



BIRMINGHAM SOUTH LOCALITY PROFILE 2022

Birmingham City Council
Public Health
Knowledge Team
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Acknowledgements

Authors:

Gurdeap Kaur - Senior Programme Officer (Knowledge Team)

Mohan Singh - Senior Programme Officer (Knowledge Team)

Muna Mohamed - Programme Officer (Knowledge Team)

Ayomide Ogunyemi - Programme Support Officer (Knowledge Team)

With thanks to:

Jeanette Davis - Programme Officer (Evidence Team)

Dr. Dyna Arhin-Tenkorang - Interim Assistant Director - Public Health Division

Dr Albert Prats Uribe - Assistant Director, Knowledge, Evidence & Governance

Luke Heslop - Service Lead for Evidence

Alex Dallaway - Senior Programme Officer (Evidence Team)

Aidan Hall - Senior Programme Officer (Governance Team)

Julia Pauschardt - Service Lead for Knowledge

Contents

1. Executive summary	6
Health outcomes:	7
Socioeconomic indicators.....	8
Wellbeing and Health Problems	10
2. Introduction.....	13
3. Characteristics of the South Locality Population.....	15
Age/Sex.....	15
Ethnicity.....	15
Life Expectancy	16
Causes of early death.	17
4. COVID-19.....	20
COVID-19 Cases.....	21
COVID-19 Deaths	22
COVID-19 Vaccine Uptake.....	23
5. Socio-Economic Environment.....	24
Employment	24
Unemployment – unadjusted claimant count – October 2021	25
Industry – Usual residents aged 16 and over	25
Occupation – Usual residents aged 16 and over.....	26
Qualifications – Usual Residents aged 16 and over	26
Deprivation	27
Violent Crime.....	28
Resident Survey 2020 – Feeling Safe	30
6. Physical Environment	31
Air Quality.....	31
Fuel Poverty	33
Overcrowding and Density	34
Parks and Open Spaces.....	36
7. Child Health	39
Infant Mortality.....	39
Children Living in Absolute Poverty.....	39
Teenage Pregnancy	40
Child Education	42

School Census	42
Educational Attainment	43
Child Obesity	44
Mental Health	46
8. Working Age Adults	48
Obesity	48
Smoking	49
Substance Misuse (Alcohol and Drugs)	51
Alcohol Related Deaths	51
Drug Use.....	53
9. Older Adults	56
Social Isolation	56
Hospital Admissions for Falls	56
Dementia	57
End of Life Care	58
10. Disease information from Quality Outcomes Framework	60
Cardiovascular disease (CVD)	60
CVD – hospital inpatient admissions	61
CVD deaths	63
Coronary Heart Disease (CHD).....	64
Stroke.....	64
Hypertension	66
Heart Failure.....	66
Atrial Fibrillation (AF).....	68
Diabetes	68
Respiratory.....	72
Respiratory Deaths	73
Chronic Obstructive Pulmonary Disease (COPD).....	73
COPD prevalence	73
Asthma Prevalence.....	74
Cancer.....	75
Cancer Prevalence	75
Cancer – hospital admissions.....	76
Cancer deaths	78
11. Accident and Emergency (A&E) Hospital Attendances	78

12. Conclusion81
1. Appendix A82

1. Executive summary

This profile of the South locality of Birmingham provides information on health outcomes and socio-economic indicators. It aims to ensure every child, citizen, and place matters, and all live longer healthier lives. It contains information on health outcomes and social and economic indicators that are relevant to these outcomes.

The profile aims to enable residents, commissioners, and practitioners to form an evidenced-based understanding of local needs, which can be used to inform decision making and service provision for improving health and wellbeing and reducing health inequalities.

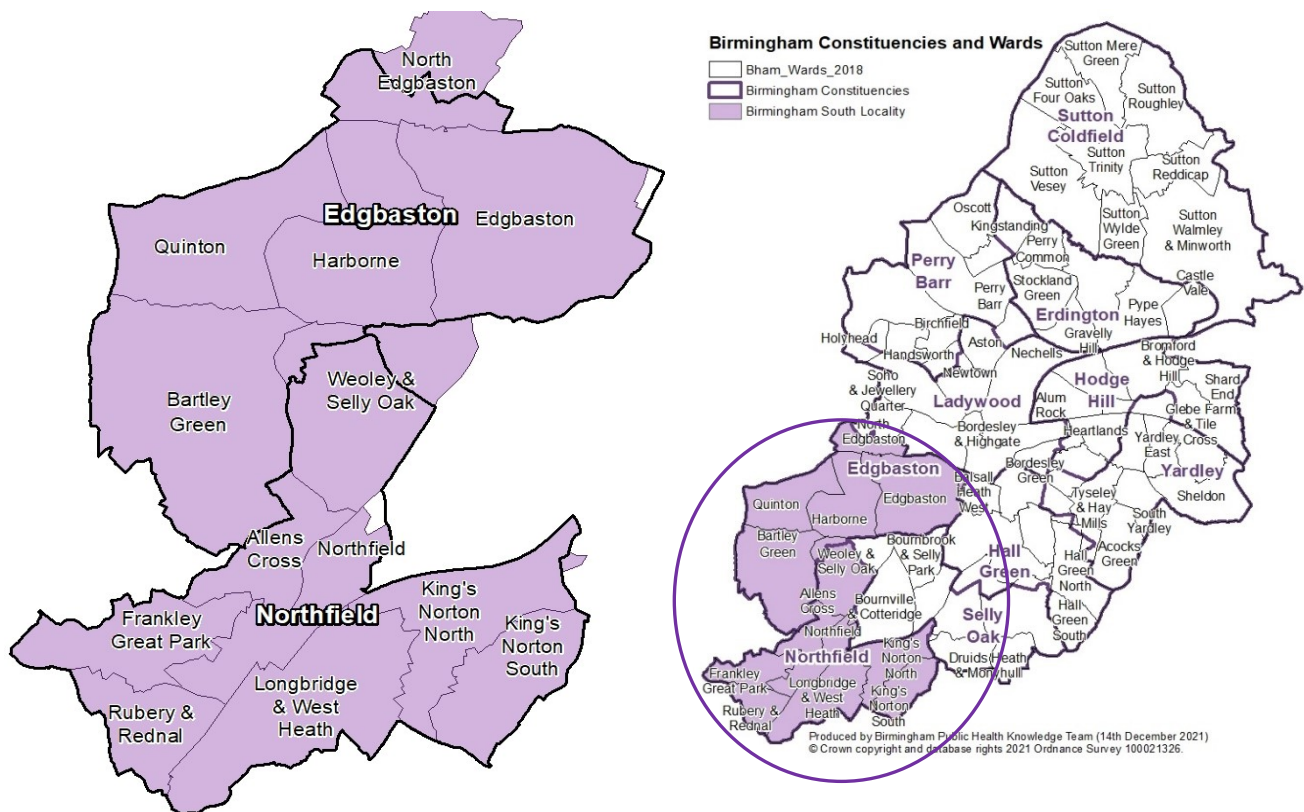


Figure 1: Birmingham South locality map and Birmingham map

Figure 1 illustrates two maps. The map on the left is of the South locality and the map on the right is the whole of Birmingham. The map for Birmingham highlights the areas within the South locality. Both maps show the wards and constituencies.

For an explanation of ward and constituency, please see Appendix A.

Health outcomes:

Life expectancy: During the last decade (2009 - 2019), life expectancy has increased slightly for the South locality, closing the gap compared to the England average. Women still live longer than men. Figure 2 shows life expectancy for the South locality, Birmingham, and England between 2017 - 2019. The current life expectancy in the South locality for females is 82.6 years and 78.4 years for males compared to England's 83.4 and 79.8 years, respectively.

-**Population:** The South locality has a population of approximately 208,304, 18.3% of Birmingham's population, with an average age of 37.4 years; this is higher for females (38.4 years) and lower for males (36.4 years). The locality has a large young population.

-**Life Expectancy:** During the last decade (2009 - 2019) life expectancy in the South locality increased slightly and is higher in the South locality than in Birmingham for both males (78.4) and females (82.6) (see figure 2).

-**Infant Mortality:** Infant mortality makes up almost 46% of excess years of life lost for the Edgbaston constituency and 5.5% in the Northfield constituency.

