

Equality Impact Assessment 2020-2021



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Equality Impact Assessment 2021 - Headlines

Healthwatch Brighton and Hove regularly evaluates its projects and reviews of health and care services to assess how effectively we have engaged with the general population of the city and its diverse communities. This Equality Impact Assessment (EIA) provides detail on the extent to which this was achieved in the last year. This EIA uses data from all project reviews published by Healthwatch Brighton and Hove between April 1st 2020 and March 31st 2021, where demographic data (age, ethnicity, etc) were collected.

Relative to our 2020 EIA report¹ there has been an increased number of projects to draw equalities data from (seven compared to four) and the number of people we engaged with (7,224 this year compared 1,598 last year).

The individual projects we have reviewed, in chronological order, are:

1. Accessing health and care services - findings during the Coronavirus pandemic (October 2020).
2. Accessing health and care services - findings during the Coronavirus pandemic - young people's survey (November 2020).
3. Patient Transport Services in Sussex: What patients and passengers told us about the service in 2020 - Full report (November 2020).
4. Dental Services during COVID-19 (February 2021).
5. COVID-19 Vaccinations: What are your experiences and views? (May 2021).
6. Hospital discharge well-being project (from April 2020 and ongoing).
7. COVID-19 Vaccination helpline (from February 2021 and ongoing).

The report concludes with a final section which aggregates all the data from the above studies and compares it to city-wide figures.

The role of Healthwatch is to gather patient opinion on health and social care services, and we expect that the types of communities we engage will vary across our different projects. Projects, for example in supporting those recently discharged from hospital are expected to engage with a greater proportion of older people and those with disabilities compared to that of the city-wide population. COVID-19 has also resulted in us delivering more online forms of engagement and it is known that more women will respond to this form of engagement relative to men (within a health and social care context).

In 2020-2021, Healthwatch was effective in hearing the views from:

- People with disabilities - 33% of people we engaged with were those with disabilities compared to 16% across the city.
- People who are LGBTQ+ - 12% of people we engaged with identified as either a Lesbian, Gay man, Bisexual or Other. This is comparable to the city's Joint

¹ <https://www.healthwatchbrightonandhove.co.uk/report/2020-05-01/equality-impact-assessment-2020>

Strategy Needs Assessment's 'best estimate' of between 11% and 15% across the city.

- People with or without a religion - from the reports that recorded people's religious status, Healthwatch was effective in hearing the views of those with and without a religion (49% and 51% respectively). These figures are almost identical to the city-wide figures.

Although Healthwatch heard the views of a diverse range of people, there are areas that require more engagement. These are the following:

- Ethnic diversity - our reports achieved good representation from those who were not White-British (13%), however this is less than the city-wide figure of 19.5%.
- Sex - As for many online surveys nationally, our surveys included higher proportions of responses from women (68.8%).
- Age - 60% of those responding to our engagement activities were aged 40-74 years, with 10% aged under 34 years.

The above variations in age, sex and ethnicity were present in most of our reports. Notable exceptions were that more men than women have contacted the COVID-19 vaccine helpline. Also, the Young Healthwatch study on 'Accessing health and care services - findings during the Coronavirus pandemic' engaged a higher proportion of non-White-British (21.8%) people and an exclusively aged sample of 13-25 years.

Many of the recommendations we made in our last year's EIA report have led to improvements in the way we have recorded demographic data, and we have paid more attention towards including equalities data in our reports. Although the representation we achieved over the last year is not always comparable to the city-wide figures, the sheer number of people we engaged means that Healthwatch Brighton and Hove have heard from more people from a range of different backgrounds than ever before.

Equality Impact Assessment 2021 - Introduction

Healthwatch's core work is to gather patient opinion on health and social care services from across the community and to use this information to recommend improvements. For Healthwatch to be effective it is vital that the patient opinion it gathers is accurate and reflects all parts of the community. Healthwatch is therefore committed to ensuring that its engagement with the population of Brighton and Hove captures opinion from a diverse range of people.

As part of this commitment, Healthwatch Brighton and Hove regularly evaluates its service reviews to assess how effectively we have engaged with the population of the city and its diverse communities. This Equality Impact Assessment (EIA) provides detail on the extent to which this has been achieved.

More specifically, the EIA presents the degree to which the reports published by Healthwatch Brighton and Hove reached out to the 'protected characteristics groups' specified in the Equality Act 2010. Although not all nine characteristics have been assessed, this EIA report includes data on: age, sex, gender reassignment, ethnicity, disability, religion and belief, and sexual orientation. Data were not gathered on pregnancy and maternity or marriage or civil partnership.

This EIA uses data from all project reviews published by Healthwatch Brighton and Hove between April 1st 2020 and March 31st 2021 where demographic data (age, sex, etc.) were collected. During this time, the COVID-19 pandemic radically changed the way we captured the opinion of the local population on health and social care. Our face-to-face contact was curtailed overnight, with all projects conducted online or over the telephone. In addition, we have been involved in more pan-Sussex projects working with colleagues in East and West Sussex. This change in our working practice reflects the Sussex Health and Care Partnership achieving Integrated Care System status, paving the way for more joined up the work across the county of Sussex. One of the five projects reported in this EIA includes data from across Sussex.

Relative to last year's report², there have been an increased number of projects to draw equalities data from (seven compared to four) and the number of people engaged (7,224 this year compared 1,598 last year).

Each project reviewed in this report includes a brief summary of the findings alongside a series of charts including the rounded percentages as data labels. The overall sample size that underly these percentages are presented in the review summary.

The individual projects under review, in chronological order, are:

² <https://www.healthwatchbrightonandhove.co.uk/report/2020-05-01/equality-impact-assessment-2020>

- Accessing health and care services - findings during the Coronavirus pandemic (October 2020).³
- Accessing health and care services - findings during the Coronavirus pandemic - young people's survey (November 2020).
- Patient Transport Services in Sussex: What patients and passengers told us about the service in 2020 - Full report (November 2020).
- Dental Services during COVID-19 (February 2021).
- COVID-19 Vaccinations: What are your experiences and views? (May 2021).
- Hospital discharge well-being project (from April 2020 and ongoing).
- COVID-19 Vaccination helpline (from February 2021 and ongoing).

Of these projects, the extent of the data varies in two ways:

- Firstly, the number of respondents varies across the seven project, from just 56 in our review of dental services during COVID-19, to 2,185 in our review of accessing health and care services during the pandemic.
- Secondly, the extent of the equalities data varies across the seven projects, from recording just one characteristic (sex) in the vaccination helpline study to a more complete range as seen in the experiences and views of the COVID-19 vaccine.

As an important context, given that the role of Healthwatch is to gather patient opinion on health and social care services, it is expected that this will affect the types of communities we engage. Projects, for example in supporting those recently discharged from hospital are expected to engage with a greater proportion of older people and those with disabilities compared to that of the city-wide population. The onset of the COVID-19 pandemic is also important context and has resulted in more online forms of engagement which are known to be more responded to by women relative to men (within a health and social care context).

The report concludes by combining data from all seven projects reviewed, to assess the extent to which the data captured represents the diversity in the city (city-wide data is mainly taken from / available in the Joint Strategic Needs Assessment/JSNA⁴). From this assessment the extent of effective engagement and areas requiring improvement are outlined.

Projects reviewed:

1. Accessing health and care services - findings during the Coronavirus pandemic (October 2020)

With the onset of the COVID-19 pandemic, many services dramatically reduced their face-to-face consultations as part of the 'lockdown' and social distancing measures. A Royal College of General Practitioners' report shows a reduction in

³ Pan-Sussex project. This included follow-up telephone calls with a sub-sample of 106 individuals who completed the survey – not reported to avoid counting twice.

⁴ <http://www.bhconnected.org.uk/content/needs-assessments>. Much of the data for this year has been put on hold due to COVID-19.

face-to-face appointments with GPs (in England) from over 70% prior to the COVID outbreak to 23% within a matter of weeks⁵. The pandemic accelerated the NHS Phase 3 response that “Digitally enabled services provide an opportunity to create a more inclusive health and care system, creating more flexible services and opening up access for people who might otherwise find it hard to access in person, for example due to employment or stigmatisation” (pg.6)⁶.

As part of the ‘restoration and recovery’ phase of NHS services, following the initial April 2020 peak of Coronavirus hospitalisations in the UK, the NHS in Sussex was interested in knowing people’s opinions and preferences towards phone, video and online consultations should they continue (at comparable levels to now) in the future. In response, Healthwatch Brighton and Hove led this pan-Sussex study (working with Healthwatch teams in East and West Sussex) to find out the following:

- People’s opinions about their access to health and social care services during the pandemic (and whether they had delayed this as a consequence).
- Their use of ‘remote’⁷ or phone, video and online appointments with health and social care services during the pandemic.
- Preferences for future use of these media for appointments beyond the pandemic; and
- Specific preferences towards future GP consultations.

2,185 people responded to the survey between June 16th to July 15th 2020. The main finding was that the majority of people were satisfied with their remote appointments and had a strong appetite for phone appointments and slightly less so for video or online appointments (text, email, online forms etc). There were exceptions with older people and those with disabilities being less keen on remote appointments. As a reminder this study included data across Sussex and the Healthwatch data was complemented by 779 people completing a slightly earlier Sussex NHS Commissioners’ survey across Sussex, that included a number of identical questions.

The full report can be viewed here:

<https://www.healthwatchbrightonandhove.co.uk/report/2020-10-14/accessing-health-and-care-services-%E2%80%93-findings-during-coronavirus-pandemic>

In this review, six sets of equalities data were collected.

