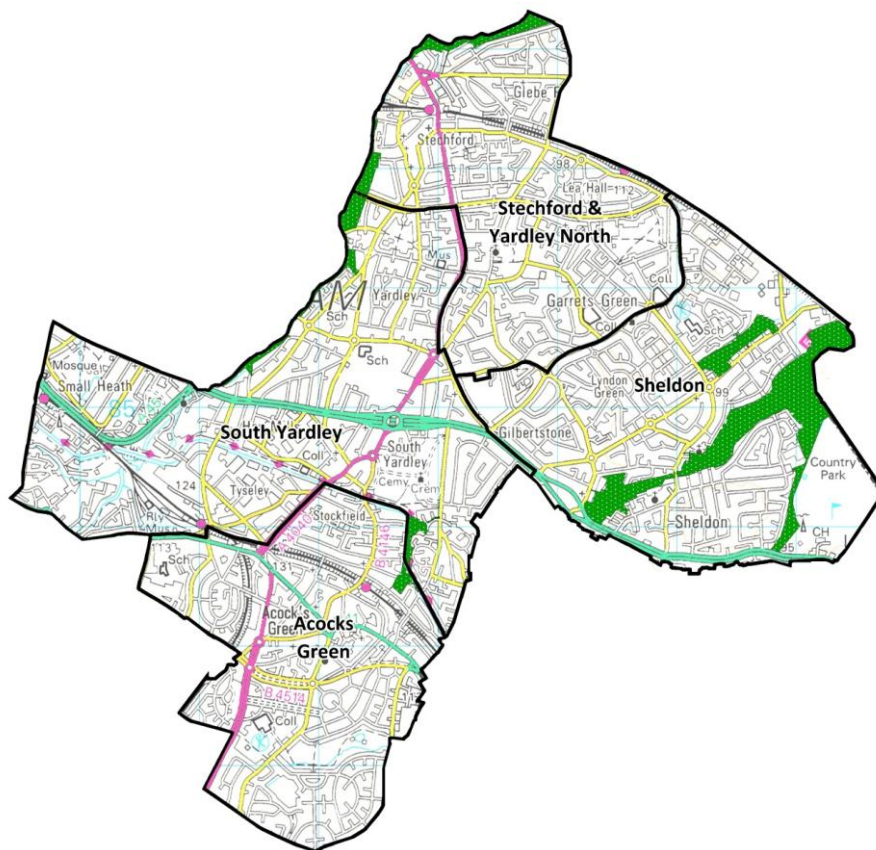


ACOCKS GREEN WARD

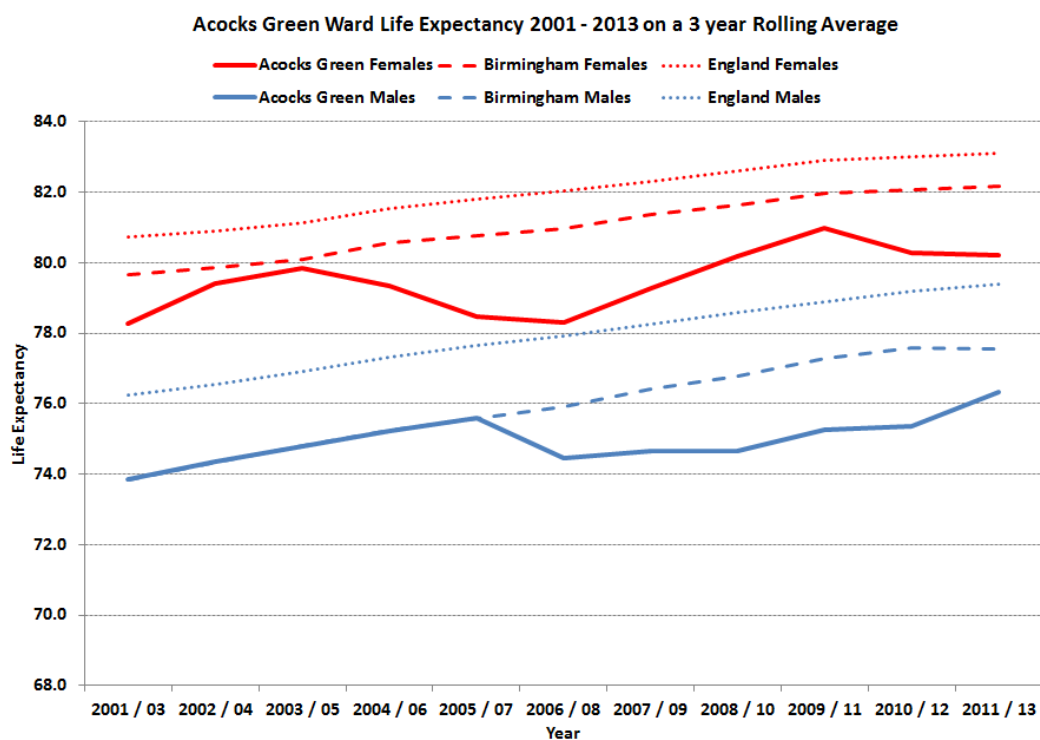
August 2015



Key information:

- In 2013 the estimated population of Acocks Green ward was 28,785 people; this represents 2.6% of Birmingham's population. 87% of the ward's population are under 65 (87% Birmingham, 82% England).
- 63% of Acocks Green's population fall within the most deprived 20% of areas in England.
- Life expectancy for Acocks Green ward males was 76.3 years (Birmingham 77.6, England 79.4) and females were 3.9 higher at 80.2 years (Birmingham 82.2, England 83.1).
- During 2011/13 Acocks Green ward's under 75 death rate was 45.3% higher than the rate for England (Birmingham was 23% higher than England).
- Infant mortality is one area of concern: the ward rate was 6.7 per 1,000 live births during 2011/13; this compares to 4.0 nationally and 7.4 for Birmingham.
- The 2011 census showed that 36.7% of the wards population is made up of from BME groups (42.1% Birmingham, 15% England).

LIFE EXPECTANCY



Source: ONS Deaths/estimated population

Life Expectancy in Acocks Green ward is 78.3 years in 2011/13 (Birmingham overall average 79.9). It is highest in Sutton Vesey ward (85.4 years) and lowest in Shard End ward (75.8 years)

The spine chart below is a graphical interpretation of the position of Acocks Green ward according to important health indicators. The chart portrays Acocks Green's value (shown by a coloured circle) against the spread of values for all Birmingham wards (the grey horizontal bars) compared to a benchmark of either the England or Birmingham average (the central black line). The circle for