NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

BSW Health Inequalities Information Statement

A response to NHS England's statement on information on health inequalities

March 2025

NHS England's Health Inequalities Statement

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

This statement on information on health inequalities (Statement) is given by NHS England further to its duty under section 13SA of the National Health Service (NHS) Act 2006 to publish a Statement setting out a description of the powers available to relevant NHS bodies to collect, analyse and publish information, and the views of NHS England about how those powers should be exercised in connection with such information.

Integrated care boards, trusts and foundation trusts should use this statement to identify key information on health inequalities and set out how they have responded to it in annual reports.

The duty to report information on health inequalities will encourage better quality data, completeness and increased transparency. Data should be used by relevant NHS bodies to shape and monitor improvement activity to further reduce healthcare inequalities. This Statement will therefore help drive improvement in the provision of good quality services and in reducing inequalities.

The information on health inequalities set out in this Statement should be used by services and boards to inform service improvement and reductions in healthcare inequalities. This includes using the information to inform:

- strategy development
- policy options review
- resource allocation
- service design
- commissioning and delivery decisions
- service evaluations.

Contents

Within the Statement there are 21 measures in 11 categories.

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Introduction

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Health inequalities are systematic, unfair and avoidable differences in health across the population, and between different groups within society. They arise because of differences in the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can affect both our physical and mental health and wellbeing.

Healthcare inequalities are part of wider inequalities and relate to inequalities in the access people have to health services and in their experiences of and outcomes from healthcare. Tackling inequalities in outcomes, experience and access is one of the four key purposes of ICSs.

Good quality, robust data enables the NHS to understand more about the populations we serve. It enables NHS bodies to identify groups that are at risk of poor access to healthcare, poor experiences of healthcare services, or outcomes from it, and deliver targeted action to reduce healthcare inequalities.

In this report we will summarise the latest data on health inequalities for the measures set out within the NHS England Statement on Health Inequalities. We will summarise what this data shows and describe the approach BSW is taking to health inequalities across our system.

A Note on the Data

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The following pages cover the 11 domains of the statement. Each section includes a page per measure and, where the data is available, summarises the data by age, gender, deprivation and ethnicity to help understand where inequality may exist.

The data included comes from a variety of sources – some local and some national. The data source and period is described within each individual slide.

The availability and quality of the data is variable such that:

- In some instances, the data may be older than we'd like but is the latest available, in the level of detail required
- Occasionally we can't split the data by all of the required categories (age, gender, deprivation, ethnicity)

There are three indicators where data is not available in the appropriate detail to report against health inequalities. These are: Early Cancer Diagnosis, Rates of Restrictive Interventions, and Diabetes Referrals to Structured Education. The ICB is working on collecting or accessing the data required and hope to be able to report on these during 25/26.

The detailed reports from which this data is sourced are included at the end of the pack (for use by internal BSW staff to support their work on health inequalities).

Health Inequalities in BSW

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Fairer health and wellbeing outcomes is one of three objectives in the BSW Integrated Care Strategy. Responsibility for this objective is delegated to the Population Health Board which reports to the Quality and Outcome Committee. The Population Health Board has set up an Inequalities Strategy Group to support this.

The inequalities strategy adopts the national Core20plus5 framework. There is a framework for adults and a framework for children and young people (CYP).

- Core 20 refers to the most deprived 20% of the national population as identified by the index of multiple deprivation. 60,000 people live in Core20 areas in BSW. This is 6% of the BSW population.
- Plus refers to population groups identified by the ICB as facing inequalities.
    - For B&NES, the plus groups are people from ethnic minority backgrounds, people experiencing homelessness, people living with severe mental illness and children eligible for free school meals.
    - For Swindon, the Plus groups are people from ethnic minority backgrounds.
    - For Wiltshire, the plus groups are routine and manual workers and Gypsy, Roma and Traveller communities.
    - In addition, across BSW, the plus groups are children with educational needs and disabilities, children with excess weight and living with obesity, children looked after and care experienced CYP, early years and children and young people with adverse childhood experiences.
- 5 refers to 5 priority clinical areas.
    - Adults: Maternity, Severe Mental Illness, Chronic Disease, Early Cancer diagnosis and hypertension case-finding and optimal management and lipid optimal management with Smoking Cessation as an additional priority impacting all 5 areas.
    - CYP: asthma, diabetes, epilepsy, oral health and mental health

In addition, each of our Delivery Groups have identified an inequalities priority and are responsible for driving improvement around this. There is also inequalities work supporting our populations co-ordinated / delivered at a regional or national level on our behalf, for example for our prison population.

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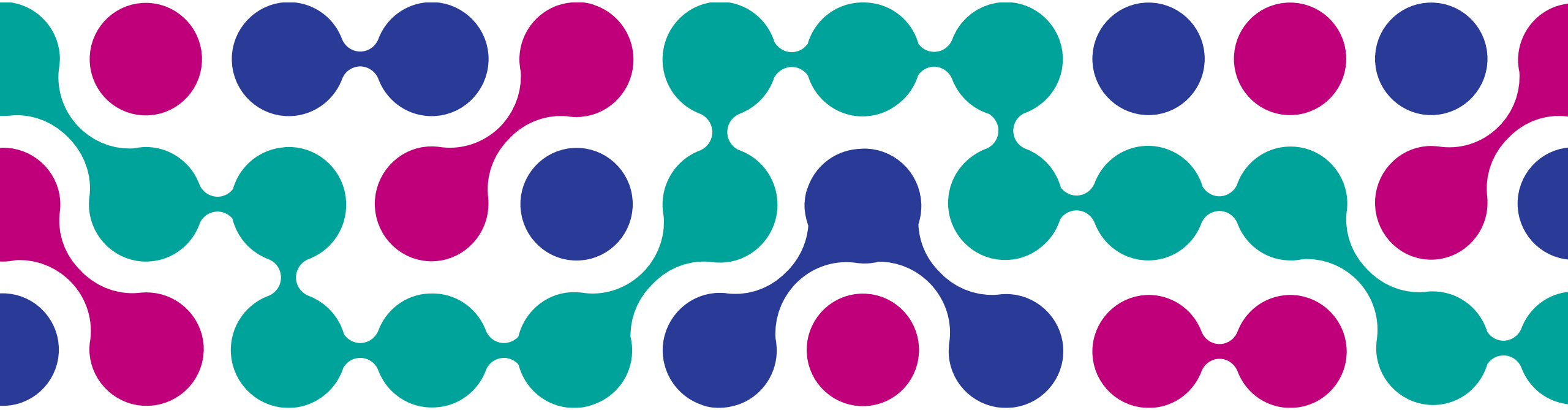
1. Elective Recovery



Percentage of Patients Waiting Over 52 Weeks

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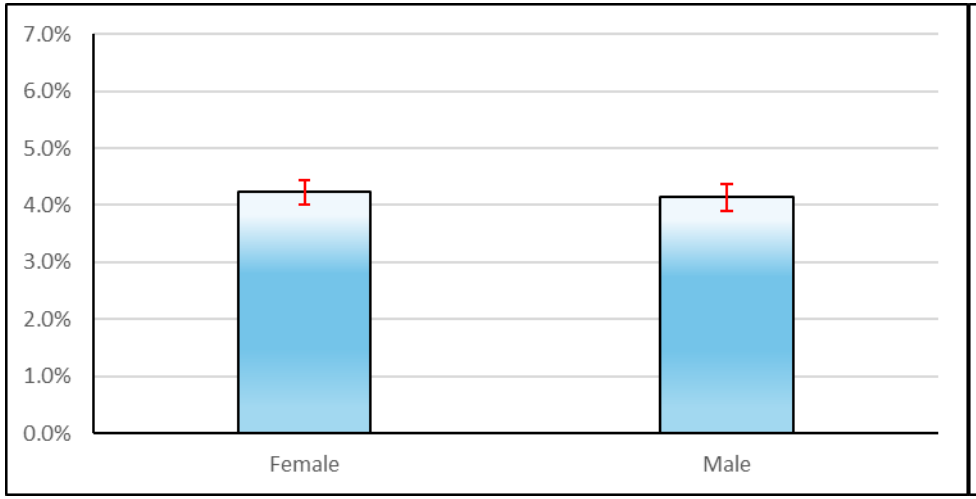
The data below is based on BSW ICB Patients waiting 52 weeks or more on a waiting list at one of our main acute providers - GWH, RUH, or SFT. The data is broken down by age group, gender, deprivation and ethnicity, then presented as a percentage of all waiting list patients in the same demographic cohort. Data source: PTL MDS (waiting list data). Time Period: Jan-25 snapshot.

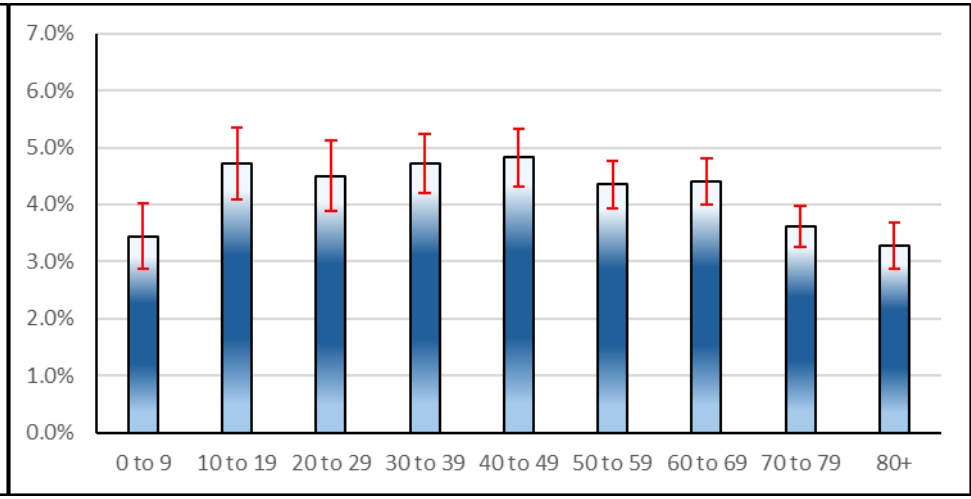
There is no significant gender variation in 52+ week wait percentage.

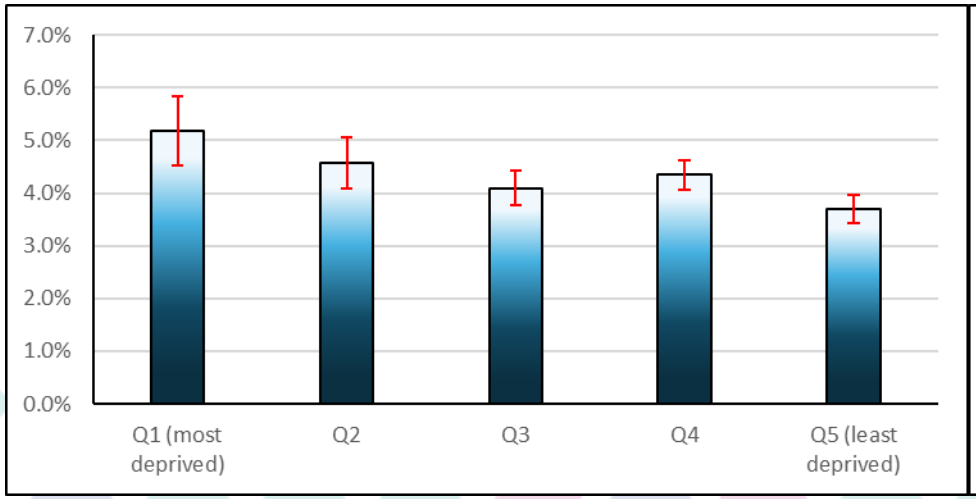
Likelihood of waiting 52+ weeks is slightly lower among older patients. This may be driven by their decreased likelihood to cancel appointments, and increased availability to take up cancelled slots, relative to working age populations.

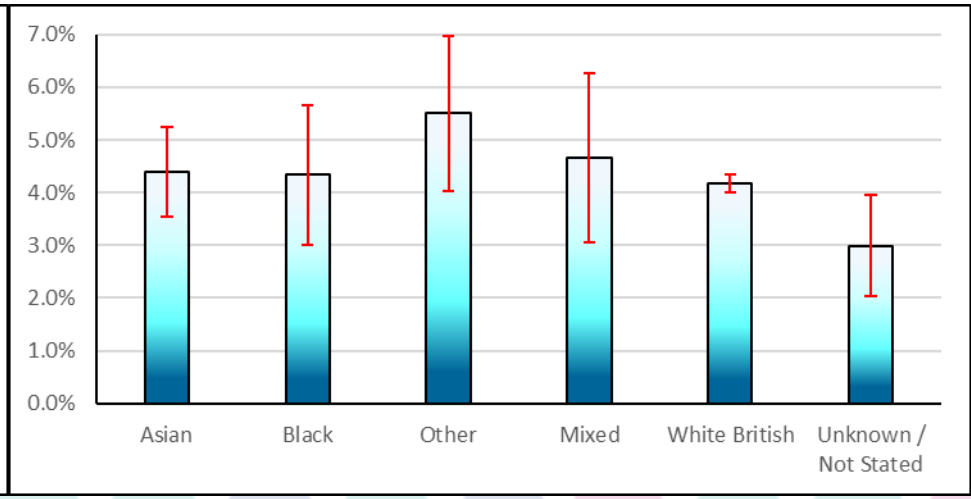
There is some correlation between 52+ week wait proportion and patient deprivation. The more deprived areas are more likely to wait longer.

Most ethnic minority group categories are waiting longer for treatment than patients identifying as White British.









Activity Rates for Elective Admissions

Bath and North East Somerset, Swindon and Wiltshire
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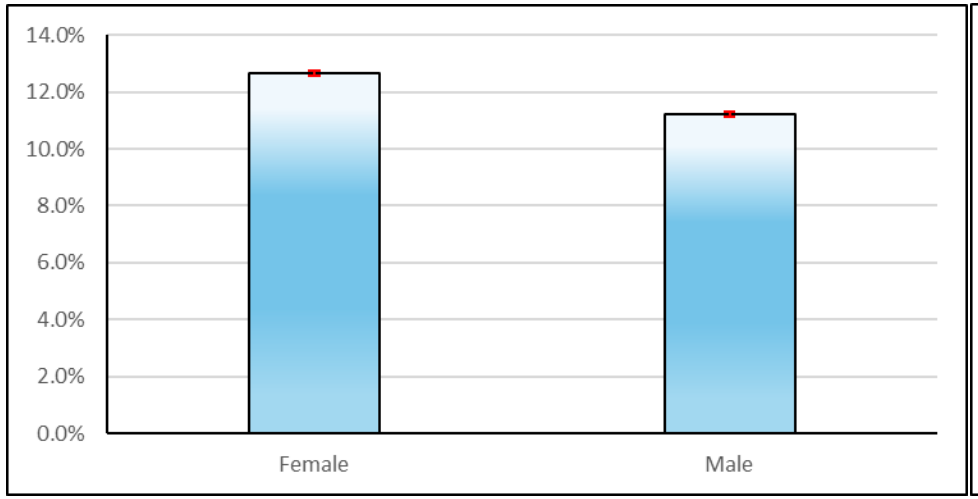
The data below is based on BSW ICB Patients' elective admissions in the last 12 Months. The data is broken down by age group, gender, deprivation and ethnicity, then presented as a percentage rate of the population in the same demographic cohort. Data source: NHSE Health Inequalities Dashboard. Time Period: 2024 (12 Months).

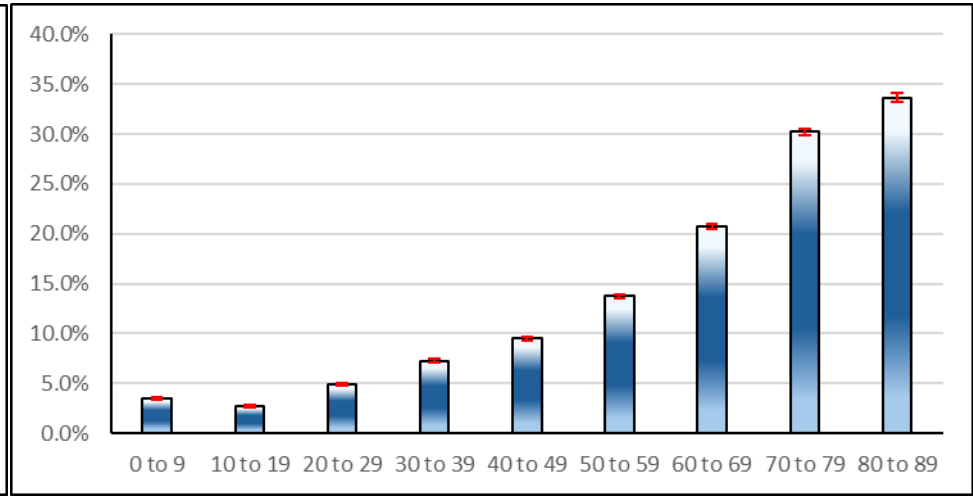
There is a slightly higher elective admission activity rate among the female population relative to males.

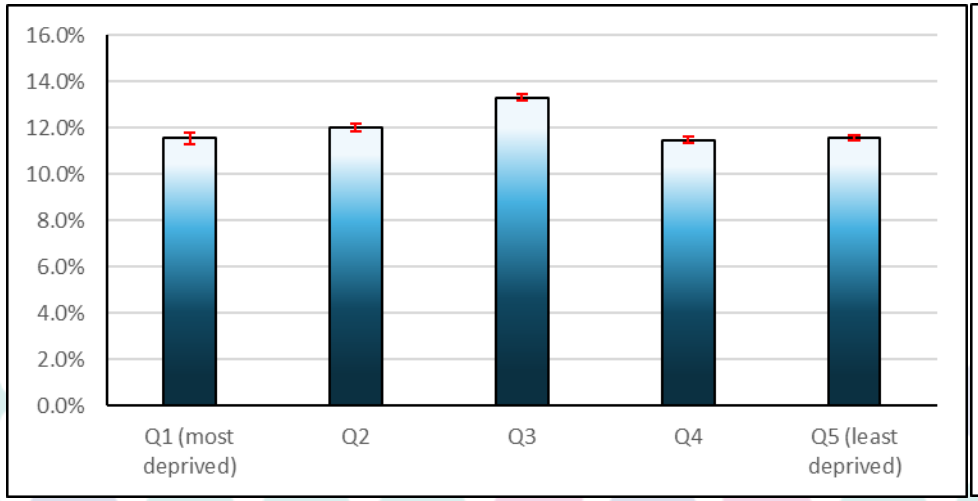
The correlation between age and elective activity rate is significant, and in-line with expected trends.

