic** (81.5% White British service users) and **Tissue Viability** (86.8% White British service users). However, these proportions have dropped slightly since last year.
- The **Breathlessness Rehabilitation Service** was accessed by **mostly White British** service users (91.1% service users, 67.3% local population), as was the **Respiratory Specialist Service** (85.9% service users).
- In common with last year, in **Physiotherapy**, most groups are proportionately represented except **Black African** (1.2% service users, 2.4% local population). A similar pattern is seen in **Podiatry** (1.0% of service users were **Black African**).
- **Black and Mixed ethnicity** service users were under-represented in **Speech and Language Therapy** (1.5% of service users compared to 3.3% population Black; 1.0% of service user compared to 2.6% population Mixed). Asian service users were not so under-represented in this service.

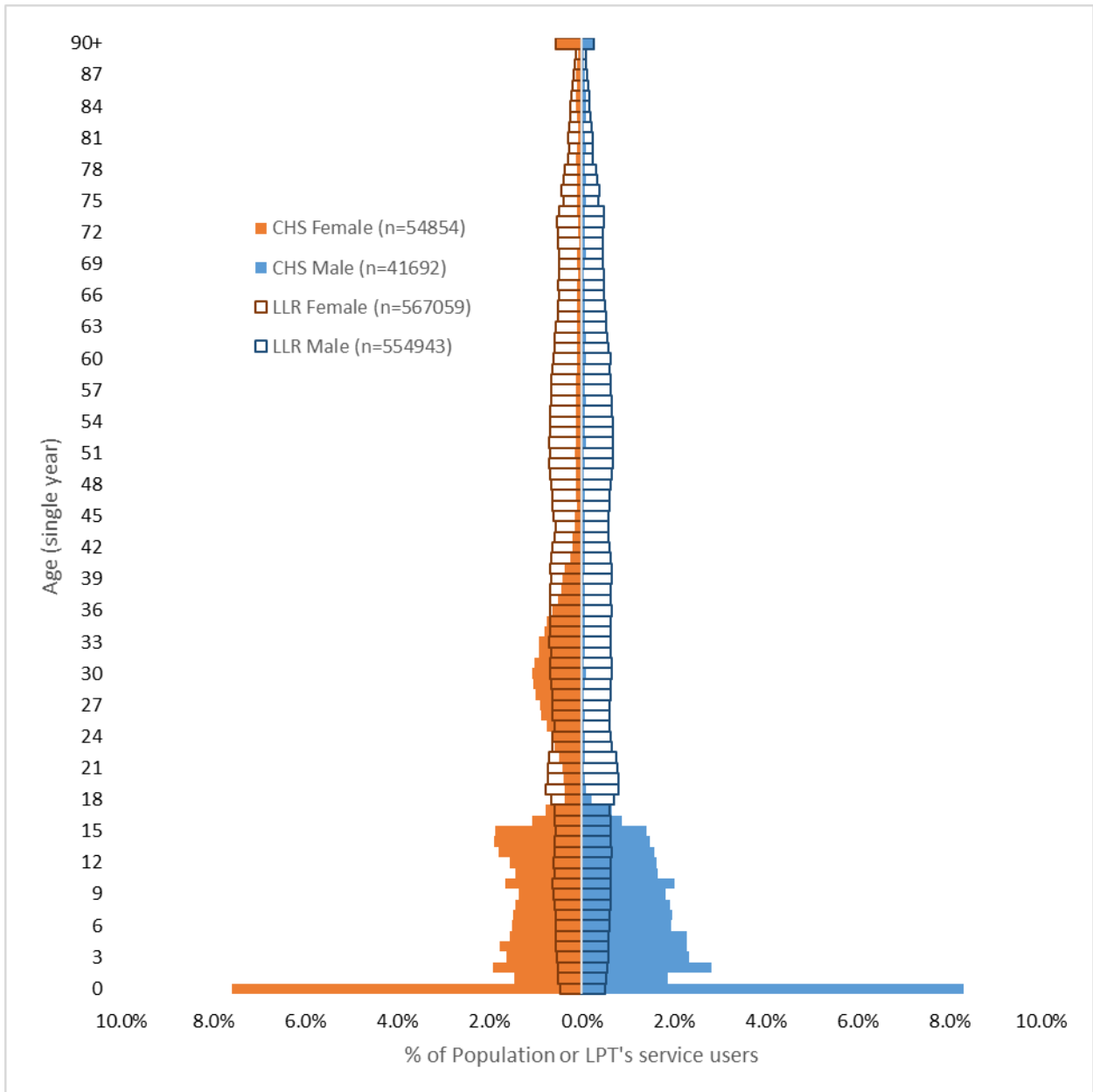
Families, Young People, Children and Learning Disabilities & Autism

