healthwatch
Brighton and Hove

# Equality Impact Assessment 2020

May 2020

healthwatch Brighton and Hove

## Contents

# Equality Impact Assessment 2020 – Executive summary

## 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. The Equality Impact Assessment (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. This EIA uses data from all project reviews published by Healthwatch Brighton and Hove between April 1st 2019 and March 31st 2020. The report includes equalities data on each individual project plus equalities data for all projects combined as a final section. The individual projects under review, in chronological order, are:

- Oral care in care homes – A review of oral health in residents of care homes in Brighton and Hove.
- GP review: Patients' experiences of primary care in Brighton and Hove during 2019.
- Exploring the views and experiences of young people from BAME (Black, Asian, and Minority Ethnic groups) backgrounds around local sexual health services.
- A review of Patients' experiences of outpatients' booking services: A local Healthwatch report (not published although equalities data is available at time of the EIA publication).

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 with. Projects, for example in care homes and GP surgeries will be likely to engage more people with disabilities compared to that of the city-wide population.

## Findings

Findings are organised into evidence supporting effective engagement with diverse communities and strategies that can be undertaken to enhance this.

### Effectiveness

The individual reports and overall findings show Healthwatch Brighton and Hove is effective in hearing the views from a wide range of people and patients. Headline findings are representing views from:

- People with disabilities – 54% of people engaged are those with disabilities compared to 16% across the city.

- People from varying sexual orientation and trans are comparable to the diversity in the city. For example, our reports show 13% as either a Lesbian, Gay man, Bisexual or Other compared to Joint Strategic Needs Assessment 'best estimate' of between 11% and 15% being Lesbian, Gay or Bisexual across the city. Also, the survey of GP patients achieved a representative sample of the trans population with a reach of 1.6% compared to the estimated city population of 0.9 to 1.6%.
- Religion – from the two reports that recorded people's religious status (views of BAME young people around local sexual health services; outpatients' booking service), Healthwatch Brighton and Hove has been effective in hearing the views from people who were Muslim, Buddhist, Hindu and Jewish. For example, 11% of these two reports combined engaged Muslims which is nine percentage points greater than the city composition (2%).
- Ethnic diversity – Healthwatch reports are able to achieve representation from a proportion of Black, Asian and Minority Ethnic (BAME) groups comparable to the city as a whole (19% of the people engaged are not from a White British background). From the BAME sexual health study, 17 different ethnic minorities participated.
- Young people – in the BAME sexual health study, all 71 participants were aged 24 or younger.

The latter two examples have been the product of working collaboratively with Young Healthwatch who have vast experience in using innovative and highly effective ways of engaging young people, using social media and Listening Labs as examples.

## Improving engagement

Although views from a diverse range of patients have been heard, areas that require more engagement are the following:

- Men – all projects show more women being engaged than men (up to two-thirds women to men in one study).
- Younger age groups (majority of the projects) - 22% of people in our projects are aged between 16 and 34 inclusive, compared to 34% for Brighton and Hove.
- More detailed recording of disability, to include data on physical impairment, learning disability, dementia, mental health condition (not dementia) and long-standing illness.

To increase engagement from diverse communities, Healthwatch should continue to foster relationships with other community organisations to engage the 'less-heard' groups. For example, continue to connect with LGBTQ organisations working in the health sector (effective in reaching Lesbian/Gay women, Gay men, and Bisexual and trans populations). Also, continue to work with Young Healthwatch to encourage the inclusion of young people. Seeking out community organisations who work with men and people from BAME backgrounds can bolster their representation in the projects. Additional strategies to engage the 'less heard' groups can be by offering surveys both online, face-to-face and telephone, in large print and in translation.

## Recommendations

It is recommended that future project activity understands more about the diversity of people engaged. This can be achieved by:

- Recording data on all the nine 'protected characteristics' from the Equality Act (2010). Or, having a clear rationale for why some characteristics are not recorded.
- Recording precise age rather than age group. This would enable more data analysis in terms of mean, mode and median age, as well as age range.
- Using the exact same wording for recording the equalities data in all surveys/face-to-face engagement.
- To support the above, creating a standardised equalities sheet than can be used in all engagement activity.
- Monitor the equalities' data in projects throughout data collection. For example, if the number of young people participating is low, look at ways to enhance their inclusion prior to completing the data collection.
- Work collaboratively with other organisations who are supporting specific communities to increase their representation in reviews.

# Equality Impact Assessment 2020 – 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 they 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 all nine characteristics have not been assessed, this EIA report includes data on: Age, sex, gender reassignment, race, disability, religion and belief, and sexual orientation. Data were not gathered on pregnancy and maternity or marriage or civil partnership.

This EIA used data from all project reviews published by Healthwatch Brighton and Hove between April 1st 2019 and March 31st 2020. The report includes equalities data on each individual project plus equalities data for all projects combined as a final section. Throughout, equalities data is compared to that of Brighton and Hove to assess whether it represents the diversity in the city (mainly from the Joint Strategic Needs Assessment/JSNA[1]. The individual projects under review, in chronological order, are:

- Oral care in care homes – A review of oral health in residents of care homes in Brighton and Hove
- GP review: Patients' experiences of primary care in Brighton and Hove during 2019.
- Exploring the views and experiences of young people from BAME (Black, Asian, and Minority Ethnic groups) backgrounds around local sexual health services.

[1] http://www.bhconnected.org.uk/content/needs-assessments

- A review of Patients' experiences of outpatients' booking services: A local Healthwatch report (not published although equalities data is available at time of the EIA publication).

Of these projects, the extent of the data varies in two ways. Firstly, the number of respondents varies from 71 in the BAME sexual health services project to 998 in the review of GP services. For this reason, the GP responses comprises 79% of the combined data presented in the final section.

Secondly, the precise wording of the equalities data varies across projects. For example, most projects record age group, whereas the Young Healthwatch project records the precise age (unsurprising given that the respondents were all aged 24 or under). To retain this accuracy, the precise wording of each question is presented in the charts.

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

The report concludes by presenting the extent to which the data captured represents the diversity in the city; strategies to enhance the data captured on the protected characteristics; and recommendations towards the future collection of equalities data.

# Oral care in care homes – A review of oral health in residents of care homes in Brighton and Hove

There are over 100 care homes in Brighton and Hove. Healthwatch had received many comments from the public expressing concern about some aspects of dental service provision. With this in mind, we carried out a local review to investigate the quality of oral care provided to residents in care homes.

We spoke to 111 care home residents and 75 care staff across 20 care homes and nursing homes, representing young and old adults, and people with long-term physical and mental health conditions.

Responses received from care staff and care home residents provided a contrasting picture of care received. For example, 65% of care home residents told us that care staff did not ask them about their mouth and 69% of care home residents told us that care staff did not encourage them to book check-ups with their dentist. The majority of care staff reported that they regularly helped care home residents with their oral health but this indicated some gaps where care was not provided to every care home resident.

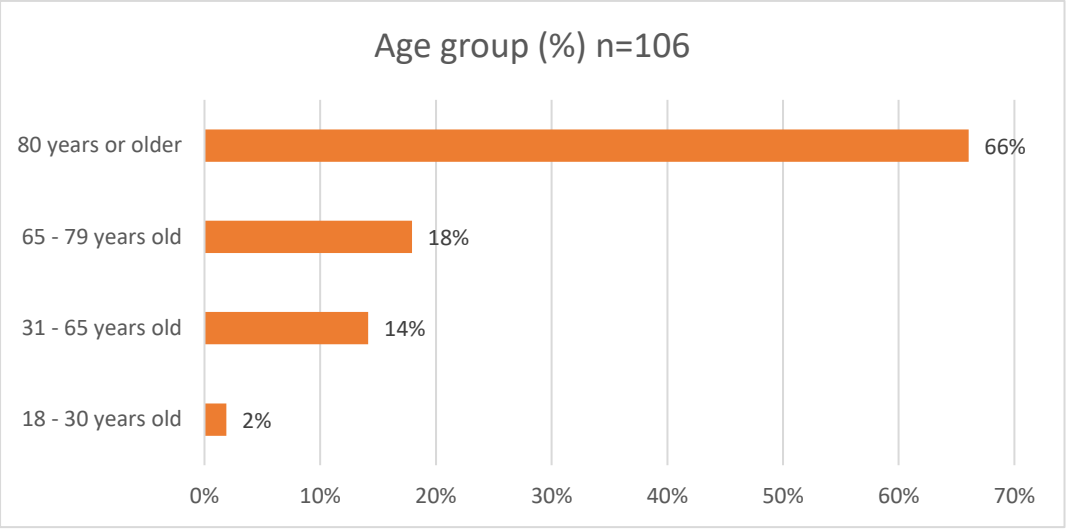
Only 33% of care home residents could recall being asked questions about their oral health when they moved into the care home. However, half of the care staff we spoke to said they carried out oral health assessments. Considering responses from both staff and care home residents, it is likely that only some were given a full oral assessment.

Over a third of care staff said they had not undergone any training for oral health. Where training had taken place, care home staff were more likely to carry out oral health assessments. These staff were also more likely to respond that residents' mouths (including teeth and dentures) were checked at least a few times a week and respond that residents' mouths were cleaned once or twice a day, either with assistance or independently.

Over one-half (55%) of the homes we visited did not have a dentist that would visit the home. This is a concern given that the majority of care home residents would find it difficult or impossible to visit a dentist due to a disability (physical, sensory, dementia or long-standing illness).

In light of these findings, Healthwatch made recommendations in seven key areas. These areas were: Daily routine and checks; Oral Health Assessment; Staff training and support for care home residents; Awareness of policy for care staff and care home residents; Access to services and appointment records; Dental visits to care homes; and Resources.

