

SELLY OAK DISTRICT

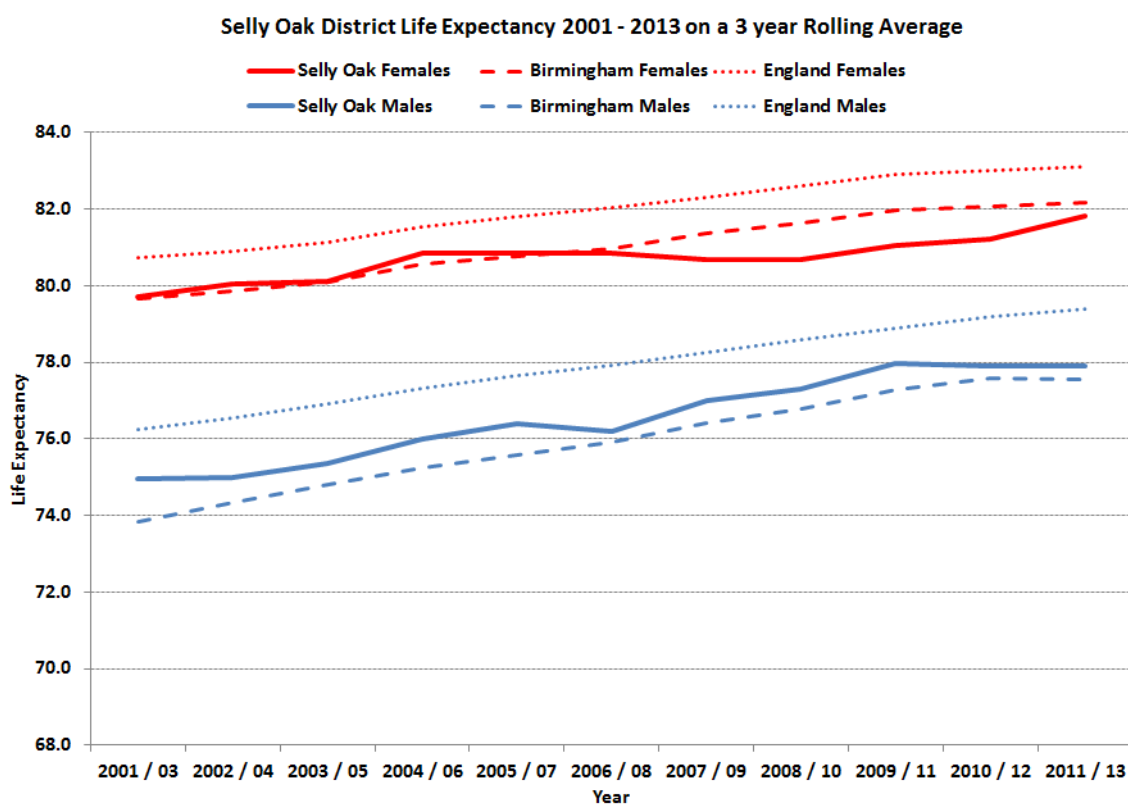
JUNE 2015



Key information:

- In 2013 the estimated population of Selly Oak district was 105,397; this represents 9.7% of Birmingham's population. 86.1% of the district's population are under 65 (87% Birmingham, 82% England).
- 31.1% of Selly Oak fall within the most deprived 20% of areas in England.
- Life expectancy for Selly Oak district males was 77.9 years (Birmingham 77.6, England 79.4) and females were 3.9 higher at 81.8 years (Birmingham 82.2, England 83.1).
- During 2011/13 Selly Oak district's under 75 death rate was 12.7% higher than the rate for England (Birmingham was 23% higher than England).
- Infant mortality is one area of concern: the district rate 6.6 per 1,000 live births during 2011/13; this compares to 4.0 nationally and 7.4 for Birmingham.
- The 2011 census showed that 22.4% of the districts population is made up of BME groups (42.1% Birmingham, 15% England).