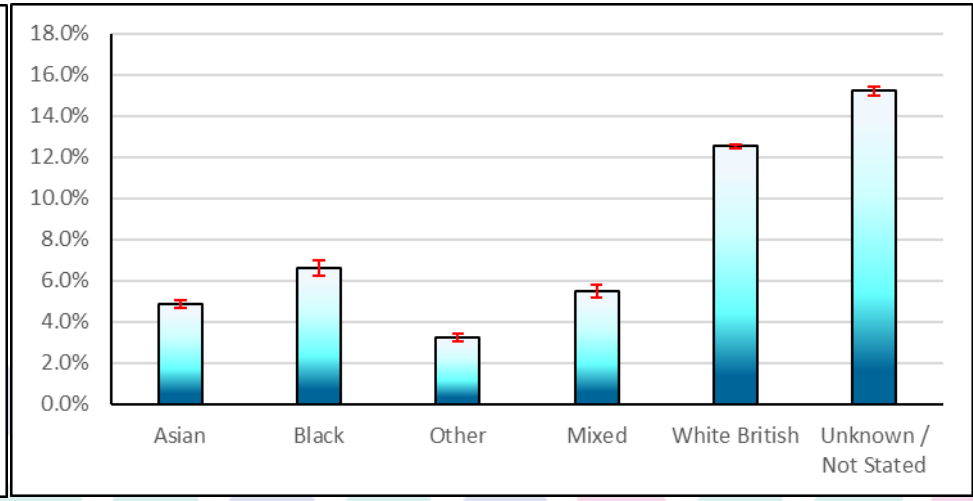
There appears to be no decisive correlation between deprivation.

The White British group and those with an unrecorded or unstated ethnicity have significantly higher elective admission rates than ethnic minority groups. This is likely to be influenced by the relative age profile of these groups.









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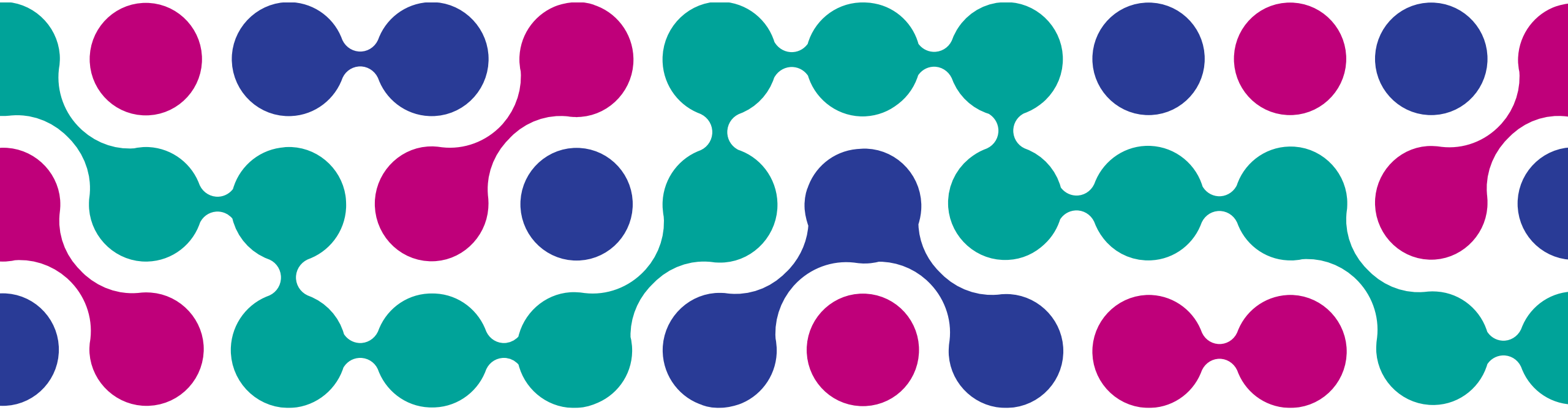
2. Urgent and Emergency Care



Rates of Emergency Admission for Under 18s

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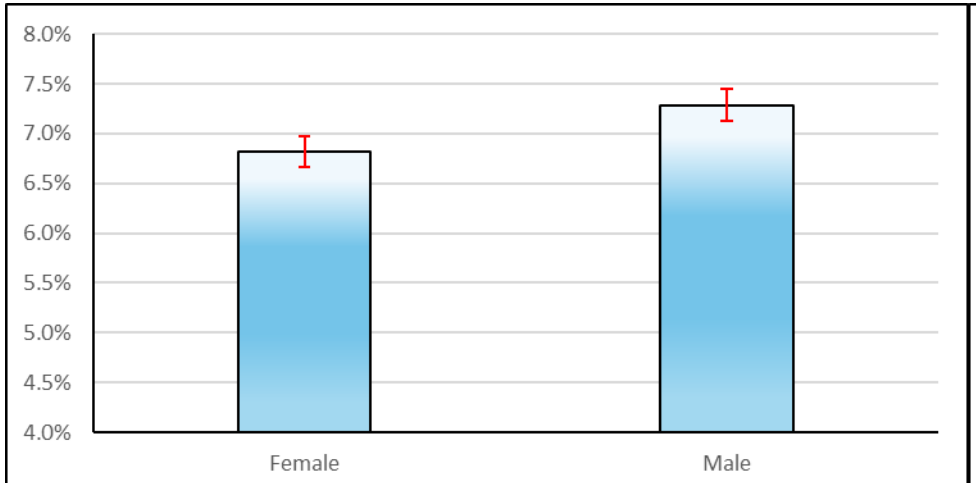
The data below is based on BSW ICB patients under 18s. The data is broken down by age group, gender, deprivation and ethnicity, then presented as crude rates per 100 of BSW ICB population. Data source: SUS Inpatient. Time Period: 12 Months to Nov 2024

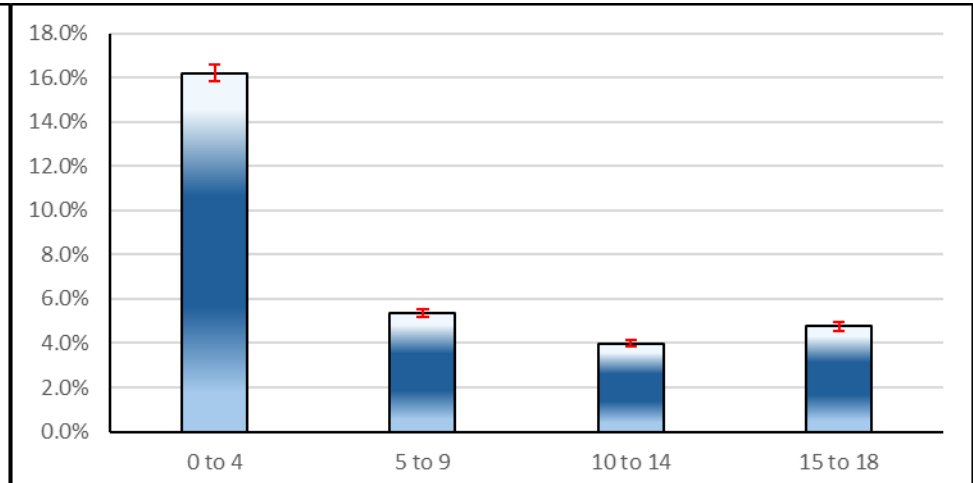
The data shows males have a slightly higher rate of emergency admissions than females.

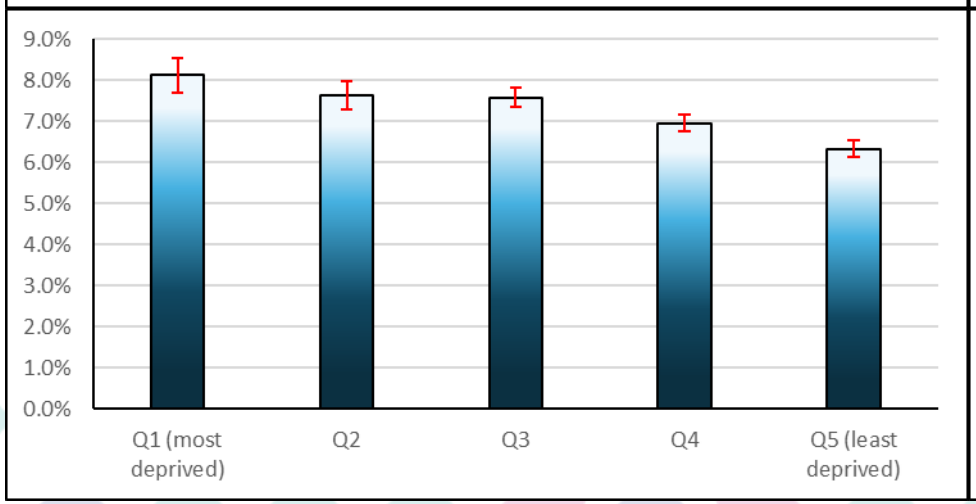
Rate tends to be higher amongst those aged 4 and under. The variation between other age groups is smaller, and likely to be driven by different presenting conditions as children age.

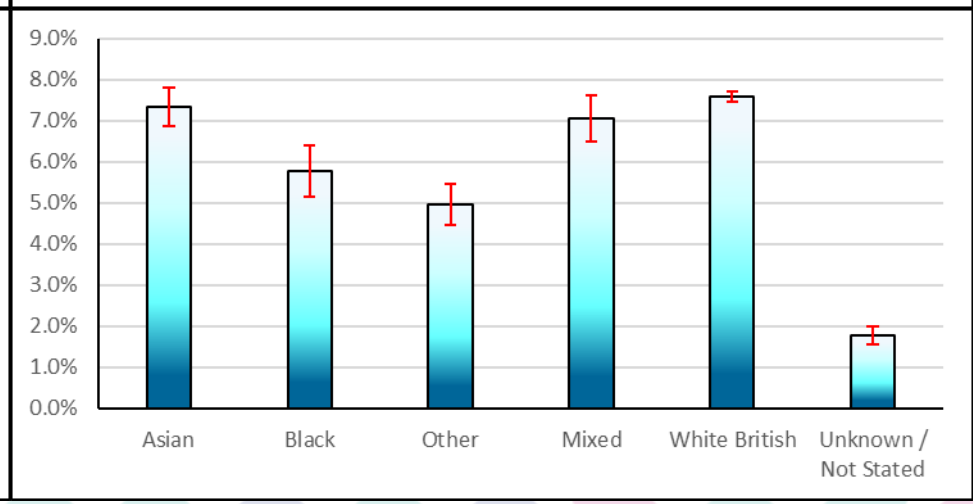
There is notable correlation between rate of emergency admissions and patient deprivation. The most deprived area has the highest rate.

The rate of emergency admissions varies among ethnicity groups with White and Asian as the top ones in BSW.









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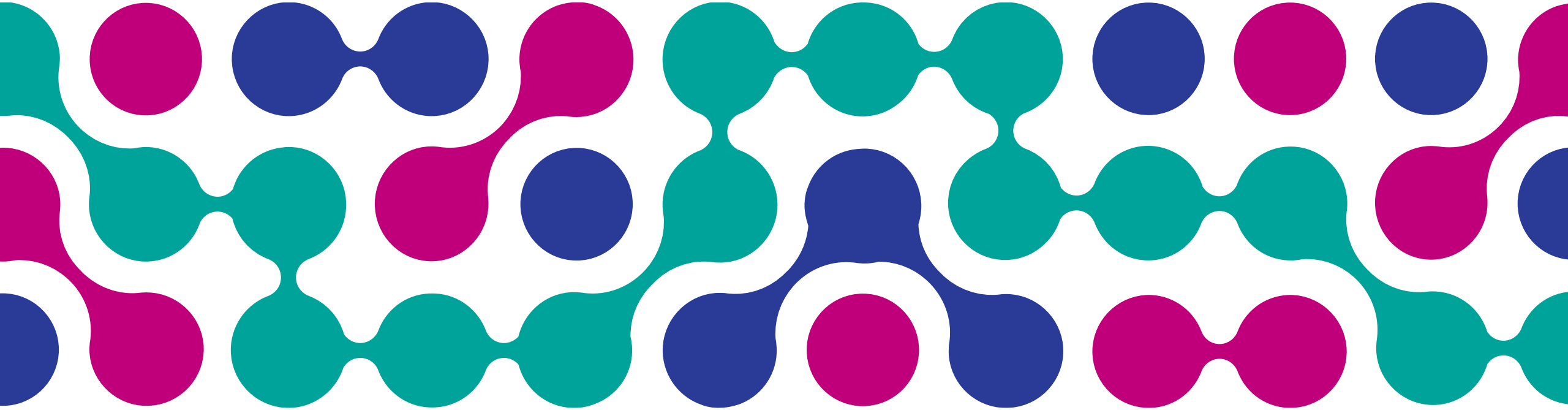
3. Respiratory



Covid Vaccination Percentage Uptake

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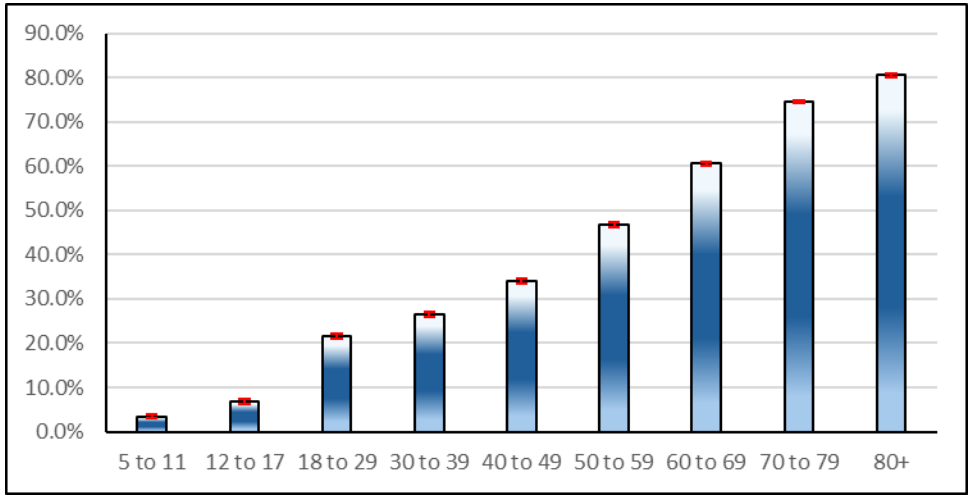
The data below is based on BSW ICB Patients' Covid vaccinations during the 24/25 Autumn/Winter Covid Vaccination Season. The data is broken down by age group, deprivation and ethnicity, then presented as an uptake percentage of the population in the same demographic cohort. Data source: NHSE FDP Covid Vaccine Dashboard. Time Period: 2024/25 Autumn - Winter Vaccination Season.

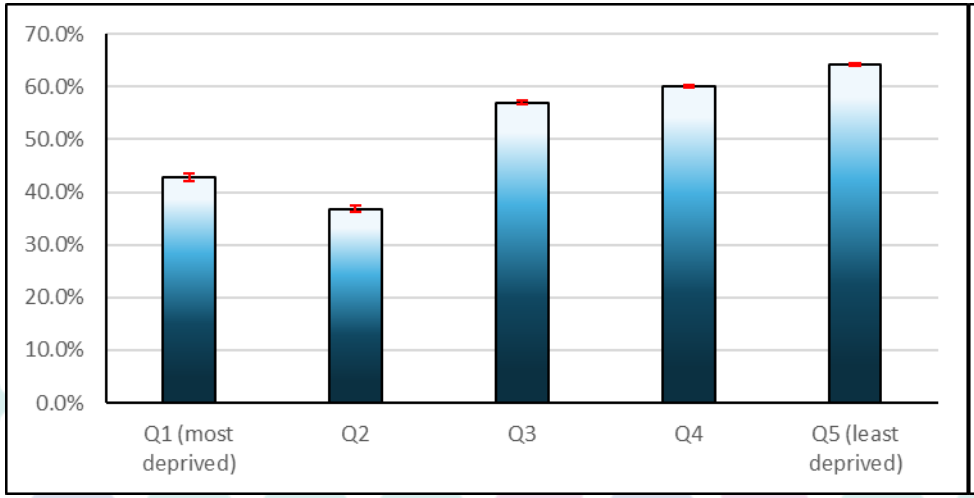
This data source does not allow for analysis of the information by the different genders.

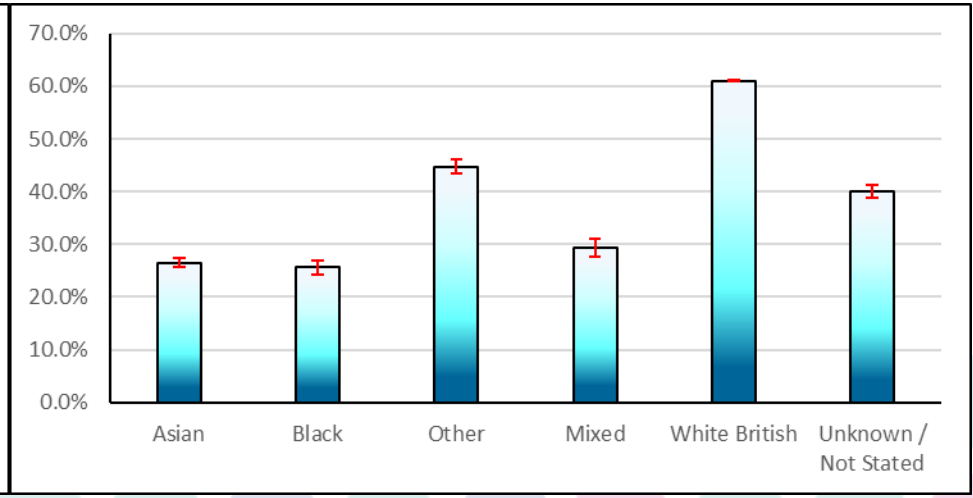
Covid vaccination uptake increases with age, demonstrating correlation across age groups.

There is also some correlation between Covid vaccination uptake and deprivation, with more deprived groups significantly less likely to be vaccinated.

The White British group has a significantly higher uptake of Covid vaccination than ethnic minority group categories. This is likely to be partly influenced by the relative age profile of these groups but remains a noteworthy health inequality finding.







