Measuring our Success - Indicatory Journey Data Pack

Theme 1: Healthy and Affordable Food

*The indicators aligned with this theme are not directly about food consumption as we do not have the data.

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Increase the % of babies who are breastfed 6-8 weeks after birth to over 50% by 2027 and to over 60% by 2030	% of babies who are breastfed 6-8 weeks after birth	2019/2020	TBC	47.6%	N/A	N/A
Increase the uptake of healthy start vouchers in eligible families to at least 80% by 2030	Uptake of healthy start vouchers in eligible families	2021	72%	56.8%	N/A	Decrease
Reduce the % of 5yr olds with visually obvious dental decay to below 20% by 2030	% of 5yr olds with visually obvious dental decay	2018/19	28.6%	23.4%	29.21%	Decrease
Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030	Reception: Prevalence of obesity (including severe obesity)	2019/20	10.9%	9.9%	24.15%	Decrease
Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030	Year 6: Prevalence of obesity (including severe obesity)	2019/20	25.5%	21.0%	38.5%	Decrease
Reduce the prevalence of underweight in children in Reception to less than 1% by 2030	Reception: Prevalence of underweight	2019/20	1.4%	0.9%	1.09%	Decrease

Reduce the prevalence of underweight in children in Year 6 to less than 1% by 2030	Year 6: Prevalence of underweight	2019/20	1.6%	1.4%	1.5%	Decrease
Increase the % of adults regularly eating '5-a-day' to more than 55% by 2030	% of adults regularly eating '5-a-day'	2019/20	52.6%	55.4%	52%	Increase

Indicator	Definition	Why are we measuring this?
% of babies who are breastfed 6-8 weeks after birth	This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age.	The inclusion of this indicators will encourage the continued prioritisation of breastfeeding support locally. Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants. Breast milk provides the ideal nutrition for infants in the first stages of life.
Uptake of healthy start vouchers in eligible families	Figures provided are snapshots taken at a single point during each 4-week cycle. Take-up is calculated as a percentage of entitled beneficiaries over eligible beneficiaries.	Research shows that women who are introduced to the scheme by a health professional, who takes the time to explain its public health context and health benefits, are more likely to understand the benefits and make better use of the scheme
% of 5yr olds with visually obvious dental decay	Percentage of 5-year-olds with dental decay extending to the dentine layer which can be detected by visual observation alone	Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. This indicator allows benchmarking of oral health of young children across England and is an excellent proxy measure of assessing the impact of the commissioning of oral health improvement programmes on the local community. Dental caries is a synonymous term for tooth decay.

Reception: Prevalence of obesity (including severe obesity)	Prevalence of obesity (including severe obesity, BMI greater than or equal to the 95th centile of the UK90 growth reference) among children in Reception (age 4-5 years	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older
Year 6: Prevalence of obesity (including severe obesity)	Prevalence of obesity (including severe obesity, BMI greater than or equal to the 95th centile of the UK90 growth reference) among children in Year 6 (age 10-11 years)	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older
Reception: Prevalence of underweight	Number of children in Reception with a valid height and weight measured by the NCMP with a BMI classified as underweight.	The data can be used nationally to support local public health initiatives, and locally to inform the planning and delivery of services for children.
Year 6: Prevalence of underweight	Number of children in Reception with a valid height and weight measured by the NCMP with a BMI classified as underweight.	The data can be used nationally to support local public health initiatives, and locally to inform the planning and delivery of services for children.
% of adults regularly eating '5-a-day'	This Toolkit will aid the preparation of a Health Impact Assessment (HIA) for planning related projects, including the development of planning policy and planning applications, it provides guidance on the HIA process and demonstrates how it can be used. It identifies aspects of the built environment which have an impact upon the health of Birmingham's residents	The Healthy City Planning Toolkit supports the creation of healthy communities through health-promoting planning policies, design and development management in Birmingham