Acocks Green is coloured red for those indicators where Acocks Green's value is significantly worse than the benchmark, green for indicators where Acocks Green 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 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.

Acocks Green Ward 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	Acocks Green Number	Acocks Green Stat	B'ham Avg	Eng Avg	Ward Range
1 % of Children in "Poverty" 2012	2340	30.1	29.9	19.2	
2 Adults with learning dis. in stable accommodation 2013/14	50	47.5	51.2	73.5	
3 Violent Crime Admissions 2010-14	86	92.6	78.1	57.6	
4 Low Birth Weight 2013	40	8.6	10.0	2.9	
5 Excess weight 4-5 year olds 2013/14	73	18.8	23.2	22.5	
5 Excess weight 10-11 year olds 2013/14	113	34.8	38.8	33.5	
6 Injuries due to falls 65+ Persons 2013/14	120	3608.7	2931.1	2011.0	
7 Infant Mortality 2011-13	n/a	6.7	7.4	4.0	
8 Mortality from all causes U75 2011-13	276	145.3	123.2	100.0	
8 CVD Deaths U75 2011-13	59	143.7	129.5	100.0	
8 Cancer deaths preventable U75 2011-13	71	144.9	116.8	100.0	
8 Respiratory disease deaths preventable U75 2011-13	n/a	169.8	132.8	100.0	
8 Communicable disease deaths 2011-13	60	141.3	111.8	100.0	
8 Diseases of the liver deaths preventable (U75) 2011-13	n/a	203.7	126.1	100.0	
9 Hip fractures 65+ admissions 2013/14	64	644.9	617.8	568.1	
9 Alcohol related admissions 2013/14 (narrow)	212	876.7	711.5	829.4	
10 Diabetes Prevalence 2013/14 (QOF)	2903	10.6	8.1	6.2	
10 Mental Health Prevalence 2013/14 (QOF)	513	1.3	1.1	0.9	
10 Dementia Prevalence 2013/14 (QOF)	91	0.2	0.5	0.6	
10 Depression Prevalence 2013/14 (QOF)	1338	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