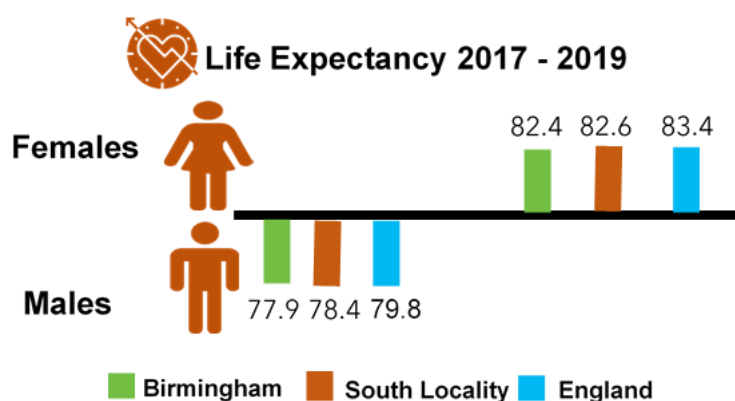


Figure 2: Life Expectancy for the South locality, relative to Birmingham and England (Source: ONS Deaths data 2017-2019)

Causes of death: Edgbaston and Northfield, which together make up the South locality, differed in causes of death. Almost half of all deaths occurring before the age of 75 years in Edgbaston were categorised as infant mortality (45.6%), followed by hypertensive diseases (17.6%). In contrast, no single cause was responsible for a high percentage of early deaths in Northfield. However, 'other heart diseases' (10.6%) and stroke (10.3%) were two areas mentioned as the main causes of early death.

-**Causes of Death:** Almost half of all deaths (45.6%) in Edgbaston were Infant Mortality, followed by Hypertension diseases (17.6%). In Northfield, 10.6% of all early deaths were due to Other Heart diseases and 10.3% due to stroke.

COVID-19 pandemic: The coronavirus pandemic impacted the South significantly as it did across the country. For the first time in 15 years (2004-2019), employment rates fell in the South below the Birmingham average and had yet to recover. It also had an impact on the death rate, resulting in 513 COVID-19 deaths, which is 15.8% of all deaths in the

locality. The locality had the second-best rates for the first, second and booster vaccine uptake at 72%, 67% and 50%, respectively (see table 1). However, this is still lower than the national average.

-COVID-19: accounted for 15.8% of all deaths in the locality, and had an impact on employment rates, falling below the Birmingham rate. The locality had the second-best rates for the 1st, 2nd and booster vaccine uptake at 72%, 67% and 50%, respectively.

COVID-19 Vaccinations up to 17th January 2022

	1st dose	2nd dose	Booster
South	72%	67%	50%
Birmingham	68%	61%	40%
England	91%	83%	63%

Table 1: Vaccination uptake up to 17 January 2022 (Source: COVID-19 Vaccination Data).

End-of-life care: Almost half (49.4%) of end-of-life care in the South locality was recorded in a hospital, and 36.7% at home. However, data was unavailable on whether patients received end-of-life care in their preferred place.

-Number of admissions due to falls for people aged 65+: The South locality has the second highest number of falls out of the five localities (4,265), increasing by 18% between 2016/17 and 2020/21.

Socioeconomic indicators

Levels of Deprivation: In the South, 32% of the population, (67,976 people), live in the most deprived decile. This is similar to the North (34%) and Central (31%) localities but better than the East (61%) and West (51%) localities. However, deprivation is a key issue for the city with Birmingham ranked as the 7th most deprived local authority in the country, and 53% of the population living in the 10% most deprived areas in England – see figure 12.

-Deprivation: 32% of the population in the South locality live in the most deprived decile, and 19.5% of children live in poverty (see figure 3).

-Overcrowding: The South locality also has some clusters of overcrowding, specifically north of the locality towards Bartley Green and Quinton wards. People living in poor housing conditions are more likely to experience poor health.

-Fuel Poverty: some areas in the South may be struggling to pay high energy costs due to low incomes (see figure 23). However, fuel poverty is higher in the East and West of the city. Although fuel poverty was not a major concern in this locality, the increase in energy bills and overall living costs will have an impact on peoples living costs and therefore fuel poverty may become a bigger issue across the city and nationally, too.

Children Living in Poverty: Compared to England, the South locality has a higher proportion of children living in absolute poverty (19.5% compared to 17.1%), however, it is lower than the Birmingham proportion (27.6%) – see figure 3.

-Children with Special Educational Needs: The South locality had a slightly higher proportion of children with special educational needs (19%) compared to both Birmingham (17%) and England (16%).



Figure 3: Children living in Poverty in England, Birmingham and the South locality (Source: UK Parliament 2019 - 20)

Unemployment levels: In the South, unemployment levels differed between constituencies with similar levels of unemployment in Northfield (13.9%) as that found across the city (13.4%), but lower levels in Edgbaston (7.2%) – see figure 4.

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-Qualifications: One in four people have no qualifications (26%), 13% have a level 1 qualification and only 2% were recorded as being on an apprenticeship.

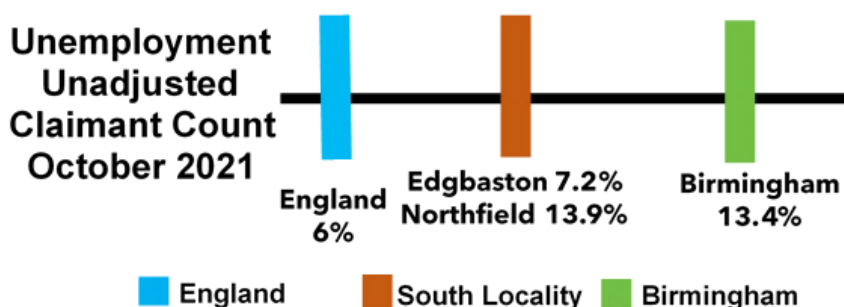


Figure 4: Unemployment using unadjusted claimant count for England, Birmingham and the South locality (Source: Claimant count Oct 2021)

Violent Crime Admissions: The admission rate in the South for violent crime was also similar to that across the city (63 per 100,000), however, this was much worse than that found in England (42 per 100,000) – see figure 5.

-Feeling safe: 91% of South locality residents feel safe going out during the day and 67% during the night (compared to 89% and 59% in Birmingham, respectively).

-Violent Crime: The admission rate in the South for violent crime was also similar to that across the city (63 per 100,000), however, this was much worse than that found in England (42 per 100,000), see figure 5.

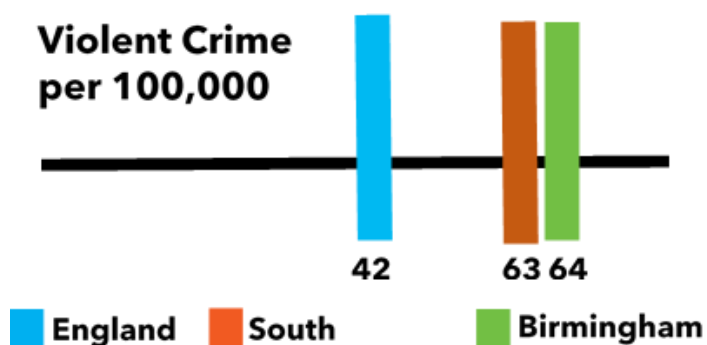


Figure 5 - Violent Crime per 100,000 for England, Birmingham and the South locality (Source: APHO 2018 -2021)

Wellbeing and Health Problems

Children with Special Educational Needs: The South locality had a slightly higher proportion of children with special educational needs (19%) compared to both Birmingham (17%) and England (16%).

Teenage conception: The rate in the South was the second highest of all five localities at an average conception rate of 23 per 1,000, higher than the Birmingham (20) and England (17.8) rates.

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Obesity: Prevalence of obesity was lowest in the South locality (9.9%) for 4-5-year-olds, but by 10-11 years, it had the third highest prevalence of the five localities at 24.7%. Prevalence does not improve in adults with two-thirds of those aged 18 and over either overweight or obese.

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Respiratory illnesses: The South locality, had a similar prevalence of both Asthma (6.4%) and COPD (1.5%) as Central, East and North localities. The prevalence was similar to the England averages (1.8% and 6.5%, respectively) – see figure 6 for asthma prevalence.

-Respiratory illnesses: The South locality, compared to other localities had a slightly lower prevalence of respiratory illnesses (1.5% for COPD and 6.4% for asthma), other than the West locality, which had the lowest prevalence. However the prevalence is similar to England (1.8% and 6.5%, respectively), see figure 6 for Asthma prevalence.

-Smoking: The smoking prevalence in the South locality had a higher prevalence (17.3%) than in Birmingham 16.7%, and England's 15.9% (Table 8).

-Air Quality: The South locality has some air quality issues, particularly at its northern edge where it links to the Centre of Birmingham. It has some levels of both NO2 and PM10, which contributes to poor health and early death.

