

Equality Impact Assessment 2023-2024

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Equality Impact Assessment 2023–2024 – 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 projects published by Healthwatch Brighton and Hove between April 1st 2023 and March 31st 2024, where demographic data (age, ethnicity, etc) were collected.

Equalities data is compared to the previous 2022–2023 review and to the latest local census data (2021).

We present equalities data from the seven projects. These seven projects comprise a total of **1,023** responses, less than the previous 2022–2023 report (1,351). Note that the project report on homecare checks includes data from November 2022 and, from the 365 helpline enquiries, up to 191 provided equalities data.

Note also that Healthwatch has engaged people through other activities such as hospital visits and ‘marquee-style’ events where we have been unable to capture equalities data. For 2023–24, a further 674 people were engaged in this manner.

The individual projects we have reviewed where there is equalities data, in chronological order, are:

1. [Direct Payments \(DPs\) survey for Brighton & Hove City Council](#). June 2023. 127 people.
2. [The dementia pathway across Sussex – patient and carer experience](#). July 2023. 45 people (38 carers and 7 people with dementia).
3. [People’s Experiences of long COVID in Sussex: Qualitative engagement](#) (Follow-up study from March 2023). November 2023. 16 people.
4. [Homecare Check Summary Report](#). November 2023. 271 people.
5. [Improving the Outpatient experience](#). December 2023. 31 people.

6. Let's Talk About Your Experiences of Health and Care in Sussex 2024. 342 people.
7. [Helpline enquiries to Healthwatch Brighton and Hove: April 1st 2023 – March 31st 2024](#). (365 enquiries, up to 191 provided demographic data).

The report outlines the aggregated equalities data from these seven reports and closes with a profile of the Healthwatch volunteers and Board.

In 2023–2024, Healthwatch was **effective in hearing the views from:**

- People whose gender did not match their sex assigned at birth (7.3% *of those who answered this question*) compared to the census 2021 figure of 1.1%.
- The LGBTQ+ community – 10.1% compared to the census figure of 10.6%.
- The proportion of people with disabilities (55.6%). This exceeds the census figure of 19.5%. For the disability question that distinguished whether people's day to day activities were limited, 85.3% of the Healthwatch sample reported this was 'a lot' compared to the city figure of 8.0%. The projects focussing on Direct Payments and Dementia account for these inflated figures.
- A further area where we are engaging effectively concerns (unpaid) carers – as reported by 23.8% of our sample who answered this question and surpasses the census proportions of the city of 7.9%.
- Our figure for 'no religion' (21.3%) was notably lower than the census figure of 55.2%, meaning we are capturing a greater proportion of people from other religions.

Where we could improve:

- We engaged 275 more women than men, which equates to 28.9% men, 63.9% women, and 1.1% non-binary. This compares to the census figure of men comprising 48.9% for the city.
- Most of our engagement covers people aged 65 or over, comprising 56.9% of those who answered this question. We spoke to 35 people under the age of 25 (3.8%). Even though the age bands are not exactly comparable, the proportion of people aged under 20 in the census is 20.5%, compared to our proportion of 3.8% of under 25s. Also, 14.1% were aged 65 or older in the census compared to our sample of 56.9%.
- We engaged 90 people from ethnic minority groups which equates to 14.7% from our sample that provided this information. This is lower than the census figure of 26.1% (defined as 'non White-British').

Overall, we are achieving well in most of the protected characteristics but there is a need to reach more men, more younger people, and people from ethnic minorities.

These three groups where more diversity is required is an established pattern seen over the last few equalities reports. For all three characteristics, the proportion of men, younger people, and ethnic minorities is lower than the proportions seen in 2022-2023 (and 2021-2022), indicative of a worsening trend. We are taking steps to address this with, at the time of writing, undertaking projects that are engaging exclusively among young people and minoritised ethnic groups.

We also need to expand our insight to capture data on marriage and civil partnerships, pregnancy and maternity and Armed Forces. Standardised measures for disability and age, and a clear definition of carers, will allow us to make more accurate comparisons to local population and census data.

Equality Impact Assessment 2023–2024 – 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 annually 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. This EIA report includes data on: age, sex, gender reassignment, ethnicity, disability, religion and belief, sexual orientation, marital and civil partnerships, pregnancy and maternity and Armed Forces. **This is the first Healthwatch Brighton and Hove EIA report where all protected characteristics have been recorded.**

This EIA uses data from all project reviews published by Healthwatch Brighton and Hove between April 1st 2023 and March 31st 2024 where demographic data (age, sex, etc.) were collected. A total of **1,023** people provided this data.

To note: the equalities data from our engagement activities will be underestimates due to the fact that not all equality questions were asked during every engagement activity. This was particularly so when speaking to people face-to-face or when surveys did not include all the protected characteristics questions. To illustrate, our equalities data from 4 studies show that we engaged 48 LGBTQ+ people – if this was asked in every engagement activity the numbers would likely be higher.

We engaged a further **674** people in 2023–2024 where no equalities data was recorded (for example, in face-to-face engagement where questionnaires were not used) or where people opted not to provide this data (as in some of the helpline data). The 2023–24 projects where equalities data was not collected were as follows:

- [Patients in Sussex share their latest experiences of dentistry with Healthwatch](#). April 2023. 220 people.
- [Enter and View report: Maternity Ward at Royal Sussex County Hospital April 2023](#). May 2023. 6 patients.
- [People, Communities and PCN Partnership Project: Brighton and Hove \(Face-to-Face\) Workshop](#). August 2023. 40 people.
- [Public engagement event – Brunswick Square festival](#). September 2023. 50 people
- [Public engagement event – St Peter’s Patient Participation Group on 6 September 2023](#). September 2023. 100 people.
- [Emotional support during the perinatal experience - Collective findings Brighton & Hove 2023](#). November 2023. 5 people.
- [Your experiences of ‘Patients Know Best’](#). March 2024. 159 people.
- [Your experiences of Hospital Patient Advice and Liaison Services \(PALS\) in Sussex](#). March 2024. 94 people.