Priorities

Yardley district has chosen a broad set of priorities covering

- Child health (child poverty)
- Mental health and wellbeing
- Physical health (including substance abuse)

This profile contains information which focuses on a narrower list within the same broad areas:

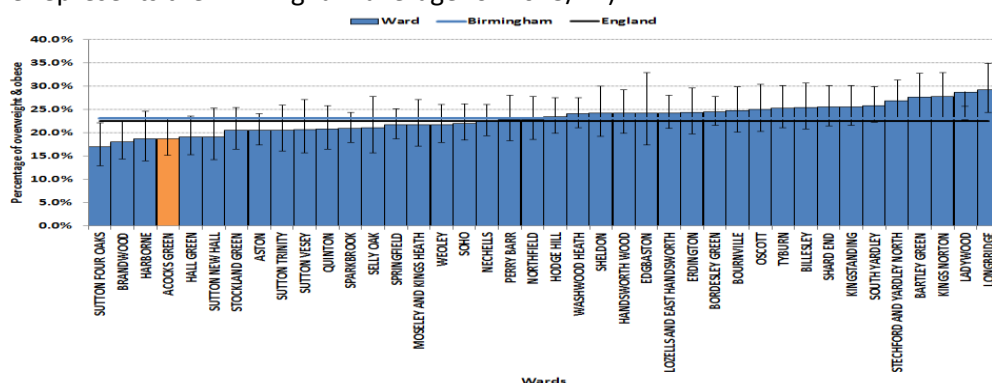
- Child obesity
- Mental health
- Substance abuse (alcohol)

Key Priority A for Acocks Green ward: 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.

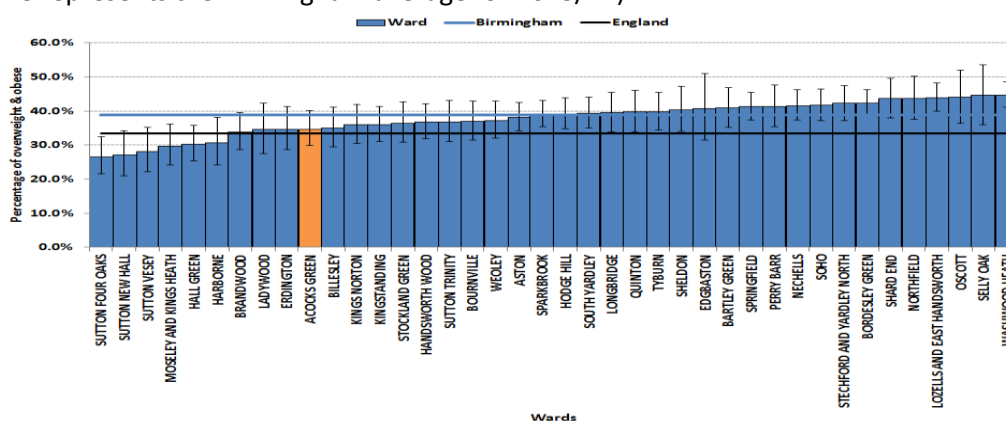
Key evidence: NICE Clinical Guidance 43: Obesity (2010)