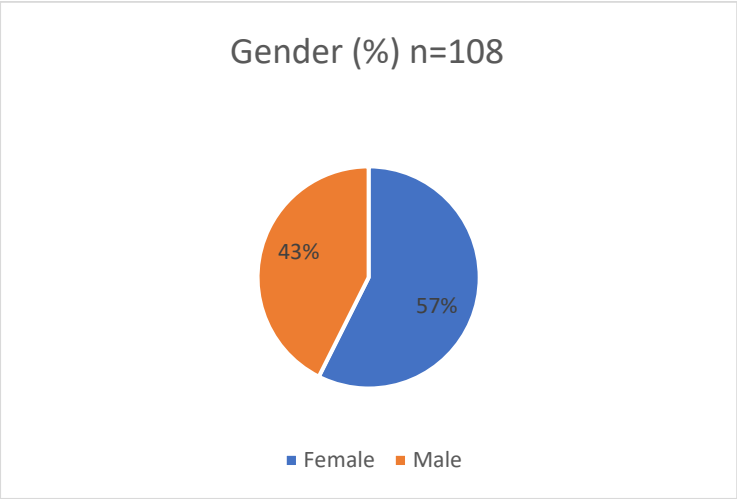
In this review, five sets of equalities data were collected. Unlike other projects that collect data across all age groups, this review conducted in care homes unsurprisingly comprised an older than average population. Two-thirds or 66% of the respondents were aged 80 years or older (note that 4% of the population of Brighton and Hove are aged 80 or older[2]). This study demonstrates that our projects are inclusive of older aged respondents.

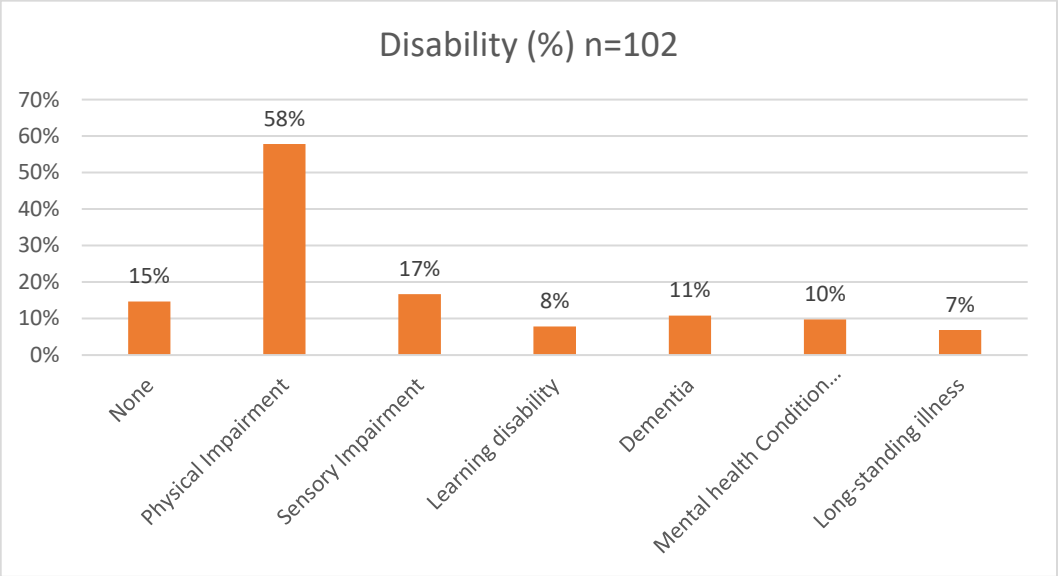



In tune with this higher than average age group, it would be expected that there would be more female than male respondents in this care home sample. The average life expectancy for women is 83.4 years compared to 79.5 years for men (JSNA 2019[3]).

Also, note that only 15% reported *not* having a disability, with physical impairment experienced by 58% of the sample. This is expected given the correlation between age and disability (disability in Brighton & Hove, 2015[4]). Note that for the population of Brighton and Hove as a whole, 16% of residents have their day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months[3].

[2] Population projections – local authorities: SNPPZ1 Population projections – local authorities: SNPP Z1 - Office for National Statistics
[3] NEEDS ASSESSMENTS | BH Connected
[3]http://www.bhconnected.org.uk/sites/bhconnected/files/7.5.2%20Adults%20with%20physical%20disabilities%20JSNA%202016.pdf

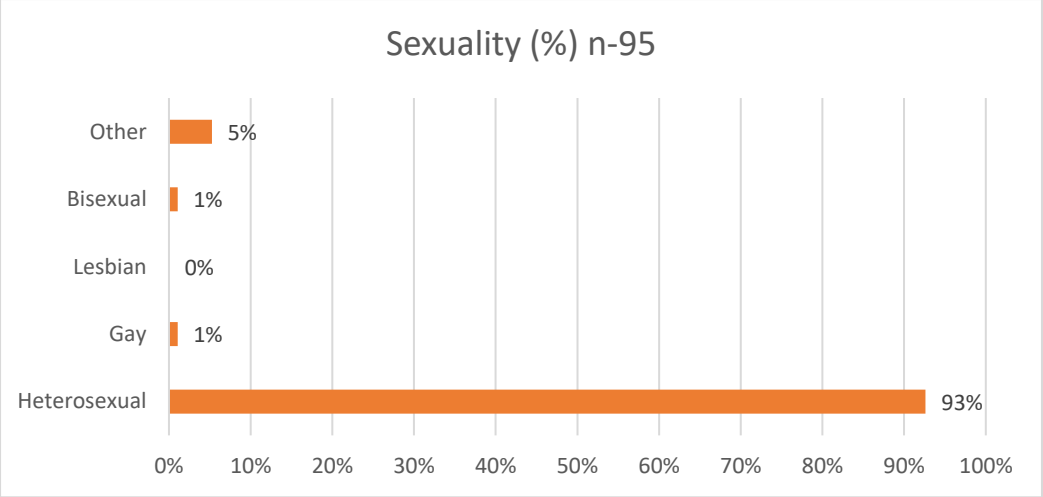


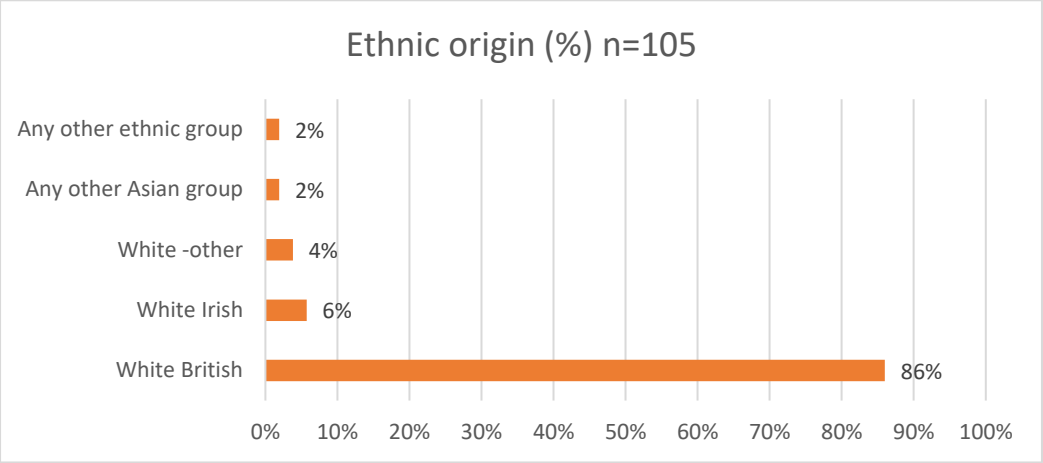




The sexuality and ethnicity of the care home residents in this study are shown below and are compared to the city's population profile. The care home sample is more likely to be heterosexual (93%) compared to the city as a whole. The JSNA (2019) provides their "best estimate of the number of Lesbian, Gay and Bisexual residents is 11% to 15% of the population aged 16 years or more[5]".

The JSNA (2019)[6] also shows that 80.5% of the city's population are White British – slightly less than this care home sample (86%).

[5] http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.3%20Sexual%20orientation%20JSNA%202016.pdf
[6] http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.2%20Ethnicity%20JSNA%202016.pdf




Collectively, this oral health in care homes project represents a diverse sample by including older aged people, a large proportion with disabilities, those with non-heterosexual sexual orientation and those who are not White British. The project was also notable in recording details of the disability, according to physical impairment, learning disability, dementia, mental health condition (not dementia) and long-standing illness.

## A review of GP services by patients

The survey of patients' views about the service offered by their GP was conducted during the summer of 2019 and published in March 2020. This survey broadly revisited an earlier Healthwatch Brighton and Hove GP survey conducted in 2018. The objectives of the survey were to assess patient experience of using their GP practice in terms of their satisfaction, perceptions over the quality of care, patient accessibility, preventative services, and surgery environment.

In total, 998 patients from all 40 locations across the city were consulted. There was a mixture of online (n=405) and offline face-to-face surveys (n=593). For the latter, these were conducted during visits to 34 locations. The visits also enabled Healthwatch volunteers to assess aspects of the environment such as signage, the presentation of supporting materials, and a clearly visible means for patients to make complaints. As noted earlier, this sample comprised 79% of the entire equalities data outlined in this report.