Flu Vaccination Percentage Uptake

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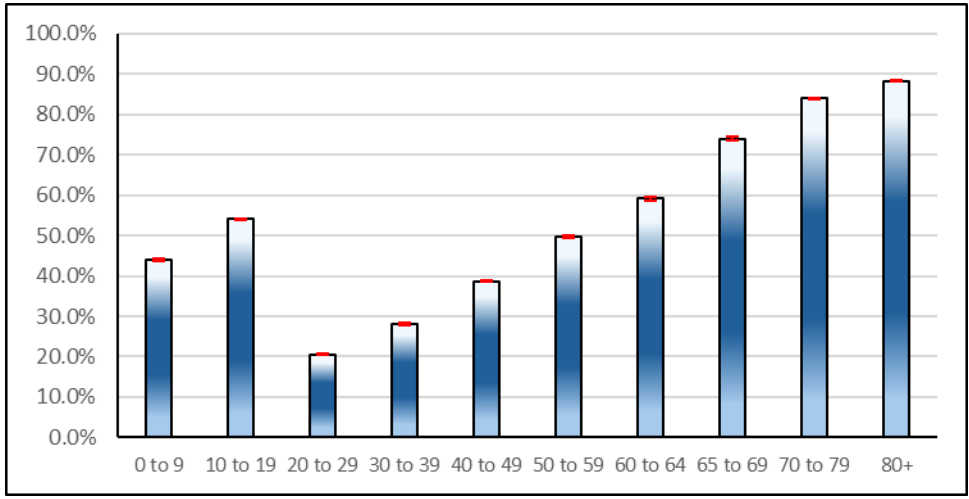
The data below is based on BSW ICB Patients' Flu vaccinations during the 23/24 Flu Vaccination Season. The data is broken down by age group, deprivation and ethnicity, then presented as an uptake percentage of the population in the same demographic cohort. Data source: NHSE Health Inequalities Dashboard. Time Period: 2023/24 Flu Vaccination Season.

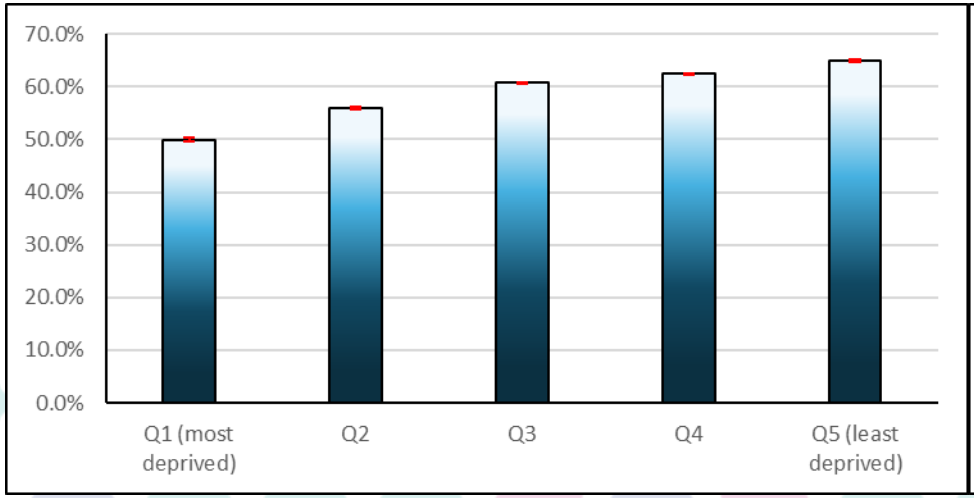
This data source does not allow for analysis of the information by the different genders.

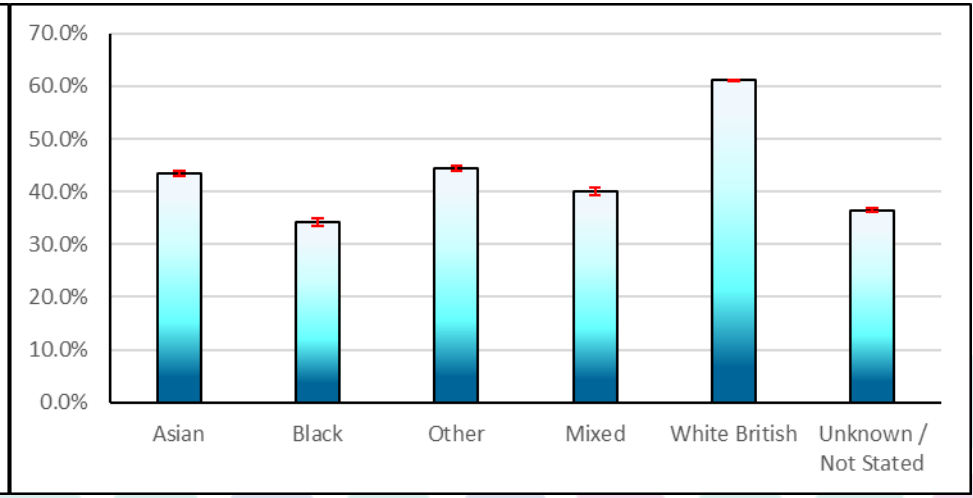
Flu vaccination uptake is higher among the over 65s and school age children.

There is some correlation between flu vaccination uptake and deprivation, with more deprived groups less likely to be vaccinated.

The White British group has a significantly higher uptake of flu vaccination. This is likely to be partly influenced by the relative age profile of these groups but remains a noteworthy health inequality finding.







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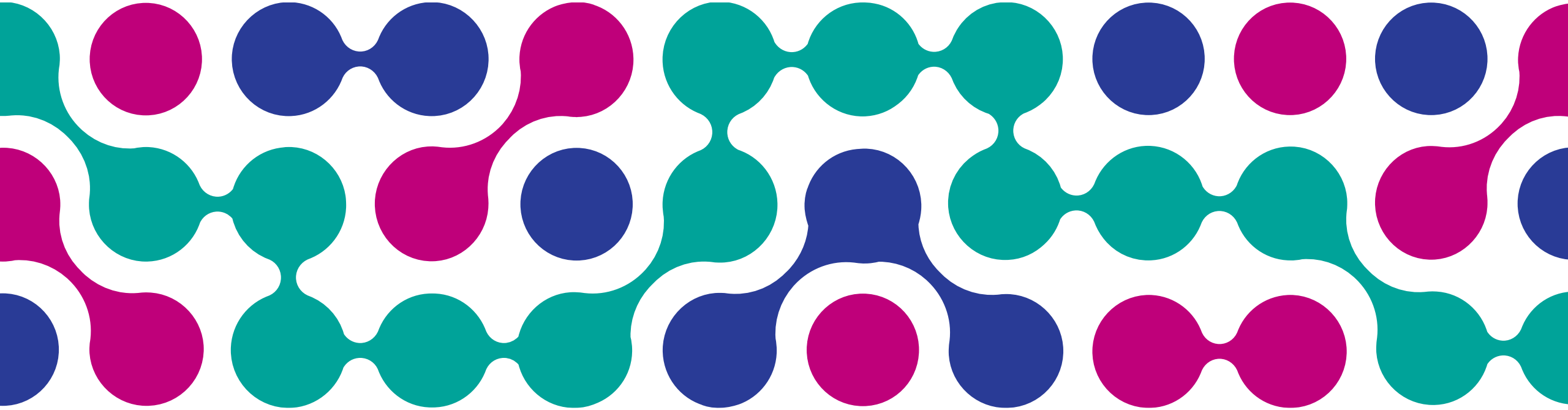
4. Mental Health

Note: *Data is not currently routinely available to report against health inequalities for Rates of Restricted Interventions. The ICB hopes to be able to report on this during 25/26.*



Serious Mental Illness (SMI) Physical Health Checks

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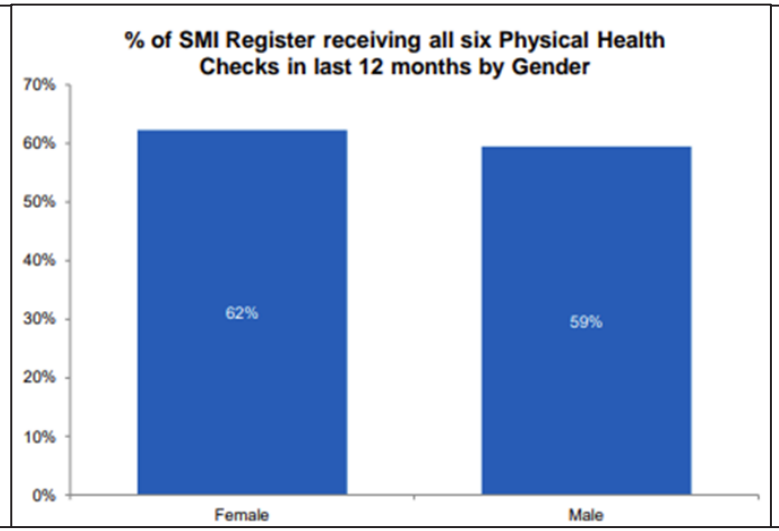
The data below is based on BSW ICB SMI Patients and the percentage receiving all six physical health checks in the last 12 Months. The data is broken down by age group, gender, deprivation and ethnicity, then presented as a percentage per each patient cohort. Data source: BSW ICB SystmOne, Primary Care data. Time Period: 12 Months to Sept 2024.

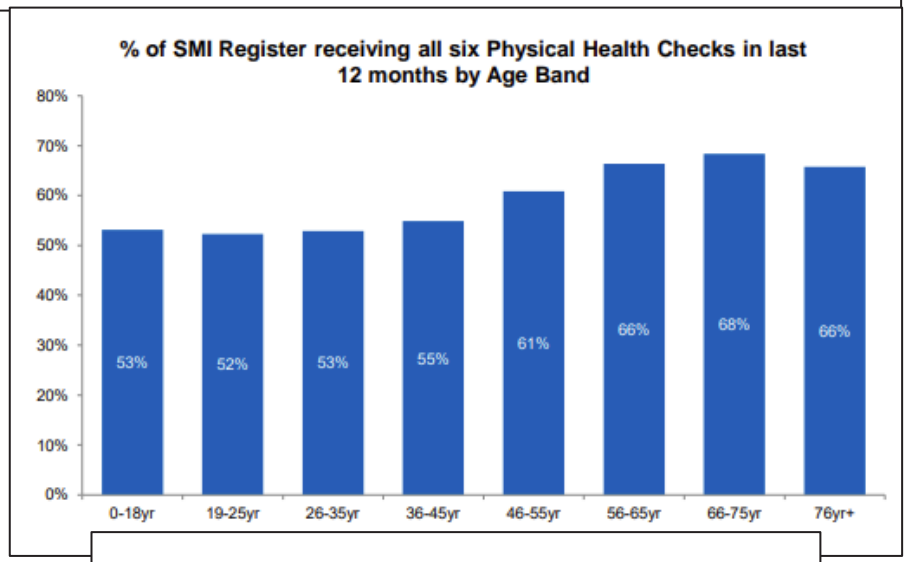
The proportion of Female SMI patients receiving all 6 physical health checks is marginally higher than the among male SMI patients.

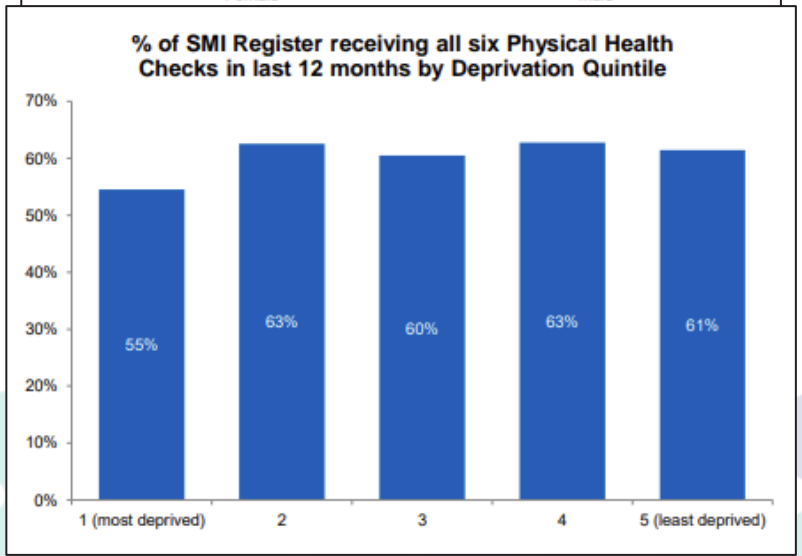
The likelihood of SMI patients receiving all 6 health checks generally increases with age. Performance among those aged younger than 45 is around 52/53%, compared with 66%+ among patients aged over 55.

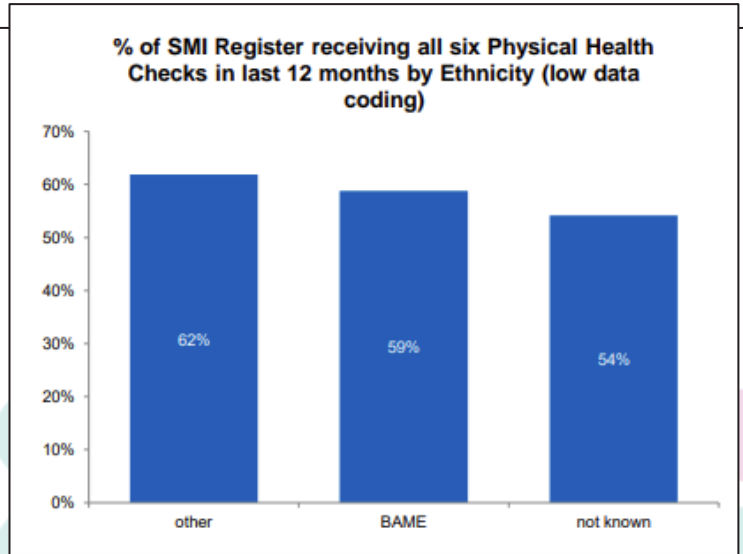
SMI patients from the most deprived (Core20) areas are notably less likely to receive all 6 health checks than the rest of the population.

There is little variation in performance between different ethnic groups.









Rates of Total Mental Health Act Detentions

Bath and North East Somerset, Swindon and Wiltshire
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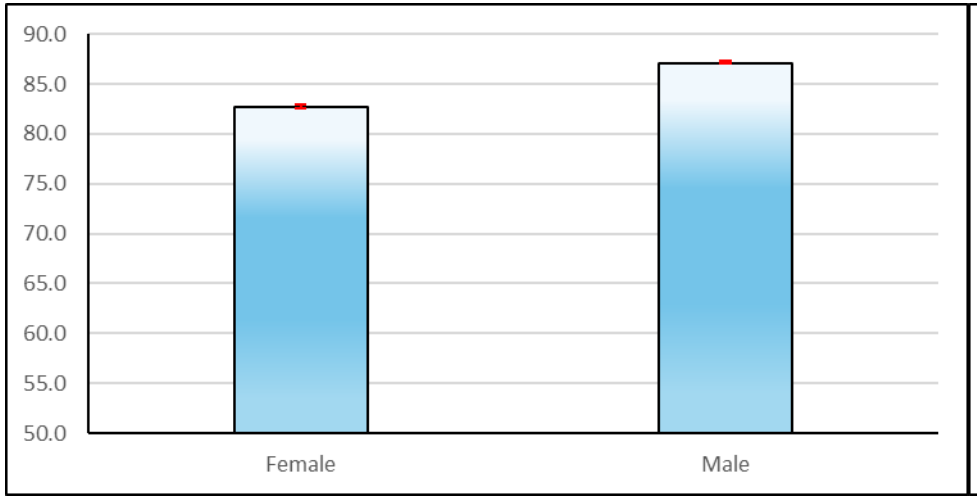
The data below is based on BSW ICB Patients detained under the Mental Health Act (1983). The data is broken down by age group, gender, deprivation and ethnicity, then presented as crude rates per 100,000 of BSW ICB population. Data source: NHSE MHA Statistics & MHA Dashboard. Time Period: 12 Months to June 2023.

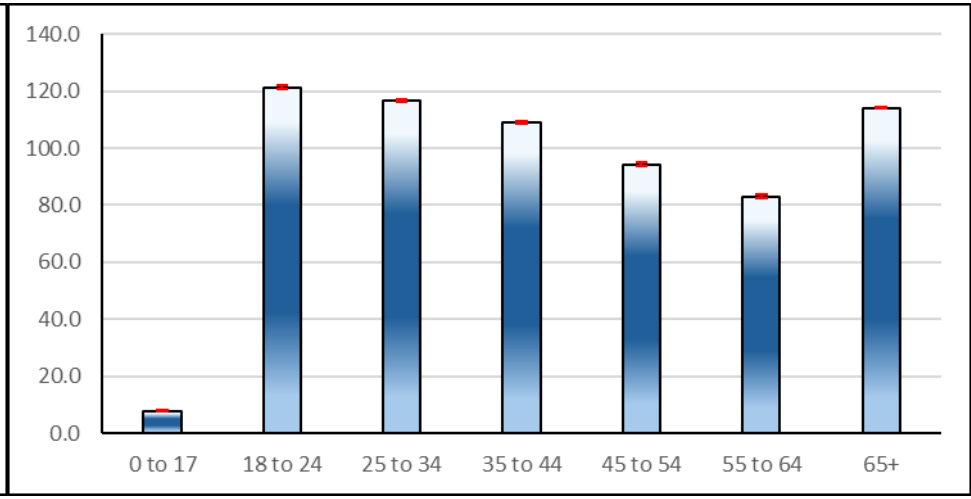
Males have a significantly higher rate of Mental Health Act detentions.

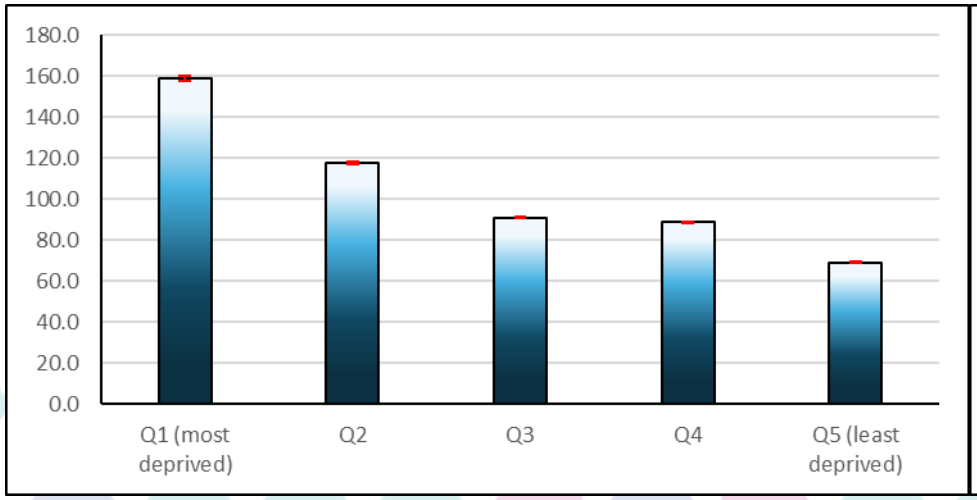
Mental Health Act detentions tends to be higher amongst those aged 18 to 24. This rate decreases with age until the over 65 age group.