Theme 2: Mental Wellness and Balance

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Reduce the prevalence of depression and anxiety in adults to less than 12% by 2030	Prevalence of depression and anxiety in adults	2016/17	14.5%	13.7%	15.84%	Decrease
Increase the proportion of adults who have a high self-reported life satisfaction score to over 80% by 2027	% proportion of adults who have a high self-reported life satisfaction score	2015/16	78.6%	81.2%	68.6%	Increase
Increase the average happiness rating for Birmingham to the national average by 2030	Average happiness rating (0-10: 0 'not happy at all', 10 'completely happy)	2020/21	7.16	7.34	7.11	Increase
Increase the average life satisfaction rating for Birmingham to the national average by 2030	Average life satisfaction rating (0-10: 0 'not at all satisfied', 10 'completely satisfied')	2020/21	7.20	7.42	7.18	Increase
Increase the average worthwhile rating for Birmingham to the national average by 2030	Average worthwhile rating (0-10: 0 'not at all worthwhile', 10 'completely worthwhile')	2020/21	7.70	7.73	7.57	Increase
Decrease the average anxiety rating for Birmingham to the national average by 2030	Average anxiety rating (0-10: 0 'not at all anxious, 10 'completely anxious)	2020/21	3.54	3.28	3.63	Decrease
Reduce our suicide rate (persons) in the city to be in the lowest 10 UTLA in England by 2030	Suicide rate (persons) per 100,000	2017/19	8.7	10.1	10.59	Decrease

Reduce the emergency intentional self-harm admission rate to be within the lowest 10 UTLA in England by 2030	Emergency Hospital Admissions for Intentional Self-Harm per 100,000	2018/19	184.2	196	231.06	Decrease
Reduce the smoking prevalence in adults with a long-term mental health condition to at least the national average by 2027	Smoking prevalence in adults with a long-term mental health condition	2016/17	26.6%	25.8%	33%	Decrease
Reduce episodes for alcohol-related conditions (Broad definition) to below the national average by 2030	Admission episodes for alcohol-related conditions (Broad definitions) per 100,000	2017/18	2954	2367	2695.729	Decrease
Increase successful completion of drug treatment – opiate users to over 8%	Successful completion of drug treatment – opiate users	2019	4.4%	5.6%	33.6%	Increase
Increase successful completion of drug treatment – non-opiate users to over 48%	Successful completion of drug treatment – non-opiate users	2018	37.9%	34.45%	33.55%	Increase
Reduce depression & anxiety among social care users to less than 50% by 2030	Depression and anxiety among social care users	2017/18	59.1%	54.5%	N/A	Decrease

Indicator	Definition	Why are we measuring this?
Prevalence of depression and anxiety in adults	The percentage of all respondents to the question "What is the state of your health today?" who answered "moderately anxious or depressed", "severely anxious or depressed" or "extremely anxious or depressed"	This indicator gives an indication of the prevalence of anxiety and depression as reported by respondents to the GP Patient Survey. A significant proportion of people that have depression are not diagnosed. Knowledge of how many people state that they have depression contributes to building up the local

		picture of prevalence of depression. It may also highlight gaps between diagnosed and undiagnosed prevalence in a local area.
Proportion of adults who have a high self-reported life satisfaction score	The percentage of respondents scoring 7-10 to the question "Overall, how satisfied are you with your life nowadays?" in the Annual Population Survey	People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
Average happiness rating (0-10: 0 'not happy at all', 10 'completely happy)	This measure is the average (mean) rating to the question "Overall, how happy did you feel yesterday?" Data is derived by Office for National Statistics (ONS) from the Annual Population Survey (APS).	Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
Average life satisfaction rating (0-10: 0 'not at all satisfied', 10 'completely satisfied')	This measure is the average (mean) rating to the question "Overall, how satisfied are you with your life nowadays?" Data is derived by Office for National Statistics (ONS) from the Annual Population Survey (APS).	Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
Average worthwhile rating (0-10: 0 'not at all worthwhile', 10 'completely worthwhile')	This measure is the average (mean) rating to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?". Data is derived by Office for National Statistics (ONS) from the Annual Population Survey (APS).	Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
Average anxiety rating (0-10: 0 'not at all anxious, 10 'completely anxious)	This measure is the average (mean) rating to the question "Overall, how anxious did you feel yesterday?". Data is derived by Office for National Statistics (ONS) from the Annual Population Survey (APS).	Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Suicide rate (persons) per 100,000	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.
Emergency Hospital Admissions for Intentional Self-Harm per 100,000	Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages, Persons	To monitor public health programmes aiming to reduce the risk of self-harm. To stimulate discussion and encourage local investigation, and to lead to improvement in data quality and quality of care. To help improve the provision of services
Smoking prevalence in adults with a long-term mental health condition	Smoking prevalence in adults self-reporting moderate, extreme or severe anxiety or depression - current smokers (GPPS)	Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population. Studies have shown that people with mental health conditions are more likely to smoke than the general public and that smoking rates increase with the severity of illness
Admission episodes for alcohol-related conditions (Broad definitions) per 100,000	Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code.	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually
Successful treatment of drug treatment – opiate users	Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment	Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.
Successful completion of drug treatment – non-opiate users	Number of users on non-opiates that left drug treatment	It aligns with the ambition of both public health and the Government's drug strategy of

	successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment	increasing the number of individuals recovering from addiction
Depression and anxiety among social care users	The proportion of adult respondents to the social care users survey who report that they feel moderately or extremely anxious or depressed when asked to choose a statement which describes their state of health today. This indicator relates to all adult social care users, not just those with mental health conditions	The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

Theme 3: Active at Every Age and Ability

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Increase the % of physical activity adults to over 65% of adults by 2030	Percentage of physically active adults	2019/20	58.7%	66.4%	65.71%	Increase
Reduce the % of adults who are physically inactive to less than 20% by 2030	Percentage of physically inactive adults	2019/20	28.9%	22.9%	23.8%	Decrease
Increase the % of adults walking or cycling for travel at least three days a week by at last 25% by 2030	Percentage of adults walking for travel at least three days a week	2018/19	25.5%	22.7%	29%	Increase
Increase the % of adults walking or cycling for travel at least three days a week by at last 25% by 2030	Percentage of adults cycling for travel at least three days a week	2018/19	1.4%	3.1%	3.08%	Increase
Increase the % of young people who are regularly walking or cycling as part of their daily travel to school or other places by 50% by 2030	Percentage of young people who are regularly walking as part of their daily travel to school or other places	2018/19 Academic	34.3%	40.4%	N/A	Increase
Increase the % of young people who are regularly walking or cycling as part of their daily travel to school or other places by 50% by 2030	Percentage of young people who are regularly cycling as part of their daily travel to school or other places	2018/19 Academic	8.5%	11.2%	N/A	Increase
Increase the % of physically active children and young people to the national average by 2030	Percentage of physically active children and young people	2020/21	32.0%	44.6%	N/A	Increase

Reduce the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030	Inactivity gap between those living with disabilities and long term health conditions and those without	May 19-20	15.1% gap	19% gap	N/A	Increase
Reduce the activity gap between different ethnic groups by 2030	Activity gap between different ethnic groups by 2030 (white)	May 19-20	64.6%	64%	N/A	Increase
Reduce the activity gap between different ethnic groups by 2030	Activity gap between different ethnic groups by 2030 (Black)	May 19-20	60.4%	57%	N/A	Increase
Reduce the activity gap between different ethnic groups by 2030	Activity gap between different ethnic groups by 2030 (Asian)	May 19-20	53.6%	53%	N/A	Increase

Indicator	Definition	Why are we measuring this?
Percentage of physically active adults	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over	Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle
Percentage of physically inactive adults	The percentage of adults physically inactive and is measured by the "percentage doing less than 30 mins physical activity each week".	People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.
Percentage of adults walking for travel at least three days a week	The number of respondents aged 16 and over, with valid responses to travel on at least twelve days in the previous 28 days	Creating an environment where people actively choose to walk as part of everyday life can have

	expressed as a percentage of the total number of respondents aged 16 and over	a significant impact on public health and may reduce inequalities in health.
Percentage of adults cycling for travel at least three days a week	The number of respondents aged 16 and over, with valid responses to cycling questions for travel on at least twelve days in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over	Creating an environment where people actively choose to cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health.
Percentage of young people who are regularly walking as part of their daily travel to school or other places	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over	Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle
Percentage of young people who are regularly cycling as part of their daily travel to school or other places	Cycling for fun or fitness Years 1-11 (ages 5-16)	Recorded from the Active Lives 2021 Academic Year Children's Survey
Percentage of physically active children and young people	Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)	Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood. If we can help children and young people to establish and maintain high volumes of physical activity into adulthood, we will reduce the risk of morbidity and mortality from chronic non-communicable diseases later in their lives
Inactivity gap between those living with disabilities and long term health conditions and those without	Inactive is <30 minutes a week	It's still the case activity levels decrease sharply the more impairments an individual has – and just 39% of those with three or more impairments are active (Sports England, Active Lifestyle, 2021)
Activity gap between different ethnic groups by 2030 (white)	Rates and population totals for adults who have taken part in sport and physical activity	A useful measure of engagement in different sports and physical activities

	at least twice in the last 28 days in England overall and by key demographic groups	
Activity gap between different ethnic groups by 2030 (Black)	Rates and population totals for adults who have taken part in sport and physical activity at least twice in the last 28 days in England overall and by key demographic groups	A useful measure of engagement in different sports and physical activities
Activity gap between different ethnic groups by 2030 (Asian)	Rates and population totals for adults who have taken part in sport and physical activity at least twice in the last 28 days in England overall and by key demographic groups	A useful measure of engagement in different sports and physical activities