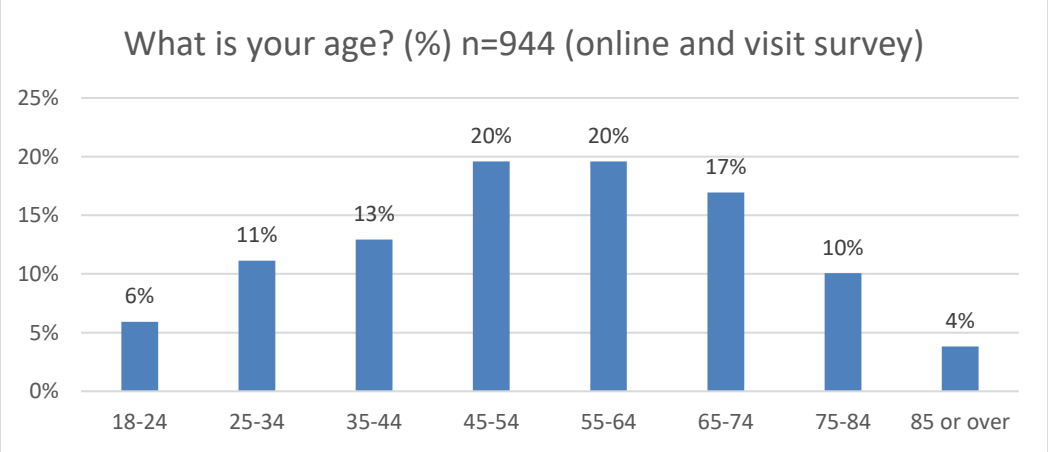
Overall, the story is good news as regards patient satisfaction with GP services and patient perceptions over the quality of care they have received. As an example, on average five of seven criteria of satisfaction received a positive rating from at least 70% of patients. Also, 89% of patients rated the overall quality of care as good or very good. This is even more significant given that this positive reflection is consistent with the 2018 survey, within a climate of increasing GP caseloads and various closures and mergers. The survey also showed that several patients were increasingly aware and understanding of these pressures.

There were, however, a number of concerns raised by patients that forged some of the recommendations from the review. Some of these concerns were raised in the 2018 review but still needed addressing:

- Patients asked for opening times outside of normal working hours e.g. evening and weekend.
- Patients advised that waiting times can be long (for all appointments).
- Patients said they wanted a choice of GP.
- Longer appointments and continuity of care is particularly important for patients with long-term conditions.

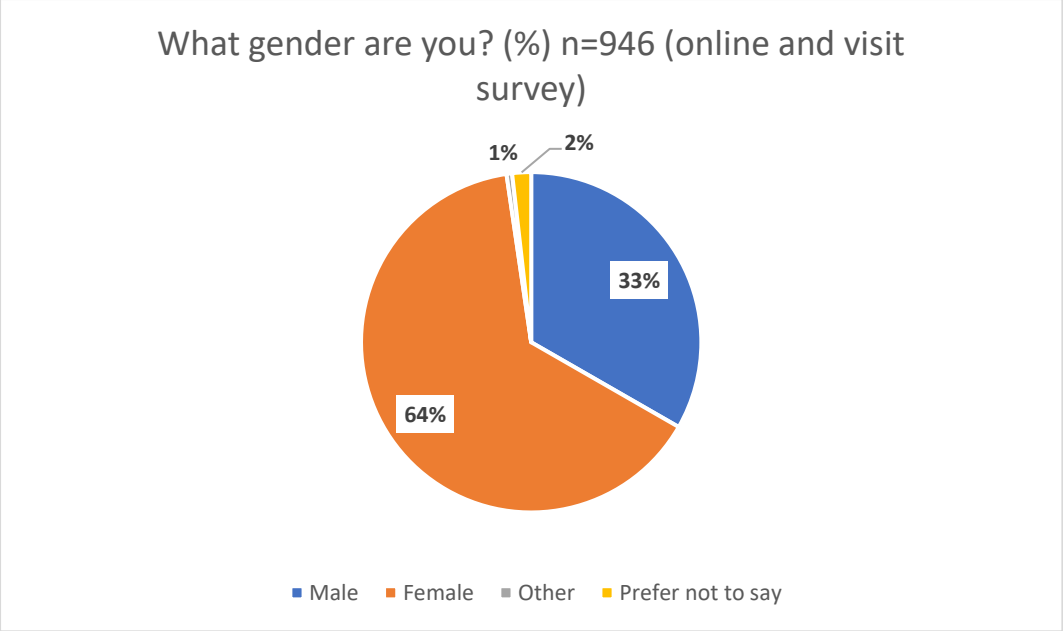
- There was low awareness of preventative services e.g. annual checks and cancer screening. This was especially the case for those who should be targeted for specific checks.
- A small number of patients responded on emotional and mental health care support. These patients told us the care was good but was not offered for long enough and they believed the care did not always lead to resolving the issues.

In terms of equalities, those between 45 and 64 years comprised the majority age groups (40% of the total sample). Although this chart shows the survey was inclusive of all ages, the notable observation is the lower proportion of 18-24 and 25-34 year olds (6% and 11% respectively) compared to the total population of these ages across the city (17% for both age groups[7]). Although these age groups differ in proportion to the city, this may reflect those people most in need of seeing a GP, particularly the case for those surveys completed face-to-face in the surgery.

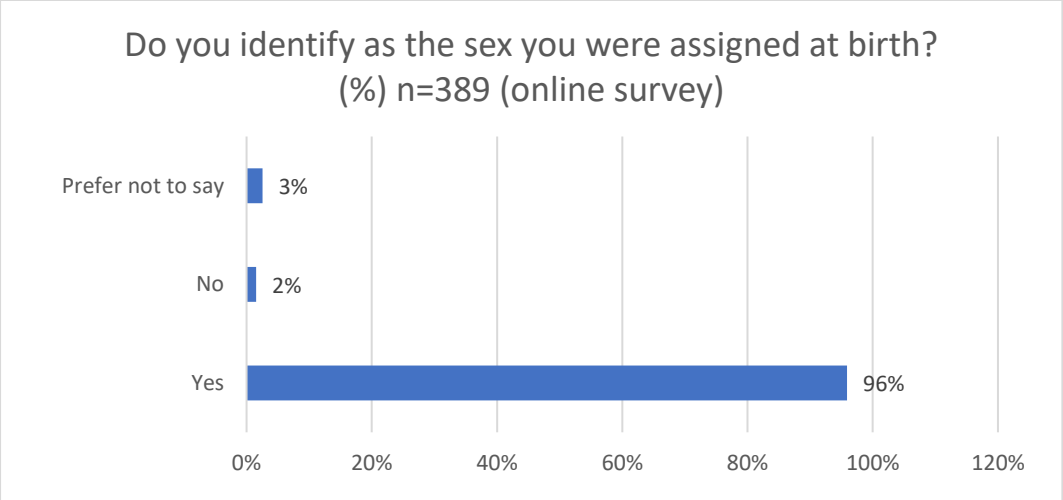



In terms of gender, there were almost twice as many women completing surveys compared to men. This is clearly not in line to the population as a whole (50% women, 50% men, JSNA 2019[8]). However, it does reflect the point made in the JSNA that "many men are reluctant users of traditional health services, such as GPs and pharmacies, and do not always respond to mainstream health awareness campaigns to the same extent as women."

[7] Population projections – local authorities: SNPP Z1 - Office for National Statistics
[8] http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.1%20Gender%20JSNA%202016.pdf

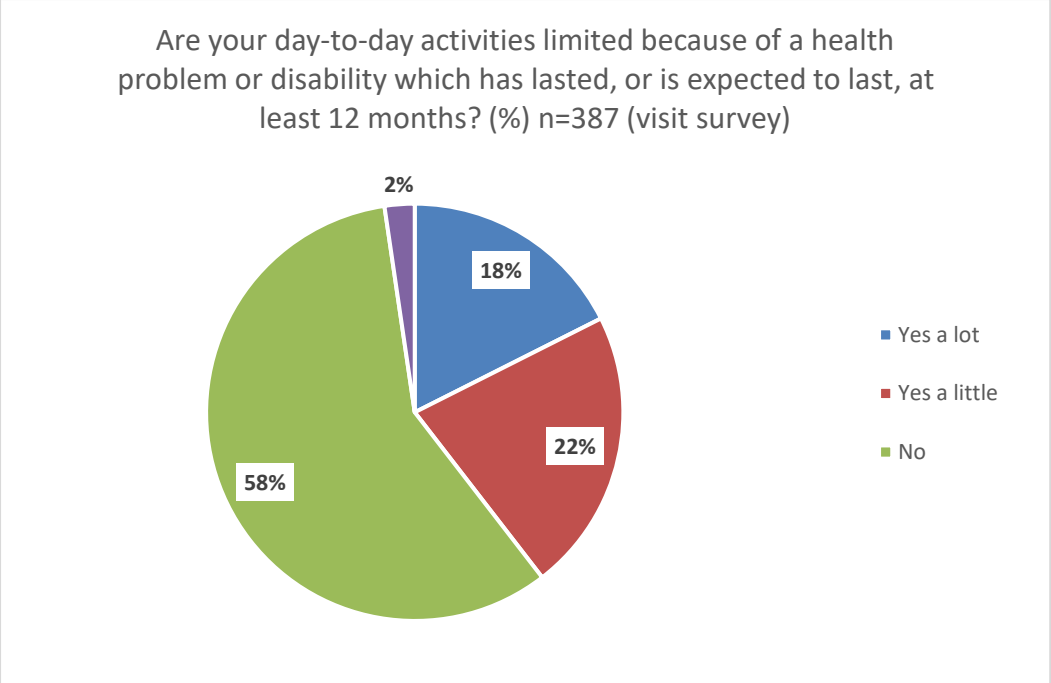



The survey achieved a representative sample of the trans population with a reach of 1.6% compared to the estimated city population of 0.9 to 1.6%[9].

