

Leicester
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY
COMMISSION FOR THE REVIEW OF MENTAL HEALTH SERVICES
FOR YOUNG BLACK MEN IN LEICESTER**

DATE: TUESDAY, 30 SEPTEMBER 2014
TIME: 5:30 pm
**PLACE: THE FOUNTAIN ROOM - GROUND FLOOR, TOWN HALL,
TOWN HALL SQUARE, LEICESTER**

Members of the Commission

Councillor Cooke (Chair)
Councillor Cutkelvin (Vice-Chair)

Councillors Bajaj, Chaplin, Glover, Grant, Sangster and Wann

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356** or email graham.carey@leicester.gov.uk or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

THE 6 PRINCIPLES OF EFFECTIVE SCRUTINY

In March 2014, the Health & Wellbeing Scrutiny Commission adopted 6 principles of effective scrutiny and subsequently agreed that these would be included on all agenda to enable anyone observing or attending meetings to be clear about the role of the Commission. These are:-

- 1. To provide a 'critical friend' challenge to executive policy- makers and decision-makers.**
- 2. To carry out scrutiny by 'independent minded governors' who lead and own the scrutiny process.**
- 3. To drive improvements in services and finds efficiencies.**
- 4. To enable the voice and concerns of the public and its communities to be heard.**
- 5. To prevent duplication of effort and resources.**
- 6. To seek assurances of quality from stakeholders and providers of services.**

TERMS OF REFERENCE OF SCRUTINY COMMISSIONS

Scrutiny Committees hold the executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview and Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its

Scrutiny Commissions may:-

- i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
- ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
- iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.
- iv. make recommendations to the City Mayor, Executive, committees and the

Council arising from the outcome of the scrutiny process.

- v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
- vi. question and gather evidence from any person (with their consent).

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

SCRUTINY COMMISSIONS will:-

- Be aligned with the appropriate Executive portfolio.
- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member, who will be a standing invitee.
- Have their own work programme and will make recommendations to the Executive where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.
- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. LEICESTERSHIRE POLICE

**Appendix A
(Page 1)**

Superintendent Adam Streets has been invited to the meeting and will give a short presentation which is attached. Also attached is a briefing note **(Page 5)** and an analysis of patients detained under Section 136 from August 2013-14. **(Page 7)**

**4. LEICESTERSHIRE PARTNERSHIP NHS TRUST -
CRIMINAL JUSTICE LIAISON DIVISION**

**Appendix B
(Page 9)**

Peter Jackson, project Manager, Criminal Justice and Liaison Division, Leicestershire Partnership Trust NHS Trust has been invited to the meeting to give a briefing to Members. A copy of a briefing note on the Leicestershire Criminal Justice Mental Health and Learning Disabilities Liaison and Diversion Service is attached.

5. TRIAGE CAR

**Appendix C
(Page 13)**

Vicki Noble, Senior Mental Health Practitioner, Acute Assessment Team and Criminal Justice Service, Leicestershire Partnership NHS Trust has been invited to the meeting to give a briefing on the work of the Triage Car. PC Alex Crisp from the Triage Care has also been invited. A copy of an article on the Triage Car from the LPT's Newsletter is attached for information.

**6. EQUALITY AND HUMAN RIGHTS COMMISSION -
INQUIRY**

**Appendix D
(Page 15)**

To note the article on the Equality and Human Rights Commission inquiry into 'non-natural deaths' of adults with mental health conditions.

7. ITEMS FOR INFORMATION AND NOTING

Appendices E - G

A) MINUTES OF MEETING ON 22 JULY 2014 **(Appendix E Page 17)**

- B) INFORMATION SUBMITTED BY THE LEICESTER CITY CCG FOLLOWING THE MEETING ON 22 JULY 2014
- 1) Extract of E-mail from John Singh on Equality Impact Assessments **(Appendix F1 Page 25)**
 - 2) Response to Members' questions at the meeting. **(Appendix F2 Page 27)**
- C) INFORMATION SUBMITTED BY LEICESTERSHIRE PARTNERSHIP NHS TRUST FOLLOWING THE MEETING ON 22 JULY 2014
- 1) Extract of e-mail commenting on the data analysis. (3 September 2014) **(Appendix G1 Page 31)**
 - 2) Extract of E-mail from Dr F Noushad – 28 July 2014 **(Appendix G2 Page 33)**
 - 3) Service Users Counts **(Appendix G3 Page 35)**
 - 4) Mental Health Service User Counts **(Appendix G4 Page 43)**
 - 5) Quantative Equality Analysis of service users Leicester City Increasing Access to Psychological Therapies Service May to September 2013. **(Appendix G5 Page 51)**
 - 6) Quantative Equality Analysis of Leicestershire Partnership NHS Trust Service Users in the year up to November 2013 **(Appendix G6 Page 57)**
 - 7) Mental Health Review Tribunal/ Leicestershire Partnership NHS Trust Ethnicity Monitoring Pilot **(Appendix G7 Page 71)**

8. ANY OTHER URGENT BUSINESS



Leicestershire
Police
Protecting our communities

Leicester City Council, Health and Wellbeing Scrutiny Commission

Review into Mental Health Services for Black British Young
Men in Leicester

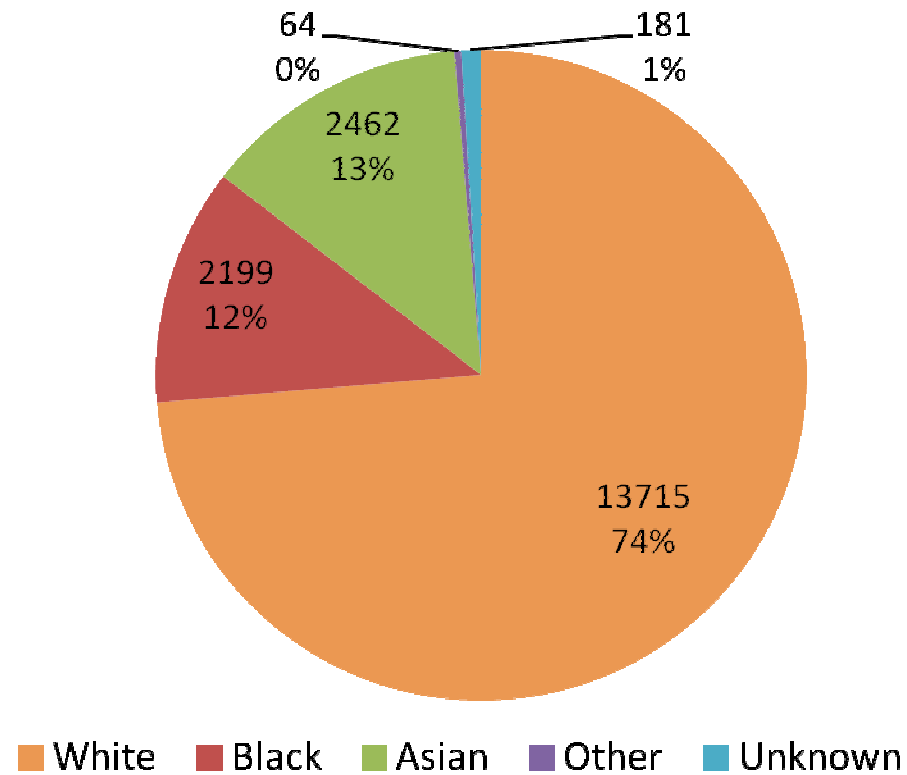
Presentation by Superintendent Adam Streets

www.leics.police.uk



Leicestershire
Police
Protecting our communities

Leicestershire Custody Throughput (by Ethnicity) 1st September 2013- 1st September 2014

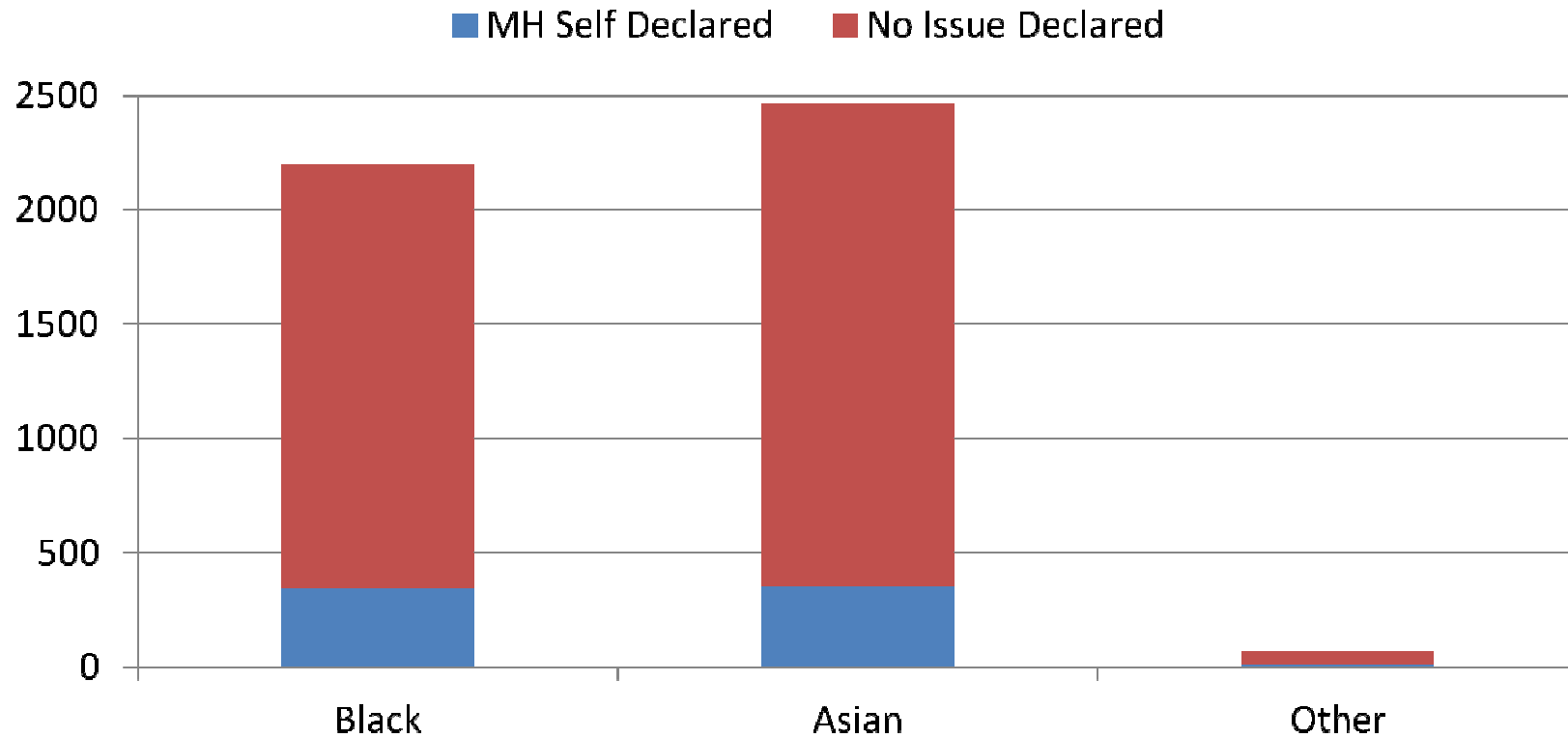




Leicestershire
Police
Protecting our communities

BME Detainees Declaring Mental Health Issues in Custody 1st September 2013 - 1st September 2014

3



Appendix A2

Leicestershire Detainee Throughput (By Ethnicity)

In the past 12 months 18,621 detainees have been through Leicestershire Police custody.

A quarter of these detainees come from Black and Minority Ethnic Groups.

The vast majority of detainees are male (87%), this percentage is slightly higher amongst BME groups (90%).

The Other category covers people of Chinese, Japanese and South East Asian descent.

BME Detainees Declaring Mental Health Issues in Custody

24% of all detainees that came through custody in the past 12 months declared a mental health issue when asked during the booking in process.

The vast majority of those declaring an issue were white (84%).

For those from BME groups around 15% declare a mental health issue upon arriving in custody.

Broken down in to various ethnicities this is 16% of Black detainees, 14% of Asian and 8% of Chinese/Other. This breakdown is shown in the graph.

Age of Black Males Detained in Custody

For those black detainees declaring a mental health issue 281 are male (82%) and 63 female (18%).

An age breakdown for these 281 males can be seen in the left hand graph above, this shows that mental health issues are most prevalent amongst those black males aged 26-35 and 18-25.

The chart on the right shows the age breakdown of all black males in custody and this reveals that those detainees 46 years and older are over represented amongst those declaring a mental health issue and those younger than 18 are under represented.

The exact breakdown of detainees is shown in the table below;

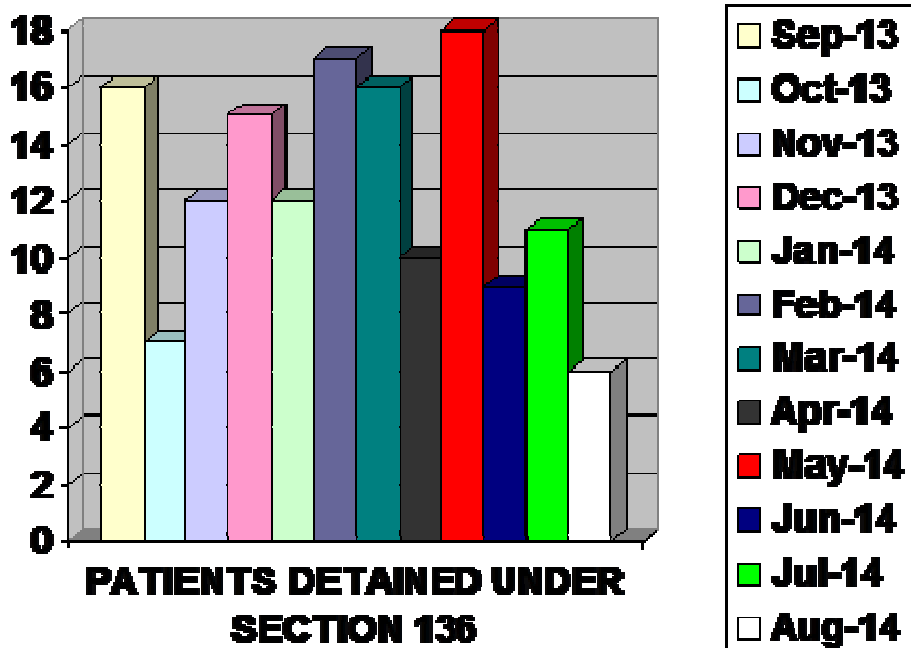
Age	Black Males		
	All Detainees	Self Declaring	% Self Declaring
Under 18	321	21	7%
18-25	644	85	13%
26-35	559	91	16%
36-45	254	43	17%
46+	166	41	25%
Total	1944	281	14%

Appendix A3

SECTION 136 OVER 12 MONTH PERIOD

AUGUST 2013-AUGUST 2014 (Leicester/Leicestershire and Rutland)

MONTH	PATIENTS DETAINED UNDER SECTION 136
SEPTEMBER 2013	16
OCTOBER 2013	7
NOVEMBER 2013	12
DECEMBER 2013	15
JANUARY 2014	12
FEBRUARY 2014	17
MARCH 2014	16
APRIL 2014	10
MAY 2014	18
JUNE 2014	9
JULY 2014	11
AUGUST 2014	6
TOTAL (12 MONTHS)	



Appendix B

The Leicestershire Criminal Justice Mental Health and Learning Disabilities Liaison and Diversion Service Briefing Document.

This service covers Leicester, Leicestershire and Rutland(LLR).

It aims to provide an effective interface between Mental Health and the Criminal Justice Services.