Calculating the data

The aggregated data includes the numbers of people engaged according to each protected characteristic. We will compare our data to the city population and how we fared in 2022–2023.

As our numbers will always be lower than the local population data (from a city of 277,000 people) we use percentages or proportions to see where we are being effective, compared to the city, in capturing people from the protected characteristics.

We calculate percentages from all those who provided a valid answer to the questions (i.e. exclude those who did not provide an answer or who preferred not to say). For example, if a study asked people if their gender was the same as that assigned at birth, the percentage would be all those

that provide an answer (yes or no) and exclude those who did not provide an answer.

These valid responses provide a more accurate comparison to the local census data (2021) compared to calculating a proportion from the total number of respondents from a survey (which may include a number who do not provide an answer).

The seven projects reviewed and their equalities data

<p>Direct Payments (DPs) survey for Brighton & Hove City Council. June 2023.</p> <p>Engaged 127 people about their experiences of receiving Direct Payments. Included questions on application (including eligibility), support and recruiting Personal Assistants.</p>	<p>Sex: Female 62; Male 28; Non-Binary 8. [From 98]¹</p> <p>Age: 8 aged 18-24; 18 25-34; 15 35-44; 15 45-54; 24 55-64; 12 65-74; 2 75-84; 4 85-94; 2 95 or older. [From 99]</p> <p>Sex same as assigned at birth: Yes 86; No 7. [From 93]</p> <p>Ethnicity: White-British 80; not White-British 20. [From 100].</p> <p>Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months: Yes a little – 9; Yes a lot – 86; No: 3. [From 98].</p> <p>Type of impairment: Physical 70; Sensory Impairment 18; Learning Disability/Difficulty 30; Long-standing illness 52; Mental Health condition 39; Autistic Spectrum 25; Other Developmental Condition 8; Other 21. [From 94 – could choose more than 1 condition].</p>
<p>The dementia pathway across Sussex – patient and carer experience. July 2023. 45 people (38 carers and 7 people with dementia).</p>	<p>Sex (of those with dementia): Female 15; Male 30. (From 45).</p> <p>Current age (not at diagnosis): 1 aged 55-64; 11 aged 65-74; 19 aged 75-84; 10 aged 85-94. [From 41]</p> <p>Ethnicity: White-British 39; not White-British 6. [From 45].</p> <p>LGBTQ+: 4. [From 45].</p> <p>Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months: Yes a little – 9; Yes a lot – 36; No: 0. [From 45].</p>
<p>People’s Experiences of long COVID in Sussex: Qualitative engagement. (Follow-up study</p>	<p>Sex: Female 8; Male 7; Self-identify 1. [From 16].</p> <p>Age: 7 aged 25-49; 6 aged 50-64; 3 aged 65-79. [From 16].</p>

¹ These numbers are those who provided a valid answer i.e. those that answered a question from which the percentage responses can be calculated.

<p>from March 2023). November 2023. 16 people.</p>	
<p>Homecare Check Summary Report – November 2023. November 2023. 271 people.</p>	<p>Sex: Female 155; Male 84. [From 239]. Age: 3 aged 25–34; 3 35–44; 16 45–54; 32 55–64; 49 65–74; 59 75–84; 49 85–94; 9 95 or older. [From 220]</p>
<p>Improving the Outpatient experience. December 2023. 31 people.</p>	<p>Sex: Female 18; Male 13. [From 31]. Age: 2 aged 18–24; 0 25–34; 2 35–44; 3 45–54; 6 55–64; 8 65–74; 10 75–84. [From 31]. Sex same as assigned at birth: Yes 134; No 7. [From 141] Ethnicity: White–British 23; not White–British 8 [From 31]. Disability: 20 had ‘long-term conditions’. [From 27]. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? 20 Yes; 8 No [From, 28]. Carer: 9. [From 29]. LGBTQ+: 1. [From 29].</p>
<p>Let’s Talk About Your Experiences of Health and Care in Sussex 2024. 342 people (survey)</p>	<p>Sex: 220 Female; 113 Male. [From 333]. Age: 16 aged 16–25; 10 26–35; 11–36–45; 29 46–55; 65 55–65; 109 66–75; 84 76–85; 14 86 and over. [From 336] Gender same as sex assigned at birth: Yes 323; No 5. [From 328]. Ethnicity: 299 White–British; 36 not White–British. [From 335]. LGBTQ+: 17 Yes; 294 No. [From 311]. Religion: 172 Christian; 65 no religion; 77 other religions. [From 314]. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? 147 Yes; 181 No. [From 328]. Disability type: 114 Physical condition; 66 long-standing illness; 27 mental health; 21 sensory</p>

	<p>condition; 30 Other. [From 149 – people could answer more than one condition].</p> <p>Carer: 78 Yes; 258 No. [From 336].</p> <p>Armed Forces: 2 currently serving; 3 ever served; 3 member of a current of former serviceman or women’s immediate family or household. [From 334, 336, 335 respectively].</p>
<p>Healthwatch Brighton and Hove Helpline 2023-24 - Up to 191 of our enquirers added at least one indicator of their demographic profile.</p>	<p>Sex: 131 Female; 59 Male; 1 non-binary [From 191].</p> <p>Age: 9 aged 16-24; 32 25-49; 68 50-64; 55 65-79; 16 80+ [From 180].</p> <p>Sex same as assigned at birth: Yes 134; No 34. [From 168]</p> <p>Ethnicity: 81 White-British; 20 not White-British. [From 101].</p> <p>Disability: with disability 64; 104 without disability [from 168].</p> <p>Disability detail: 12 Physical condition; 22 long-standing condition; 4 mental health; 1 sensory condition; 1 learning disability. [From 40].</p> <p>LGBTQ+: 26 Yes; 72 No. [From 88].</p> <p>Marital and civil partnership status: 11 single; 8 cohabiting; 0 civil partnership; 12 married; 0 separated; 1 divorced/dissolved civil partnership; 3 widowed. [From 35].</p> <p>Pregnancy and maternity: 1 currently pregnant; 1 currently breastfeeding; 7 given birth in last six months. [From 9].</p> <p>Religion: 3 no religion; 2 other religion. [From 5].</p>