LIFE EXPECTANCY



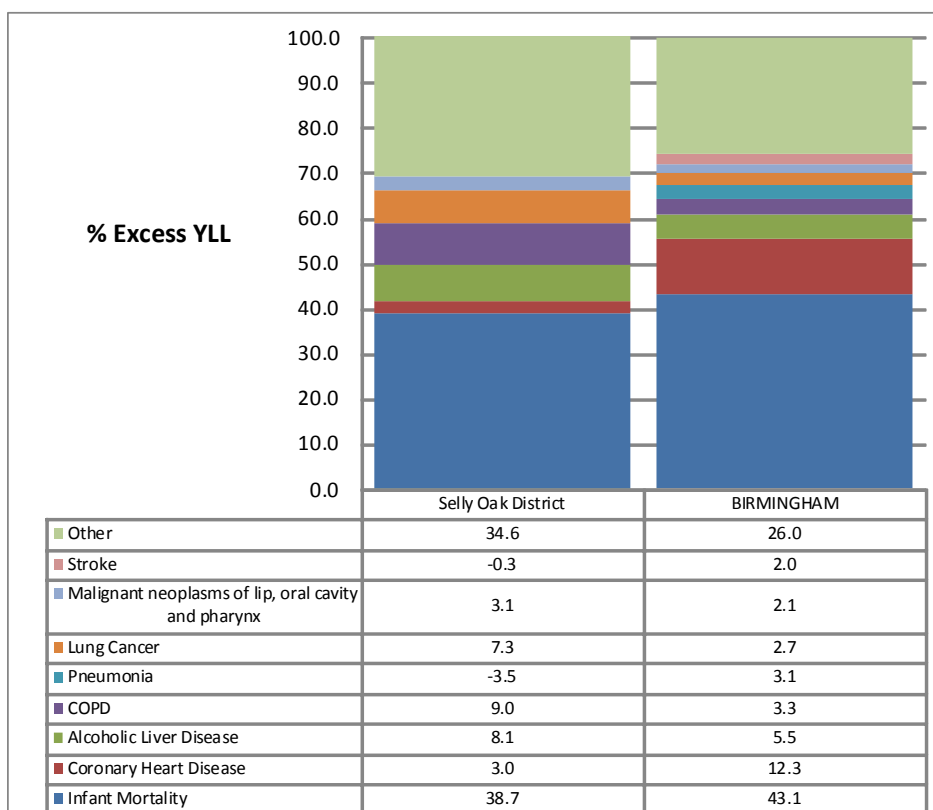
Source: ONS Deaths/estimated populations

Life expectancy in Selly Oak is 79.9 years (Birmingham overall average 79.9). It is highest in Bournville ward (persons 80.5, females 82.8 and males 77.3 years) and lowest in Billesley ward (persons 78.9, females 80.9 and males 76.8 years).

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



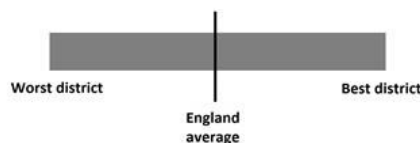
Source: ONS Deaths / Vital Statistics

The spine chart below is a graphical interpretation of the position of Selly Oak district according to important health indicators. The chart portrays Selly Oak'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 Selly Oak is coloured red for those indicators where Selly Oak's value is significantly worse than the benchmark, green for indicators where Selly Oak 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.

Selly Oak 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	Selly Oak Number	Selly Oak Stat	B'ham Avg	Eng Avg	District Range
1 Percentage of Children in Poverty 2012	5,290	26.2	29.9	19.2	
2 Adults with learning dis. in stable accommodation 2013/14	150	47.5	51.2	73.5	
3 Violent Crime Admissions April 2010 - March 2013	273	72.4	78.1	57.6	
4 Low Birth Weight 2013	113	9.2	10.0	2.9	
5 Excess weight 4-5 year olds 2013/14	247	22.4	23.2	22.5	
5 Excess weight 10-11 year olds 2013/14	339	36.5	38.8	33.5	
6 Injuries due to falls 65+ Persons 2013/14	388	2760.4	2931.1	2011.0	
7 Infant Mortality 2011/13	35	6.6	7.4	4.0	
8 Mortality from all causes U75 2011/13	822	112.7	123.2	100.0	
8 CVD Deaths U75 2011 -13	160	100.2	129.5	100.0	
8 Cancer deaths preventable U75 2011-13	195	114.1	116.8	100.0	
8 Mortality from Coronary heart disease 2011/13	83	95.2	140.1	100.0	
8 Respiratory disease deaths preventable U75 2011-13	52	148.1	132.8	100.0	
8 Communicable disease deaths 2011 -13	145	94.0	111.8	100.0	
8 Diseases of the liver deaths preventable (U75) 2011 -13	32	110.6	126.1	100.0	
9 Hip fractures 65+ admissions 2013/14	315	644.1	617.8	568.1	
9 Alcohol related admissions 2013/14 (narrow)	1,264	715.6	711.5	636.9	
10 Diabetes Prevalence 2013/14 (QOF)	5,995	6.6	8.1	6.2	
10 Mental Health Prevalence 2013/14 (QOF)	1,237	1.0	1.1	0.9	
10 Dementia Prevalence 2013/14 (QOF)	556	0.5	0.5	0.6	
10 Depression Prevalence 2013/14 (QOF)	4,410	5.0	6.0	6.5	

Sources of information:

- % 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
- % 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
- Directly standardised violent crime admission rates per 100,000 population 2010/11 to 2012/13. SUS, Midlands & Lancashire CSU; Public Health Outcomes Framework
- % of live births under 2500g, Office for National Statistics, annual data
- % of children classed as overweight or obese, National Child Measurement Programme
- 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)
- The death rate of infants under 1 per 1,000 live births. Office for National Statistics
- Indirectly standardised mortality ratios for specific conditions included in the Public Health Outcomes Framework, Office for National Statistics
- 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 (England figures for 2012/13)
- Crude prevalence of diabetes, mental health conditions, dementia and depression, Quality Outcomes Framework