It achieves this by making Mental Health Nurses employed by Leicestershire Partnership NHS Trust(LPT), available to assess people in the criminal justice system in Custody suites, at Probation offices and at Courts.

It will soon expand to encompass people who have not been arrested but who have been interviewed voluntarily about offences.

It is closely linked to the Mental Health Triage car project which is also a collaboration between LPT and the Police.

It will:-

- Provide a streamlined path into treatment where it is needed
- Provide referral or liaison pathways to treatment and support providers where this is appropriate.
- Risk assess service users and assist partner agencies to manager the risks identified.
- Facilitate appropriate information sharing between Health and Criminal Justice Agencies.
- Collate and disseminate performance indicator information and analyse the project data to support the development of strategy locally and nationally.

The purpose of this is to achieve the following Aims and Objectives.

Service Aims

- To improved access to healthcare and support services and a reduction in health inequalities for vulnerable individuals with mental health and learning difficulties.
- To divert individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other supportive services
- To deliver efficiencies within the youth and criminal justice systems
- To reduce re-offending or escalation of offending behaviours

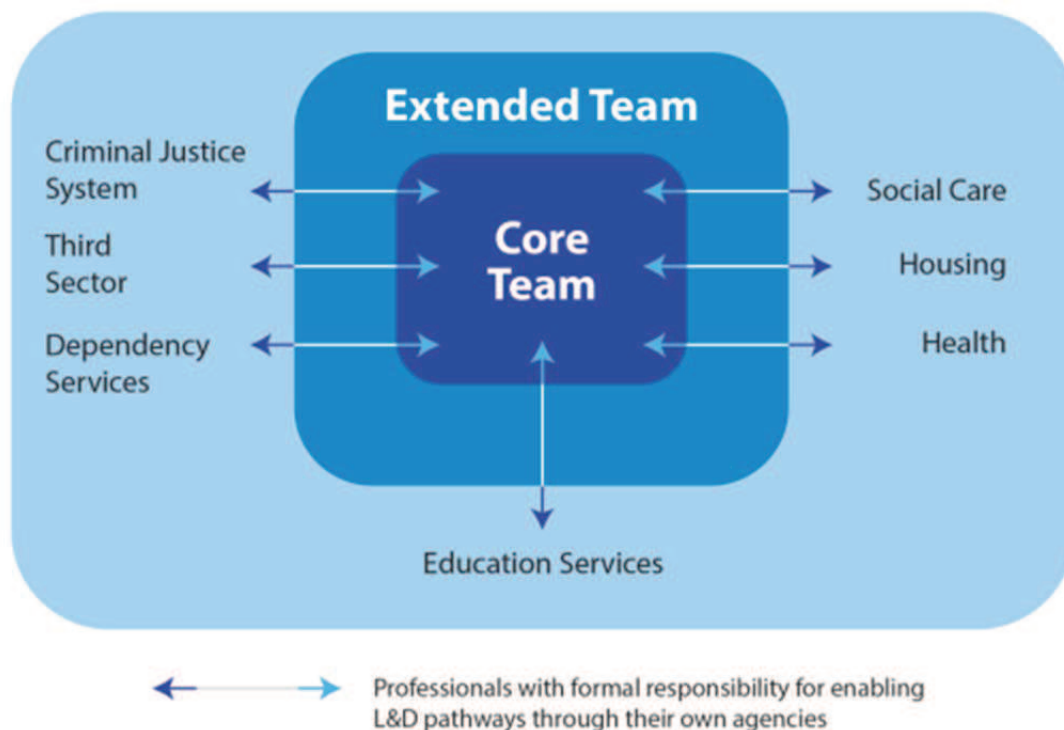
Service Objectives

- To provide an exemplary and comprehensive screening and multi-disciplinary assessment service for all eligible referred individuals
- To operate within a robust clinical operating framework

- To provide high quality information to key decision makers in youth and criminal justice agencies, including the police, courts, probation and Youth Offending Teams (YOTs)
- To secure referrals into mainstream health and social care services and other relevant interventions and support services
- To follow up individuals with health and social care service providers, to ensure that individuals continue to engage with treatment until an appropriate discharge point is reached

Service Model

This Service is part of a National trial which is developing best practice in 10 locations in preparation for a national roll out by 2017. The following diagram represents the model the trials are developing.



It depicts a core team of dedicated staff who assess people in the criminal justice system and who then divert them or ensure that they receive appropriate support. The extended team are the wider range of professionals drawn from a broad range of partner organisations, whose roles are not specific to liaison and diversion but are essential to effective liaison and diversion practice.

The core team comprises a dedicated team of professional and contains

- Management of the project
- Mental Health Professionals embedded with other services
- Adult liaison and diversion practitioners
- Children and young people liaison and diversion practitioners
- Learning disability practitioner
- Speech and language therapist

- Support time and recovery workers
- Administrators

The liaison and diversion Core practitioners are already conducting the following activities.

Clinical

- Screening
- Triage
- Holistic psycho-social assessment
- Facilitate specialist assessment

Liaison

- Informing decision making (Including Police, YOS , CPS and Courts)
- Providing Written reports
- Providing input to pre-sentence reports
- Advice on making reasonable adjustments
- Information exchange with community services
- Referrals to existing care teams or to additional services
- Appropriate health promotion
- Informing and mobilising multi-agency care
- Liaising with family and carers
- Short term intervention
- Data collection and monitoring
- Follow up for both health and CJS outcomes
- Equalities monitoring

To do this Mental Health Nurses are now based in Police Custody suites, Probation offices, and at Courts.

The service assesses people passing through the criminal justice system at the earliest opportunity. The assessment tools are inclusive of age and assist to identify relevant issues for more detailed assessment on referral. They also assess the risks and guide Core practitioners to assist the person into the most appropriate pathway for them.

The Mental Health Triage Car

LPT and the Police also manage the Mental Health Triage Car Service which is designed to intervene before arrest and to reduce the number of people detained for mental health assessments. An experienced Police officer and a specially trained Mental Health Nurse crew a Police vehicle together. They have access to the IT systems of both the Police and the NHS. They can advise police officers who are deployed to incidents involving Mental Health issues or Learning Disabilities and attend to assist them if necessary. They are able to use their combined powers and knowledge to interpret the information available and to assess the risk at incidents. They can advise officers and have regularly been able to ensure the most appropriate outcome is achieved.

Outcomes

The Liaison and Diversion scheme operated in a very similar format during the year 2013/14 and was revised to fit the pilot service model in April 2014. The Triage car is now in its second year of operational activity.

So far the following results have been achieved.

- The service model has been in place and operational since 1st April 2014. The first quarter performance information is now being analysed.
- A small number of people have been diverted out of the criminal justice system to receive ongoing treatment for serious mental health conditions.
- The service has identified some people who have claimed to have mental health issues. Assessment has provided evidence that this was not a factor in the behaviour which resulted in a crime. They have therefore continued in the criminal justice system as normal.
- The majority of people have continued on the Criminal Justice pathway with increased support and with referrals in place to appropriate treatment services. The risks appear to be better managed and decision makers are better informed.
- The triage car has significantly reduced the number of people detained using Police powers under section 136 of the Mental Health Act.
- Both services have discovered people with complex needs who have repeatedly used services and offended. They have been helped by case specific multiagency professionals meetings set up to better coordinate the agencies approach to them.
- The services have driven a significant improvement in the multiagency environment. Professionals have improved relations across agency boundaries and obtained a much better understanding of the different language, skills and legal powers available.

Development Areas

1. Meetings are planned to explore improvements to the service provided at The Magistrates courts. All parties need to be aware of the additional information and options the service can provide to the Magistrates and the best legal practice for achieving this.
2. The core team have developed most of the practical relationships required to liaise appropriately between professionals. However these relationships need to be extended and supported by a robust policy framework. This is now a strategic priority for LLR as it reviews the Mental Health Pathways and seeks to implement the Mental Health Crisis Care Concordat.
3. The All age aspiration of the service is still developing. Discussions are ongoing to ensure that the existing YOS based service in Leicestershire is coordinated with the wider L & D service. Leicester City does not currently have a similar young person's L & D service but the current discussions aim to ensure that appropriate liaison and diversion pathways can still be identified.

Better by triage car – praise for our new partnership with police

We have launched a new service, working with the police

A mental health nurse goes out with police in a car, and helps other officers by phone

An evening shift

Paul Widdowfield, communications manager with LPT spent an evening shift in the custody suite at Euston Street Police Station, Leicester, where the triage car team is based, shadowing mental health practitioner Lisa McDonald and PC Dave Wadsworth.

There is strong teamwork between Dave and Lisa. Working out of a small room in the custody suite, they work with police and NHS databases running on computers alongside each other.

On this shift, it transpired that there was only one call which necessitated a visit. A call came in from another police officer which outlined how a male had sat down on a petrol station forecourt and was refusing to move. The duo went out to see the man, and assessed that the policing element was the best way of handling him. He was taken to Euston Street for further questioning.

Although this was a relatively quiet night, Lisa and Dave were kept busy providing advice to colleagues over the telephone, and also in the custody suite. As this is still a pilot scheme, there are occasions where mental health assessments might need to be carried out in the custody suite itself.

An innovative partnership with Leicestershire Police, which aims to provide mental health care as soon as possible and potentially reduce offending, has been praised as an example of best practice by the Department of Health.

Operating as a pilot since January 2013, our triage car scheme sees mental health practitioners (MHP) go with police officers to incidents where someone might need immediate mental health support.

Since the pilot started, the triage car has seen a reduction in the number of people detained under Section 136 of the Mental Health Act of around 40 per cent, and is saving the partner organisations £9,700 a month.

Under Section 136, when the police believe that someone is suffering from a mental illness and needs immediate treatment or care, they can take them from a public place to a 'place of safety', either for their own protection or the protection of others, so their immediate needs

can be properly assessed.

The aim of the triage car is to identify and provide care or support that can potentially reduce or stop offending or self-harming. Because our staff are able to assess and signpost people more effectively in the community, they are able to reduce the stress on that person at a time of crisis.

The police officer can give expert advice on possible policing solutions, while the mental health nurse helps when specialist advice or care is needed. Our staff can either travel with police in the triage car, or advise other officers by phone.

This helps to stop people with a mental health crisis from having to receive their initial care or be detained in a police custody suite, which can be very distressing.



PC Dave Wadsworth and LPT mental health nurse Vicki Noble – telephone triage is also part of the pilot

It also means people receive the treatment they need much faster, as well as reducing demands on police time.

Leicestershire triage car officer, PC Alex Crisp, said: "Practically the team regularly deals with individuals at the point of mental crisis, often in very risky circumstances. Incidents are resolved by the collective skills and experience of both of the professionals involved, an example of how partnership working can produce the best results."

"The professional attitude and work ethic of the mental health practitioners shows the very best of the NHS and its staff. The team of practitioners have earned the respect of the police officers they work with and produced results for the individuals they have responded to that wouldn't have been possible without their input."

Paul Miller, our chief operating officer, says: "The triage car demonstrates how, through partnership work and creative thinking, members of the public can be better served through providing care in the right places. We really value our partnership with the police force, and with other agencies in our wider criminal justice work."

The initiative is attracting a lot of attention, with several police forces and mental health trusts contacting LPT to find out more. After visiting Leicestershire, Care and Support Minister Norman Lamb, from the Department of Health, announced more police forces have been selected to pilot similar schemes.



Triage car teamwork: mental health professional Emma McCann and PC Alex Crisp

How are skills and powers combined?

Having professionals from both health and policing backgrounds working closely together means each incident and its options can be considered more broadly than if police were at an incident alone. It also means the decision makers can gain access to and share previous police and health service records concerning the individual.

The mental health nurse:

- provides the training, experience and legal powers of a registered nurse
- can conduct a mental health assessment
- has mobile access to mental health services and information systems
- has experience of working practices and procedures within the NHS

The police officer:

- provides the training, experience and legal powers of a constable. These include powers under criminal law, the Mental Health Act and the Mental Capacity Act
- has mobile access to criminal justice information systems
- has experience of working practices and procedures within the criminal justice system
- has been trained in public order and methods for gaining entry to locked or barricaded premises, providing additional tactical options
- is qualified to higher driving standards, enabling emergency response if required





Published on *The Voice Online* (<http://www.voice-online.co.uk>)

Equalities watchdog opens inquiry into mental health deaths

Equalities watchdog opens inquiry into mental health deaths

Campaigners welcome the move but urge commission to ensure race is at the top of the national agenda

Written By: Elizabeth Pears, Posted on: 22/06/2014

THE EQUALITY and Human Rights Commission (EHRC) has opened an inquiry into the 'non-natural deaths' of adults with mental health conditions in order to prevent future loss of life.

It will focus on suicide, homicide, unknown and accidental deaths of people in psychiatric hospitals, prison and police custody in England and Wales.

The inquiry will examine how well these institutions comply with their obligation under the Human Rights Act to protect everyone's right to life using evidence from 2010 to 2013. It will include cases such as Kingsley Burrell, 29, of Birmingham and 25-year-old Merseyside man Jacob Michaels who died after being tasered by officers in 2011. Both men were detained under the Mental Health Act.

Most recently, there was the death of Leon Briggs, 38, of Luton, who also fell ill and died in November 2013 after being detained by police officers allegedly while suffering a mental health crisis.

EHRC chief executive Mark Hammond said: "Despite efforts by the various authorities to prevent deaths of people in psychiatric hospitals, prisons and police custody, every year there are preventable deaths."

LESSONS

"We want to work with all the organisations involved to make sure the lessons of previous tragedies are indeed being learnt."

Official figures show there were 215 prison deaths last year – the highest number to date. Of that figure, 74 were suicides.

There were 98 'non-natural' deaths of people detained in psychiatric hospitals and almost half of those who died in police custody in 2012/13 had mental health conditions.

This inquiry will consider the impact ethnicity – as well as other protected characteristics such as gender and sexual orientations – has on the deaths.

The UK's African Caribbean community are 50 per cent more likely to be referred to mental health services through the police than other ethnicities even though there is not a higher rate of mental illness in this group.

The issue was highlighted by Conservative MP Charles Walker who in December 2013 called a parliamentary debate on black deaths in custody.

Campaign group Black Mental Health UK (BHM UK) welcomed the announcement but said the inquiry must ensure that race was given the attention it deserved.

Director Matilda MacAttram said: “The issue of the treatment of people in relation to race and ethnicity needs to be prioritised in this inquiry if it is to bring about the wholesale transformative change that is needed in many of the practices that take place in these settings.”

ACTORS

She added: “There is a clear need for thorough and objective scrutiny of the factors driving the disproportionate numbers of black people subject to detention under the Mental Health Act, as well as the lethal levels of force that has been used against this group, which has led to far too many high profile preventable fatalities.”

Hammond added: “The protections of equality law and human rights are for everyone and the Commission’s remit gives us powers to bring together different organisations to try and ensure we all do everything possible to prevent future deaths.”

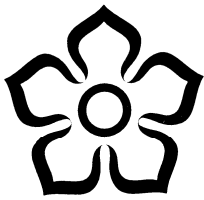
The EHRC will work closely with HM Inspectorates of Prisons and Constabulary, the Care Quality Commission and other relevant organisations.

It will accept evidence within the scope of the inquiry’s Terms of Reference and speak with people working in the three sectors to find out their views on the protection of detained adults with mental health conditions.

A report on the findings will be published in spring 2015, with recommendations for action needed by relevant bodies.

Earlier this month, the Met Police announced mental health teams will be provided in a number of its custody suites.

Full coverage is expected to be rolled out by the end of 2014. The move followed an Independent Commission on Mental Health, chaired by Lord Victor Adebawale.