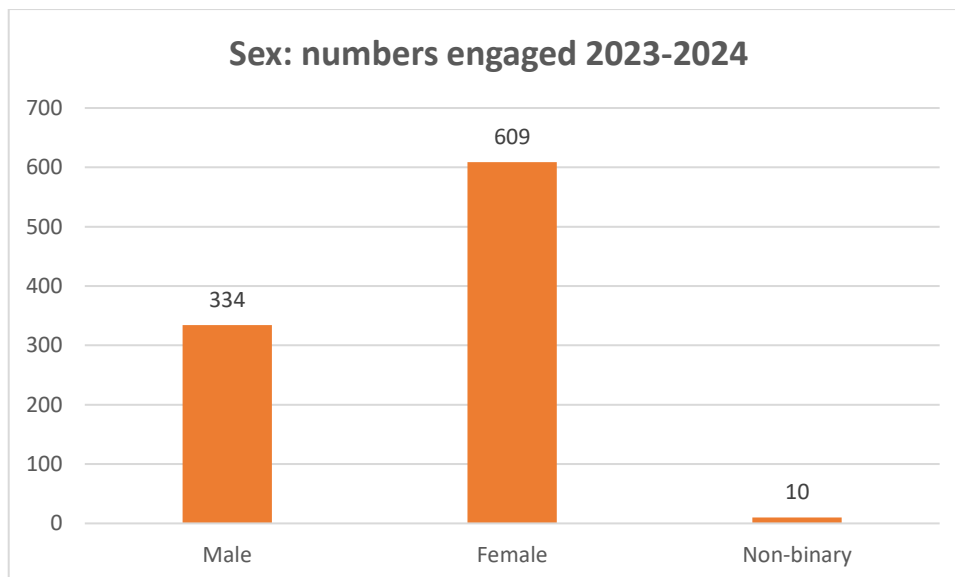
Aggregated data for 2023–2024

During 2023–2024, we engaged a total of 1697 people – 1023 provided equalities data and a further 674 were engaged but did not provide equalities data.

The aggregated numbers engaged across the seven projects are as follows:

Sex:

All seven projects provided data on sex. We engaged 275 more women than men, which equates to 28.9% men, 63.9% women, and 1.1% non-binary. For six of the seven projects, a larger proportion of women provided responses (the exception being the dementia project). This is consistent with previous Healthwatch Brighton and Hove reports and may reflect the acknowledged greater responses from women when it concerns health-related information².

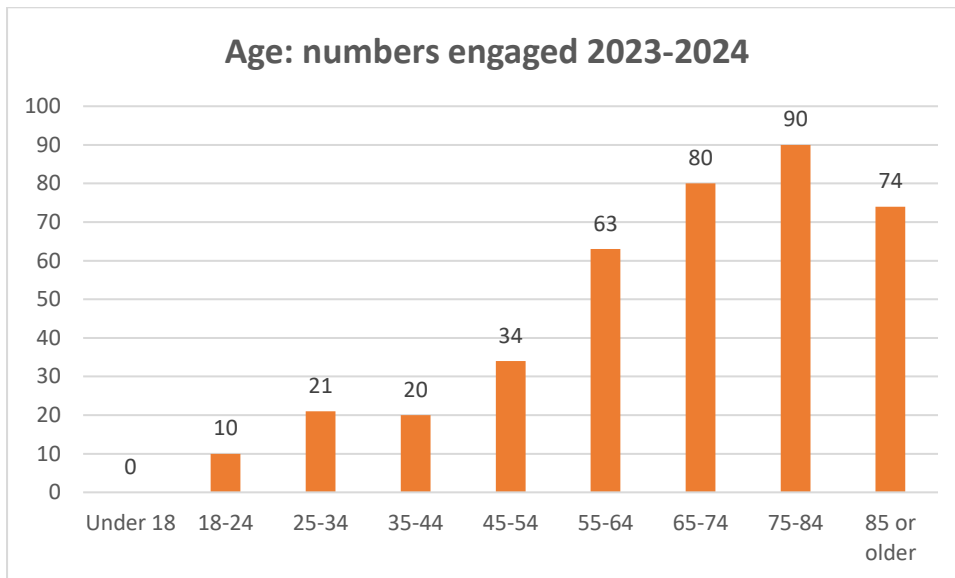


² Wang Y, Hunt K, Nazareth I, et al Do men consult less than women? An analysis of routinely collected UK general practice data. *BMJ Open* 2013;3:e003320. doi: 10.1136/bmjopen-2013-00332

Age:

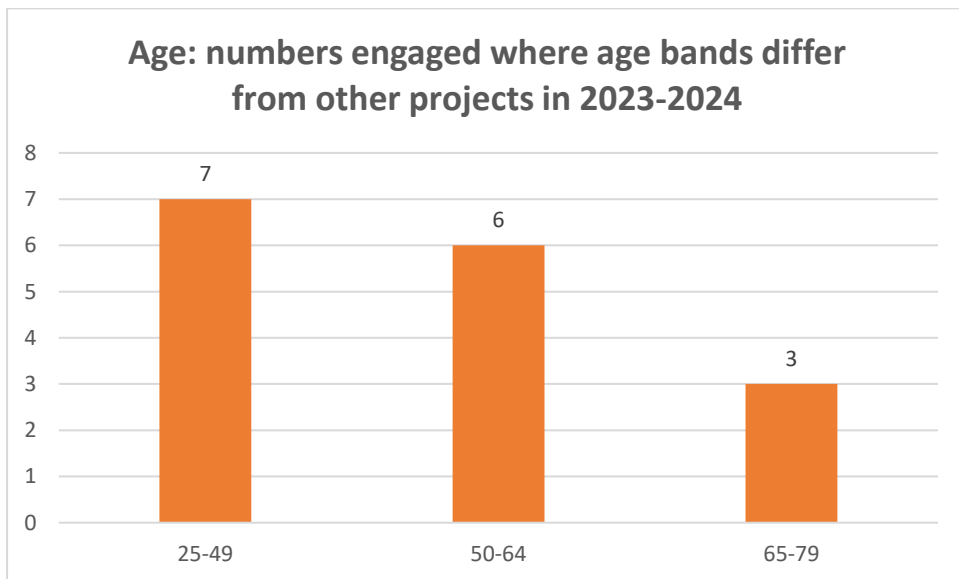
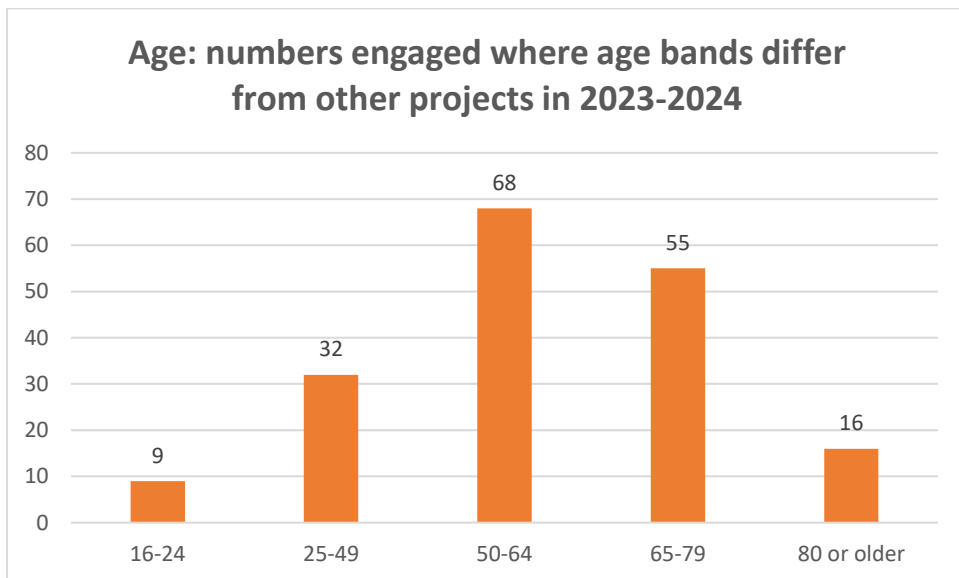
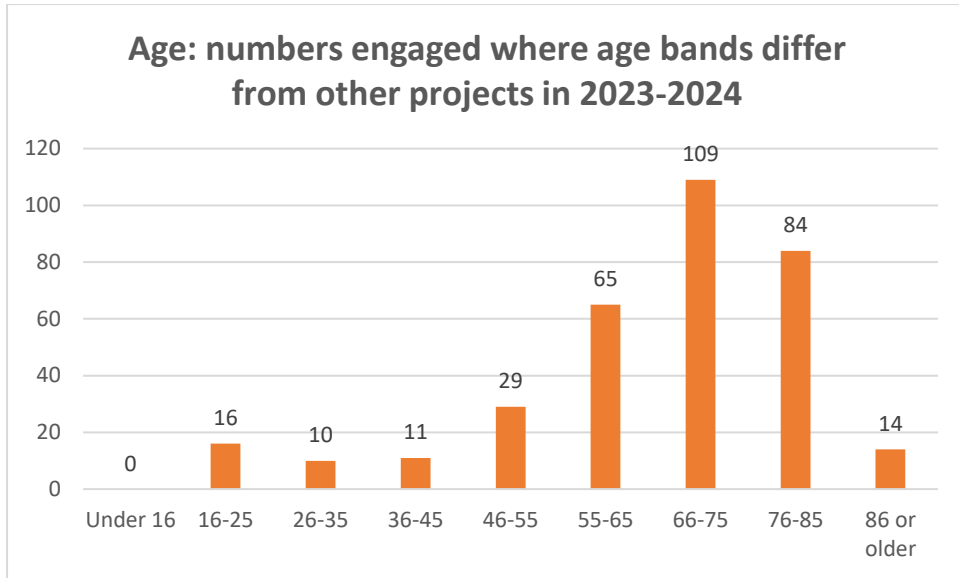
A total of 923 provided data about their age. Four out of the seven reports, comprising 391 people, measured age in the same bands meaning they can be combined. A measure of precise age would be recommended which could, if required, be summarised to the same age bands.

For the four combined surveys, the ages are dominated by the 65s and over, comprising 244 people or 62.4% of the sample. This compares to 51 people or 13.0% of the sample aged under 45. Only 10 (2.6%) people were aged under 25 from these combined surveys.



The following three charts show age recorded under different age bands. The first (Let’s Talk About Your Experiences of Health and Care in Sussex 2024) shows the general pattern of more middle to older age and less young people. The second (Helpline enquiries) shows a slightly younger profile dominated by 50–64 year olds. The third (Long Covid), only from a small sample, shows the highest proportions for 25–49 year olds.

The difference in the way age is recorded is stark here, emphasising the need to set an agreed age banding or recording of precise age.



Gender identity:

From four out of the seven reports, 53 people said that their gender differed to their sex assigned at birth. This represents 7.3% of all those asked that question in 2023–2024. The inclusion of this question has increased since the previous equalities reports.