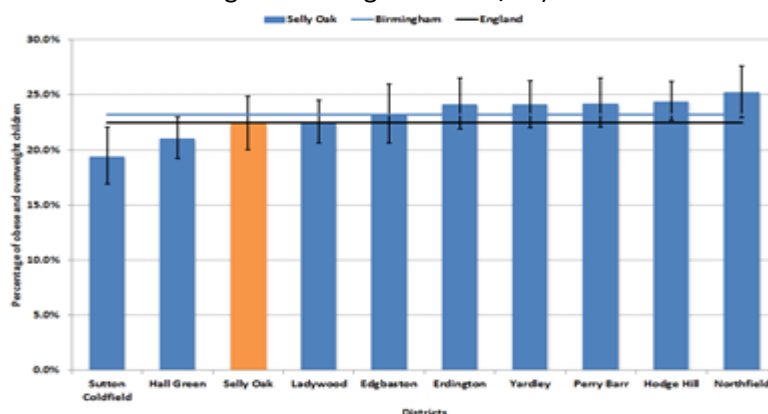
*Indicators have no polarity - it cannot be determined whether a high value indicates good or poor performance

Key Priority A for Selly Oak 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.

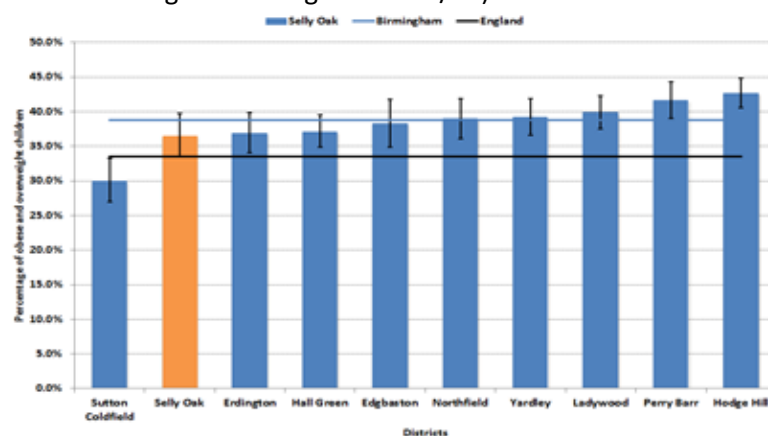
Key evidence: NICE Clinical Guidance 43: Obesity (2010)

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)



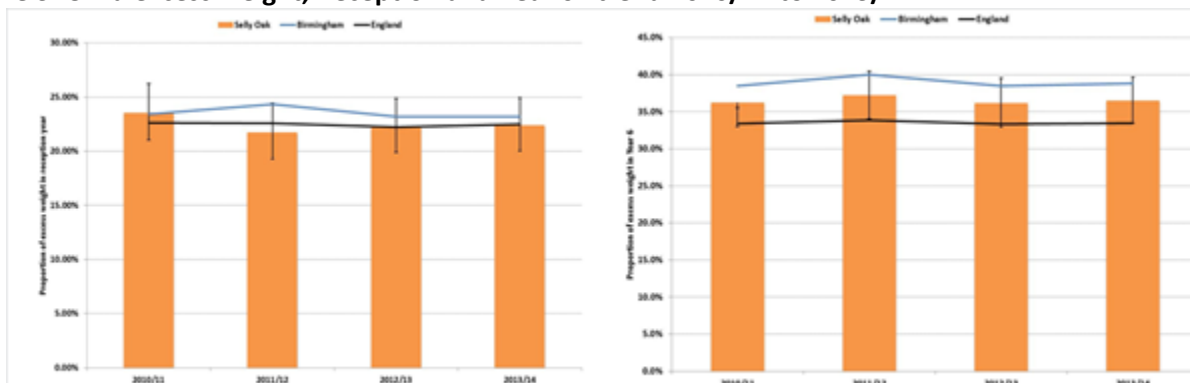
Source: National Child Measure Programme

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)



