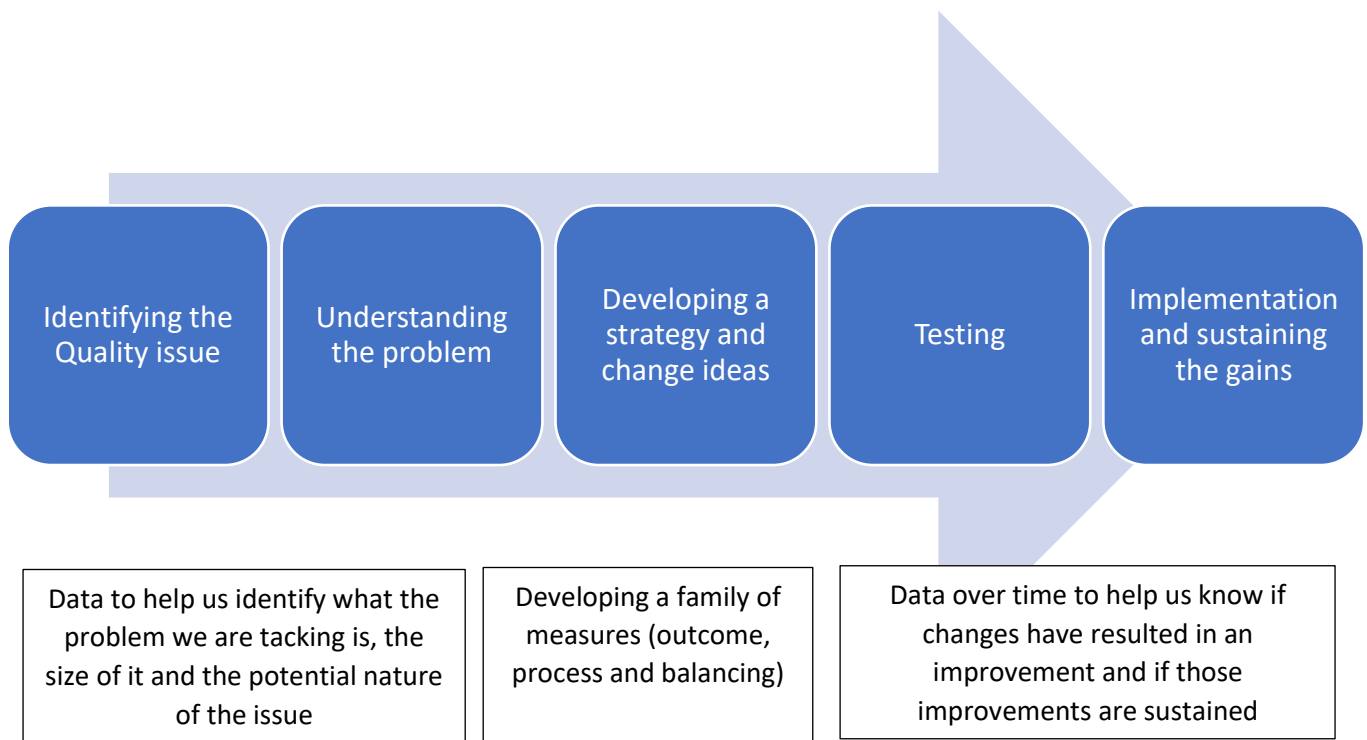


Conducting Health Equity Data Analysis

A guide for those wanting to improve equity

Introduction

Measurement and the use of both qualitative and quantitative data a key aspect of quality improvement (QI) . It helps understand the issue we are tackling as well as know if the changes we are making have resulted in an improvement. You can see where the use of data fits within the ELFT sequence of improvement below.



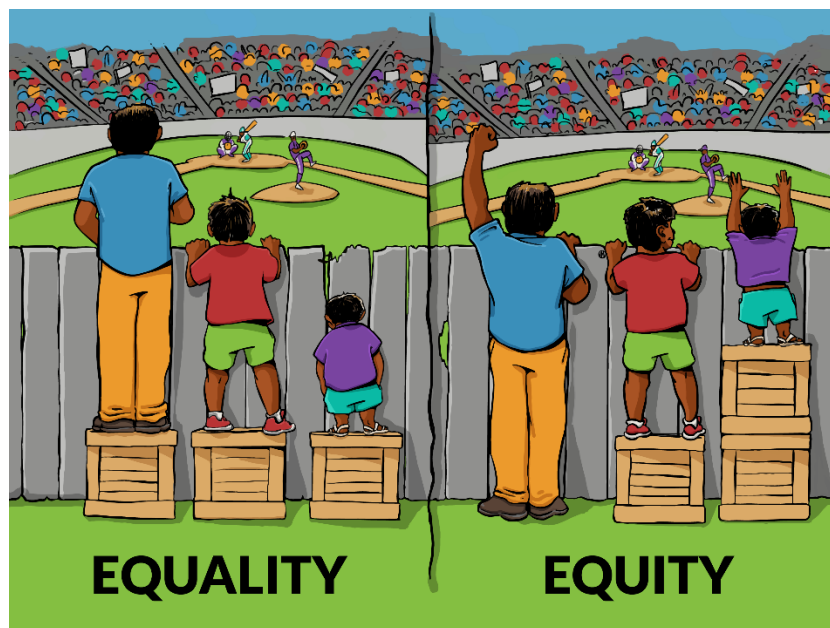
This guide is intended to support those undertaking work around improving equity for those communities we serve using quality improvement methods. In it you will find resources around