Theme 4: Green and Sustainable Future

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Reduce the fraction of mortality attributable to particulate air pollution to less than 4.5% by 2030	Fraction of mortality attributable to particulate air pollution	2019	5.8%	5.1%	7.77%	Decrease
Reduce emergency hospital admissions for respiratory disease in adults to at least the national average by 2030	Emergency hospital admissions for respiratory disease in adults per 100,000	2018/19	1637 (BSol) 1962 (SWB)	1552	N/A	Decrease
Increase the utilisation of outdoor space for exercise/health reasons to over 25% by 2028	Utilisation of outdoor space for exercise/health reasons	2015-16	17.9%	18.4%	17.15%	Increase
Increase the daily utilisation of green and blue spaces to 25% of the population by 2030	Daily utilisation of green and blue spaces	2020	14%	N/A	N/A	Increase
Increase volunteering in green and blue spaces to at least 10% of the population by 2027	Volunteering in green and blue spaces	2020	3%	N/A	N/A	Increase
Increase the proportion of our population connecting with nature to at least 35% of the population listening to birdsong by 2030	% of people listening to birdsong	2020	25.5%	N/A	N/A	Increase

Indicator	Definition	Why are we measuring this?
Fraction of mortality attributable to particulate air pollution	Background annual average PM2.5 concentrations for the year of interest are modelled on a 1km x 1km grid using an air dispersion model, and calibrated using measured concentrations taken from background sites in Defra's Automatic Urban and Rural Network (http://uk-air.defra.gov.uk/interactive-map.) Data on primary emissions from different sources and a combination of measurement data for secondary inorganic aerosol and models for sources not included in the emission inventory (including re-suspension of dusts) are used to estimate the anthropogenic (human-made) component of these concentrations. By approximating LA boundaries to the 1km by 1km grid, and using census population data, population weighted background PM2.5 concentrations for each lower tier LA are calculated. This work is completed under contract to Defra, as a small extension of its obligations under the Ambient Air Quality Directive (2008/50/EC). Concentrations of anthropogenic, rather than total, PM2.5 are used as the basis for this indicator, as burden estimates based on total PM2.5 might give a misleading impression of the scale of the potential influence of policy interventions (COMEAP, 2012)	Fraction of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM2.5*)
Emergency hospital admissions for respiratory disease in adults per 100,000	Emergency admissions to hospital where the primary diagnosis is any respiratory disease code (ICD-10 codes J00-J99). Directly age standardised rate per 100,000 population (standardised to the European standard population).	The burden of respiratory disease on hospital activity is significant. In England in 2017/18 there are over 850,000 hospital emergency admissions and more than 4.9 million bed days for respiratory disease. Exacerbations of COPD and asthma are significant causes of respiratory admissions, yet many episodes can be prevented by improved treatment compliance, symptom control and timely treatment of acute exacerbations

Utilisation of outdoor space for exercise/health reasons	MENE Survey	The weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes over the previous seven days
Daily utilisation of green and blue spaces	Visiting green spaces frequency	A survey asking Birmingham residents about their use and perception of local green spaces
Volunteering in green and blue spaces	Volunteering opportunities in green spaces in Birmingham	Frequency of doing things in green spaces - Volunteering in green and blue spaces
% of people listening to birdsong	An activity measure done in green space	Frequency of doing things in green spaces - listening to birdsong