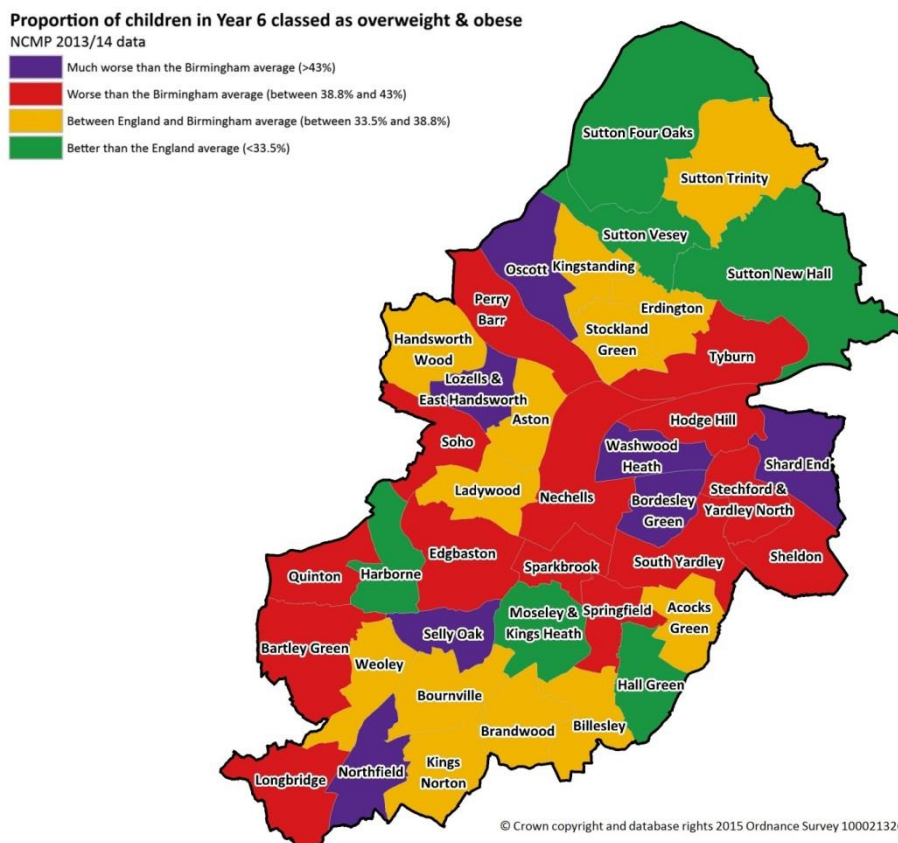
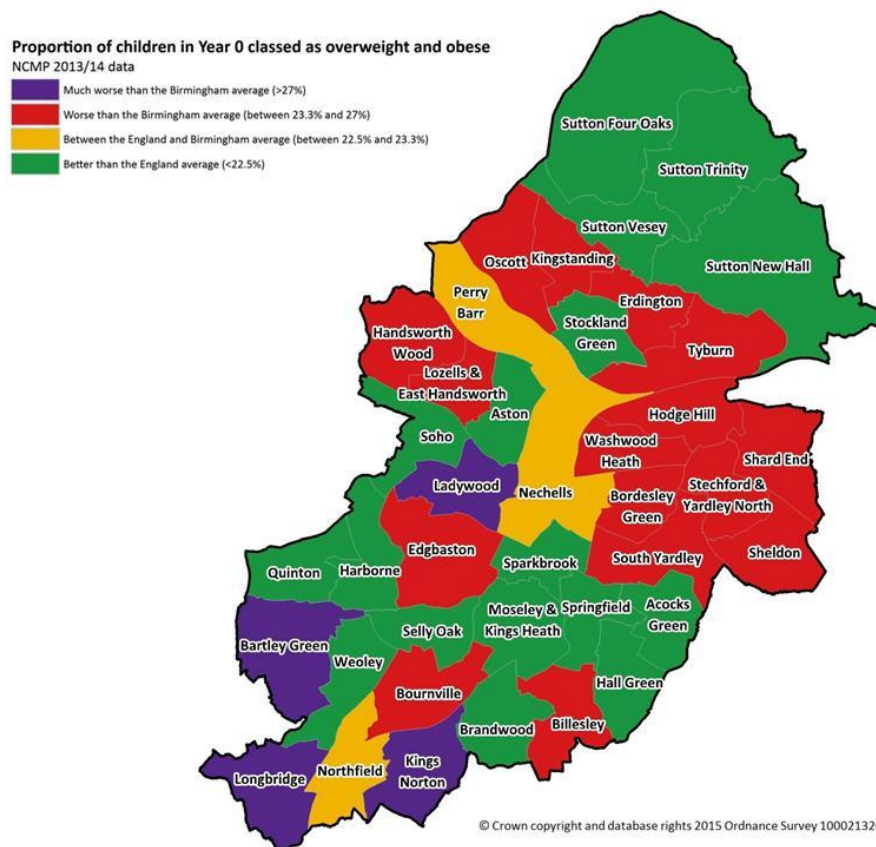
Source: National Child Measure Programme