- Key questions to consider?
- What data might be helpful?
- Where you can access data to support improving equity
- How you might analyse your data

1. What is Health Equity?

Health Equity is the absence of unfair, avoidable, or remediable differences among groups of people. Groups of people can be defined socially, economically, demographically, geographically or by other aspects of inequity.

Equity is different to equality, in that equality focuses on treating everyone the same, whereas, health equity focuses on treating everyone **fairly**, to ensure disadvantaged groups are not put at further disadvantage.



Reproduced from Interaction Institute for Social Change | Artist: Angus Maguire

2. How can we use data to understand health equity?

Health equity data analysis is a process by which data is gathered and explored to identify the differences between population groups. These differences can be understood in terms of access, experience and outcomes of patients using our services:

- *Access*: who accesses our services? Does it reflect the need in the local population?
- *Experience*: do certain groups discontinue their treatment or have worse experiences?
- *Outcomes*: do certain groups do less well, for example have increased readmissions?

Sometimes, a helpful way to consider the problem being tackled, and identify the data required, is to frame it as a series of questions, for example:

- *What does service and wider population data tell you about who is impacted by the issue you are tackling?*
- *What do people providing care or support tell you about the extent of the issue at hand?*
- *What can those in the population experiencing the inequity tell us? What is not working well and what would make it better?*

3. What data do I need to gather?

a) Data about your service and the people that use it

You can look at your service data by aspects of inequity, for example:

<i>Protected characteristics outlined in the Equality Act 2010:</i>	<i>Social disadvantages:</i>
<ul style="list-style-type: none"> - Age - Sex - Race - Religion or Belief - Disability - Sexual Orientation - Gender Reassignment - Pregnancy and Maternity - Marriage and Civil Partnership 	<ul style="list-style-type: none"> - Postcode and Deprivation - Employment status - Benefits status - Housing status - Smoking status

b) Local Population Data

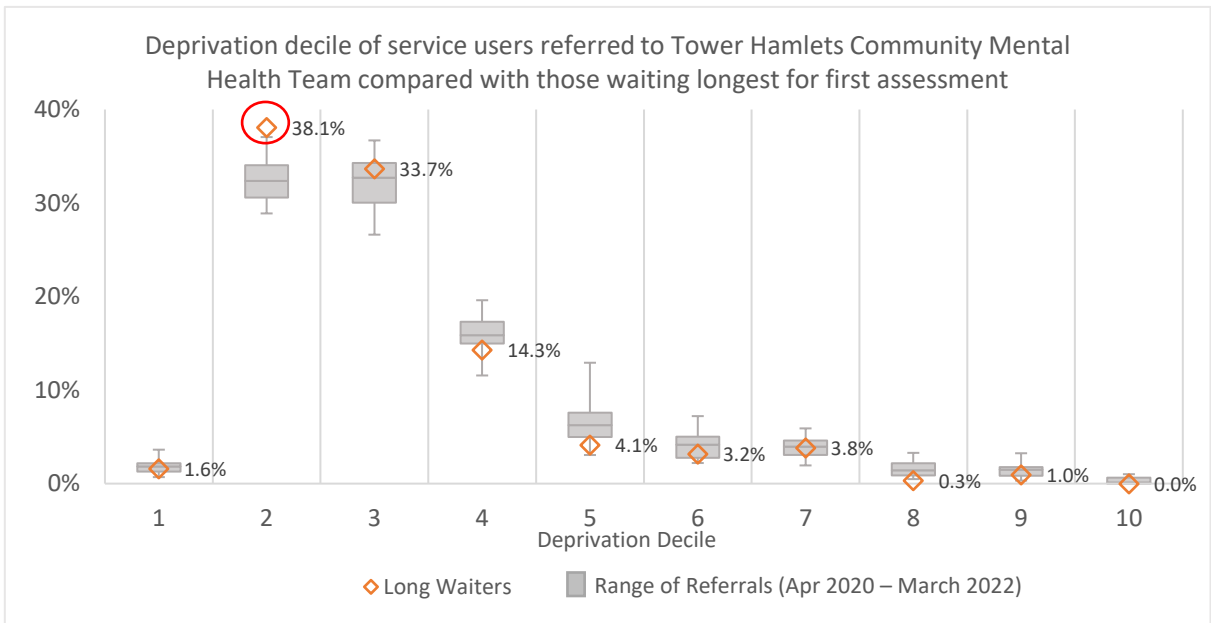
To understand if there are inequities in your service, you should compare the health data of your service users with that of the local population. It is important to consider what size of population data you will compare your data set to, for example, you could compare your service user data set with:

- Data within your service, for example, comparing waiting list data with referral data
- Borough data
- City data
- National data

By understanding the demographics of our local population, we can better comprehend how certain characteristics and wider factors might contribute to health inequities. Below you can find some examples of where you might find some of this data

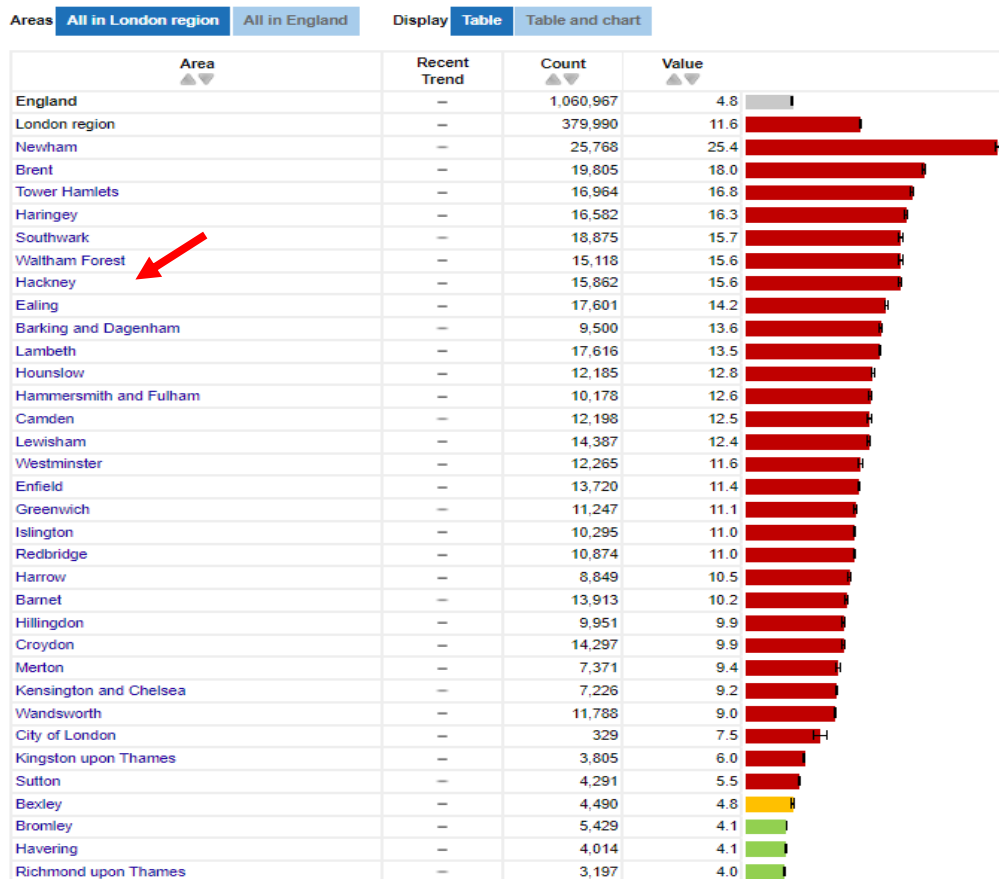
An example comparing waiting list data with referral data in one service

In Tower Hamlets Community Mental Health Team (CMHT), there is greater proportion of service users on the long waiters list who live in the second most deprived decile than might be expected by referral volume. This could suggest that those living in the second most deprived area are not receiving a fair level of treatment, however, further investigation would need to be carried out to determining the factors underlying this pattern.



An example comparing borough data, city data and national data

In Hackney, 15.6% of households are overcrowded (have fewer bedrooms than the standard requirement). This is compared with 11.6 % in London and 4.8% in England. This is important as housing is a key social determinant for both mental and physical health (i.e. good quality, stable and affordable housing in safe and healthy neighbourhoods leads to better health outcomes).



The comparison group in this case is: **households in other London boroughs, the London average, and England average.**

c) Specific Health Topic Data

By researching current literature or national reports, we can understand if certain lifestyle factors are more likely to be associated with certain groups of people. For example, there is a wide body of evidence that suggests those from certain ethnic groups were more impacted by COVID-19.