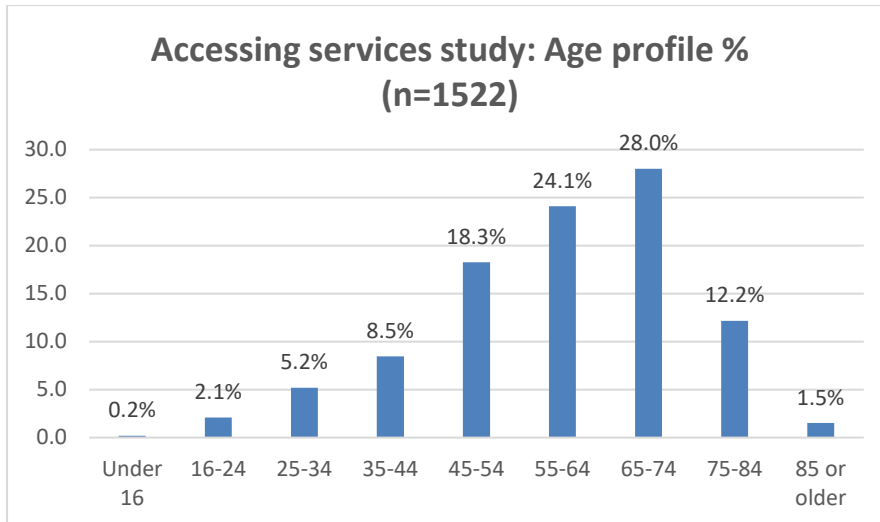
⁵ <https://www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en>

⁶ https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf

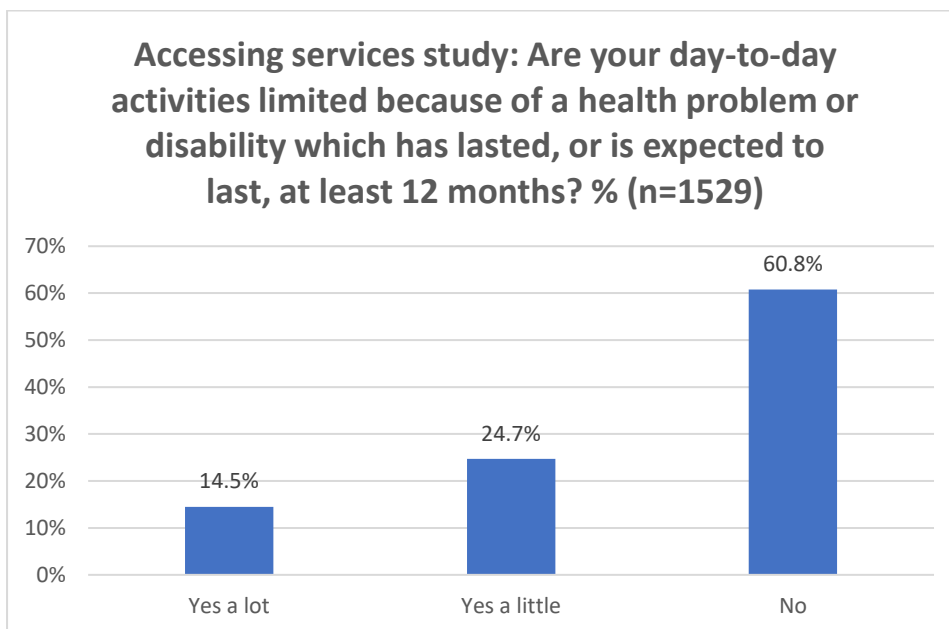
⁷ The term ‘remote’ is used interchangeably with ‘digital’ and refers to non-face-to-face appointments. This is either phone, video or online (text, email or other online).

Most people completing the survey were women (75% [1,148⁸]) and the average age was 59.2 years, ranging from age 15 to 95 years. This sex and age profile is a common trend in healthcare research⁹.

The overall age profile is shown as follows:



A total of 39.2% [599] had some form of disability, defined as having day-to-day activities limited by a health problem that has lasted or expected to last for at least 12 months. The 39.2% is comprised of those that reported this as occurring ‘a little’ (14.5% [222]) and ‘a lot’ (24.7% [377]), as shown below:



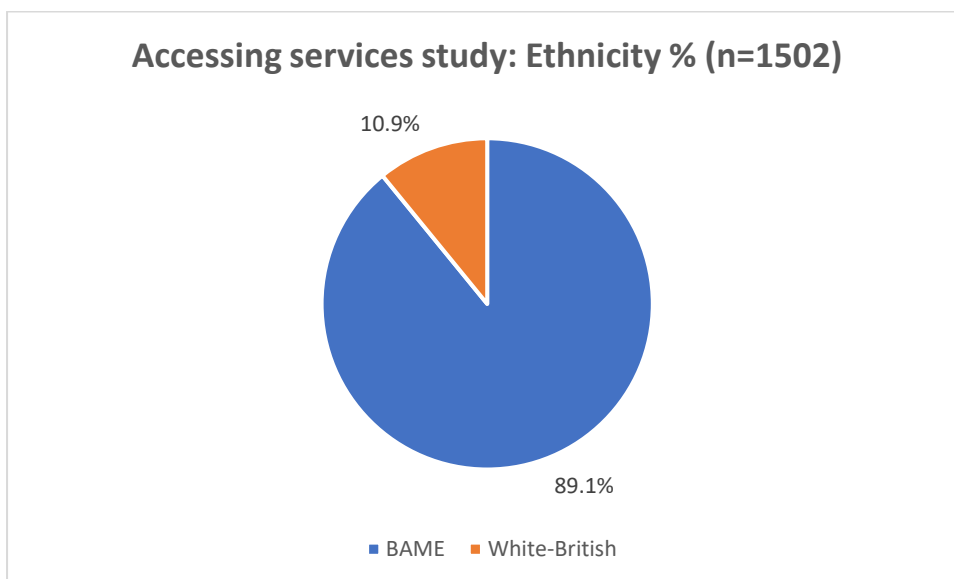
⁸ As for all studies in this report, the sample sizes may not equate to the entire sample due to non-response or removal of ‘prefer not to say’ or ‘other’ in some instances.

⁹ See: Healthwatch, National Voices and Traverse (2020). The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. Insight report, June – July 2020.

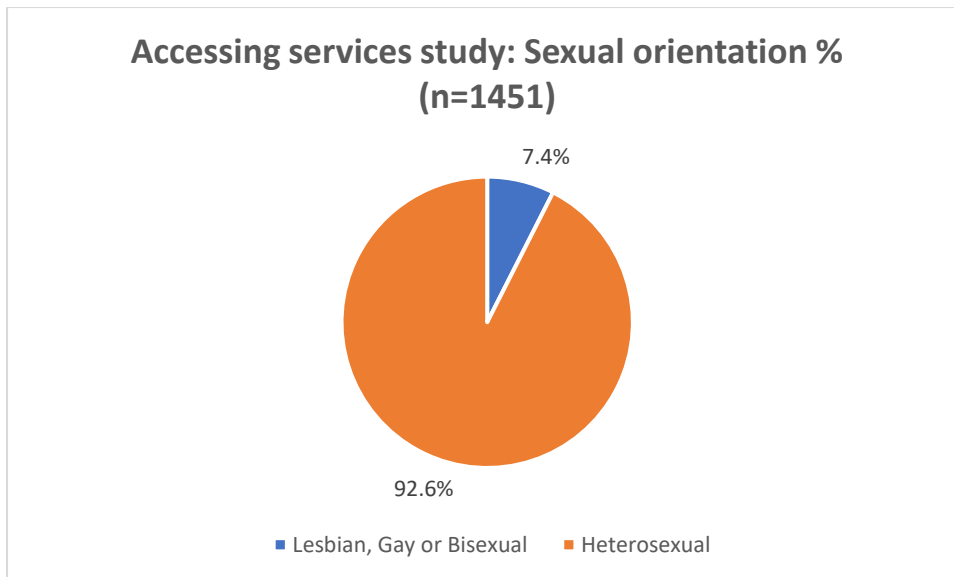
From all those with disabilities, the conditions were described as follows (multiple responses were allowed):

Physical impairment	62.4% [378]
Long standing illness	36.1% [227]
Mental health condition	17.9% [109]
Sensory impairment	12.2% [75]
Autistic spectrum	3.3% [20]
Learning disability/difficulty	1.8% [12]
Other developmental condition	1.5% [10]

Black and Asian Minority Ethnic groups comprised (10.9% [164]) of the, and the remaining (89.1% [1338]) were people who identified themselves as White: English/Welsh/Scottish/ Northern Irish/British. The most common additional ethnic groups were ‘any other White background’ at 6.1% of the total sample (i.e., not White British or White Irish), ‘White Irish’ at 1.7% and ‘all other groups’ less than 1%:



Those who identified themselves as Lesbian, Gay or Bisexual were 7.4% [107] compared to those who identified themselves as heterosexual. This breakdown excludes those described as ‘other’ or ‘prefer not to say’:



Finally, for religion, the most common responses were Christian (all denominations) (45.7% [455]) and no particular religion (33.6% [518]).

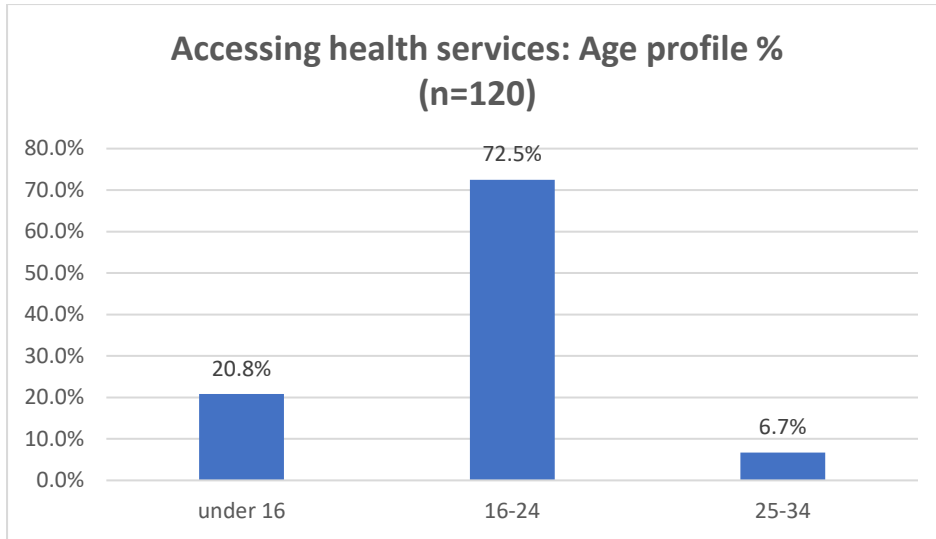
2. Accessing health and care services - findings during the Coronavirus pandemic - young people's survey (November 2020)

To complement the main survey reported above, Young Healthwatch¹⁰ conducted the identical survey but focussed exclusively on young people. This was particularly important given the middle to older age profile of the main survey (only 5% were aged 30 or under). The Young Healthwatch survey allowed extra insight into what would more conventionally be known as young people. In total, 146 (13-25-year-olds) responded.