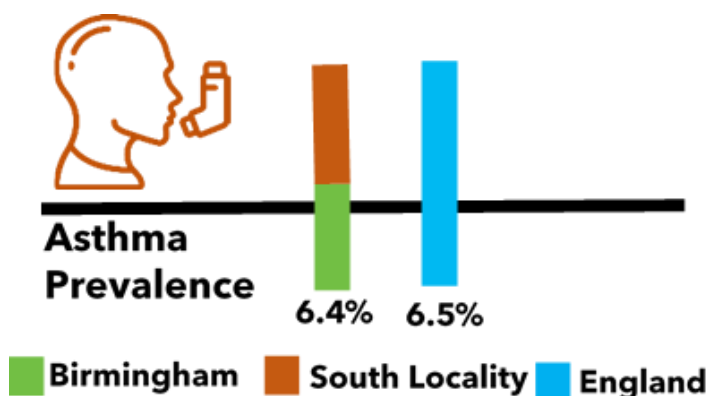


Figure 6: Asthma prevalence for the South locality relative to Birmingham and England (Source: Quality Outcomes Framework 2019-20)

Cancer: Of the five Birmingham localities, the South had the second highest prevalence of cancer (2.4%) though this was low compared to England (3.1%); it also had the second highest death rate for cancer (290 per 100,000).

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Diabetes: Although the South's recorded prevalence for diabetes (7.3%) was the lowest in Birmingham and comparable to England (7.1%), it denotes that a significant number of people were living with this life-long condition that is a risk factor for many chronic illnesses - see figure 7. This figure may underestimate the true size of the problem as the recorded prevalence is below the expected prevalence for the South.

-Diabetes: Although the recorded prevalence of diabetes in the South locality was the lowest in of localities (7.3), and comparable to England (7.1%), it denotes that a significant number of people are living with this life-long condition that is a risk factor for many chronic illnesses.

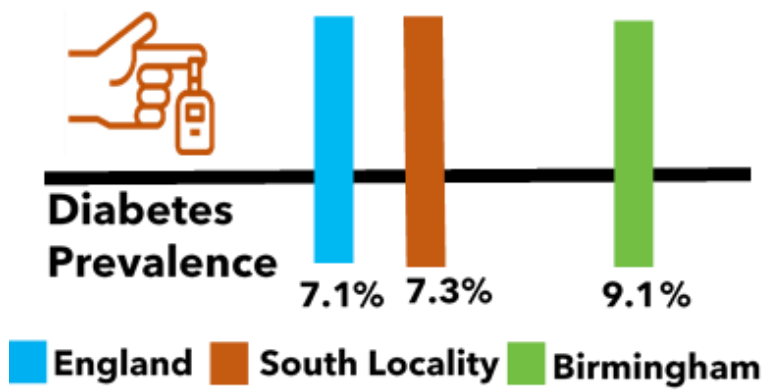


Figure 7: Diabetes prevalence for the South locality relative to Birmingham and England (Source: Quality Outcomes Framework 2019-20)

2. Introduction

This profile of the South locality of Birmingham provides evidence to support the realisation of the vision in which Birmingham is a city where all citizens share in the creation and benefits of sustainable economic growth, and live longer, healthier and happier lives. In the vision, every child, citizen, and place matters; and the city's diverse environments provide education and employment opportunities that improve the lives and health of all groups. In line with the Health and Wellbeing Board Strategy (HWB), the focus is on the provision of information that can be used to support residents to achieve their full potential concerning health and productivity¹.

Residents, commissioners and practitioners in the health and care sector will find in the profile the evidence-base to help them understand the different needs of the diverse groups living in the neighbourhoods that make up the locality. The profile is also available to the public, voluntary organisations and elected members who serve the people of the locality to assist them in recognising the varying and unique challenges faced by residents. Information on these challenges will help inform future policies and projects, support funding applications, service redesigns and improvements to resource allocation.

The profile is one of a series of reports each containing evidence about one of the five Birmingham localities that is used by Birmingham's health and social care organisations to deliver services across the city. Each of the five localities is made up of 2 constituencies. These are:

- Central: Hall Green and Selly Oak
- East: Hodge Hill and Yardley
- North: Erdington and Sutton Coldfield
- **South: Edgbaston and Northfield**
- West: Ladywood and Perry Barr.

The content of the profile has been compiled by capturing a range of data sets for the locality and benchmarking these against the city and national averages. The profile highlights emerging issues and challenges by locality relative to the national picture, including some of the effects of the COVID-19 pandemic.

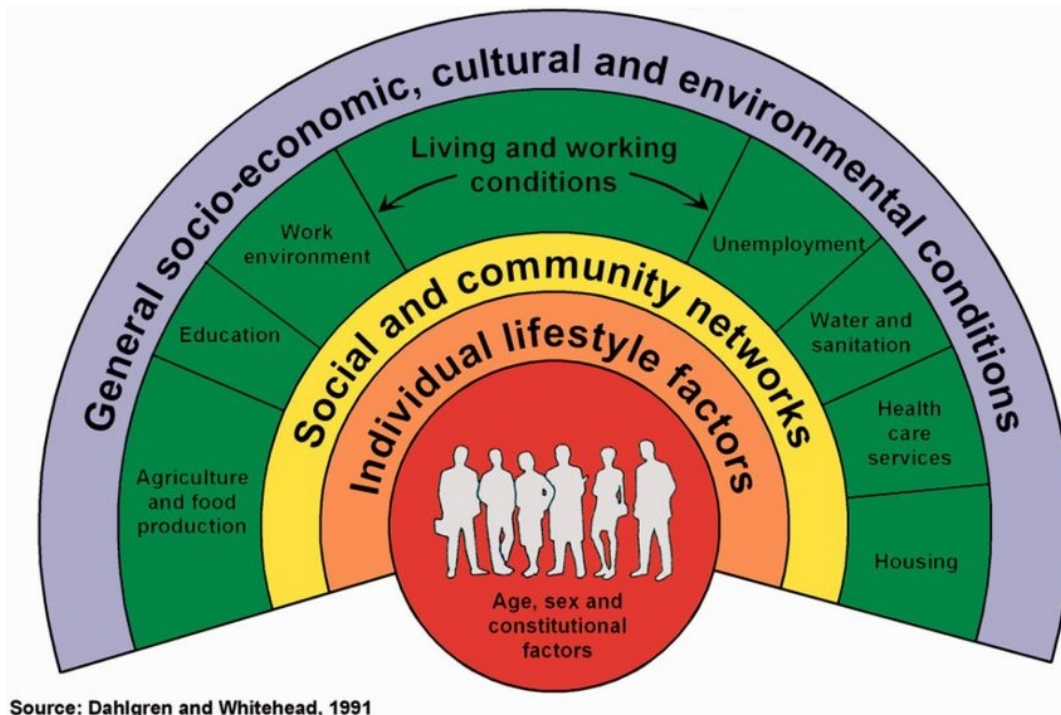
The profiles also provide information on the general characteristics of the local area, including population, age, and sex; causes of death; years of lost life; child health; working age adults; older adults; hospital admissions; and a breakdown of certain diseases.

The priorities discussed in this report are focused on addressing health inequalities. Research by Dahlgren² shows that factors affecting health inequalities include genetics,

¹ Birmingham City council. [Birmingham City Council Plan: 2018-2022](#)

² Economic and Social Research Council. [The Dahlgren-Whitehead rainbow.](#)

lifestyle factors, social and community networks, and socio-economic, cultural and environmental conditions. These factors and their inter-relationships are illustrated in Figure 8 below.



Source: Dahlgren and Whitehead, 1991

Figure 8: Dahlgren-Whitehead 1991 model of the determinants of health.

Research also indicates that the social determinants of health are important in influencing health with some studies attributing 30-55% of health outcomes to social determinants³. Addressing these social determinants is necessary for providing better health outcomes and reducing health inequalities.

Further development of the social determinants of health approach was undertaken in Marmot’s review, commissioned to develop a strategy to address these health inequalities. This review proposed a framework⁴ with indicators for monitoring these issues, including life expectancy, education, employment, deprivation, fuel poverty, and utilisation of outdoor space⁵. Many of these factors are also prioritised in our HWB strategy and addressed by the profiles.

This profile is based on geographical data at Locality, Constituency, Ward and Lower Super Output Area (LSOA)⁶ for the South locality.

³ World Health Organization. [Social determinants of health](#).

⁴ Institute of Health Equity. [Fair society healthy lives \(The Marmot Review\)-Executive Summary](#). 1

⁵ Office for Health Improvement and Disparities. [Public Health Profiles](#). © Crown copyright 2021

⁶ LSOA areas are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households.