Sexual orientation:

We engaged with 48 people who were LGBTQ+. From the number of people who answered this question (473), this amounts to 10.1% of our sample. The proportion is less than last year which included a study that focused exclusively on this community.

Disability:

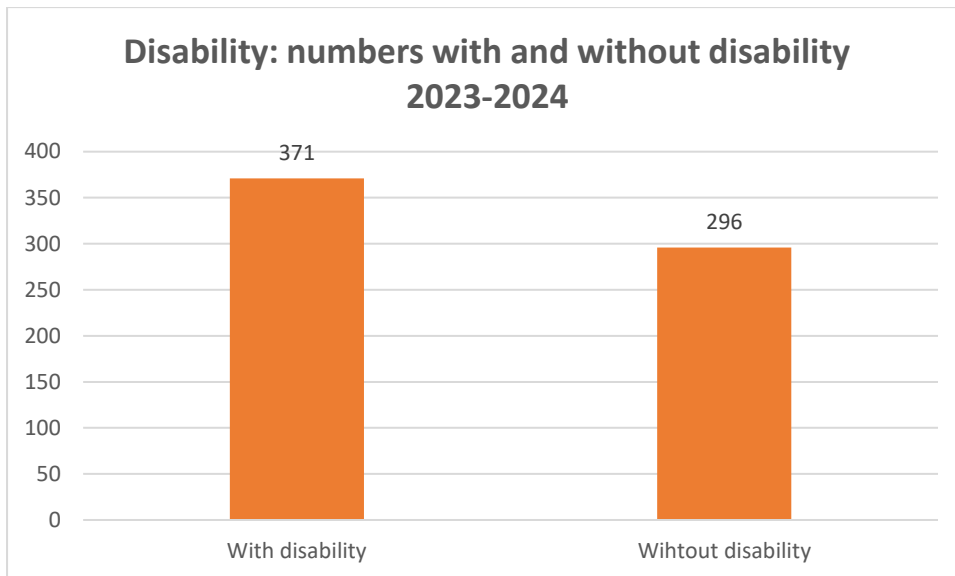
As for age, disability is asked in different ways among the five studies. Four of the studies use 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months' (occasionally being separated into 'a little' and 'a lot').

Two projects that used this ('day-to-day activities....') showed that 167 reported a disability. For those two projects examining the severity of these 'day-to-day activities....', 18 people (12.5%) defined this as limiting them 'a little' and 122 (85.3%) 'a lot' (the remaining 2.1% who answered this question had no disability). These high proportions of disability reflect the nature of the projects where this question was used – those in receipt for Direct Payments and people affected by Dementia.

Further questions used a tick-box (yes/no) where 64 people reported a disability.

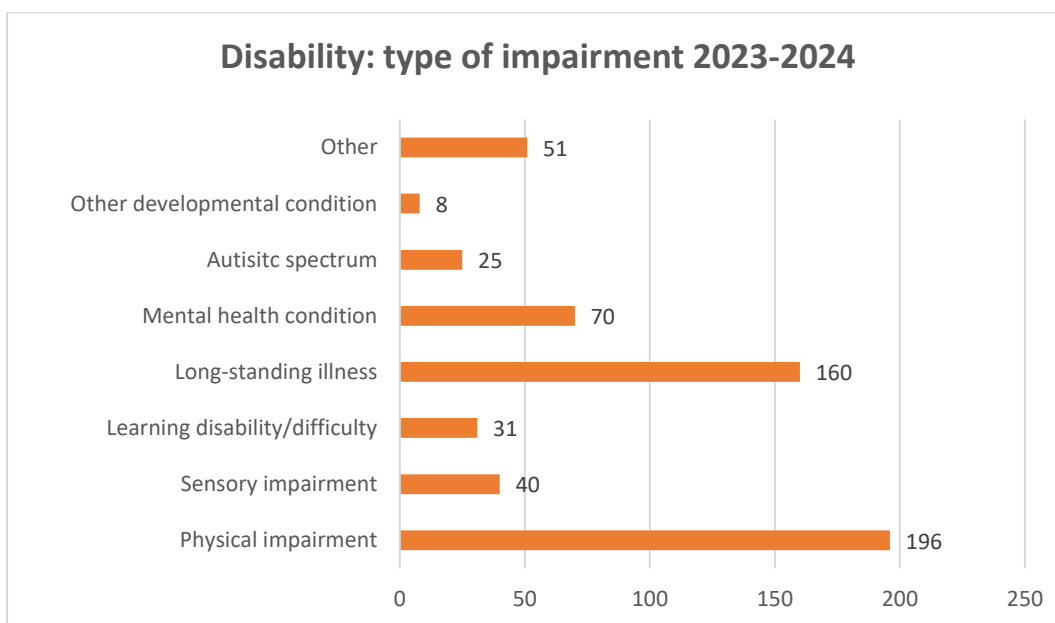
This again raises the importance of using a more standardised question, in terms of defining a disability as 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months', and whether it limits people 'a little' or 'a lot'.

In combining these data, 371 (55.6%) people reported a disability, from 667 who answered this question.