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



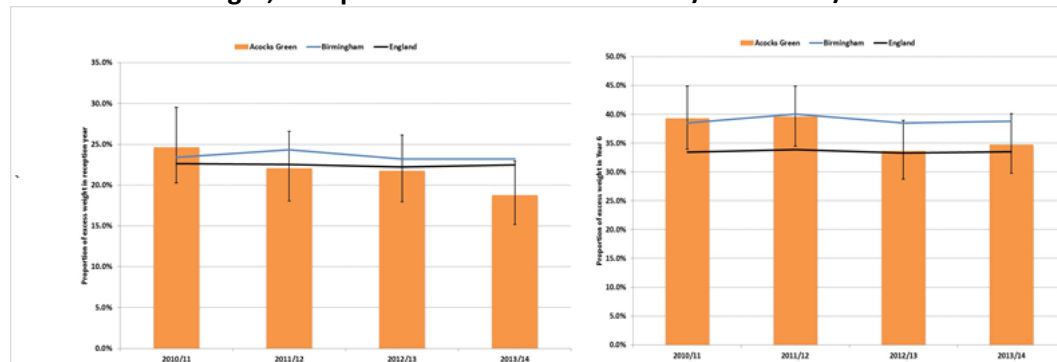
Source: National Child Measure Programme

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



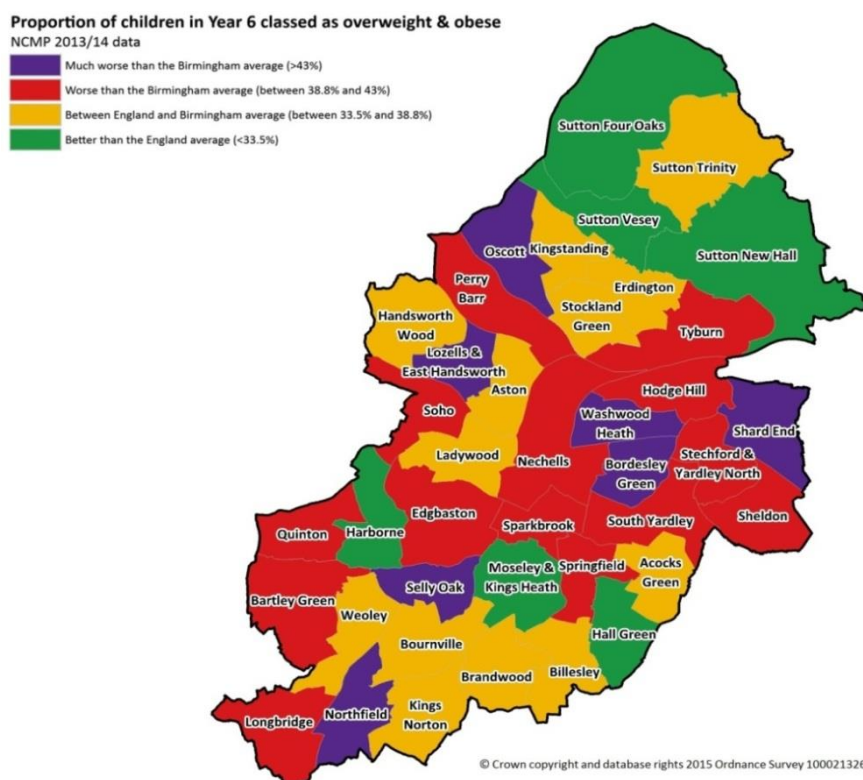
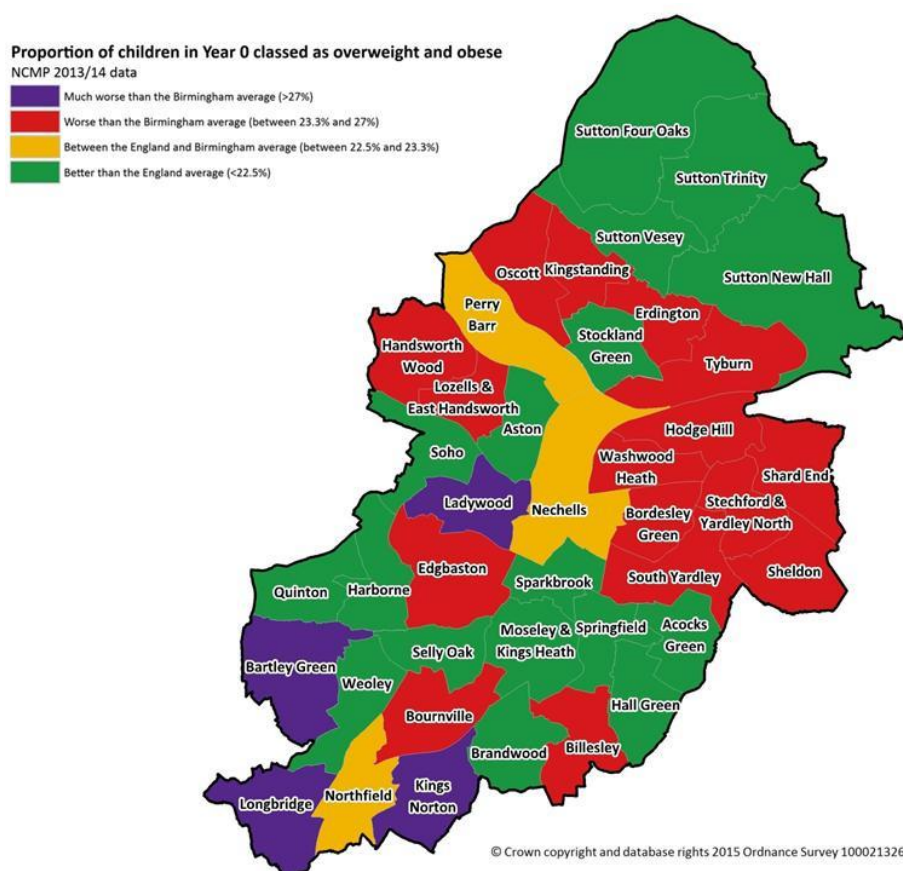
Source: National Child Measure Programme

