

Report to:	Birmingham Health and Social Care Overview and Scrutiny Committee
Date:	19 November 2019
TITLE:	PUBLIC HEALTH PROFILES DATA
Presenting Officer	Elizabeth Griffiths, Acting Assistant Director of Public Health

Report Type:	Information report
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1. Purpose:
To provide an update on routine Public Health data; to receive a demonstration on publicly available routine data; and, to identify what data the Committee requires in future reports.

2. Recommendation
<p>The Health and Social Care Overview and Scrutiny Committee is asked to note:</p> <ul style="list-style-type: none"> • The contents of this report and demonstration; and • Plans for the delivery of the Joint Strategic Needs Assessment core data set. <p>The Committee is asked to agree:</p> <ul style="list-style-type: none"> • What data it requires in future reports from the Public Health Division.

3. Summary
<p>3.1 Reliable data is key to understanding our population and its needs, identifying where inequalities exist and understanding how well we are performing.</p> <p>3.2 We are constantly bombarded with data in our every day lives from social media, news platforms, the television, radio and other sources. When taken in isolation, data can be misleading, misconstrued and misunderstood.</p> <p>3.3 It is therefore imperative that when we use data we consider how reliable it is so that we can make a judgement on whether we believe what it is telling us; and the degree to which we can apply the findings to our local area.</p> <p>3.4 Public Health specialists are trained to collect, analyse and critique data. Through providing contextual analysis, they are able to gain insight and intelligence from data to inform decision making.</p> <p>3.5 In Birmingham, the Public Health Division is in the process of refreshing a large compendium of data on the health and wellbeing of the City; the Joint Strategic</p>

Needs Assessment (JSNA). This core dataset will be released over the coming months.

- 3.6 Alongside documents like the JSNA, there are a wide range of publicly available Public Health data resources. Public Health England (PHE) is a reliable source of data and regularly releases outcomes data in a broad range of areas such as health improvement, health protection and the wider determinants of health. Appendix A provides some summary tables of recent Public Health England data for Birmingham and compares this against the West Midlands and England averages.
- 3.7 This report will be accompanied by a live demonstration of the data publicly available from Public Health England's Public Health profiles.
- 3.8 The Committee is encouraged to consider what Public Health data it would like to receive in future reports.

4. Routine data

- 4.1 Reliable data is key to understanding our population, our population's needs, identifying where inequalities exist within our population and understanding how well we are meeting the needs of our population.
- 4.2 Routine data is a valuable asset. It is readily available at low cost and is useful for giving context, raising questions and identifying trends. It can provide reliable estimates on expected levels of health, wellbeing and disease in a population.
- 4.3 Data is available at a range of geographical levels (such as England, Regional, Birmingham, ward, GP practice); and depending on the measure, it may be reported in different timeframes such as on a quarterly, annual, biennial or in some cases as a rolling average over a period of three or five years.
- 4.4 Birmingham routine data
- 4.5 To better monitor the needs of Birmingham's vulnerable population, the Birmingham Joint Strategic Needs Assessment (JSNA) is being refreshed. Drawing on a wide range of data sources, the JSNA will ensure that city level data is presented across the life course from pregnancy, birth and early years through to end of life. The 2019 core dataset will be released over the next few months; the 2020 and 2021 core datasets will have a stronger focus on the inequalities observed between communities in the City.
- 4.6 The JSNA includes a four year programme of deep dive reviews focusing on particular populations within the City. The Deep Dive reviews scheduled for 2019/20 are the Health and Wellbeing of Veterans; Death and Dying in Birmingham; the Health and Wellbeing of the Public Sector Workforce; and Mobility Impairment.
- 4.7 The JSNA is a useful tool for assessing the current and planning for the future needs of our population.

- 4.8 Alongside documents like the JSNA, there are a wide range of publicly available data resources. Public Health England (PHE) is a reliable source of data and regularly releases outcomes data in a broad range of areas such as health improvement, health protection and the wider determinants of health. Its fingertips portal can be accessed via <https://fingertips.phe.org.uk>
- 4.9 Appendix A provides some summary tables of recent Public Health England data for Birmingham and compares this against the West Midlands and England averages.
- 4.10 Unlike with service level data, it is not always possible to observe differences or improvements in population level data in the short-term, for example on a quarterly basis.
- 4.11 Population level interventions often take a long time to show improvements in the data. There are a range of reasons for this, for example, a behavioural change intervention to improve physical activity within a child population may reduce the number of children who go on to have heart attacks as adults, but this may not become apparent in the data for a number of years down the line. There may also be a delay in collecting and reporting data, for example, Infant Mortality data is reported on a three year rolling average, meaning that it may not be possible observe improvements due to present interventions for a number of years. Lastly, there may be external factors that are driving changes in the data that are external to Birmingham, such as the economy and employment, which mean that any changes observed may not down to local interventions but are part of a wider national trend.
- 4.12 A demonstration on the range of data available and how the Committee may wish to use population level data to support its future Overview and Scrutiny work will be provided at the meeting. The Committee is encouraged to consider what Public Health data it would like to receive in future reports.