3. Characteristics of the South Locality Population

Age/Sex

Birmingham South Locality Demographics

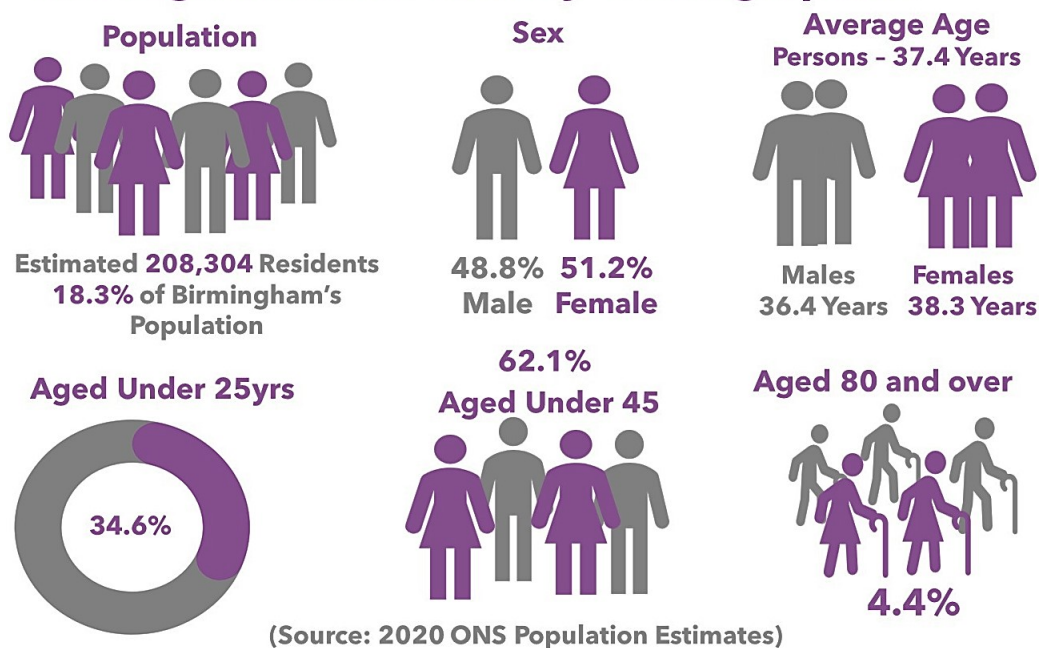


Figure 9: Birmingham South locality Demographics.

Figure 9 illustrates, that approximately 208,304 people are living in the South locality, 18.3% of Birmingham's population. Of those, 48.8% are male and 51.2% are female. The average age of people in the locality is 37.4 years; this is higher for females (38.4 years) and lower for males (36.4 years). The South locality has a large young population with over a third of the people (34.6%) aged under 25 years, and nearly two thirds (62.1%) under the age of 45 and 4.4% aged 80 and over⁷. Between 2015 and 2019, Birmingham saw just over 110,000 migrants register with GPs across the city; of these 16% (17,502) were registered at practices based in the South locality.

Ethnicity

An ethnic group is a social group of people that share a common and distinctive culture, religion, or language. Figure 10 shows the ethnic makeup of the South locality in comparison to Birmingham and England. The South locality has a larger percentage of White ethnic population (77.5%) compared to the Birmingham average (57.9%); however, it is lower than the England average (85.4%).

The 2011 Census estimated that 22.5% of the South locality population were from a minority ethnic background, as opposed to 42% within Birmingham as a whole and 15% nationally. In the South, 10.1% are of Asian ethnicity, 6% of Black ethnicity, 4.9% of Mixed/Multiple ethnicities and 1.4% of Other ethnicities.

⁷ Office for National Statistics. ONS 2020 Mid-Year Estimates.

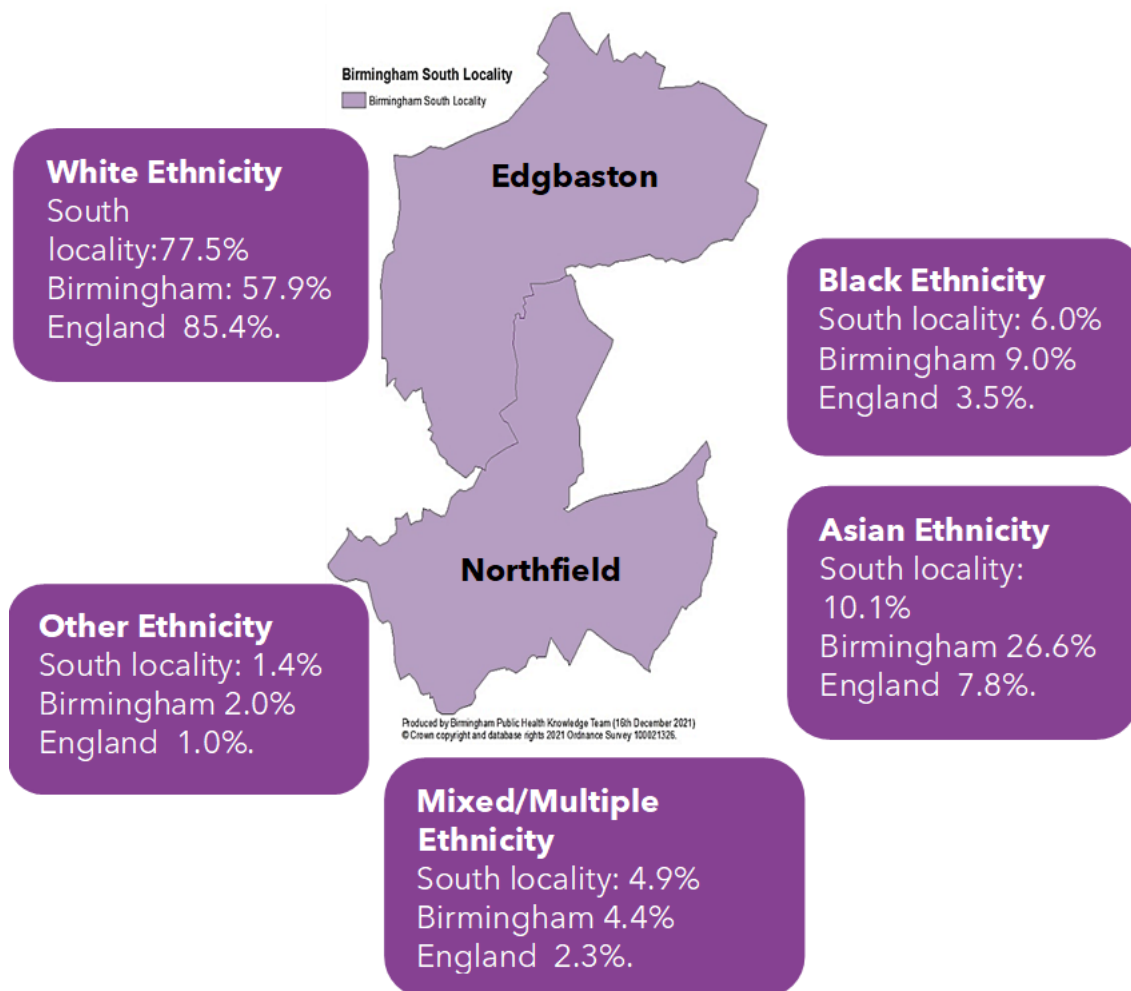


Figure 10: Ethnicity in the South locality in comparison to Birmingham and England (Source 2011 Census). For a further breakdown, please see Appendix A.

Life Expectancy

Life expectancy has increased slightly overall for Birmingham from 76.4 years in 2007/09 to 77.8 years in 2017/19 for males, and 81.4 to 82.4 years in females but this is lower compared to the England average (79.8 years in males and 83.4 years in females in 2017/19). For the same period, life expectancy increased in the South locality from about 77.2 years to 78.4 for males and 81.7 to 82.6 for females. The South has a higher life expectancy compared to the Birmingham average for both males and females (Figure 11).