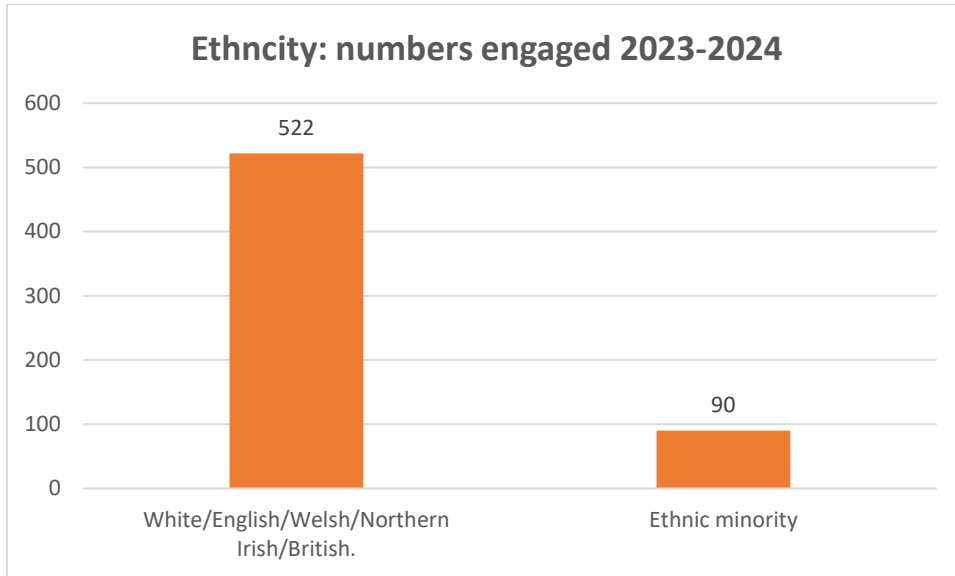
For those with a disability, three projects asked about the type of impairment. The most common condition was a physical impairment (196 people) followed by long-term condition/illness (160 people). However, as a further point about standardisation, not all categories were provided – for example, only one out of the three projects offered autistic spectrum as an option, nor other developmental condition.

Note that people could select more than one condition, so percentage calculations are not included.



Ethnicity:

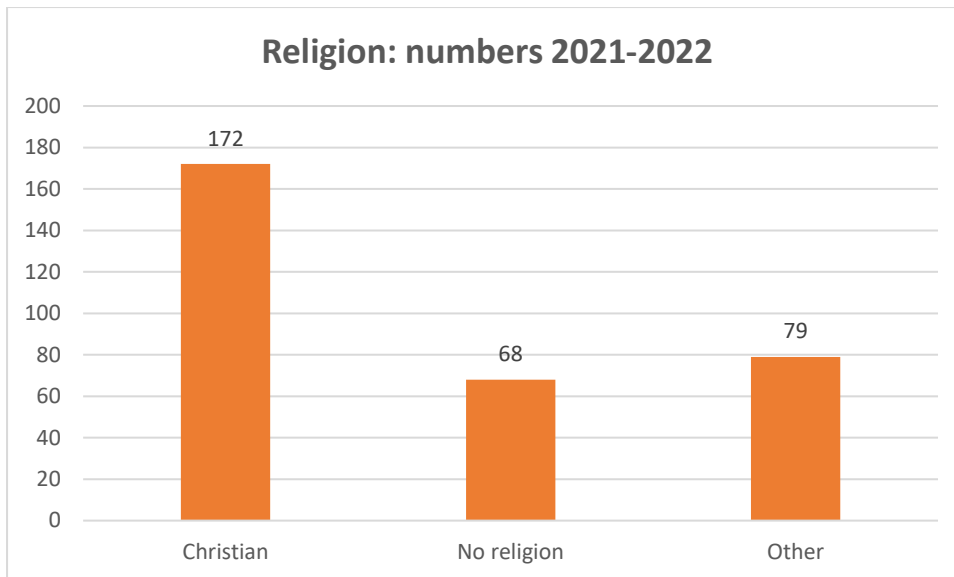
Five reports held data on ethnicity. In total, we engaged 90 people from ethnic minority groups which equates to 14.7% from our sample that provided this information. We engaged 522 people who were White/English/Welsh/Northern Irish/British.



Religion:

Two projects asked about religion. The most commonly reported religion was 'Christian' (172 responses). 68 said 'no religion' and 79 had another religion.

In percentage terms, 53.9% were Christian, 21.3% reported 'no religion', and 24.8% were other responses.



Carers:

Two projects asked about whether people were carers. Of those who answered the question, 87 or (23.8%) said they were carers. Although not specified, it was assumed that the majority were 'unpaid' carers (a further example of needing to standardise questions).

Armed Forces:

Asked by one project, two people were currently serving (0.6%), three had ever served (0.9%), and three were a member of a current or former serviceman or women's immediate family or household (0.9%).

Marital and civil partnership status:

Also asked by one project, 11 defined themselves as single (31.4%); 8 cohabiting (22.8%); 0 civil partnership; 12 married (34.3%); 0 separated; 1 divorced/dissolved civil partnership (2.8%); and 3 widowed (8.5%).

Pregnancy and maternity:

Only nine people responded to this question, with one person saying they were currently pregnant; one currently breastfeeding; and seven had given birth in the last six months.

Conclusion

In this conclusion we compare where we are doing well as well as areas we need to improve. This comparison is made to the 2021 census data and to the equalities data from last year (2022-2023). We will refer to the proportions of our samples rather than numbers for these comparisons (because the city numbers will always be higher than those engaged by Healthwatch).

At the outset, immediate recommendations would be to include all 10 protected characteristics in all engagement events where feasible. Further, there is a need to adopt standardised measures in terms of:

- Precise age or the same age-bands.
- Definition of disability including whether they are affected 'a little' or 'a lot'.
- Types of disabilities people may have.
- Clarify the term carers to refer to informal, unpaid care.

Where we are doing well:

- We were effective in engaging people **whose gender did not match their sex assigned at birth**. A total of 53 people or 7.3% said that their gender differed to their sex assigned at birth. This is an increase on the 2022-2023 figure of 4.7% of those who answered this question.

Compared to the 2021 census data for Brighton and Hove, a greater proportion of those engaged through our Healthwatch activities identified their gender as different to their sex assigned at birth – 4.7% compared to the City figure of 1.1%.