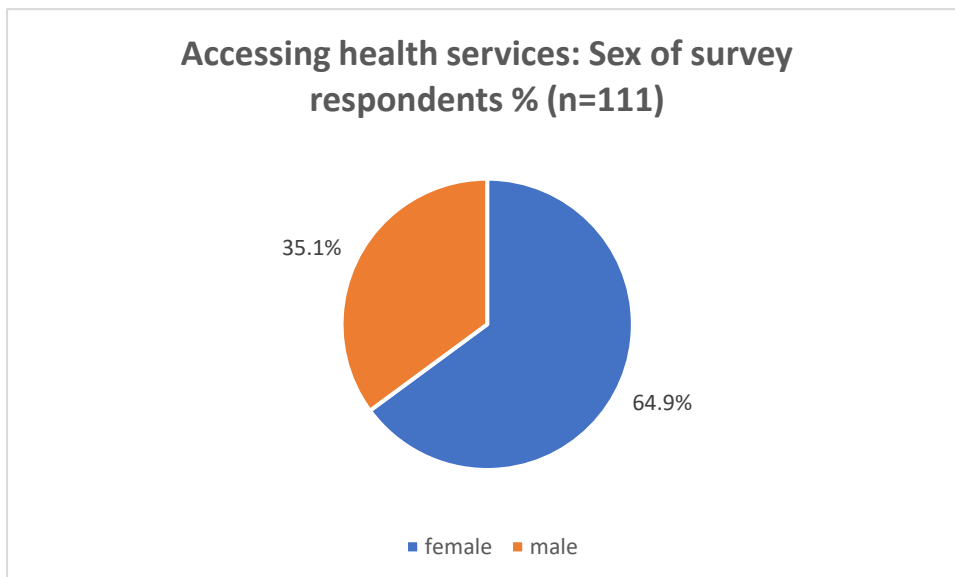
The survey found high satisfaction for remote appointments. The majority of young people were happy with future phone appointments for 'GP' and 'Outpatient' (64.5% and 53.8%, respectively). The main advantages were around saving time and money for travel and shorter waiting times. However, a number of young people raised some concerns including anxiety and difficulty to express oneself through phone or video appointments; issues with technology during video calls; and remote appointments not being appropriate when prescribing a new medication or treating specific conditions that require face-to-face assessment.

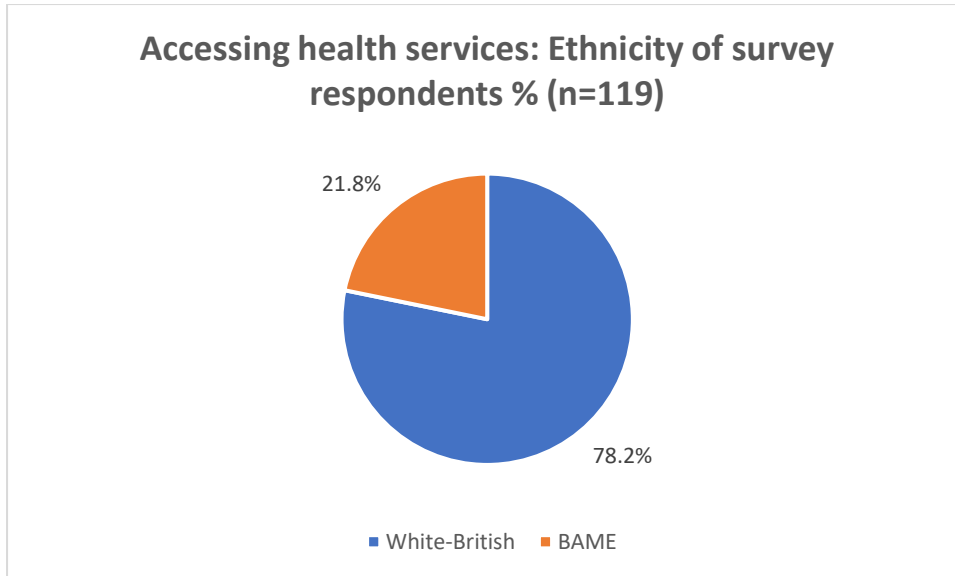
Six equalities data were recorded. As expected, the age profile was youthful with none of the respondents aged over the age of 25:

¹⁰ Young Healthwatch is a group of volunteers aged 16-25 that exists to listen to young people's views about health & social care in the city and share these views to influence how services are designed & delivered. Young Healthwatch is delivered by YMCA Right Here in partnership with Healthwatch Brighton & Hove.

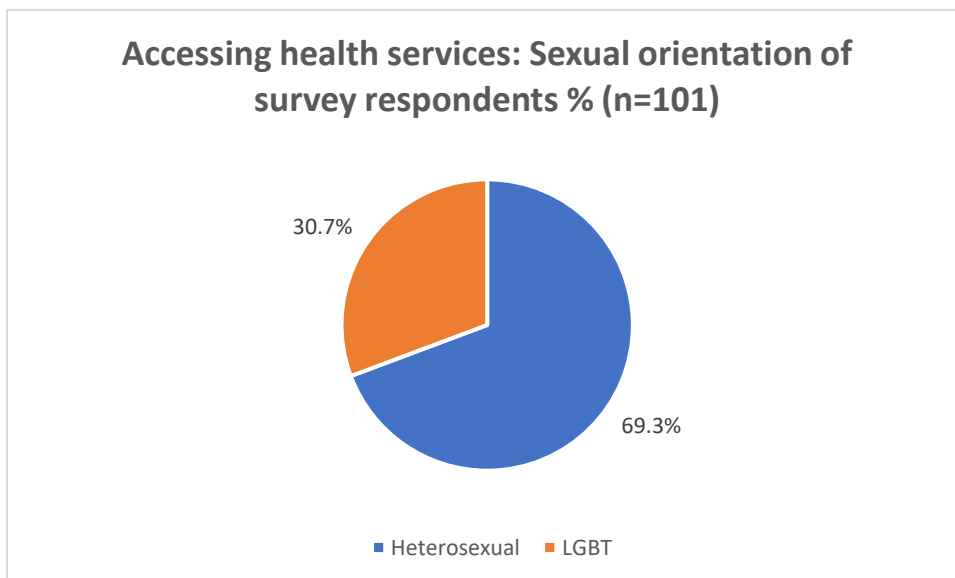


The majority of respondents were female (64.9% [72]) and from 'White-British backgrounds' (78.2% [93]) as shown below. Note that the 21.8% from 'non-White-British backgrounds' was the highest for all projects outlined in this review:

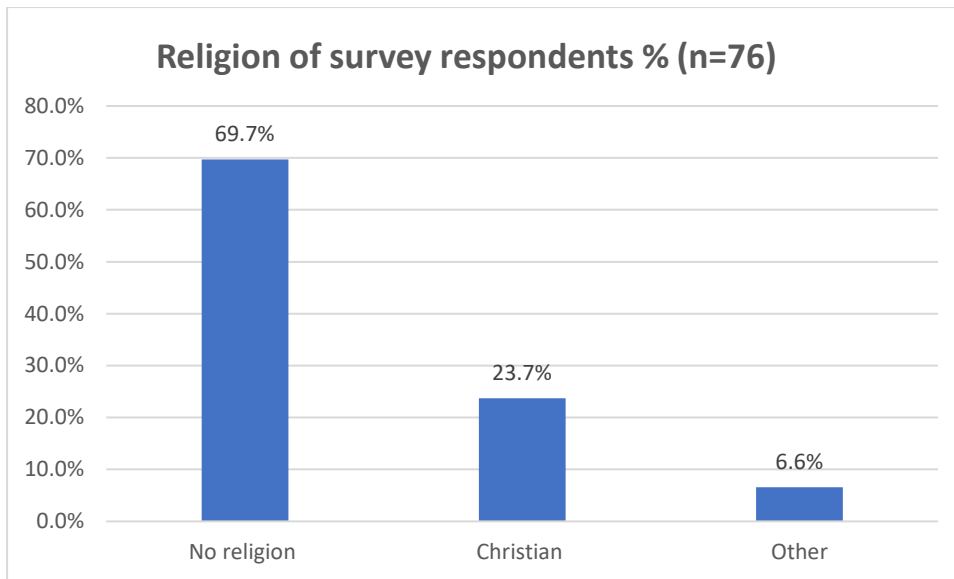




69.3% [70] defined themselves as heterosexual and 30.7% [32] as LGBT:



A total of 28% reported a disability [33] and this was comprised of 15.2% affected 'a little' [18] and 12.7% 'a lot' [15]. Most people did not have a religion (69.7% [53]), 23.7% were Christian [18] and 6.6% had an 'other' religion [5]:



In summary, the two studies examining people’s feelings about accessing services studies (i.e., the main study and the YHW one) were particularly effective in reaching individuals with disabilities, minority ethnic groups, those not defined as heterosexual, and both younger and older people.

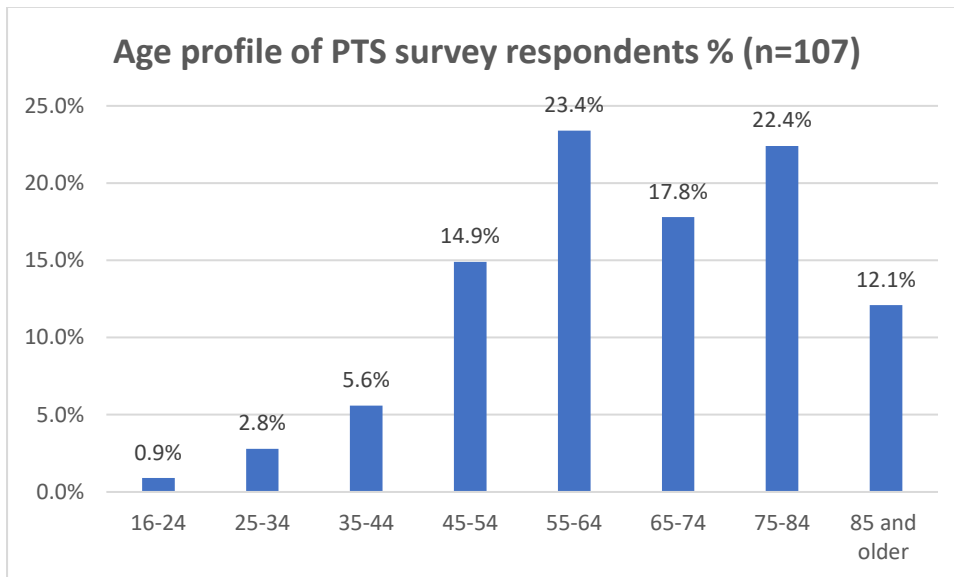
3. Patient Transport Services (PTS) in Sussex: What patients and passengers told us about the service in 2020 - Full report (November 2020)

Healthwatch Brighton and Hove led a pan-Sussex review of the Patient Transport Service (PTS) to inform the recommissioning of the service planned for April 2021 (now delayed). The review included a literature review and a survey conducted in Autumn 2020. Some key findings from the survey of 130 people were as follows:

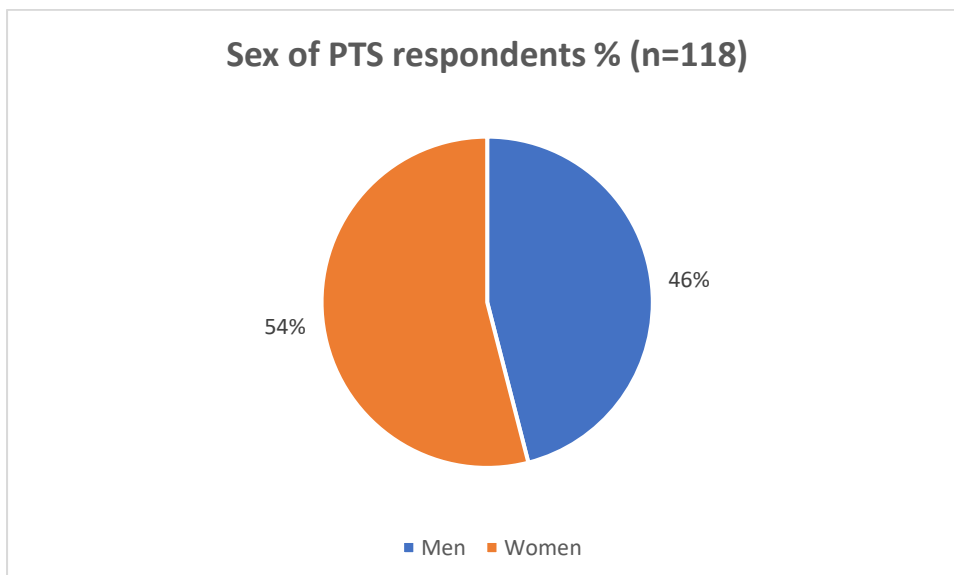
- In 2020, 78.5% of people said that they were ‘very satisfied’ or ‘satisfied’ with the service. This is lower than levels recorded by Healthwatch in 2017 when 85% were satisfied.
- 86% of people who had used the service in 2020 would recommend family and friends to apply for it. This is higher than levels in 2017 (80%).
- 59% said they had experienced delays, changes, or problems (‘issues’) with their transport and/or journeys made using the service.
- 68% of all passengers reported experiencing delays in being picked up from hospital.
- Over one third of all passengers experienced changes to their scheduled vehicle, delayed pick-ups from home, or longer journey times travelling home than expected.

Suggested improvements from the survey included better notification about any delays to journeys; having exact times of arrival; being able to speak to someone about location of vehicle; and having a dedicated service specifically for renal patients.

In terms of equalities, data was available for six areas. Please note that the data is pan-Sussex. The average age of survey respondents was 65.5 years, and the age profile is shown below:

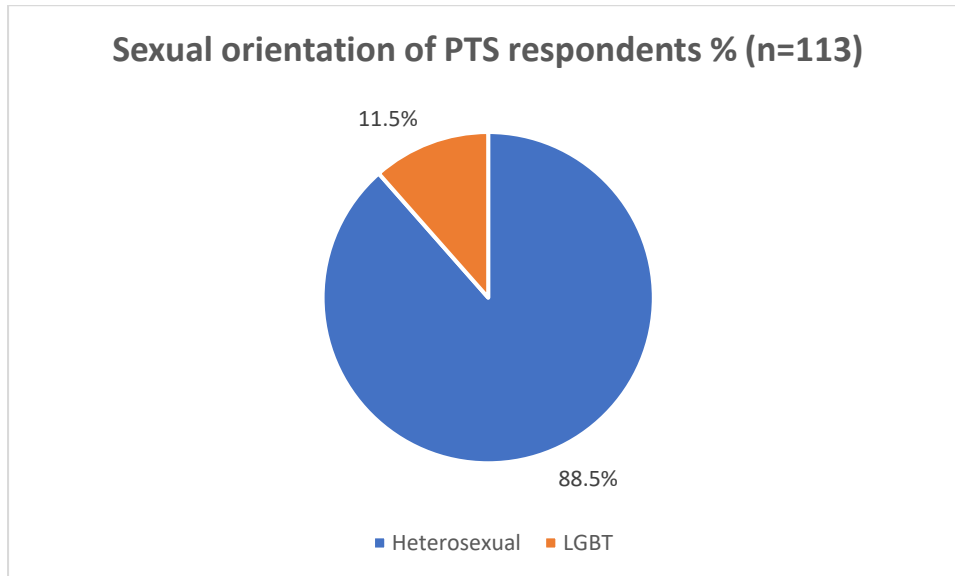


Slightly more women (54% [64]) than men (46% [54]) responded to the survey as shown below (this excludes 'prefer not to say'):

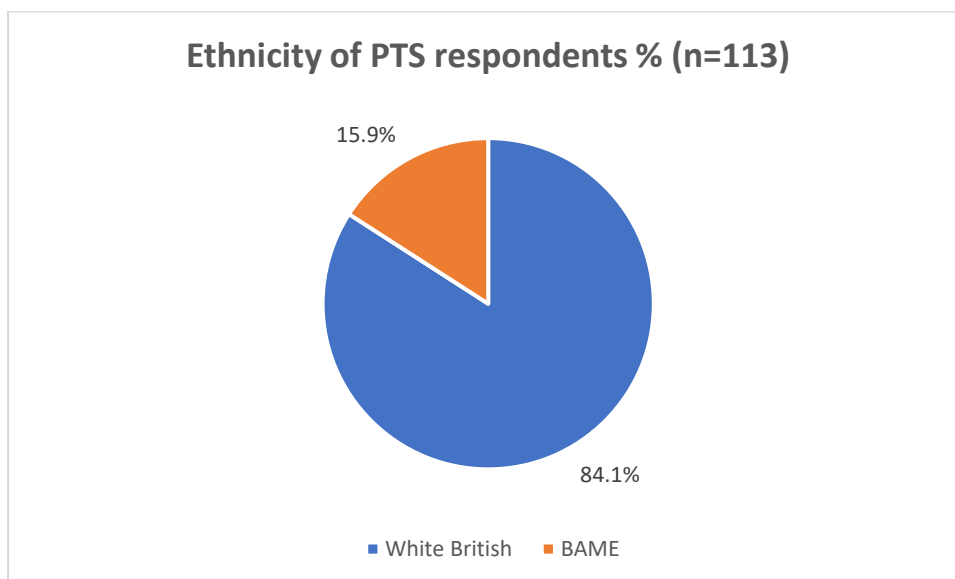


A total of 88.7% [113] of respondents indicated that they had a long-term condition. However this was not surprising given that Patient Transport Services are designed to transport those with certain disabilities, as well the predominance of renal patients who use the service to attend regular appointments.

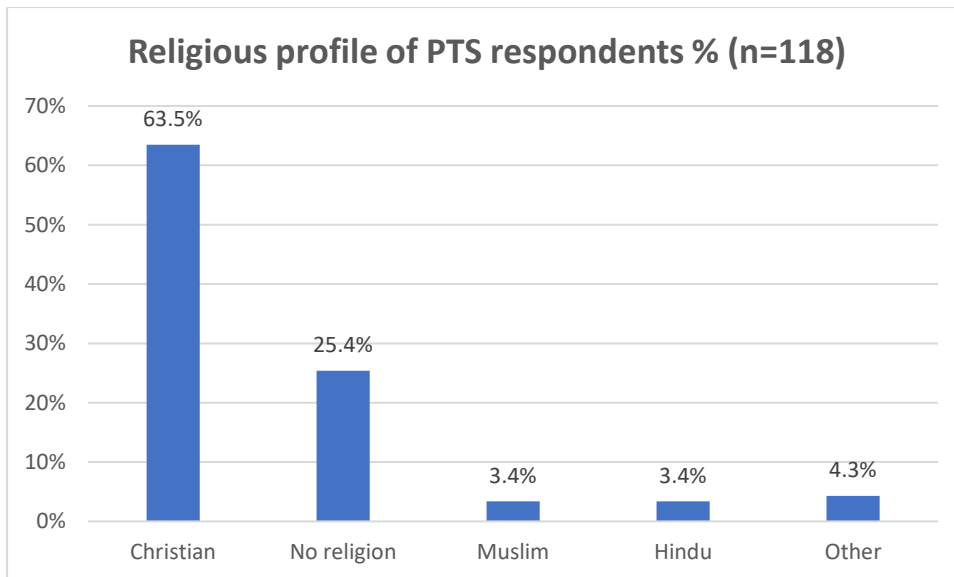
Of the 113 people who answered the question, 88.5% [100] indicated that they were heterosexual and 11.5% [13] described themselves as LGBT:



For the 113 people answering the question, 84.1% [95] described themselves as White-British, 15.9% indicated that they were from BAME groups [18], whilst just six people were 'Other White' (which was the largest other group?):



For the 118 people answering the question, most (63.5%) described themselves as 'Christian - all denominations' [75], followed by 25.3% saying 'no religion' [30], 'Muslim' [3.4%, 4], 'Hindu' [3.4%, 4], and Other [4.3%, 5]. The full religious profile is shown below:



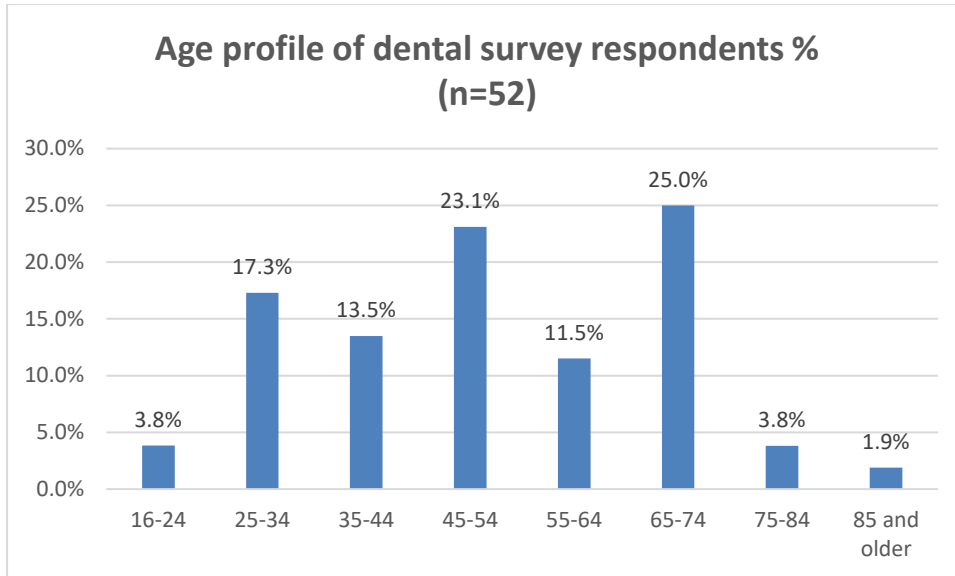
Although the high number of people with long-term conditions is to be expected given the nature of the survey, this PTS study included a high proportion of men and minority ethnic groups compared to other studies in this report.

