



## Neighbourhood Challenge Inquiry

### 1 Why do a Neighbourhood Challenge Inquiry?

- 1.1 The Constitution, agreed by City Council in May 2015, set out the new duty on District Committees to undertake a “Neighbourhood Challenge”.
- 1.2 Members agreed at their June meeting to undertake a Neighbourhood Challenge Inquiry to see how Districts are progressing with these. This is with a view to establishing what topics are being looked at, what type of issues/problems are being faced, how the districts are avoiding duplication and potential overlaps, both amongst the different districts and between the work of the districts and scrutiny, which local service providers are taking part, whether better partnership working and service integration is being promoted, whether the work is resulting in service improvements and what the other potential outcomes are from this new duty.

### 2 What work is happening in the Districts?

- 2.1 Below provides a summary of what is happening within the 10 Districts:

District	Description of Neighbourhood Challenge	Current position	Issues
<b>Edgbaston</b>	Health and Well Being Disability Club in Edgbaston	Action based inquiry on how a health and wellbeing disability club can be created using the Harborne Pool and Fitness Centre. Evidence is currently being gathered.	None currently
	Jobs and Skills – focus on local apprenticeships and traineeships targeted at young people not in Education, Employment or Training	Evidence is currently being gathered.	None currently
<b>Erdington</b>	Clean and Green	Key Lines of enquiry (appendix 1) agreed with Councillors and District Committee on 24 Nov 2015. A follow on session is scheduled to take place in December/January 2015. Evidence gathering ongoing.	None
<b>Hall Green</b>	Road Safety and “Twenty is Plenty” Co-produced partnership and behaviour change with residents	Challenge will focus on drawing evidence from residents. Report to be concluded in current municipal year	None
<b>Hodge Hill</b>	Youth Unemployment	No detailed work has commenced but key questions to be identified and the January 2016 District Committee will be	None



District	Description of Neighbourhood Challenge	Current position	Issues
		used to gather evidence.	
<b>Ladywood</b>	To establish the impact that high concentrations of private rented accommodation, HMOs and hostel accommodation have on local communities within the Ladywood District, and explore how this might be better controlled / managed in future.	Key Lines of Enquiry have been agreed (appendix 2). First evidence gathering session and inquiry session held with a further session scheduled for January 2016.	None currently
<b>Northfield</b>	Anti-Social Behaviour	Evidence gathering since September including meetings with key stakeholders (e.g. Police Chief Inspector; chief Executive HEART). District Convention on 22 January 2016 will explore the Neighbourhood Challenge further. Report to District Committee in March 2016.	Ensuring structures/buy in to implement recommendations.  As we know with our extensive partnership working experience, engagement with some stakeholders can be difficult to achieve.
<b>Perry Barr</b>	To examine and put in place a series of short and medium term action plan objectives to address (i) barriers with communication, engagement and coordination between education, jobs, skills, training and volunteering providers (ii) To identify and ensure key target 'hard to reach' groups are accessing the multitude of education, jobs, skills, training and volunteering opportunities available in the district.	Challenge agreed, District Jobs and Skills board have commenced with action planning.	Too early in the planning stage to highlight key issues. However the potential loss of the support of our Jobs and Skills contact officer from the employment team will impact greatly on delivery of district jobs and skills plan and the neighbourhood challenge as it has a jobs and skills focus.
<b>Selly Oak</b>	Does the impact of the regeneration currently happening in Selly Oak reach those residents in the District living in Brandwood and Billesley in relation to jobs and skills opportunities.	Agreed at District Committee in Sept. Planning meeting held 11 November 2015 with key stakeholders. Next meeting 8 December 2015.	Keys issue – connectivity both in terms of transport links from across one side of District to another and communication and co-ordination of interventions.
<b>Sutton Coldfield</b>	To identify the services currently available in 3 key areas of the Health agenda, being Obesity, Falls (prevention) and Dementia	Evidence gathering around the 3 key areas ongoing First meeting to be held on 3 February 2016 to agree process/KLOEs going forward.  Draft Framework to be agreed (appendix 3).	None currently
<b>Yardley</b>	Youth Employment. Needs clarity about extent of	Evidence gathering underway Meeting with BEP to support this	Access into schools



District	Description of Neighbourhood Challenge	Current position	Issues
	what this really means, does it need to be more focused? i.e. Careers Advice/Job Fairs ? Young people to be able to make informed choices	being arranged. Linked to Jobs and Skills Plan.	

### 3 How will the Inquiry be done?

- 3.1 Members will be able to explore this further at today's meeting. Cllr Josh Jones, Chair of Erdington District Committee and Gary Ladbrooke, District Head for Sutton Coldfield and Yardley District will be in attendance to discuss their Neighbourhood Challenges.
- 3.2 After this discussion Members need to agree whether they require further evidence gathering and if so, the key lines of enquiry they wish to explore and who they wish to be invited to give evidence.
- 3.3 On the 9<sup>th</sup> February 2016 the Corporate Resources O&S Committee will be having an evidence gathering session on the new District and Ward Structures. The outcomes of the Neighbourhood Challenge inquiry will complement this and the intention is to take a joint report to City Council on the 5<sup>th</sup> April 2016 for discussion.

### 4 What is a Neighbourhood Challenge?

- 4.1 The Constitution, agreed by City Council in May 2015, set out the new duty on **District Committees** to undertake a "Neighbourhood Challenge".
- 4.2 As set out in the constitution, functions delegated to district committees (Executive Members for District) for a Neighbourhood Challenge is:

**To advise or make representations to the Council, the Executive or an Overview and Scrutiny Committee on all matters affecting community interests, including the exercise of a "Neighbourhood Challenge" function, working in conjunction with Cabinet Members to provide improved accountability in council and other public services within the district**

**A duty of "Neighbourhood Challenge" – to investigate, review and gather data on the performance of all local public services, working in a collaborative but challenging way with all service providers and seeking out and promoting new ways of improving services, in conjunction with relevant Cabinet Member(s) as appropriate, including:-**

- **Approval of grants from the Local Innovation Fund (from April 2016)**



- **Bidding for external funding to support neighbourhood and service Improvement**

4.3 In addition as per the constitution the Cabinet Member for Neighbourhood Management and Homes

**‘will work with Executive Members for Districts to support their “neighbourhood challenge” role – with the aim of improving the performance of all council services at a local level and promoting partnership working and service integration across the whole public sector on:**

Tenant engagement in social housing	Tenant engagement in the management and development of social housing and Housing Liaison Boards.
Neighbourhood Management	Wider council and public sector integration at the local level.
Cleaner Neighbourhoods	Street cleansing, advising the Cabinet Member for Sustainability on neighbourhood issues.  Enforcement of legislation relating to litter prevention, fly-posting, placarding, graffiti and fly-tipping.
Pest Control	Provision of the pest control service.
Local Parks and Allotments	Provision, maintenance and usage of local facilities.

## **5 What isn't a neighbourhood Challenge?**

5.1 A Neighbourhood Challenge will not be:

- An alternative to an existing Council complaints system;
- A means to resolve individual casework issues.



## Appendix 1

### **ERDDINGTON DISTRICT COMMITTEE - NEIGHBOURHOOD CHALLENGE 2015/16**

**Topic:** Clean & green issues (including wheelie bins)

#### **Key Questions for Challenge Exercise:**

<b>1.</b>	<b><u>Parks &amp; Open Spaces</u></b>	<b><u>Who can provide evidence?</u></b>
a)	Can we evidence standards of cleanliness in Erddington District's parks and open spaces compared to the city average and if possible other local authorities?	<b>BCC parks</b>
b)	What resources (financial & human) are expended on the above? How does that compare to the city average and other local authorities	<b>BCC GM Contractor</b>
c)	Despite limited resources how can we improve standards and improve Erddington resident perceptions of the service?	<b>BCC Fleet &amp; Waste</b>
<b>2.</b>	<b><u>The District as a place to live, work and shop</u></b>	<b>BCC Housing Veollia</b>
a)	Can we evidence standards of cleanliness in Erddington District compared to other districts and local authorities in respect to our: <ul style="list-style-type: none"> <li>• Streets</li> <li>• Local shopping centres</li> <li>• Local car parks</li> <li>• Industrial units</li> <li>• Housing owned land</li> </ul>	<b>Env Quality Surveys</b>
b)	What resources (financial & human) are expended on the above in Erddington District and how does that compare to the city average and if possible to other local authorities?	<b>Env Health Officers</b>
c)	Despite limited resources how can we improve standards and improve Erddington resident perceptions of the service?	<b>Ward Committees HLBs</b>
<b>3.</b>	<b><u>Refuse Collection &amp; Recycling</u></b>	<b>Residents groups KRT</b>
a)	What are the current recycling rates across Erddington District for: <ul style="list-style-type: none"> <li>• Paper/cardboard</li> <li>• Multi materials</li> <li>• Garden / green waste</li> </ul> <p>Have these rates improved (or not) since the introduction of wheelie bins?</p>	<b>WLCA</b>
b)	What are the current levels of residual waste disposal (landfill) for Erddington District and have the levels improved (or not) since the introduction of wheelie bins?	<b>CVCHA / Pioneer Forest Schools / KFC</b>
c)	What resources (financial & human) are expended on the above in Erddington District and how does that compare to the city average and other local authorities?	<b>Other third sector</b>
d)	What are the current levels of Erddington residents satisfaction with the refuse collection service and has this improved (or not) since the introduction of wheelie bins	<b>Friends of groups</b>
e)	How can we further raise standards on recycling and improve Erddington residents perceptions of refuse collection service?	<b>BOSF</b>
		<b>Place managers</b>
		<b>Schools Resident survey</b>



## Appendix 2

### Ladywood District Committee Neighbourhood Challenge: Project Brief Private Rented Sector Project

#### 1. Lead Member

As agreed at the Ladywood District Committee meeting on 21 July 2015, the Committee's lead member for Housing matters is Councillor Carl Rice.