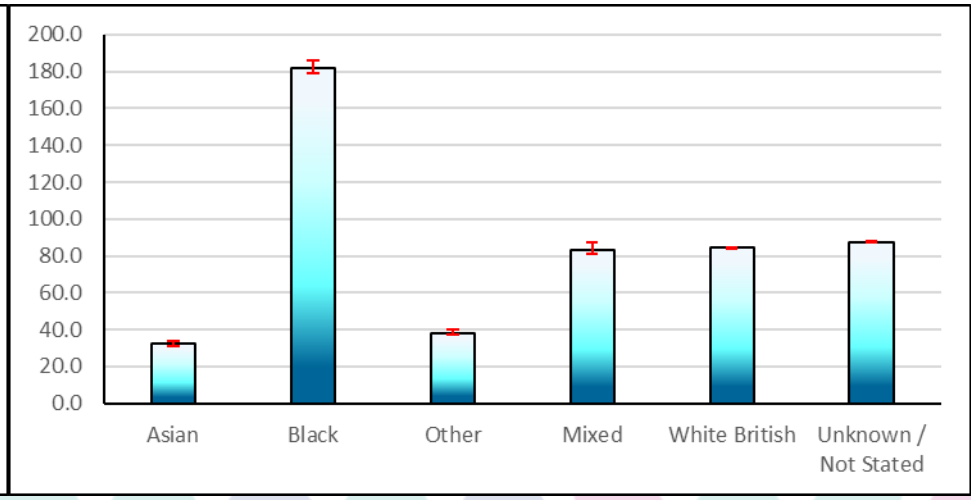
There is notable correlation between rate of Mental Health Act detention and patient deprivation. People from more deprived groups are more likely to be detained.

The rate of Mental Health Act detentions is significantly higher among patients of Black ethnicity in BSW.









NHS Talking Therapies (formerly IAPT) Recovery

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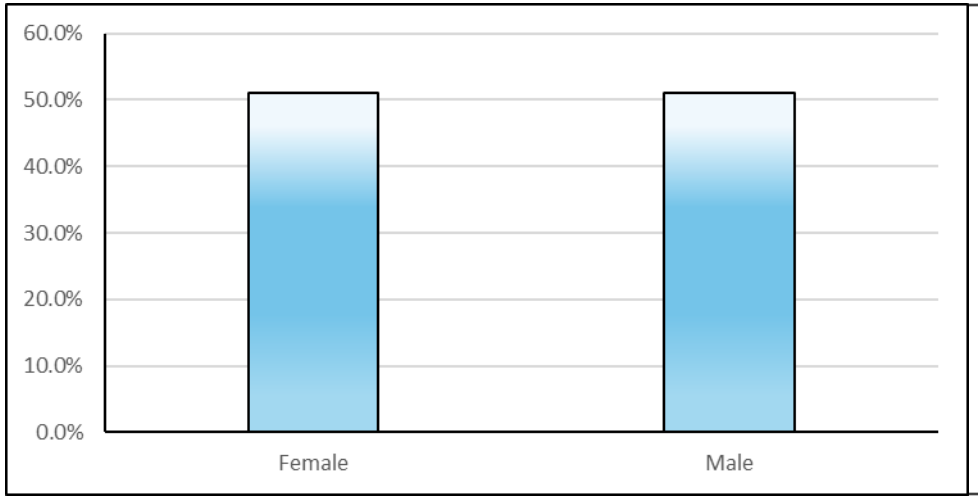
The data below is based on BSW ICB Talking Therapies (IAPT) Patients and the rates at which different cohorts move to recovery. The data is broken down by age group, gender, deprivation and ethnicity, then presented as percentages within each patient cohort. Data source: NHSE Psychological Therapies Annual Report. Time Period: 2021/22.

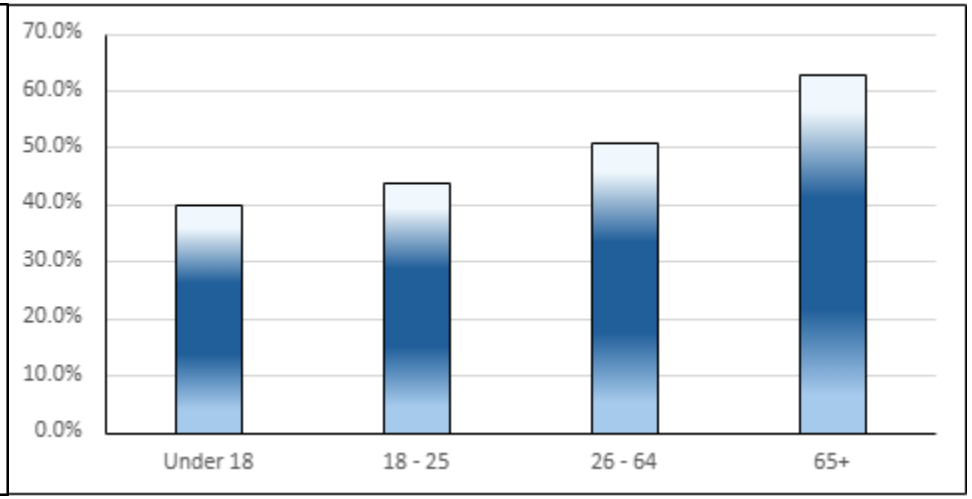
There is minimal variation in recovery rate between female and male patients.

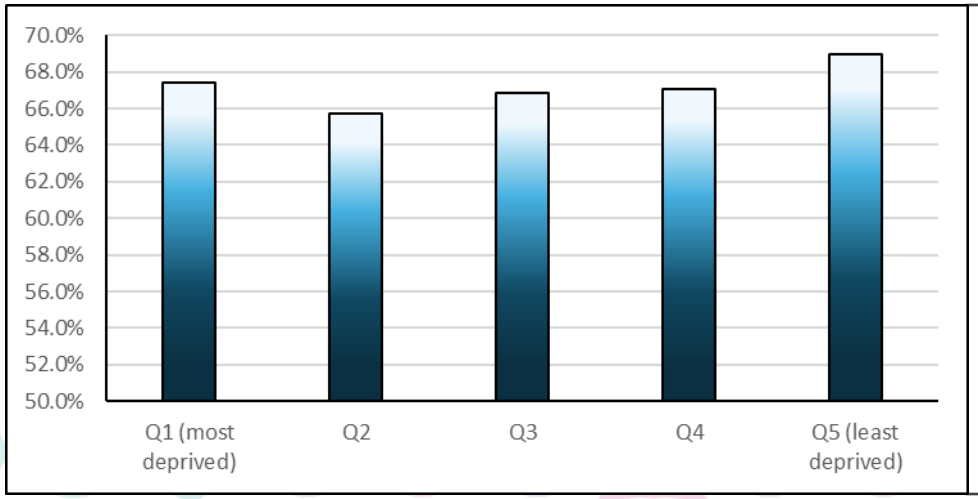
The talking therapies recovery rate correlates with age, demonstrating a consistent improvement with increasing age.

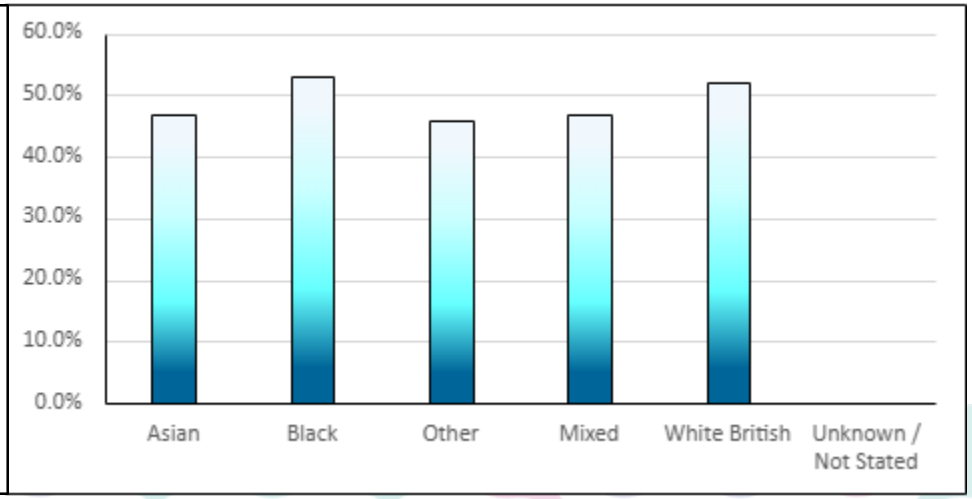
The recovery rate among patients from areas within the least deprived deprivation quintile is marginally higher than the equivalent rate among the rest of the population, but all groups are broadly equal in performance against this measure.

There also appears to be small variation in recovery rate among different ethnic group categories.









Children and Young People's (CYP) Mental Health Access

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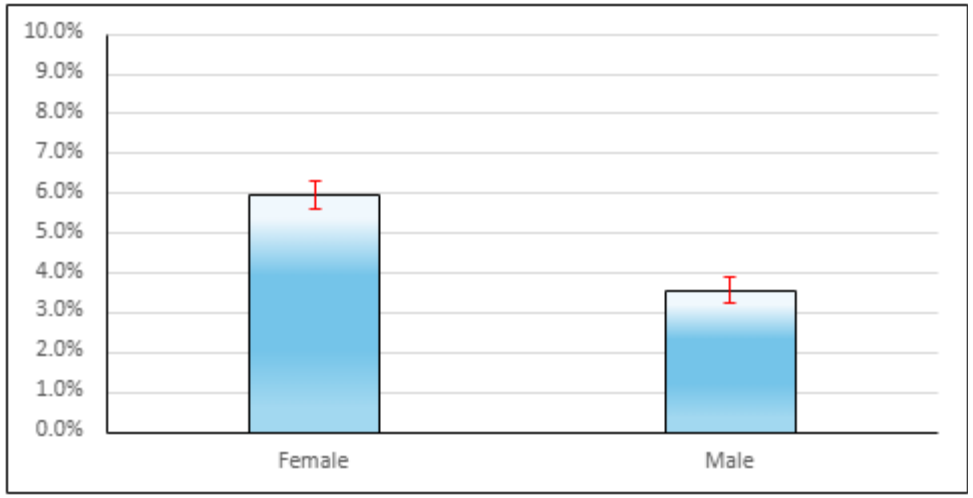
The data below is based on BSW ICB CYP Patients and the rates at which different cohorts access Mental Health Services. The data is broken down by age group, gender, deprivation and ethnicity, then presented as percentage incidence rates within each patient cohort. Data source: NHSE Mental Health Annual Report. Time Period: 2021/22.

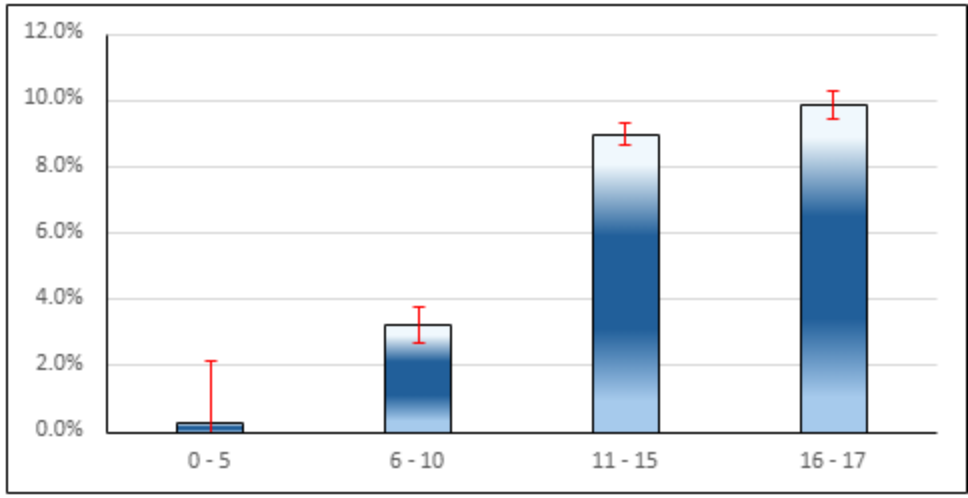
Female CYP patients access mental health services at a higher rate than the male CYP population.

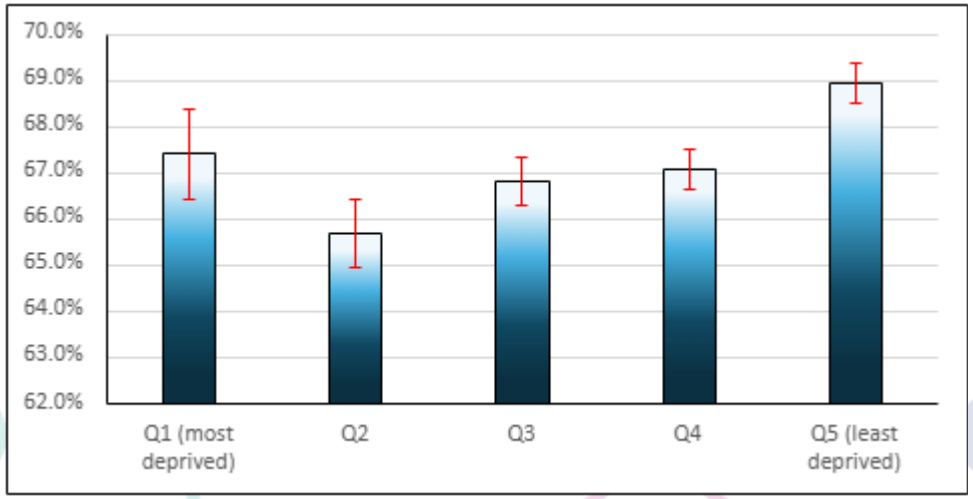
CYP patients aged 11 or older are markedly more likely to access MH services than those aged under 11, which is in-line with expected results.

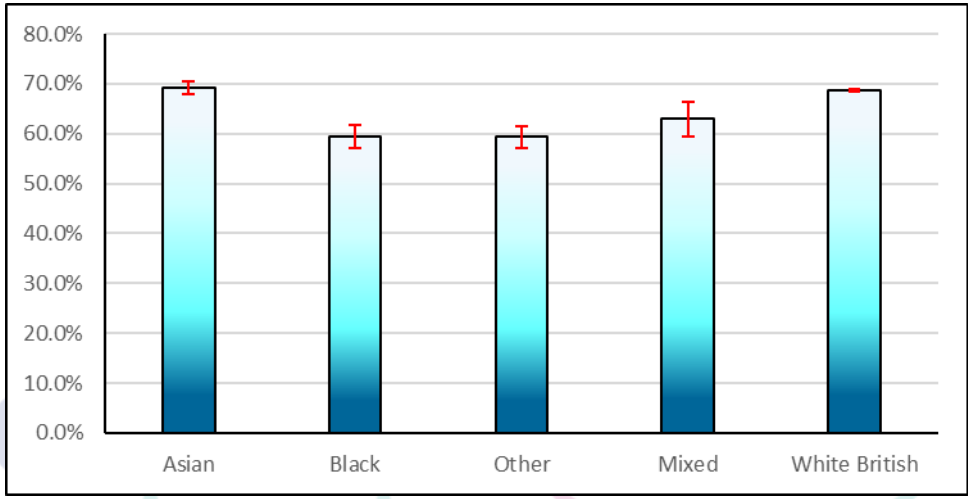
CYP patients from areas within the least deprived quintile are notably more likely than the rest of the population to access MH services.

The CYP population from White or Asian backgrounds access MH services at a higher rate than those from other ethnic groups.









NHS
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5. Cancer

Note: *There is a single measure within the Cancer section - Percentage of cancers diagnosed at stage 1 and 2, case mix adjusted for cancer site, age at diagnosis, sex. Data is not currently routinely available to ICBs split by age, gender, ethnicity or deprivation to allow health inequalities reporting. It is hoped this data will be available soon, at which time the ICB will publish.*

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6. Cardiovascular Disease (CVD)

% of AF patients aged 18+ with a CHA2DS2-VASc score of 2 or more, who are currently treated with anti-coagulation drug therapy

** CHA2DS2-VASc score is used to assess the risk of Stroke in patients with Atrial Fibrillation (AF)*

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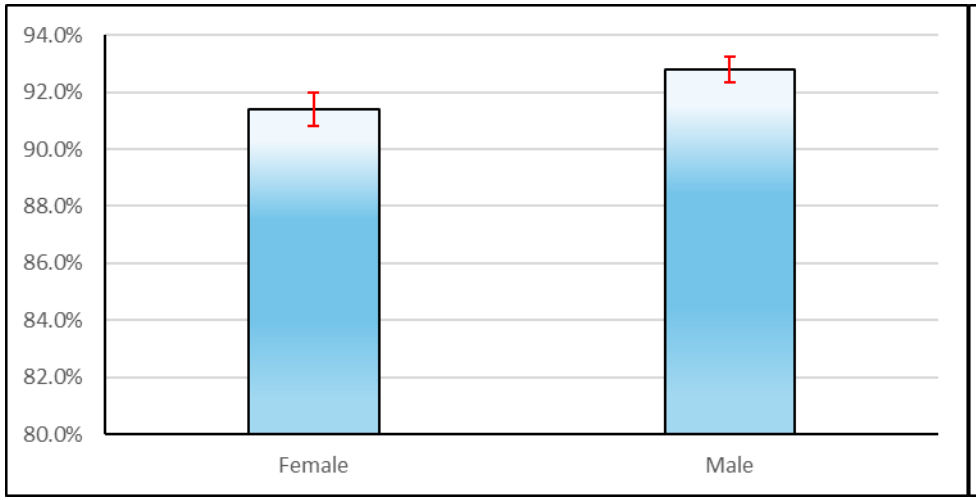
The data below is based on BSW ICB Atrial Fibrillation Patients with a high stroke risk score. The data is broken down by gender, age group, deprivation and ethnicity, then presented as the percentage of this group who are receiving anti-coagulant treatment, in the same demographic cohort. Data source: CVD Prevent. Time Period: 12 Months to July 24.

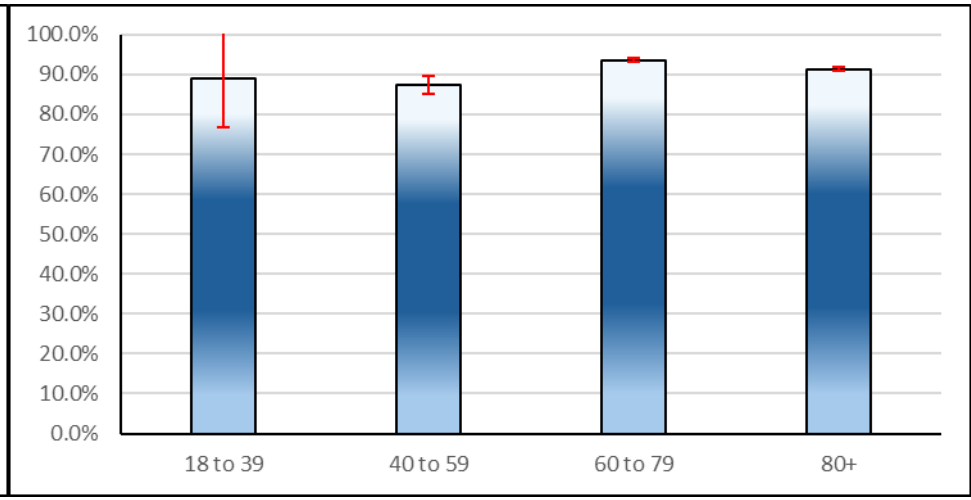
Male patients have slightly better achievement for this indicator.