Leicester
City Council

Appendix E

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 22 JULY 2014 at 5.30pm

P R E S E N T :

Councillor Cooke – in the Chair

Councillor Chaplin

Councillor Cutkelvin

Also in attendance

Sue Locke	Chief Operating Officer, Leicester City CCG
Rod Moore	Divisional Director, Public Health
Dr Fabdia Noushad	Community Services Specialist Clinical Director LPT
Ballu Patel	Chair Leicester Mercury Patients Panel
John Singh	Long Term Conditions Adults and Older People Manager. Leicester City CCG
Teresa Smith	Director of Adult Mental Health and Learning Disability Services LPT

* * * * *

9. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda. No such declarations were made.

10. LEICESTER CITY CLINICAL COMMISSIONING GROUP

Sue Locke, (Chief Operating Officer) and John Singh (Long Term Conditions Adults and Older People Manager) attended the meeting to provide an overview of services commissioned, specifically relating to this topic area.

The following comments were made during the presentation in addition to the comments contained in the presentation:-

- a) The CCG commissioned services at all 5 steps of the Stepped Care Model and NHS England commissioned some specialist services at

Step 5 as well.

- b) The programmed spend by Leicester City LPT/CCG on Core Mental Health had dropped in recent years as some funds for specialist commissioning had transferred to the NHS England.
- c) The spend was, however, above the national trend for this expenditure and was on par with Derby CCG but below Nottingham CCG on weighted spend per head of population.
- d) West Leicestershire CCG led on contract monitoring, finance and qualitative performance. This was monitored by the Finance and Technology and the Performance Committees. These Committees had representatives of all 3 CCGs in Leicester and Leicestershire had GPs on them.
- e) The 3 CCGs spent approximately £80m on mental health services.
- f) The targets for commissioned services were found in the Outcome Frameworks for NHS, Adult Social Care and Public Health and also in the contracts and KPI's for local providers.
- g) Mental Health was a priority work stream within the Better Care Together strategy. The CCG was working with GPs so that services could be more responsive to changes in local communities.
- h) The Liaison and Diversion Services had led the way in a national pilot initiative.
- i) Although there was no specific commissioning of mental health services for young black British men, all commissioned services were available to all parts of the community and could be accessed by young black British men. More work was required to understand why this group were not accessing the services available. There was a balance to be struck between commissioning services for specific groups and commissioning universal services that were accessible by all.

Following questions from members the following comments and observations were made:-

- a) The voluntary sector provided services for health, counselling and advocacy through Adult Social Care commissioning.

ACTION

A list of the bodies that provided these services at Steps 1-4 could be supplied after the meeting.

- b) The funds transferred to NHS England filled the apparent gap in funding Core Mental Health Expenditure since the CCG was established in

2013.

- c) The CCG Board receive monthly reports on attempted suicides of patients in hospital and patients 'out of stay' and the length of stay of patients. The CCG had raised some concerns with the LPT prior to the CQC initiating their inspection of the Bradgate Unit.
- d) Equality Impact Assessments (EIA) were undertaken for all new service provision and these would also be undertaken for initiatives under the Better Care Together programme. EIA's were not always easily accessible from previous health bodies which were no longer in existence.
- e) The CCG had used a portal in a community 'voxpath' to capture views on services and it was recognised that there was still more to do in this area.
- f) The CCG worked closely with GPs in all areas of the City and listened to specific issues that may be emerging. Any proposed responses to these issues would be assessed in relation to outputs/benefits and gains to the population in order to maximise the use of limited budgets and resources.
- h) National feedback on population changes was behind local information on population changes. GPs were a useful resource in identifying changes in population movements or identifying specific issues within a particular community. For example the influx of new communities such as the Somali community in recent years or different cultural approaches to lifestyle issues such as alcohol within east European communities. The CCG would also discuss with GPs the health impacts upon the system and what could be undertaken to address these.
- i) Some communities showed a prevalence for only accessing services through A&E facilities because primary care services were not prevalent in their country of origin.
- j) IAPS service showed that GP and locality based services were responsive to patients needs and more needed to be done.
- k) CAMHS was a key stream in the Better Care Together programme.
- l) Network4Change had been involved in the Crisis House consultation process which had led to the pilot scheme being introduced to see if it should be a helpline, a bed based facility, a drop in centre or an open house facility.
- m) Communications on services were conducted jointly with providers through the communications engagement team.
- n) The CCG used a wide variety of monitoring methods to provide

feedback on issues of concern and take up of services. These included:-

- Public Health data which could show hospital activity generated by difference communities or groups.
 - GPs IT systems were also use to analyse activity by the coding of conditions.
 - GPs identified clinical needs to the CCG which were then assessed to determine priorities.
 - Locality meetings were held with GPs, practice nurses, practice managers and receptionists etc provided a wide range of feedback. These meetings were held monthly in each area of the city, and also included training and discussion on new initiatives. If practices did not attend the engagement team would visit the practices to ask why and to ensure that they got the information they had missed.
 - There were a number of clinical leads for health issues, e.g diabetes which also helped to inform on priorities and best practice.
 - The engagement team also liaised closely with community leaders.
 - There were specific 'tweet' groups to keep people informed of their interest area.
 - Groups with specific conditions e.g COPD had been invited to open meetings to discuss services and attendees have 'voted' on their preferences for service provision.
- o) As the Mental Health Partnership developed its strategy it would consult various interest groups etc and would need to ensure that those taking part were representative of the issues involved and not just the core organisations involved in health delivery.
- p) The Better Care Together Programme was currently being developed and as it went through the various stages it would be considered by the various democratic processes in all partner organisations.

Members of the Commission made the following observations for the review:-

- a) The issues facing young black British men have remained the same for the last 30 years. Numerous surveys and research have been carried out during this period, which have consistently shown that the issues still remain the same.**
- b) A comparison was drawn with the specific measures that were introduced in relation to HIV and there may be a case to introduce specific targeted measures to reduce the issues for young black British men.**
- c) Use of social media methods should be widely utilised to engage with young people and to seek their views, comments and complaints on services, as they were less likely to use traditional methods to communicate these to statutory or formal bodies.**
- d) Communications should be an essential element of commissioning services if it was to be successful. Evidence suggests that including communications as part of the commissioning process, ensures that elements of communication are considered at, and embedded in, all stages of the commissioning process and, as such, both the service and the communication of it, were more successful than if communications was dealt with at the end of the process when the service had been shaped in isolation to any communication issues it might involve**

The Chair thanked Sue Locke and John Singh for their participation in the meeting.

11. LEICESTERSHIRE PARTNERSHIP TRUST

Teresa Smith (Director of Adult Mental Health and Learning Disability Services) and Dr Fabdia Noushad (Community Services Specialist Clinical Director) provided an overview of services delivered specifically relating to this review.

The following comments were presented during the overview:-

- a) LPT won the tender to be a national pilot site for Liaison Diversion Services which involved working with the Police, Criminal Justice System and the Courts.
- b) The Bradley Commission had made a visit on 10 July 2014
- c) The Trust was working to identify local stakeholders to plan and improve services in response to the Mental Health Crisis Care Concordat issued in February 2014.

- d) Some key service developments will also improve the quality of care of young black people.

ACTION

A briefing note on these services can be provided.

- e) National data sets are being compiled as part of this work which will then be broken down to local levels and although this is at an early stage and it will influence how service are provided in the future.
- f) LPT pioneered the Triage Car (mental health nurse accompanying a police officer) which had now been used as a national model. The Triage Care showed a 33% reduction in people being detained under Section 136 of the Mental Health Act 1983. The Triage Car had now been included in the Liaison Diversion Services.
- g) LPT had set up the recovery college and over 500 people had gone through the college and the data was being monitored and analysed.
- h) Feedback is also received for the Voluntary and Community Sector which informs the LPT on where services need to be redesigned.
- i) A workshop was being held the following week to profile demographics and to see what services should be commissioned in each of the three CCG areas. Each CCG area had differing commissioning needs.
- j) LPT also provides some specialised commissioned services such as health care in prisons which includes providing mental health services.
- k) LPT are already rolling out the R10 system in mental health services and for older people and will shortly roll it out in the Crisis Care Team.
- m) The 'Smoothie Project' involving music, drama and DJ skills for young black patients had produced tangible health benefits for those involved.

ACTION

Data can be provided on the breakdown of the workforce for the services provided.

A briefing note on the Smoothie Project would be supplied after the meeting.

In response to Members questions, the following responses were received:-

- a) It would take further work to look at the existing data to see if it was possible to make comparisons or show trends at national, regional and local levels for the three main mental health illnesses suffered by young black men in relation to the population as a whole.
- b) LPT takes part in national data benchmarking but it does not go down to lower levels as there is no specific key performance indicator for mental health involving BME communities.
- c) In some instances the Police are unaware that young black children exhibiting behavioural problems may have adopted or attachment disorder issues.
- d) There are systems in place to move people quickly to hospital care if this is need, but equally there is a need for the Police to have more training on these issues in view of the number of the numbers of young black people that become engaged in the system.
- e) The Liaison Diversion Services also includes a pathway for CAMHS and it was felt that these pathways worked effectively.
- f) The CQC identified training as an area for improvement and additional training had now been provided for staff and staff also had access to translation service. The effectiveness of training was monitored was monitored through patient feedback and experiences, complaints received, interpreter feedback and ward monitoring and audits. There was however, more work to be done in the future on cultural competency skills for staff.
- g) Patient discharge and re-admission was monitored to see if the community support was available and effective after discharge. A clinical sub-group of 3 GP lead met monthly with the commissioners to discuss these issues.

Members of the Commission made the following observations to be considered when preparing the report on the review :-

- a) **That everyone collecting data should use the same data collection categories as those used in the national census as this would allow a consistent approach and allow more meaningful comparisons between data sets.**
- b) **There was higher proportion of black children excluded from schools.**
- c) **All services commissioned locally should meet the national framework set out in the Joint Commissioning Panel for Mental Health's publication 'Guidance for commissioners of mental health services for people from black and ethnic minority**

communities.

- d) There may be a need to recall Adult Social Care officers to provide further information on the changing relationships with Akwaaba Ayeh.**
- e) Young black men are known to live alone and if they are leaving care robust measures need to be in place to ensure that this group receive the after care they need. Evidence may be needed from Corporate Parenting and Social Care to receive assurances that this group do not miss out on care and support provided in the community.**
- f) It would be useful to have data for the groups for each step level.**
- g) There was still a preponderance of generic commissioning of services to meet the needs of a very diverse population, parts of which had specific health issues.**

The Chair thanked Teresa Smith and Dr Noushad for their attendance and participation in this review.

12. BACKGROUND PAPER FOR MEMBERS

The 'Guidance for Commissioners of Mental Health Services For People From Black And Minority Ethnic Communities' issued by the Joint Commissioning Panel for Mental Health had previously been circulated and was received as background information for the review.

13. CLOSE OF MEETING

The Chair declared the meeting closed at 7.30 pm

Appendix F1

Copy of E-mail from John Singh

Anita

Please see attached Leicester City Clinical Commissioning Groups response to questions at the 22nd July 2014 session.

Apologies for delay sending.

I ask it is particularly highlighted to the Commission that since 2012 there has no longer been a statutory requirement in England for public bodies to undertake formal EIA's.

Regards

John Singh
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**RESPONSE TO QUESTIONS FROM THE HEALTH AND WELLBEING SCRUTINY
COMMISSION FOR THE REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG
BLACK MEN IN LEICESTER-TUESDAY, 22 JULY 2014**

Q. How do VCS services the CCG commission within the mental health stepped care Model?

We currently commission the following VSC services within the Steeped care model:

STEP 1 (Recognition)

- LAMP information and advocacy service
- Alzheimer's Advocacy Project
- CLASP carers information and advice service

STEP 2 (mild depression)

- Community Advice and Law Service
- Crossroads carers support service
- Foundation Housing Support service
- RETHINK Homeless outreach service
- YMCA Welfare Rights Service
- Genesis LAMP

STEP 3 (moderate to severe depression)

- Network for Change support services
- Advance Housing and Support Ltd (Glengarry House)
- LHA Compass Project
- RETHINK Focus line

STEP 4 9 severe and enduring mental illness)

- Bradgate Unit Assertive In reach Service
- Welfare Rights MH inpatient service
- Quetzal Specialist counselling service
- Bernard's & Jupiter Lodge psyche- social support for victims of sexual assault

Adult Social Care will also commission VSC support services at Steps 1-3.

Q. Standard of care at Bradgate Mental Health Unit 2013: Were the CCG aware of concerns about standards of care at the unit prior to the care Quality Commission report in 2013?

The CCGs in Leicester, Leicestershire and Rutland were fully aware of concerns about the standards of care at the Bradgate Mental Health Unit and associated suicide levels in recent years, prior to the CQC inspection in July 2013. Commissioners were taking action to require improvements through our contract

management processes with Leicestershire Partnership Trust. This is confirmed by the attached reports to our Governing Board in:

May 2013 (Pages 10-11)
June 2013 (Pages 9-10).

It was as a result of both CCG & CQC concerns that a multi-agency risk summit was convened in late August 2013 to ensure sustainable progress was being made by Leicestershire Partnership NHS Trust.

Q. Can we have a list a 'community leaders' we engage in planning and redesigning services?

Leicester City CCG has a dedicated and award-winning communication and engagement team.

For our engagement and consultation activities, we first identify those who have an interest in the topic by undertaking a thorough stakeholder mapping exercise. The CCG has a database of key stakeholders. These contacts are extensive and cover most of the communities in Leicester. We cannot release the names of individuals to safeguard their identity and because of data protection

We discuss how we will engage and choose a wide range of suitable methods such as face to face meetings, public meetings, social media channels, other media (such as TV, radio and newspapers) and virtual methods. We often initially email large numbers of community groups and their leaders via their organisations and ask for their networking support to reach out to their service users. Occasionally we are required to focus on particular communities or leaders, and this involves delving more in-depth into our contact lists and networks, plus working alongside organisations such as The Race Equality Council and Healthwatch to identify them.

An example of where we have engaged with specific community groups and their leaders is the recent research we undertook on the cultural and religious beliefs on end of life care. A list of groups were agreed early on in the development of the project, and different engagement methods were decided based on individual group preference. The team worked in partnership with Healthwatch to reach out to certain groups with whom they had strong relationships and these were added to our stakeholder database for future engagement work.

Q. Due Regard: Has CCG done Equality Impact Assessment (EIA) impact assessment on all MH services commissioned from LPT? Was EIA information transferred from the PCT to CCG?

Firstly, we ask the Commission to note it is no longer a statutory requirement on public authorities to carry out a formal EIA. The Public Equality Duty requires us to

have due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relation between different communities. This means that, in the formative stages of our services, policies, etc., we need to take into account what impact our decisions will have on people who are protected under the Equality Act 2010 (people who share a protected characteristic of age, sex, race, disability, sexual orientation, gender reassignment, pregnancy and maternity, and religion or belief).

The Regulations require CCG's to publish information to demonstrate compliance with the Public Equality Duty, in order to ensure it is paying due regard to equality in its decisions to commission services. It also requires its providers, where appropriate to discharge their statutory duties under the PSED. It receives monitoring reports from its providers on their equality and diversity obligations and, where appropriate, requesting further information and clarification through its contract management processes.

Having said this, the CCG does carry out formal EIAs when considering the commissioning of new services or in undertaking significant service redesign.

The CCG also has a dedicated Equality lead Officer (Haseeb Ahmad) who is implementing the Equality Delivery System (EDS) as a means to ensure that we deliver on our statutory obligations and work towards best practice. The EDS encourages NHS organisations to try and focus on specific areas of activity rather than to try and address all aspects of equalities. The CCG has therefore chosen to target 4 areas of equality and diversity which includes IAPT and dementia. Other areas of mental health will be addressed as part of the CCG's equality and diversity strategy work.