Theme 5: Protect and Detect

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Achieve the national ambitions or targets for all national immunisation programmes by 2030	MMR for one dose (2 years old)	2019/20	85.7%	90.6%	88.51%	Increase
Achieve the national ambitions or targets for all national immunisation programmes by 2030	MMR for two doses (5 years old)	2019/20	81.4%	86.6%	84.06%	Increase
Reduce transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030	TB incidence (3-year rate)	2016-18	18.4	8.0	11.4	Decrease
Reduce transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030	New HIV diagnosis rate per 100,000 (aged 15 years and over)	2020	6.6	5.7	8.1	Decrease
Reduce transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030	Hepatitis C detection rate per 100,000	2017	35.2	18.4	30.34	Decrease
Reduce the percentage of HIV Late Diagnosis to less than 30% by 2027	HIV Late Diagnosis	2016-18	46.80%	43.10%	43.60%	Decrease
Reduce the overall prevalence of new sexually transmitted diseases through early diagnosis and treatment to close the gap between Birmingham and the national average by 2030	New STI diagnoses (exc chlamydia aged <25) / 100,000	2018	997	870	1029	Decrease

Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets	Cancer screening coverage - breast cancer	2021	57.3%	64.1%	61.4%	Increase
Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets	Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	2021	59.6%	68.0%	64.1%	Increase
Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets	Cancer screening coverage – bowel cancer	2021	55.1%	65.2%	60.2%	Increase
Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets	Abdominal Aortic Aneurysm Screening - Coverage	2020-21	38.9%	55.0%	54.8%	Increase
Increase the percentage of men who have sex with men who access repeat HIV testing in the last year to over 50%	Repeat HIV testing in gay, bisexual and other men who have sex with men (%)	2020	38.2%	52.0%	50.8%	Increase

Indicator	Definition	Why are we measuring this?
MMR for one dose (2 years old)	All children for whom the local authority is responsible who received one dose of MMR on or after their first birthday and at any time up to their second birthday as a percentage	Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases.

	of all children whose second birthday falls within the time period	
MMR for two doses (5 years old)	All children for whom the local authority is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period	MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.
TB incidence (3-year rate)	Three-year average incidence of TB per 100,000 population.	Reducing TB incidence is a key ambition of the Collaborative Tuberculosis Strategy for England 2015-2020.
New HIV diagnosis rate per 100,000 (aged 15 years and over)	All new HIV diagnoses among adults (aged 15 years or more) in the UK, expressed as a rate per 100,000 population.	New HIV diagnosis is not synonymous with incidence; however, it provides a timely insight into the onward HIV transmission in a country and consequently allows targeting efforts to reduce transmission.
Hepatitis C detection rate per 100,000	Directly standardised rate of new diagnoses of confirmed chronic hepatitis C per 100,000 population	This indicator is designed to measure the detection of chronic hepatitis C, which reflects both the local burden of chronic hepatitis C and testing practice. Hepatitis C is an important health protection issue that increases people's risk of developing serious long term disease
HIV Late Diagnosis	Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis. These include all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test (that is including people who were previously diagnosed with HIV abroad). A corrected definition of late diagnosis which excludes individuals with	A HIV key strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection

	evidence of recent seroconversion can be seen in this year's annual report and web tables, though this has not yet been applied here.	
New STI diagnoses (exc chlamydia aged <25) / 100,000	Tests for syphilis, HIV, gonorrhoea and chlamydia (aged over 25) among people accessing sexual health services* in England.	Testing rates and diagnosis rates are closely linked.
Cancer screening coverage - breast cancer	The proportion of women eligible for screening who have had a test with a recorded result at least once in the previous 36 months.	Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year.
Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years.	Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives
Cancer screening coverage – bowel cancer	Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime.	Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime.
Abdominal Aortic Aneurysm Screening - Coverage	Abdominal aortic aneurysm (AAA) screening aims to reduce AAA related mortality among men aged 65 to 74	Abdominal aortic aneurysm (AAA) screening aims to reduce AAA related mortality among men aged 65 to 74
Repeat HIV testing in gay, bisexual and other men who have sex with men (%)	Number of gay, bisexual and other men who have sex with men tested for HIV at specialist SHS who have tested more than once in the year prior to their last test in each calendar year.	This indicator presents the number and proportion of gay, bisexual and other men who have sex with men (gay and bisexual men) who have tested for HIV more than once at the same clinic in the previous year. This indicator measures the NICE testing guideline which recommends that gay and bisexual men should be tested for HIV at least once a year and every 3 months if they are having unprotected sex with new or casual partners. Repeat testing facilitates prompt diagnosis of HIV and this indicator complements other HIV indicators

		presented on the Sexual and Reproductive Health Profiles such as late diagnosis rate and new HIV diagnosis rate.