#### 2. Purpose

To establish the impact that high concentrations of private rented accommodation, HMOs and hostel accommodation have on local communities within the Ladywood District, and explore how this might be better controlled/managed in future

#### 3. Outcome

A shared understanding amongst local stakeholders about the issues created by specific housing tenures and the powers available to the City Council to control the patterns of housing tenure in an area; and a commitment amongst relevant agencies to work in a co-ordinated manner to manage/respond to the impact in local neighbourhoods.

	<b>Key Lines of Enquiry</b>	<b>Who Can Provide</b>	<b>How/When</b>
<b>1</b>	To review the patterns of housing tenure and type in the District, and identify how they may differ from the rest of the City and other urban areas	BCC Housing Strategy	District Committee 10 November
<b>2</b>	To understand the powers and mechanisms available to the Council to manage and control the number or concentration of a) private rented accommodations b) Houses in Multiple Occupation (HMOs) or c) hostel type accommodation in any given area, and consider whether these are being deployed to best effect within Ladywood District And To consider what means are available to the Council and other stakeholders to secure more balanced patterns of tenure in localities	BCC Private Rented Sector Housing Planning & Regulation Homeless Team	District Committee 10 November
<b>3</b>	To understand the views and concerns of local residents with regard to the impact of private rented accommodation, HMOs and hostel accommodation and To establish in which specific streets/neighbourhoods within the District there is perceived to be a particular problem	Residents Ward Councillors	General Call for Evidence to known Residents Associations and Forums Ward Forum Discussions Autumn 2015 District Committee 14 January 2016
<b>4</b>	To establish if there is evidence to support the perception that there is a correlation between	Neighbourhood Policing Teams	District Committee 14 January 2016



	<b>Key Lines of Enquiry</b>	<b>Who Can Provide</b>	<b>How/When</b>
	different types of housing and specific social/community issues such as anti-social behaviour or the condition of shared public space	BCC Regulatory Services BCC Private Rented Sector	
<b>5</b>	To establish with local stakeholders and partner organisations if there are common concerns arising from concentrations of particular types of housing, and what opportunities there may be for more co-ordinated responses to these	Registered Social Landlords Private Landlord Forum Representative Neighbourhood Policing Teams Homeless Support (BCC and Third Sector) Registered Providers & Third Sector "Supporting People" BCC O&S Report "Homeless Health" 7 July 2015	General Call for Evidence District Committee 14 January 2016 Review of Case Study (Soho)
<b>6</b>	To establish whether there are any policies or procedures that could be adopted by the Council that could improve the position and/or if the Council should be recommended to make representations to national government for new/additional powers	Cabinet Member University	14 January 2016

**Connect...**

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

**Be active...**

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

**Take notice...**

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

**Keep learning...**

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

**Give...**

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.



# Appendix 3

## Sutton Coldfield District 2015

### Health and Wellbeing Theme

### Information Pack

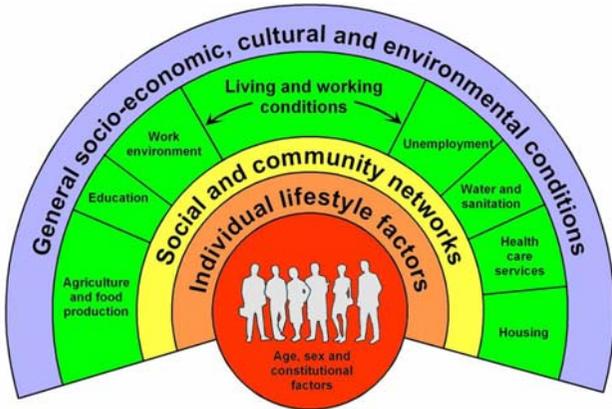
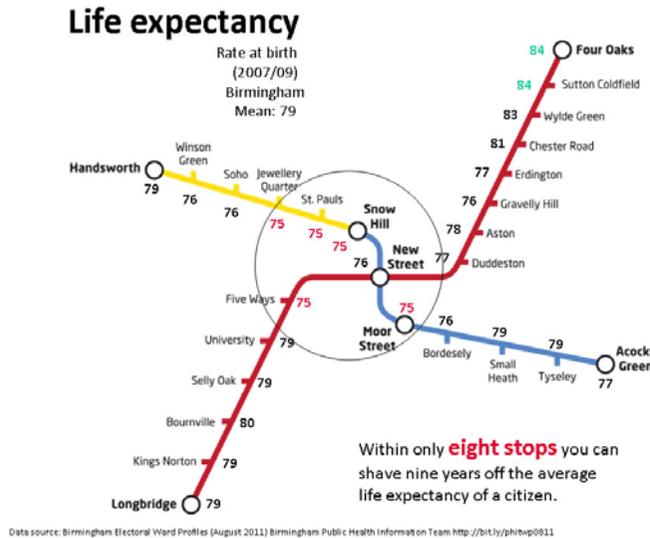
### DRAFT v0.1

*Produced and Presented by*

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**December 2015**



Source: Dahlgren and Whitehead, 1991

# Sutton Coldfield District Health and Wellbeing Strategy 2015/16



## Vision

Sutton Coldfield district is a district that will focus on providing its residents with equitable access to and uptake of opportunities that are provided by the integrated health and social care system of Birmingham, it will ensure that local co-production provides services specific to local needs. The district will also focus on ensuring that the most vulnerable individuals and groups are a priority.

## Priorities: Excess Weight; Falls Prevention; Dementia; Healthy Weight

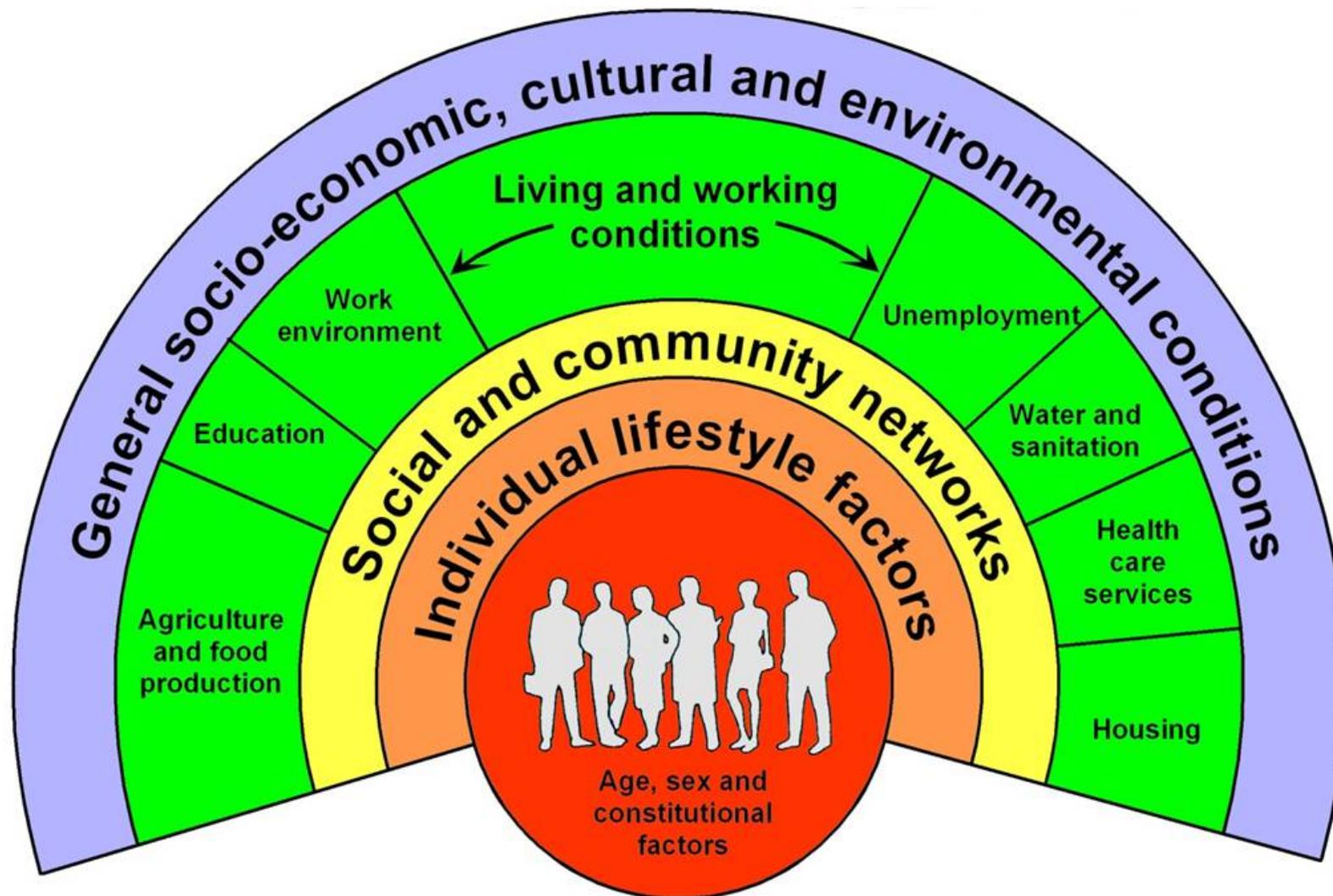
## Aims

- Improve the resilience of our communities and people, recognising that the wider and social determinants are key
- Improve the uptake of citywide health and wellbeing services; improve the health and wellbeing of our most vulnerable residents