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

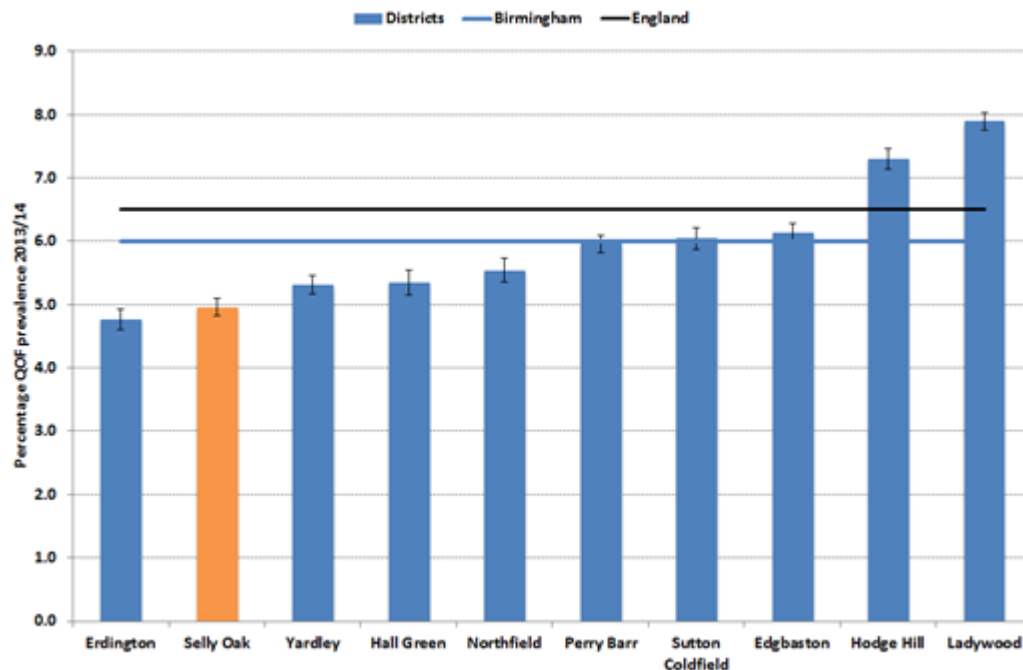


Key Priority B for Selly Oak district: IMPROVING MENTAL HEALTH AND WELLBEING

Mental ill health represents 23% of reported ill health in the UK and costs England an estimated £105 billion a year.

Key evidence: No health without mental health (2011)

Figure 5: Prevalence of Depression 2013/14 (district in orange)



Source: Quality Outcomes Framework 2013/14

Note: 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 6: Number of prescriptions for Anti-psychotic drugs 2010/14

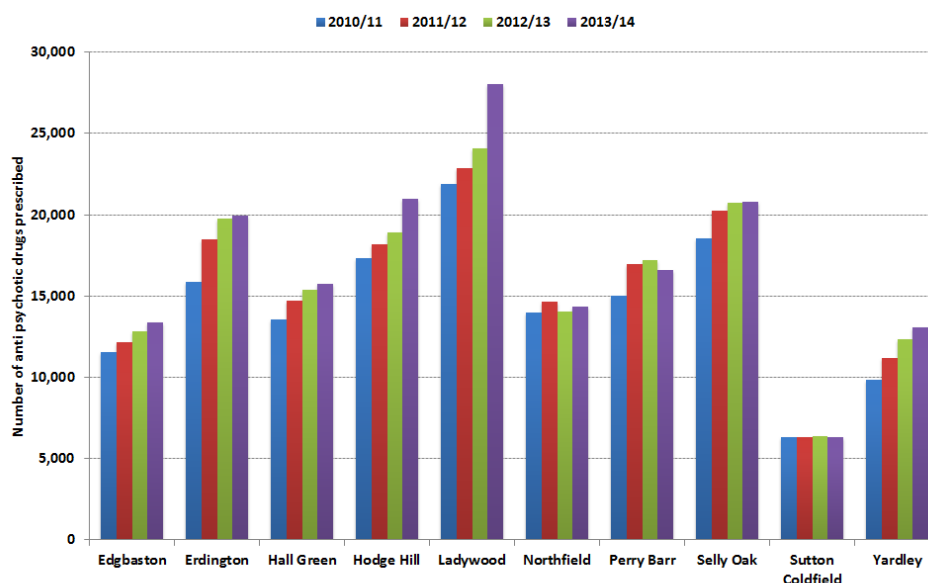
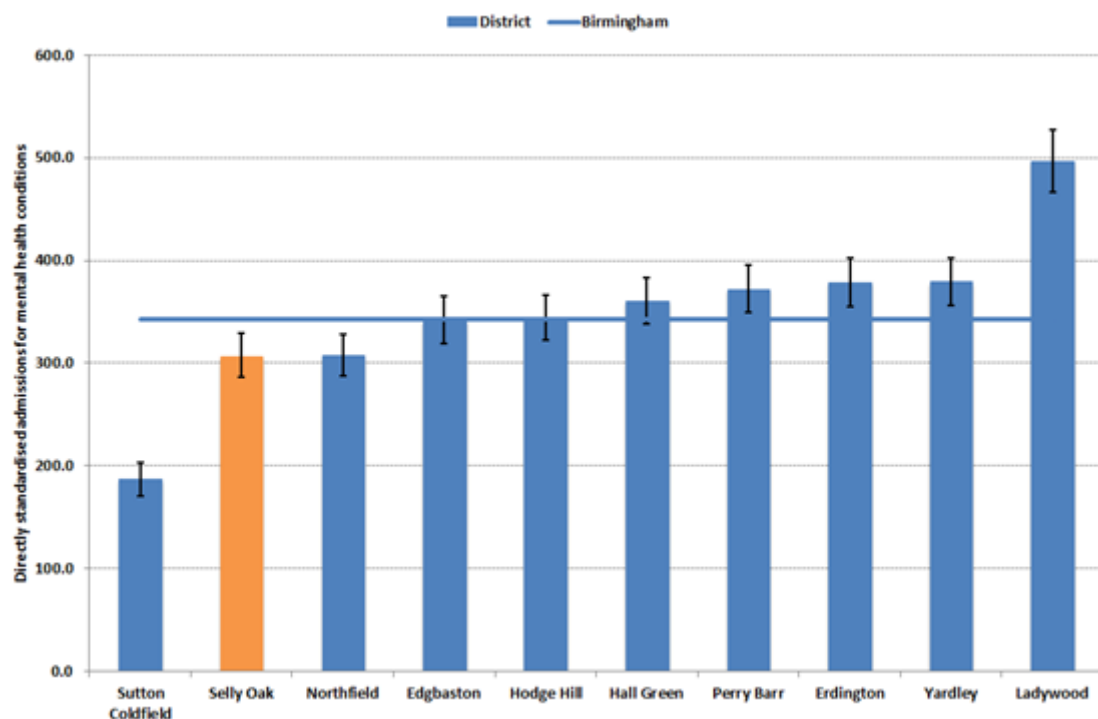
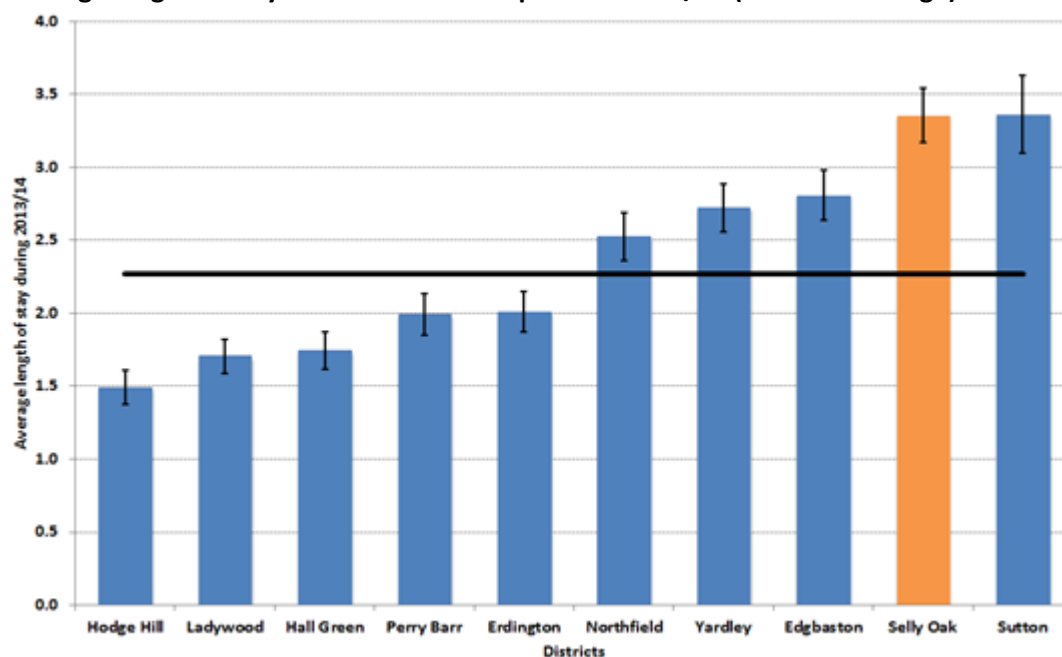