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

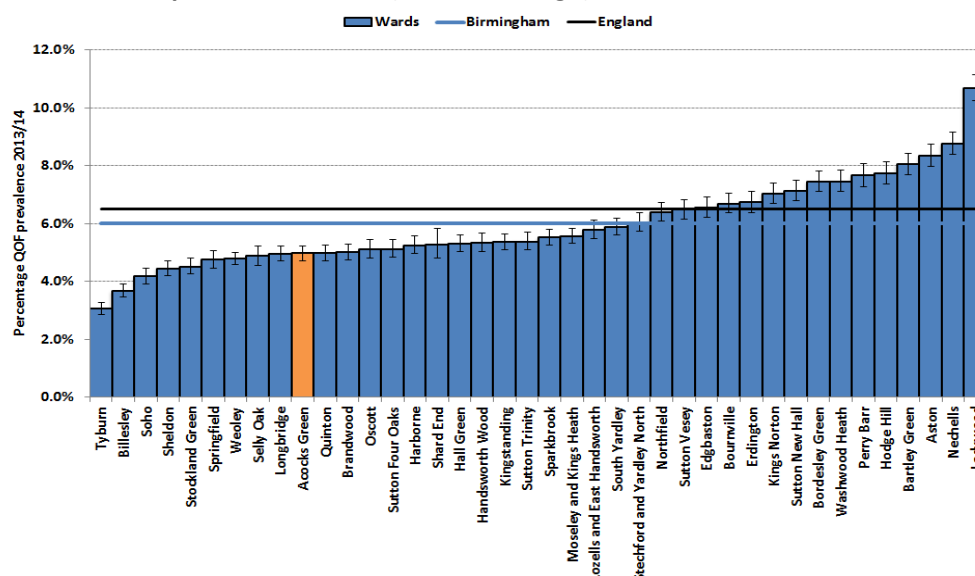


Key Priority B for Acocks Green ward: IMPROVING MENTAL HEALTH AND WELLBEING

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)