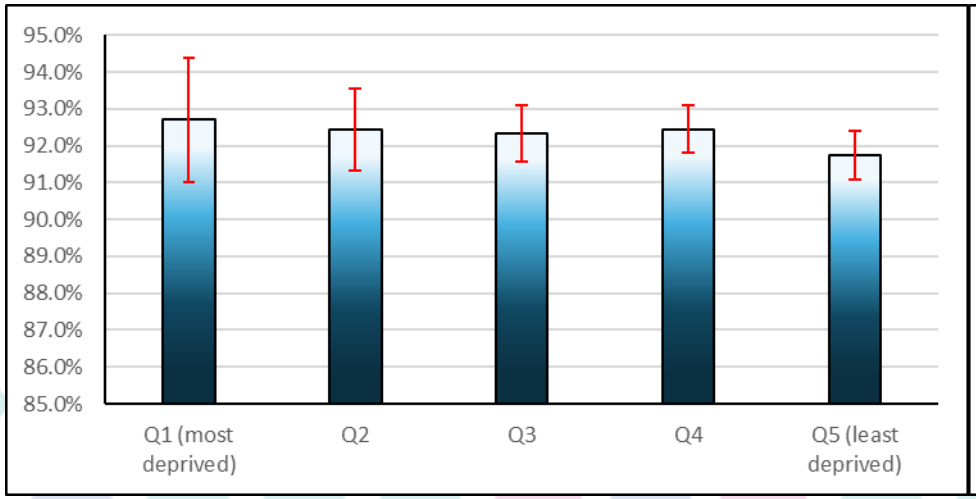
There is minimal variation in anti-coag treatment rate across age groups for AF patients with high CHA2DS2-VASc scores.

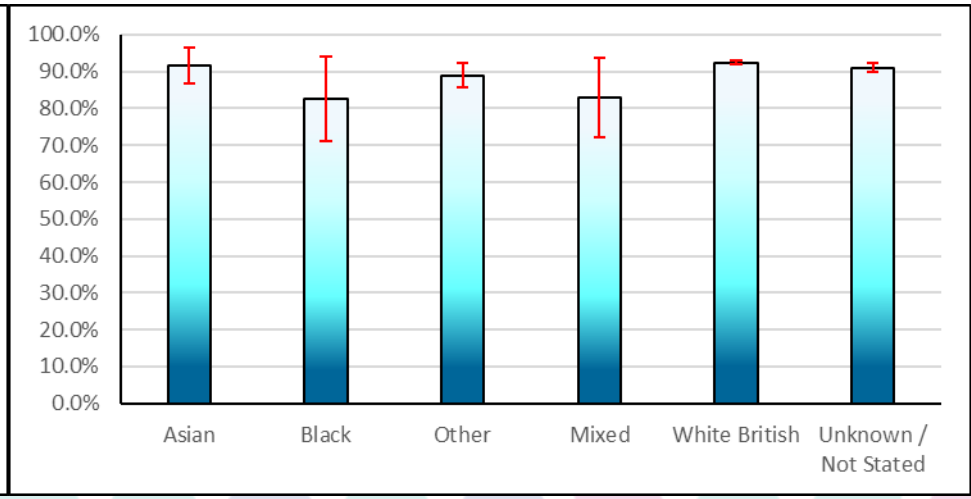
There is also minimal variation in anti-coag treatment rate across deprivation quintiles for AF patients with high CHA2DS2-VASc scores.

Variation across different ethnic groups is also minimal, and without statistical significance.









% of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK* score of 20% or more, on lipid lowering therapy

**QRISK estimates the potential risk of cardiovascular disease in a patient in the next 10 years*

NHS
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Integrated Care Board

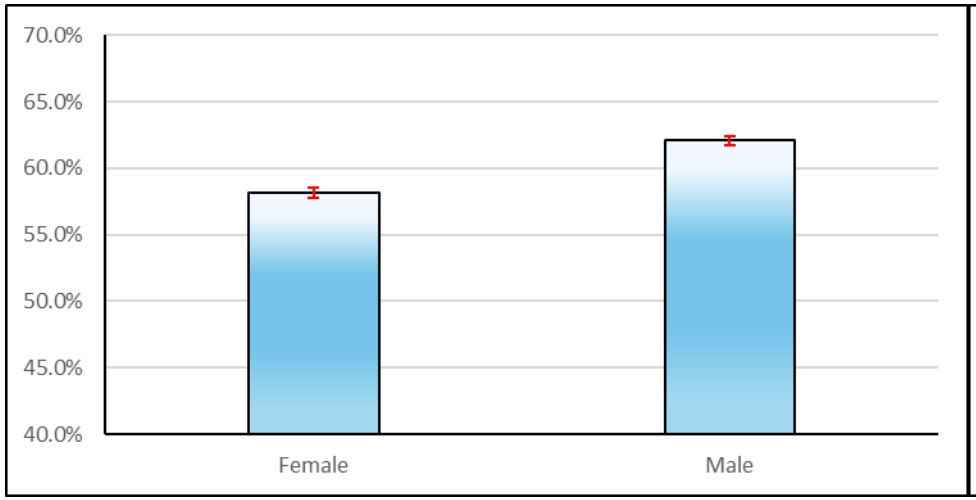
The data below is based on BSW ICB non-CVD patients with a high QRISK (CVD predictor) score. The data is broken down by gender, age group, deprivation and ethnicity, then presented as the percentage of this group who are receiving lipid lowering therapy, in the same demographic cohort. Data source: CVD Prevent. Time Period: 12 Months to July 24.

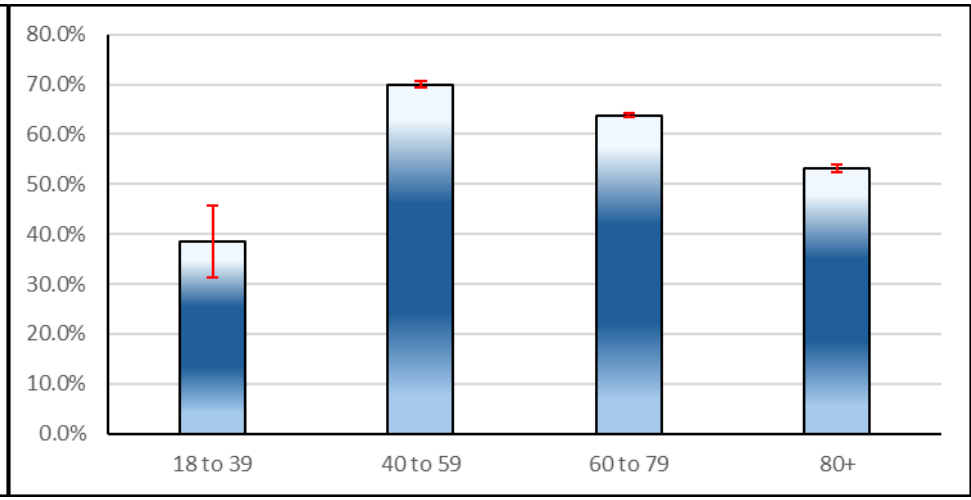
Male patients have slightly better achievement for this indicator than females.

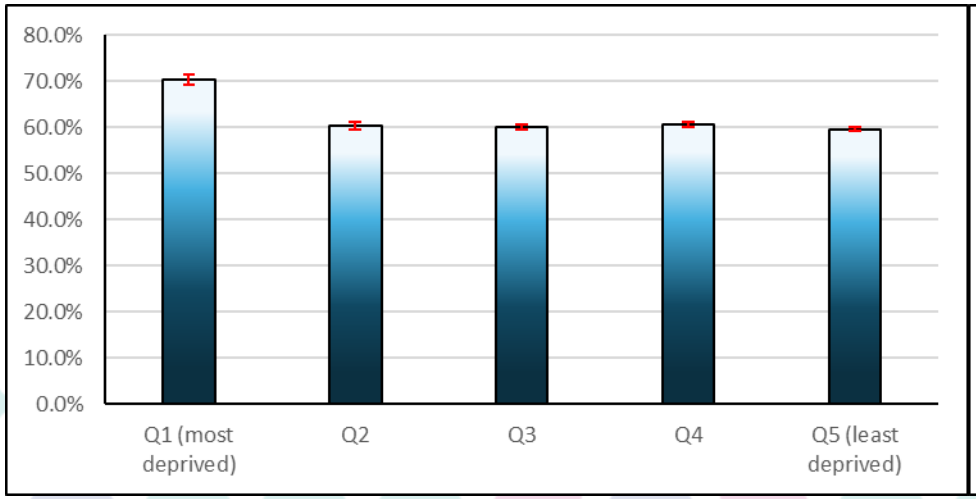
Younger patients meeting this definition are significantly less likely to receive lipid lowering therapy, although the sample size of this group is considerably smaller. For those groups aged 40 and above, the lipid rate decreases with age.

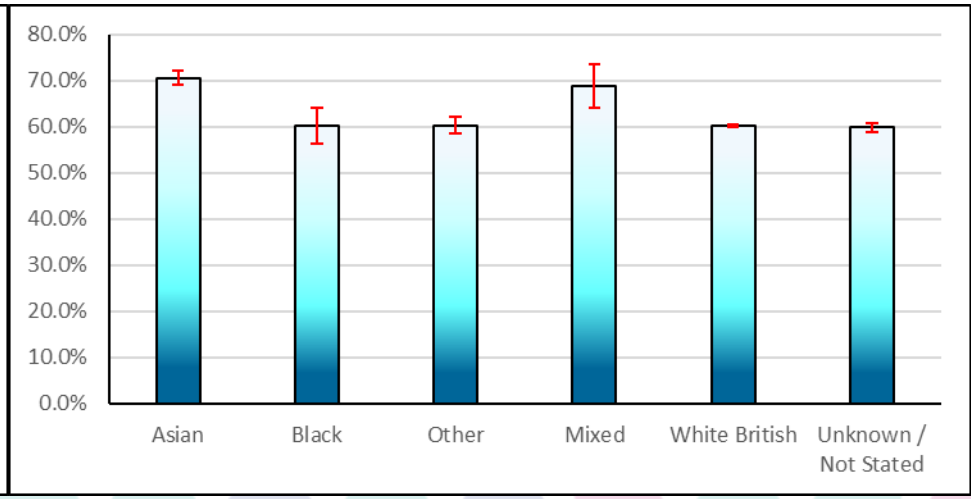
There is minimal variation across the deprivation quintiles, other than the most deprived (Core20) group, whose rates are around 10 percentage points higher.

Asian and mixed ethnic group categories outperform the rest of the population on this metric.









% of hypertension patients whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months.

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

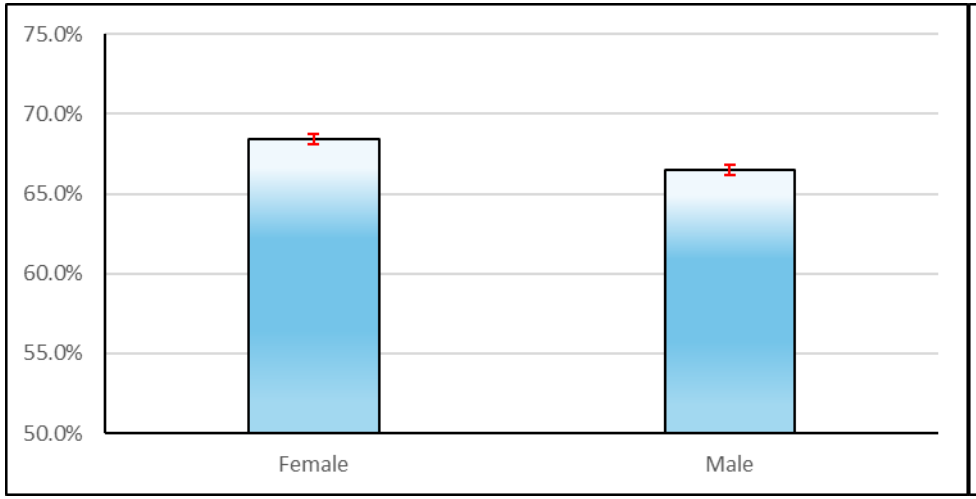
The data below is based on BSW ICB hypertension Patients' and their latest blood pressure readings. The data is broken down by gender, age group, deprivation and ethnicity, then presented as the percentage of this group for who the latest blood pressure reading is within the treatment target threshold, in the same demographic cohorts. Data source: CVDPrevent. Time Period: 12 Months to July 24.

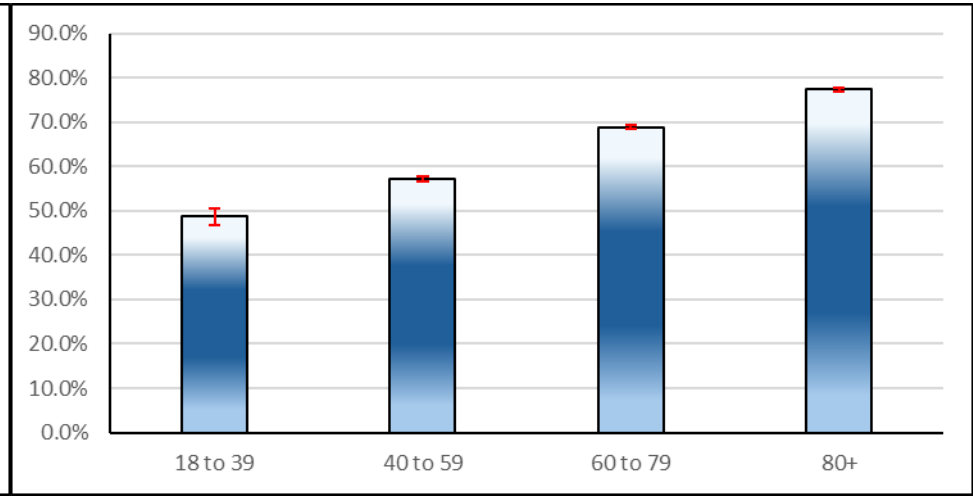
Female patients have slightly better achievement for this indicator.

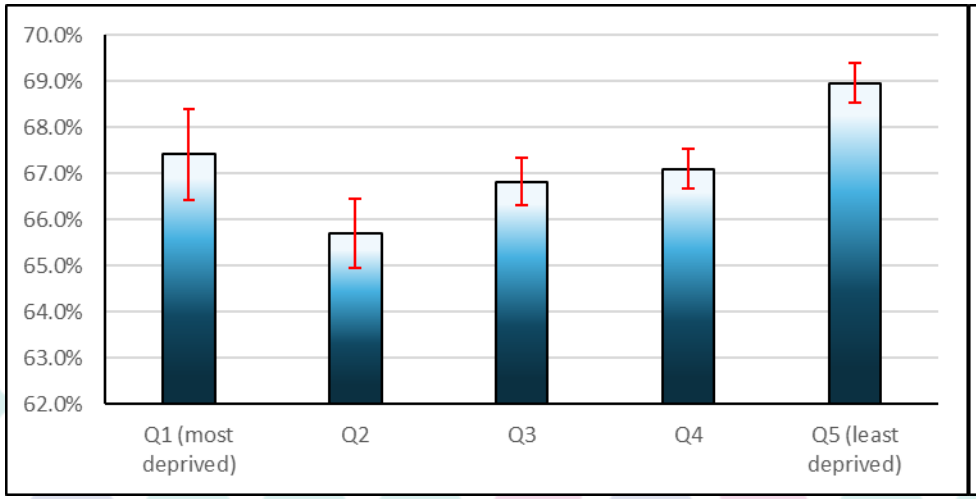
Younger hypertension patients are more likely to have higher blood pressure than the target threshold, and this trend correlates across age groups.

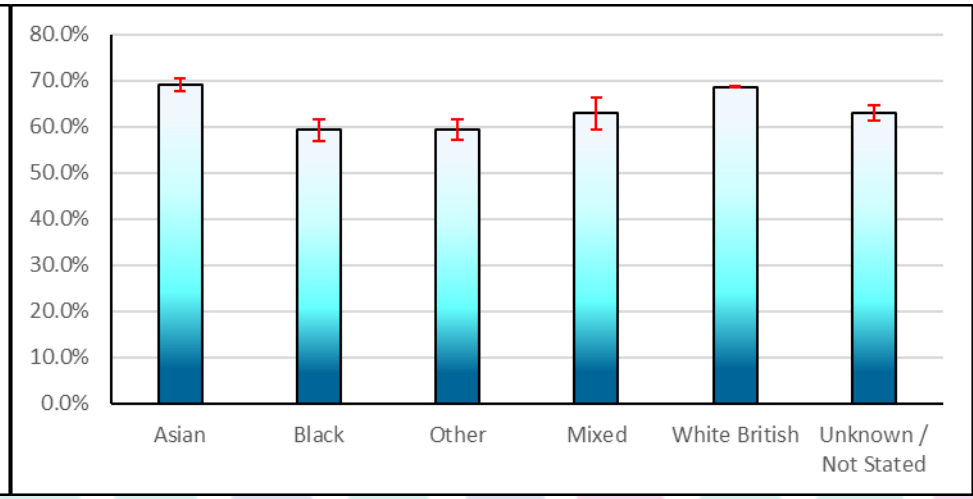
There is some correlation between blood pressure treatment to target and patient deprivation, with the least deprived group being significantly more likely to have their blood pressure controlled.

Patients from Asian or White British backgrounds are also more likely to have their blood pressure controlled.









Rate of non-elective admissions for Stroke (per 100,000 age standardised population)

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

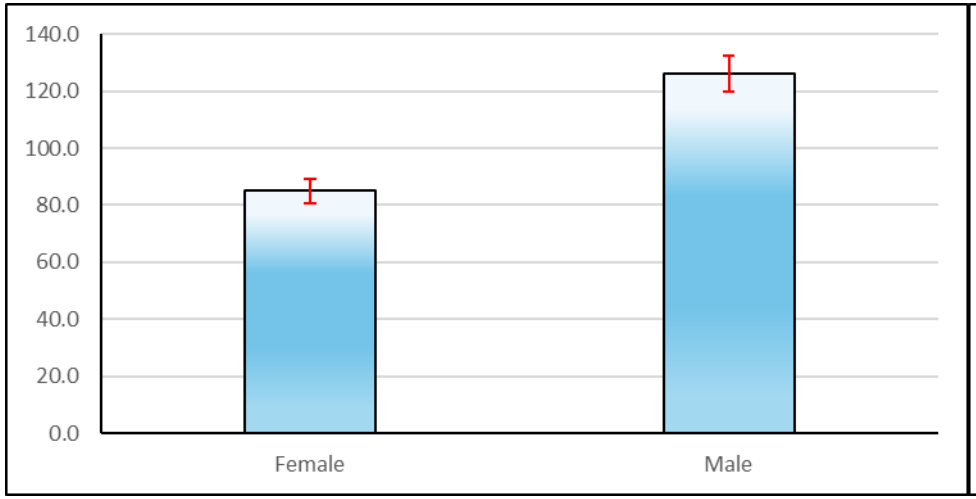
The data below is based on BSW ICB Patients that have had a non-elective admission with a primary diagnosis of stroke in the last 12 Months. The data is broken down by gender, age group, deprivation and ethnicity, then presented as a directly age standardised rate of the same demographic cohorts. Data source: Inpatient Admission data. Time Period: 12 Months to July 24.

