Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

JSNA – Equalities Data	
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Report for Discussion	

1. Purpose of this Paper

To inform the HWB of the progress of the Joint Strategic Needs Assessment (JSNA) Equalities Data sub group in delivering improved availability and use of equalities data for use in the JSNA and planning and commissioning decisions.

2. Executive Summary

A data audit conducted by this working group has identified and classified data and products as follows:

- where data on personal characteristics is available and should be analysed as a matter of course in future JSNA data products
- where service breakdowns and equalities reports already exist and should be appropriately included in the JSNA
- where data is not available, either through lack of recording mechanisms in IT systems, or through missed opportunities to capture it at contact points with citizens

Whilst the first two can progress within the data community to establish standard definitions and formats, the third, focussing on fundamental data problems will need further guidance from the HWB and constituent organisations.

3. Context

At the June 2017 HWB meeting, concerns were raised on gaps in equalities data, especially around ethnicity, with an action for the JSNA Steering Group to instigate a project to investigate what opportunities there are at a local level to improve the availability and use of equalities data.

The JSNA Steering Group set up the Equalities Data sub group, who met for the first time in September 2017. It included representatives from the data and intelligence teams in the CCG, BCC and public health.

4. Work of the JSNA Equalities Data sub-group

The first phase of work was to further progress the data audit across the main data sources and organisations that provide the bulk of JSNA content. Primarily to see what data on protected characteristics was already collected, followed by establishing what datasets could be produced with equality data.

From this audit, a gap analysis was carried out to see which protected characteristics were not available, in which systems, in which organisations.

Finally we have an emerging work plan for the group and partners more generally to implement the improvement and use of appropriately analysed data into the JSNA product set.

Data Audit & Gap Analysis

Further work investigating the availability of personal characteristics in data sets can be summarised in this table:

Dataset / Characteristic	Age	Disability	Ethnicity	Gender	Belief	Sexual orientation	Marital status	Gender reassignment	Pregnancy & maternity	LSOA (10% most Deprived)
Births	No (no gestation length)	No (stillbirth only)	No (mother's country of birth)	Yes	No	No	No	No	No	Yes
Deaths (for mortality stats and life expectancy)	Yes	No (unless is cause)	No	Yes	No	No	No	No	No	Yes
Hospital inpatients	Yes	No	Yes (but only c77-84% recorded)	Yes	No	No	No	No	Yes (but in diagnosis fields)	Yes
General Practice data (EMIS)	Yes	Yes (but poorly recorded <10%)	Yes (only c70% coverage / 90% for Health Checks)	Yes	Yes (but poorly recorded <10%)	Yes (but poorly recorded <10%)	Yes (but poorly recorded <10%)	No (may appear in patient notes)	Should be recorded in patient notes	Yes
Quality Outcomes Framework (QOF)	No	No	No	No	No	No	No	No	No	No
Cancer registration (incidence, prevalence & survival)	Yes	No	No (poss national level)	Yes	No	No	No	No	No	Unknown
Mental Health Mininum Data Set (MHMDS)	Yes	No	Yes	Yes	No	No	No	No	No	Unknown
National child measurement programme	Yes	No	Yes (Only Yr 6 pupils)	Yes	No	No	No	No	No	Yes
Public Health contract - Sexual health services	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes
Public Health contract - Drug and alcohol services	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
2011 Census	Yes	No (has limiting long term illness)	Yes	Yes	Yes	No	Yes	No	No	Yes
ONS Mid-year population estimates	Yes	No	No	Yes	No	No	No	No	No	Yes
Quality of Life survey (BCC)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes (Only city-wide figure)	No	Yes
Social Care (BCC)	Yes	Yes	Yes	Yes	Yes	Yes (adults, but poorly recorded)		No	No	Yes
Education	Yes	SEND data	Yes	Yes	No	No	No	No	No	
Housing (BCC tenants)	Yes		Yes	Yes	Yes			No	No	Yes

Colour rating: Red = Data not available by this characteristic / Yellow = available to a limited extent / Green = Data is available / White - tbc

This work has focussed on local availability and measures that can be taken as they are under local control. There are major data sets supplied nationally, for example the Quality Outcomes Framework (QOF) which recognise the need to improve equalities monitoring through an NHS England programme.

Current data examples – see Appendix 1

Equalities data work plan

1/ Production of local data – where available

a) development of a standard approach for equalities data for local data within the JSNA process (those we usually include at ward level)
b) development of the IMD "10% most deprived *within* Bristol" category as a proxy for poverty to highlight issues of socioeconomic inequality. This headline figure is being added to all local datasets in addition to ward;

Both the above are now well underway for 2016/17, and is being rolled out to all data sets. This will be repeated for new 2017/18 data as is available.