Figure 7: Admission rates per 100,000 (all ages) for mental health conditions 2011/14 (district in orange)



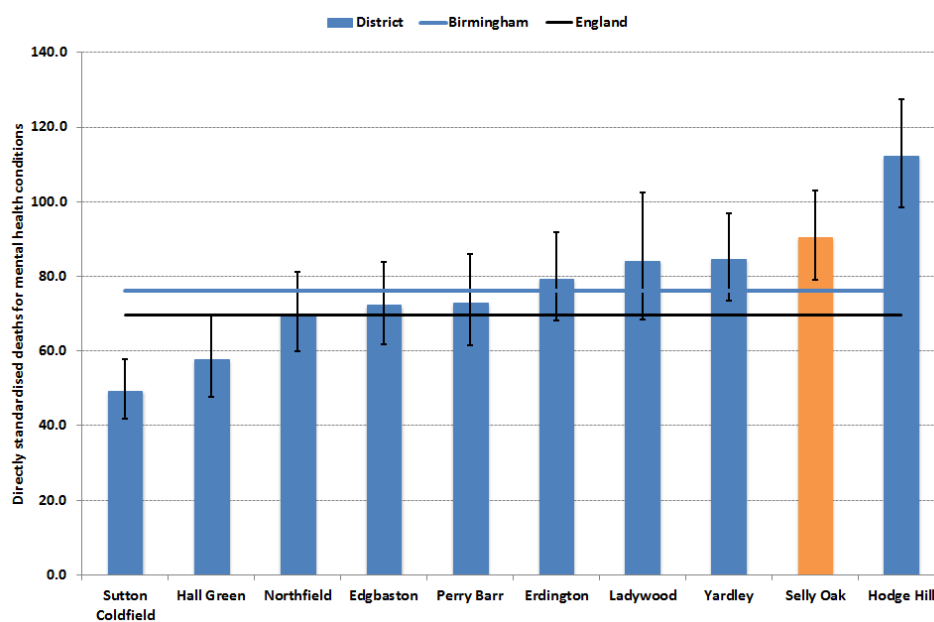
Source: SUS Midlands and Lancashire CSU

Figure 8: Average length of stay of mental health inpatients 2013/14 (district in orange)