Themes	Objective	Outcome	Sample Actions	Measure	Target
<p>The overarching priority for this strategy is to identify and create opportunities that allow residents to:</p> <p><b>Start Well</b></p> <p><b>Live Well</b></p> <p><b>and Age Well.</b></p>	<p>A health theme group which uses its overview and scrutiny functions, and can routinely use its abilities to identify opportunities, provide solutions and create sustainably with specific reference to improving the health and wellbeing of the residents of Sutton Coldfield</p>	<ul style="list-style-type: none"> <li>• Improve mechanisms for 'getting things done'.</li> <li>• Common approaches</li> <li>• Support people to start well, live well, and age well.</li> <li>• Increase the awareness of the wider and social determinants of health</li> <li>• Being a champion for co-production between services</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a set of milestones and a dashboard for monitoring performance</li> <li>• Review the opportunities for interventions within Sutton Coldfield district</li> <li>• Invite other thematic groups to share their work to consider joined up approaches and co-production</li> <li>• Hold a health summit for Sutton Coldfield district to bring together stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic group utilising overview and scrutiny functions established</li> <li>• Clearly defined plan and milestones for achieving the objectives</li> <li>• Opportunities for common approaches identified</li> <li>• Common approaches established</li> </ul>	<ul style="list-style-type: none"> <li>• Established</li> <li>• Milestones achieved</li> <li>• Approaches in place</li> <li>• Annual summit</li> </ul>
	<p>To create a district which uses the five-ways-to-wellbeing to provide opportunities <b>for being connected, being active, taking notice, keeping learning, and giving.</b></p> <p>Create a dementia friendly district</p>	<ul style="list-style-type: none"> <li>• Improving common approaches to promoting positive mental wellbeing and reducing mental ill health</li> <li>• Support people of all ages to improve their mental wellbeing and reduce mental ill health</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping organisations, priorities and groups</li> <li>• Hold a five-ways-to-wellbeing workshop</li> <li>• Implement the guidance for promoting the five-ways-to-wellbeing</li> <li>• Transformation of approach to working with partners and providers</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for common approaches identified</li> <li>• Clearly defined approach to implementing the five-ways-to-wellbeing</li> <li>• Common approaches established</li> </ul>	<ul style="list-style-type: none"> <li>• Established and maintained</li> <li>• Established and rolled out</li> <li>• Established and maintained</li> </ul>
	<p>To work with partners to develop ways to maximise the uptake of lifestyle services, especially with reference to reducing falls and excess weight.</p>	<ul style="list-style-type: none"> <li>• Improve access to treatment and prevention services</li> <li>• Improve opportunities for prevention</li> <li>• Improve awareness of, and access to lifestyle services</li> <li>• Improve co-production of localised services</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder workshop</li> <li>• Systematic approach to accessing treatment services</li> <li>• Identify opportunities for increasing access to, &amp; uptake of the NHS Healthcheck</li> <li>• Responding to planning applications</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for common approaches identified</li> <li>• Common approaches established</li> <li>• Routine approach</li> </ul>	<ul style="list-style-type: none"> <li>• Established and maintained</li> <li>• Established and maintained</li> <li>• Established and maintained</li> </ul>

# Sutton Coldfield Health and Wellbeing Strategy 2015/16

Priorities: Excess Weight; Dementia; Falls Prevention; Healthy Weight

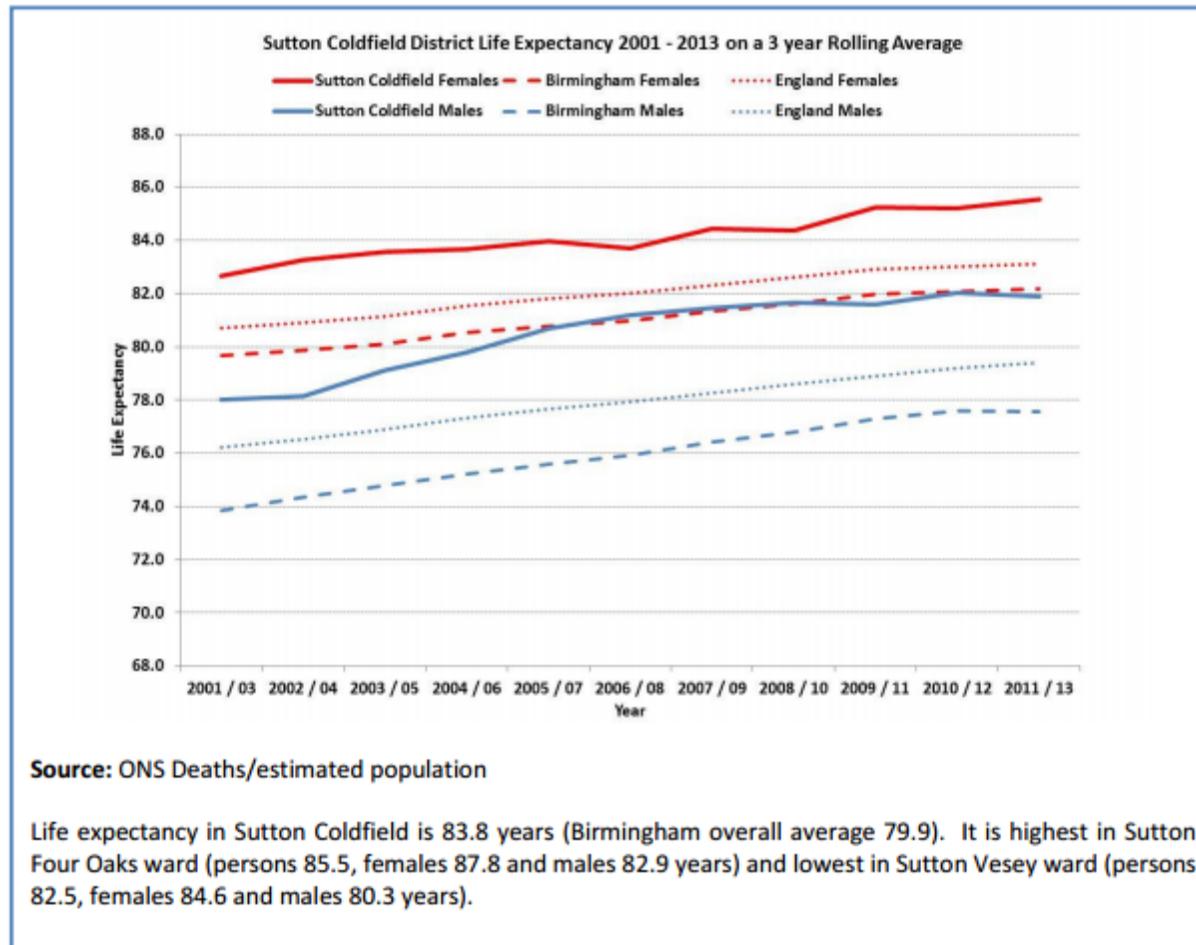


Source: Dahlgren and Whitehead, 1991

This is a strategy that will focus on the wider and social determinants of health. As you can see from the diagram above, the determinants of health are inextricably linked to one-another. It is not as simple as having a balanced and nutritious diet and being physically active. Access to employment, healthy environments, good quality housing, a good education and health-care services are all part of the bigger picture.

The overarching drivers for this strategy are simple: the main driver is an established health theme group for Sutton Coldfield District. This will be a 'doing group', one that uses its overview and scrutiny function and engagement with experts in the field of health and wellbeing to bring services and opportunities to Sutton to create better health outcomes for all. A solid relationship with our falls prevention and dementia commissioners and providers to consider prevention and treatment services is necessary, as is a commitment to creating a thriving district based on the principles of the five-ways-to-wellbeing.

## LIFE EXPECTANCY



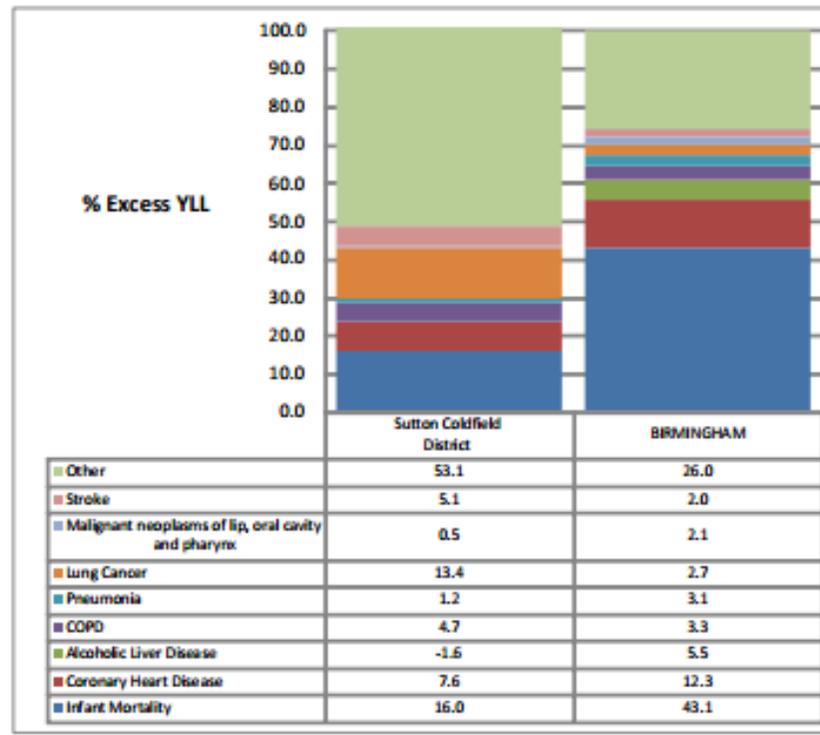
Here is the link to the full Sutton Coldfield Health Profile:

<http://birminghampublichealth.co.uk/page.php?pid=248&mid=216>

## YEARS OF LIFE LOST

Overall Birmingham has a lower life expectancy than the average for England. The major causes of this gap, in terms of years of life lost up to the age of 75, have been identified for a city as a whole. The impact of each of these on individual districts has also been calculated. These have been displayed below in a "Scarf Chart". This shows the percentage that each of these conditions makes to the difference between both the district and the overall average for England. The corresponding chart for the city compared to England is also shown. In the table, a positive figure indicates that more years of life have been lost than would be expected, a negative figure indicates that less have been lost. Negative figures do not appear in the chart itself.