4. Where can I find the data I need?

Data can be found from multiple sources, here are some examples:

<i>Service User Health Data</i>	<ul style="list-style-type: none"> - <i>Power BI</i> - <i>Contact the Informatics Team</i> - <i>Raise a report request on ServiceNow</i> - <i>Conversations with, or feedback from, service users and/or staff</i>
Local Population Data	<ul style="list-style-type: none"> - <i>The Public Health England website ‘Fingertips’ is a large public health data collection, containing many data sets on the health of our local communities.</i> - <i>The Office for National Statistics (ONS) is a rich source of data on a range of topics, including statistics on your local area and information about people and population health</i> - <i>The Quality and Outcomes Framework (QOF) provides data on the care quality achievement rates of individual GP practices, as well as the prevalence of certain diseases in your area.</i> - <i>The Index of Multiple Deprivation (IMD) data packs provide data and resources on relative deprivation levels across the UK. You may need to register to see this data.</i> - <i>The London Datastore is a free and open data-sharing portal, containing over 700 datasets concerning London, including health and community.</i> - <i>The Local Government Association provide a portal with data and reports covering a number of themes, including health and social care, housing, schools and education, advice and benefits.</i>
Specific Health Topic Data	<p><i>Here are some example of websites containing data on specific topics:</i></p> <ul style="list-style-type: none"> - Obesity - Smoking - Inequalities

5. I have my data...how do I analyse it?

Before analysing your data, it is important to understand the type of data you are working with. Broadly, data can be split into 2 types: *Quantitative data* and *Qualitative data*.

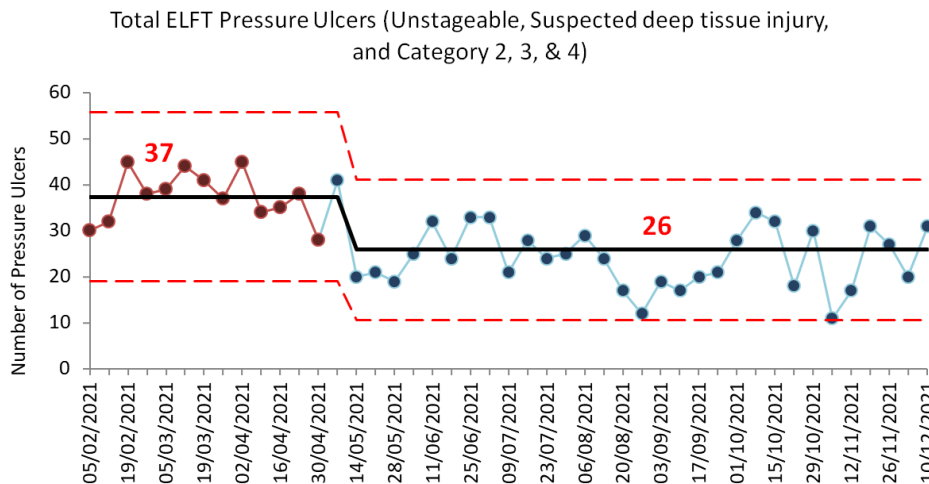
Quantitative Data	<p><i>Quantitative data are numbers, rates, and percentages. They tell us “the who, what, where, when, how many, how much or how often”.</i></p> <p><i>Quantitative data can be used to describe the size of a health inequity.</i></p>
Qualitative Data	<p><i>Qualitative data are descriptions, observations and perceptions; data that cannot easily be expressed as numbers. They tell us “the how and the why”, giving quantitative data real life meaning and narrative.</i></p>

Once you understand what type of data you are collecting, it is important to compose a set of questions that can help you frame your analysis, for example:

- *What am I trying to show?*
- *What is the best way to tell the story of the data?*
- *Who is the comparison group? Is it service users from other boroughs? Is it people of the same age/gender in the general population within the borough? Is it people within the region (London/East of England), or the population in England?*
- *What type of graph or table will be best to display this data? Or would a written piece of work concerning the findings be easier to understand?*

As with all improvement work, we are looking at variation within our system. In the case of equity this might be variation in access, outcomes and experiences of certain groups compared to others. The use of data over time displayed as run charts or control charts are simple tools that can help us visualise and understand variation. For example, if you were working on increasing access to a service for certain religious groups, you might plot the % of a caseload that identify as that religious group overtime on a run or control chart. This

would help give you a baseline to work from and a simple measure you could use as part of you work going forward. You can see an example of a control chart below



You can find more about data for improvement here or sign up to learn more about QI via a training [programme here](#)

Tools and resources to help you analyse your data:

1. PHE Fingertips – Local Health Profiles

The PHE health profiles provide a consistent, concise, comparable overview of the population’s health indicators. The pdf profiles and raw data in Excel can be downloaded from: <https://fingertips.phe.org.uk/profile/health-profiles/>.

The user guide video is available at:

https://www.youtube.com/watch?v=j_8WJUDldb8&feature=youtu.be

Public Health England
 Protecting and improving the nation's health

Tower Hamlets
 Unitary authority

Health Profile 2017

Health in summary
 The health of people in Tower Hamlets is varied compared with the England average. Tower Hamlets is one of the 22% most deprived unitary authorities in England and about 20% (20,200) of children live in its lowest quintile. Life expectancy for both men and women is lower than the England average.

Health inequalities
 Life expectancy is 2.8 years lower for men and 4.2 years lower for women in the most deprived areas of Tower Hamlets than in the least deprived areas.

Child health
 Of 100, 82.2% (82) of children are classified as obese, worse than the average for England. The rate of acute-specific hospital stays among those under 16 is 28% better than the average for England. This translates to 17 stays per year. Levels of smoking at time of delivery are better than the England average.