Life Course Theme 1: Getting the Best Start in Life

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Reduce infant mortality in Birmingham by 25% by 2027 and by 50% by 2030	Infant mortality rate	2018-2020	6.6	3.9	4.8	Decrease
Increase the percentage of children achieving a good level of development at the end of Reception to 75% by 2030	Percentage of children achieving a good level of development at the end of Reception	2018/19	68.00%	71.80%	68.00%	Increase
Reduce the percentage of children with one or more decayed, missing or filled teeth to below the national average by 2030	Children with one or more decayed, missing or filled teeth	2018/19	28.60%	23.40%	29.21%	Decrease
Halve the rate of children killed and seriously injured (KSI) on Birmingham's roads by 2030	Rate of children killed and seriously injured (KSI) on Birmingham's roads	2019	108.8 (per billion vehicle miles)	84.4 (per billion vehicle miles)	119	Decrease
Reduce the under 18 teenage conception rate to close the gap between Birmingham and the national average by 2030	Under 18 teenage conception rate	2018	19.2 (per 1000)	16.7 (per 1000)	20.12 (per 1000)	Decrease
Halve the hospital admissions due to asthma in young people under 19yrs by 2027	Hospital admissions due to asthma in young people under 19yrs	2019/20	262.6 (per 100,000)	160.7 (per 100,000)	N/A	Decrease

Reduce the rate of first-time entrants (10-17 years) to the youth justice system by 25% by 2030	Rate of first-time entrants (10-17 years) to the youth justice system	2019	235.2	208	229.81	Decrease

Indicator	Definition	Why are we measuring this?
Infant mortality rate	Infant deaths under 1 year of age per 1000 live births	Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.
Percentage of children achieving a good level of development at the end of Reception	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children	A key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.
Children with one or more decayed, missing or filled teeth	Percentage of 5-year olds with dental decay extending to the dentine layer which can be detected by visual observation alone	Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop.
Rate of children killed and seriously injured (KSI) on Birmingham's roads	Number of people reported killed or seriously injured (KSI) on the roads, all ages, per 1 billion vehicle miles travelled	Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.
Under 18 teenage conception rate	Conceptions in women aged under 18 per 1,000 females aged 15-17	Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS.
Hospital admissions due to asthma in young people under 19yrs	Emergency hospital admissions for asthma, crude rate per 100,000	Understanding local trends of emergency admissions of children and young people with long

		term conditions, and benchmarking against geographical and statistical neighbours will support service review and redesign.
Rate of first-time entrants (10-17 years) to the youth justice system	Children and Young people aged 10 to 17 years supervised by a youth offending team, rate per 1,000 population.	The Government strategy Preventing Suicide in England (2012) highlights that suicide is a leading cause of death among children and young people and that groups who are vulnerable include looked after children, care leavers and children and young people in the Youth Justice Service

Life Course Theme 2: Living, Working, and Learning Well

Ambition	Indicator	Baseline				Desired Direction of Travel
		Year	Birmingham	England	Core Cities	
Increasing the % of the estimated individuals who smoke accessing smoking cessation services and achieving a 4-week quit by 20% by 2030	Individuals achieving a 4-week quit smoking (per 100,000)	2017/2018	1350	2070	N/A	Increase
To reduce the percentage rate of long-term musculoskeletal problems to 5% below the England average by 2030	Rate of long-term musculoskeletal problems	2020	17.90%	18.50%	17.05%	Decrease
Reduce the number of households in fuel poverty to the national average by 2030	Fuel poverty (low income, low energy efficiency methodology)	2019	21.2%	13.4%	17.8%	Decrease
Reduce the percentage of adults aged 40-64yrs with Type 2 Diabetes by 7% by 2030	Percentage of adults aged 40-64yrs with Type 2 Diabetes (Birmingham and Solihull)	2019/20	47.4%	43.1%	N/A	Decrease
Reduce the percentage of adults aged 40-64yrs with Type 2 Diabetes by 7% by 2030	Percentage of adults aged 40-64yrs with Type 2 Diabetes (Sandwell and West Birmingham)	2018/19	50.4%	43%	N/A	Decrease
Reduce coronary heart disease mortality under 75yrs by at least 10 points in the rate of deaths per 100,000 population by 2030	Coronary heart disease mortality under 75yrs (Birmingham and Solihull)	2019/2020	48.6	39.1	48.32	Decrease