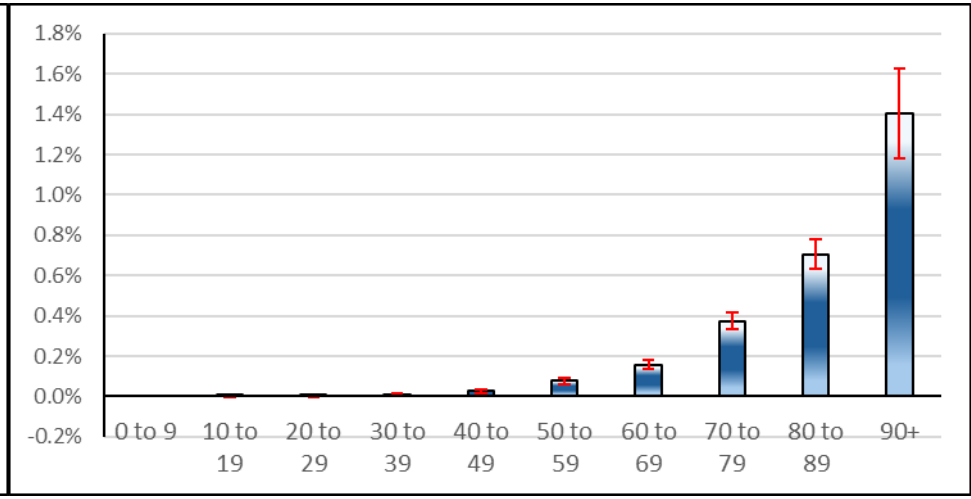
Male patients are notably more likely to be admitted for stroke.

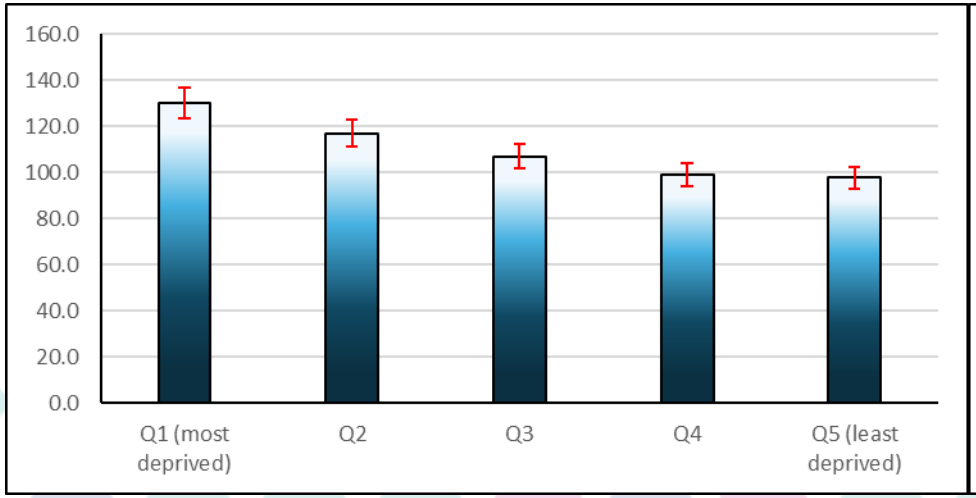
The measure is significantly impacted by patient age. There are very few younger patients admitted with a stroke diagnosis code.

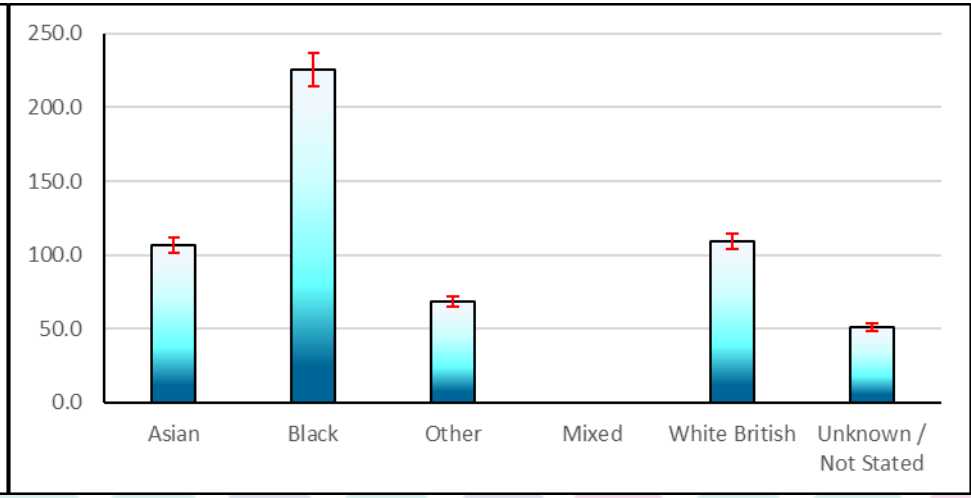
There is notable correlation between stroke admission rate and patient deprivation, with the most deprived group being significantly more likely to be admitted for stroke, with a clear trend in rate across the deprivation quintiles.

Apart from the White British group the numbers of stroke admission patients from all other ethnic groups are relatively few, making for limited findings in this area.









Rate of non-elective admissions for Myocardial Infarction (MI) (per 100,000 age standardised population)

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

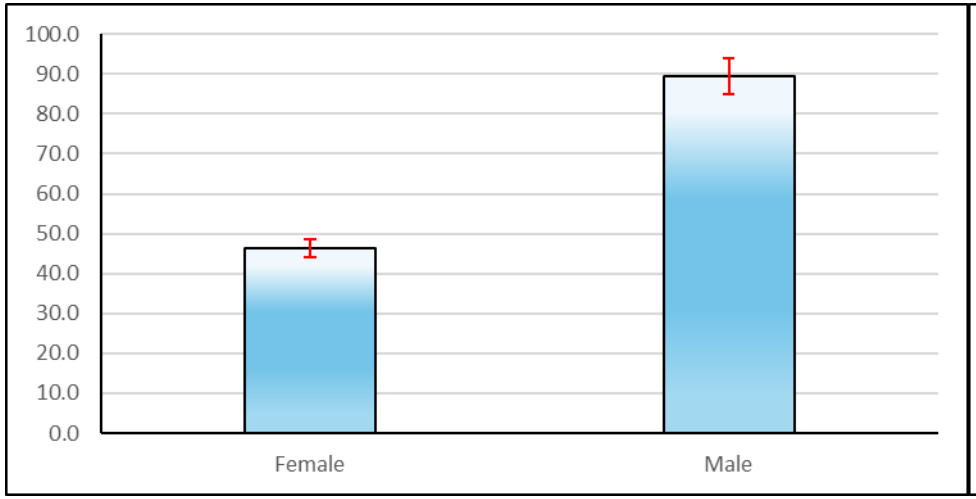
The data below is based on BSW ICB Patients that have had a non-elective admission with a primary diagnosis of myocardial infarction in the last 12 Months. The data is broken down by gender, age group, deprivation and ethnicity, then presented as a directly age standardised rate of the same demographic cohorts. Data source: Inpatient Admissions data. Time Period: 12 Months to July 24.

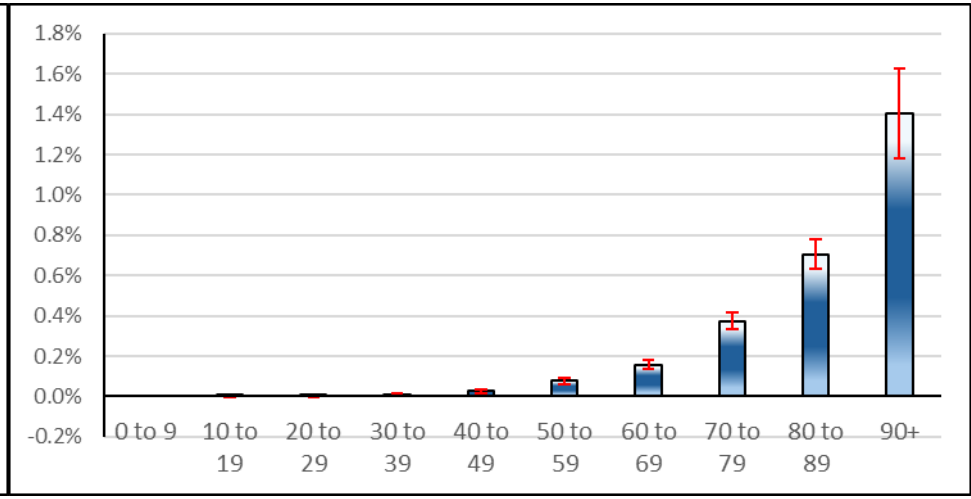
Male patients are notably more likely to be admitted for MI.

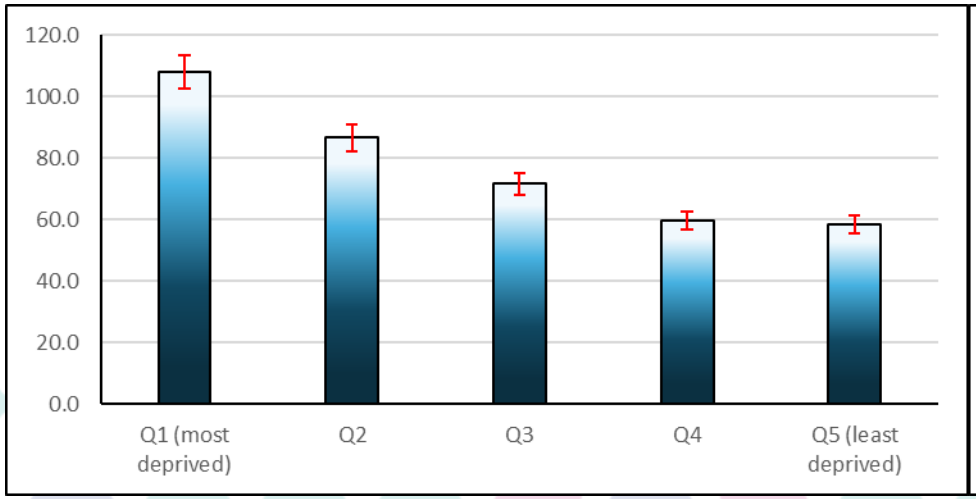
The measure is significantly impacted by patient age. There are very few younger patients admitted with an MI diagnosis code.

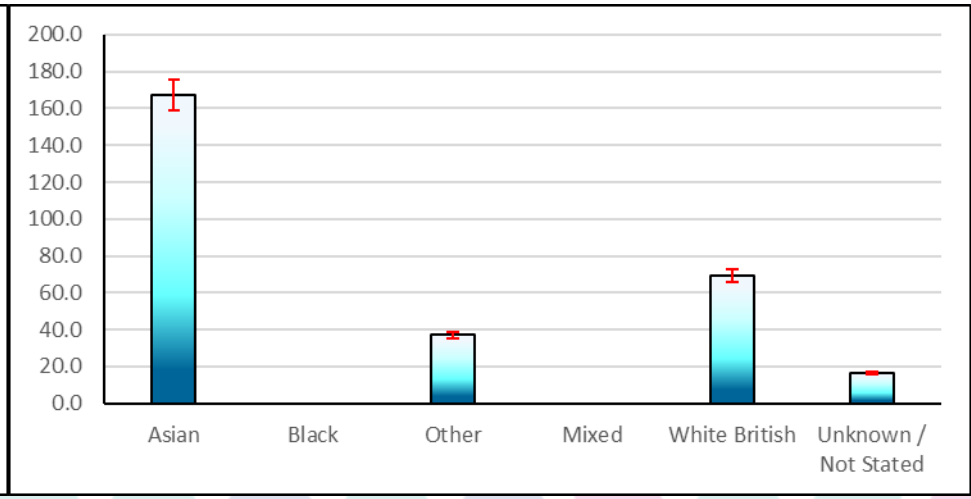
There is notable correlation between MI admission rate and patient deprivation, with the most deprived group being significantly more likely to be admitted for MI, with a clear trend in rate across the deprivation quintiles.

Apart from the White British group the numbers of MI admission patients from all other ethnic groups are relatively few, making for limited findings in this area.









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7. Diabetes

Note: *Data is not currently routinely available to report against health inequalities for Rates of Structured Education Referrals. The ICB hopes to be able to report on this during 25/26.*

Percentage of Diabetes Patients Receiving all Care Processes

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

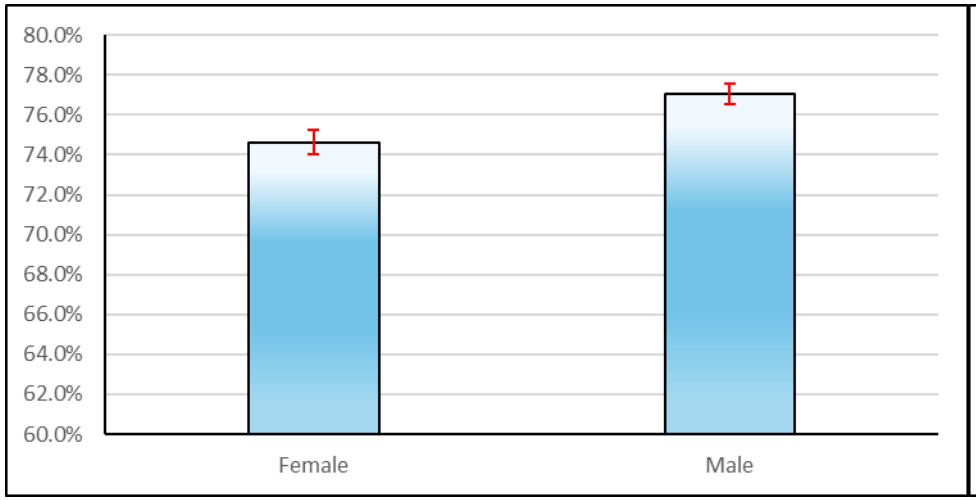
The data below is based on BSW ICB Diabetes Patients. The data is broken down by gender, age group, deprivation and ethnicity, then presented as a percentage of those within the same demographic cohorts receiving all 8 of the recommended diabetes care processes. Data source: Graphnet Integrated Care Record, Primary Care Data. Time Period: 12 Months to July 24.

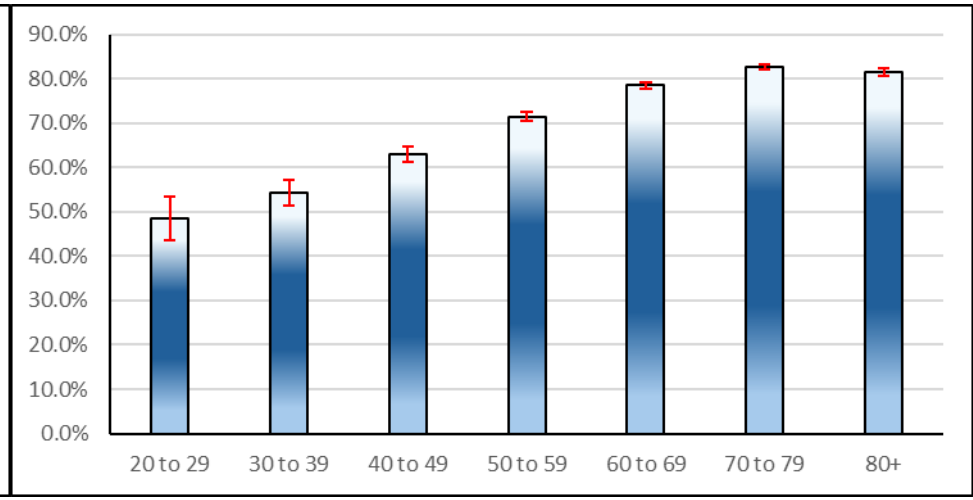
A smaller proportion of female diabetes patients receive all care processes than male diabetes patients.

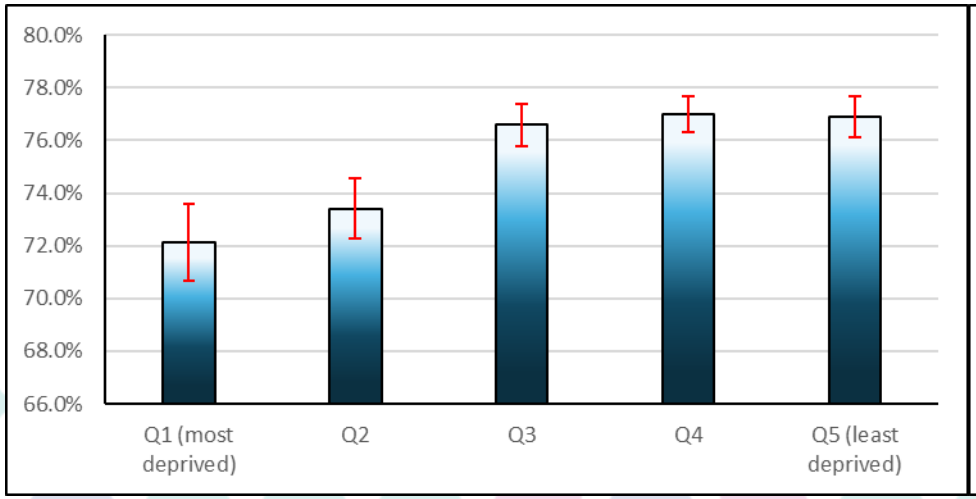
There is clear correlation between care processes completion and age group, with older groups increasingly likely to have received all processes.