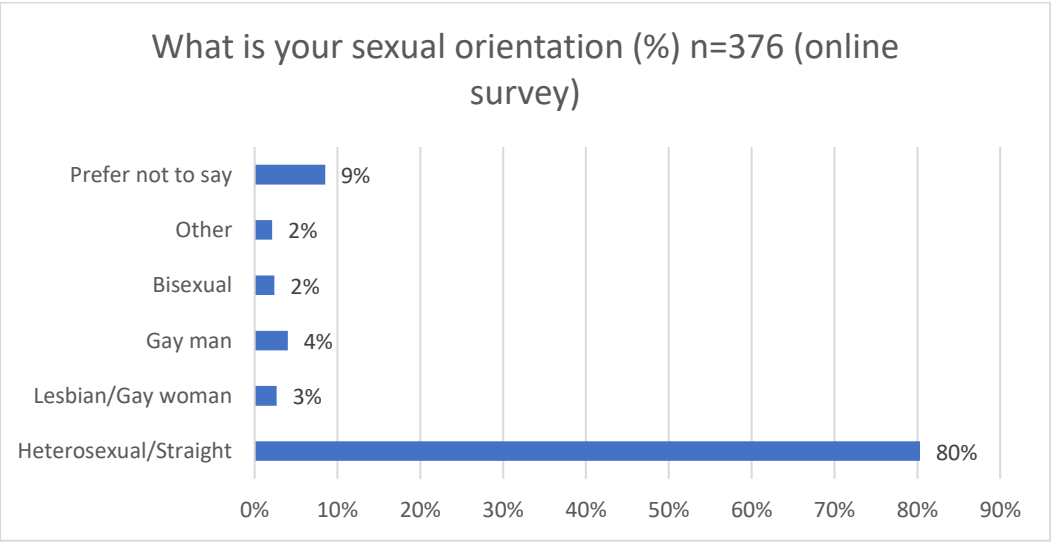



The survey achieved a very good reach of disabled individuals with 40% reporting that a disability had limited their day to day activities either 'a lot' or 'a little'. This is notably higher than the Brighton and Hove as a whole figure of 16% (JSNA, 2019[10]). The nature of people attending their GP surgery for a medical need may partially account for this greater proportion of people with disabilities in this sample.

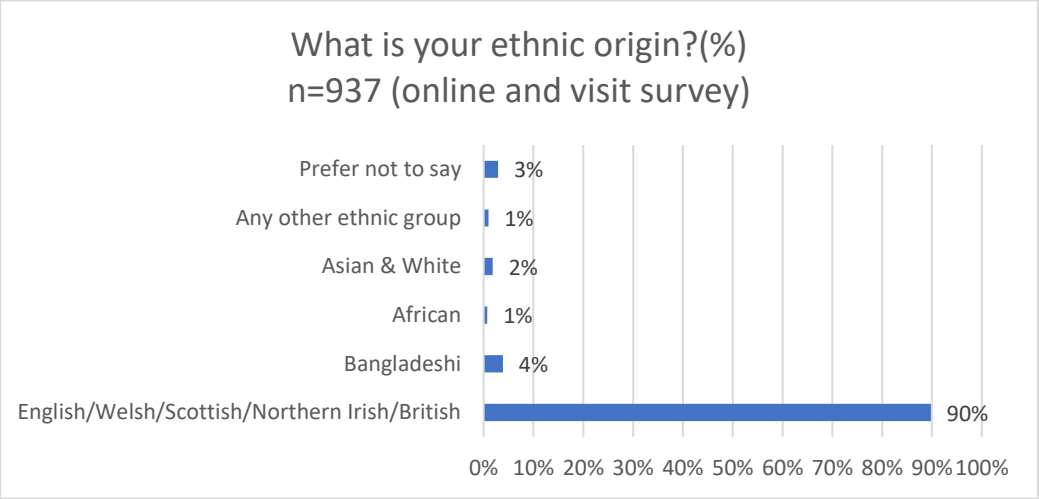
[8]http://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Trans%20Needs%20Assessment%202015.pdf
[9]http://www.bhconnected.org.uk/sites/bhconnected/files/7.5.2%20Adults%20with%20physical%20disabilities%20JSNA%202016.pdf




The GP patient survey achieved a mixed sample according to sexual orientation, with 11% reporting either as a Lesbian/Gay woman, Gay man, Bisexual or Other. This is slightly under JSNA's (2019) 'best estimate' of between 11% and 15% of the population aged 16 years or more as Lesbian, Gay or Bisexual. Note the almost one in ten (9%) people who reported 'other' which may partially account for this discrepancy. Excluding the 'prefer not to say' option, the survey shows that 12% of survey respondents identify as either a Lesbian/Gay woman, Gay man, Bisexual or Other.



The final equalities data derived from the patients was regarding their ethnicity. Overall, 90% reported as being White-British (English, Welsh, Scottish, Northern Irish and British). This is almost 10 percentage points higher than the evidence from the JSNA (2019) showing that 80.5% of the city's population are White British. The under representation of black and ethnic minorities is likely to reflect lower use of health services by these populations[11].




Overall, the GP patient survey (the largest sample achieved in the Healthwatch reports) shows responses from a diverse range of people. The survey shows a good spread of age (except for the younger age groups) and a representative sample of the trans population. Compared to the city as a whole, it provides a slightly lower estimate of the Lesbian, Gay and Bisexual population and an under representation of black and ethnic minorities. It also provides an over representation of women and a notably greater proportion of people with disabilities. As explained previously, this reflects the type of people more likely to visit their GP, and so comparing to the city-wide population as a whole should be considered with a degree of caution.

[10] Emmanuel Scheppers, Els van Dongen, Jos Dekker, Jan Geertzen, Joost Dekker, Potential barriers to the use of health services among ethnic minorities: a review, Family Practice, Volume 23, Issue 3, June 2006, Pages 325–348, https://doi.org/10.1093/fampra/cmi113.

## Exploring the views and experiences of young people from BAME (Black, Asian, and Minority Ethnic groups) backgrounds around local sexual health services

Healthwatch Brighton and Hove worked alongside Young Healthwatch to gather the views and opinions of BAME (Black, Asian, and Minority Ethnic groups) young people, aged 17-25 and living in Brighton and Hove around local sexual health services and STIs (Sexually Transmitted Infections). Young asylum seekers and refugees as well as young people living in the city temporarily to study English were also engaged around this topic. The data were collected in Autumn 2019 and the report published in March 2020.

The aims of this study were to measure knowledge and understanding of the following three areas:

- What BAME young people know and understand about local sexual health services.
- How BAME young people feel about accessing sexual health services locally.
- What BAME young people know about Sexually Transmitted Infections (STIs).

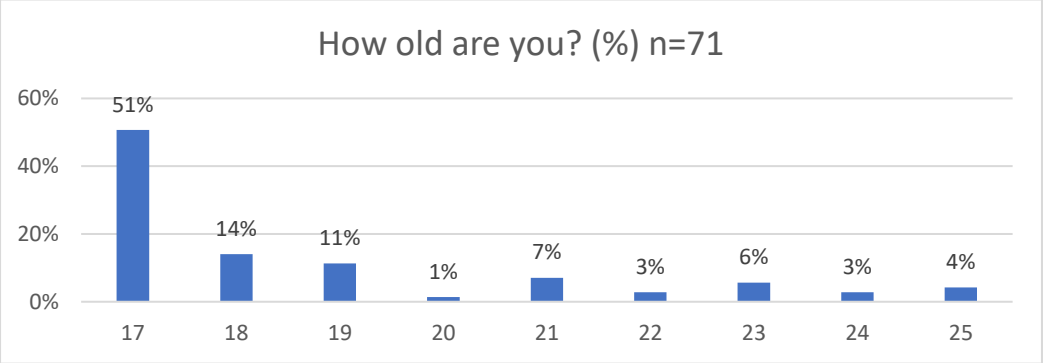
Data were collected via a survey, 14 one-to-one informal interviews as well as three focus groups. A total of 71 young people participated, with 17 different ethnic backgrounds represented.

The key findings reinforce what is already known about accessing, and knowledge of, sexual health and related services; namely that common barriers exist which can prevent young people from using services. However, this study also identified that young people living in the city have good knowledge of services and sexually transmitted infections. This suggests there is a mismatch between understanding around sexual health and a willingness to engage with local services.

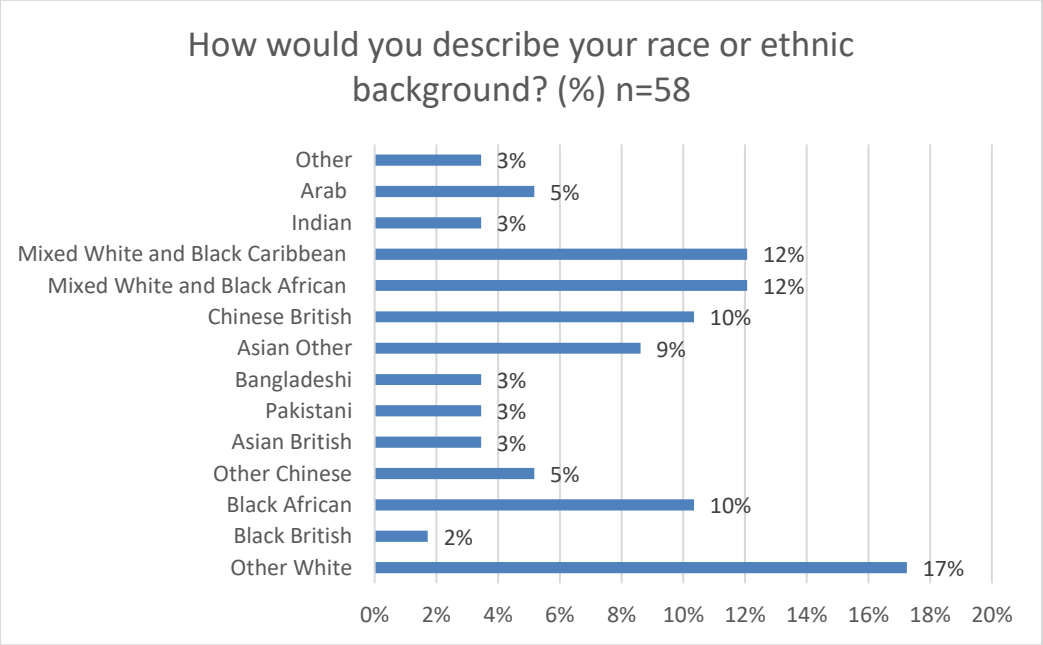
Barriers to accessing sexual health services were around language (especially for those with limited English skills); lack of information and promotion around sexual health services; privacy and confidentiality (both in respect to sharing information with others, including parents as well as privacy within the service setting); and peer influence of being seen in the service.