Source: SUS Midlands and Lancashire CSU

Figure 9: Directly standardised death rates per 100,000 (all ages) from mental health conditions 2011/14 (district in orange)



Source: ONS Deaths / Vital Statistics

Key Priority C for Selly Oak district: DEMENTIA PREVENTION AND MANAGEMENT

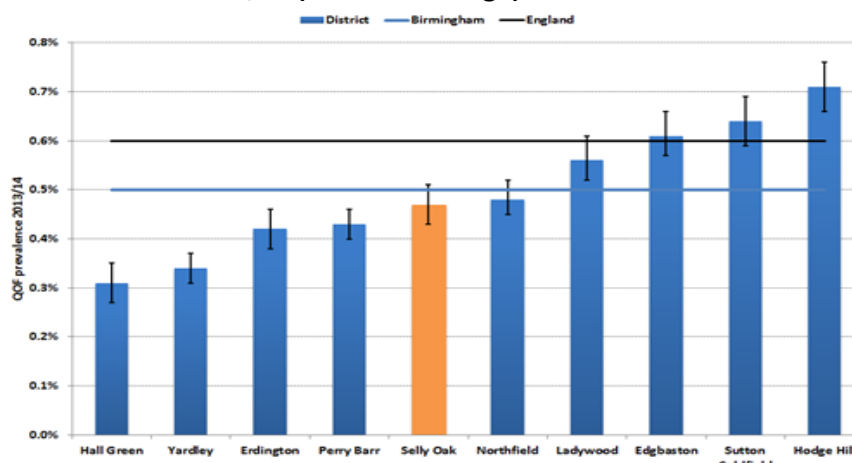
Almost two thirds of people with dementia say they are suffering from feelings of depression, loneliness or anxiety. Economically the condition cost the UK an estimated £23 billion a year.

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

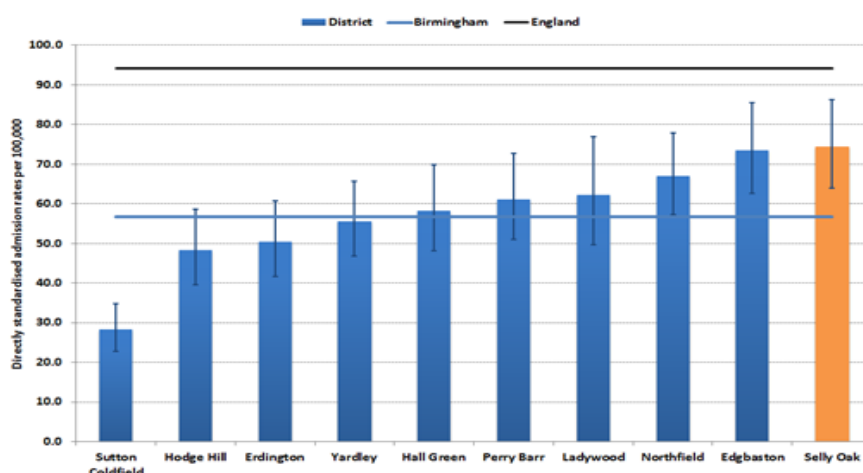
Figure 10: Prevalence of Dementia 2013/14 (district in orange)