2/ Publication of equality data
We will be uploading these additional datasets to the new Bristol Open Data Platform (https://bristol.opendatasoft.com/) and developing a data visualisation.

3/ Use of additional equality data in the JSNA
In addition to releasing data on the platform, analysis of the data beyond the current gendered approach is being considered in both the JSNA Data Profile 2018, and development of detailed JSNA Chapters. In delivering the JSNA, a balance is being struck between use of these publications and resources available.

4/ Outstanding issues

- Including further datasets such as Primary care (EMIS) data
- Improving the capture of data at contact points – eg GPs, A&E.
- Progress from numbers (and % of total) to age-standardised rates per equality group – if appropriate denominators are available
- Agree preferred approach to present ethnicity summary data – in line with "Diamond Cluster" advice propose 3 summary categories of White British, White Minority Ethnic and BME (and Unknown)
- Providing more granular data, and/or linked data via combined datasets

5. Key risks and Opportunities

- Improve the capture of data at contact points – ie recording in GPs, A&E etc. HWB members have an opportunity to promote this within workforces and with partners / commissioned services.
- Increasing data products in the context of budget constraints affecting consultants and data specialists in Public Health, Bristol City Council, and the CCG.
- National data gaps - most nationally produced datasets don't include equalities data – this is the largest source for JSNA data.

- Alignment of recording and analysis categories across the health community.

6. Implications (Financial and Legal if appropriate)

Bristol City Council and Bristol CCG, via the Health and Wellbeing Board, have a statutory duty to prepare and publish a JSNA. This duty is being met, but the inclusion of more detailed equalities data will provide an additional evidence base to more effectively influence commissioning and service provision.

7. Evidence informing this report.

This paper is a review of equalities data availability in order to provide better evidence to include in the JSNA Data Profile and JSNA Chapters to inform service planning, commissioning or integration of services / early intervention, including impacts linked to wider determinants of health.

8. Conclusions

There has been progress in including equalities data breakdowns as standard for the local JSNA datasets that we have direct control over. This work will continue and will include publishing on the Open Data Platform and incorporating summary points in JSNA products.

We have a clearer idea where data on equalities characteristics is not available, and whether promotional activity could improve the situation, or if more fundamental measures around collection need to be addressed.

A common approach to collection, categorisation and analysis across the HWB partners would make efforts here more efficient, as would appropriate engagement with projects such as the “Healthier Together” programme across BNSSG.

9. Recommendations

a) HWB members & partners promote equalities data capture in appropriate IT systems at key contact points
b) HWB members ensure IT procurement processes include equalities data capture in functional requirements
c) HWB agree the principle of consistent recording (for example the diamond cluster CSU proposals) and encourage convergence towards these standards across HWB organisations
d) HWB members engage and influence the BNSSG Healthier Together programme to consider equalities data, inc ethnicity, in their segmentation/population analytics capability
e) HWB to propose priority areas for equalities analysis for further investigation