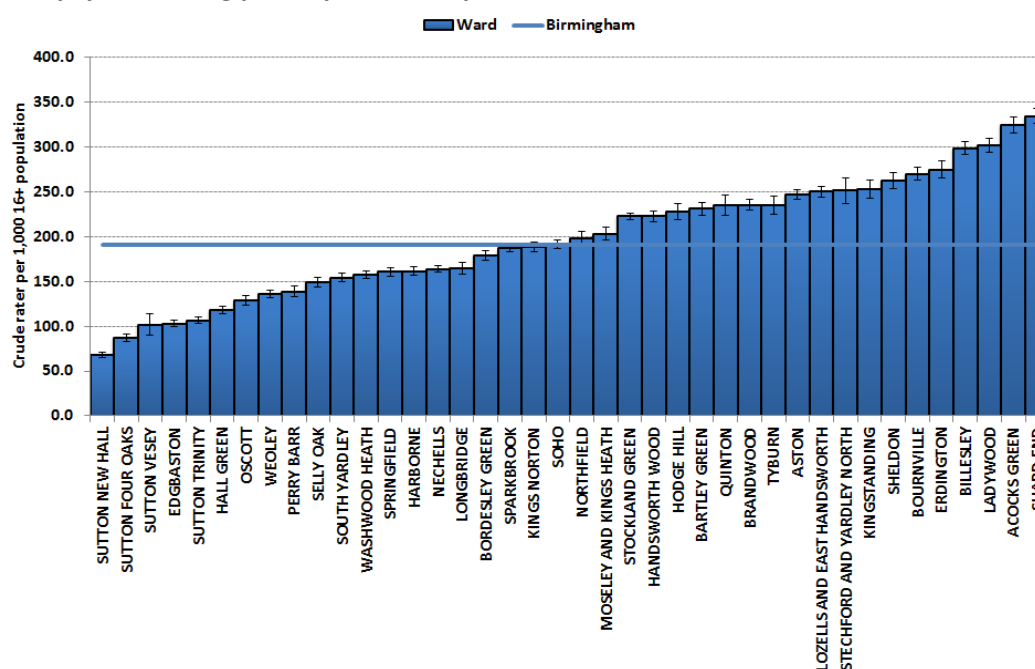
Figure 5: Prevalence of Depression 2013/14 (ward in orange)