Source: Quality Outcomes Framework 2013/14

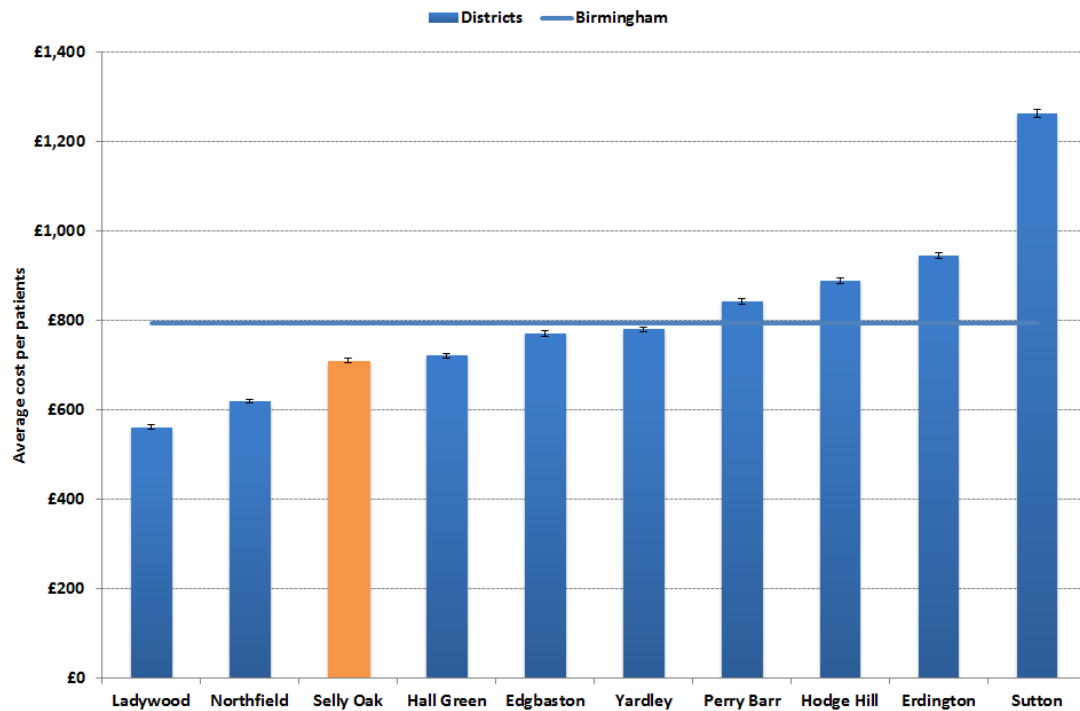
QOF disease prevalence data is collected for GP practices only. Prevalence percentages and 95% confidence intervals for districts are estimated by calculating weighted averages according to the geographical distribution of the whole practice population.

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



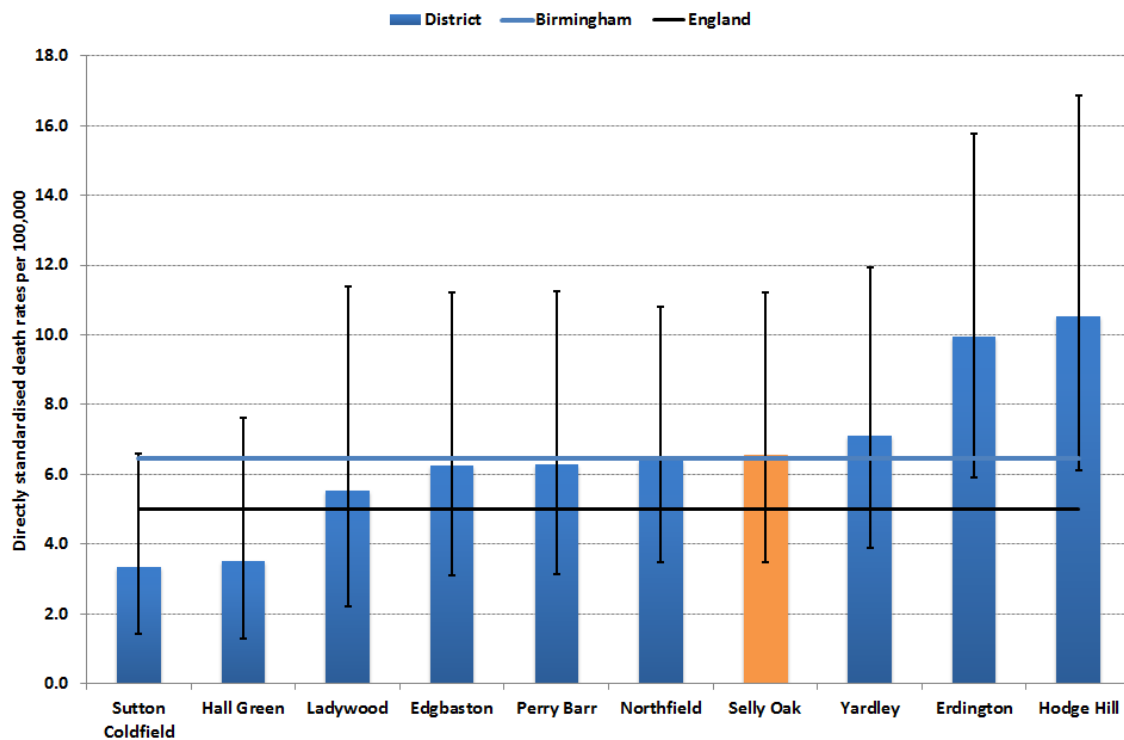
Source: SUS Midlands and Lancashire CSU

Figure 12: Cost per patient 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

26.2% of Selly Oak'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

The majority of general practices in Selly Oak district fall within Birmingham South Central CCG (64%) and the remainder being part of Birmingham Cross City CCG (32%) and Solihull CCG (4%).

HOUSING

64.2% of private sector dwellings in Selly Oak 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 4.5% (6.5% Birmingham average); highest levels are in Brandwood (5.3%). (BCC/ONS/NOMIS – January 2015). Kraft-Cadbury employs 2,500 people at its Bournville plant.

SATISFACTION

90.7% of people living in Selly Oak are either fairly or very satisfied with living in the local area (Birmingham average 86.5%), (Birmingham opinion survey Nov 2013 to Oct 2014).