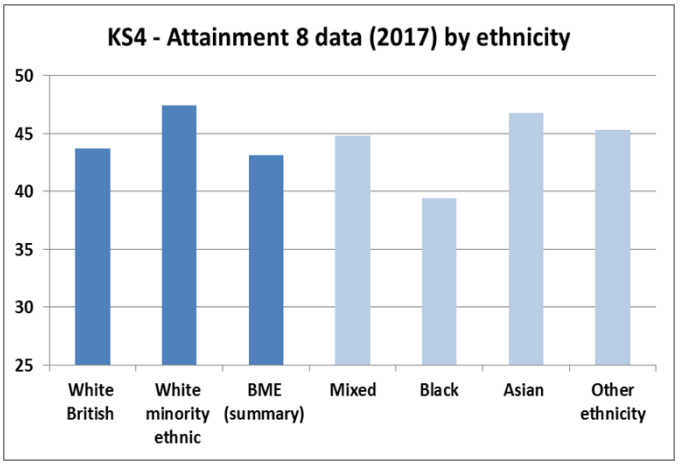
10. Appendix 1 - Current data examples

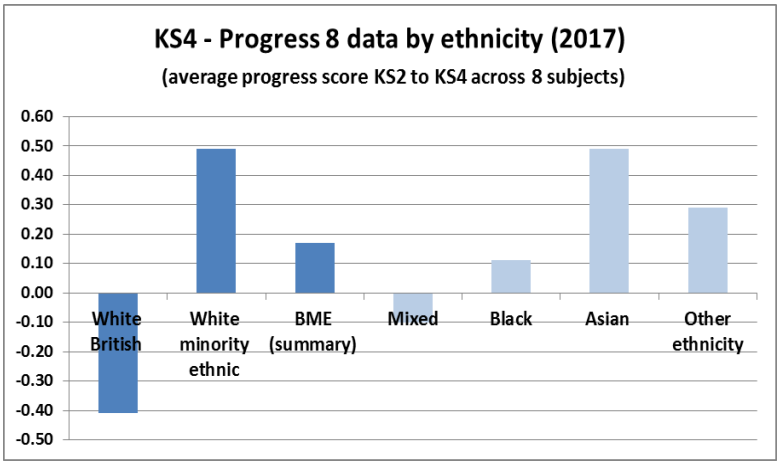
The below examples are available with data by sex and deciles of deprivation, but are shown here with a focus on ethnicity as this was highlighted as a gap.

Example 1 – Wider determinants - Educational attainment data by ethnicity

Table below is for Summary data to illustrate coverage available, with 97 - 99% of ethnicity known, followed by charts analysing Key Stage 4 (GCSE) data to illustrate additional insight.

Educational attainment (2017)	Total Pupils	Bristol average attainment	Ethnicity - summary categories								
			Ethnicity: White British	White British % of total	White British attainment	Ethnicity: White minority ethnic	White minorty ethnic % of total	White minority ethnic attainment	Ethnicity: BME	BME % of total	BME attainment
% Early Years pupils (4-5 yr olds) achieving a good level of development	5580	68.0%	3459	62.0%	**71.7%**	474	8.5%	**58.9%**	1476	26.5%	**62.5%**
KS2 - % Key Stage 2 pupils achieving expected standard in reading, writing & maths	4337	61.0%	2745	63.3%	**64%**	312	7.2%	**62%**	1264	29.1%	**55%**
KS4 - % strong pass in English & Maths	3236	41.0%	2160	66.7%	**40.8%**	219	6.8%	**45.7%**	836	25.8%	**38.2%**
KS4 - Attainment 8	3236	44.0	2160	66.7%	**43.7**	219	6.8%	**47.4**	836	25.8%	**43.1**
KS4 - Progress 8 (average progress score KS2 to KS4 across 8 subjects)	3059	-0.22	2125	69.5%	**-0.41**	153	5.0%	**0.49**	763	24.9%	**0.17**



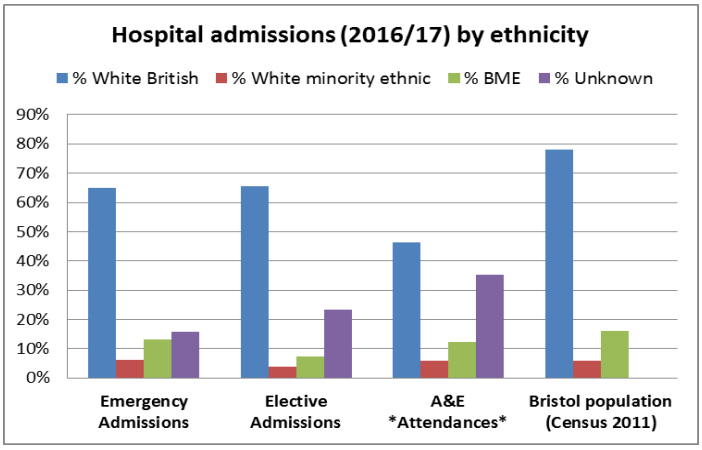


GCSE attainment by ethnic group illustrates the difference in results, and the need to differentiate within the BME summary category.

Note – Significant disparities in Key Stage 4 data is shown by other equality groups, such as Bristol girls in 2017 achieving a Progress 8 score of 0.04, but boys recording a large negative Progress 8 score of -0.47.

Example 2 – CCG Hospital admissions data by ethnicity

The below charts illustrate the coverage of hospital admissions data by ethnicity (summary groups) and by cause. 16% of emergency admissions have unknown ethnicity (and 23% of elective). Census 2011 population breakdown of Bristol residents is for comparison purposes.



The data is also provided by more detailed ethnicity categories, and by other equality groups, plus by Deprivation decile, for more detailed analysis.

Of initial note are the relatively large % BME emergency admissions for Psychoses, Asthma and Diabetes (although totals for psychoses and neuroses are too small to further split by minority ethnic group).

Note - These charts are for the crude % allocation of admissions by ethnic group within each category (eg of all emergency admissions for Asthma, 63% of admissions are white British and 21% are BME, of which 9% are Asian, etc). ***They do not show rates relative to the underlying population,*** *nor allow for age differences (eg injuries due to falls are primarily older people, where there is a very different ethnic profile: 28% of <16 residents are BME, but 5% of >65)*