- We were also effective in reaching a proportion of the **LGBTQ+** community that was similar to the census figure. Although lower than last year's figure of 38.4% (where one of the reviewed studies was focusing exclusively on this community), 10.1% or 53 people who answered this question were LGBTQ+ compared to the census figure of 10.6%.

- Compared to the census, Healthwatch engaged a much higher proportion of people with disabilities. In total, we heard from 371 people with a disability which amounts to 55.6% of those who answered that question (similar to last year's figure of 52.3%). This is notably greater than the census figure of 19.5%.

Also, for the disability question that assessed the degree to which people's day-to-day activities were limited, 85.3% of the Healthwatch sample reported this was 'a lot' compared to the city figure of 8.0%. Those who reported that their daily activities were limited 'a lot' was an increase from the 2022-2023 figure of 23.1%. These differences are partly explained by the nature of the projects where this question was used in 2023-2024 – those in receipt for Direct Payments and people affected by Dementia.

- The most commonly reported **religion** response was Christian (172 responses or 53.9%). 68 said 'no religion' (21.3%) and 79 had another religion (24.8%). Our figure for 'no religion' (21.3%) was notably lower than the census figure of 55.2%, meaning we are capturing a greater proportion of people from other religions. This 2023-2024 figure for 'no religion' was also lower than the 2022-2023 figure of 43.6%.
- A further area where we are engaging effectively concerns (unpaid) **carers**. Of those who answered the question, 87 or (23.8%) said they were carers. This is a slight increase from 21.9% in 2022-2023 and surpasses the census proportions of the city of 7.9%.

Where we could improve:

- We engaged 275 **more women than men**, which equates to 28.9% men, 63.9% women, and 1.1% non-binary. This gender imbalance has persisted over previous years. This year's figure of 28.9% men marks a downward trend – lower than that reported in 2022-2023 (32.6%) and 2021-2022 (41.4%). This compares to the census figure of men comprising 48.9% for the city.
- Most of our engagement covers people **aged 65 or over**, comprising 56.9% of those who answered this question. We spoke to 35 people

under the age of 25 (3.8%). This is an older age profile to 2022–2023 where 43.3% were aged 60 or older and 15.9% were aged under 30.

Even though the age bands are not exactly comparable, the proportion of people aged under 20 in the census is 20.5%, compared to our proportion of 3.8% of under 25s. Also, 14.1% were aged 65 or older in the census compared to our sample of 56.9%.

- In total, we engaged 90 people from **ethnic minority groups** which equates to 14.7% from our sample that provided this information. This is lower than the 2022–2023 proportion of 18.5% and the census figure of 26.1% (defined as ‘non White–British’).

Overall, we are achieving well in the majority of the protected characteristics but there is a need to reach more men, more younger people, and people from ethnic minorities.

These three groups where more diversity is required is an established pattern seen over the last few equalities’ reports.

Indeed, for all three characteristics, the proportion of men, younger people, and ethnic minorities is lower than the proportions seen in 2022–2023 (and 2021–2022), indicative of a worsening trend – the closest figures are used where age is not standardised:

Measure	2021–2022	2022–2023	2023–2024
Sex	41.4% men	32.6% men	28.9% men
Older people	15.2% aged 65 or older	43.3% aged 60 or older	56.9% aged older than 65
Younger people	13.6% aged 25 or younger	25.9% aged under 30	3.5% aged under 25
Non-White-British	22.2%	18.5%	14.7%

We are taking steps to address this trend with, at the time of writing, undertaking projects that are engaging exclusively among young people and minoritised ethnic groups.

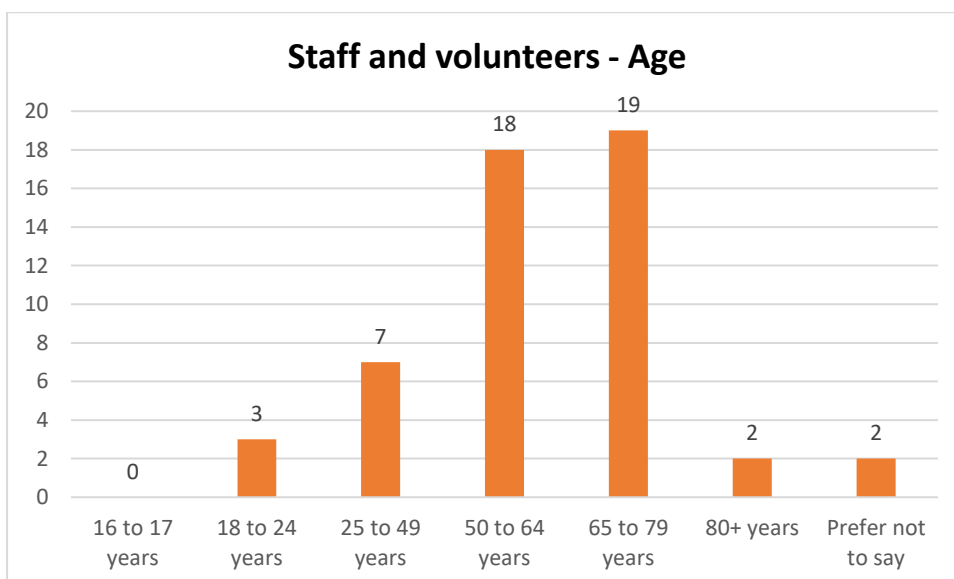
We also need to expand our insight to capture data on marriage and civil partnerships, pregnancy and maternity and Armed Forces. Although recorded for the first time in 2023–2024, we need to expand the use of these from the currently one study where these questions were used.

Standardised measures for disability and age, a clear definition of carers, and consistency over the types of disabilities will allow us to make more accurate comparisons to local population and census data.