Adult health
 The rate of hospitalised from hospital stays is 20% better than the average for England. This translates to 1.02 stays per year. The rate of self-harm hospital stays is 87% better than the average for England. This translates to 283 stays per year. The rate of smoking related deaths is 20% worse than the average for England. This translates to 228 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people who are seriously injured on roads is better than average.

Local priorities
 Priorities in the Tower Hamlets health and wellbeing strategy include communities being stronger, healthy, safe, employment and health, children's health, weight and nutrition, and developing an integrated system. For more information see www.towerhamlets.gov.uk

Rate per 100,000 population

© Crown Copyright 2017. Tower Hamlets 4 July 2017

Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2015-16. The local authority is divided into local deciles (areas) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 8 years

Life expectancy gap for women: 8 years

Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes and stroke are the difference between the most and least deprived local quintiles in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (IMQs), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the index of Multiple Deprivation which most closely aligns with the period of the data. This provides a more accurate way of decomposing changes between similarly deprived areas over time.

Early deaths from all causes: men

Early deaths from all causes: women

Early deaths from heart disease and stroke

Early deaths from cancer

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Health summary for Tower Hamlets

The information shows the health of people in Tower Hamlets in comparison with the rest of England. The data is broken down into 12 categories. The average rate for England is shown in the table, with a bar chart showing the rate for Tower Hamlets. The bars are color-coded: red for higher than England, green for lower than England, and grey for similar to England. The size of the bar indicates the percentage difference from the England average.

Category	England average	Tower Hamlets	% difference
1. Deprivation index (IMD 2015)	2015-16	2015-16	0.0
2. Obesity prevalence	2015-16	2015-16	1.8
3. Self-harm hospital stays	2015-16	2015-16	87.0
4. Smoking related deaths	2015-16	2015-16	20.0
5. Life expectancy	2015-16	2015-16	-2.8
6. Smoking related deaths	2015-16	2015-16	20.0
7. Smoking related deaths	2015-16	2015-16	20.0
8. Child health	2015-16	2015-16	17.0
9. Child health	2015-16	2015-16	82.2
10. Child health	2015-16	2015-16	28.0
11. Child health	2015-16	2015-16	87.0
12. Child health	2015-16	2015-16	20.0

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The PHE fingertips website allows the search of many indicators relevant to various public health areas. You can do this through using the search bar at the top right or by going through one of the 'profiles'. <https://fingertips.phe.org.uk/>



Public Health Profiles

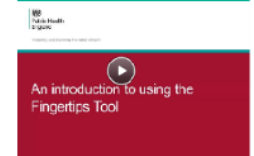
Highlighted Profiles

- Child and Maternal Health Health Profiles
- Longer Lives
- Mental Health Dementia and Neurology
- National General Practice Profiles
- Public Health Outcomes Framework

National Public Health Profiles

- Adult Social Care
- AMR local indicators
- Atlas of Variation
- Cancer Services
- Cardiovascular Disease
- Child and Maternal Health
- Diabetes
- Disease and risk factor prevalence
- End of Life Care Profiles
- Health assets profile
- Health Profiles
- Health Protection
- Inhale - Interactive Health Atlas of Lung conditions in England
- Learning Disability Profiles
- Liver Disease Profiles
- Local Alcohol Profiles for England
- Local Tobacco Control Profiles
- Longer Lives
- Marmot Indicators
- Mental Health Dementia and Neurology
- National General Practice Profiles
- NCMP Local Authority Profile
- NHS Health Check
- Older People's Health and Wellbeing
- Oral Health Profile
- Peer benchmarking tool
- Physical Activity
- Public Health Outcomes Framework
- Segment Tool
- Sexual and Reproductive Health Profiles
- TB Strategy Monitoring Indicators
- Technical Guidance
- Wider Determinants of Health

User Guide



Latest News

July 2017:
New Health Profiles released



March 2017:
Child Health Profiles updated
Wider Determinants of Health
New tool launched

All Public Health England profiles are found at <https://fingertips.phe.org.uk/>

The Perinatal Mental Health profile is found in the 'Mental Health Dementia and Neurology' section.

Navigating PHE Fingertips, using the perinatal mental health theme as an example:



Direct Link:
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

Or google 'perinatal profile'

Public Health England

Home > Mental Health

Technical Guidance

Mental Health, Dementia and Neurology

Indicator keywords

Introduction

These system profiling tools are available to all. They are primarily intended to provide better access to information to support commissioning, planning and providing services locally. The tools bring together a wide range of publicly available information to offer a broad picture of mental health and dementia and provide the means to focus on specific topics to enable and advocate benchmarking against peers. The core aim is to provide information for improvement, not judgement. Comments on our tools are welcome. Please send your feedback and questions to mhdn@phe.gov.uk.