Leicester City CCG is currently undertaking equality analysis of its IAPT and dementia services with a view to identifying any gaps in service provision and/or outcomes. This work is in progress and will be published once complete. The findings of the IAPT equality analysis will be incorporated into the future commissioning intentions of the CCG.

The CCG will use information from the mental health strategic needs assessment to inform service planning and design. It has been very active in working in close partnership with public health to develop the BME mental health JSNA. In addition it has:

- Financially supported the local BME Mental health conference in June 2014 and our Equality Lead is part of the working group implementing actions from the conference.
- Has regular performance reports which go to the Mental Health Strategic Delivery group providing referral to treatment data on IAPT services disaggregated by ethnic group.

- Specific Equality and Diversity KPI within the LPT contract which was strengthened and included within the 2014/15 Quality Schedule

Q. Equality monitoring: How do provider and commissioners use Equality monitoring information to identify gaps in provision particularly for BME communities?

The LPT contract has specific requirements for equalities monitoring built into the equality and diversity KPI. Equality monitoring reports were submitted annually (now to be bi-annual) to the CCG. The new KPI which has more specific requirements to monitor across protected characteristics for services provided by LPT will be reported in February 2015.

Also, see above for information regarding performance reporting.

Q. IAPT Talking Therapies: What % of the service budget is spent on communication to promote awareness of the service?

The IAPT service is provided by Leicestershire Partnership Trust for 2013-2016 following an open competitive tender. They do not have a separately specified communication budget. Leicestershire Partnership Trust communication team and the CCG communication team work jointly together to promote the service. The CCG also hold monthly contract performance meetings with the provider at which communication strategies are discussed and developed.

Response collated on behalf of the CCG by:

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Appendix G1

From: Darker Iain
Sent: 03 September 2014 15:59
To: Noushad Fabida
Cc: Zavery Sandy
Subject: Representation of young, Black British males amongst service users

Hi Fabida,

I've worked the data up enough to allow me to take a look at service use by division, ethnicity, gender, and age band. I've repeated the analyses of Black or Black British Men aged 16 to 29 that I did for the December 2012 to November 2013 dataset on a more up-to-date dataset: August 2013 to July 2014. The findings of the analysis are as with the earlier dataset.

The figures suggest a significant overrepresentation of Black or Black British Men aged 16 to 29 amongst Adult Mental Health Service Users compared to the local population, whether using a closely matched benchmark or comparing to the whole adult population. (Please see below for a summary and attached for workings-second tab in the workbook.)

Black or Black British Men aged 16 to 29 represent 2.82% of the male population of Leicester, Leicestershire, and Rutland aged 16 to 29 (UK Census 2011) and 3.71% of male service users aged 16 to 29 in Adult Mental Health (August 2013 to July 2014); this reflects a significant overrepresentation of Black or Black British Men aged 16 to 29 amongst male Adult Mental Health Service Users of the same age range ($p < .05$, one-tailed hypothesis).

Black or Black British Men aged 16 to 29 represent 0.35% of the total population of Leicester, Leicestershire, and Rutland aged 16 and over (UK Census 2011) and 0.48% of all service users aged 16 and over in Adult Mental Health (August 2013 to July 2014); this reflects a significant overrepresentation of Black or Black British Men aged 16 to 29 amongst Adult Mental Health Service Users ($p < .05$, one-tailed hypothesis).

Levels of missing ethnicity data are high amongst service users (29.7% for men aged 16 to 29 years old) and the above figures probably underestimate the percentage of service users who are Black or Black British.

I've also repeated these analyses for Adult Learning Disability service users and for Families, Young People and Children service users (also in the attached-third and fourth tabs respectively); Black or Black British Men aged 16 to 29 are proportionally represented within each of these divisions. I haven't looked at the Community Health Services division yet. The primary service in the Community Health Services division is MHSOP, for which I haven't got a complete data set yet (it's split across MARACIS and RiO, August 2013 to November 2013 is on MARACIS and everything after that is on RiO); however, Community Health Services cater for older adults and there were no Community Health Services service users in the target age range (16 to 29), at least for the period August 2013 to November 2013.

Please don't hesitate to get in touch if you need anything further.

Best wishes,

Iain

Iain Darker, Data Analyst

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Appendix G2

From: McMahon Deborah
Sent: 28 July 2014 09:02
To: Anita.Patel@leicester.gov.uk
Subject: data requests sent on behalf of Dr Fabida Noushad

Morning Anita
please see attached and below sent on behalf Dr Fabida Noushad

The EHR team at LPT have published analyses of the 2011 Census Data regarding the demographics and self-reported health profiles of people across the districts of Leicester, Leicestershire, and Rutland:

The demographic and self-reported health profiles of Leicester, Leicestershire, and Rutland analysed by district and unitary authority area: UK Census 2011
<http://www.leicspart.nhs.uk/Library/EqualityanalysisofLeicestershiredemographicsbydistrictbasedontheUK2011CensusTOPUBLISH.pdf>

The self-reported health profiles of the district and unitary authority areas within Leicester, Leicestershire, and Rutland analysed by age, ethnic group, and gender: UK Census 2011
<http://www.leicspart.nhs.uk/Library/HealthProfileEqualityanalysisofLeicestershireagesexethbydistrictbasedontheUK2011CensusTOPUBLISH.pdf>

The latter may be of special interest as it provides a three-way break down by ethnic group (to include Black British), age (including a 16 to 49), and gender, (so you'll be able to identify young black males) and identifies groups for whom the self-reported health is relatively poor. Young black males actually don't fair too badly. A summary of findings is given in the reports.

Summary below of document 'A' attached

The figures suggest a significant overrepresentation of Black or Black British Men aged 16 to 29 amongst Adult Mental Health Service Users compared to the local population, whether using a closely matched benchmark or comparing to the whole adult population. (Please see below for a summary and attached for workings.)

Black or Black British Men aged 16 to 29 represent 2.82% of the male population of Leicester, Leicestershire, and Rutland aged 16 to 29 (UK Census 2011) and 3.79% of male service users aged 16 to 29 in Adult Mental Health (December 2012 to November 2013); this reflects a significant overrepresentation of Black or Black British Men aged 16 to 29 amongst male Adult Mental Health Service Users of the same age range ($p < .05$, one-tailed hypothesis).

Black or Black British Men aged 16 to 29 represent 0.35% of the total population of Leicester, Leicestershire, and Rutland aged 16 and over (UK Census 2011) and 0.48% of all service users aged 16 and over in Adult Mental Health (December 2012 to November 2013); this reflects a significant overrepresentation of Black or Black British Men aged 16 to 29 amongst Adult Mental Health Service Users ($p < .05$, one-tailed hypothesis).

Also, levels of missing ethnicity data are high amongst service users (28.6% for men aged 16 to 29 years old) and the above figures probably underestimate the percentage of service users who are Black or Black British.

Summary of document 'B' attached

The published tables are geared towards meeting our statutory obligation to publish equality monitoring information about our service users—here the main concern is to avoid low counts that might identify individuals, so groups are often pooled and some figures have to be redacted

(although in Table 3 for the AMH division it has been possible to give a more detailed ethnicity breakdown which includes a Black or Black British category).

There is a more detailed breakdown of counts by ethnicity, gender, and age band for AMH and CHS together, AMH and CHS each individually, and by service line. Unfortunately, these data are a little out of date (period Dec 12 to Nov 13) and they don't cover the entire Trust's service user base (only data from MARACIS were given at the time, which covers AMH and CHS, but not FYPC, city IAPT, and others).

There are 2 pdf documents of analysis of IAPT services and equality; and adult mental health and community health services patients and equality.

A report on use of mental health act according to different ethnic groups. (this is dated 2007, comparing to 2001 census. We are looking at getting a more recent version and if possible comparing to 2011 census)

We are in the process of arranging more documents and will send it as soon as they are ready.

Kind regards,
Fabida

Fabida Noushad
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Counts of unique service users across the Adult Mental Health and Community Health Services divisions (December 2012 to November 2013)

Gender	Age band at ref	Ethnicity									Grand Total	
		White British	White Irish	White Oth	Asian or A	Asian or A	Black or Bl	Chinese	Mixed	Other		Unknown
Female	16 to 29	992	3	26	63	33	28	5	51	7	474	1682
	30 to 49	1622	11	49	149	57	68	2	43	14	516	2531
	50 to 74	1329	23	37	160	28	23	4	13	5	331	1953
	75 and over	1695	28	43	59	5	7	2	3	1	394	2237
	<i>Total</i>	<i>5638</i>	<i>65</i>	<i>155</i>	<i>431</i>	<i>123</i>	<i>126</i>	<i>13</i>	<i>110</i>	<i>27</i>	<i>1715</i>	<i>8403</i>
Male	16 to 29	824	9	24	78	30	41	2	57	16	433	1514
	30 to 49	1377	20	51	151	52	79	4	63	17	525	2339
	50 to 74	1209	18	18	115	30	28	2	11	7	323	1761
	75 and over	891	15	24	45	4	10	0	7	5	226	1227
	<i>Total</i>	<i>4301</i>	<i>62</i>	<i>117</i>	<i>389</i>	<i>116</i>	<i>158</i>	<i>8</i>	<i>138</i>	<i>45</i>	<i>1507</i>	<i>6841</i>
Grand Total		9939	127	272	820	239	284	21	248	72	3222	15244

0.211362

Counts of unique service users in the Adult Mental Health division (December 2012 to November 2013)

Gender	Age band at ref	Ethnicity									Grand Total	
		White British	White Irish	White Oth	Asian or A	Asian or A	Black or Bl	Chinese	Mixed	Other		Unknown
Female	16 to 29	992	3	26	63	33	28	5	51	7	474	1682
	30 to 49	1613	11	48	149	57	68	1	43	14	513	2517
	50 to 74	983	17	28	122	20	23	4	10	5	248	1460
	75 and over	64	1	1	2	0	0	0	0	0	15	83
	<i>Total</i>	<i>3652</i>	<i>32</i>	<i>103</i>	<i>336</i>	<i>110</i>	<i>119</i>	<i>10</i>	<i>104</i>	<i>26</i>	<i>1250</i>	<i>5742</i>
Male	16 to 29	824	9	24	78	30	41	2	57	16	433	1514
	30 to 49	1369	19	51	149	52	79	4	63	17	521	2324
	50 to 74	892	13	12	84	20	23	0	9	7	266	1326
	75 and over	43	3	1	1	0	0	0	0	1	15	64
	<i>Total</i>	<i>3128</i>	<i>44</i>	<i>88</i>	<i>312</i>	<i>102</i>	<i>143</i>	<i>6</i>	<i>129</i>	<i>41</i>	<i>1235</i>	<i>5228</i>
Adult Mental Health Servi		6780	76	191	648	212	262	16	233	67	2485	10970

Counts of unique service users in the Community Health Services division (December 2012 to November 2013)

Gender	Age band at ref	Ethnicity									Grand Total	
		White British	White Irish	White Oth	Asian or A	Asian or A	Black or Bl	Chinese	Mixed	Other		Unknown
Female	30 to 49	12	0	1	2	0	0	1	0	1	3	20
	50 to 74	376	9	11	43	9	0	0	3	0	88	539
	75 and over	1664	27	42	58	5	7	2	3	1	380	2189
	<i>Total</i>	<i>2052</i>	<i>36</i>	<i>54</i>	<i>103</i>	<i>14</i>	<i>7</i>	<i>3</i>	<i>6</i>	<i>2</i>	<i>471</i>	<i>2748</i>
Male	30 to 49	10	1	1	2	0	0	0	0	1	4	19
	50 to 74	356	6	6	37	11	5	2	2	0	60	485
	75 and over	857	12	24	44	4	10	0	7	4	213	1175
	<i>Total</i>	<i>1223</i>	<i>19</i>	<i>31</i>	<i>83</i>	<i>15</i>	<i>15</i>	<i>2</i>	<i>9</i>	<i>5</i>	<i>277</i>	<i>1679</i>
Community Health Service		3275	55	85	186	29	22	5	15	7	748	4427

Counts of unique service users in each service line (December 2012 to November 2013); please note that an individual service user might use more than one service

Service name	Gender	Age band at ref	Ethnicity									Grand Total	
			White British	White Irish	White Oth	Asian or A	Asian or A	Black or Bl	Chinese	Mixed	Other		Unknown
Acquired Brain Injury Service / Huntington's Disease Service	Female	16 to 29	14	0	0	0	0	0	0	0	0	7	21
		30 to 49	28	0	0	1	1	2	0	1	0	16	49
		50 to 74	61	0	0	0	0	0	0	0	0	18	79
		75 and over	5	0	0	0	0	0	0	0	0	4	9
		<i>Total</i>	<i>108</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>45</i>	<i>158</i>
	Male	16 to 29	4	0	0	0	0	0	0	0	0	3	7
		30 to 49	33	0	0	1	0	0	0	0	0	10	44
		50 to 74	46	0	0	0	2	0	0	0	0	19	67
		75 and over	0	0	0	0	0	0	0	0	0	1	1
		<i>Total</i>	<i>83</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>33</i>	<i>119</i>
Service total		191	0	0	2	3	2	0	1	0	78	277	
ADHD Adult	Female	16 to 29	41	0	1	4	2	0	0	1	0	12	61
		30 to 49	30	0	2	1	0	1	0	0	0	12	46
		50 to 74	4	0	0	0	0	0	0	0	0	1	5
		<i>Total</i>	<i>75</i>	<i>0</i>	<i>3</i>	<i>5</i>	<i>2</i>	<i>1</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>25</i>	<i>112</i>
	Male	16 to 29	151	0	2	3	1	1	0	10	0	90	258
		30 to 49	41	1	0	3	0	0	0	1	0	23	69
		50 to 74	14	0	0	0	0	0	0	0	0	11	25
		<i>Total</i>	<i>206</i>	<i>1</i>	<i>2</i>	<i>6</i>	<i>1</i>	<i>1</i>	<i>0</i>	<i>11</i>	<i>0</i>	<i>124</i>	<i>352</i>
	Service total		281	1	5	11	3	2	0	12	0	149	464