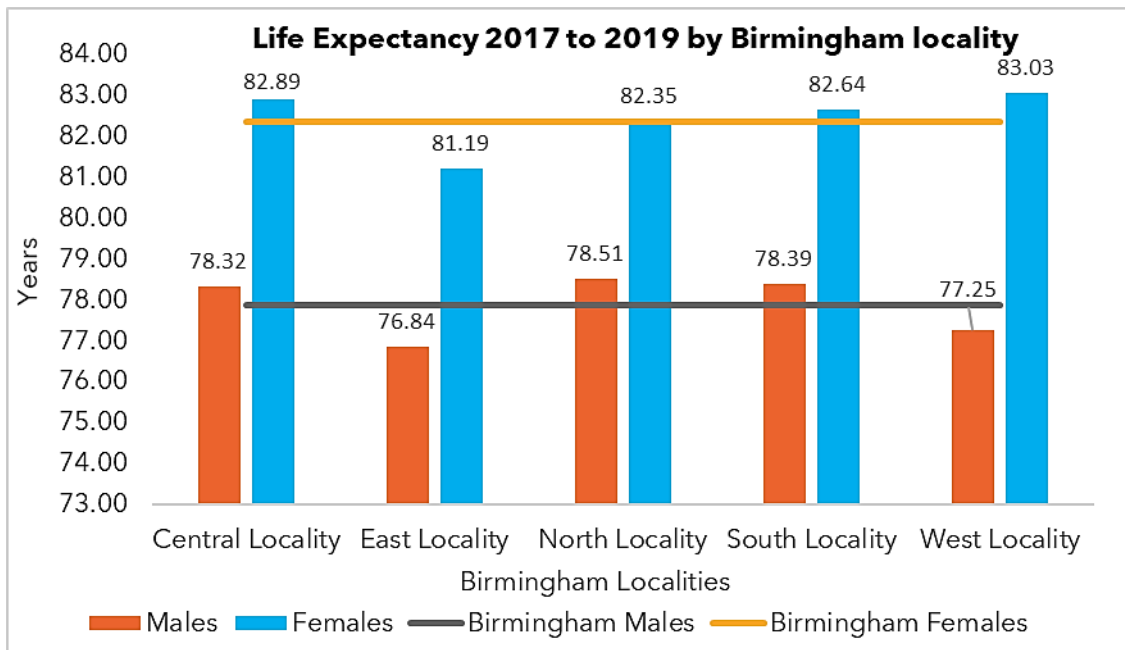
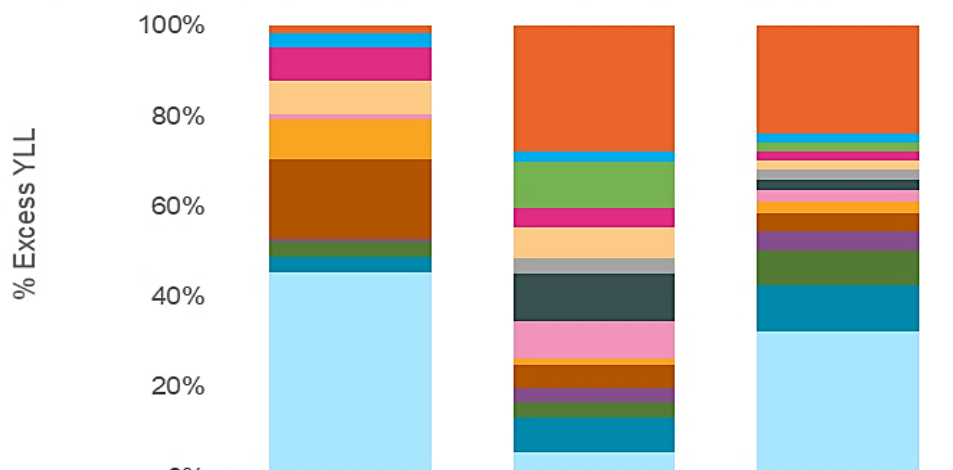


Figure 11: Life Expectancy data for the South locality compared to Birmingham and England. (Source: ONS Deaths data)

Causes of early death.

Overall, Birmingham has a lower life expectancy than the average for England. The major health conditions contributing to premature mortality can be identified by the number of years of life lost due to people dying before the age of 75. The impact of each of these by constituency for each locality, and Birmingham as a whole, has been calculated and displayed in a “Scarf Chart” (Figure 12) as proportions. In the table part of figure 12, a positive percentage indicates that more years of life have been lost than would be expected; a negative percentage indicates that fewer years of life have been lost.

Birmingham Leading 75% Conditions Applied to Districts in 2017-19



	Edgbaston District	Northfield District	BIRMINGHAM
Other	16.7%	27.8%	23.9%
Malignant neoplasm of breast	3.4%	2.4%	1.9%
Stroke	-8.5%	10.3%	2.0%
Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	7.1%	4.2%	2.0%
COPD	7.6%	6.9%	2.0%
Diabetes mellitus	-0.6%	3.4%	2.2%
Other heart diseases	-6.1%	10.6%	2.4%
Lung Cancer	1.1%	8.2%	2.4%
Pneumonia	8.9%	1.5%	2.7%
Hypertensive diseases	17.6%	5.0%	3.8%
Alcoholic Liver Disease	0.4%	3.0%	4.3%
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	3.5%	3.6%	7.8%
Coronary Heart Disease	3.3%	7.7%	10.2%
Infant Mortality	45.6%	5.5%	32.4%

Figure 12: Excess years of life lost in Edgbaston and Northfield and their causes. (Source: ONS Deaths/Vital Statistics 2017-19).

Figure 12 shows the leading causes of mortality in those aged under 75 for Birmingham applied to the South locality. The biggest single contributor to excess years of life lost is infant mortality in Edgbaston. After infant mortality, hypertensive diseases, 'other' causes, and pneumonia are the main causes of death. For Northfield, there is no single condition responsible for a high proportion of early death with 'other' causes as the main reason cited for death followed by other heart diseases and stroke.

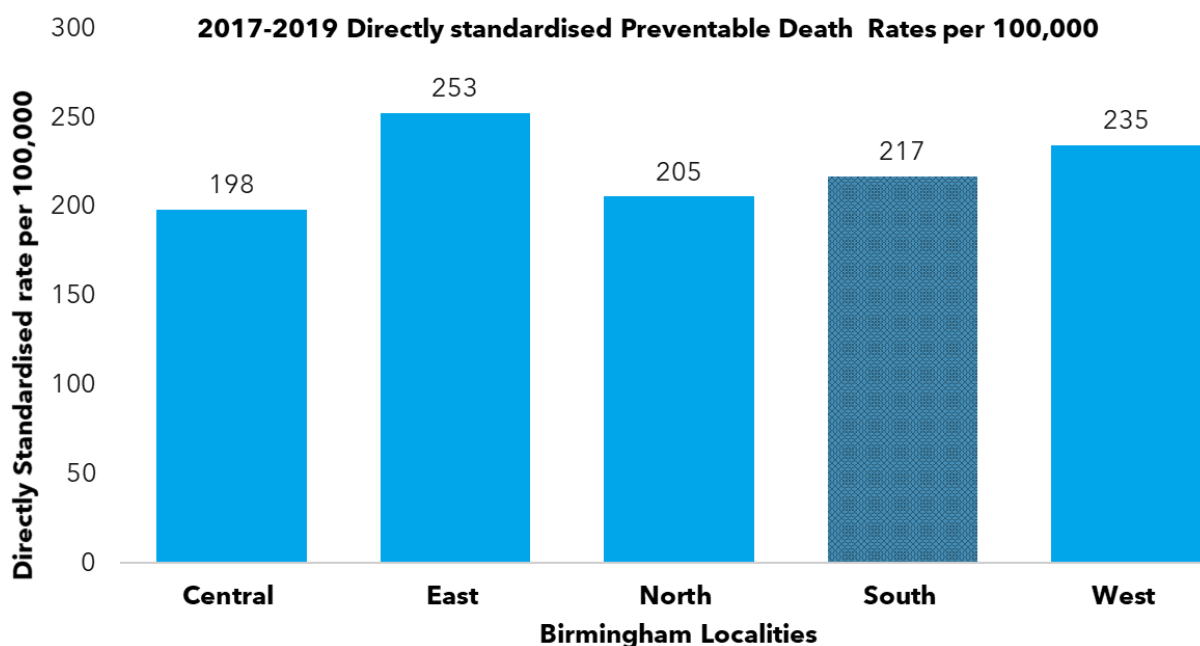


Figure 13: Preventable deaths DSR rates per 100,000 in under 75s. (Source: ONS Annual Deaths data for 2017 to 2019)

Between 2017 to 2019, the South locality had the 3rd highest directly standardised rate of preventable deaths (217 per 100,000) across all localities (Figure 13). Preventable deaths, also known as avoidable deaths, are deaths resulting from or related to risk factors which could have been avoided. The East locality had the highest rate of preventable deaths across Birmingham (253), with the Central locality having the lowest rate (198).