### Birmingham Leading 75% Conditions applied to District 2011-13

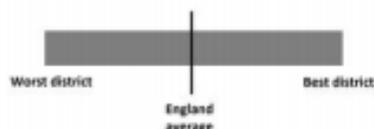


Source: ONS Deaths/Vital Statistics

# Sutton Coldfield District 2014 Spine

**Key:**

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated
- Significantly lower than the England average\*
- Significantly higher than the England average\*



The spine chart to the left is a graphical interpretation of the position of Erdington district according to important health indicators. The chart shows Sutton Coldfield's value (shown by a coloured circle) against the spread of values for all Birmingham districts (the grey horizontal bars) compared to a benchmark of either the England or Birmingham average (the central black line). The circle for Sutton Coldfield is coloured red for those indicators where Sutton's value is significantly worse than the benchmark, green for indicators where Sutton Coldfield is significantly better than the benchmark and amber where it is similar to the benchmark. In addition, some indicators are coloured light or dark blue. These are indicators where a value judgement cannot be made about whether a high value is good or bad. For example a high diabetes prevalence may indicate poor levels of health in the case of high numbers of people with diabetes; alternatively, it could indicate good performance in primary care if GPs are good at identifying and recording cases of diabetes.

Indicator	Sutton Coldfield Number	Sutton Coldfield Stat	B'ham Avg	Eng Avg	District Range
1 Percentage of Children in Poverty 2012	1,515	8.5	29.9	19.2	<span style="color: green;">●</span>
2 Adults with learning dis. in stable accommodation 2013/14	131	58.7	51.2	73.5	<span style="color: red;">●</span>
3 Violent Crime Admissions April 2010 - March 2013	115	44.2	78.1	57.6	<span style="color: green;">●</span>
4 Low Birth Weight 2013	45	5.1	10.0	2.9	<span style="color: red;">●</span>
5 Excess weight 4-5 year olds 2013/14	174	19.4	23.2	22.5	<span style="color: green;">●</span>
5 Excess weight 10-11 year olds 2013/14	253	30.0	38.8	33.5	<span style="color: green;">●</span>
6 Injuries due to falls 65+ Persons 2013/14	553	2944.0	2931.1	2011.0	<span style="color: red;">●</span>
7 Infant Mortality 2011/13	5	1.8	7.4	4.0	<span style="color: orange;">●</span>
8 Mortality from all causes U75 2011/13	688	78.0	123.2	100.0	<span style="color: green;">●</span>
8 CVD Deaths U75 2011 -13	157	78.2	129.5	100.0	<span style="color: green;">●</span>
8 Cancer deaths preventable U75 2011-13	189	87.0	116.8	100.0	<span style="color: orange;">●</span>
8 Mortality from Coronary heart disease 2011/13	94	84.7	140.1	100.0	<span style="color: orange;">●</span>
8 Respiratory disease deaths preventable U75 2011-13	20	44.0	132.8	100.0	<span style="color: green;">●</span>
8 Communicable disease deaths 2011 -13	168	85.4	111.8	100.0	<span style="color: green;">●</span>
8 Diseases of the liver deaths preventable (U75) 2011 -13	30	87.0	126.1	100.0	<span style="color: orange;">●</span>
9 Hip fractures 65+ admissions 2013/14	369	528.7	617.8	568.1	<span style="color: orange;">●</span>
9 Alcohol related admissions 2013/14 (narrow)	462	479.3	711.5	635.9	<span style="color: green;">●</span>
10 Diabetes Prevalence 2013/14 (QOF)	5,612	7.2	8.1	6.2	<span style="color: lightblue;">●</span>
10 Mental Health Prevalence 2013/14 (QOF)	870	0.8	1.1	0.9	<span style="color: darkblue;">●</span>
10 Dementia Prevalence 2013/14 (QOF)	660	0.6	0.5	0.6	<span style="color: orange;">●</span>
10 Depression Prevalence 2013/14 (QOF)	4,999	6.0	6.0	6.5	<span style="color: grey;">●</span>

**Sources of information:**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. % of children age under 16 living in families in receipt of out of work benefit or tax credits where their reported income is less than 60% median income, 2012. Department of Work &amp; Pensions**</li> <li>3. Directly standardised violent crime admission rates per 100,000 population 2010/11 to 2012/13. SUS, Midlands &amp; Lancashire CSU; Public Health Outcomes Framework</li> <li>5. % of children classed as overweight or obese, National Child Measurement Programme</li> <li>7. The death rate of infants under 1 per 1,000 live births. Office for National Statistics</li> <li>9. Directly standardised admission rates for fractured neck of femur in people aged 65+ / alcohol related conditions per 100,000. SUS, Midlands and Lancashire CSU; Public Health Outcomes Framework (Alcohol attributable England figures for 2012/13)</li> </ol> | <ol style="list-style-type: none"> <li>2. % of adults (aged 18-64) with a learning disability who are known to the council, who are recorded as living in their own home or with their family, BCC Continuous Improvement Team; Public Health Outcomes Framework</li> <li>4. % of live births under 2500g. Office for National Statistics, annual data</li> <li>6. Directly standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population. SUS, Midlands and Lancashire CSU; Public Health Outcomes Framework, (England rates are for 2012/13)</li> <li>8. Indirectly standardised mortality ratios for specific conditions included in the Public Health Outcomes Framework, Office for National Statistics</li> <li>10. Crude prevalence of diabetes, mental health conditions, dementia and depression, Quality Outcomes Framework</li> </ol> |
|---|--|
- \*Indicators have no polarity - it cannot be determined whether a high value indicates good or poor performance  
 \*\*Any differences between numbers on wards and districts are due to 'rounding' by DWP

# Five Ways to Wellbeing

## What are the “*Five-Ways-to-Wellbeing?*”

The Five Ways to Wellbeing are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. They were developed by NEF as the result of a commission by Foresight, the UK government’s futures think-tank, as part of the Foresight Project on Mental Capital and Wellbeing.

The ***Five Ways to Wellbeing*** are a set of evidence-based actions which promote people’s wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning** and **Give**. These activities are simple things individuals can do in their everyday lives.

The Five Ways to Wellbeing were developed by the New Economics Foundation (NEF) from evidence gathered in the UK government’s Foresight Project on Mental Capital and Wellbeing. The Project, published in 2008, drew on state-of-the-art research about mental capital and mental wellbeing through life. It asked NEF to develop the Five Ways to Wellbeing to communicate its key findings.

The Five Ways have been used by health organisations, schools and community projects across the UK and around the world to help people take action to improve their wellbeing. They’ve been used in lots of different ways, for example to get people to start thinking about wellbeing, to develop organisational strategy, to measure impact, to assess need, for staff development, and to help people to incorporate more wellbeing-promoting activities into their lives.

# Five Ways to Wellbeing

## Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

## Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

## Take notice...

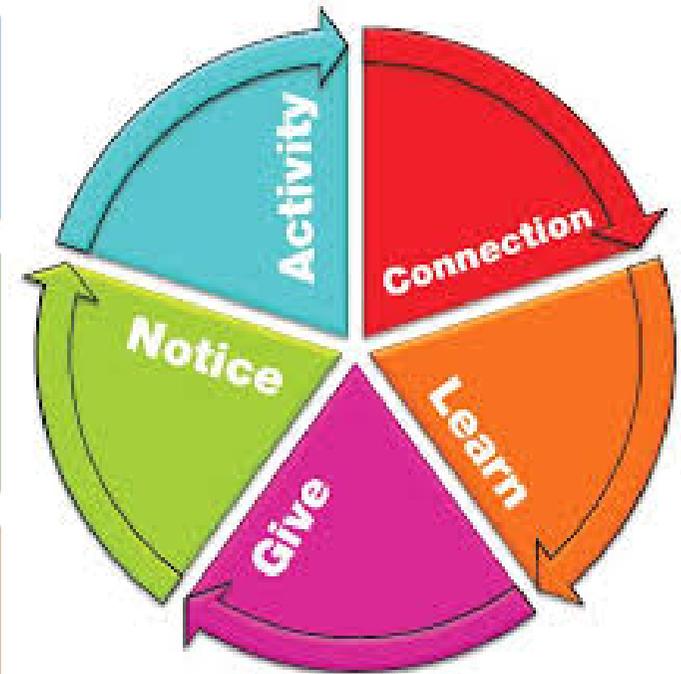
Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

## Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

## Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.