Appendices

Appendix A: Public Health Outcomes Framework summary tables

Appendix A: Public Health Profiles summary tables

Key:

Significance compared to England average:

	Significantly worse
	Not significantly different
	Significantly better

Change from previous:






















	No significant change		
	Increasing / Getting better		Decreasing / Getting better
	Increasing / Getting worse		Decreasing / Getting worse

Table 1: Life expectancy and healthy life expectancy indicators, Birmingham, West Midlands and England averages (Reporting Period 2015-17/2016-18)

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
A01a Healthy life expectancy at birth (male) (y)	All ages	2015-17	59.9	62.1	63.4	
A01a Healthy life expectancy at birth (female) (y)	All ages	2015-17	58.9	62.9	63.8	
A01b Life expectancy at birth (male) (y)	All ages	2015-17	77.6	78.8	79.6	
A01b Life expectancy at birth (female) (y)	All ages	2015-17	82.0	82.7	83.1	













Source: Public Health England fingertips

Table 2: Maternity, children and young people indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
E01 Infant mortality (per 1,000)	<1y	2015-17	7.84	5.94	3.92	
C06 Smoking status at time of delivery	All ages	2018/19	8.62	11.9	10.6	
C02a Under 18s conception rate (per 1,000)	<18y	2017	19.4	19.9	17.8	
C04 Low birthweight of term babies (%)	*	2017	3.80	3.10	2.82	
2.02i Breastfeeding initiation (%)	All ages	2016/17	71.1	68.9	74.5	
B02a School readiness: % of children achieving a good level of development at the end of reception	5y	2017/18	67.7	69.8	71.5	
B02a School readiness: % of children with free meal status achieving a good level of development at the end of reception	5y	2017/18	59.8	57.1	56.6	
E03 Percentage of 5 year olds with experience of visually obvious dental decay (%)	5y	2016/17	26.1	25.7	23.3	N/A
C09a Prevalence of overweight (including obesity) in Reception	4-5y	2017/18	23.5	23.4	22.4	
C09b Prevalence of overweight (including obesity) in Year 6	10-11y	2017/18	40.3	37.1	34.3	
1.01i Children in low income families (all dependent children under 20) (%)	0-19y	2016	28.1	20.2	17.0	
B05 16-17 year olds not in education, employment or training (NEET) or whose activity is not known (%)	16-17y	2017	9.22	6.37	6.00	
B04 First time entrants to the youth justice system (per 100,000)	10-17y	2018	377.7	279.9	238.5	

Source: Public Health England fingertips Key: * =37 weeks gestation at age of birth

Table 3: Screening and immunisations indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
D03h Population vaccination coverage Dtap/IPV/Hib (2y) (%)	2y	2018/19	92.1	94.5	94.2	
D03j Pop'n vaccination coverage MMR one dose (2y) (%)	2y	2018/19	86.8	90.6	90.3	
D04c Pop'n vaccination coverage MMR two doses (5y) (%)	5y	2018/19	82.3	86.7	86.4	
D04f Pop'n vaccination coverage HPV two doses (females 13-14y) (%)	13-14y	2017/18	77.2	84.1	83.8	
D03l Population vaccination coverage Flu (2-3y) (%)	2-3y	2018/19	35.6	44.8	44.9	
D03l Pop'n vaccination coverage Flu at risk individuals (%)	6m-64y	2018/19	45.1	47.8	48.0	
D03l Population vaccination coverage Flu 65+y (%)	65+y	2018/19	67.6	71.1	72.0	
D06c Population vaccination coverage Shingles (70y) (%)	70y	2017/18	39.8	44.5	44.4	N/A
C24a Breast cancer screening coverage (%)	53-70y	2018	68.5	74.3	74.9	
C24b Cervical cancer screening coverage (25-49y f) (%)	24-49y	2019	61.9	69.6	69.8	
C24c Cervical cancer screening coverage (50-64y f) (%)	50-64y	2019	73.4	75.7	76.2	
C24d Bowel cancer screening coverage (60-74y) (%)	60-74y	2018	48.1	57.4	59.0	
C25a Abdominal Aortic Aneurysm screening coverage (male) (%)	65y	2017/18	78.7	83.1	80.8	

Source: Public Health England fingertips

Table 4: Mental health and wellbeing indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
C28a Self-reported wellbeing – people with a low satisfaction score (%)	16+y	2017/18	4.11	4.27	4.41	→
C28c Self-reported wellbeing – people with a low happiness score (%)	16+y	2017/18	8.76	8.71	8.20	→
C28d Self-reported wellbeing – people with a high anxiety score (%)	16+y	2017/18	19.0	18.0	20.0	→

Source: Public Health England fingertips

Table 5: Lifestyle indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
C18 Smoking prevalence in adults 18+y current smokers (%)	18+y	2018	16.2	14.5	14.4	→
C15 Proportion of population meeting the recommended “5 a day” on a “usual day” (%)	16+y	2017/18	49.4	53.1	54.8	→
C17a Percentage of physically active adults (%)	19+y	2017/18	61.0	63.2	66.3	→
C17b Percentage of physically inactive adults (%)	19+y	2017/18	26.4	25.5	22.2	→
B16 Utilisation of outdoor space for exercise/health reasons (%)	16+y	Mar15-Feb16	18.4	17.7	17.9	↑
C16 Percentage of adults 18+y classified as overweight or obese	18+y	2017/18	65.1	65.7	52.0	→

Source: Public Health England fingertips

Table 6: Employment indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
B08d Percentage of people aged 16-64y in employment (%)	16-64y	2018/19	65.5	73.8	75.6	→
B08a Gap in employment rate between those with a long-term health condition and the overall employment rate (% points)	16-64y	2018/19	7.10	11.5	11.5	↓
B08b Gap in employment rate between those with a learning disability and the overall employment rate (% points)	18-64y	2017/18	63.4	68.4	69.2	→
B08c Gap in employment rate between those in contact with secondary mental health services and the overall employment rate (% points)	18-69y	2017/18	60.4	65.7	68.2	→

Source: Public Health England fingertips

Public Health England. Public Health Profiles. [accessed 05/11/19] <https://fingertips.phe.org.uk> © Crown copyright 2019.