Source: Quality Outcomes Framework 2013/14

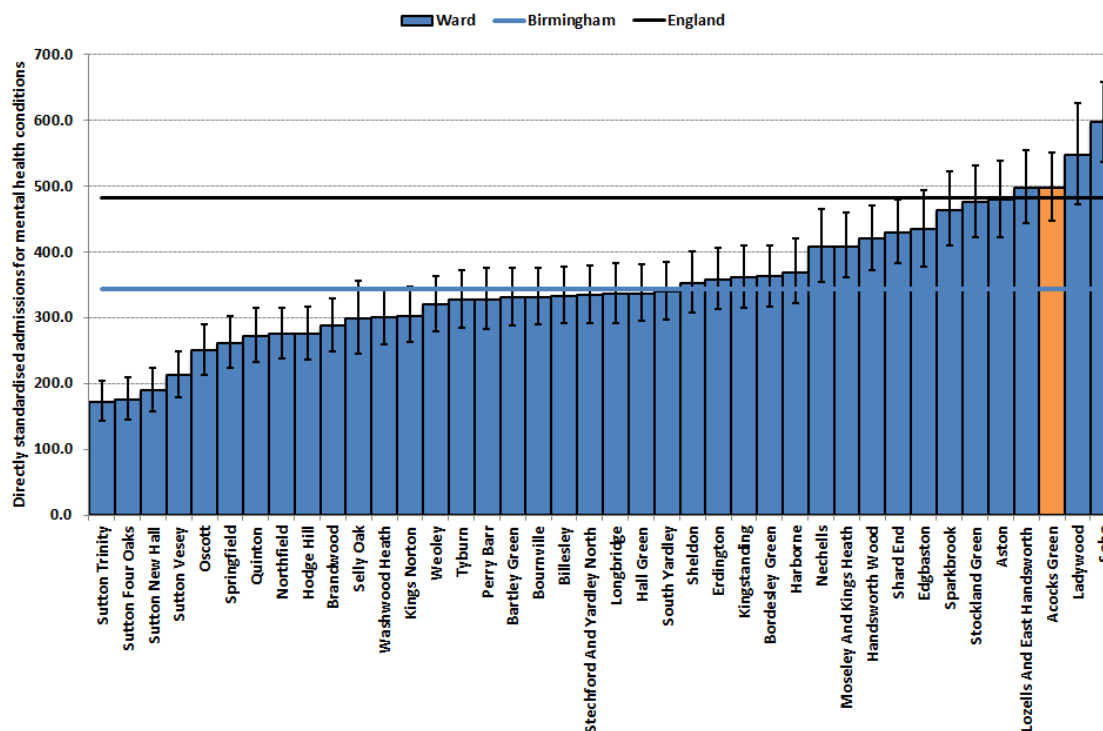
Note: QOF disease prevalence data is collected for GP practices only. Prevalence percentages and 95% confidence intervals for districts are estimated by calculating weighted averages according to the geographical distribution of the whole practice population.

Figure 6: Anti-psychotic drug prescription rates per 1,000 16+ 2013/14



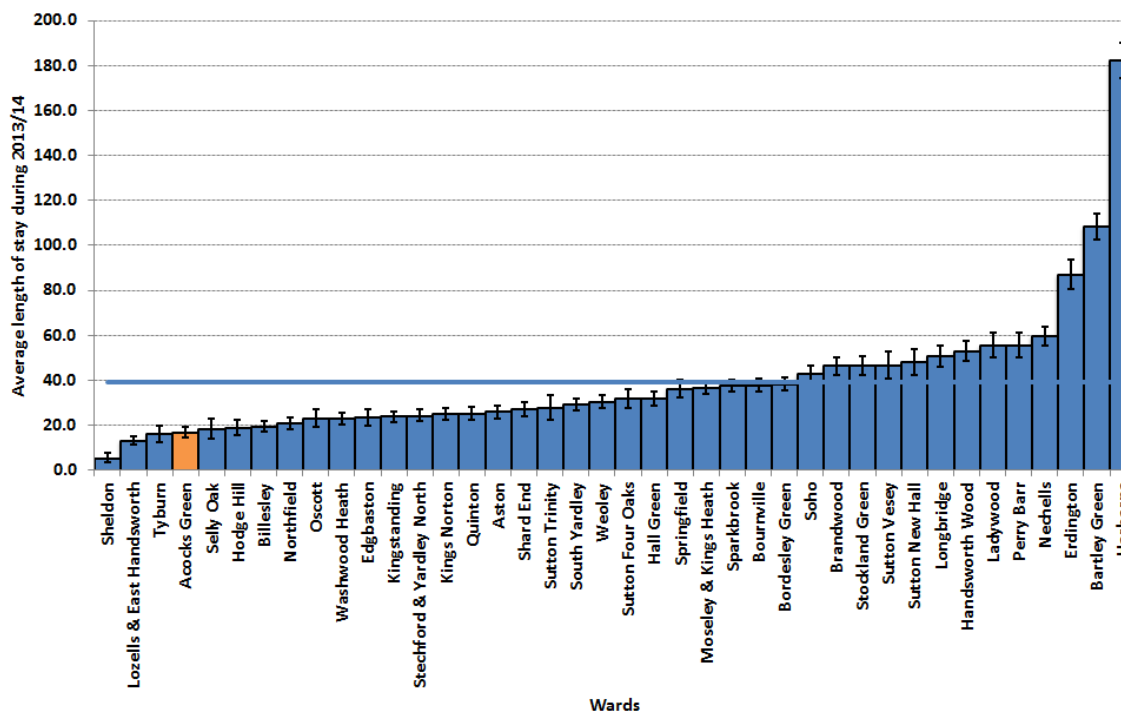
Source: Centre for Medicines Optimisation (Keele University)