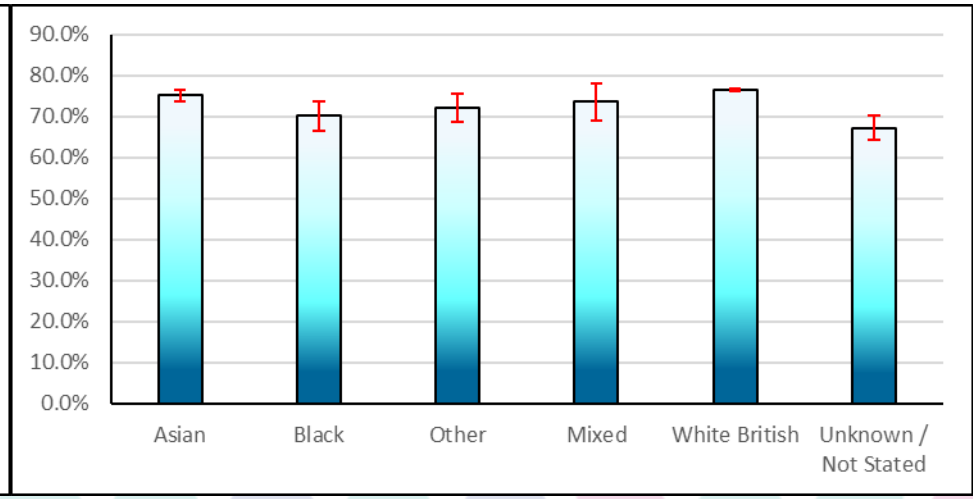
There is a likely health inequality finding relating to deprivation, as the two most deprived quintiles are significantly less likely to receive all diabetes care processes than the rest of the population.

There is no significant variation in care process completion between ethnic groups.









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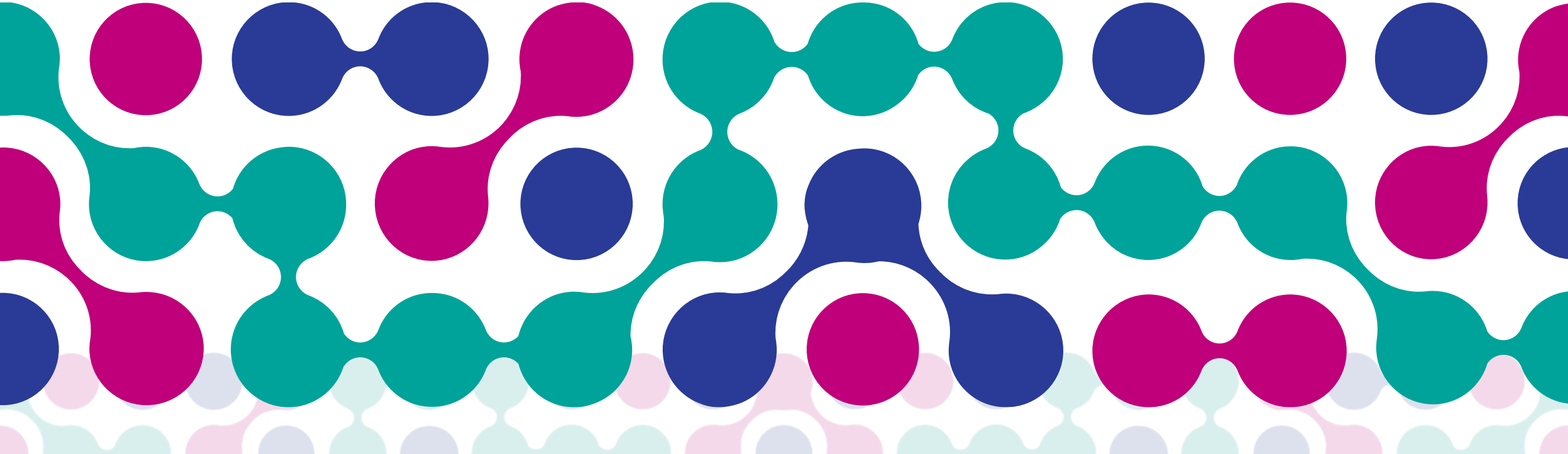
8. Smoking Cessation



% of People Referred to an In-House Tobacco Dependence Treatment (TDT) Service That are Provided with Tobacco Dependency (TD) Interventions to Support a Quit Attempt

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

The data below is based on BSW ICB Patients that were referred to an in-house Tobacco Dependence Treatment Service who were provided with tobacco dependence interventions to support an attempt to stop smoking. The data is broken down by gender, age group, deprivation and ethnicity, then presented as a percentage of all referral to an in-house Tobacco Dependence Treatment Service, and those within the same demographic cohorts. Data source: NHSE TDS Dashboard, Time Period: 12 Months to Sept 24.

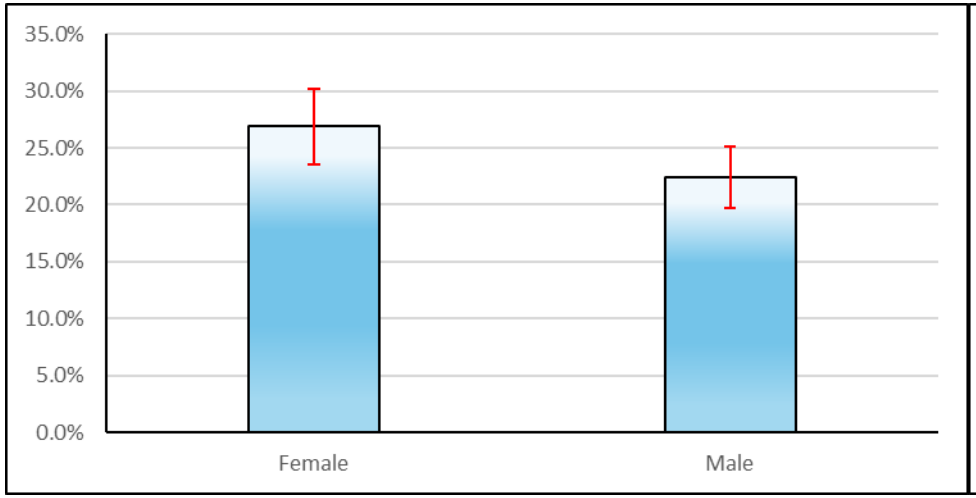
A slightly higher proportion of female patients referred to TDT services engage with stop smoking interventions than males.

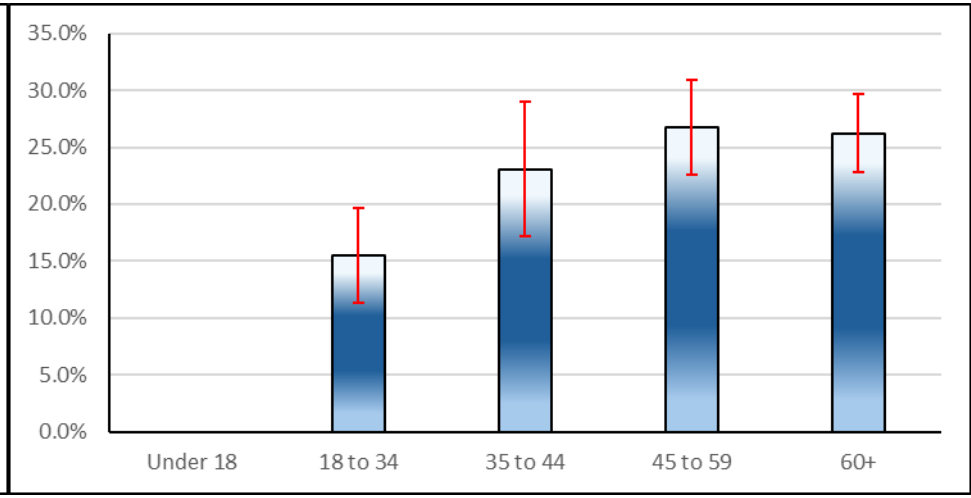
Of those referred to a TDT service, younger patients are less likely to use the interventions offered by the service to attempt to stop smoking, than patients from older age groups. 18- to 34-year-olds are notably less likely than patients aged 45 or over. No-one aged under 18 met the definition for this metric.

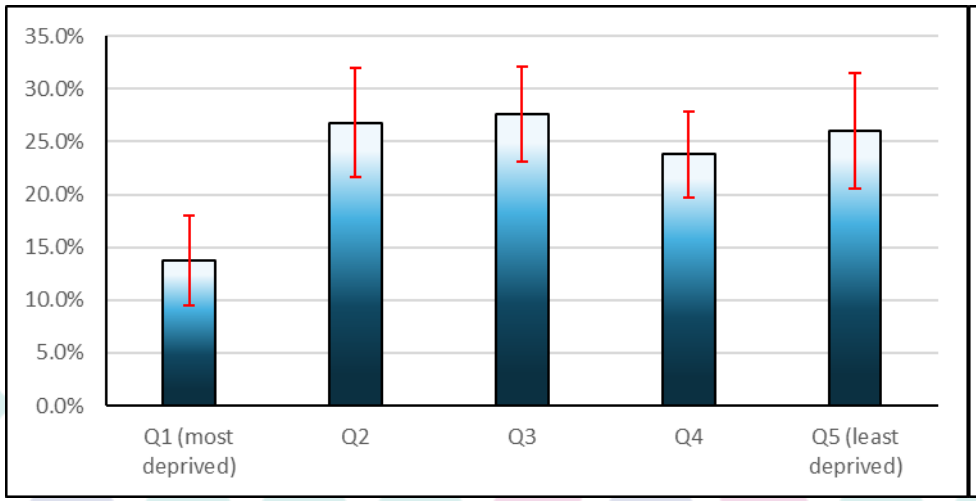
There is a likely health inequality finding relating to deprivation, as the most deprived quintile (core20 population) are significantly less likely to receive engage with services to undertake a stop smoking attempt.

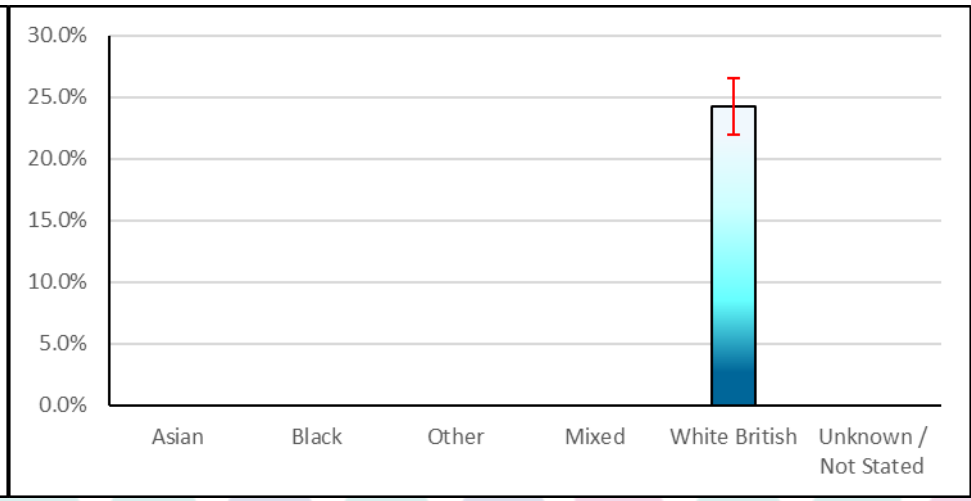
No-one recorded as being from a non-white ethnic group met the definition for this metric, however it should be noted at present low numbers of referrals are being recorded as this data set is in its infancy.

Now that the TDT service has been implemented at all trusts in BSW, and all are now consistently reporting regarding TDT referrals and uptake, the volume of data within the data set should grow and allow for more robust conclusions to be drawn.









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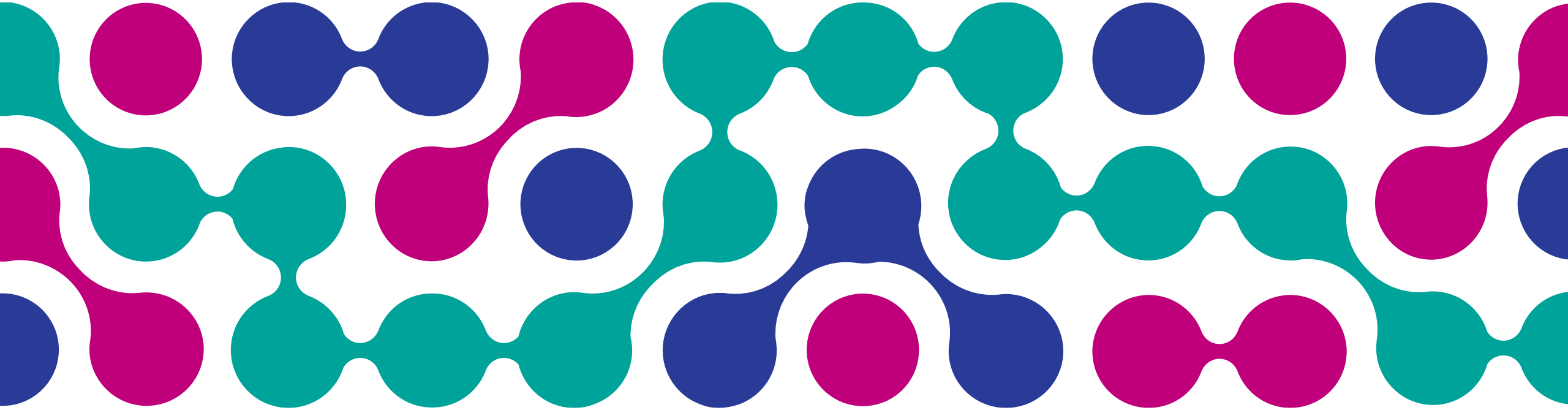
9. Oral Health



Tooth Extraction Admissions Due to Decay for Children Admitted as Inpatients to Hospital, Aged 10 Years and Under

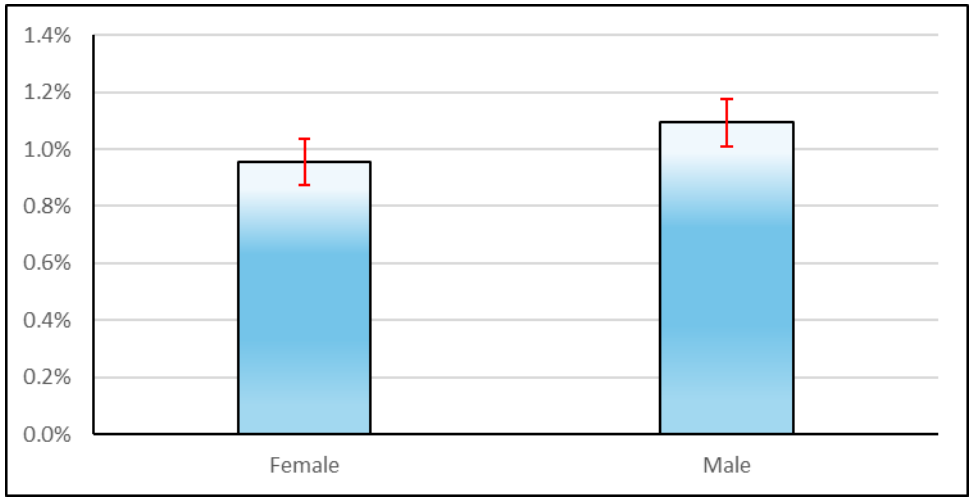
NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

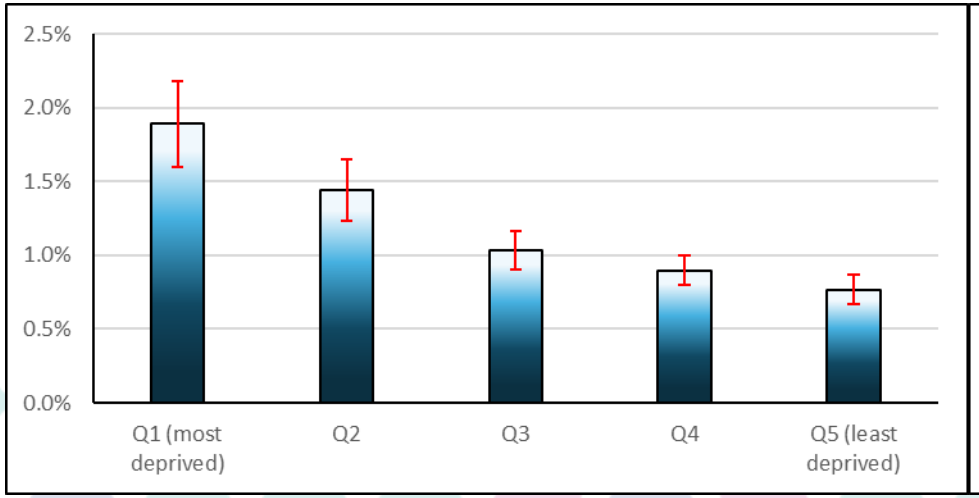
The data below is based on BSW ICB Patients aged 10 or younger that have had an admission for a decay-related tooth extraction procedure in the last 12 Months. The data is broken down by gender, deprivation and ethnicity, then presented as a proportional rate of the same demographic cohorts. Data source: Inpatient Admission data. Time Period: 12 Months to Nov 24.

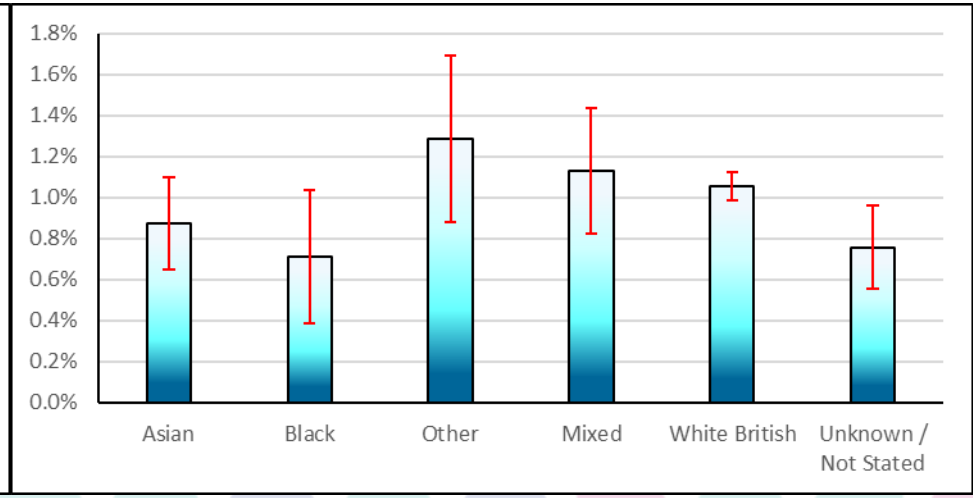
Male children are marginally more likely to require an admission for a tooth extraction.

This data is not presented by age band, as there is only one age group included within the definition.

There is clear correlation between tooth extraction admissions and deprivation. The more deprived areas have increasingly higher rates of tooth extraction, with the differences between deprivation quintiles mostly significant.