Adult Non Acute	Female	16 to 29	3	0	0	0	0	0	0	0	0	3	
		30 to 49	8	0	0	3	0	0	0	1	0	3	15
		50 to 74	22	1	0	1	0	3	0	0	0	0	27
		75 and over	1	0	1	0	0	0	0	0	0	0	2
	<i>Total</i>		<i>34</i>	<i>1</i>	<i>1</i>	<i>4</i>	<i>0</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>3</i>	<i>47</i>
	Male	16 to 29	2	0	2	0	1	1	0	0	0	1	7
		30 to 49	13	0	0	0	3	2	0	0	0	0	18
		50 to 74	23	0	0	1	0	0	0	0	0	0	24
		<i>Total</i>	<i>38</i>	<i>0</i>	<i>2</i>	<i>1</i>	<i>4</i>	<i>3</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>49</i>
	<i>Service total</i>		<i>72</i>	<i>1</i>	<i>3</i>	<i>5</i>	<i>4</i>	<i>6</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>4</i>	<i>96</i>
Aspergers	Female	16 to 29	39	0	0	0	3	0	0	1	0	17	60
		30 to 49	25	0	0	0	0	0	0	0	0	9	34
		50 to 74	6	1	0	0	0	0	0	0	0	2	9
		<i>Total</i>	<i>70</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>3</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>28</i>	<i>103</i>
	Male	16 to 29	48	0	0	3	1	0	0	1	0	44	97
		30 to 49	34	1	2	0	0	0	0	0	0	35	72
		50 to 74	14	0	1	0	0	0	0	1	0	11	27
		<i>Total</i>	<i>96</i>	<i>1</i>	<i>3</i>	<i>3</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>2</i>	<i>0</i>	<i>90</i>	<i>196</i>
	<i>Service total</i>		<i>166</i>	<i>2</i>	<i>3</i>	<i>3</i>	<i>4</i>	<i>0</i>	<i>0</i>	<i>3</i>	<i>0</i>	<i>118</i>	<i>299</i>
	Assertive Outreach	Female	16 to 29	28	0	0	1	7	4	0	2	0	0
30 to 49			153	0	3	48	11	45	0	1	0	0	261
50 to 74			94	4	0	7	2	7	0	4	0	0	118
<i>Total</i>			<i>275</i>	<i>4</i>	<i>3</i>	<i>56</i>	<i>20</i>	<i>56</i>	<i>0</i>	<i>7</i>	<i>0</i>	<i>0</i>	<i>421</i>
Male		16 to 29	121	0	8	35	15	23	0	10	1	1	214
		30 to 49	247	3	7	41	10	28	0	3	3	0	342
		50 to 74	93	0	4	16	0	9	0	4	1	0	127
		<i>Total</i>	<i>461</i>	<i>3</i>	<i>19</i>	<i>92</i>	<i>25</i>	<i>60</i>	<i>0</i>	<i>17</i>	<i>5</i>	<i>1</i>	<i>683</i>
<i>Service total</i>		<i>736</i>	<i>7</i>	<i>22</i>	<i>148</i>	<i>45</i>	<i>116</i>	<i>0</i>	<i>24</i>	<i>5</i>	<i>1</i>	<i>1104</i>	
Court Diversion Service / Criminal Justice Liaison Service		Female	16 to 29	70	0	3	5	1	5	0	17	0	5
	30 to 49		116	0	0	5	2	6	0	2	2	10	143
	50 to 74		37	4	3	6	1	0	0	0	2	4	57
	<i>Total</i>		<i>223</i>	<i>4</i>	<i>6</i>	<i>16</i>	<i>4</i>	<i>11</i>	<i>0</i>	<i>19</i>	<i>4</i>	<i>19</i>	<i>306</i>
	Male	16 to 29	218	3	8	10	10	13	0	21	2	43	328
		30 to 49	227	4	8	28	9	15	0	16	3	38	348
		50 to 74	91	2	1	5	0	9	0	2	2	9	121
		75 and over	2	0	0	0	0	0	0	0	0	0	2
	<i>Total</i>	<i>538</i>	<i>9</i>	<i>17</i>	<i>43</i>	<i>19</i>	<i>37</i>	<i>0</i>	<i>39</i>	<i>7</i>	<i>90</i>	<i>799</i>	
	<i>Service total</i>		<i>761</i>	<i>13</i>	<i>23</i>	<i>59</i>	<i>23</i>	<i>48</i>	<i>0</i>	<i>58</i>	<i>11</i>	<i>109</i>	<i>1105</i>

Crisis Home Treatment Team	Female	16 to 29	525	4	14	40	37	8	6	28	4	103	769
		30 to 49	960	8	30	117	29	32	0	26	10	137	1349
		50 to 74	606	15	17	67	11	7	3	3	4	70	803
		75 and over	18	1	1	3	0	0	0	0	0	0	23
	<i>Total</i>	2109	28	62	227	77	47	9	57	18	310	2944	
	Male	16 to 29	455	3	20	41	21	25	1	32	9	86	693
		30 to 49	695	7	14	107	39	22	1	17	6	150	1058
		50 to 74	397	0	8	51	9	18	0	7	0	75	565
		75 and over	7	1	0	0	0	0	0	0	0	0	8
	<i>Total</i>	1554	11	42	199	69	65	2	56	15	311	2324	
Service total	3663	39	104	426	146	112	11	113	33	621	5268		
District Forensic	Female	16 to 29	37	0	6	0	0	0	0	9	0	0	52
		30 to 49	80	0	0	0	0	2	0	4	0	0	86
		50 to 74	2	0	0	0	0	0	0	0	0	0	2
		<i>Total</i>	119	0	6	0	0	2	0	13	0	0	140
	Male	16 to 29	114	1	0	3	17	31	0	10	11	19	206
		30 to 49	255	3	1	28	28	52	0	23	0	20	410
		50 to 74	77	0	2	1	8	11	0	0	0	4	103
		<i>Total</i>	446	4	3	32	53	94	0	33	11	43	719
	Service total	565	4	9	32	53	96	0	46	11	43	859	
	Dual Diagnosis	Female	16 to 29	10	0	0	0	0	0	0	0	0	0
30 to 49			21	0	0	0	0	0	0	0	0	0	21
50 to 74			1	0	0	0	0	0	0	0	0	0	1
<i>Total</i>			32	0	0	0	0	0	0	0	0	0	32
Male		16 to 29	19	0	1	1	3	0	0	0	0	1	25
		30 to 49	37	0	0	3	1	4	0	0	0	2	47
		50 to 74	5	0	0	0	0	0	0	0	0	1	6
		<i>Total</i>	61	0	1	4	4	4	0	0	0	4	78
Service total		93	0	1	4	4	4	0	0	0	4	110	
General Psychiatry		Female	16 to 29	1857	10	43	134	68	37	8	103	16	340
	30 to 49		5164	50	144	562	159	205	0	96	38	442	6860
	50 to 74		3521	70	92	557	86	79	11	26	36	212	4690
	75 and over		83	7	5	6	2	1	0	0	0	0	104
	<i>Total</i>	10625	137	284	1259	315	322	19	225	90	994	14270	
	Male	16 to 29	1672	8	55	155	87	94	9	87	51	329	2547
		30 to 49	4255	37	92	576	194	223	3	117	58	489	6044
		50 to 74	2937	39	69	338	52	79	4	35	22	227	3802
		75 and over	38	3	0	2	0	1	0	0	0	2	46
	<i>Total</i>	8902	87	216	1071	333	397	16	239	131	1047	12439	
Service total	19527	224	500	2330	648	719	35	464	221	2041	26709		

Homeless Service	Female	16 to 29	107	1	0	6	1	1	0	7	0	7	130
		30 to 49	68	0	10	4	0	10	0	4	0	6	102
		50 to 74	11	0	2	1	1	0	0	3	0	3	21
		<i>Total</i>	186	1	12	11	2	11	0	14	0	16	253
	Male	16 to 29	114	2	2	4	1	2	0	16	3	20	164
		30 to 49	139	2	11	9	1	17	0	16	0	21	216
		50 to 74	49	0	3	7	4	4	0	0	1	7	75
		<i>Total</i>	302	4	16	20	6	23	0	32	4	48	455
	Service total		488	5	28	31	8	34	0	46	4	64	708
	Intensive Community Assessment and Treatment Service	Female	50 to 74	205	6	9	20	2	0	0	0	10	252
75 and over			442	20	13	20	2	2	0	0	0	25	524
<i>Total</i>			647	26	22	40	4	2	0	0	0	35	776
Male		50 to 74	94	2	0	14	2	1	0	2	0	9	124
		75 and over	189	2	0	18	0	8	0	0	2	5	224
		<i>Total</i>	283	4	0	32	2	9	0	2	2	14	348
Service total		930	30	22	72	6	11	0	2	2	49	1124	
Leicestershire - Psycho Oncology	Female	16 to 29	14	0	1	2	1	0	0	2	0	2	22
		30 to 49	98	0	2	6	3	2	0	0	2	10	123
		50 to 74	231	5	8	9	2	3	0	2	5	27	292
		75 and over	32	0	0	0	0	0	0	0	0	5	37
	<i>Total</i>	375	5	11	17	6	5	0	4	7	44	474	
	Male	16 to 29	10	0	0	2	0	1	0	0	0	0	13
		30 to 49	43	0	0	2	1	2	0	0	2	6	56
		50 to 74	144	3	0	11	0	1	1	0	0	19	179
		75 and over	43	0	3	0	0	0	0	0	0	6	52
	<i>Total</i>	240	3	3	15	1	4	1	0	2	31	300	
Service total		615	8	14	32	7	9	1	4	9	75	774	
Liaison - Chronic Fatigue	Female	16 to 29	28	0	0	0	0	0	0	0	0	22	50
		30 to 49	75	2	0	6	1	0	0	1	0	45	130
		50 to 74	30	0	0	1	0	0	0	0	0	12	43
		75 and over	0	0	0	0	0	0	0	0	0	2	2
	<i>Total</i>	133	2	0	7	1	0	0	1	0	81	225	
	Male	16 to 29	10	0	1	0	0	0	0	0	0	6	17
		30 to 49	21	0	0	2	3	0	0	1	0	17	44
		50 to 74	2	1	0	1	0	0	0	0	0	3	7
		<i>Total</i>	33	1	1	3	3	0	0	1	0	26	68
	Service total		33	1	1	3	3	0	0	1	0	28	70

Liaison - Deliberate Self Harm	Female	16 to 29	244	1	5	5	6	3	0	9	1	122	396
		30 to 49	291	2	9	14	6	4	0	2	0	88	416
		50 to 74	149	6	0	4	0	0	0	0	1	21	181
		75 and over	7	0	0	0	0	0	0	0	0	1	8
		<i>Total</i>	691	9	14	23	12	7	0	11	2	232	1001
	Male	16 to 29	141	0	2	6	3	5	1	6	0	97	261
		30 to 49	225	8	5	17	2	8	0	8	0	71	344
		50 to 74	76	0	0	10	2	1	0	1	0	33	123
		75 and over	11	0	0	0	0	0	0	0	0	2	13
		<i>Total</i>	453	8	7	33	7	14	1	15	0	203	741
Service total	1144	17	21	56	19	21	1	26	2	435	1742		
Liaison - General	Female	16 to 29	210	0	10	11	6	5	1	10	0	55	308
		30 to 49	303	2	16	33	11	11	0	4	1	96	477
		50 to 74	181	6	10	37	8	2	0	1	5	64	314
		75 and over	16	0	0	0	0	0	0	0	0	4	20
		<i>Total</i>	710	8	36	81	25	18	1	15	6	219	1119
	Male	16 to 29	134	0	4	31	6	6	0	10	1	56	248
		30 to 49	298	7	10	47	14	11	0	11	2	94	494
		50 to 74	215	1	1	21	8	2	0	3	2	72	325
		75 and over	11	0	1	0	0	0	0	0	0	0	12
		<i>Total</i>	658	8	16	99	28	19	0	24	5	222	1079
Service total	1368	16	52	180	53	37	1	39	11	441	2198		
Liaison - Mother & Baby	Female	16 to 29	242	0	13	8	6	0	0	6	0	52	327
		30 to 49	158	2	14	23	9	13	0	7	2	64	292
		<i>Total</i>	400	2	27	31	15	13	0	13	2	116	619
	Service total	400	2	27	31	15	13	0	13	2	116	619	
Liaison - Plastics	Female	30 to 49	0	0	0	0	0	0	0	0	0	2	2
		<i>Total</i>	0	0	0	0	0	0	0	0	0	2	2
	Service total	0	0	0	0	0	0	0	0	0	2	2	
Medical Psychology / Neuro Psychology	Female	16 to 29	204	0	6	39	14	31	0	17	0	59	370
		30 to 49	408	1	13	72	30	40	0	15	6	97	682
		50 to 74	267	1	3	28	5	6	0	2	0	75	387
		75 and over	20	0	0	2	0	0	0	0	0	16	38
		<i>Total</i>	899	2	22	141	49	77	0	34	6	247	1477
	Male	16 to 29	97	0	4	36	13	20	0	4	0	37	211
		30 to 49	269	3	18	62	9	20	0	19	7	72	479
		50 to 74	263	2	2	32	6	17	0	1	1	51	375
		75 and over	11	0	0	1	0	0	0	0	0	13	25
		<i>Total</i>	640	5	24	131	28	57	0	24	8	173	1090
Service total	1539	7	46	272	77	134	0	58	14	420	2567		

Mett Centre (day centre with activities for adults with severe and enduring mental health problems)	Female	16 to 29	38	0	4	4	3	0	0	3	0	1	53
		30 to 49	168	0	0	18	10	15	0	12	0	3	226
		50 to 74	154	7	3	15	1	13	0	8	0	3	204
		75 and over	8	0	0	0	0	0	0	0	0	0	8
	<i>Total</i>	<i>368</i>	<i>7</i>	<i>7</i>	<i>37</i>	<i>14</i>	<i>28</i>	<i>0</i>	<i>23</i>	<i>0</i>	<i>7</i>	<i>491</i>	
	Male	16 to 29	59	0	2	11	4	16	0	6	2	3	103
		30 to 49	194	4	4	28	12	13	0	5	6	4	270
		50 to 74	177	5	0	4	3	4	0	0	0	10	203
		75 and over	0	2	0	0	0	0	0	0	0	0	2
	<i>Total</i>	<i>430</i>	<i>11</i>	<i>6</i>	<i>43</i>	<i>19</i>	<i>33</i>	<i>0</i>	<i>11</i>	<i>8</i>	<i>17</i>	<i>578</i>	
Service total	798	18	13	80	33	61	0	34	8	24	1069		
MHSOP	Female	16 to 29	2	0	0	0	0	0	0	0	0	4	6
		30 to 49	47	0	4	5	1	2	1	2	1	9	72
		50 to 74	2302	29	49	222	35	20	1	17	2	204	2881
		75 and over	8043	128	230	269	19	44	9	24	11	809	9586
	<i>Total</i>	<i>10394</i>	<i>157</i>	<i>283</i>	<i>496</i>	<i>55</i>	<i>66</i>	<i>11</i>	<i>43</i>	<i>14</i>	<i>1026</i>	<i>12545</i>	
	Male	16 to 29	5	0	0	0	0	0	0	0	0	0	5
		30 to 49	25	2	1	12	4	0	0	1	2	12	59
		50 to 74	1780	39	25	203	53	30	6	10	0	135	2281
		75 and over	4336	66	108	237	28	60	0	39	19	450	5343
	<i>Total</i>	<i>6146</i>	<i>107</i>	<i>134</i>	<i>452</i>	<i>85</i>	<i>90</i>	<i>6</i>	<i>50</i>	<i>21</i>	<i>597</i>	<i>7688</i>	
Service total	16540	264	417	948	140	156	17	93	35	1623	20233		
Place of Safety	Female	16 to 29	61	0	2	0	3	3	0	4	0	18	91
		30 to 49	87	0	2	6	2	3	0	4	0	9	113
		50 to 74	33	1	1	1	0	1	0	0	1	2	40
		<i>Total</i>	<i>181</i>	<i>1</i>	<i>5</i>	<i>7</i>	<i>5</i>	<i>7</i>	<i>0</i>	<i>8</i>	<i>1</i>	<i>29</i>	<i>244</i>
	Male	16 to 29	91	0	3	3	5	2	0	2	1	22	129
		30 to 49	114	2	6	9	1	4	1	3	0	25	165
		50 to 74	40	2	1	1	0	1	0	2	0	4	51
		75 and over	0	0	0	0	0	0	0	0	0	1	1
	<i>Total</i>	<i>245</i>	<i>4</i>	<i>10</i>	<i>13</i>	<i>6</i>	<i>8</i>	<i>1</i>	<i>7</i>	<i>1</i>	<i>52</i>	<i>347</i>	
	Service total	426	5	15	20	11	15	1	15	2	81	591	
Psychology Adult	Female	16 to 29	9	0	0	2	1	0	0	0	0	0	12
		30 to 49	12	0	0	0	0	3	0	0	0	2	17
		50 to 74	14	0	0	1	0	0	0	0	0	2	17
		<i>Total</i>	<i>35</i>	<i>0</i>	<i>0</i>	<i>3</i>	<i>1</i>	<i>3</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>4</i>	<i>46</i>
	Male	16 to 29	3	0	0	0	0	0	0	0	0	2	5
		30 to 49	11	0	0	4	0	3	0	1	0	0	19
		50 to 74	12	0	0	2	0	2	0	0	0	0	16
		<i>Total</i>	<i>26</i>	<i>0</i>	<i>0</i>	<i>6</i>	<i>0</i>	<i>5</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>2</i>	<i>40</i>
	Service total	61	0	0	9	1	8	0	1	0	6	86	