4. Dental Services during COVID-19 (February 2021)

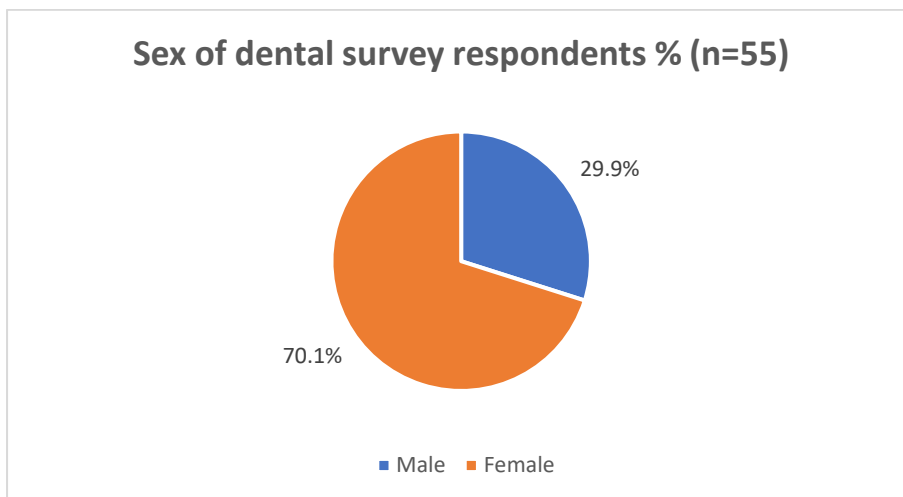
In late March 2020, non-urgent dental activity stopped due to COVID-19. Urgent Dental Centres were then established in April 2020 and dental practices started to reopen from 8th June 2020. This project asked people if they had used or tried to use a dental service after 25th March 2020 (i.e., after the first lockdown) and what their experience had been like. Also, what suggestions they had for how dental practices could operate in the future. 56 people returned survey responses and the main headlines were as follows:

- 52% found it easy or very easy to find out information about how COVID-19 affected dental services.
- 60% found it difficult or very difficult to find an NHS dental service to help them.
- 25% never heard back from the dental service they contacted.
- 81% understood mostly or in full, the advice they received or explanation of the treatment they needed from the dentist they contacted.
- 57% understood how much they would be charged before they received any advice and/or treatment; 17% did not.

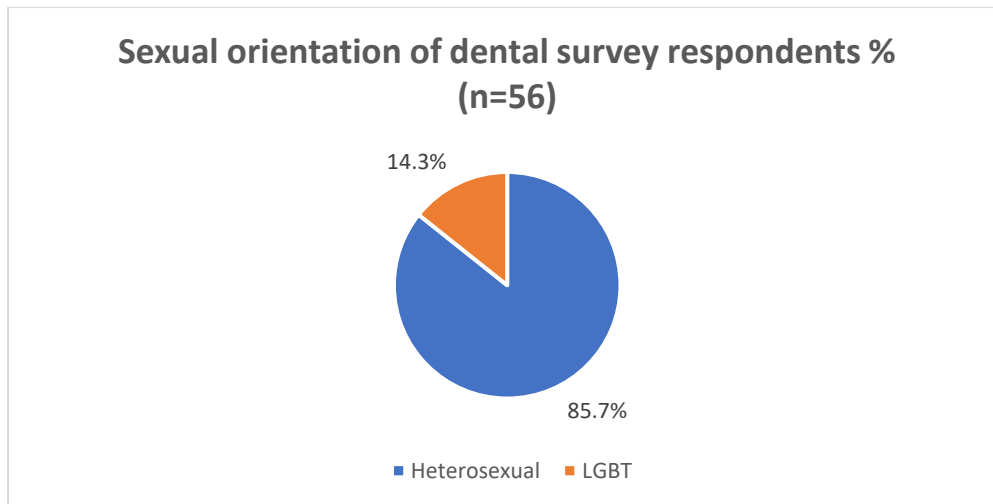
Equalities data was available in six areas. The age profile was notably mixed as shown below:



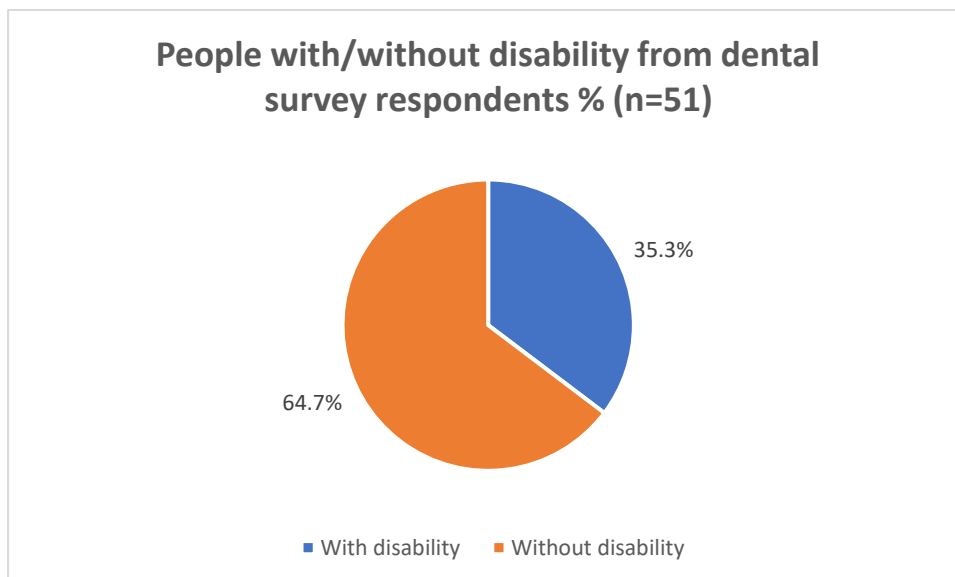
A significant majority or 70.1% [39] were female, whilst only 29.9% were male [16]:



56 people answered the question about sexual orientation and 85.7% defined themselves as heterosexual or straight [48], 3.5% [2] as a gay man, 5.3% [3] as a gay woman/lesbian, and 5.3% [3] as bisexual:

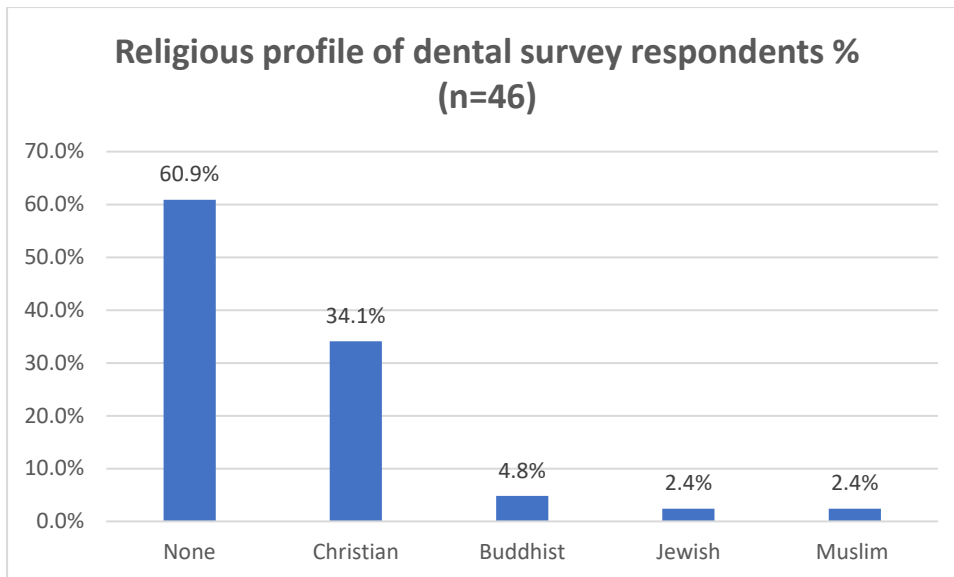


35.3% [18] of people reported having a disability, with 15.7% [8] 'a lot' and 21.6% [11] 'a little'. 64.7% [33] did not have a disability:



53 people answered the question about ethnicity and 75.5% [40] indicated they were 'White British and 24.6% [13] were from BAME groups.

46 people answered the question about religion. The most reported religious response was 'none' at 60.9% [28], followed by 'Christian (all denominations)' 34.1% [14], 'Buddhist' 4.8% [2], 'Jewish' 2.4% [1], and Muslim 2.4% [1]:



5. COVID-19 Vaccinations: What are your views and experiences? (May 2021).

This survey was launched on February 16th 2021 and ran until March 31st. The purpose was to explore people’s experiences and views towards the vaccine for COVID-19. Three-quarters or 75.5% [1,587] of respondents had had at least once dose of the vaccine and provided their experiences. People’s views about the vaccine were applicable to those who had received the vaccine and the remaining 24.5% [515] who were yet to be vaccinated. Key findings from the Brighton and Hove survey were as follows:

- 76.3% of people who indicated that they were ‘White-British’ had had the vaccine compared to 66% of all other ethnic groups. This was a statistically significant difference ($p < 0.001$)¹¹.
- People were generally satisfied with their vaccination experience, with 92.4% saying they would encourage family and friends to accept the vaccination, and only 10.9% reporting any concerns after they had received it.
- 92.8% of people (who had received at least one dose) found the information about where and when to receive the vaccination as ‘excellent’, as did 84.9% of those reflecting on how to confirm their attendance.
- For the first vaccination, 33.5% said that it was ‘about the right length of time’ between the initial invitation and vaccine appointment and 50.5% were able to book an appointment that suited them.
- 80.7% felt ‘very safe’ when receiving their first vaccination.
- When asked about the different types of information they had been given immediately after having had their vaccination, only 38.6% of people had received information on the time, date and location of when they would receive the second vaccination (38.6%).
- For those receiving the vaccination, the main reasons for choosing to have it were a combination of personal benefits (e.g., ‘Protecting myself’ at 89.9% and

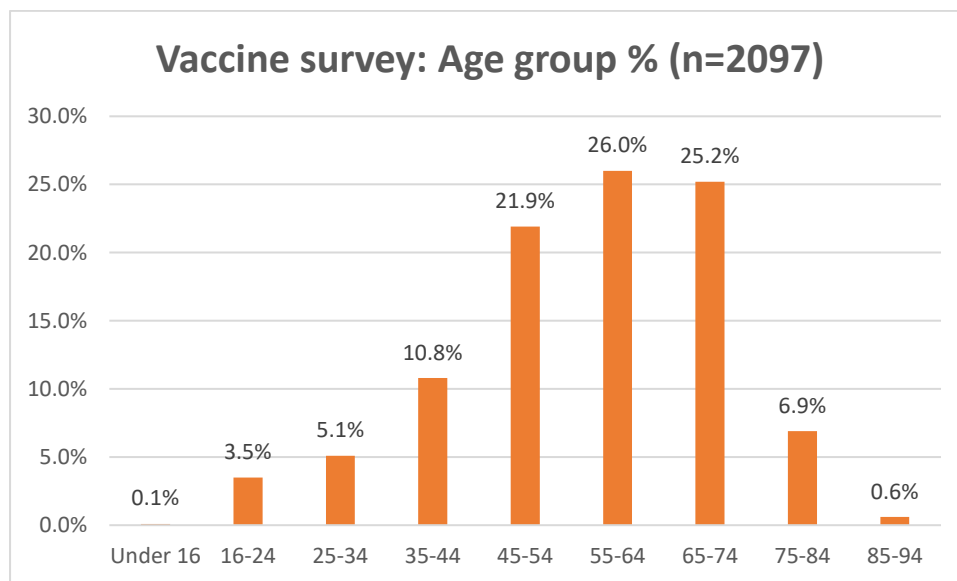
¹¹ Or a less than a thousand likelihood that this difference was not due to chance.