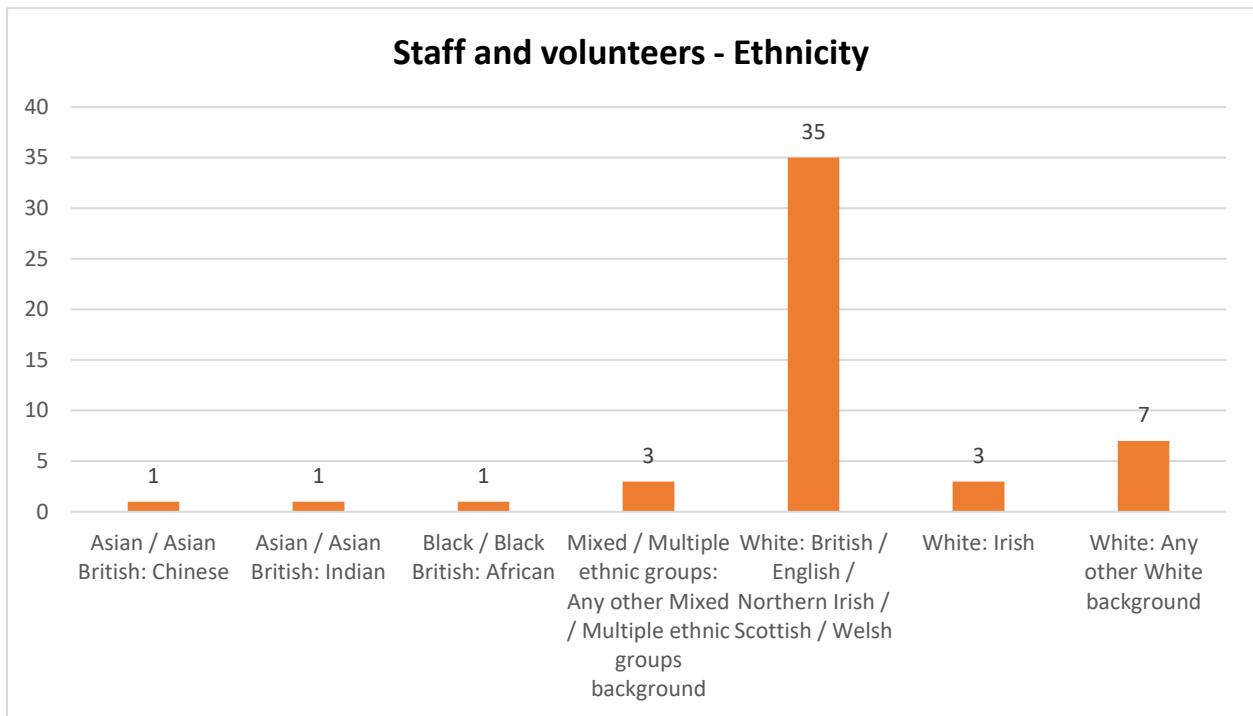
Staff/Healthwatch volunteers (including the Healthwatch Board)

Although not appropriate to aggregate with those engaged above, we close this report having reviewed the equalities data from our staff team, Board, and volunteers that support Healthwatch. In total, 51 people supplied their equalities data.

The sample was comprised of 28 women and 23 men. The age ranged from 18–24 years to 80+ years as shown below:

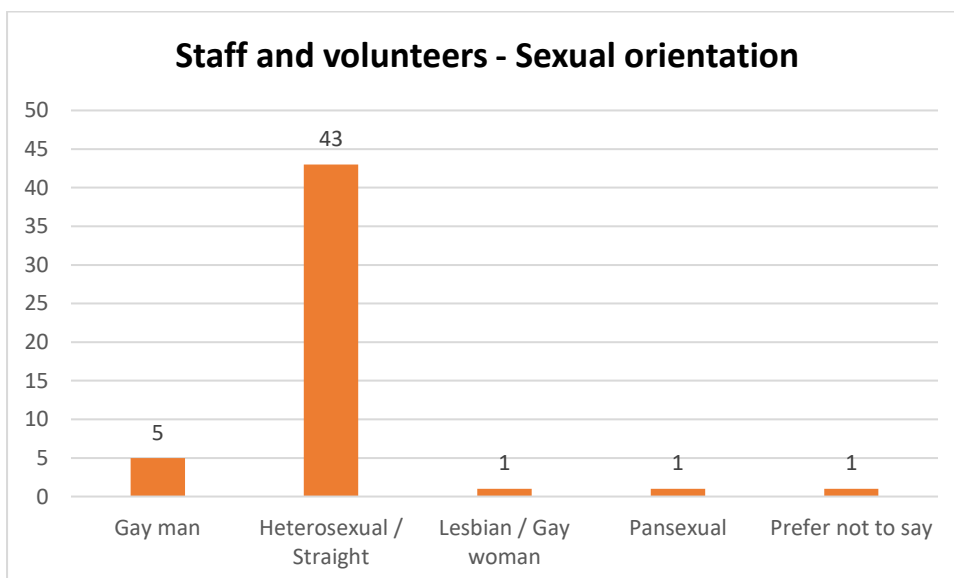


There was also a range in ethnicity, with 31% describing themselves as not White–British. The ethnic groups represented by the staff and volunteers is shown below. The chart shows the ethnicity responses with the omission of other groups where there was no response:



All 51 respondents said that their gender identity was the same as the sex assigned at birth.

A total of 43 of the sample or 84% were heterosexual. Five people were gay men. The chart shows the sexual orientation responses with the omission of other categories where there was no response:



Seven (14%) of staff or volunteers had a disability, and 14 (28%) had a long-term condition. Three people (6%) were carers.

The data shows that we endeavour to employ staff and recruit volunteers who represent the demography of the city. Broadly speaking, the staff/volunteer group were more diverse than those in the above seven projects in terms of gender, age, LGBTQ+ and ethnicity although less so in terms of disability, gender not being the same as sex assigned at birth, and those with caring responsibilities.