Cultural and religious barriers were prominent. Young people of faith may struggle with the internal conflict between their religion and being sexually active and consequently may not access services for the fear of being judged (by other people and peers at the clinic, but also by health professionals). The response of parents and carers was also flagged as the main reason for feeling embarrassed to communicate about sex, especially among younger participants from Asian and African backgrounds, ultimately preventing access due to the fear of parents finding out.

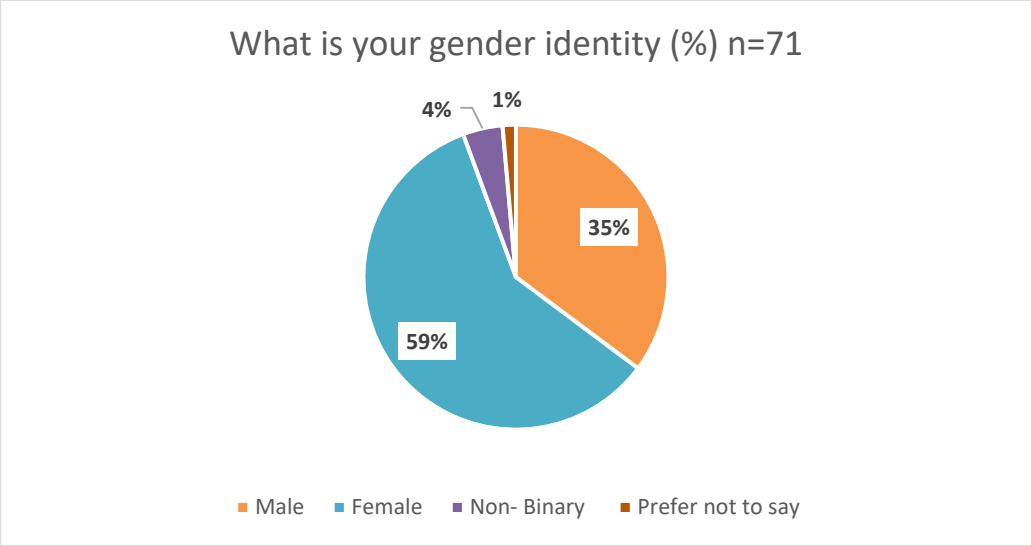
In terms of the equalities data, the youthful age and range in ethnicity of the sample were unique, and it is not appropriate to contextualise them in terms of the wider demographic profile of the city. As can be seen, just over one half of the sample were aged 17 years and the age ranged from 17 to 25-year olds. This illustrates the expertise of Young Healthwatch as a valuable resource to engage with young people.



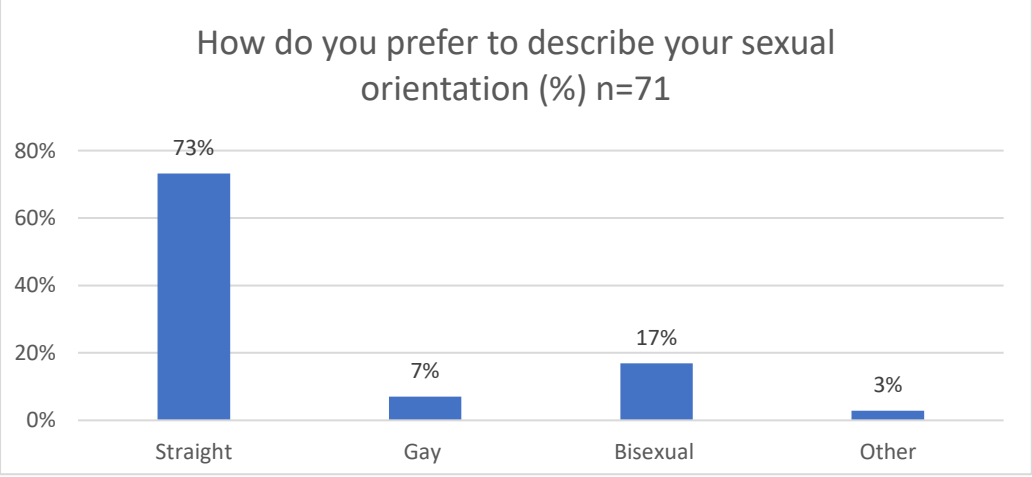

The range in ethnic groups again matches the objective of the project. Other White were the largest group (17%) followed by Mixed White-Black African and Mixed White Black-Caribbean (both 12%). There were no White British respondents.



In terms of gender identity, 59% were young women compared to 35% of young men. This continues the theme in the earlier reports that young men were less represented in the projects.

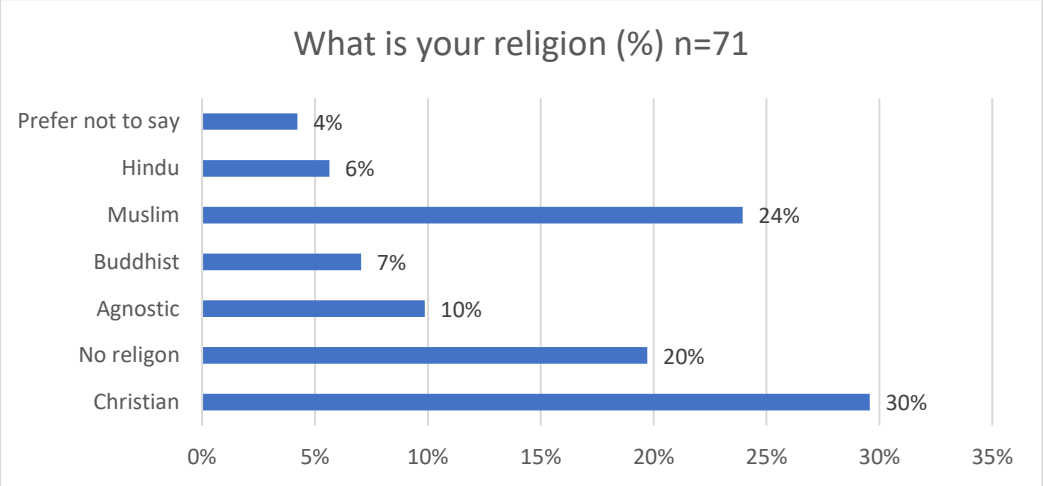



For sexual orientation, the largest group was straight (heterosexual) although less than the city-wide population estimates. The JSNA (2019) report estimates between 11% and 15% of the population aged 16 years or more are Lesbian, Gay or Bisexual. From this BAME sexual health study, 24% were either Gay or Bisexual.




This BAME study was one of two publications in this report that presented data on religion (the other is the forthcoming review of the outpatient booking service). Reflecting the ethnic composition of the study, representation from a variety of religious and faith groups was greater than seen across Brighton and Hove. Christian (30%) and Muslim (24%) were the prominent religions. The most recent data on religion across Brighton and Hove

are from the 2011 census, which shows this BAME study has a lower proportion of Christians (43% from the census) although a far greater proportion of Muslims (2% from the census). Hindu and Buddhist are also more represented in this study (both 1% in the census), although those with no religion are less represented (42% in the census)[12].




This Young Healthwatch study has been particularly effective in attracting respondents that have been less represented in the additional projects outlined in the report. Diversity in terms of a young age profile, ethnic composition and religious backgrounds are evident.

## A review of Patients' experiences of outpatients' booking services: A local Healthwatch report not published although equalities data is available at time of the EIA publication)

At the time the project was run, Brighton and Sussex University Hospitals (BSUH) NHS Trust were seeing over 50,000 people across their outpatient departments a year and received on average 600-650 new referrals a day. Referrals from GPs accounted for approximately 46% of all referrals, with the remaining 56% received from a variety of sources, for example consultant to consultant, A&E, and allied healthcare professionals.

[12] http://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Equalities%20-%20Report%20Final.pdf

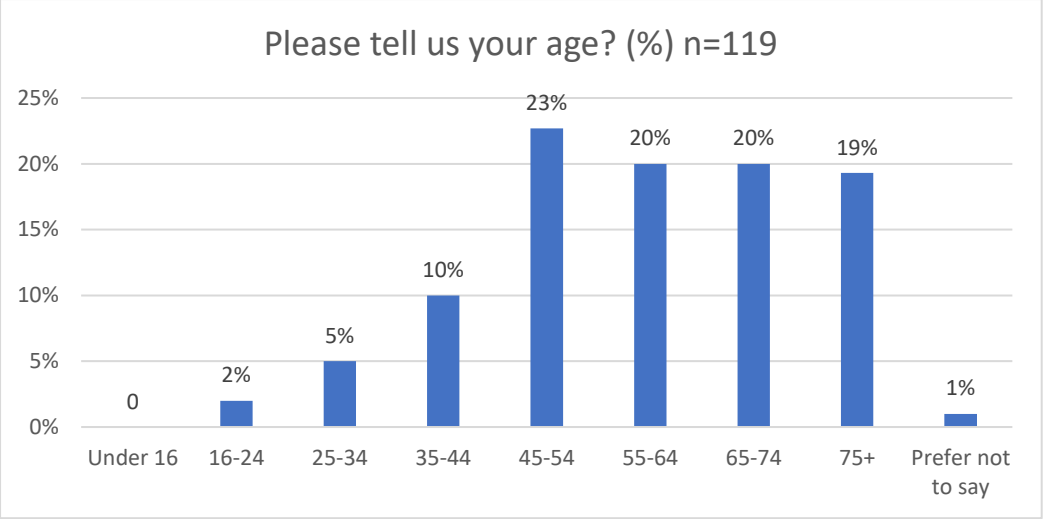
The objectives of the outpatients' booking survey were to review the service from the patients perspective in terms of the referral process, time waited until *notification* of first appointment date, time waited until first appointment, communication about the referral (mainly letters received), contact with the booking team, and overall satisfaction with the booking process. Excluded from the project scope was data collection on the quality of treatment or advice received during an actual outpatients' appointment.