SPA Assessment	Female	16 to 29	719	2	15	42	33	15	2	28	3	318	1177
		30 to 49	1058	9	23	95	26	21	0	20	5	284	1541
		50 to 74	567	15	10	52	10	8	2	6	3	119	792
		75 and over	37	0	0	1	0	0	0	0	0	0	38
		<i>Total</i>	2381	26	48	190	69	44	4	54	11	721	3548
	Male	16 to 29	522	6	14	50	21	22	3	35	12	273	958
		30 to 49	846	8	26	117	23	29	2	28	11	289	1379
		50 to 74	437	3	6	39	9	11	0	9	4	152	670
		75 and over	12	1	0	1	1	0	0	0	1	3	19
		<i>Total</i>	1817	18	46	207	54	62	5	72	28	717	3026
Service total		4198	44	94	397	123	106	9	126	39	1438	6574	
Talking therapies (Cognitive Behavioural Therapy \ Dynamic Psychotherapy \ Personality Disorder Service)	Female	16 to 29	693	3	9	30	11	3	0	30	12	68	859
		30 to 49	1194	9	29	61	10	8	5	34	8	100	1458
		50 to 74	425	4	11	22	2	5	4	1	4	34	512
		75 and over	3	0	0	0	0	0	0	0	0	0	3
		<i>Total</i>	2315	16	49	113	23	16	9	65	24	202	2832
	Male	16 to 29	281	0	4	32	2	4	2	10	6	33	374
		30 to 49	619	8	11	36	17	2	1	12	4	59	769
		50 to 74	254	3	5	17	3	3	0	4	2	17	308
		75 and over	1	0	0	0	0	0	0	0	0	0	1
		<i>Total</i>	1155	11	20	85	22	9	3	26	12	109	1452
Service total		3470	27	69	198	45	25	12	91	36	311	4284	

	Reference group against which overrepresentation or underrepresentation is judged
	A group that is significantly overrepresented to a large degree
	A group that is significantly overrepresented to a medium degree
	A group that is significantly overrepresented to a small degree
	A group that is proportionately represented
	A group that is significantly underrepresented to a small degree
	A group that is significantly underrepresented to a medium degree
	A group that is significantly underrepresented to a large degree

The degree of overrepresentation or underrepresentation is based on the size of the standardised residual, interpreted using the standards for effect sizes employed the social sciences

Gender	Ethnicity	Age Band: 0 to 15 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Males	White English/Welsh/Scottish/Nor	68454	69.01%	4	80.00%	0	-	405	78.34%
	White Irish	174	0.18%	0	0.00%	0	-	2	0.39%
	White Other	2483	2.50%	0	0.00%	0	-	13	2.51%
	Asian/Asian British	17830	17.97%	0	0.00%	0	-	43	8.32%
	Black/Black British	3674	3.70%	1	20.00%	0	-	17	3.29%
	Chinese	398	0.40%	0	0.00%	0	-	0	0.00%
	Mixed	4819	4.86%	0	0.00%	0	-	33	6.38%
	Other	1363	1.37%	0	0.00%	0	-	4	0.77%
	Total of known ethnicity within a	99195	100.00%	5	100.00%	0	-	517	100.00%
	Not Known			1	16.67%	0	-	175	25.29%
Grand total within age band			6	100.00%	0	-	692	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 0 to 15 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Females	White English/Welsh/Scottish/Nor	64794	68.82%	5	100.00%	0	-	521	85.41%
	White Irish	134	0.14%	0	0.00%	0	-	0	0.00%
	White Other	2385	2.53%	0	0.00%	0	-	10	1.64%
	Asian/Asian British	16999	18.06%	0	0.00%	0	-	32	5.25%
	Black/Black British	3429	3.64%	0	0.00%	0	-	18	2.95%
	Chinese	348	0.37%	0	0.00%	0	-	0	0.00%
	Mixed	4671	4.96%	0	0.00%	0	-	26	4.26%
	Other	1391	1.48%	0	0.00%	0	-	3	0.49%
	Total of known ethnicity within age band	94151	100.00%	5	100.00%	0	-	610	100.00%
Not Known			5	50.00%	0	-	232	27.55%	
Grand total within age band			10	100.00%	0	-	842	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 16 to 29 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Males	White English/Welsh/Scottish/Nor	68326	66.96%	795	77.71%	144	72.73%	302	71.90%
	White Irish	339	0.33%	9	0.88%	1	0.51%	4	0.95%
	White Other	4427	4.34%	20	1.96%	4	2.02%	14	3.33%
	Asian/Asian British	18956	18.58%	105	10.26%	38	19.19%	61	14.52%
	Black/Black British	2875	2.82%	38	3.71%	5	2.53%	10	2.38%
	Chinese	2187	2.14%	1	0.10%	0	0.00%	2	0.48%
	Mixed	3142	3.08%	43	4.20%	4	2.02%	24	5.71%
	Other	1786	1.75%	12	1.17%	2	1.01%	3	0.71%
	Total of known ethnicity within age band	102038	100.00%	1023	100.00%	198	100.00%	420	100.00%
Not Known			433	29.74%	38	16.10%	138	24.73%	
Grand total within age band			1456	100.00%	236	100.00%	558	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 16 to 29 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Females	White English/Welsh/Scottish/Nor	66297	65.97%	986	82.79%	113	79.58%	440	83.33%
	White Irish	314	0.31%	5	0.42%	0	0.00%	2	0.38%
	White Other	4973	4.95%	17	1.43%	0	0.00%	6	1.14%
	Asian/Asian British	18431	18.34%	87	7.30%	20	14.08%	39	7.39%
	Black/Black British	3371	3.35%	27	2.27%	4	2.82%	12	2.27%
	Chinese	2606	2.59%	3	0.25%	0	0.00%	1	0.19%
	Mixed	3093	3.08%	61	5.12%	5	3.52%	27	5.11%
	Other	1409	1.40%	5	0.42%	0	0.00%	1	0.19%
	Total of known ethnicity within age band	100494	100.00%	1191	100.00%	142	100.00%	528	100.00%
Not Known			502	29.65%	22	13.41%	203	27.77%	
Grand total within age band			1693	100.00%	164	100.00%	731	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 30 to 49 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Males	White English/Welsh/Scottish/Nor	99987	73.04%	1334	76.40%	131	75.72%	306	73.21%
	White Irish	743	0.54%	17	0.97%	4	2.31%	4	0.96%
	White Other	4903	3.58%	45	2.58%	4	2.31%	14	3.35%
	Asian/Asian British	22516	16.45%	196	11.23%	28	16.18%	62	14.83%
	Black/Black British	3912	2.86%	76	4.35%	1	0.58%	11	2.63%
	Chinese	736	0.54%	3	0.17%	0	0.00%	1	0.24%
	Mixed	1705	1.25%	60	3.44%	5	2.89%	20	4.78%
	Other	2384	1.74%	15	0.86%	0	0.00%	0	0.00%
	Total of known ethnicity within age band	136886	100.00%	1746	100.00%	173	100.00%	418	100.00%
Not Known			512	22.67%	22	11.28%	126	23.16%	
Grand total within age band			2258	100.00%	195	100.00%	544	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 30 to 49 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Females	White English/Welsh/Scottish/Nor	101443	73.35%	1518	78.69%	116	80.56%	192	81.01%
	White Irish	754	0.55%	14	0.73%	1	0.69%	2	0.84%
	White Other	4810	3.48%	47	2.44%	3	2.08%	5	2.11%
	Asian/Asian British	23420	16.93%	212	10.99%	20	13.89%	20	8.44%
	Black/Black British	3924	2.84%	58	3.01%	1	0.69%	7	2.95%
	Chinese	784	0.57%	3	0.16%	0	0.00%	2	0.84%
	Mixed	1780	1.29%	66	3.42%	2	1.39%	8	3.38%
	Other	1385	1.00%	11	0.57%	1	0.69%	1	0.42%
	Total of known ethnicity within age band	138300	100.00%	1929	100.00%	144	100.00%	237	100.00%
	Not Known			532	21.62%	8	5.26%	46	16.25%
Grand total within age band			2461	100.00%	152	100.00%	283	100.00%	

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Gender	Ethnicity	Age Band: 50 to 74 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Males	White English/Welsh/Scottish/Nor	111772	83.24%	776	82.82%	144	88.89%	123	74.10%
	White Irish	1340	1.00%	10	1.07%	1	0.62%	5	3.01%
	White Other	1827	1.36%	19	2.03%	3	1.85%	3	1.81%
	Asian/Asian British	16281	12.12%	106	11.31%	12	7.41%	28	16.87%
	Black/Black British	1425	1.06%	16	1.71%	1	0.62%	2	1.20%
	Chinese	349	0.26%	0	0.00%	0	0.00%	0	0.00%
	Mixed	548	0.41%	7	0.75%	0	0.00%	4	2.41%
	Other	735	0.55%	3	0.32%	1	0.62%	1	0.60%
	Total of known ethnicity within age band	134277	100.00%	937	100.00%	162	100.00%	166	100.00%
	Not Known			269	22.31%	9	5.26%	47	22.07%
Grand total within age band			1206	100.00%	171	100.00%	213	100.00%	

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Gender	Ethnicity	Age Band: 50 to 74 years Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Females	White English/Welsh/Scottish/Nor	113371	82.90%	845	80.78%	115	82.14%	70	89.74%
	White Irish	1457	1.07%	17	1.63%	2	1.43%	2	2.56%
	White Other	2094	1.53%	28	2.68%	0	0.00%	0	0.00%
	Asian/Asian British	16770	12.26%	123	11.76%	14	10.00%	4	5.13%
	Black/Black British	1478	1.08%	13	1.24%	5	3.57%	1	1.28%
	Chinese	383	0.28%	3	0.29%	0	0.00%	0	0.00%
	Mixed	587	0.43%	12	1.15%	3	2.14%	1	1.28%
	Other	611	0.45%	5	0.48%	1	0.71%	0	0.00%
	Total of known ethnicity within age band	136751	100.00%	1046	100.00%	140	100.00%	78	100.00%
	Not Known			287	21.53%	5	3.45%	14	15.22%
Grand total within age band			1333	100.00%	145	100.00%	92	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 75 years and over Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Males	White English/Welsh/Scottish/Nor	27601	89.56%	31	81.58%	7	100.00%	0	-
	White Irish	388	1.26%	2	5.26%	0	0.00%	0	-
	White Other	469	1.52%	0	0.00%	0	0.00%	0	-
	Asian/Asian British	1934	6.28%	4	10.53%	0	0.00%	0	-
	Black/Black British	249	0.81%	0	0.00%	0	0.00%	0	-
	Chinese	33	0.11%	0	0.00%	0	0.00%	0	-
	Mixed	62	0.20%	0	0.00%	0	0.00%	0	-
	Other	83	0.27%	1	2.63%	0	0.00%	0	-
	Total of known ethnicity within age band	30819	100.00%	38	100.00%	7	100.00%	0	-
	Not Known			22	36.67%	1	12.50%	1	100.00%
Grand total within age band			60	100.00%	8	100.00%	1	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: 75 years and over		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		n	%	n	%	n	%
Females	White English/Welsh/Scottish/Nor	40257	89.89%	44	95.65%	4	100.00%	0	-
	White Irish	626	1.40%	1	2.17%	0	0.00%	0	-
	White Other	762	1.70%	0	0.00%	0	0.00%	0	-
	Asian/Asian British	2603	5.81%	1	2.17%	0	0.00%	0	-
	Black/Black British	286	0.64%	0	0.00%	0	0.00%	0	-
	Chinese	48	0.11%	0	0.00%	0	0.00%	0	-
	Mixed	113	0.25%	0	0.00%	0	0.00%	0	-
	Other	91	0.20%	0	0.00%	0	0.00%	0	-
	Total of known ethnicity within a	44786	100.00%	46	100.00%	4	100.00%	0	-
	Not Known			27	36.99%	1	20.00%	0	-
Grand total within age band			73	100.00%	5	100.00%	0	-	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: all ages		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		n	%	n	%	n	%
Males	White English/Welsh/Scottish/Nor	376140	74.75%	2940	78.42%	426	78.89%	1136	74.69%
	White Irish	2984	0.59%	38	1.01%	6	1.11%	15	0.99%
	White Other	14109	2.80%	84	2.24%	11	2.04%	44	2.89%
	Asian/Asian British	77517	15.40%	411	10.96%	78	14.44%	194	12.75%
	Black/Black British	12135	2.41%	131	3.49%	7	1.30%	40	2.63%
	Chinese	3703	0.74%	4	0.11%	0	0.00%	3	0.20%
	Mixed	10276	2.04%	110	2.93%	9	1.67%	81	5.33%
	Other	6351	1.26%	31	0.83%	3	0.56%	8	0.53%
	Total of known ethnicity within a	503215	100.00%	3749	100.00%	540	100.00%	1521	100.00%
	Not Known			1237	24.81%	70	11.48%	487	24.25%
Grand total within age band			4986	100.00%	610	100.00%	2008	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

Gender	Ethnicity	Age Band: all ages Population of Leicester, Leicestershire, and Rutland (UK Census 2011)		Service Users (count of individuals*) in Adult Mental Health Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Adult Learning Disability Services Division (August 2013 to July 2014)		Service Users (count of individuals*) in Families, Young People and Childrens Services Division (August 2013 to July 2014)	
		n	%	n	%	n	%	n	%
Females	White English/Welsh/Scottish/Nor	386162	75.06%	3398	80.58%	348	80.93%	1223	84.17%
	White Irish	3285	0.64%	37	0.88%	3	0.70%	6	0.41%
	White Other	15024	2.92%	92	2.18%	3	0.70%	21	1.45%
	Asian/Asian British	78223	15.20%	423	10.03%	54	12.56%	95	6.54%
	Black/Black British	12488	2.43%	98	2.32%	10	2.33%	38	2.62%
	Chinese	4169	0.81%	9	0.21%	0	0.00%	3	0.21%
	Mixed	10244	1.99%	139	3.30%	10	2.33%	62	4.27%
	Other	4887	0.95%	21	0.50%	2	0.47%	5	0.34%
	Total of known ethnicity within age band	514482	100.00%	4217	100.00%	430	100.00%	1453	100.00%
	Not Known			1353	24.29%	36	7.73%	495	25.41%
Grand total within age band			5570	100.00%	466	100.00%	1948	100.00%	

*some service users may use services in more than one division, consequently counts should not be combined across the columns for each division

**Quantitative equality analysis of service users of the
Leicester City Increasing Access to Psychological
Therapies service for the period May to September
2013: equity in service use assessed relative to the
local population**

Table of Contents

Introduction	1
Analyses of equity in service use	2
Comparisons between service users and local population estimates.....	2
Age	2
Race	2
Sex.....	3
Religion or belief	3
Sexual orientation	3
Key to interpreting the tables.....	4

Introduction

The public sector equality duty in the Equality Act (2010) puts an expectation on each public body to publish information relating to persons who share a protected characteristic and who are affected by the policies and practices of that public body. In particular, this document relates to people who access Leicestershire Partnership NHS Trust's (LPT) services.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Fulfilling the public sector equality duty contributes towards a public body's fulfilment of the general equality duty of the Equality Act (2010).

The aims to the general equality duty:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

The numbers of service users associated with the Leicester City Increasing Access to Psychological Therapies (IAPT) service were analysed and compared against the local population in terms of age, race, sex, religion or belief, and sexual orientation. The aim of the analysis was to assess equity in service use, based on the levels of service use that would be expected given the levels of each demographic group's representation in the local population. Service use was assessed both in terms of all referrals and in terms of those entering treatment (period: May to September 2013 inclusive).