4. COVID-19

COVID-19 is an acute respiratory disease caused by a novel coronavirus (SARS-CoV-2, previously known as 2019-nCoV)^{8,9}. The virus is believed to have originated in Wuhan, China, where it spread quickly to the rest of the world. The World Health Organisation declared COVID-19 as a public health emergency of international concern (PHEIC) on 30th January 2020, and a pandemic on 11th March 2020¹⁰.

In the first and second waves of the pandemic, more men died from COVID-19 compared to women and the death rate was highest in the over 65s¹¹. The pandemic had a worse impact on those from lower socioeconomic backgrounds than on the more affluent parts of the population. In the UK, Black, South Asian, and White Irish people were more likely to acquire the infection and be hospitalised compared to White British^{10,12}. People from minority ethnic backgrounds have been disproportionately affected by COVID-19¹³. People who had no qualifications or those from lower socioeconomic backgrounds also had higher levels of positive infection result¹¹. People who died from COVID-19 were twice as likely to be from the most deprived regions in the country than those from the least deprived^{14,15,16}. In-hospital deaths were also higher in the Asian or Black populations, and this was not necessarily attributable to deprivation or clinical risk factors^{10,11,13}. Besides being male and older, other risk factors include being obese¹⁰, having uncontrolled diabetes, severe asthma and other medical conditions¹².

⁸ Guo, Y., Cao, Q., Hong, Z. et al. The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak - an update on the status. *Military Med Res* 7, 11 (2020). <https://doi.org/10.1186/s40779-020-00240-0>

⁸ Kannan S, Shaik Syed Ali P, Sheeza A, Hemalatha K. COVID-19 (Novel Coronavirus 2019) - recent trends. *Eur Rev Med Pharmacol Sci*. 2020 Feb;24(4):2006-2011. doi: 10.26355/eurrev_202002_20378. PMID: 32141569.

⁹ Kannan S, Shaik Syed Ali P, Sheeza A, Hemalatha K. COVID-19 (Novel Coronavirus 2019) - recent trends. *Eur Rev Med Pharmacol Sci*. 2020 Feb;24(4):2006-2011. doi: 10.26355/eurrev_202002_20378. PMID: 32141569.

¹⁰ World Health Organisation. [WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020](#).

¹¹ Office for National Statistics. [Updating ethnic contrasts in deaths involving the coronavirus \(COVID-19\), England: 24 January 2020 to 31 March 2021](#).

¹² Niedzwiedz CL, O'Donnell CA, Jani BD, et al. Ethnic and socioeconomic differences in SARS-CoV-2 infection: prospective cohort study using UK Biobank. *medRxiv* 2020.04.22.20075663; doi.org/10.1101/2020.04.22.20075663

¹³ The Lancet. Intersectionality and developing evidence-based Policy COVID-19

¹⁴ Wachtler B, Michalski N, Nowossadeck E, et al. Socioeconomic inequalities and COVID-19 - A review of the current international literature. *Journal of Health Monitoring* · 2020 5(S7) DOI 10.25646/7059.


¹⁵ Williamson E, Walker AJ, Bhaskaran KJ, et al. OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. *medRxiv* 2020.05.06.20092999; doi: <https://doi.org/10.1101/2020.05.06.20092999>

¹⁶ Office for National Statistics. [Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 31 July 2020](#).

COVID-19 Cases


COVID-19 Confirmed Case Rates per 100,000 by Ward 1st January 2021 to 12th December 2021 (Pillar 1 & 2)


Legend


 Birmingham Localities


Rate_per_100K

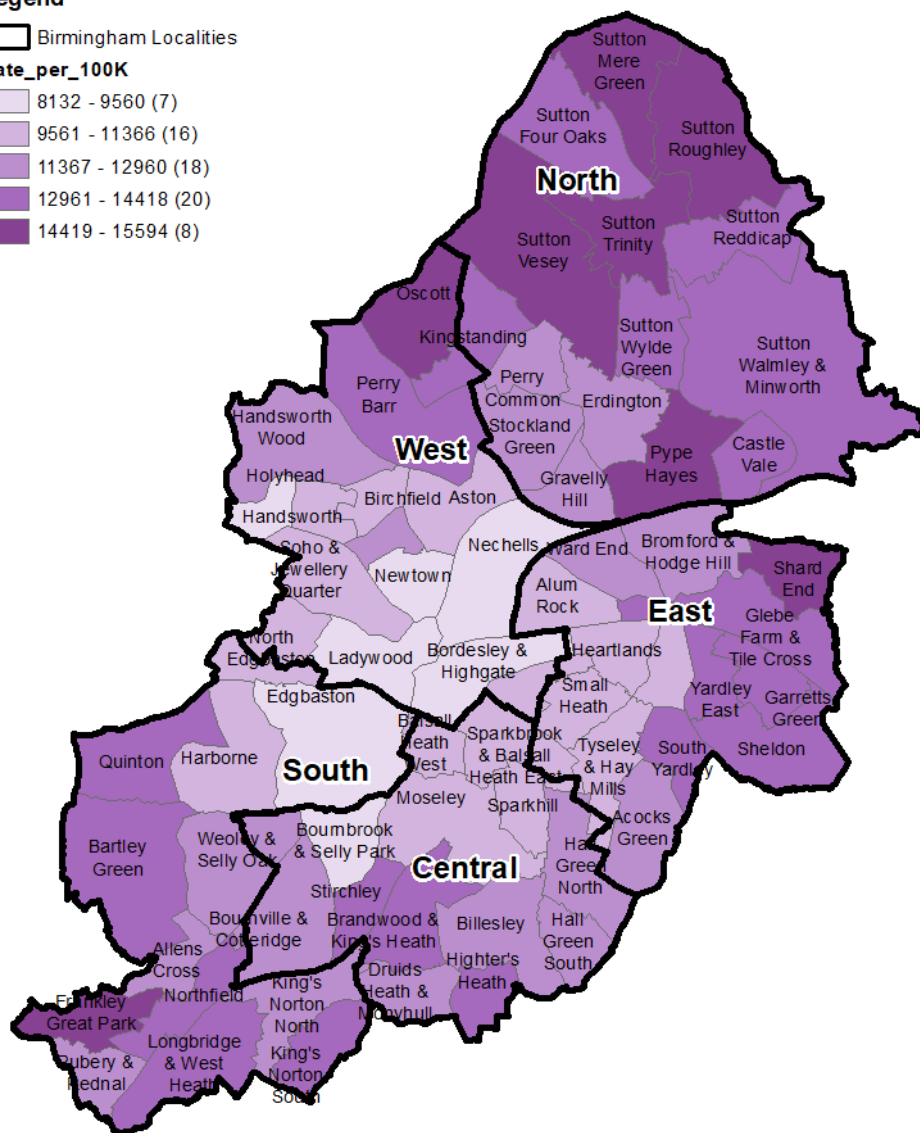
 8132 - 9560 (7)

 9561 - 11366 (16)

 11367 - 12960 (18)

 12961 - 14418 (20)

 14419 - 15594 (8)



Source: Covid-19 Situational Awareness Explorer (line listing).
Produced by Birmingham Public Health Division (16 Dec 2021)
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Figure 14: Confirmed COVID-19 cases (rate per 100,000 population). (Source: UK Health Security Agency COVID-19 Situational Awareness Explorer)

The South locality recorded 161,669 cases per 100,000 between January - December 2021. Figure 14 shows that Frankley Great Park (15,209) and King's Norton South (14,040) had the highest confirmed case rates with Edgbaston (8,511) having the lowest rate. The North locality recorded the highest confirmed COVID-19 case rate with 210,412 case rate per 100,000 and the West the lowest rate with 150,580 per 100,000 of all five localities.

COVID-19 Deaths

Figure 15 is a trend chart showing the average weekly deaths and the excess five-year average deaths since January 2020 for Birmingham. Between April and May 2020 and again between November 2020 to March 2021, excess deaths were mainly associated with COVID-19.