Figure7: Admission rates per 100,000 (all ages) for mental health conditions 2011/14 (ward in orange)



Source: SUS Midlands and Lancashire CSU

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



Source: SUS Midlands and Lancashire CSU

Key Priority C for Acocks Green ward: SUBSTANCE ABUSE (ALCOHOL)

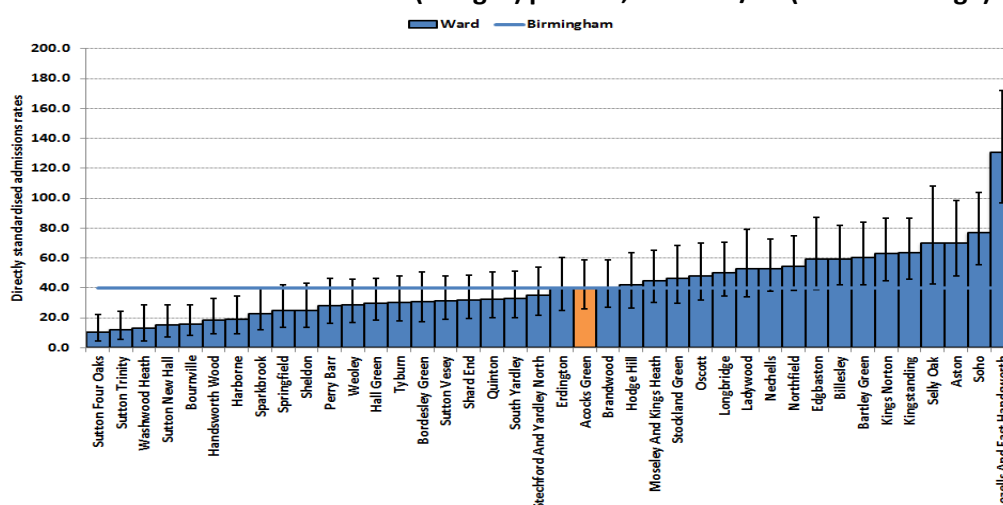
193,575 people (including 20,032 young people) in England received help for alcohol or drug problems during 2012/13.

Example actions:

- Work with service providers to ensure people have access to the right drug treatment services.
- Develop a network of support by working with a range of partners, including voluntary and community sector organisations and the NHS to help people find work, decent accommodation, and positive social networks such as mutual aid groups.
- Work with stakeholders (such as schools) to ensure a strong public health message is provided.

Key evidence: Drug Treatment in England (2013)

Figure 9: Alcoholic liver disease admission rates (all ages) per 100,000 2011/13 (ward in orange)



Source: SUS Midlands and Lancashire CSU

POVERTY

30.1% of Acocks Green's children were living in poverty during 2012. This was compared to a Birmingham average of 29.9% and 19.2% for England. Ladywood ward (42.4%) had the highest percentage in Birmingham during 2012 (Department of Works and Pensions, 2012).

PRIMARY CARE

All general practices in Acocks Green fall within Birmingham Cross City CCG.

ECONOMIC

Unemployment levels are 5.2 (6.5% Birmingham average), highest levels are in Aston (15.9%). (BCC/ONS/NOMIS – January 2015).

SATISFACTION

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