Analyses of equity in service use

Comparisons between service users and local population estimates

Age

Table 1: The age group of those who entered treatment and of all referrals compared to the population of Leicester City (2011 UK Census)

	Age group (years)						N
	14 to 17	18 to 29	30 to 49	50 to 64	65 to 84	85 and over	
Entered treatment†	1.3%	32.3%	42.7%	19.3%	4.5%	0.0%	1481
All referrals‡	1.7%	35.2%	43.2%	16.6%	3.4%	0.0%	3265
Population of Leicester City (2011 UK Census)	6.3%	28.6%	32.9%	18.4%	11.8%	2.0%	268860

†Entered treatment: Total N = 1481; Valid N = 1481; Missing data = 0.0%

‡All referrals: Total N = 3265; Valid N = 3265; Missing data = 0.0%

Race

Table 2: The race of those who entered treatment and of all referrals compared to the population of Leicester City (2011 UK Census)

	Race							N
	White British	Other White	Black	Indian	Other Asian	Mixed	Other BME	
Entered treatment†	47.7%	4.2%	4.7%	23.1%	6.3%	10.5%	3.4%	1278
All referrals‡	43.1%	4.8%	4.1%	21.6%	6.3%	16.0%	4.2%	2655
Population of Leicester City aged 15 to 84 years (2011 UK Census)	45.7%	5.6%	5.9%	28.7%	8.7%	2.9%	2.5%	279988

†Entered treatment: Total N = 1481; Valid N = 1278; Missing data = 13.7% (12.6% prefer not to say, 1.1% not asked)

‡All referrals: Total N = 3265; Valid N = 2655; Missing data = 18.7% (16.7% prefer not to say, 2.0% not asked)

Sex

Table 3: The sex of those who entered treatment and of all referrals compared to the population of Leicester City (2011 UK Census)

	Sex		N
	Female	Male	
Entered treatment†	61.2%	38.8%	1481
All referrals‡	60.6%	39.4%	3262
Population of Leicester City aged 14 to 84 years (2011 UK Census)	50.7%	49.3%	263468

†Entered treatment: Total N = 1481; Valid N = 1481; Missing data = 0.0%

‡All referrals: Total N = 3265; Valid N = 3262; Missing data = 0.1%

Religion or belief

Table 4: The religion or belief of those who entered treatment and of all referrals compared to the population of Leicester City (2011 UK Census)

	Religion or belief						N
	Atheist	Christ-ian	Hindu	Muslim	Other	Relig-ion not stated	
Entered treatment†	37.7%	25.2%	9.5%	10.6%	7.2%	9.8%	746
All referrals‡	36.2%	24.9%	8.7%	10.9%	7.7%	11.6%	954
Population of Leicester City aged 15 to 84 years (2011 UK Census)	22.4%	34.0%	16.3%	16.3%	5.7%	5.3%	259208

†Entered treatment: Total N = 1481; Valid N = 746; Missing data = 49.6%

‡All referrals: Total N = 3265; Valid N = 954; Missing data = 70.8%

Sexual orientation

Table 5: The sexual orientation of those who entered treatment and of all referrals compared to a population estimate (derived from the British Crime Survey 2009/2010)

	Sexual orientation		N
	Heterosexual	LGB	
Entered treatment†	95.7%	4.3%	817
All referrals‡	95.4%	4.6%	1024
British Crime Survey 2009/10 (England and Wales)	97.8%	2.2%	22,995

†Entered treatment: Total N = 1481; Valid N = 817; Missing data = 44.8%

‡All referrals: Total N = 3265; Valid N = 1024; Missing data = 68.6%

Key to interpreting the tables

	A service user group or referred group that is significantly overrepresented compared to its representation in the local population
	A service user group or referred group that is proportionately represented compared to its representation in the local population
	A service user group or referred group that is significantly underrepresented compared to its representation in the local population
	Overall degree of representation in the local population against which overrepresentation or underrepresentation amongst service user or referred groups is assessed
	Statistical test not possible

Quantitative equality analysis of Leicestershire Partnership NHS Trust's service users in the year to November 2013: equity in service use assessed relative to the local population

Table of Contents

Introduction	1
Analyses of equity in service use	2
Adult Mental Health division	2
Age	2
Race	4
Sex.....	6
Community Health Services division	8
Age	8
Race	9
Sex.....	10
Key to interpreting the tables.....	11

Introduction

The public sector equality duty in the Equality Act (2010) puts an expectation on each public body to publish information relating to persons who share a protected characteristic and who are affected by the policies and practices of that public body. In particular, this document relates to people who access Leicestershire Partnership NHS Trust's (LPT) services.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Fulfilling the public sector equality duty contributes towards a public body's fulfilment of the general equality duty of the Equality Act (2010).

The aims to the general equality duty:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

The present analysis prioritises three of the nine protected characteristics: age, race, and sex, which are associated strongly with health inequalities^{1,2}. The number of people accessing services within LPT's Adult Mental Health and Community Health Services divisions were analysed and compared against the local population. The aim of the analysis was to assess equity in service use, based on the levels of service use that would be expected given the levels of each demographic group's representation in the local population (period: December 2012 to November 2013).

¹ The Marmot Review (2010) Fair Society, Healthy Lives: strategic review of health inequalities in England post-2010. London: The Marmot Review

² Commission on Social Determinants of Health (2008) Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: World Health Organization

Analyses of equity in service use

These data look at use of services in the period December 2012 to November 2013 inclusive. The data show patterns of use for people from the protected groups addressed here. We recognize that further analysis of the data needs to be undertaken to get a true picture of the accessibility of services. These data and further analysis will be used to formulate appropriate action to ensure equity of access across the protected groups, in Leicester, Leicestershire and Rutland.

Adult Mental Health division

Age

Table 1: The age profile of service users in the Adult Mental Health division compared to the local population

Sex	Ethnicity	Age Band (years)				Total N	
		16 to 29	30 to 49	50 to 74	75 +		
Adult Mental Health Service Users†	Female	White British	27.16%	44.17%	26.92%	1.75%	3652
		Asian or Asian British Indian	18.75%	44.35%	36.31%	*	336
		Other BME	30.36%	48.02%	21.23%	*	504
	Male	White British	26.34%	43.77%	28.52%	1.37%	3128
		Asian or Asian British Indian	25.00%	47.76%	26.92%	*	312
		Other BME	32.37%	51.54%	15.19%	*	553
Population of Leicester, Leicestershire, and Rutland (UK Census 2011)	Female	White British	20.63%	31.57%	35.28%	12.53%	321368
		Asian or Asian British Indian	28.47%	37.21%	29.56%	4.77%	49643
		Other BME	40.68%	37.28%	17.66%	4.38%	49320
	Male	White British	22.21%	32.50%	36.33%	8.97%	307686
		Asian or Asian British Indian	30.19%	36.10%	30.11%	3.61%	47346
		Other BME	39.64%	40.44%	16.84%	3.08%	48988

†Valid N = 8496; Total N = 10982; Missing Data = 22.6%

Table 2: The age profile of service users in individual service lines compared to the Adult Mental Health division overall (service lines with significant variations in age profile)

Sex	Ethnicity	Service name	Age Band (years)				Total N
			16 to 29	30 to 49	50 to 74	75 +	
Female	White British	ADHD Adult	57.89%	*	*	*	19
		Aspergers	59.52%	30.95%	*	*	42
		Court Diversion / Criminal Justice	34.93%	50.68%	*	*	146
		Crisis Home Treatment Team	*	46.25%	30.89%	*	560
		General Psychiatry	23.39%	46.42%	29.34%	0.84%	1663
		Homeless Service	52.94%	38.24%	*	*	68
		Leicestershire - Psycho Oncology	*	29.51%	58.20%	*	122
		Liaison - Deliberate Self Harm	37.50%	44.12%	*	*	136
		Liaison - Mother & Baby	60.00%	40.00%	*	*	125
		SPA Assessment	30.75%	43.03%	24.27%	1.96%	1327
		Talking Therapies†	31.95%	48.36%	*	*	579
	Adult Mental Health Services overall		27.16%	44.17%	26.92%	1.75%	3652
		Asian or Asian British Indian	General Psychiatry	*	47.64%	43.98%	*
Adult Mental Health Services overall		18.75%	44.35%	36.31%	*	336	
Male	White British	ADHD Adult	71.43%	22.22%	*	*	63
		Adult Non Acute	*	*	55.00%	*	20
		Aspergers	45.10%	41.18%	*	*	51
		Court Diversion / Criminal Justice	41.71%	39.78%	*	*	362
		General Psychiatry	*	46.35%	30.16%	*	1439
		Homeless Service	42.06%	44.44%	*	*	126
		Leicestershire - Psycho Oncology	*	*	60.20%	18.37%	98
		Liaison - Deliberate Self Harm	36.36%	51.14%	*	*	88
		Medical Psychology / Neuro Psychology	*	43.03%	41.21%	*	165
		Place of Safety	32.67%	50.50%	*	*	101
		SPA Assessment	30.08%	44.61%	*	*	1067
Adult Mental Health Services overall		26.34%	43.77%	28.52%	1.37%	3128	

†Cognitive Behavioural Therapy \ Dynamic Psychotherapy \ Personality Disorder Service

Race

Table 3: The race profile of service users in the Adult Mental Health division compared to the local population

	Sex	Age Band	Race								Total N	
			White British	White Irish	White Other	Asian or Asian British Indian	Asian or Asian British Other	Black or Black British	Chinese	Mixed		Other
Service Users in Adult Mental Health†	Female	16 to 29	82.12%	*	2.15%	5.22%	2.73%	2.32%	*	4.22%	*	1208
		30 to 49	80.49%	0.55%	2.40%	7.44%	2.84%	3.39%	*	2.15%	0.70%	2004
		50 to 74	81.11%	1.40%	2.31%	10.07%	1.65%	1.90%	*	0.83%	0.41%	1212
		75 and over	94.12%	*	*	*	*	*	*	*	*	68
	Male	16 to 29	76.23%	*	2.22%	7.22%	2.78%	3.79%	*	5.27%	1.48%	1081
		30 to 49	75.93%	1.05%	2.83%	8.26%	2.88%	4.38%	*	3.49%	0.94%	1803
		50 to 74	84.15%	1.23%	1.13%	7.92%	1.89%	2.17%	*	*	*	1060
		75 and over	87.76%	*	*	*	*	*	*	*	*	49
Population of Leicester, Leicestershire, and Rutland (UK Census 2011)	Female	16 to 29	65.97%	0.31%	4.95%	14.06%	4.28%	3.35%	2.59%	3.08%	1.40%	100494
		30 to 49	73.35%	0.55%	3.48%	13.36%	3.58%	2.84%	0.57%	1.29%	1.00%	138300
		50 to 74	82.90%	1.07%	1.53%	10.73%	1.53%	1.08%	0.28%	0.43%	0.45%	136751
		75 and over	89.89%	1.40%	1.70%	5.29%	0.53%	0.64%	0.11%	0.25%	0.20%	44786
	Male	16 to 29	66.96%	0.33%	4.34%	14.01%	4.57%	2.82%	2.14%	3.08%	1.75%	102038
		30 to 49	73.04%	0.54%	3.58%	12.48%	3.96%	2.86%	0.54%	1.25%	1.74%	136886
		50 to 74	83.24%	1.00%	1.36%	10.62%	1.51%	1.06%	0.26%	0.41%	0.55%	134277
		75 and over	89.56%	1.26%	1.52%	5.55%	0.73%	0.81%	0.11%	0.20%	0.27%	30819

†Valid N = 8496; Total N = 10982; Missing Data = 22.6%

Table 4: The race profile of service users in individual service lines compared to the Adult Mental Health division overall (service lines with significant variations in race profile)

Sex	Age Band	Service Name	Race			Total N	
			White British	Asian or Asian British Indian	Other BME		
Female	16 to 29	Court Diversion / Criminal Justice Liaison	72.86%	*	*	70	
		Talking Therapies†	88.94%	*	*	208	
		Adult Mental Health Services overall	82.12%	5.22%	12.67%	1208	
	30 to 49	General Psychiatry	78.86%	9.30%	11.85%	979	
		Liaison - Deliberate Self Harm	92.31%	*	*	65	
		Liaison - Mother & Baby	74.63%	*	*	67	
		Medical Psychology / Neuro Psychology	72.79%	8.84%	18.37%	147	
		SPA Assessment	82.16%	8.63%	9.21%	695	
		Talking Therapies†	88.33%	5.68%	5.99%	317	
		Adult Mental Health Services overall	80.49%	7.44%	12.08%	2004	
	50 to 74	General Psychiatry	76.61%	13.19%	10.20%	637	
		Leicestershire - Psycho Oncology	91.03%	*	*	78	
		Adult Mental Health Services overall	81.11%	10.07%	8.83%	1212	
	Male	16 to 29	District Forensic	64.10%	*	*	39
			Medical Psychology / Neuro Psychology	47.73%	27.27%	25.00%	44
Adult Mental Health Services overall			76.23%	7.22%	16.56%	1081	
30 to 49		Crisis Home Treatment Team	72.91%	14.74%	12.35%	251	
		Homeless Service	65.12%	*	*	86	
		Adult Mental Health Services overall	75.93%	8.26%	15.81%	1803	

†Cognitive Behavioural Therapy \ Dynamic Psychotherapy \ Personality Disorder Service

Sex

Table 5: The sex profile of service users in the Adult Mental Health division compared to the local population

Ethnicity	Age band	Sex		Total N	
		Female	Male		
Adult Mental Health Service Users†	White British	16 to 29	54.63%	45.37%	1816
		30 to 49	54.09%	45.91%	2982
		50 to 74	52.43%	47.57%	1875
		75 and over	59.81%	40.19%	107
	Asian or Asian British Indian	16 to 29	44.68%	55.32%	141
		30 to 49	50.00%	50.00%	298
		50 to 74	59.22%	40.78%	206
		75 and over	*	*	*
	Other BME	16 to 29	46.08%	53.92%	332
		30 to 49	45.92%	54.08%	527
		50 to 74	56.02%	43.98%	191
		75 and over	*	*	*
Population of Leicester, Leicestershire, and Rutland (UK Census 2011)	White British	16 to 29	49.25%	50.75%	134623
		30 to 49	50.36%	49.64%	201430
		50 to 74	50.36%	49.64%	225143
		75 and over	59.33%	40.67%	67858
	Asian or Asian British Indian	16 to 29	49.72%	50.28%	28424
		30 to 49	51.94%	48.06%	35562
		50 to 74	50.72%	49.28%	28927
		75 and over	58.07%	41.93%	4076
	Other BME	16 to 29	50.82%	49.18%	39485
		30 to 49	48.14%	51.86%	38194
		50 to 74	51.35%	48.65%	16958
		75 and over	58.89%	41.11%	3671

†Valid N = 8496; Total N = 10982; Missing Data = 22.6%

Table 6: The sex profile of service users in individual service lines compared to the Adult Mental Health division overall (service lines with significant variations in sex profile)