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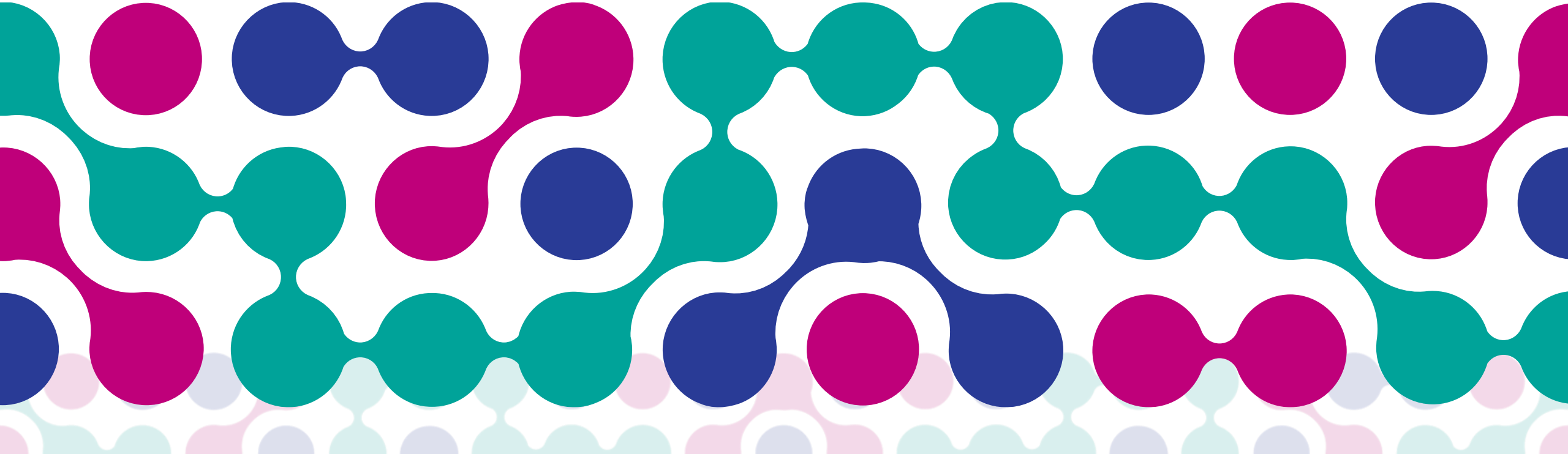
10. Learning Disabilities, Autism and Neurodiversity



Percentage of Learning Disability (LD) Patients Receiving an Annual Health Check

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

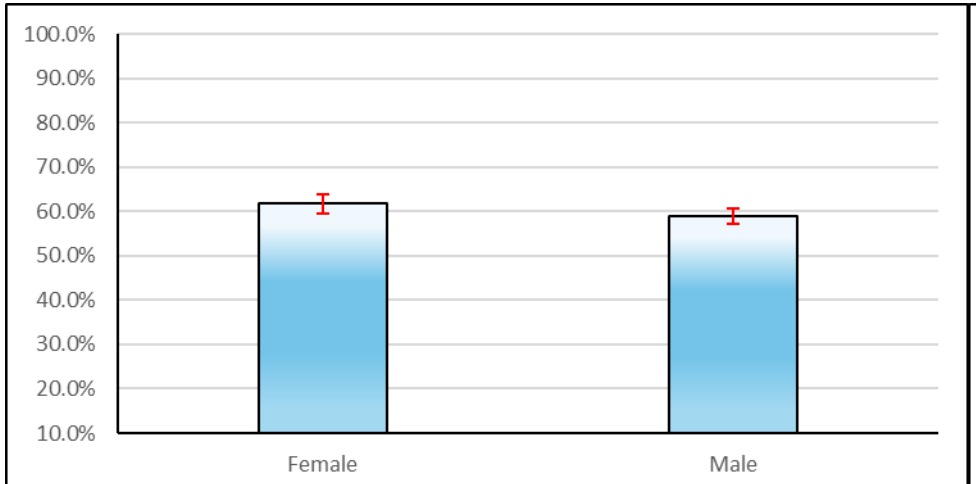
The data below is based on BSW ICB Patients with a Learning Disability. The data is broken down by age group, gender, deprivation and ethnicity, then presented as crude rates per 100 of BSW ICB patient. Data source: BSW Primary Care system data. Time Period: 9 Months to December 2024.

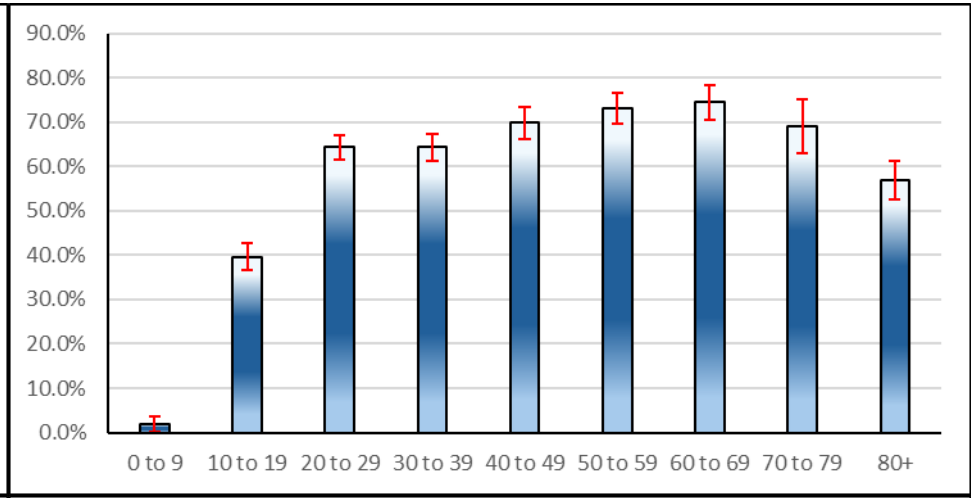
There is no significant variation by gender in the rates of annual health check rate between male and female.

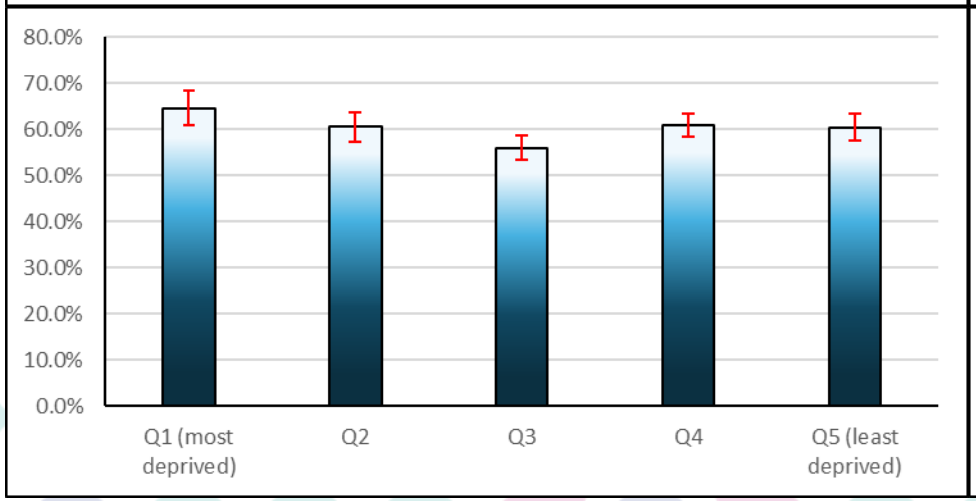
Annual Health checks are aimed at people aged 14 and over and as a result the rate for aged under 9 is the lowest followed by the group aged 10 to 19, the variation between other age groups is marginal.

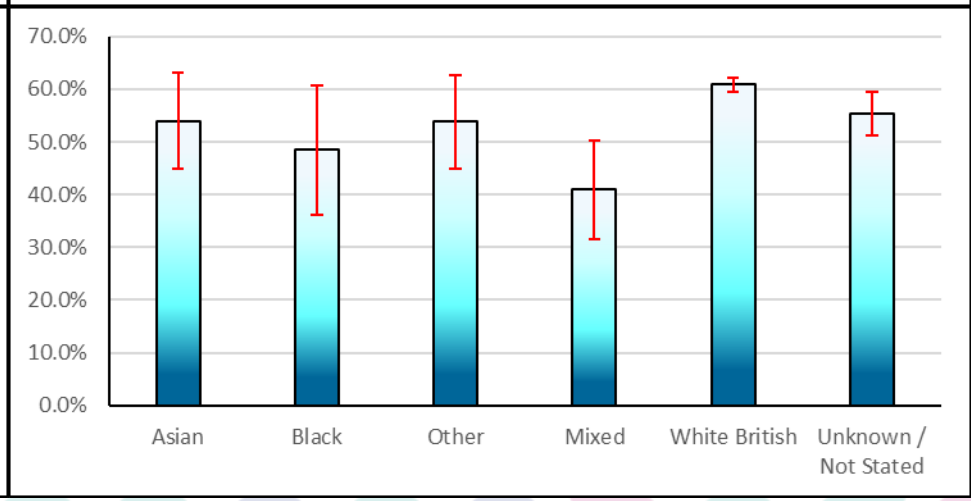
The rate in the most deprived area has highest rate of annual health check, although the variations among all areas are marginal. This reflects the demographics of our Learning Disability population.

The rate of annual health check is the lowest in Mixed ethnicity group, followed by Black ethnicity group.









Adult Mental Health (MH) Inpatient Rates for People with LD or Autism

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

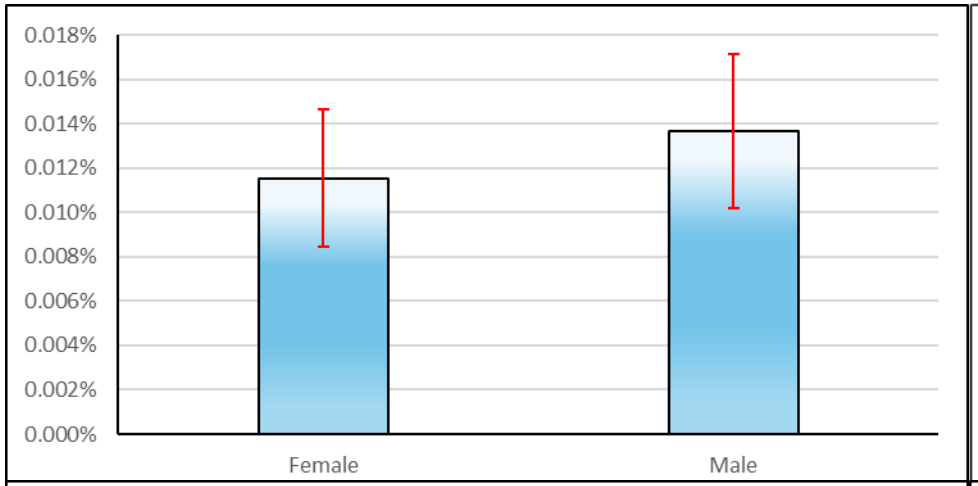
The data below is based on BSW ICB adult patients (age 19 and over) admitted as mental health inpatient . The data is broken down by age group, gender, deprivation and ethnicity, then presented as crude rates per 100 of BSW ICB population. Data source: Mental Health Services Data Set. Time Period: 12 Months to Nov 2024.

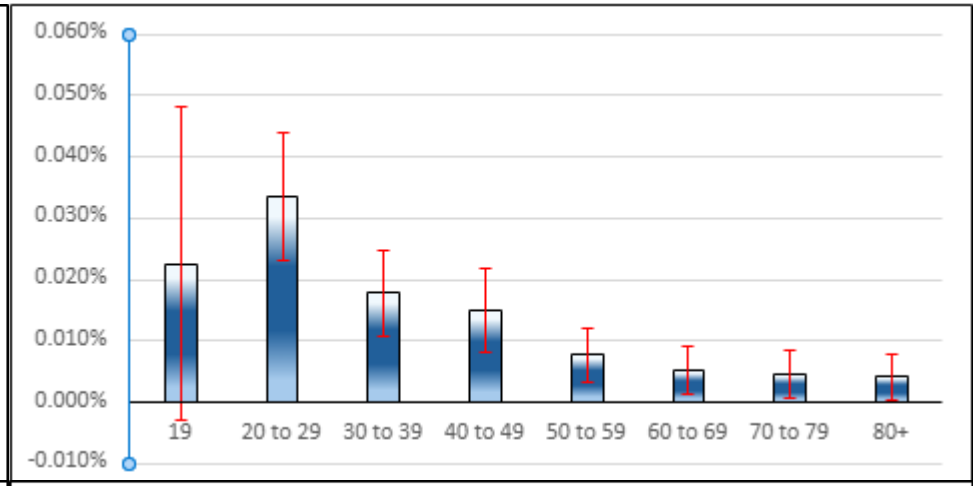
There is no significant variation by gender in the rates of MH inpatients with LD and Autism rate between male and female.

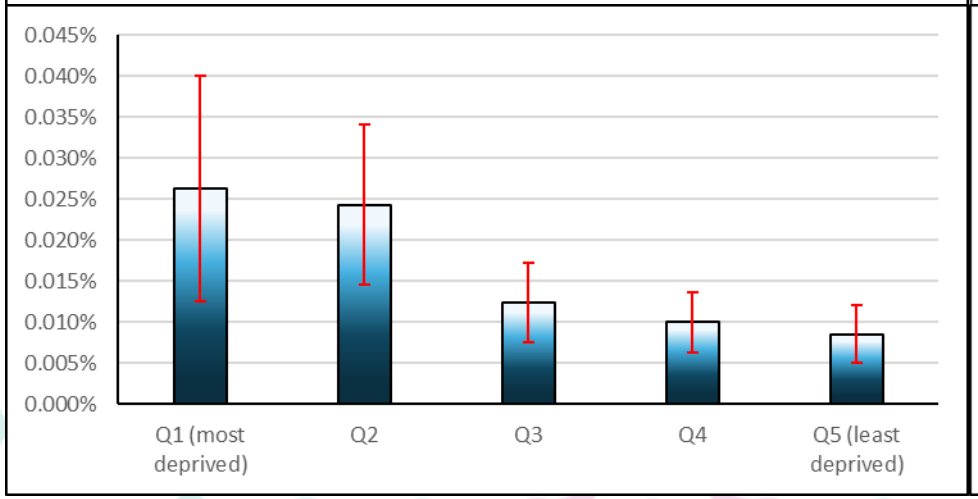
Rate for aged under 20 to 29 is the highest followed by the group aged 18 to 19, although the variation between other age groups is marginal.

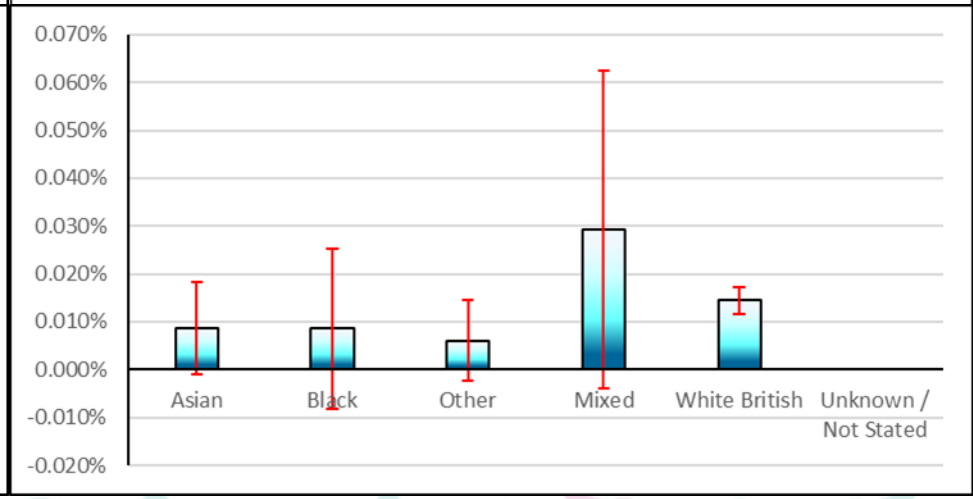
The rate in the most deprived area has highest rate of MH inpatients with LD and Autism.

By ethnicity, the Mixed ethnicity group has the highest rate of MH inpatients with LD and Autism, followed by White British ethnicity group.









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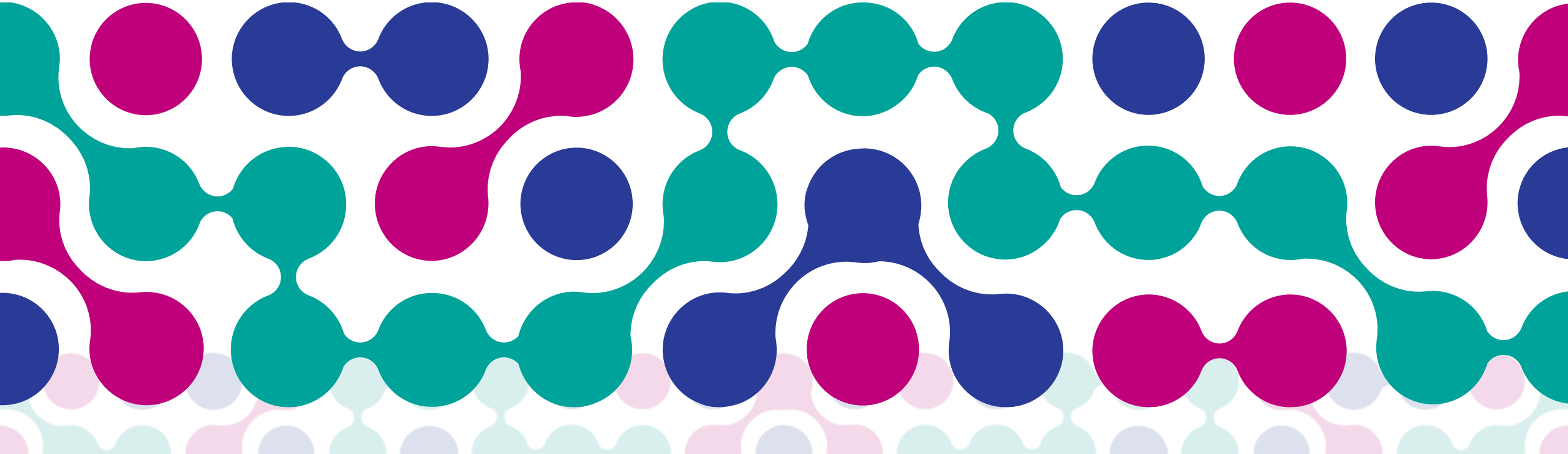
11. Maternity and Neonatal



Preterm Births Under 37 Weeks

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

The data below is based on 51,438 births, split by gestation periods of under 37 weeks and over 37 weeks. The data is broken down by the mother's age group, deprivation and ethnicity, then presented as crude rates per 100 of BSW ICB patient. Data source: NHS Maternity Services Data Set (Maternity Services Data Set) births since 2019.

Births at less than 37 weeks gestation account for around 7% of all births in BSW.

The risk of births before 37 weeks is higher among mothers aged 19 or below and 50 or above, although these groups have smaller sample sizes.

There is correlation between the proportion of births before 37 weeks and deprivation, with mothers from the most deprived areas demonstrating the highest rates.

There is some variation between the proportion of births before 37 weeks and the mother's ethnic group, with women from Asian backgrounds demonstrating the highest rate.