‘getting back to normal’ at 78.9%) and altruistic reasons such as ‘playing their part’ at 86.6% and it being the ‘responsible thing to do’ at 84.3%).

- 70.8% of those who were yet to have the vaccine said they would ‘definitely accept’ the vaccine when offered it, and a further 9.0% said they were ‘undecided but would be likely to accept’. 20.2% or 103 people who were yet to have the vaccine were either ‘undecided but unlikely’, ‘definitely will not accept’ or ‘have been offered and declined’ to have the vaccine.
- For those not wanting to take up the vaccine, the main reasons given were a combination of safety concerns, possible side-effects, the strength of the evidence, and maintaining the right to choose whether to receive it.
- People from ethnic minority groups and people with disabilities were less likely to take up the offer of a vaccine compared to people who identified as ‘White-British’ ($p < 0.01$) and people without disabilities ($p < 0.05$) respectively.

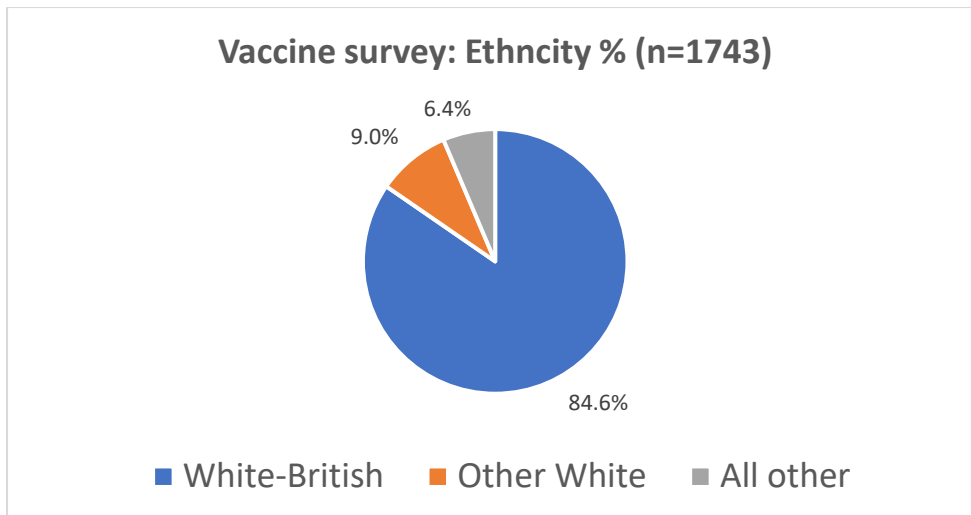
Equalities data from this study included: age, sex, ethnicity, sexual orientation, disability, and religion or beliefs.

The mean age of the survey respondents was 56.3 years and the age bands below show that the largest age group was for those aged 55-64 years:

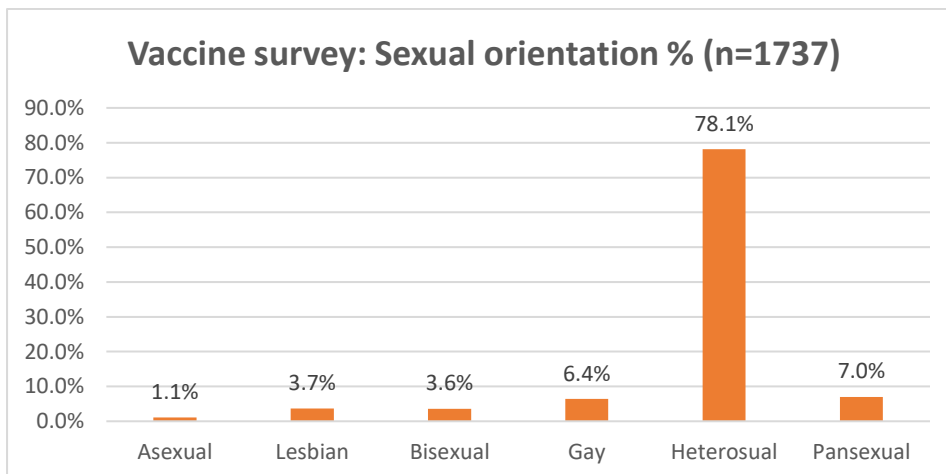


78.8% of respondents were women [1395] with 21.2% of the sample being men [356].

The majority of people were of White-British background (84.6% [1475]) with the largest minority ethnic group being ‘White Other’ at 9.0% [157] of the total sample:



78.1% [1357] described themselves as heterosexual and 13.6% [239] as Lesbian, Gay or Bisexual:



13.3% [227] of respondents indicated that they had some form of disability, defined as ‘Do you consider yourself disabled, as set out in the Equality Act 2010?’. A total of 26.2% [448] said that they had a long-term condition.

For religion, the most common responses were ‘Christian (all denominations)’ (40.0% [635]) and ‘no particular religion’ (55.6% [883]). The largest other individual faith group was ‘Jewish’ at 1.9% [30].

6. Hospital discharge well-being project (from April 2020 and ongoing).

Relative to the previous studies there were less equalities data recorded in the final two projects. This is because these final two studies were speaking to people over the phone (rather than an online survey) where there was less time to record extensive equalities data. This is particularly the case for this first example where a proportion of people were vulnerable and in need of support.

The Hospital Discharge Wellbeing Project (HOPS) project started early in April 2020 as part of the response to COVID-19. This new service has been offered to anyone discharged from hospital - not just those with the coronavirus or virus-related conditions.

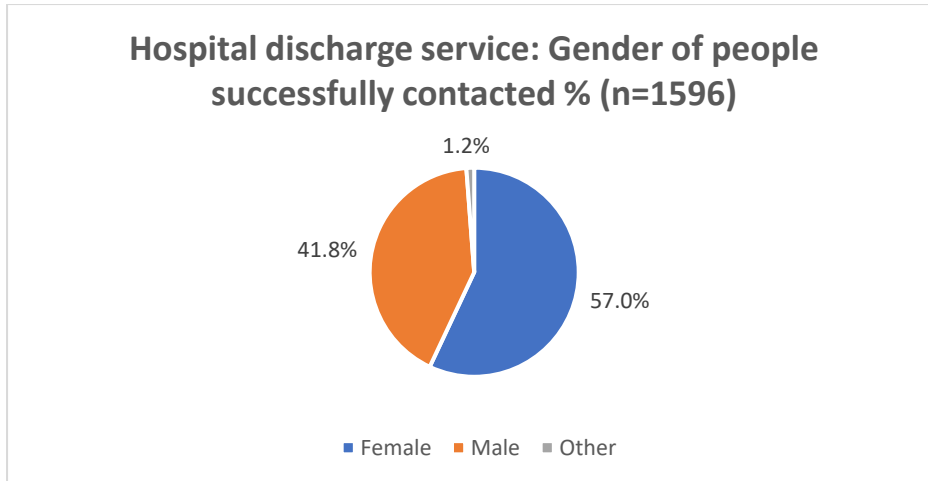
People referred to HOPs have been discharged from hospital on Care Pathways 0 and 1 = Needing no further assistance or needing some assistance which can be provided at home or in their normal place of residence. People are phoned by Healthwatch trained volunteers within a few days of discharge from hospital, usually in the first week, to provide support and signposting.

Key findings from the Brighton and Hove survey were as follows:

- Between April 2020 and [date] a total of 1,731 people had been successfully contacted by a Healthwatch volunteer (as indicated by a positive response to the survey question 'Were you able to support the patient?').
- 24% [408] people were referred or signposted by a Healthwatch volunteer for additional community support. Services referred to were: Brighton and Hove City Council Community Hub online, Possibility People, the Link Back scheme for over 55yrs, Ageing Well service, Together Co (befriending service), the Carers Hub, GP Surgeries, the NHS/Brighton and Hove City Council Community Assessment Scheme, and Mental health support. A total of 124 people were signposted or referred for other, unspecified, community support.
- People welcomed the HOPS calls - 92% considered the calls to be 'helpful' (65% 'extremely' or 'very helpful' and a further 27% 'somewhat helpful'); and 76% gave permission to be called back in a few months. This project is ongoing, and the data presented here are from April 1st 2020 to the end of March 2021.

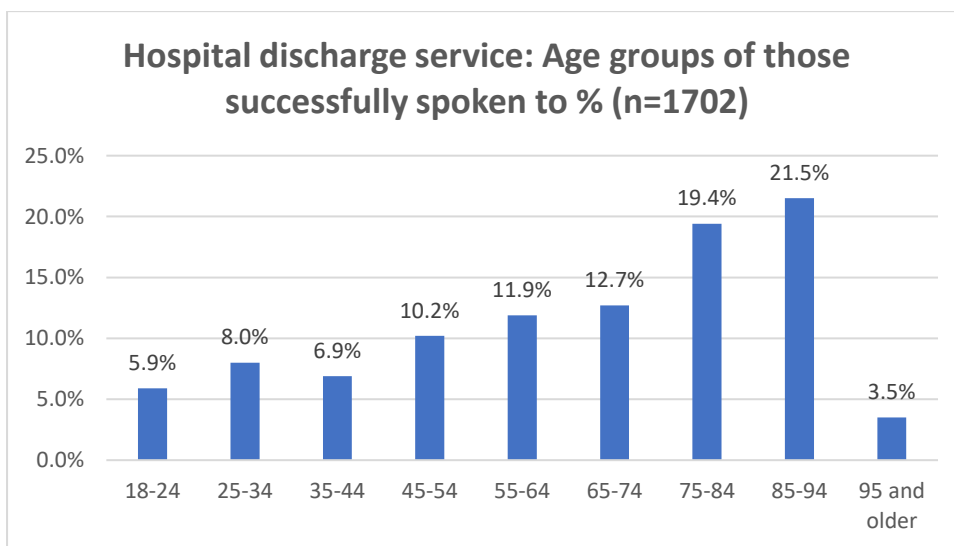
Equalities data is provided in three areas - sex, age, and disability.