# Five Ways to Wellbeing

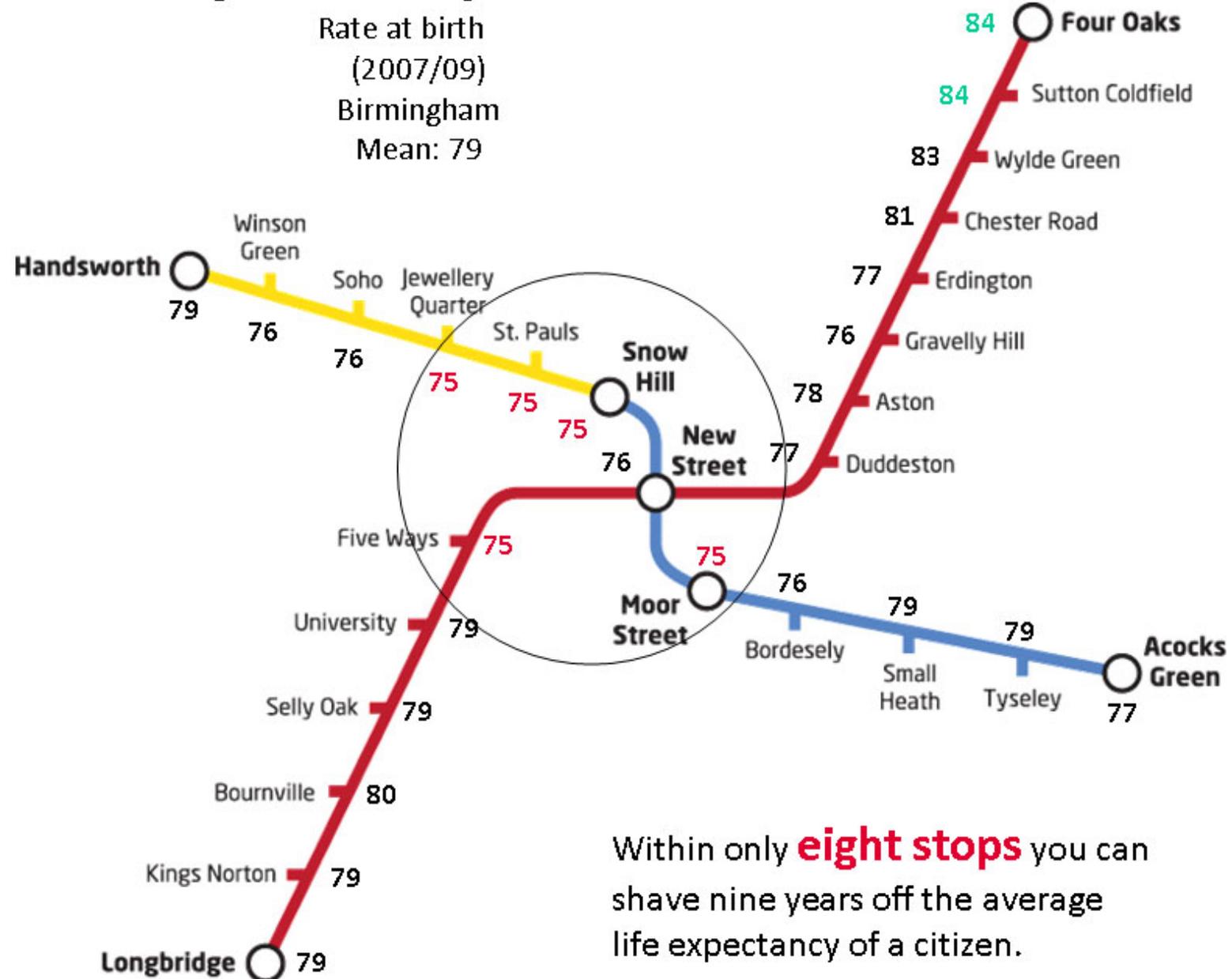


**For more information about the Five-Ways-to-Wellbeing, please follow the links provided:**

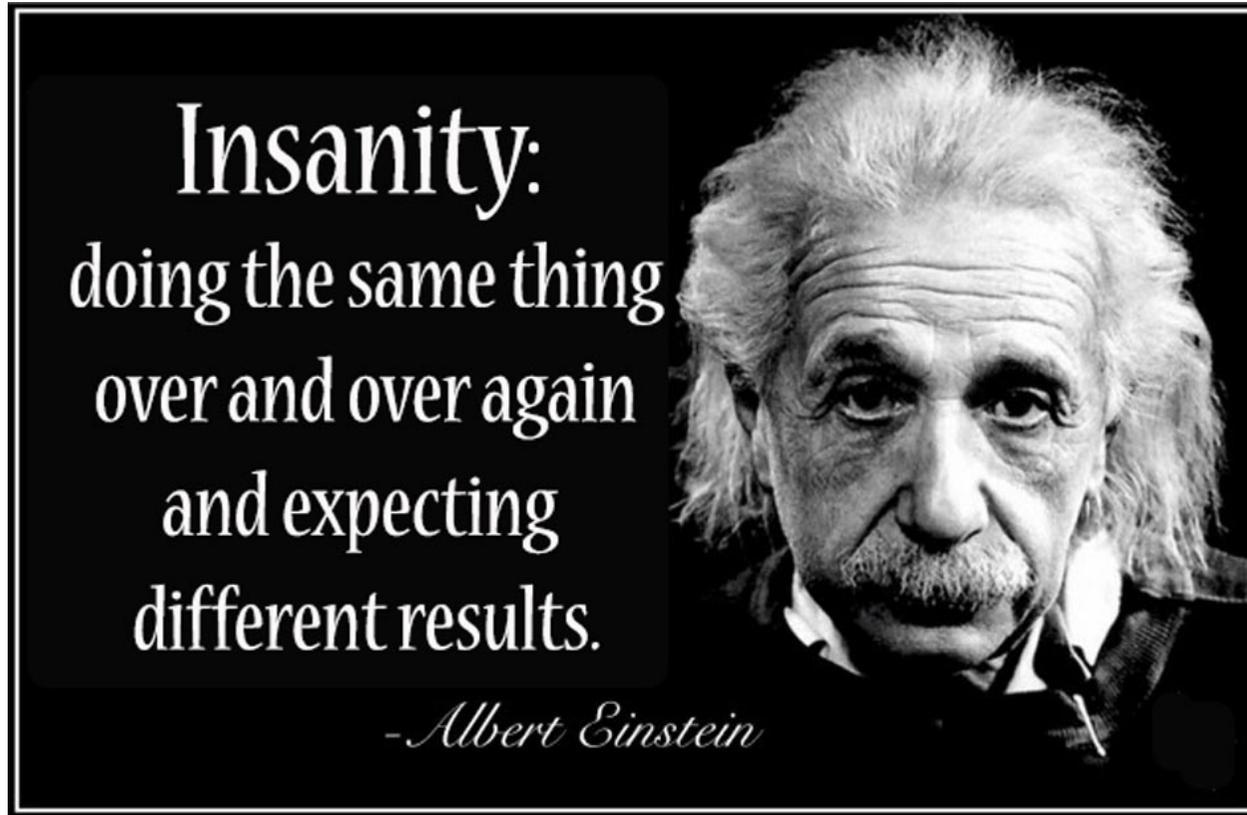
The evidence: [http://b.3cdn.net/nefoundation/8984c5089d5c2285ee\\_t4m6bhqa5.pdf](http://b.3cdn.net/nefoundation/8984c5089d5c2285ee_t4m6bhqa5.pdf)

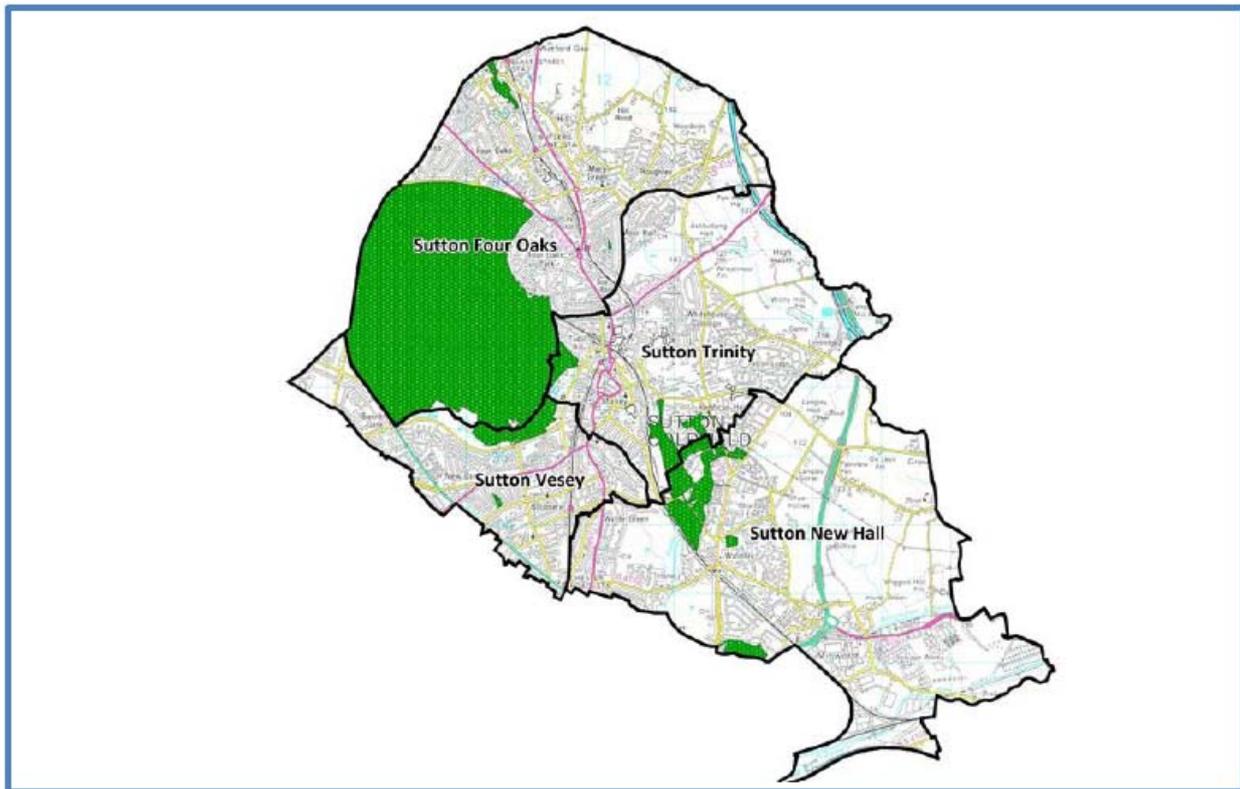
New applications, new ways of thinking: [http://b.3cdn.net/nefoundation/d80eba95560c09605d\\_uzm6b1n6a.pdf](http://b.3cdn.net/nefoundation/d80eba95560c09605d_uzm6b1n6a.pdf)