Profiling Tools by Theme

- [Mental Health and Wellbeing JSNA](#)
- [Perinatal Mental Health](#)
- [Children and Young People's Mental Health and Wellbeing](#)
- [Common Mental Health Disorders](#)
- [Co-occurring substance misuse and mental health issues](#)
- [Crisis Care](#)
- [Severe Mental Illness](#)
- [Suicide Prevention](#)
- [Dementia](#)

Subscribe to our monthly bulletin which gives a snapshot of our latest resources and key messages that we wish to

Once on the profiles, there is an introduction page with key links to the data, indicator list and updates:

The screenshot shows the 'Perinatal Mental Health' introduction page on the Public Health England website. Callouts point to various sections:

- Rationale, and profile structure:** Points to the 'Introduction' section.
- User guide, indicator list, quality assessment, data catalogue and relevant reports:** Points to the 'Supporting Documents' section.
- START Go to the data:** Points to the 'START' button.
- Go to the profile:** Points to the 'START' button.
- Recent updates - highlights when are changes made:** Points to the 'Recent updates' section.

See at a glance how areas compared to their selected group and selected benchmark:

The screenshot shows the 'Perinatal Mental Health' data dashboard. Callouts indicate the following steps:

- Select area type:** Points to the 'Area type' dropdown menu.
- Select Region:** Points to the 'Region' dropdown menu.
- Select area:** Points to the 'Area' dropdown menu.

Below the selection menus is a table of indicators. A callout points to the 'Statutory homelessness: rate per 1,000 households' row, highlighting that Luton has a higher rate of homelessness compared to the benchmark.

Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Pembrokeshire	South Hampshire	Suffolk	Thames Valley
Sole registered births: % births registered by one parent only	2017	0.1	4.4*	4.4	3.0	3.5	4.4	3.7	4.8	4.7	0.4	0.1	4.3	3.8
Stillbirth rate	2018-20	3.9	3.0	3.0	3.4	3.4	3.1	5.3	3.7	4.4	0.1	3.8	4.4	4.4
Infant mortality rate	2018-20	3.9	3.4	4.8	2.9	3.0	3.0	3.8	5.2	3.4	4.2	3.1	3.3	4.6
Under 18s conception rate / 1,000	2019	15.7	13.9	14.0	10.7	14.1	14.0	9.7	15.5	17.2	22.0	20.9	13.7	19.0
Looked after children aged <5: Rate per 10,000 population aged <5	2017/18	24.9	20.9	31.9	20.4	27.1	17.8	15.5	32.0	44.3	24.9	43.3	31.9	39.9
Children on child protection plans: Rate per 10,000 children <15	2020/21	41.4	35.2	33.8	32.1	22.4	18.0	15.0	50.5	25.4	54.3	43.5	32.6	24.0
Children in need: Rate per 10,000 children aged <15	2017/18	636	450*	608	480	376	303	301	507	613	841	601	429	694
Lone parent families: % of households	2011	7.1	6.2	7.0	4.9	6.5	6.3	6.4	8.2	5.6	7.8	6.8	5.6	7.0
Domestic abuse-related incidents and crimes	2020/21	30.3	25.0	38.6*	27.9*	38.6*	38.9*	23.2*	28.6*	20.3*	27.0*	28.0*	24.8*	28.0*
Statutory homelessness: rate per 1,000 households	2017/18	2.4	2.4	3.2	2.7*	1.4	2.0*	2.8*	4.6	1.8*	7.9	1.9	2.0*	3.2
Depression: Recorded prevalence (aged 16+)	2020/21	12.3	11.3*	12.8	10.7	11.2	11.1	11.1	8.8	11.8	10.1	12.7	12.6	11.2
Mental Health: QoF prevalence (all ages)	2020/21	0.98	0.87*	1.17	0.80	0.78	0.81	0.83	1.03	0.82	0.85	1.21	0.90	0.71

2. Health Equity Assessment Tool (HEAT)

HEAT is a practical framework, produced by the UK Government and Health Education England, that enables professionals to systematically identify and address health inequalities and inequities in their services. The resource consists of:

- HEAT executive summary
- HEAT tool – full version (intended for a more in-depth assessment)
- HEAT tool – simplified version (intended for a rapid assessment)
- Case studies demonstrating the practical application of the tool.

The HEAT tool can be found [here](#). There is also an [e-learning module](#) that can equip you with essential skills for undertaking a HEAT assessment, this takes around 20 minutes to complete.

3. Power BI

ELFT's Power BI Apps hold a variety of data covering the following services:

- Community Mental Health (Adult CMHTs, PCNs, Early Intervention, Employment Services)
- Community Health Services (Bedfordshire Community Health)
- CAMHS
- SCYPS
- Perinatal Services
- Inpatient MH (Adult Inpatient)
- Forensic Analytics (Forensic Inpatient)

See information under '4. The Informatics Department' in this section to find out how to gain access to the PowerBI Apps.

The left-hand side of each app has a range of pages containing data that you may want to use when investigating equity in your service. The pages are a mix of data

summarised into graphs and 'raw' data in tables. There is also a handy 'How to Guide' and a 'How to Video Guide' that can help you navigate the Apps, filter the information, and export data.

