Key information:

- In 2013 the population of Edgbaston district was 98,396 people; this represents 9% of Birmingham’s population. 85.8% of the district’s population are under 65 (Birmingham 87%, England 82%).

- 32.7% of Edgbaston’s population are in the most deprived 20% of areas in England.

- Life expectancy for Edgbaston district males was 78.7 years (Birmingham 77.6, England 79.4) and females were 4.8 higher at 83.5 years (Birmingham 82.2, England 83.1).

- During 2011/13 Edgbaston district’s under 75 death rate was 12% higher than the rate for England (Birmingham was 23% higher than England).

- Infant mortality is one area of concern: the district rate was 7.3 per 1,000 live births during 2011/13; this compares to 4.0 nationally and 7.4 for Birmingham.

- The 2011 census showed that 31.3% of the district’s population is made up of BME groups (42.1% Birmingham, 15% England).
Life Expectancy in Edgbaston is 81.1 years in 2011/13 (Birmingham overall average 79.9). It is highest in Harborne ward (persons 82.4, females 85.4, and males 79.3) and lowest in Bartley Green ward (persons 80.2, females 82.1 and males 78.2).

Source: ONS Deaths/estimated population
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

<table>
<thead>
<tr>
<th>Condition</th>
<th>% Excess YLL Edgbaston District</th>
<th>% Excess YLL Birmingham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>-9.0</td>
<td>26.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>15.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Malignant neoplasms of lip, oral cavity and pharynx</td>
<td>10.8</td>
<td>2.1</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>2.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>-1.9</td>
<td>3.1</td>
</tr>
<tr>
<td>COPD</td>
<td>-1.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Alcoholic Liver Disease</td>
<td>7.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>3.3</td>
<td>12.3</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>68.4</td>
<td>43.1</td>
</tr>
</tbody>
</table>

**Source:** ONS Deaths/Vital Statistics
The spine chart below is a graphical interpretation of the position of Edgbaston district according to important health indicators. The chart portrays Edgbaston’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 Edgbaston is coloured red for those indicators where Edgbaston’s value is significantly worse than the benchmark, green for indicators where Edgbaston 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.

**Edgbaston District 2014 Spine**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Edgbaston Number</th>
<th>Edgbaston Stat</th>
<th>B’ham Avg</th>
<th>Eng Avg</th>
<th>District Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of Children in Poverty 2012</td>
<td>5,175</td>
<td>28</td>
<td>29.9</td>
<td>21.2</td>
<td>Worst district</td>
</tr>
<tr>
<td>2. Adults with learning dis. in stable accommodation 2013/14</td>
<td>112</td>
<td>47.5</td>
<td>51.2</td>
<td>41.9</td>
<td>Worst district</td>
</tr>
<tr>
<td>3. Violent Crime Admissions April 2010 - March 2013</td>
<td>240</td>
<td>70.3</td>
<td>78.1</td>
<td>57.6</td>
<td>Worst district</td>
</tr>
<tr>
<td>4. Low Birth Weight 2013</td>
<td>128</td>
<td>10.8</td>
<td>10.0</td>
<td>2.9</td>
<td>Worst district</td>
</tr>
<tr>
<td>5. Excess weight 4-5 year olds 2013/14</td>
<td>217</td>
<td>23.2</td>
<td>23.2</td>
<td>22.2</td>
<td>Worst district</td>
</tr>
<tr>
<td>6. Injuries due to falls 65+ Persons 2013/14</td>
<td>292</td>
<td>38.3</td>
<td>38.3</td>
<td>35.8</td>
<td>Worst district</td>
</tr>
<tr>
<td>7. Infant Mortality 2011/13</td>
<td>29</td>
<td>7.3</td>
<td>7.4</td>
<td>4.0</td>
<td>Best district</td>
</tr>
<tr>
<td>8. Mortality from all causes U7 2011/13</td>
<td>781</td>
<td>112.0</td>
<td>132.3</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>9. CVD Deaths U7 2011/13</td>
<td>156</td>
<td>102.0</td>
<td>129.5</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>10. Cancer deaths preventable U7 2011/13</td>
<td>193</td>
<td>117.5</td>
<td>116.9</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>11. Mortality from Coronary heart disease 2011/13</td>
<td>83</td>
<td>59.4</td>
<td>140.1</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>12. Respiratory diseases preventable U7 2011/13</td>
<td>41</td>
<td>121.4</td>
<td>123.8</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>13. Communicable disease deaths 2011/13</td>
<td>128</td>
<td>48.6</td>
<td>111.9</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>14. Deaths of the liver diseases preventable U7 2011/13</td>
<td>32</td>
<td>115.4</td>
<td>126.1</td>
<td>100.0</td>
<td>Best district</td>
</tr>
<tr>
<td>15. Hip fractures 65+ admissions 2013/14</td>
<td>276</td>
<td>62.6</td>
<td>617.9</td>
<td>568.1</td>
<td>Best district</td>
</tr>
<tr>
<td>16. Alcohol related admissions 2013/14 (narrow)</td>
<td>639</td>
<td>74.6</td>
<td>715.5</td>
<td>636.9</td>
<td>Best district</td>
</tr>
<tr>
<td>18. Mental Health Prevalence 2013/14 (QOF)</td>
<td>1,136</td>
<td>1.0</td>
<td>1.1</td>
<td>0.8</td>
<td>Best district</td>
</tr>
<tr>
<td>19. Dementia Prevalence 2013/14 (QOF)</td>
<td>665</td>
<td>0.6</td>
<td>0.5</td>
<td>0.6</td>
<td>Best district</td>
</tr>
<tr>
<td>20. Depression Prevalence 2013/14 (QOF)</td>
<td>5,201</td>
<td>6.1</td>
<td>6.0</td>
<td>6.6</td>
<td>Best district</td>
</tr>
</tbody>
</table>