# Life expectancy



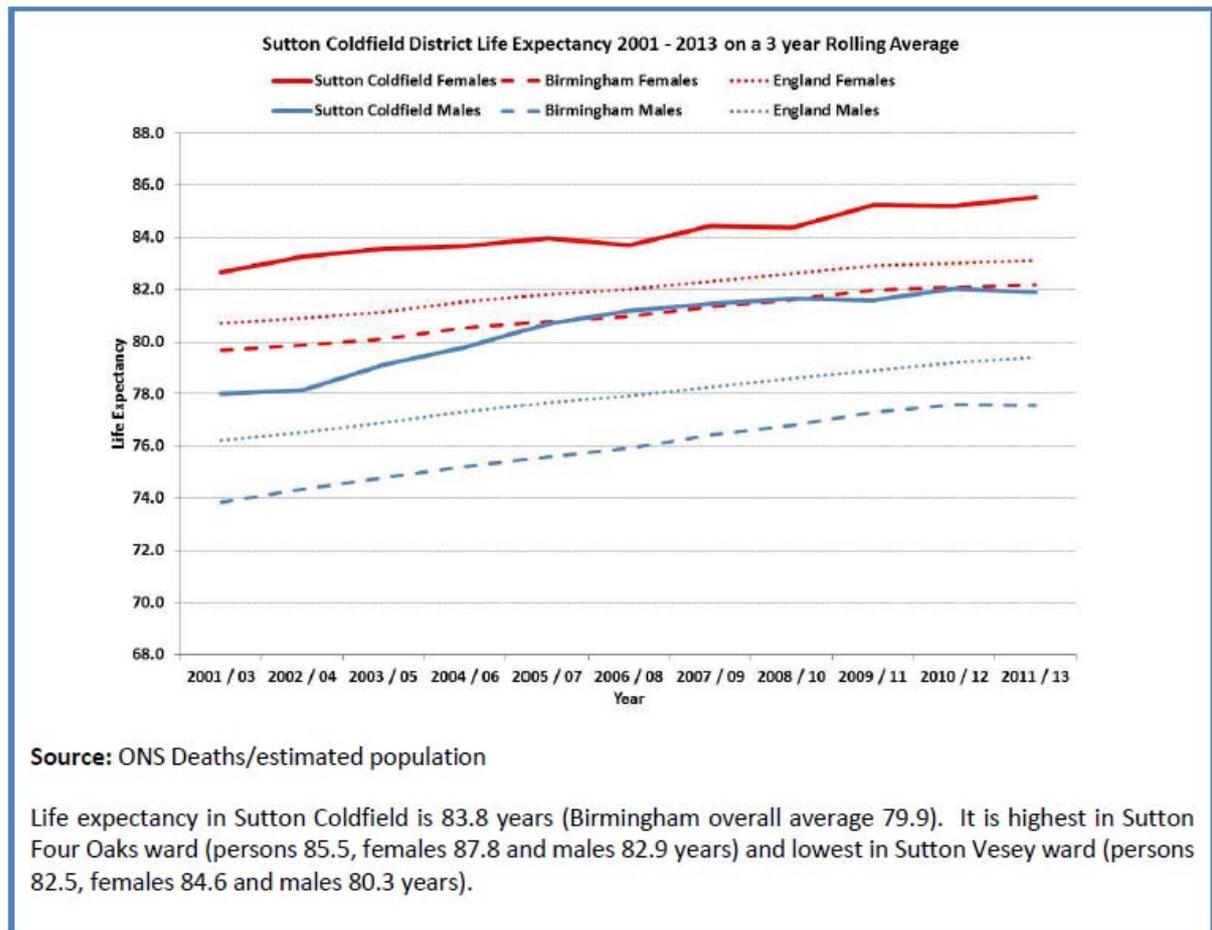
This is a **great opportunity** to challenge the way in which we currently do things, but only if we are willing to change, willing to think differently, and willing to work towards and implement sustainable solutions



**Key information:**

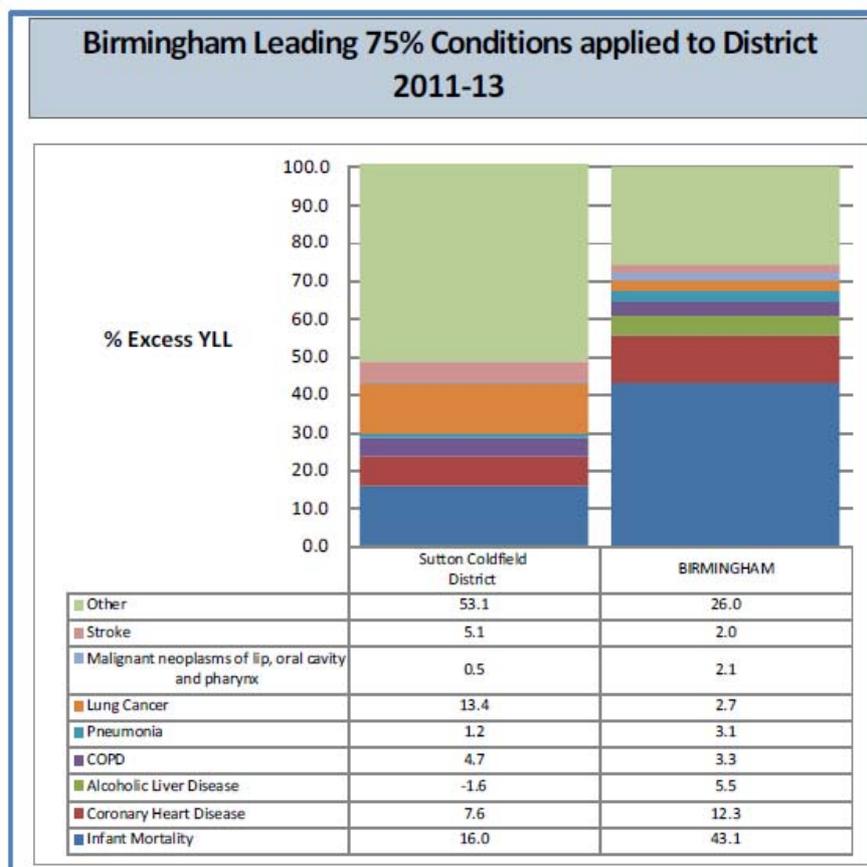
- In 2013 the estimated population of Sutton Coldfield district was 94,679 people; this represents 8.9% of Birmingham's population. 78.8% of the district's population are under 65 (87% Birmingham, 82% England).
- 1.8% of Sutton Coldfield's population fall within the most deprived 20% of areas in England.
- Life expectancy for Sutton Coldfield district males was 81.9 years (Birmingham 77.6, England 79.4) and females were 3.6 higher at 85.5 years (Birmingham 82.2, England 83.1).
- During 2011/13 Sutton Coldfield district's under 75 death rate was 22% lower than the rate for England (Birmingham was 23% higher than England).
- Unlike all other districts, infant mortality is lower than the national rate at 1.8 per 1,000 live births during 2011/13; this compares to 4.0 nationally and 7.4 for Birmingham
- The 2011 census showed that 11.3% of the district's population is made up of BME groups (42.1% Birmingham, 15% England).

## LIFE EXPECTANCY



## YEARS OF LIFE LOST

Overall Birmingham has a lower life expectancy than the average for England. The major causes of this gap, in terms of years of life lost up to the age of 75, have been identified for a city as a whole. The impact of each of these on individual districts has also been calculated. These have been displayed below in a “Scarf Chart”. This shows the percentage that each of these conditions makes to the difference between both the district and the overall average for England. The corresponding chart for the city compared to England is also shown. In the table, a positive figure indicates that more years of life have been lost than would be expected, a negative figure indicates that less have been lost. Negative figures do not appear in the chart itself.



Source: ONS Deaths/Vital Statistics

The spine chart below is a graphical interpretation of the position of Sutton Coldfield district according to important health indicators. The chart portrays Sutton Coldfield's value (shown by a coloured circle) against the spread of values for all Birmingham districts (the grey horizontal bars) compared to a benchmark of either the England or Birmingham average (the central black line). The circle for Sutton Coldfield is coloured red for those indicators where Sutton Coldfield's value is significantly worse than the benchmark, green for indicators where Sutton Coldfield is significantly better than the benchmark and amber where it is similar to the benchmark. In addition, some indicators are coloured light or dark blue. These are indicators where a value judgement cannot be made about whether a high value is good or bad. For example a high diabetes prevalence may indicate poor levels of health in the case of high numbers of people with diabetes; alternatively, it could indicate good performance in primary care if GPs are good at identifying and recording cases of diabetes.

## Sutton Coldfield District 2014 Spine

### Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated
- Significantly lower than the England average\*
- Significantly higher than the England average\*



Indicator	Sutton Coldfield Number	Sutton Coldfield Stat	B'ham Avg	Eng Avg	District Range
1 Percentage of Children in Poverty 2012	1,515	8.5	29.9	19.2	
2 Adults with learning dis. in stable accommodation 2013/14	131	58.7	51.2	73.5	
3 Violent Crime Admissions April 2010 - March 2013	115	44.2	78.1	57.6	
4 Low Birth Weight 2013	45	5.1	10.0	2.9	
5 Excess weight 4-5 year olds 2013/14	174	19.4	23.2	22.5	
5 Excess weight 10-11 year olds 2013/14	253	30.0	38.8	33.5	
6 Injuries due to falls 65+ Persons 2013/14	563	2944.0	2931.1	2011.0	
7 Infant Mortality 2011/13	5	1.8	7.4	4.0	
8 Mortality from all causes U75 2011/13	688	78.0	123.2	100.0	
8 CVD Deaths U75 2011-13	157	78.2	129.5	100.0	
8 Cancer deaths preventable U75 2011-13	189	87.0	116.8	100.0	
8 Mortality from Coronary heart disease 2011/13	94	84.7	140.1	100.0	
8 Respiratory disease deaths preventable U75 2011-13	20	44.0	132.8	100.0	
8 Communicable disease deaths 2011-13	168	85.4	111.8	100.0	
8 Diseases of the liver deaths preventable (U75) 2011-13	30	87.0	126.1	100.0	
9 Hip fractures 65+ admissions 2013/14	369	528.7	617.8	568.1	
9 Alcohol related admissions 2013/14 (narrow)	462	479.3	711.5	636.9	
10 Diabetes Prevalence 2013/14 (QOF)	5,612	7.2	8.1	6.2	
10 Mental Health Prevalence 2013/14 (QOF)	870	0.8	1.1	0.9	
10 Dementia Prevalence 2013/14 (QOF)	660	0.6	0.5	0.6	
10 Depression Prevalence 2013/14 (QOF)	4,999	6.0	6.0	6.5	