Age & Gender

In Families, Young People's, Children's and Learning Disabilities & Autism Services (FYPC LDA), 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 have remained much the same since last year:

- **Men/Boys** were more likely than women to access some services:
 - **CAMHS** (Learning Disability 69.6%; 58.3% Young People's Team)
 - **Paediatric Medical Services** (63.7%)
 - **Special Educational Needs & Disabilities** (68.1%)
 - **Audiology** (61.6%)
 - **Children's Speech & Language Therapy** (67.5%)
 - **Children's Occupational Therapy** (62.1%)
 - **Children's Continence** (66.3%)
 - **Care Navigation** (60.8%)
 - **Diana Children's Community Nursing** (61.9%)
- **Women/Girls** were more likely than men to access other services. Women made up:
 - **Eating Disorders** (90.3% Community; 88.9% Inpatients)
 - **CAMHS** (63.4% Central Access Point; 82.7% Eating Disorders; 70.8% Crisis and Home Treatment; 78.3% Intensive Community Support, 63.8% Primary Mental Health Contract)
 - **Dietetics Adult/Integrated Weight Management** (64.5%)
- Most services were fairly evenly split between males and females:
 - **Childrens' Physiotherapy**
 - **Childrens' Phlebotomy**
 - **Adult Autism Assessment**



GRAPH 4: FYPCLDA SERVICE USERS BY AGE AND GENDER (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity

For Families, Young People, Children’s, Learning Disability Services & Autism (FYPCLDA), White British people were under-represented as service users. Most ECM 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 ECM backgrounds than older people are.

TABLE 4: FYPCLDA SERVICE USERS BY ETHNICITY (2023/24 SERVICE USER HEADCOUNTS), COMPARED TO LLR POPULATION (2021 CENSUS)

Ethnicity	% Patients of known ethnicity (n=78431) red=	% LLR (n=1121985)

	under-represented; green = over-represented	
White - British	53.0%	67.3%
Asian or Asian British - Indian	18.1%	15.0%
White - Any other White background	6.3%	4.6%
Black or Black British - African	4.3%	2.4%
Asian or Asian British - Any other Asian background	3.7%	1.5%
Asian or Asian British - Pakistani	3.0%	1.5%
Other Ethnic Groups - Any other ethnic group	2.0%	2.0%
Mixed - Any other mixed background	1.7%	0.6%
Mixed - White and Black Caribbean	1.7%	0.9%
Mixed - White and Black African	1.6%	0.3%
Mixed - White and Asian	1.3%	0.8%
Asian or Asian British - Bangladeshi	1.3%	0.9%
Black or Black British - Any other Black background	1.0%	0.3%
Black or Black British - Caribbean	0.4%	0.6%
White - Irish	0.3%	0.5%
Other Ethnic Groups - Chinese	0.3%	0.6%

Trends in 2023/24 include:

- In general, there is an over-representation of service users from ethnic minorities in FYPCLDA, due to the ethnic diversity among younger people. This is the case for Black service users, Mixed ethnicity service users, Other ethnic groups, and most Asian groups.
- However, **Asian Indian** people remain under-represented across several services. 15.0% of the local population is Asian Indian, but only 4.0% of service users in **Adult Autism Assessment**; 6.5% in **Mental Health Support in Schools**; 4.6% in **CAMHS Central Access Point**; 5.9% in **CAMHS Eating Disorders**; 5.1% in **CAMHS Access**; 6.7% in **CAMHS Crisis & Home Treatment**; and 3.5% in **CAMHS Outpatient & Community**. This is similar to previous years.

Similarly, people from **Asian Indian** backgrounds are **under-represented** in **Children's Occupational Therapy** (7.1% service users), but **over-represented** in **Children's Phlebotomy** (28.7%), showing that a sizeable proportion of the local population of young people is Asian Indian.

Among the service users of the **Looked After Children** service, children from **Asian Indian** backgrounds are very **under-represented** (2.3% 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 as we see more ethnic diversity in our younger population (11.4% of service users are from Mixed backgrounds, compared to 2.7% of the local population of all ages).

- In **Dietetics**, **White British** people are very **under-represented** (27.3% service users, 67.3% local population). People of **all Asian backgrounds** are **over-represented** (46.2% service users, 18.9% local population), as well as people of **all Black backgrounds** (9.5% service users, 3.3% local population). People from mixed **White and African** backgrounds are also over-represented (3.6% service users, 0.3% local population); as well as **White Other** (7.2% service users, 4.6% local population). This follows similar trends to last year.