1,596 people answered the question about sex and a total of 55% [909] people were female, 42% male [667] and the remainder described as 'Other', non-binary, Cisgender or 'prefer not to say':



Given the nature of the project, it was not surprising that people with disabilities comprised 43% [685] of the sample. The precise question was: ‘Do you feel that your day-to-day activities are limited because of a health problem or disability which has lasted for, or is expected to last, at least 12 months? (Long-standing illness, disability or infirmity)’.

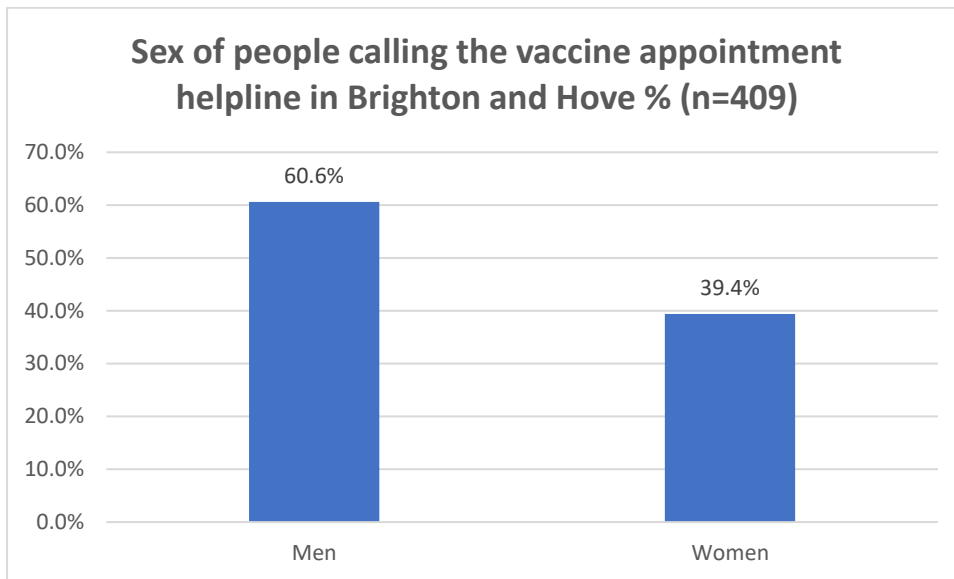
Each person’s age was deduced from their birth year, based on the time of writing this report. The average age was 65.4 years with a range from 18 to 104. The age bands are shown below and are likely to correlate with the expected age of people discharged from hospital:



7. COVID-19 Vaccination helpline (from February 2021 and ongoing).

As the COVID-19 vaccination was rolled-out across the city, Healthwatch volunteers helped the response by answering calls received to the NHS COVID vaccination helpline. As this project is ongoing, the data range is from January to March 2021 inclusive.

The only equalities data recorded through these brief phone calls was sex, showing a predominance of men contacting the helpline (this was one of the few cases of where men’s engagement with one of our service studies was higher than women):



Overall combined equalities data from all reports

To present the overall extent to which the equalities data are captured by Healthwatch, this final section combines all the data from the preceding reports, where the same data is captured by at least two or more studies. The combined data shows the extent to which the diversity of the city’s population is captured in our reviews, and areas where diversity needs to be increased.

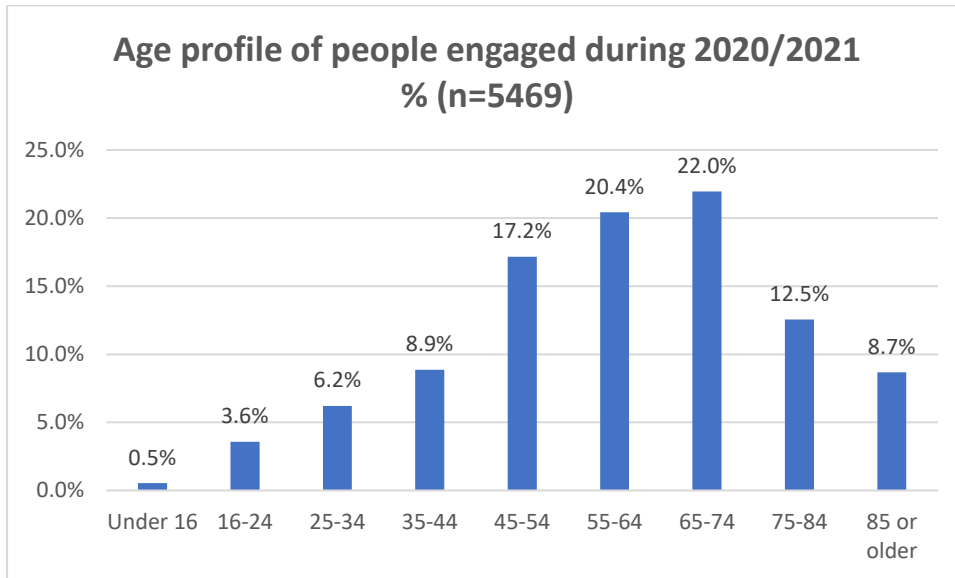
The number of people engaged over the last year was 7,224. Whilst the charts present percentages, the numbers engaged are also provided. This is important since even when a proportion is seemingly underrepresented, the numbers provide evidence that engagement with the protected characteristic groups has increased compared to last year’s report¹².

The overall charts for age (from six studies) and sex (from seven studies) show areas where diversity could be increased. Increased inclusion of young people and engaging more men in the reviews are clear priorities for Healthwatch Brighton and Hove - and indeed for all services in the city as men are statistically less likely to engage with health services. Brighton has a particularly youthful population relative to England as a whole yet in our reviews, only 18.7% of respondents were aged between 16 and 34 inclusive, compared to city-wide data which shows that 34.4% of Brighton and Hove’s population fall into this age category¹³.

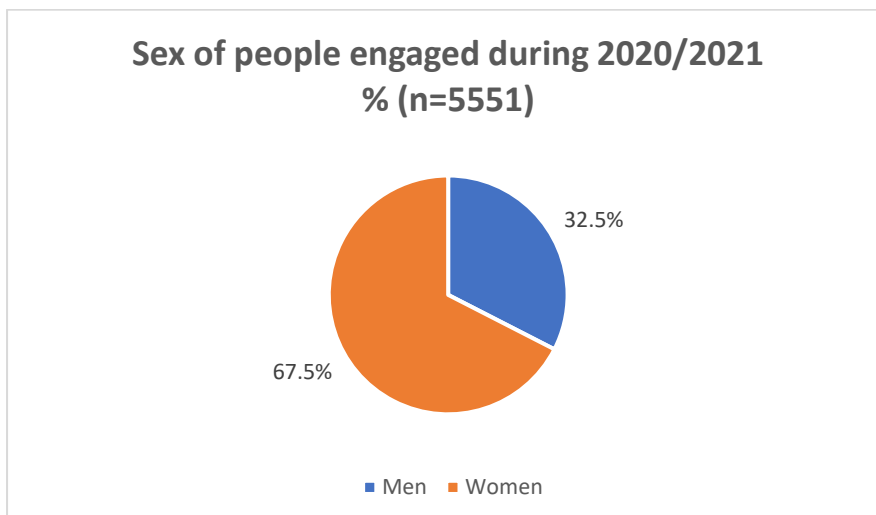
¹² <https://www.healthwatchbrightonandhove.co.uk/report/2020-05-01/equality-impact-assessment-2020>

¹³ [Population projections – local authorities: SNPP Z1 - Office for National Statistics](#) (projected for 2021)

It may be expected that we would engage with a slightly older population, given that Healthwatch’s core role is to gather patient opinion on health and social care services (which are generally used more by older people). Also, with studies exploring people’s experiences of receiving the COVID-19 vaccine (partially age-related), and supporting well-being among those recently discharged from hospital, the reviewed studies are expected to include a greater representation from older populations:

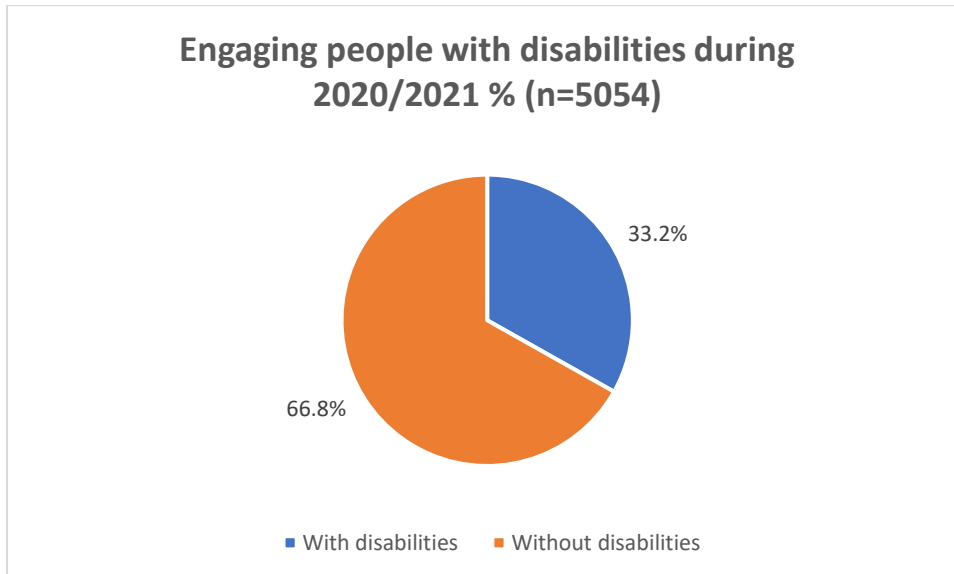


Also, nearly two-thirds of our findings come from women. Women are represented more than men in all the reports published this year (apart from the vaccine helpline) and this is matched by national data for those completing online surveys¹⁴:



¹⁴ See Healthwatch, National Voices and Traverse (2020). The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. Insight report, June – July 2020.