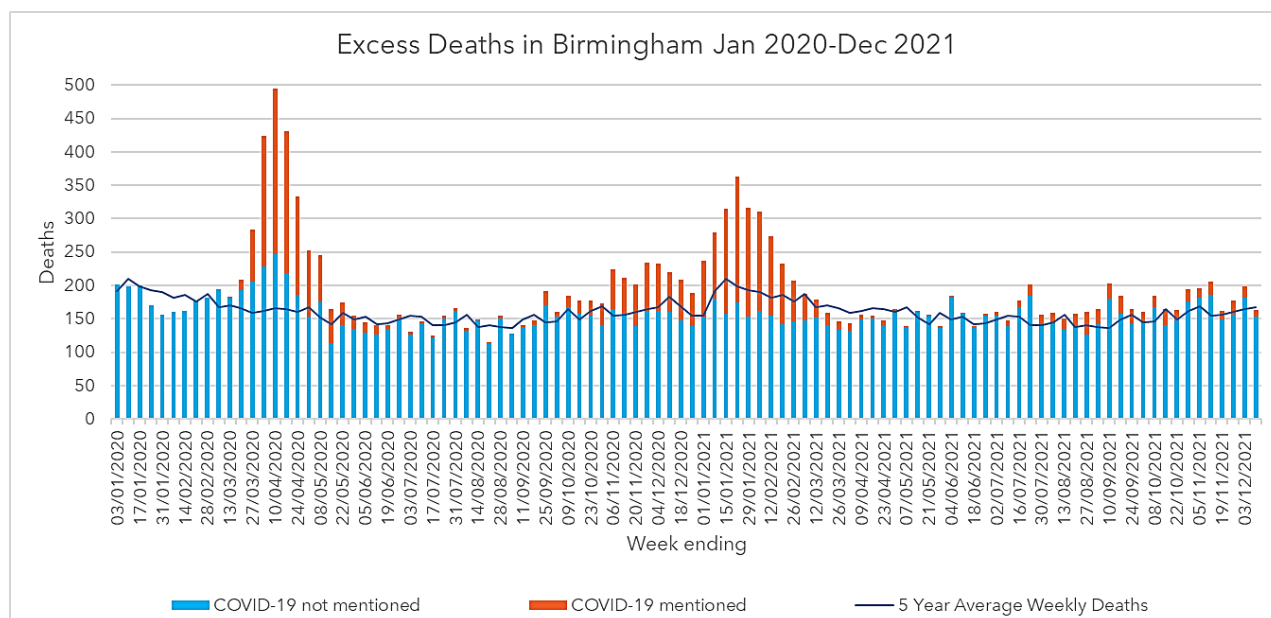


Figure 15: Excess deaths in Birmingham between January 2020 and December 2021. (Source: UK Health Security Agency COVID-19 Situational Awareness Explorer)

The South locality had the least overall deaths due to COVID-19 (513 or 15.3%) of all five localities. The South locality also had the second lowest total number of deaths (3,252). The East locality had the highest number of COVID-19 deaths (786 or 23.4%) and a total number of deaths (3,615) - see table 2.

Localities	Number of COVID-19 deaths	Total Number of deaths	% of all deaths that were COVID-19 related by locality*	Comparing COVID deaths between localities**
Central Locality	672	3,289	20.4%	20.0%
East Locality	786	3,615	21.7%	23.4%
North Locality	621	3,592	17.3%	18.5%
South Locality	513	3,252	15.8%	15.3%
West Locality	766	3,095	24.7%	22.8%
Total	3358	16,843	19.9%	100.0%

Table 2: COVID-19 related deaths from 1st February 2020 to 1st October 2021. *Percentage of deaths with COVID-19 mentioned on the death certificate of all the deaths registered in each locality. **Comparing percentage of COVID-19 related deaths between localities. (Source: ONS deaths data for 1st Feb 2020 to 1st Oct 2021)

COVID-19 Vaccine Uptake

Vaccination Uptake by Locality up to 17 January 2022

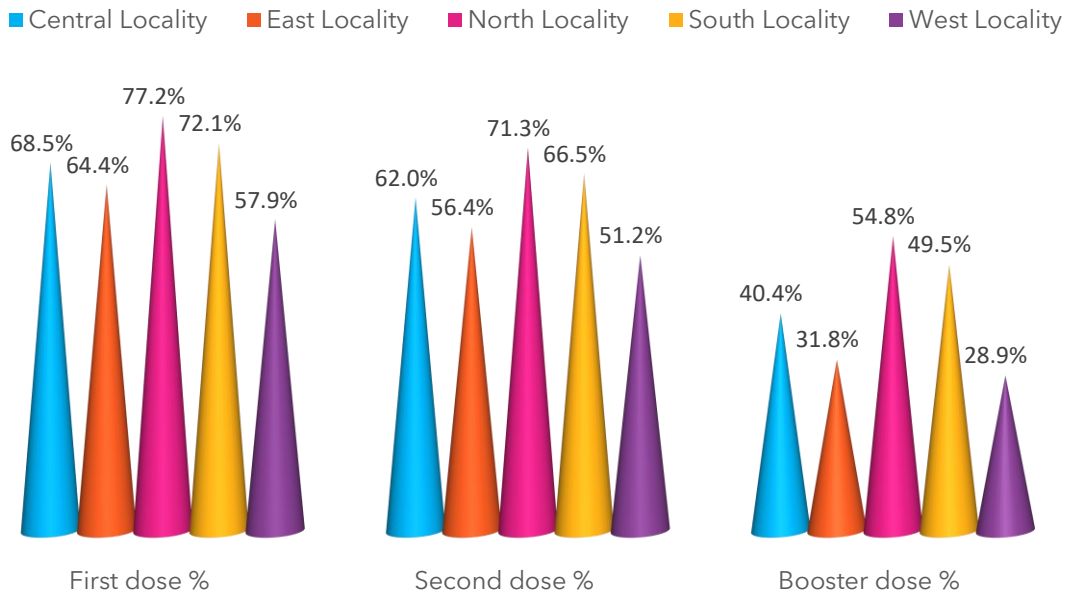


Figure 16: Percentage vaccination uptake by Birmingham locality. (Source: NHS Immunisation Management Service)

The South locality has the second-best rate for vaccine uptake. Nearly three-quarters of the eligible population had their first dose and two-thirds had their second. However, only half of the eligible population had their third. All three doses were less than the England averages (90.6%, 83.2% and 63.2%, respectively). The North was slightly better with 77%, 71% and 55% taking up the first, second and booster doses, respectively. The West locality had the worst uptake numbers with only about half the population taking their first and second doses and only a quarter for the booster- see figure 16.

5. Socio-Economic Environment

Employment

Figure 17 shows the percentage of resident employment rates by locality, compared to the West Midlands, Birmingham, and the United Kingdom between 2004 - 2021. Employment rates for the locality have generally been higher than that found for the city until the pandemic when for the first time the employment rate dipped below the Birmingham average to about 64%. The employment rate, however, has generally been lower in the South locality compared to the West Midlands and the United Kingdom except for 2006/07.

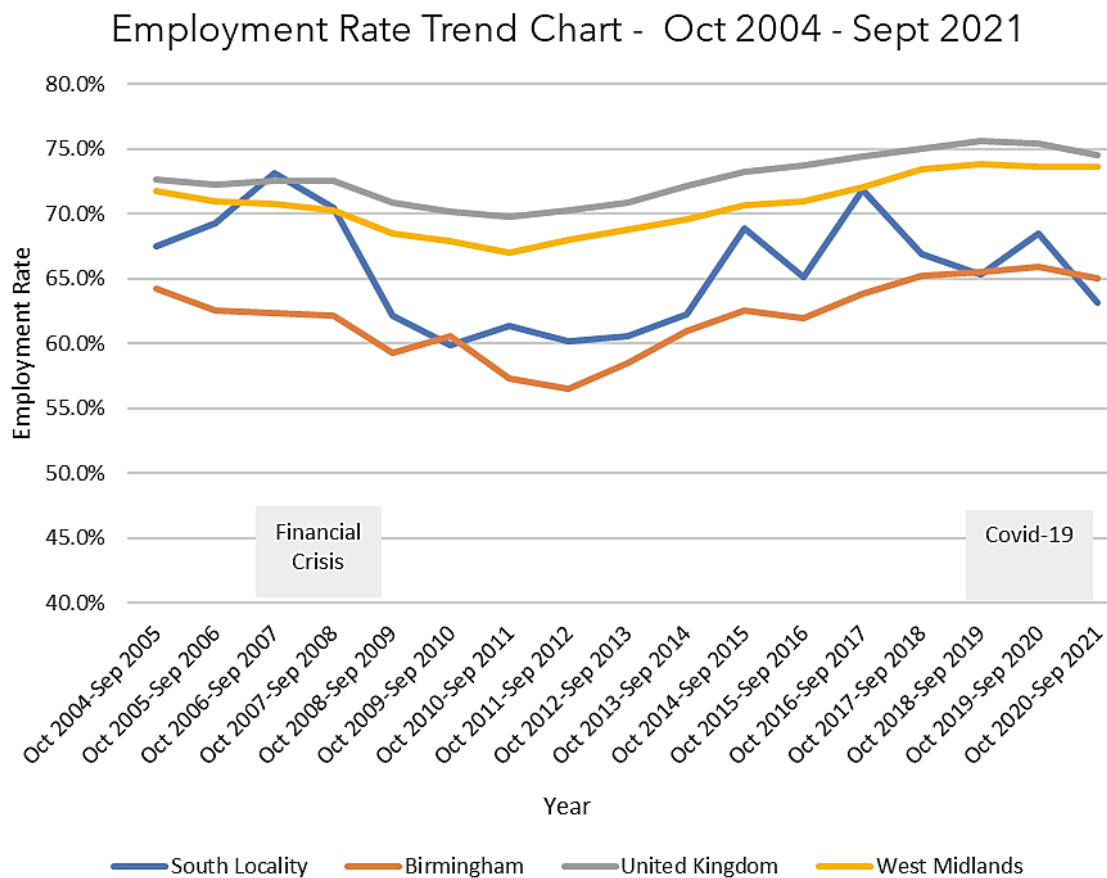


Figure 17: Employment Trend Chart. Caution should be taken when referring to this data, as it is based on the ONS Annual Population Survey, which is survey-based data and the sample size at the locality level is small, therefore the data could be prone to sampling error. (Source: ONS Annual Population Survey)