This project was conducted within the climate of a stretched outpatients' system in Brighton and Hove. BSUH is currently unable to consistently offer non-emergency outpatient appointments and operations within 18 weeks of a GP referral to all patients all the time. Some specialties are particularly affected, for example urology, whilst other services face less pressure. At the same time the Trust advised that it experiences high levels of patients who do not attend their booked appointments, and the Trust has estimated that 70% of people who call up with queries regarding their appointment did not need to. But these factors also suggest that patients are not receiving the information they need, and/or face difficulties when trying to amend appointments.

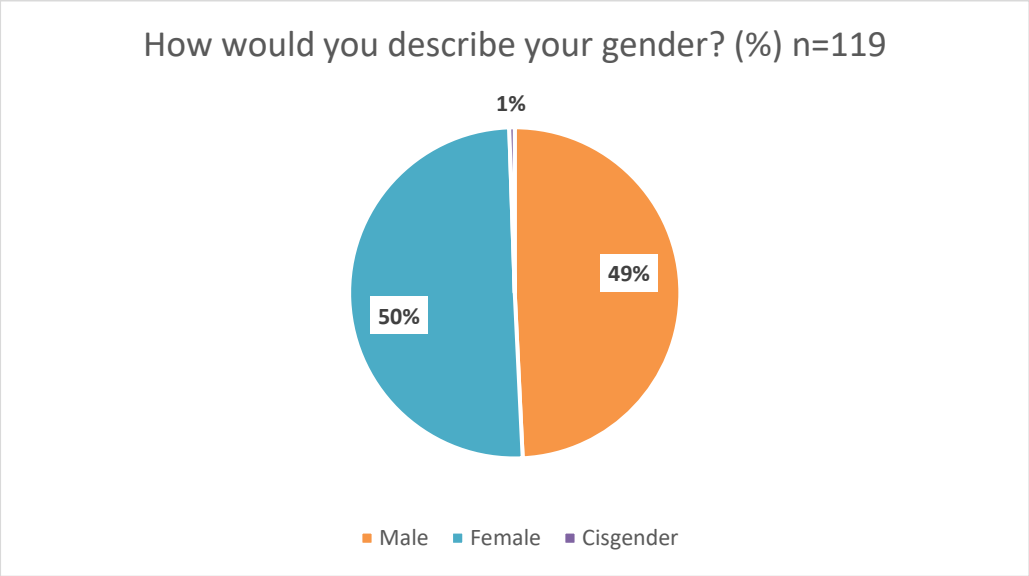
The survey collected the view of 120 patients, across six separate outpatient departments and local community groups. The findings from this survey were not published as the planned release date coincided with the coronavirus pandemic. Healthwatch will review whether the data and findings remain relevant once things return to normal, and may publish a report later in the year. Although we have yet to publish the report the equalities data are available and used in this report.

In terms of the equalities data, the age of people responding to his survey (the majority from outpatients' departments) is skewed towards an older age group. The majority of people (83%) were aged 45 or older. This is to be expected as national figures from England show that patients aged 60 to 79 years accounted for over 30% (29.6 million) of all attendances, with a steady increase in attendance by age from the mid-20s and a decline in the oldest of age groups (NHS Digital, 2018)[13].

[13] https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2017-18#key-facts

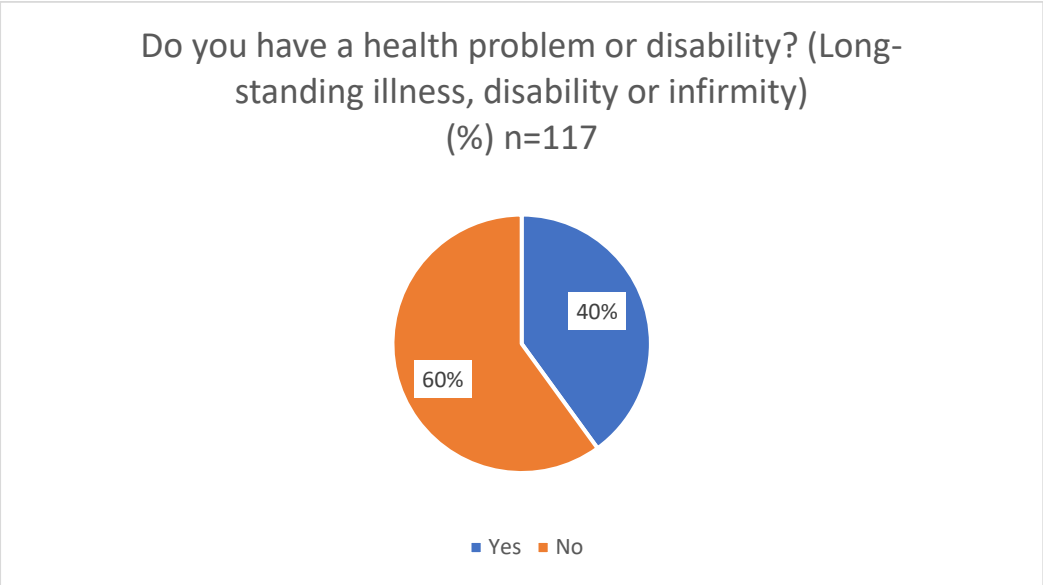



The data also show that this study was effective in recruiting men into the study. This contrasts to the previous reports where men were less represented compared to women. This is clearly representative of the city-wide population but, interestingly, this contrasted with the national picture whereby women comprised 54.0 million attendances (57.8%), compared to 39.4 million for men (42.2%)[11].

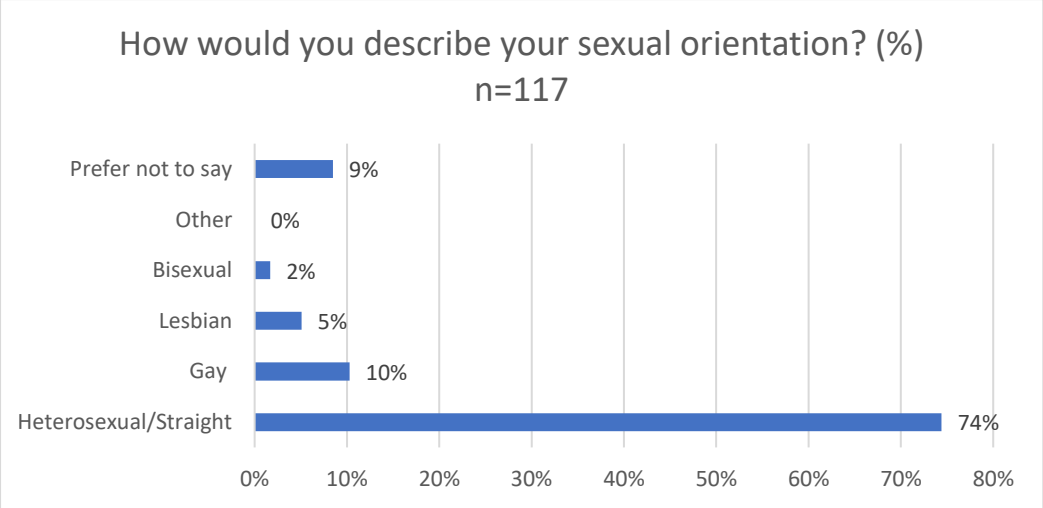



Again, reflecting the nature of the sample, it may not be surprising that the majority of people (60%) had a health problem or disability. Furthermore, the increased proportion of people with disabilities is likely to relate to the increased proportion of older people surveyed (as shown earlier in the care home study)[14].

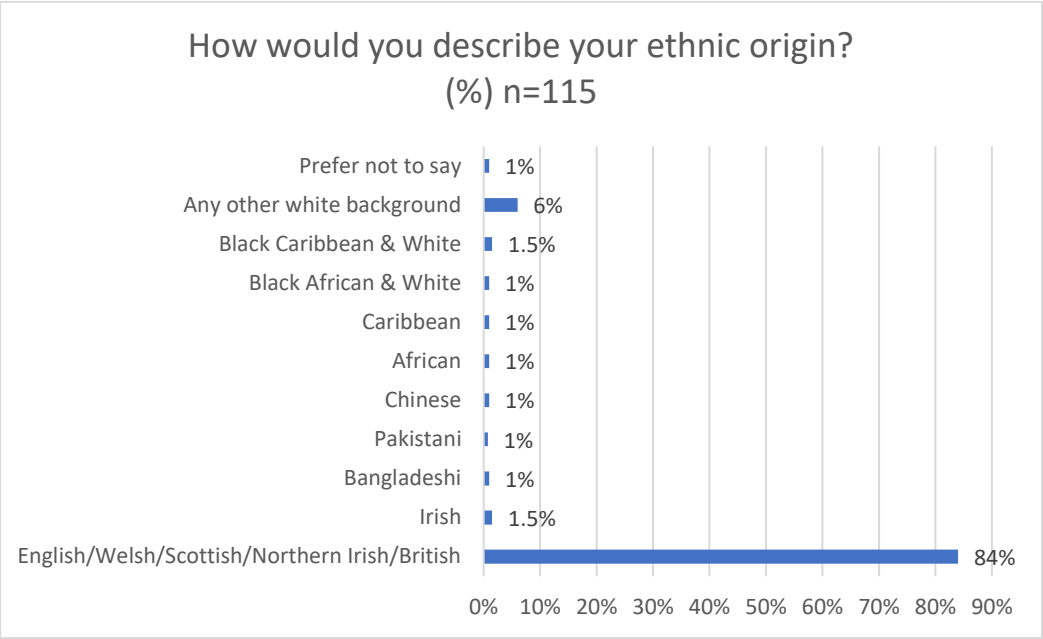
14 http://www.bhconnected.org.uk/sites/bhconnected/files/Disability%20in%20Brighton%20%26%20Hove%20October%202015%20-%20Full%20report.pdf