- Flow
- High Level Summary
- Task View
- Early Warning System
- Directorate Level View
- Variation Across Teams
- Population Health
- Quality
- Value
- Staff Experience
- Admissions Detail
- Occupancy Detail
- Discharges Detail
- DATIX Detail
- DIALOG Detail
- FFT Detail
- Measure Library
- How to Guide
- How to Video Guide



Referral Details (Open caseload and referrals received or discharged since January 2019)

Directorate: Services
 Bedfordshire (Directorate) + BD Amphill CMHT (SourceTeamORW...)

Rio Data Refresh 30/05/2022 12:19

Referral Date	Referral Number	Referral Source	Referral Urgency	Discharge Date	Caseload	Last appl. Date	Last appl. DNA/Cancelled	Last appl. IICP	Last appl. outcome	Waiting 1st appl.	Waiting for 2nd over 12 weeks	Waiting 2nd appl.	Waiting for 2nd over 12 weeks
16/02/2022	1	Not initiated by consultant	Non Urgent	01/03/2022	0					1	1	0	0
31/01/2022	4	GMP Referral	Non Urgent	01/03/2022	0				face to face - contact achieved	1	1	0	0
31/01/2022	14	Not initiated by consultant	Non Urgent	01/03/2022	0	21/02/2022				0	0	0	0
25/02/2022	2	Not initiated by consultant	Non Urgent	01/03/2022	0					1	1	0	0
01/03/2022	1	GMP Referral	Non Urgent	02/03/2022	0					1	1	0	0
02/03/2022	1	Not initiated by consultant	Non Urgent	02/03/2022	0					1	1	0	0
02/03/2022	1	Not initiated by consultant	Non Urgent	02/03/2022	0					1	1	0	0
28/02/2022	2	Not initiated by consultant	Non Urgent	03/03/2022	0					1	1	0	0
28/02/2022	3	Not initiated by consultant	Non Urgent	03/03/2022	0					1	1	0	0
16/02/2022	2	Not initiated by consultant	Non Urgent	04/03/2022	0	17/02/2022			Telephone - contact achieved	0	0	1	1
24/02/2022	8	GMP Referral	Non Urgent	04/03/2022	0					1	1	0	0
07/03/2022	3	Not initiated by consultant	Non Urgent	07/03/2022	0					1	1	0	0
10/11/2021	1	GMP Referral	Non Urgent	07/03/2022	0	07/02/2022			Video - contact achieved	0	0	0	0
04/03/2022	4	GMP Referral	Non Urgent	07/03/2022	0					1	1	0	0
07/03/2022	22	Consultant initiated	Non Urgent	07/03/2022	0					1	1	0	0
02/03/2022	1	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
07/03/2022	1	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
08/02/2022	1	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
19/10/2021	5	Not initiated by consultant	Non Urgent	08/03/2022	0	08/03/2022	17/03/2022		Indirect Contact (urltix face to face box)	0	0	0	0
24/02/2022	4	Accident / Emergency	Non Urgent	08/03/2022	0					1	1	0	0
24/02/2022	4	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
28/02/2022	10	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
03/03/2022	28	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
28/02/2022	19	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
28/02/2022	3	Not initiated by consultant	Non Urgent	08/03/2022	0					1	1	0	0
10/02/2022	18	Not initiated by consultant	Non Urgent	10/03/2022	0					1	1	0	0
03/03/2022	7	GMP Referral	Non Urgent	10/03/2022	0					1	1	0	0
31/01/2022	1	GMP Referral	Non Urgent	11/03/2022	0	09/02/2022			Telephone - contact achieved	0	0	1	1
03/03/2022	3	GMP Referral	Non Urgent	11/03/2022	0	11/03/2022	18/02/2022		Telephone - contact achieved	0	0	0	0
18/02/2022	4	GMP Referral	Non Urgent	11/03/2022	0					1	1	0	0
08/03/2022	15	GMP Referral	Non Urgent	14/03/2022	0					1	1	0	0
22/12/2017	3	GMP Referral	Non Urgent	14/03/2022	0	01/03/2022	24/02/2022		Email/Text Contact (urltix face to face box)	0	0	0	0
14/01/2019	1	Not initiated by consultant	Non Urgent	14/01/2019	0					1	0	0	0

4. The Informatics Department

The Informatics Department can visit your team virtually or face to face to help you learn how to access information about your service, and how you might analyse this. If you would like support, you can complete [this form](#).