### Sources of information:

1. % of children age under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012. Department of Work & Pensions**	2. % of adults (aged 18-64) with a learning disability who are known to the council, who are recorded as living in their own home or with their family, BCC Continuous Improvement Team; Public Health Outcomes Framework
3. Directly standardised violent crime admission rates per 100,000 population 2010/11 to 2012/13. SUS, Midlands & Lancashire CSU; Public Health Outcomes Framework	4. % of live births under 2500g, Office for National Statistics, annual data
5. % of children classed as overweight or obese, National Child Measurement Programme	6. Directly standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population. SUS, Midlands and Lancashire CSU; Public Health Outcomes Framework, (England rates are for 2012/13)
7. The death rate of infants under 1 per 1,000 live births. Office for National Statistics	8. Indirectly standardised mortality ratios for specific conditions included in the Public Health Outcomes Framework, Office for National Statistics
9. Directly standardised admission rates for fractured neck of femur in people aged 65+ / alcohol related Conditions per 100,000. SUS, Midlands and Lancashire CSU; Public Health Outcomes Framework (Alcohol attributable England figures for 2012/13)	10. Crude prevalence of diabetes, mental health conditions, dementia and depression, Quality Outcomes Framework

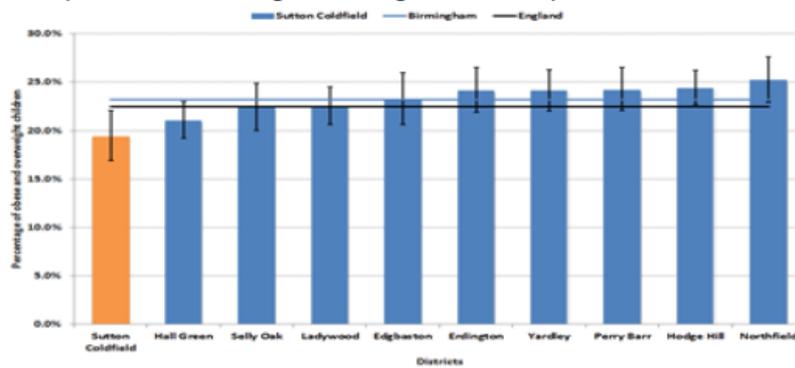
\*Indicators have no polarity - it cannot be determined whether a high value indicates good or poor performance  
 \*\*Any differences between numbers on wards and districts are due to 'rounding' by DWP

## Key Priority A for Sutton Coldfield district: EXCESS WEIGHT (Child Health)

Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health.

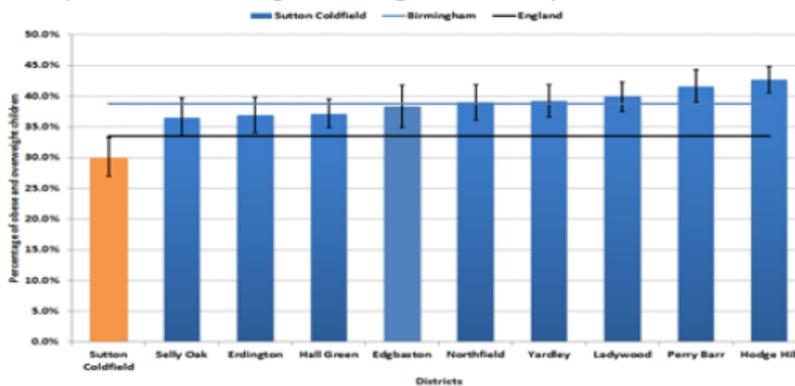
**Key evidence:** NICE Clinical Guidance 43: Obesity (2010)

**Figure 1: Excess Weight in Reception broken down by district** (district is highlighted in orange and the black bold horizontal line represents the Birmingham average for 2013/14)



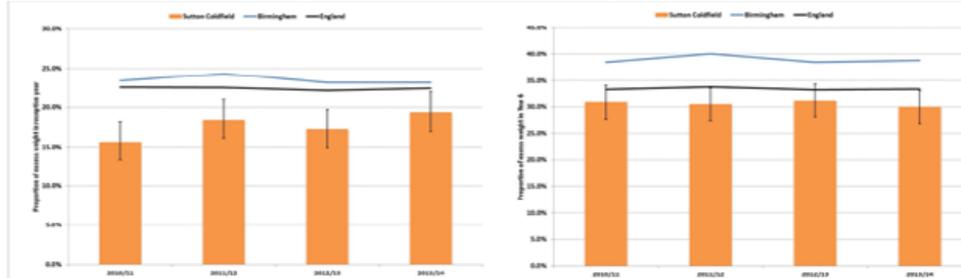
Source: National Child Measure Programme

**Figure 2: Excess Weight in Year 6 broken down by district** (district is highlighted in orange and the black bold horizontal line represents the Birmingham average for 2013/14)



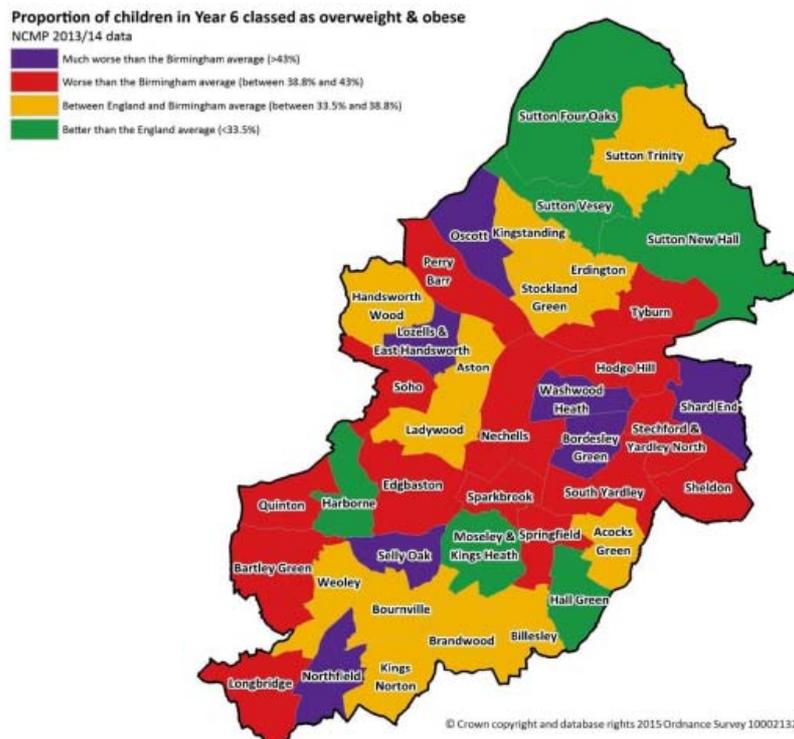
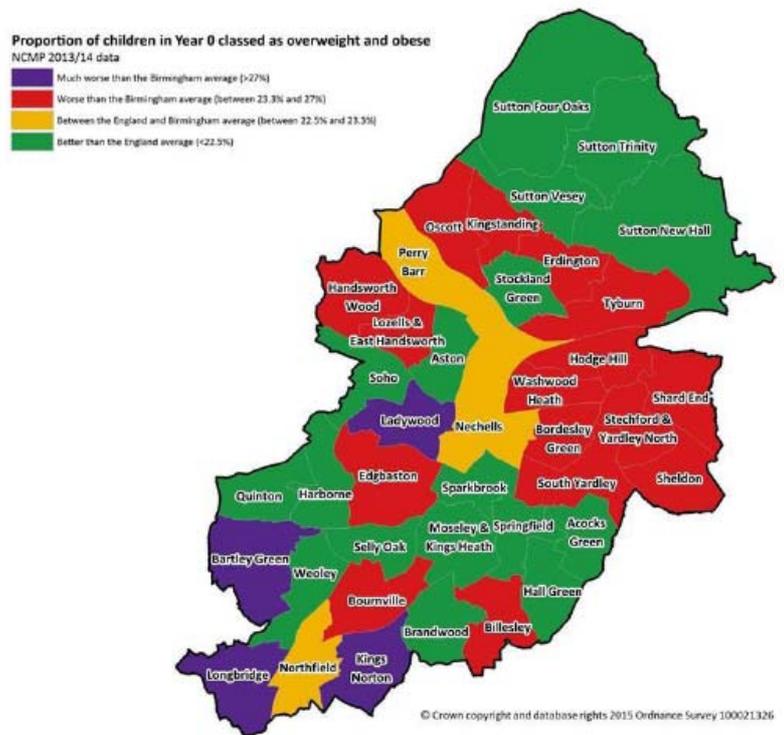
Source: National Child Measure Programme

**Figure 3: Child excess weight, Reception and Year 6 : trend 2010/11 to 2013/14**



Source: National Child Measurement Programme

Figure 4: Birmingham ward map of excess weight by Reception and Year 6 2013/14



## Key Priority B for Sutton Coldfield district: OLDER ADULT HEALTH AND WELL BEING

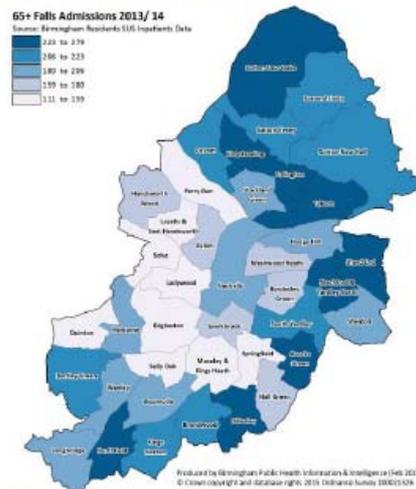
30% of people over 65 years old and 50% of those over 80 fall at least once a year, costing the NHS and estimated £2.3 billion annually.