Healthwatch Brighton and Hove has been particularly effective in engaging the views of people with disabilities (from six studies). Those with disabilities comprise around one-third of the people engaged, well above the 16% for the city (JSNA, 2019¹⁵). In relation to the aging population of those we engaged, the number of people with disabilities would be expected to be larger than the local figure:



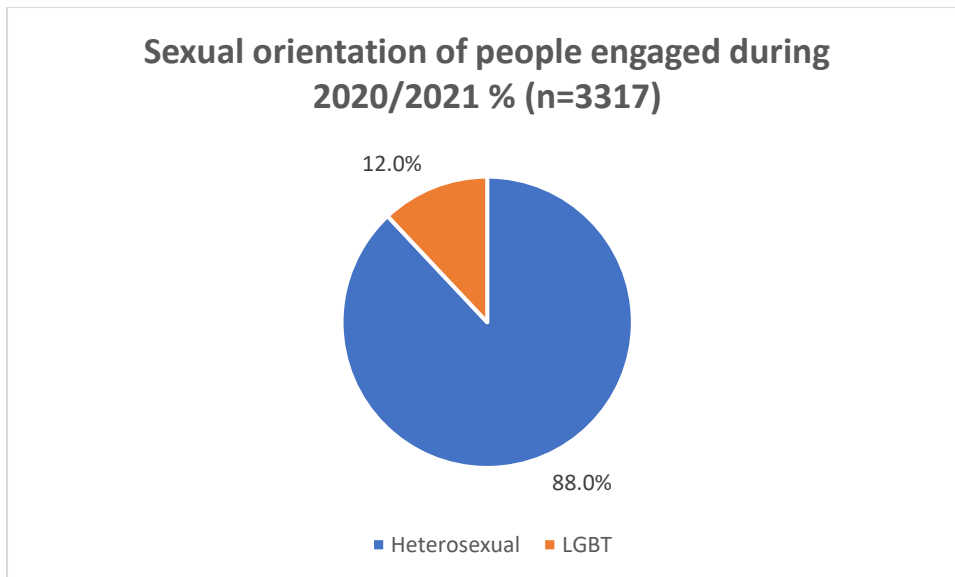
The findings on sexual orientation (from five studies) matches the overall city average. Our reports show that 12% of those we engaged were either a Lesbian, Gay man, Bisexual or Other compared to the JSNA's 'best estimate' of between 11% and 15% being Lesbian, Gay or Bisexual across the city¹⁶:

15

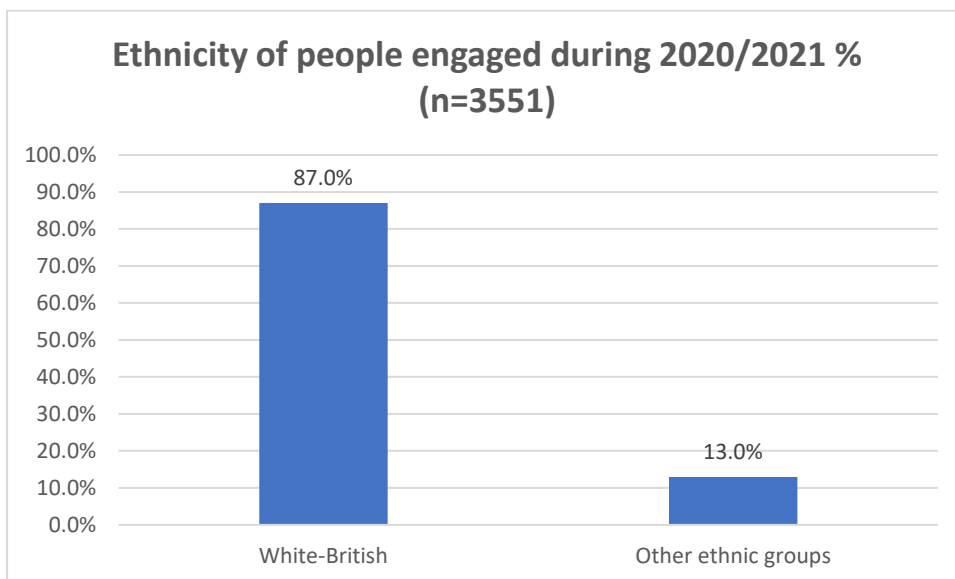
<http://www.bhconnected.org.uk/sites/bhconnected/files/7.5.2%20Adults%20with%20physical%20disabilities%20JSNA%202016.pdf>

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<http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.3%20Sexual%20orientation%20JSNA%202016.pdf>



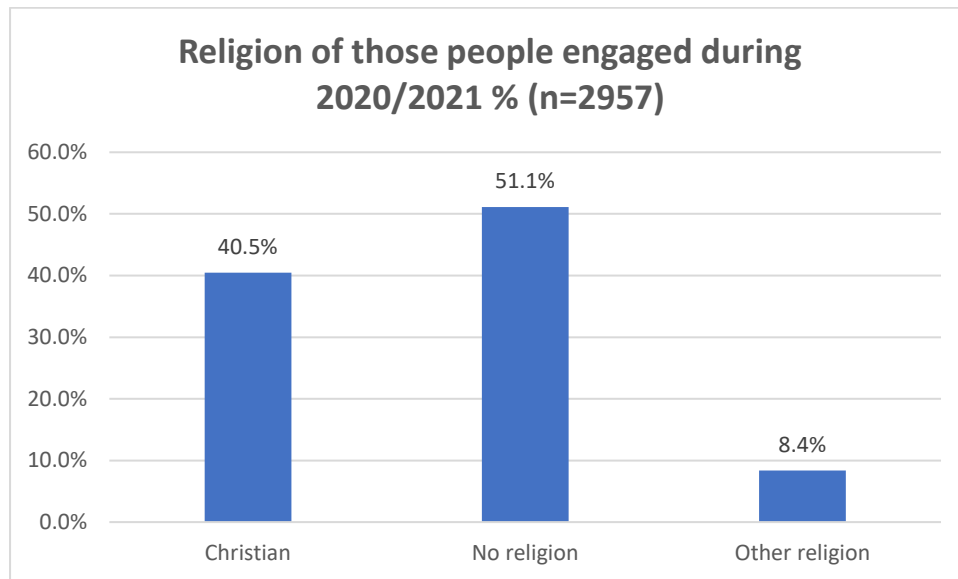
The overall data show that 13.0% of the people we engaged were not from a ‘White-British’ background (from five studies). This compares to the JSNA¹⁷ figure of ‘non-White-British’ people comprising 19.5% of the city’s population, showing that we are currently underrepresenting the views of people from other ethnic backgrounds:



The final illustration is for religion, provided by five studies. It is notable that most people we engaged reported having ‘no religion’ (51.1%), with ‘Christian (all denominations)’ comprising 40.5%. Those reporting other religions comprised 8.4%

¹⁷ <http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.2%20Ethnicity%20JSNA%202016.pdf>. Most recent data from the 2011 census.

These data show that Healthwatch Brighton and Hove was effective in engaging a diverse range of religious groups. The proportion of those with a religion was almost identical to the city figure of 49%¹⁸:



Conclusion

This final section will outline the extent to which Healthwatch Brighton and Hove has effectively engaged with the population of the city and its diverse communities. This Equality Impact Assessment presents the degree to which the reports published by Healthwatch Brighton and Hove reached out to the ‘protected characteristics groups’ specified in the Equality Act 2010. This section outlines where Healthwatch is excelling in reaching out to diverse communities and where engagement could be improved.

As an important context, given that the role of Healthwatch is to gather patient opinion on health and social care services, it is expected that this will affect the types of communities we engage. Projects, for example in supporting those recently discharged from hospital are expected to engage with a greater proportion of older people and those with disabilities compared to that of the city-wide population. The onset of the COVID-19 pandemic is also important context and has resulted in more online forms of engagement which are known to be more responded to by women relative to men (within a health and social care context).

Further context includes understanding that the protected characteristics data have been derived from more studies, and from a greater number of people engaged than last year. For example, people’s religion was sourced from five studies this year, compared to two from last year. The numbers of people engaged this year was 7,224, compared to 1,598 last year. The tables below show the

¹⁸ 49% of the Brighton and Hove population have a religion: <https://phantom.brighton-hove.gov.uk/mgConvert2PDF.aspx?ID=136612>

quantity of equalities data generated by Healthwatch Brighton and Hove during 2020/2021:

Age group	Number of people responding
Under 16	29
16-24	196
25-34	340
35-44	485
45-54	939
55-64	1117
65-74	1202
75-84	686
85 or older	475

Equalities characteristic	Number of people responding
Men	1806
Women	3745
With disabilities	1676
Without disabilities	3378
Heterosexual	2919
LGBT	398
White-British	3091
Not White-British	460
Christian (all denominations)	1197
Other religion	248
No religion	1512

Effective engagement

In proportionate (or %) terms, the individual reports and overall findings show that Healthwatch Brighton and Hove (2020/21) has been effective in hearing the views from:

- People with disabilities - 33% of people we engaged with were those with disabilities compared to 16% across the city.
- People who are LGBTQ+ - 12% of people we engaged with identified as either a Lesbian, Gay man, Bisexual or Other. This is comparable to the city's Joint Strategy Needs Assessment's 'best estimate' of between 11% and 15% across the city.
- People with or without a religion - from the reports that recorded people's religious status, Healthwatch was effective in hearing the views of those with

and without a religion (49% and 51% respectively). These figures are almost identical to the city-wide figures.

Engagement areas for improvement

Although Healthwatch heard the views of a diverse range of people, there are areas that require more engagement. These are the following:

- Ethnic diversity - our reports achieved good representation from those who were not White-British (13%), however this is less than the city-wide figure of 19.5%.
- Sex - As for many online surveys nationally, our surveys included higher proportions of responses from women (68.8%).
- Age - 60% of those responding to our engagement activities were aged 40-74 years, with 10% aged under 34 years.

The above age, sex and ethnic disparities were present in most of our reports. Notable exceptions were that more men than women have contacted the COVID-19 vaccine helpline. Also, the Young Healthwatch study on 'Accessing health and care services - findings during the Coronavirus pandemic' engaged a higher proportion of non-White-British (21.8%) people and an exclusively aged sample of 13-25 years

In addition, of the nine 'protected characteristics' from the Equality Act 2010, Healthwatch Brighton and Hove does not collect data on the following which are arguable less relevant when exploring aspects of health and social care services:

- Marriage and civil partnership
- Pregnancy and maternity.

In terms of addressing some of the disparities above, Healthwatch Brighton and Hove will continue to foster relationships with other community organisations to engage 'less-heard' groups. For example, services working specifically with men or those supporting young people (Young Healthwatch). Although COVID-19 has meant less face-to-face work, there is a need to consider alternative methods to hear from those people less likely to respond to social media or online engagement, such as more telephone or postal contact. Indeed, Healthwatch Brighton and Hove advised Healthwatch England's new (2021) e-learning course on how to engage people who are not online¹⁹.

Finally, many of the recommendations from last year's EIA report have led to improvement in the ways in which data is now being collected and generally more attention is being paid towards equalities data. Although in some areas our results are not comparable to the city figures, the sheer number of people engaged means

¹⁹ <https://network.healthwatch.co.uk/e-learning/2021-04-20/how-to-engage-people-who-are-not-online>

that Healthwatch Brighton and Hove has heard from more people from a range of backgrounds than ever before.