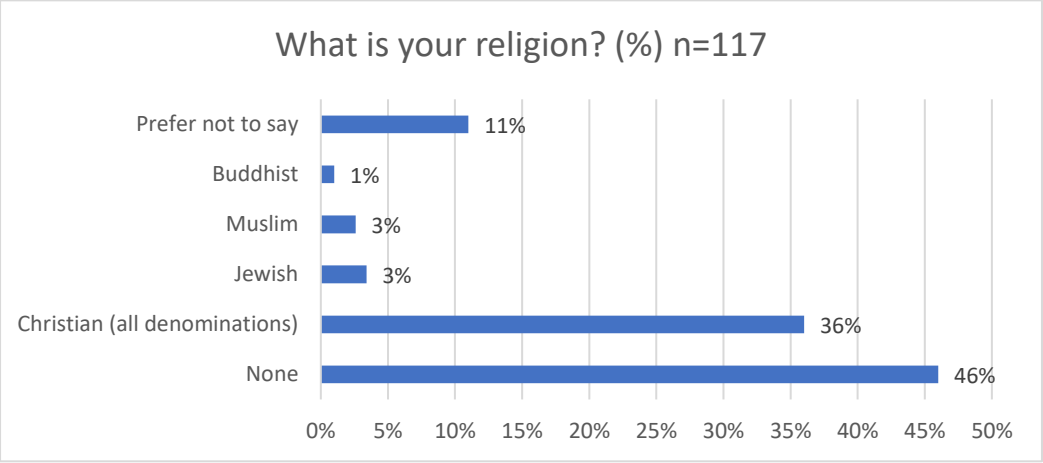

The majority of outpatients' sample were heterosexual (74%), in line with the findings across other reports and the city-wide picture. The proportions of Gay, Lesbian or Bisexual were slightly higher (17%) than the JSNA's (2019) 'best estimate' of between 11% and 15% of the population in Brighton and Hove.




Also, in line with the city-wide picture, most people surveyed were English, Welsh, Scottish, Northern Irish or British. As for sexual orientation, these are findings to be expected given the outpatients sample are broadly representative of the city-wide population (for example, only 6 percentage point difference to the survey of GP patients show earlier).




The outpatients' survey, alongside that of BAME young people, is the only other report documenting people's religion. Unlike the BAME sexual health survey, we would expect the religious profile of the outpatients to be broadly representative of the city. For example, 36% of the outpatients' sample are Christians (the highest response for religion) compared to 43% from Brighton and Hove (2011 census data)[15]. 46% of outpatients report as having no religion compared to 42% from the census.



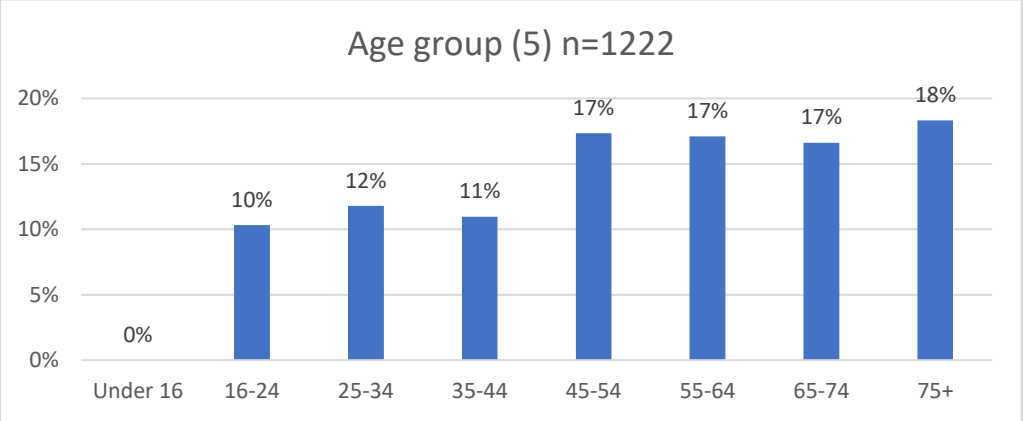

The outpatients' survey was unsurprisingly effective in engaging older groups and those with disabilities. It was noteworthy by recruiting an almost equal proportion of men to women, unlike the previous reviews.

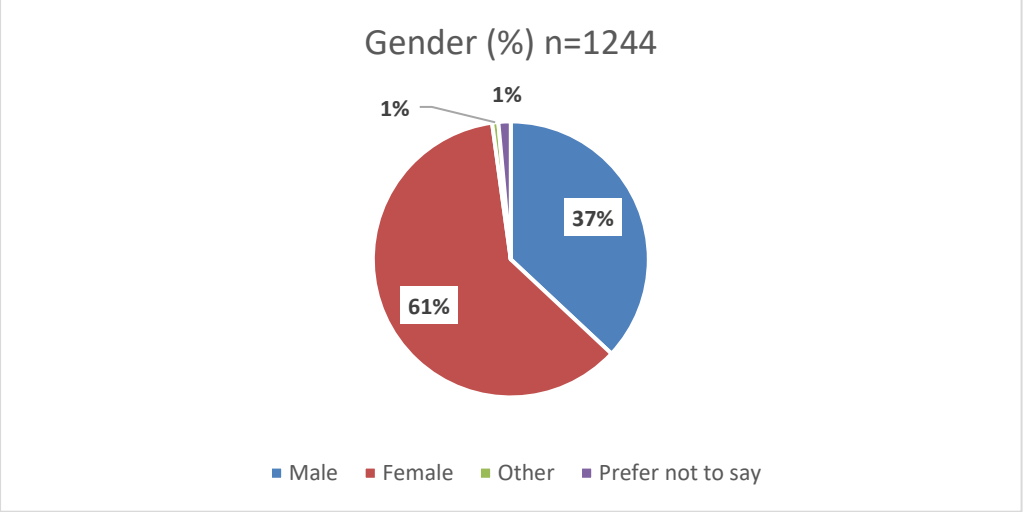
[15] http://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Equalities%20-%20Report%20Final.pdf

## 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. Also, it is important to note that 79% of respondents were from the GP patient survey. 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.

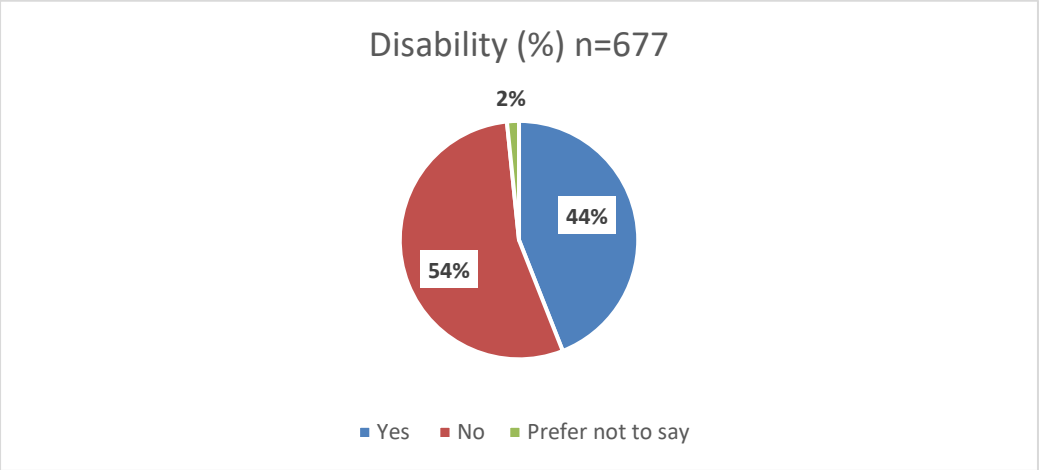
The overall charts for age and gender show areas where diversity could be increased. Increased inclusion of young people and engaging more men in the reviews are clear priorities for Healthwatch Brighton and Hove. Brighton has a particularly youthful population relative to England as a whole. In our reviews, 22% are aged between 16 and 34 inclusive, compared to 34% for Brighton and Hove[16]. Also, nearly two-thirds of our findings come from women. Women are represented more than men in all the reports published this year.



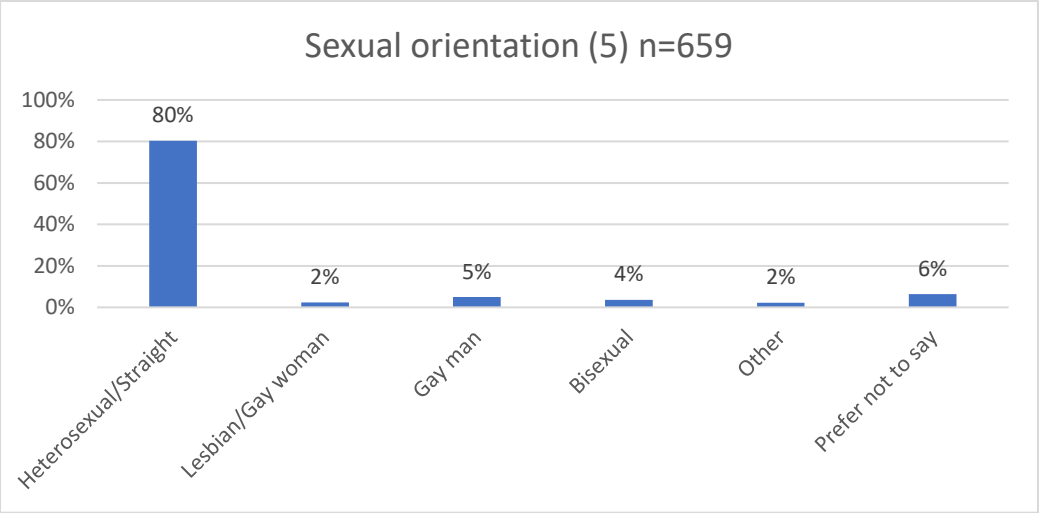




[16] Population projections – local authorities: SNPP Z1 - Office for National Statistics

Healthwatch Brighton and Hove have been particularly effective in engaging the views of people with disabilities. Those with disabilities comprise over one-half of the people engaged, well above the 16% for the city (JSNA, 2019[17]). Given that Healthwatch's core role is to gather patient opinion on health and social care services, and with reviews conducted in care homes, GP surgeries and outpatients' departments, this representation of people with disabilities is expected.