Reduce coronary heart disease mortality under 75yrs by at least 10 points in the rate of deaths per 100,000 population by 2030	Coronary heart disease mortality under 75yrs (Sandwell and West Birmingham)	2019/2020	72.1	39.1	48.32	Decrease
Reduce coronary heart disease admissions rate (all ages) by 20% by 2030	Coronary heart disease admissions rate (all ages) (Birmingham and Solihull)	2019/20	451.5	367.6	380.68	Decrease
Reduce coronary heart disease admissions rate (all ages) by 20% by 2030	Coronary heart disease admissions rate (all ages) (Sandwell and West Birmingham)	2019/20	413.2	367.6	380.68	Decrease
Reduce the percentage of adults from ethnic communities with Type 2 Diabetes to match the demographic profile of our city by 2030	Percentage of adults from ethnic communities with Type 2 Diabetes (Birmingham and Solihull)	2018/19	41.2	21.6	N/A	Decrease
Reduce the percentage of adults from ethnic communities with Type 2 Diabetes to match the demographic profile of our city by 2030	Percentage of adults from ethnic communities with Type 2 Diabetes (Sandwell and West Birmingham)	2018/19	54.6	21.6	N/A	Decrease

Indicator	Definition	Why are we measuring this?
Individuals achieving a 4-week quit smoking	Rate of successful quitters at 4-weeks per 100,000 smokers	This information is collected on NHS Stop Smoking returns in line with requirements from the Department of Health (DH)
Rate of long-term musculoskeletal problems	The percentage of people aged 16+ reporting an MSK condition, either long term back pain or long-term joint pain.	In England low back and neck pain was ranked as the top reason for years lived with disability and other musculoskeletal (MSK) conditions was ranked as number 10. MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work
Fuel poverty (low income, low energy efficiency methodology)	The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology	There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes. Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.
Percentage of adults aged 40-64yrs with Type 2 Diabetes (Birmingham and Solihull)	The percentage of people with type 2 diabetes, who are 40 to 64 years old	Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring, including monitoring the demographics of people with diabetes, can help reduce mortality and morbidity.

Percentage of adults aged 40-64yrs with Type 2 Diabetes (Sandwell and West Birmingham)	The percentage of people with type 2 diabetes, who are 40 to 64 years old	Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring, including monitoring the demographics of people with diabetes, can help reduce mortality and morbidity.
Coronary heart disease mortality under 75yrs (Birmingham and Solihull)	Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population.	Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.
Coronary heart disease mortality under 75yrs (Sandwell and West Birmingham)	Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population.	Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.
Coronary heart disease admissions rate (all ages) (Birmingham and Solihull)	Trend of the rates of admissions to hospital for CHD per population (directly standardised rates) from 2003/04, for all ages	To measure trend of the rates of admissions to hospital for CHD
Coronary heart disease admissions rate (all ages) (Sandwell and West Birmingham)	Trend of the rates of admissions to hospital for CHD per population (directly standardised rates) from 2003/04, for all ages	To measure trend of the rates of admissions to hospital for CHD

Percentage of adults from ethnic communities with Type 2 Diabetes (Birmingham and Solihull)	The percentage of people with type 2 diabetes, who are of minority ethnic origin	Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring, including monitoring the demographics of people with diabetes, can help reduce mortality and morbidity.
Percentage of adults from ethnic communities with Type 2 Diabetes (Sandwell and West Birmingham)	The percentage of people with type 2 diabetes, who are of minority ethnic origin	Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring, including monitoring the demographics of people with diabetes, can help reduce mortality and morbidity.

Life Course Theme 3: Ageing and Dying Well

Ambition	Indicator	Baseline Year	Birmingham	England	Core Cities	Desired Direction of Travel
To halve the gap in healthy life expectancy at 65yrs between Birmingham and the national average by 2030 for both men and women	Healthy life expectancy at 65yrs	2018-2020	17.7	23.1	17.31	Increase
To halve the gap in healthy life expectancy at 65yrs between Birmingham and the national average by 2030 for both men and women	Healthy life expectancy at 65yrs	2017-2019	20.40%	21.10%	17.54%	Increase
Improve the % of adult carers who has as much social contact as they would like (>65yrs) to more than 45% by 2027	Adult carers who has as much social contact as they would like (>65yrs)	2019-2020	39.40%	43.40%	43.60%	Increase
Increase the percentage of eligible citizens offered an NHS Health Check who received it to over 70% by 2030	Percentage of eligible citizens offered an NHS Health Check who received	2020/21	44.60%	46.50%	47.00%	Increase
Improve the detection of dementia by increasing the % of people estimated to be living with dementia who are diagnosed and receiving care and support to over	Percentage of people who are diagnosed and receiving care and support (Birmingham and Solihull)	2020	57.70%	61.60%	N/A	Increase