		Sex		Total N	
		Female	Male		
White British	16 to 29	ADHD Adult	19.64%	80.36%	56
		Court Diversion / Criminal Justice Liaison	25.25%	74.75%	202
		District Forensic	*	*	27
		Homeless Service	40.45%	59.55%	89
		Liaison - Mother & Baby	100.00%	0.00%	75
		Medical Psychology / Neuro Psychology	75.00%	25.00%	84
		Talking Therapies†	73.12%	26.88%	253
	Adult Mental Health Services overall		54.63%	45.37%	1816
	30 to 49	Court Diversion / Criminal Justice Liaison	33.94%	66.06%	218
		District Forensic	*	*	56
		Homeless Service	31.71%	68.29%	82
		Liaison - Mother & Baby	100.00%	0.00%	50
		Talking Therapies†	66.19%	33.81%	423
	Adult Mental Health Services overall		54.09%	45.91%	2982
50 to 74	Court Diversion / Criminal Justice Liaison	24.42%	75.58%	86	
	District Forensic	0.00%	100.00%	14	
	Adult Mental Health Services overall		52.43%	47.57%	1875
75 and over	Leicestershire - Psycho Oncology	*	*	28	
	Adult Mental Health Services overall		59.81%	40.19%	107
Asian or Asian British Indian	30 to 49	Court Diversion / Criminal Justice Liaison	*	*	28
		Adult Mental Health Services overall		50.00%	50.00%
Other BME	30 to 49	Court Diversion / Criminal Justice Liaison	*	*	45
		District Forensic	*	*	16
		Liaison - Mother & Baby	100.00%	0.00%	14
		Adult Mental Health Services overall		45.92%	54.08%

†Cognitive Behavioural Therapy \ Dynamic Psychotherapy \ Personality Disorder Service

Community Health Services division

Age

Table 7: The age profile of service users in the Community Health Services division compared to the local population

	Sex	Ethnicity	Age Group			Total N
			30 to 49	50 to 74	75 and over	
Community Health Services Service Users†	Female	White British	0.58%	18.32%	81.09%	2052
		Asian or Asian British Indian	*	*	56.31%	103
		Other BME	*	*	71.31%	122
	Male	White British	*	*	70.07%	1223
		Asian or Asian British Indian	*	*	53.01%	83
		Other BME	*	*	63.54%	96
Population of Leicester, Leicestershire, and Rutland (UK Census 2011)	Female	White British	39.77%	44.45%	15.78%	255071
		Asian or Asian British Indian	52.02%	41.32%	6.67%	35511
		Other BME	62.84%	29.77%	7.39%	29255
	Male	White British	41.77%	46.70%	11.53%	239360
		Asian or Asian British Indian	51.70%	43.13%	5.17%	33054
		Other BME	66.99%	27.90%	5.10%	29568

†Valid N = 3679; Total N = 4427; Missing Data = 16.9%

Table 8: The age profile of service users in individual service lines compared to the Community Health Services division overall (service lines with significant variations in age profile)

Sex	Ethnicity	Service name	Community Health Services			Total N
			Age band			
			30 to 49	50 to 74	75 and over	
Female	White British	Intensive Community Assessment and Treatment	*	*	67.05%	88
		Community Health Services overall	0.58%	18.32%	81.09%	2052

Race

Table 9: The race profile of service users in the Community Health Services division compared to the local population

	Sex	Age band	Race			Total N
			White British	Asian or Asian British Indian	Other BME	
Community Health Services Service Users†	Female	30 to 49	70.59%	*	*	17
		50 to 74	83.37%	9.53%	7.10%	451
		75 and over	91.98%	3.21%	4.81%	1809
	Male	30 to 49	*	*	*	15
		50 to 74	83.76%	8.71%	7.53%	425
		75 and over	89.09%	4.57%	6.34%	962
Population of Leicester, Leicestershire, and Rutland (UK Census 2011)	Female	30 to 49	73.35%	13.36%	13.29%	138300
		50 to 74	82.90%	10.73%	6.37%	136751
		75 and over	89.89%	5.29%	4.83%	44786
	Male	30 to 49	73.04%	12.48%	14.47%	136886
		50 to 74	83.24%	10.62%	6.14%	134277
		75 and over	89.56%	5.55%	4.90%	30819

†Valid N = 3679; Total N = 4427; Missing Data = 16.9%

Sex

Table 10: The ethnicity profile of service users in the Community Health Services division compared to the local population

	Ethnicity	Age band	Sex		Total N
			Female	Male	
Community Health Services Service Users†	White British	30 to 49	*	*	22
		50 to 74	51.37%	48.63%	732
		75 and over	66.01%	33.99%	2521
	Asian or Asian British Indian	30 to 49	*	*	*
		50 to 74	53.75%	46.25%	80
		75 and over	56.86%	43.14%	102
	Other BME	30 to 49	*	*	*
		50 to 74	50.00%	50.00%	64
		75 and over	58.78%	41.22%	148
Population of Leicester, Leicestershire, and Rutland (UK Census 2011)	White British	30 to 49	50.36%	49.64%	201430
		50 to 74	50.36%	49.64%	225143
		75 and over	59.33%	40.67%	67858
	Asian or Asian British Indian	30 to 49	51.94%	48.06%	35562
		50 to 74	50.72%	49.28%	28927
		75 and over	58.07%	41.93%	4076
	Other BME	30 to 49	48.14%	51.86%	38194
		50 to 74	51.35%	48.65%	16958
		75 and over	58.89%	41.11%	3671

†Valid N = 3679; Total N = 4427; Missing Data = 16.9%

Key to interpreting the tables

Key to interpreting tables that compare numbers of services users in a division with the local area population (Table 1, Table 3, Table 5, Table 7, Table 9, Table 10).

	A service user group that is significantly overrepresented compared to its representation in the local population
	A service user group that is proportionately represented compared to its representation in the local population
	A service user group that is significantly underrepresented compared to its representation in the local population
	Overall degree of representation in the local population against which overrepresentation or underrepresentation amongst service users is assessed
	Statistical test not possible
*	An asterisk indicates a figure that has been suppressed to reduce the risk that individual people might be identified; this figure either represents a group with 10 or fewer members or it represents a group whose count would allow the deduction of the number in a neighbouring group in the table with 10 or fewer members

Key to interpreting tables that compare numbers of services users in a given service line with the number of service users in the relevant division (Table 2, Table 4, Table 6, Table 8).

	A service user group that is significantly overrepresented in the given service line compared to its representation in the division overall
	A service user group that is proportionately represented in the given service line compared to its representation in the division overall
	A service user group that is significantly underrepresented in the given service line compared to its representation in the division overall
	Overall degree of representation in division against which overrepresentation or underrepresentation amongst service users in a given service line is assessed
	Statistical test not possible
*	An asterisk indicates a figure that has been suppressed to reduce the risk that individual people might be identified; this figure either represents a group with 10 or fewer members or it represents a group whose count would allow the deduction of the number in a neighbouring group in the table with 10 or fewer members

**Mental Health Review Tribunal / Leicestershire Partnership NHS Trust
Ethnicity Monitoring Pilot**

1. Background

This Pilot was borne out of the MHRT Improvement Pilot (in which this Organisation played a major part). The Department of Health and the MHRT were made aware, as a result of that pilot, that ethnic monitoring was not being undertaken.

The Mental Health Act Office already monitor the ethnicity of detained patients and as those responsible for the original pilot were aware of this fact, it was suggested to the Department of Health that we should be approached to take part in a further process working with the Mental Health Review Tribunal office looking at how this data could be collected. This ran from November 2006 to April 2007 and we were successful in securing funding from the Department of Health to enable this to happen.

2. The Pilot Process (Methodology)

Leicestershire Partnership NHS Trust already has in place a process for monitoring the ethnicity of patients. The intention of the Pilot was to look at LPT's method of recording, compare with statistics from the MHRT office for the same period and then develop a process to be used nationally.

The monthly calibration of statistics was agreed.

LPT's monitoring process looks at the following data in addition to the ethnicity of the patient. The method of recording being an excel spreadsheet:

- Gender
- Age
- Type of MHRT hearing i.e. appeal/referral
- Hearing held/not held/to be confirmed (at end of pilot)
- Outcome, i.e. discharged/not discharged
- Hearing adjourned/postponed/patient informal/patient withdrawn

The excel spreadsheet enables the collation of statistical reports.

3. Preliminary Conclusions

It proved difficult to obtain comparative statistics from the MHRT office following the pilot; these preliminary conclusions are, therefore, being made using the Leicestershire Partnership data.

3.1 Overall Statistics:

During the pilot period there were a total of 71 applications made to the MHRT office by LPT, 35 of these were male and 36 female.

65 of the applications were appeals and 6 were referrals. Only sections 2, 3 and 25 were used and they were broken down as 29, 41 and 1 respectively.

Of the 71 applications 41 hearings were held, 29 were cancelled and 1 is still outstanding.

Title: Report prepared for the Department of Health - Mental Health Review Tribunal / Leicestershire Partnership NHS Trust - Ethnicity Monitoring Pilot
Author: Alison Wheelton, Senior Mental Health Act Administrator, LPT
Date: May 2007

Of the 41 hearings held 35 patients remained subject to detention and the Tribunal discharged 6. Of the 29 cancelled, 21 of these were due to the patient being made informal prior to the hearing-taking place and in the remaining 8 cases the patient withdrew.

6 cases were adjourned and 2 postponed.

3.1.1 BME Statistics

Attached to this document at appendix 1 is a table showing different BME information in both figures and percentages. The table is divided into three separate sections, as follows:

- 1: Leicestershire County and Leicester City population totals showing BME breakdown. This is taken from the 2001 Census.
- 2: MHRT total applications for the pilot period, by gender, by number held and by number of discharges by the MHRT.
- 3: Total number of detentions recorded by Leicestershire Partnership NHS Trust in 2006/07. These figures include all sections of the MHA by gender as a percentage of the overall total and then by gender total. N.b. these figures reflect, as near possible, the city/county split.

3.2 Statistical Findings

The table attached at Appendix 1 demonstrates a number of key statistical findings, namely that:

- Black or Black British appears overrepresented in terms of numbers of patients detained and total applications to the MHRT when compared to the total population of Leicester City & County:

% OF TOTAL POPULATION LEICESTER CITY & COUNTY	% OF TOTAL DETAINED LPT 2006/07	% OF TOTAL MHRT APPLICATIONS
1.2%	9.6%	18.3%
(80.7% CITY) (19.3% COUNTY)	(5.3% MALE) (4.3% FEMALE)	(7% MALE) (11.3% FEMALE)

- There also appears to be an overrepresentation of Asian or Asian British, however this does not appear to be such a marked difference, although interestingly each statistics shows a higher female percentage than male.

All applications to the MHRT were identified as Asian or Asian British - Indian; although LPT statistics show detentions identified as all four of the Asian or Asian British sub categories, although Indian held the highest majority.

% OF TOTAL POPULATION LEICESTER CITY & COUNTY	% OF TOTAL DETAINED LPT 2006/07	% OF TOTAL MHRT APPLICATIONS
11.5% (78.7% CITY) (21.3% COUNTY)	14.3% (5.8% MALE) (8.5% FEMALE)	8.5% (2.8% MALE) (5.7% FEMALE)

- The statistics for White were influenced by the overrepresentation shown above, i.e. the total population for Leicester City and County was 85.5%, with a detention rate of 68.9%, no significant results were found for the Mixed category (1.2% and 0.7% respectively).
- Statistics for MHRT held and % of those held that resulted in Discharge are felt to be too small for any conclusions to be drawn.

Alison Wheelton
 Senior Mental Health Act Administrator
 May 2007

APPENDIX 1

Mental Health Review Tribunal Ethnicity Monitoring Pilot - Nov - April 2007

	TOTALS	WHITE			MIXED				ASIAN OR ASIAN BRITISH				BLACK OR BLACK BRITISH			OTHER ETHNIC GROUPS	
		BRITISH	IRISH	ANY OTHER WHITE BACKGROUND	WHITE & BLACK CARIBBEAN	WHITE & BLACK AFRICAN	WHITE & ASIAN	ANY OTHER MIXED BACKGROUND	INDIAN	PAKISTANI	BANGLADESHI	ANY OTHER ASIAN BACKGROUND	CARIBBEAN	AFRICAN	ANY OTHER BLACK BACKGROUND	CHINESE	ANY OTHER ETHNIC GROUP (INCL. NOT STATED)
1																	
COUNTY POPULATION*	644142	598490	4346	8446	1681	352	1771	988	18583	946	1389	1725	1189	685	184	2308	1059
		92.9%	0.7%	1.3%	0.3%	0.1%	0.3%	0.2%	2.9%	0.1%	0.2%	0.3%	0.2%	0.1%	0.0%	0.4%	0.2%
CITY POPULATION*	280000	169456	3602	5681	2841	539	1908	1218	72033	4276	1926	5516	4610	3432	553	1426	904
		60.5%	1.3%	2.0%	1.0%	0.2%	0.7%	0.4%	25.7%	1.5%	0.7%	2.0%	1.6%	1.2%	0.2%	0.5%	0.3%
TOTAL POPULATION*	924142	767948	7948	14127	4522	891	3679	2206	90616	5222	3315	7241	5799	4117	737	3734	1963
		83.1%	0.9%	1.5%	0.5%	0.1%	0.4%	0.2%	9.8%	0.6%	0.4%	0.8%	0.6%	0.4%	0.1%	0.4%	0.2%
		85.5%			1.2%				11.5%				1.2%			0.6%	
2																	
MHRT APPLICATIONS**	71	42	0	2	1	2	1	0	6	0	0	0	8	5	0	0	4
		59.2%		2.8%	1.4%	2.8%	1.4%		8.5%				11.3%	7.0%			5.6%
GENDER:MALE % of total applications	35	20		2	1	2			2				2	3			3
		28.2%		2.8%	1.4%	2.8%			2.8%				2.8%	4.2%			4.2%
GENDER:FEMALE % of total applications	36	22					1		4				6	2			1
		31.0%					1.4%		5.6%				8.5%	2.8%			1.4%
MHRT HELD % of those held % overall applications	41	24		1	1	1			4				6	3			1
		58.5%		2.4%	2.4%	2.4%			9.8%				14.6%	7.3%			2.4%
		33.8%		1.4%	1.4%	1.4%			5.6%				8.5%	4.2%			1.4%
Discharged % of total discharged	6	2		1	1				1				1				
		4.9%		2.4%	2.4%				2.4%				2.4%				
3																	
COUNTY	413	313	2	9	1	2		3	17	3	4	7	17	7			28
		75.8%	0.5%	2.2%	0.2%	0.5%		0.7%	4.1%	0.7%	1.0%	1.7%	4.1%	1.7%			6.8%
CITY	413	235	1	9	0	0		0	74	6	1	6	36	19			26
		56.9%	0.2%	2.2%					17.9%	1.5%	0.2%	1.5%	8.7%	4.6%			6.3%
TOTAL DETAINED*** % ETHNICITY	826	548	3	18	1	2	0	3	91	9	5	13	53	26	0	0	54
		66.3%	0.4%	2.2%	0.1%	0.2%		0.4%	11.0%	1.1%	0.6%	1.6%	6.4%	3.1%			6.5%
		68.9%			0.7%				14.3%				9.6%			6.5%	

Title: Report prepared for the Department of Health - Mental Health Review Tribunal / Leicestershire Partnership NHS Trust - Ethnicity Monitoring Pilot

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% total overall - male	32.4%	0.2%	1.3%	0.1%	0.2%		0.4%	4.0%	0.8%	0.5%	0.5%	3.4%	1.8%			3.0%
% total overall - female	33.9%	0.1%	0.8%	0.0%	0.0%		0.0%	7.0%	0.2%	0.1%	1.1%	3.0%	1.3%			3.5%
GENDER - MALE	403	268	2	11	1	2	3	33	7	4	4	28	15			25
% of total male	48.8%	66.5%	0.5%	2.7%	0.2%	0.5%	0.7%	8.2%	1.7%	1.0%	1.0%	6.9%	3.7%			6.2%
GENDER - FEMALE	423	280	1	7	0	0	0	58	2	1	9	25	11			29
% of total female	51.2%	66.2%	0.2%	1.7%				13.7%	0.5%	0.2%	2.1%	5.9%	2.6%			6.9%

* - Source - 2001 Census (www.statistics.gov.uk)

** - Source - MHRT Ethnicity Recording Pilot LPT statistics

*** - Source - LPT statistics

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