### Example Actions:

- Establish and promote a falls prevention service (e.g. Home hazard service)
- Work with stakeholders to ensure fall prevention information reaches people who are at risk of falling, and their carers
- Consider funding a falls prevention co-ordinator/champion

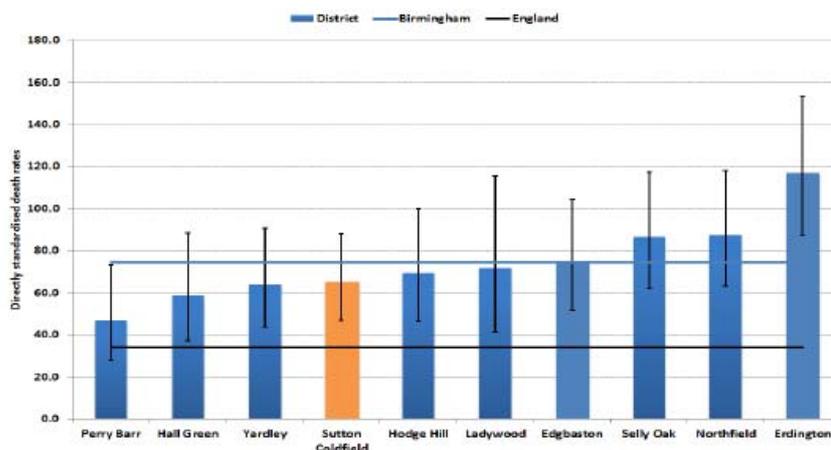
**Key evidence:** NICE Clinical Guidance 161: Falls: assessment and prevention of falls in older people (2013)

**Figure 5: Admissions rates per 100,000 for falls (65+) 2013/14**



Source: SUS Midlands and Lancashire CSU

**Figure 6: Directly standardised death rates per 100,000 from accidental falls (65+) 2011/13 (district in orange)**



## Key Priority C for Sutton Coldfield district: DEMENTIA PREVENTION AND MANAGEMENT

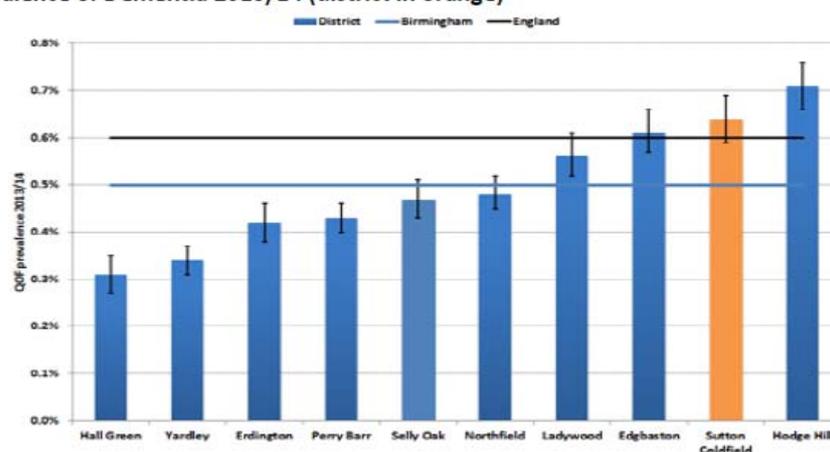
Almost two thirds of people with dementia say they are suffering from feelings of depression, loneliness or anxiety. Economically the condition cost the UK an estimated £23 billion a year.

### Example actions:

- Support local awareness-raising campaigns in schools, libraries, community organisations, and building on existing National Awareness Raising Programmes.
- Work with stakeholders to reduce vascular and other modifiable risk factors for dementia in middle-aged and older people (for example – smoking, excessive alcohol consumption, obesity, diabetes, hypertension and raised cholesterol)
- Work with stakeholders to ensure that local care homes are compliant with all health and care regulation and are fit for purpose in delivering high quality personalised services to people with dementia.

**Key evidence:** NICE CG42 Supporting people with dementia and their carers in health and social care

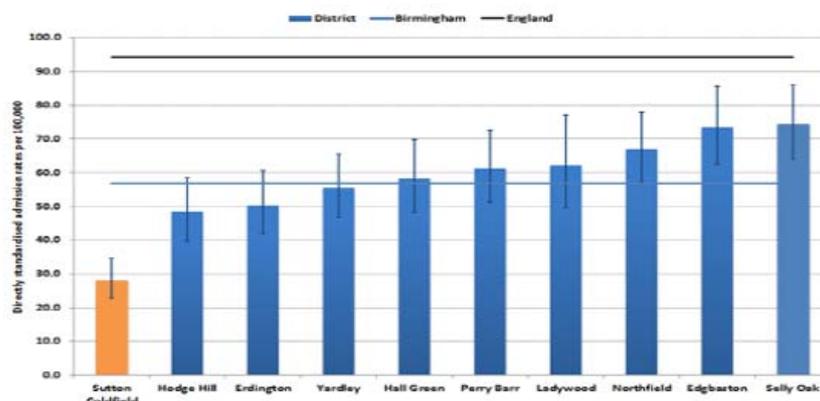
**Figure 10: Prevalence of Dementia 2013/14 (district in orange)**



Source: Quality Outcomes Framework 2013/14

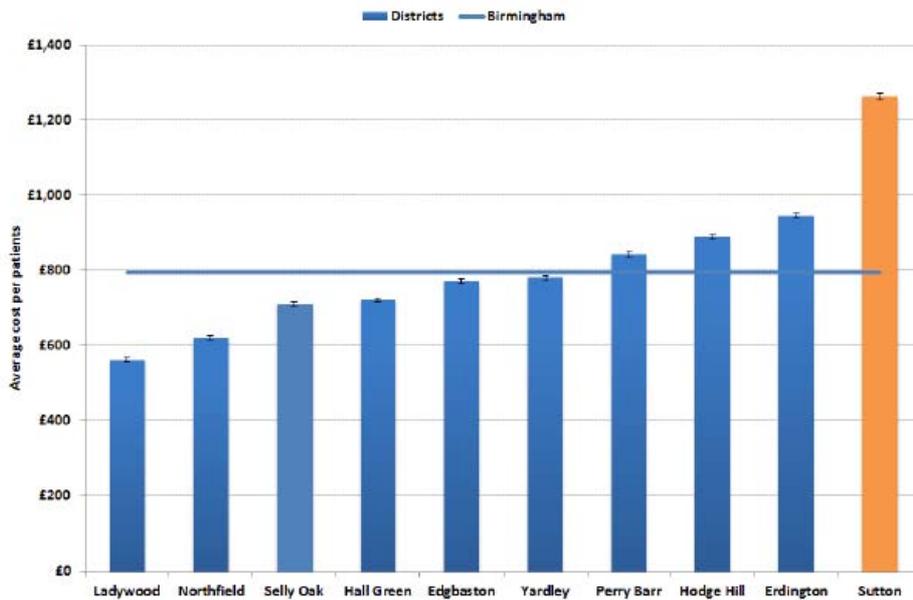
QOF disease prevalence data is collected for GP practices only. Prevalence percentages and 95% confidence intervals for districts are estimated by calculating weighted averages according to the geographical distribution of the whole practice population.

**Figure 11: Admissions rates per 100,000 for dementia 2010/14 (district in orange)**



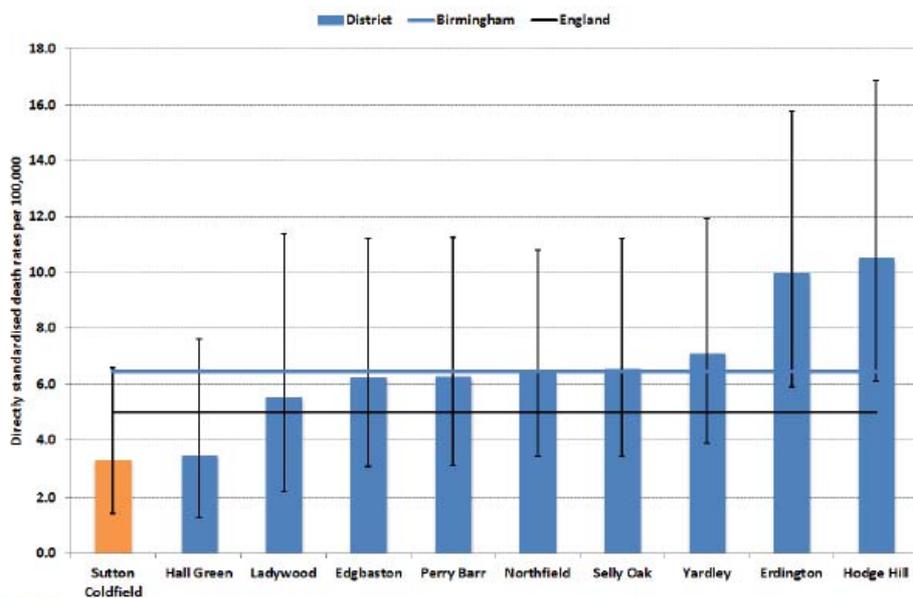
Source: SUS Midlands and Lancashire CSU

Figure 12: Cost of Dementia inpatients 2013/14 (district in orange)



Source: SUS Midlands and Lancashire CSU

Figure 13: Directly standardised death rates per 100,000 for Alzheimer's (U75) 2011/13 (district in orange)



Source: ONS Deaths

## POVERTY

8.5% of Sutton Coldfield's children were living in poverty during 2012. This was compared to a Birmingham average of 29.9% and 19.2% for England. Ladywood district (38.3%) had the highest percentage in Birmingham during 2012 (Department of Works and Pensions, 2012).

## PRIMARY CARE

All practices fall within Birmingham Cross City CCG.

## HOUSING

74.3% of private sector dwellings in Sutton Coldfield passed the decent homes standard (2010 Private Sector Stock Condition Survey). And 12.7% of households are in fuel poverty (2010 Department of Energy and Climate Change).

## ECONOMIC

Unemployment levels are 1.2% (6.5% Birmingham average); highest levels are in Sutton Trinity (1.6%). (BCC/ONS/NOMIS – January 2015). Sutton Coldfield is the most affluent district in the city with high levels of household income and low levels of unemployment.

## SATISFACTION

94.3% of people living in Sutton Coldfield are either fairly or very satisfied with living in the local area (Birmingham average 86.5%), (Birmingham opinion survey Nov 2013 to Oct 2014).