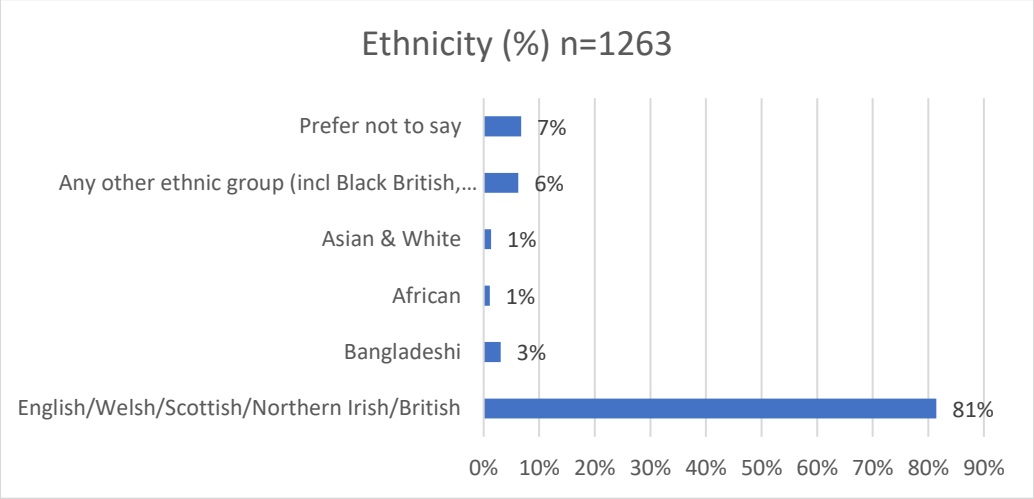

The findings on sexual orientation, given that none of the projects have specifically focussed on LBGTQ people, matches the overall city average. Our reports show 13% as either a Lesbian, Gay man, Bisexual or Other compared to JSNA's 'best estimate' of between 11% and 15% being Lesbian, Gay or Bisexual across the city[18].



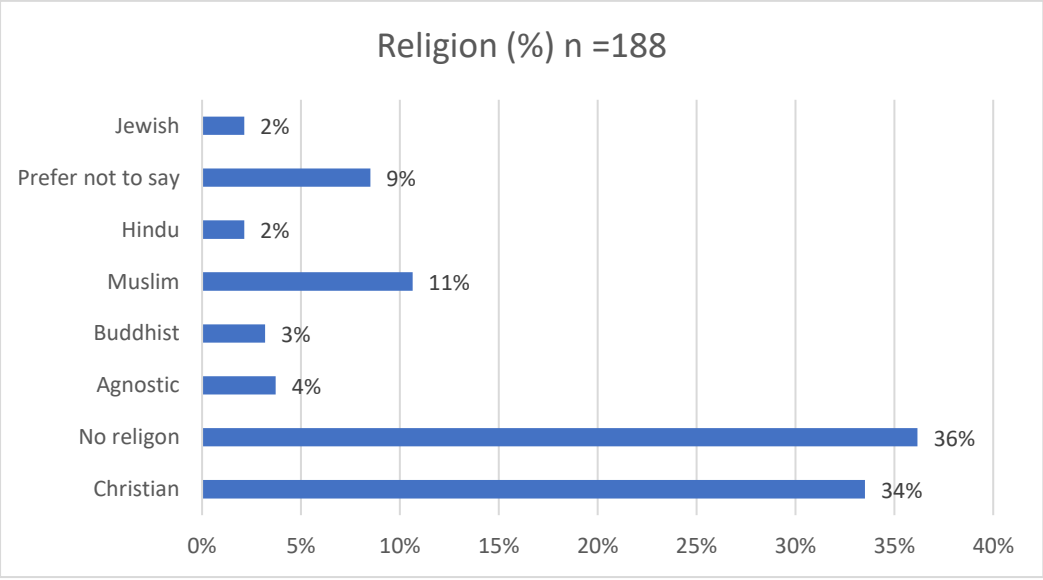

15 http://www.bhconnected.org.uk/sites/bhconnected/files/7.5.2%20Adults%20with%20physical%20disabilities%20JSNA%202016.pdf

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

The final area of compilation is ethnicity. Given that one of our reports focussed specifically on BAME young people, the overall data show that 19% of our people engaged are not from a White British background. This compares to the JSNA (2019)[19] figure of non-White British comprising 20% of the city's population.




Two studies provided data on religion (BAME sexual health services and the OPD booking service). Although from a small overall sample, it is notable that most reported no religion (36%), 11% were Muslim and 2-4% were either Buddhist, Hindu, Jewish or Agnostic. These data show Healthwatch Brighton and Hove was effective in engaging a diverse range of religious groups. Although the proportion of Christians and those with no religion were comparable to the city figures, data from the most recent census (2011) show our studies involved a larger proportion of Muslims (2%) and Hindu, Buddhist and Jewish (all 1%).




[19] http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.2%20Ethnicity%20JSNA%202016.pdf

# 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; where engagement needs to be improved; strategies to increase representation; and recommendations for future projects.

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 care homes and GP surgeries will be likely to engage more people with disabilities compared to that of the city-wide population.

## Effective engagement

The individual reports and overall findings show Healthwatch Brighton and Hove has been effective in hearing the views from:

- People with disabilities – 54% of people engaged are those with disabilities compared to 16% across the city.
- Healthwatch representation of people from varying sexual orientation and trans are comparable to the diversity in the city. For example, our reports show 13% as either a Lesbian, Gay man, Bisexual or Other compared to JSNA's 'best estimate' of between 11% and 15% being Lesbian, Gay or Bisexual across the city. Also, the survey of GP patients achieved a representative sample of the trans population with a reach of 1.6% compared to the estimated city population of 0.9 to 1.6%.
- Religion – from the two reports that recorded people's religious status (BAME sexual health services and the OPD booking service), Healthwatch Brighton and Hove has been effective in hearing the views of those who were Muslim, Buddhist, Hindu and Jewish. For example, 11% of these two reports (20/188 from both samples combined) engaged Muslims which is ten percentage points greater than the city composition (2%).

- Ethnic diversity – The Healthwatch reports have been able to achieve representation from a proportion of BAME groups comparable to the city as a whole (19% of the people engaged are not from a White British background). From the BAME sexual health study, 17 different ethnic minorities participated.
- Young people – in the BAME sexual health study, all 71 participants were aged 24 or younger.

The latter two have been the product of working collaboratively with Young Healthwatch who have vast experience in using innovative and highly effective ways of engaging young people, using social media and Listening Labs as examples.

## Engagement areas for improvement

Although views from a diverse range of patients have been heard, areas that require more engagement are the following:

- Men – all projects show more women being engaged than men (up to two-thirds women to men in one study).
- Younger age groups (majority of the projects) - 22% of people in our projects are aged between 16 and 34 inclusive, compared to 34% for Brighton and Hove.
- More detailed recording of disability, to include data on physical impairment, learning disability, dementia, mental health condition (not dementia) and long-standing illness.

In addition, of the nine 'protected characteristics' from the Equality Act 2010, Healthwatch Brighton and Hove does not collect data on:

- Marriage and civil partnership
- Pregnancy and maternity

For the remaining seven protected characteristics these are not universally addressed in the projects.

## Strategies to increase engagement

- Healthwatch should continue to foster relationships with other community organisations to engage 'less-heard' groups. For example, continue to connect with LGBTQ organisations working in the health sector (effective in reaching Lesbian/Gay women, Gay men, and Bisexual and trans populations).
- Continue to work with Young Healthwatch to encourage the inclusion of young people.
- Seek out community organisations who work with men and people from BAME backgrounds to bolster their representation in the projects.
- Consider ways in which the surveys and other engagement activities can increase representation from 'less heard' groups. For example, by offering surveys both online, face-to-face and telephone, in large print and in translation.

## Recommendations for future projects

The recommendations for future projects stem from the discussion above. In conclusion, future project reports should consider the following to understand more about the diversity of people engaged:

- Record data on all the nine 'protected characteristics' from the Equality Act (2010). Or, have a clear rationale for why some characteristics are not recorded.
- Record precise age rather than age group. This would enable more data analysis in terms of mean, mode and median age, as well as age range.
- Use the exact same wording for recording the equalities data in all surveys/face-to-face engagement.
- To support the above, create a standardised equalities sheet than can be used in all engagement activity.
- Monitor the equalities' data in projects throughout. For example, if data on young people is particularly light look at ways to enhance their inclusion.
- Work collaboratively with other organisations who are supporting specific communities to increase their representation in reviews.

# Contact information

## About us

Healthwatch Brighton and Hove is the independent champion for people who use health and social care services in Brighton and Hove. Our job is to make sure that those who run local health and care services understand and act on what really matters to people. We listen to what people like about services and what could be improved. We share what people tell us with those with the power to make change happen. We encourage services to involve people in decisions that affect them. We also help people find the information they need about services in their area.

## Contact details

**Share your experiences of health and social care services with us:**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