**Sources of information:**

1. % of children aged 16 living in families in receipt of out of work benefits or tax credits whose reported income is less than 60% median income, 2012. Department of Work & Pensions.
2. % of adults aged 16-64 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.
4. % of live births under 2500g, Office for National Statistics, annual data.
5. % of children classified 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 CQU, 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 rates 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+ alcoholic related conditions per 100,000. SUS, Midlands and Lancashire CQU, 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 Edgbaston 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)

![Figure 1: Excess Weight in Reception](source)

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)

![Figure 2: Excess Weight in Year 6](source)

Source: National Child Measure Programme

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

![Figure 3: Child excess weight trend](source)
Figure 4: Birmingham ward map of excess weight for Reception and Year 6 2013/14

Proportion of children in Year 0 classed as overweight and obese
NCMP 2013/14 data
- Much worse than the Birmingham average (>27%)
- Worse than the Birmingham average (between 23.3% and 27%)
- Between the England and Birmingham average (between 21.3% and 23.3%)
- Better than the England average (≤21.3%)

Proportion of children in Year 6 classed as overweight & obese
NCMP 2013/14 data
- Much worse than the Birmingham average (>42%)
- Worse than the Birmingham average (between 38.8% and 43%)
- Between England and Birmingham average (between 35.5% and 38.8%)
- Better than the England average (≤35.5%)

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Key Priority B for Edgbaston 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 an 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


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

![Admissions rates per 100,000 for falls (65+) 2013/14](image)

**Source:** SUS Midlands and Lancashire CSU

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

![Directly standardised death rates per 100,000 from accidental falls (65+) 2011/13](image)

**Source:** ONS Deaths
Key Priority C for Edgbaston 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) [https://www.gov.uk/government/publications/the-mental-health-strategy-for-england](https://www.gov.uk/government/publications/the-mental-health-strategy-for-england)

**Figure 7: 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 8: Number of prescriptions for Anti-psychotic drugs 2010/14**

Source: Centre for Medicines Optimisation (Keele University)
Figure 9: Admission rates per 100,000 (all ages) for mental health conditions 2011/14 (district in orange)

Source: SUS Midlands and Lancashire CSU

Figure 10: Average length of stay of mental health inpatients 2013/14 (district in orange)

Source: SUS Midlands and Lancashire CSU
POVERTY

28% of Edgbaston’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 practices in Edgbaston are members of Birmingham Cross City CCG (72.7%) and the remainder are part of Birmingham South Central CCG (27.3%).

HOUSING

61.9% of private sector dwellings in Edgbaston 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 5.4% (6.5% Birmingham overall average); highest levels are in Bartley Green ward (6.6%). (BCC/ONS/NOMIS – January 2015). The district has an important business district stretching from Five Ways along the Hagley Road, Birmingham University and the Queen Elizabeth Hospital.

SATISFACTION

91.3% of people living in Edgbaston are either fairly or very satisfied with living in the local area (Birmingham average 86.5%) (Birmingham opinion survey Nov 2013 to Oct 2014).