75% by 2030 (Birmingham and Solihull)						
Improve the detection of dementia by increasing the % of people estimated to be living with dementia who are diagnosed and receiving care and support to over 75% by 2030 (Sandwell and West Birmingham)	Percentage of people estimated to be living with dementia who are diagnosed and receiving care and support (Sandwell and West Birmingham)	2020	57.90%	61.60%	N/A	Increase
Improve the carer-reported quality of life score for people caring for someone with dementia to equal to or above the national average by 2030	Carer-reported quality of life score for people caring for someone with dementia	2018/19	7.2	7.3	7.2	Increase
Improve the carer-reported quality of life score to equal to or above the national average by 2030	Carer-reported quality of life score	2018/19	6.9	7.5	7.2	Increase
Reduce the rate of emergency hospital admissions due to falls in people aged 65yrs and over to below the national average by 2030	Rate of emergency hospital admissions due to falls in people aged 65yrs	2020/21	2266	2223	2414	Decrease
Increase the uptake of the seasonal flu vaccine in people aged over 65yrs to the above 75% by 2030	Seasonal flu vaccine in people aged over 65yrs	2020/21	74.7&	71.30%	79.31%	Increase

Improve the carer-reported quality of life score for people caring for someone with dementia	Carer-reported quality of life score for people caring for someone with dementia	2018/19	7.2	7.3	7.2	Increase
Reduce the Excess Winter Deaths to close the gap between the actual and expected number of deaths in people aged >85yrs by at least 20% by 2030	Excess Winter Deaths	Aug 2019 - Jul 2020	27.80%	20.80%	18.98%	Decrease

Indicator	Definition	Why are we measuring this?
Healthy life expectancy at 65yrs	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he experienced the age-specific mortality rates for that area and time period throughout his or her life after that age.	This indicator gives context to healthy life expectancy figures by providing information on the estimated length of life. The two indicators are extremely important summary measures of mortality and morbidity.
Healthy life expectancy at 65yrs	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age.	This indicator gives context to healthy life expectancy figures by providing information on the estimated length of life. The two indicators are extremely important summary measures of mortality and morbidity.
Adult carers who has as much social contact as they would like (>65yrs)	The percentage of respondents to the Adult Social Care Survey (service users) who responded to the question "Thinking about	There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social

	how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".	care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.
Percentage of eligible citizens offered an NHS Health Check who received	Percentage of people invited for an NHS Health Check taking one up since the 1 April 2015.	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.
Percentage of people who are diagnosed and receiving care and support (Birmingham and Solihull)	The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals.	The rationale being that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.
Percentage of people estimated to be living with dementia who are diagnosed and receiving care and support (Sandwell and West Birmingham)	The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex	The rationale being that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

	specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals.	
Carer-reported quality of life score for people caring for someone with dementia	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.	Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care
Carer-reported quality of life score	Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September to the end of February in a primary care setting (GPs)	Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions among these groups of people.
Rate of emergency hospital admissions due to falls in people aged 65yrs	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.	Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care
Seasonal flu vaccine in people aged over 65yrs	Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September to the end of February in a primary care setting (GPs)	Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions among these groups of people.
Carer-reported quality of life score for people caring for someone with dementia	The 'Adult Social Care Outcomes Framework' (ASCOF) measures the performance of the adult social care system as a whole.	The 'Prime Minister's 2020 Challenge on Dementia' reports that carers of people with dementia should be made aware of and offered the opportunity for respite, education,

		training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.
Excess Winter Deaths	Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in all those aged 85 and over in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those aged 85 and over.	The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population

Opportunities for Innovation

Summary of issues with missing indicators

Through the development of the strategy and the indicator journey, we identified a number of indicators that we couldn't measure at the current time due to either lack of a complete data set or no reporting mechanism. Therefore, over the life course of the strategy, we will also be exploring how to innovate our evidence-gathering methods. This will allow us to utilise these indicators fully.

The indicators are:

- Number of growing spaces within Birmingham
- Reported use of Healthy City Planning Toolkit
- Percentage of children achieving a good level of development by 2/2.5 years
- Percentage of targeted health checks (e.g. for people with learning disabilities, carers, and severe mental health issues)