Section 3: Restraint, Seclusion, Segregation and Section

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

This data looks at the number of **patients** subject to restraint, seclusions, segregation and section, rather than the number of incidents.

TABLE 5: PERCENTAGE OF ECM AND WHITE SERVICE USERS WHO WERE RESTRAINED, SECLUDED/SEGREGATED, OR SECTIONED, COMPARED TO PERCENTAGES OF ECM AND WHITE SERVICE USERS.

	Likelihood ratio
Restraint	ECM patients are 1.7 times more likely to be restrained than White patients (down from last year, 2.2). Black patients in particular are 2.1 times more likely to be restrained than White patients (down from last year, 5.4).
Seclusion/ Segregation	ECM patients are 2.9 times more likely to be secluded/segregated than White patients (down from last year, 4.6). Black patients in particular are 7.3 times more likely to be secluded than White patients (down from last year, 11).
Section	ECM patients were 2.2 times more likely to be sectioned in 2023/24 than White patients (down from last year, 2.6). Black patients in particular were 2.7 times more likely to be sectioned than White patients (down from last year, 3.3).

Section 4: Accessible Information

The overall count of service users with a need identified under the Accessible Information Standard has increased year on year until 2023/24, when we have seen a slight drop from 2528 patients to 2208 patients. Headcounts below 11 have been redacted:

TABLE 6: INSTANCES OF ACCESSIBLE INFORMATION NEEDS RECORDED 2022/23 AND 2023/24. TOTAL PATIENTS IS LOWER THAN THE SUM OF PATIENTS IN ALL SERVICES AS SOME PATIENTS WILL HAVE AN AIS RECORDED IN MORE THAN ONE SERVICE.

Row Labels	Patients (2022/23)	Patients (2023/24)
TOTAL	2528	2208
LLR Adult Speech And Language Therapy	287	249
LLR Charnwood DN	160	198
LLR Childrens Audiology Service	89	81
LLR Children's Community Services	76	106
LLR Children's Continance Service	79	89
LLR Children's Diana Services	110	136

LLR Children's Occupational Therapy	113	108
LLR Children's Phlebotomy Service	81	70
LLR Children's Physiotherapy	95	94
LLR Children's Speech and Language	441	402
LLR City East DN	149	66
LLR City Lower Limb / Wound Clinic Service	-	17
LLR City West DN	138	108
LLR Community Hospitals	139	115
LLR Community Paediatrics	262	249
LLR Community Therapy Service	811	593
LLR Continence Service	558	346
LLR Discharge Hub	300	276
LLR East Central DN	127	75
LLR East North DN	102	56
LLR East South Leics DN	98	72
LLR Falls Service and Residential Reablement	91	65
LLR Health Visitor & School Nurse Charnwood	25	25
LLR Health Visitor & School Nurse City North	117	182
LLR Health Visitor & School Nurse City South	67	76
LLR Health Visitor & School Nurse Hinckley & Bosworth	16	13
LLR Health Visitor & School Nurse North West Leicestershire	13	16
LLR Health Visitor & School Nurse South Leicestershire & Harborough	229	145
LLR Healthy Together Helpline	14	168
LLR Hinckley & Bosworth DN	115	98
LLR Home Oxygen Service	58	36
LLR Infection Control Service	23	16
LLR Integrated Community Equipment Active Recall Service	1085	833
LLR Integrated Community Specialist Palliative Care	199	160
LLR Long Term Conditions	157	100
LLR Looked After Children Service	19	23
LLR Musculoskeletal Physiotherapy	129	154
LLR North West Leics DN	165	133
LLR Nutrition And Dietetics	417	429
LLR Phlebotomy Service	713	596
LLR Podiatry	318	214
LLR Safeguarding Service	118	178
LLR School Aged Immunisation Service	-	100
LLR SPA	1315	1074
LLR Special Educational Needs And Disabilities (SEND)	283	309
LLR Stroke & Neuro Service	188	137
LLR Tissue Viability Service	102	106
LLR Adult Eating Disorders Inpatient & Outpatients	Data not available	1
LLR Adult Mental Health Community	Data not available	1
LLR Adult Mental Health Inpatients	Data not available	36
LLR LD Community & Inpatient Services	Data not available	41

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).
- Access the Inclusive Decision Making Framework (IDMF) toolkit on StaffNet 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:

- Continue to publicise training available on the IDMF, including a recording available on StaffNet.
- Equality, Diversity & Inclusion team to work with Quality Improvement team to embed EDI in the QI process.