If you need data that is not contained in PowerBI, find the [Informatics homepage](#) on the Intranet under 'Teams that support me' and request a report to be sent to you by accessing the 'IT Service Desk', 'Raising a request' and choosing the 'Report Request' option under 'Informatics'. This is also where you can request access to Power BI Apps, under 'Access to Power BI Analytics'

The diagram illustrates the navigation process:

- Informatics Homepage:** A blue sidebar contains the 'Informatics' title and a 'Raise a request' button. A red arrow points from this button to the 'IT Service Desk' page.
- IT Service Desk:** A white page with a header 'How can we help?' and a 'Raise a Request' button. A red arrow points from this button to the 'Service Catalog' page.
- Service Catalog:** A page with a search bar and a 'Categories' sidebar. The 'Informatics' category is selected. A red arrow points from the 'Informatics' category to a grid of service tiles.
 - The 'Access to Power BI Analytics' tile is highlighted with a red arrow and a box labeled 'Power BI App Access'.
 - The 'Report Request' tile is highlighted with a red arrow and a box labeled 'Report request'.

5. Excel

Excel has a range of features that can help you to understand your data. For example, there are a range of functions that can help you to analyse your data, as well as a range of graphs that you can use to present it. If you are unfamiliar with Excel, we suggest you google 'excel for beginners', for handy guides and videos.

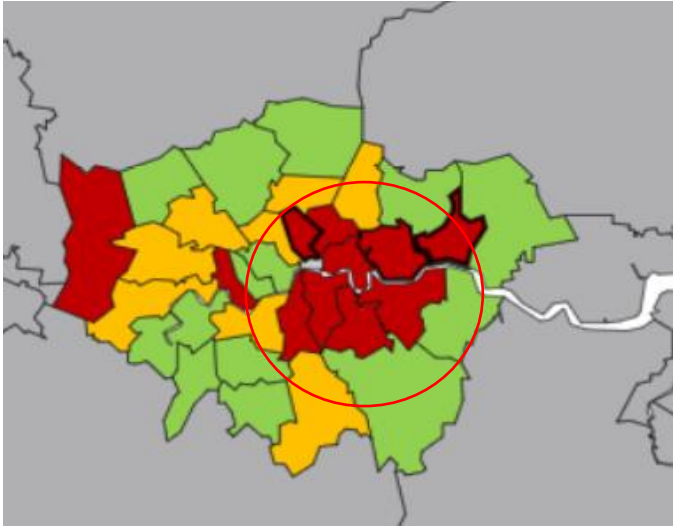
An example using the RAG (Red, Amber, Green) Rating

Premature mortality in adults with severe mental illness (SMI) is significantly worse in Luton compared with the England average. The rate is 121.7 per 100,000 in Luton compared with 103.6 per 100,000. The **red rating** tells us that this is significantly worse. An **amber rating** would tell us that there was no significant difference with the England average and a **green rating** that the rates were significantly better than the England average.

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Premature mortality in adults with severe mental illness (SMI) <small>New data</small>	2018 - 20	103.6	89.8	111.0	91.7	81.1	96.3	76.7	121.7	83.6	126.8	115.1	71.1	184.1
Premature mortality due to cancer in adults with severe mental illness (SMI) <small>New data</small>	2018 - 20	20.2	17.7	23.4	18.5	18.0	19.8	14.5	20.8	14.3	31.9	18.7	11.7	50.8
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI) <small>New data</small>	2018 - 20	18.9	16.3	14.9	14.7	13.2	17.9	14.1	25.7	14.2	23.8	21.4	12.7	43.2

Source: NHS Digital Mental Health Services

An example of Geographical comparison



This map shows the rate of premature mortality in people with Severe Mental Illness (SMI) per 100,000 across London.

It shows that areas including Tower Hamlets, Newham and Hackney are significantly worse than the England average.

Source: NHS Digital Mental Health Services Data Set

6. Some things to consider

1. Not all equity-related characteristics about a patient are collected.
2. Your analysis will depend hugely on what data is available, and it is important to understand from the outset what is feasible and practical within the timeframe.
3. Consider the date that the data collected and published. How relevant is data if it is from a few years ago (e.g. census data is only collected every 10 years). This is particularly important in a 'post-pandemic' world, where the NHS came under unprecedented pressure that shaped the services we see today.
4. Data may not always be 'complete', in the sense that the information is collected for some service-users, but not others. Depending on the problem you are trying to tackle, you will have to decide whether there are sufficient records to produce a meaningful output.
5. The source of data may be primary or secondary. For example, service data is a primary source, but some data on Public Health Fingertips or London Datastore will be secondary (come from other sources).
6. When combining geographies, for instance looking across the entirety of ELFT, consider that some areas may contribute a much larger proportion of service users and therefore mask key differences that could be seen when looking at the data at a smaller geographical level, for instance by a single borough.

Next Steps and support

Once you have identified inequities, the next steps will involve considering why the inequities exist and considering solutions to reduce the inequity. This will likely involve working with service users and staff, i.e. using qualitative data. Monitoring and evaluating inequities is a

continuous process and shouldn't end after your analysis, your project could result in changes in practice or implementation of new ways of working that could help reduce inequities.

If you would like support in better understanding inequities and public health then please contact: Angela.Bartley@nhs.net

If you would like support in accessing data from the trust then please informatics via this [form](#)

If you would like to know more about Quality Improvement, then please contact the [QI inbox here](#)