

<u>Agenda item:11</u>	
Report to:	BIRMINGHAM HEALTH AND WELLBEING BOARD
Date:	18th June 2019
Title:	MAY 2019 DEVELOPMENT SESSION FEEDBACK
Organisation:	BIRMINGHAM CITY COUNCIL
Presenting Officer:	ELIZABETH GRIFFITHS, ACTING ASSISTANT DIRECTOR OF PUBLIC HEALTH

Report Type:	DISCUSSION
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1. Headline messages

- It is proposed that the Health and Wellbeing Board adopt a health inequalities dashboard that breaks down health inequality indicators in a three by three table according to physical health, mental health and wellbeing and at a city level (macro), ward/GP practice level (micro) and special focus level (i.e. community of interest such as those with free school meal status).
- There should be consistency of measures; indicators should be shared across the health and wellbeing board, community safety partnership, education and skills and community cohesion wherever possible.
- A further paper will come back to the board suggesting the current position against the selected indicators and the desired trajectory. This will be used to inform the Board's development of an action plan to reduce health inequalities in Birmingham.

2. Recommendations

It is **RECOMMENDED** that the Board adopt the health inequality measures outlined in Table 2 for its health inequalities dashboard.

3. Background

On 15 May 2019 the Birmingham Health and Wellbeing Board had a development session. The session comprised two workshops, one for each of the Board's strategic

priorities – Health Inequalities and Childhood Obesity.

The aims of the health inequalities workshop were to: consider existing approaches to monitoring health inequalities; consider and prioritise health inequalities topics under macro, micro and special focus; and select specific measures for each topic to be included on a health inequalities dashboard.

The Board was shown existing city level health inequalities dashboards—such as the Marmot indicators for local authority areas—and were provided with a list of alternative measures, their strengths, weaknesses, methodology and frequency of reporting.

On tables, the Board discussed which indicators it should adopt for monitoring health inequalities on its health inequalities dashboard. Workshop groups fed back on the proposed indicators; each of the options was discussed in a plenary session.

4. Group Discussions

Table 1 outlines the indicators favoured by each workshop group. Please note macro level relates to city level data; micro level relates to small area data such as ward or constituency and special focus relates to specific groups such as those with free meal status.

Two of the groups proposed taking a life course approach to monitoring inequalities and suggested suitable proxy measures. One of the groups suggested a range of measures to cover wellbeing, physical health and mental health.

There was general support for breaking down health inequalities by physical health, mental health and wellbeing.

It was suggested that there should be consistency of measures and that indicators should be shared across the health and wellbeing board, community safety partnership, education and skills and community cohesion wherever possible.

The Public Health Division was asked to come back to the Board with a proposal for the Health Inequalities dashboard based upon the suggestions below.

Table 1. Health inequalities workshop – group feedback on proposed health inequalities indicators

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>
Suggested indicator(s)	School readiness (macro and micro levels)	Unemployment (macro, micro and special focus)	Wellbeing: unemployment; economic inactivity for health reason (macro level).
	Employment rates (macro and micro levels)	NEET (macro and micro levels)	Wellbeing: immunisation (micro level)
	Life expectancy (macro and micro levels)	School readiness	Physical Health: physical activity and inactivity (macro level)
		Health visitor data	Physical health: chronic disease diabetes/CVD (micro level)
		Life expectancy	Smoking in pregnancy (special focus)
		Healthy life expectancy	Mental Health: gap in employment for mental health and learning difficulties
		Employment data relating to health	Other measures relating to children and young people to be confirmed

5. Suggested health inequalities measures

It is suggested that the Board adopt the measures on Table 2 for the Health and Wellbeing Board's Health Inequalities dashboard; breaking down health inequalities by physical health, mental health and wellbeing.

The recommended indicators draw on the wider determinants of health – such as employment, education; health protection; chronic disease and lifestyles.

Table 2. Suggested health inequalities indicators

	<i>Physical health</i>	<i>Mental health</i>	<i>Wellbeing</i>
Micro level	Chronic disease: Type 2 Diabetes and CVD (recorded prevalence)	Chronic disease: Depression (gap between recorded and modelled prevalence)	Immunisation rates (various)
Macro level	Physical activity and inactivity	Healthy life expectancy	Unemployment: Economic inactivity for health reason.
Special interest	Smoking in pregnancy	Gap in employment rates for mental health and learning disabilities	Gap in school readiness for those with free school meal status

Further work will be required with the Board on the desired improvement needed on these indicators, for example the desired improvement for the Chronic disease: Depression would be to see a reduction in the gap of recorded prevalence and modelled prevalence of the disease as this would show that we are getting better at identifying, diagnosing and recording depression in Birmingham.

A paper setting out the current position against each of these measures, the desired trajectory and ambition will be presented to a future meeting of the Board; this will allow the Board to align actions to reduce health inequalities in the City.