Like many places across the globe, employment levels across the South locality fell during the global financial crisis in 2008/09, where the employment rate fell to 59.8% by 2009/10. Employment levels slowly rose to over 70% in 2017 but dipped again and have continued to drop after the pandemic, falling below the Birmingham rate between Oct 2020 - Sep 2021.

Unemployment - unadjusted claimant count - October 2021



Figure 18: Unadjusted unemployment claimant count by constituency, Birmingham and England, October 2021 (source: ONS Claimant count by sex and age).

Figure 18 shows unemployment using an unadjusted claimant count. This is the number of people claiming Jobseeker's Allowance plus people claiming Universal Credit who are required to seek work. Unemployment levels within the locality differ; Northfield (13.9%) is similar to that found across the city (13.4%) while Edgbaston has lower levels of unemployment (7.2%). Ladywood constituency (West locality) has the highest levels of unemployment in the city (23.1%) and Sutton Coldfield constituency (North locality) has the lowest (3.2%).

Industry - Usual residents aged 16 and over

Caution should be taken when using this data as it is based on the 2011 Census.

Industry	South	Central	East	North	West	Birmingham
A Agriculture, forestry and fishing	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
B Mining and quarrying	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C Manufacturing	8.2%	7.8%	11.1%	10.0%	9.1%	9.2%
D Electricity, gas, steam and air conditioning supply	0.4%	0.5%	0.5%	0.5%	0.4%	0.5%
E Water supply	0.6%	0.6%	0.7%	0.8%	0.6%	0.6%
F Construction	6.3%	5.6%	6.5%	7.4%	4.5%	6.1%
G Wholesale and retail trade	13.6%	14.8%	18.0%	16.1%	16.2%	15.7%
H Transport and storage	4.0%	5.0%	8.4%	5.0%	6.1%	5.7%
I Accommodation and food service activities	5.6%	5.9%	6.8%	4.8%	8.5%	6.3%
J Information and communication	2.9%	3.5%	2.5%	3.2%	3.1%	3.0%
K Financial and insurance activities	3.9%	4.0%	3.5%	4.2%	4.4%	4.0%
L Real estate activities	1.6%	1.5%	1.2%	1.5%	1.5%	1.5%
M Professional, scientific and technical activities	5.9%	6.1%	3.6%	6.4%	5.9%	5.6%
N Administrative and support service activities	4.8%	4.5%	6.2%	4.8%	6.1%	5.3%
O Public administration and defence	5.1%	4.8%	4.1%	5.3%	4.9%	4.8%
P Education	12.9%	15.2%	9.9%	11.8%	10.5%	12.1%
Q Human health and social work activities	19.2%	14.9%	13.1%	13.5%	13.5%	14.8%

Table 3: Percentage of people in Birmingham and Birmingham localities by Industry type (Source: 2011 Census)

Table 3 shows the percentage of usual residents aged 16 and over by industry. Nineteen percent of the South locality population aged 16 to 74 worked in the Human Health and Social Work activities, 14% in the Wholesale and retail trade and 13% in Education. Similar percentages for these industries are seen for Birmingham and the other 4 localities too.

Occupation - Usual residents aged 16 and over

Caution should be taken when using this data as it is based on the 2011 Census.

Occupation	South	Central	East	North	West	Birmingham
1. Managers, Directors and Senior Officials	8.4%	8.4%	6.6%	10.7%	7.3%	8.3%
2. Professional Occupations	21.9%	22.4%	11.2%	19.0%	16.3%	18.3%
3. Associate professional and technical occupations	11.4%	12.0%	8.4%	12.5%	10.6%	11.0%
4. Administrative and secretarial occupations	11.9%	10.9%	11.9%	13.0%	11.0%	11.7%
5. Skilled trades occupations	9.7%	9.0%	11.5%	9.9%	9.2%	9.8%
6. Caring, leisure, and other service occupations	10.8%	9.4%	11.1%	9.1%	10.0%	10.1%
7. Sales and customer service occupations	7.7%	8.9%	10.5%	8.0%	10.0%	9.0%
8. Process plant and machine operatives	6.7%	7.4%	12.7%	7.1%	9.2%	8.5%
9. Elementary occupations	11.5%	11.5%	16.2%	10.7%	16.3%	13.2%

Table 4: Percentage of people in Birmingham and Birmingham localities by occupation type (Source: 2011 Census)

Table 4 shows the percentage of usual residents aged 16 and over by occupation type. In the South locality, of the population who are aged 16 to 74, 22% worked in Professional Occupations (occupations which require a high level of knowledge and experience). This was also the biggest occupation overall for Birmingham, as well as for the Central and North localities, too. Twelve percent of residents were in an Administrative Occupations (involving administrative and clerical work) and Elementary Occupations, and 11% in Caring, Leisure and Other Service Occupations (involving the provision of services to customers) followed by 10% in Skilled Trades (Agriculture, metal and electronic trades).

Qualifications - Usual Residents aged 16 and over

Caution should be taken when using this data as it is based on the 2011 Census.

Qualifications	Birmingham	South	Central	East	North	West
No qualifications	28%	26%	25%	36%	26%	28%
Level 1 qualifications	13%	13%	12%	15%	13%	13%
Level 2 qualifications	13%	14%	13%	14%	15%	13%
Apprenticeship	1%	2%	2%	2%	3%	1%
Level 3 qualifications	14%	14%	15%	10%	12%	14%
Level 4 qualifications and above	22%	26%	27%	14%	26%	22%
Other qualifications	9%	5%	6%	8%	5%	9%

Table 5: Percentage of people in Birmingham and Birmingham localities by qualifications (Source: 2011 Census)

Table 5 shows the percentage of usual residents aged 16 and over by Qualification type. One in four people in the South locality (26%) had no qualifications, slightly lower compared to Birmingham (28%). The East locality had the highest percentage (36%) of people with no qualifications. One in four people (26%) of the South locality population had a level 4 and above qualification, which was higher than that of Birmingham (22%). The East locality had the lowest proportion of people (14%) with a level 4 and above qualification.

Deprivation

The Index of Multiple Deprivation (IMD) is a measure of the relative levels of deprivation and ranks the relative deprivation for every small area in England from 1 (most deprived area) to 32,844 (least deprived area). These small areas are Lower-layer Super Output Areas (LSOAs)¹⁷, which are small areas designed to be of similar population size – an average of 1,679 residents and 643 households in Birmingham LSOAs. Birmingham ranks the 7th most deprived local authority with 43% of the population living in the 10% most deprived areas of England.

Localities	2020 Population per Locality in 10% most deprived Nationality Decile	% of Population in 10% most deprived Nationality Decile by Locality
Central	68,484	30.6%
East	148,639	61.2%
North	65,887	33.6%
South	67,976	32.0%
West	136,078	51.2%

Table 6: 2020 population estimates by locality living in the 10% most deprived decile. (Source: IMD2019 scores and 2020 ONS Populations.)

Table 6 shows the number of people living in the 10% most deprived decile. The South locality had 32% of its population living in the 10% most deprived decile, which was similar to the North (34%) and Central (31%) localities. However, the East (61%) and West (51%) localities had more than half their populations living in the 10% most deprived decile.

Figure 19 shows a map of the local areas by their national rank, the darkest purple shading being the most deprived. The South locality was ranked by constituency with Northfield ranking 6th and Edgbaston 8th deprived constituencies of all 10 constituencies in the city.

¹⁷ LSOAs (Lower-layer Super Output Areas) are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households.

Index of Multiple Deprivation (IMD) 2019 by LSOA

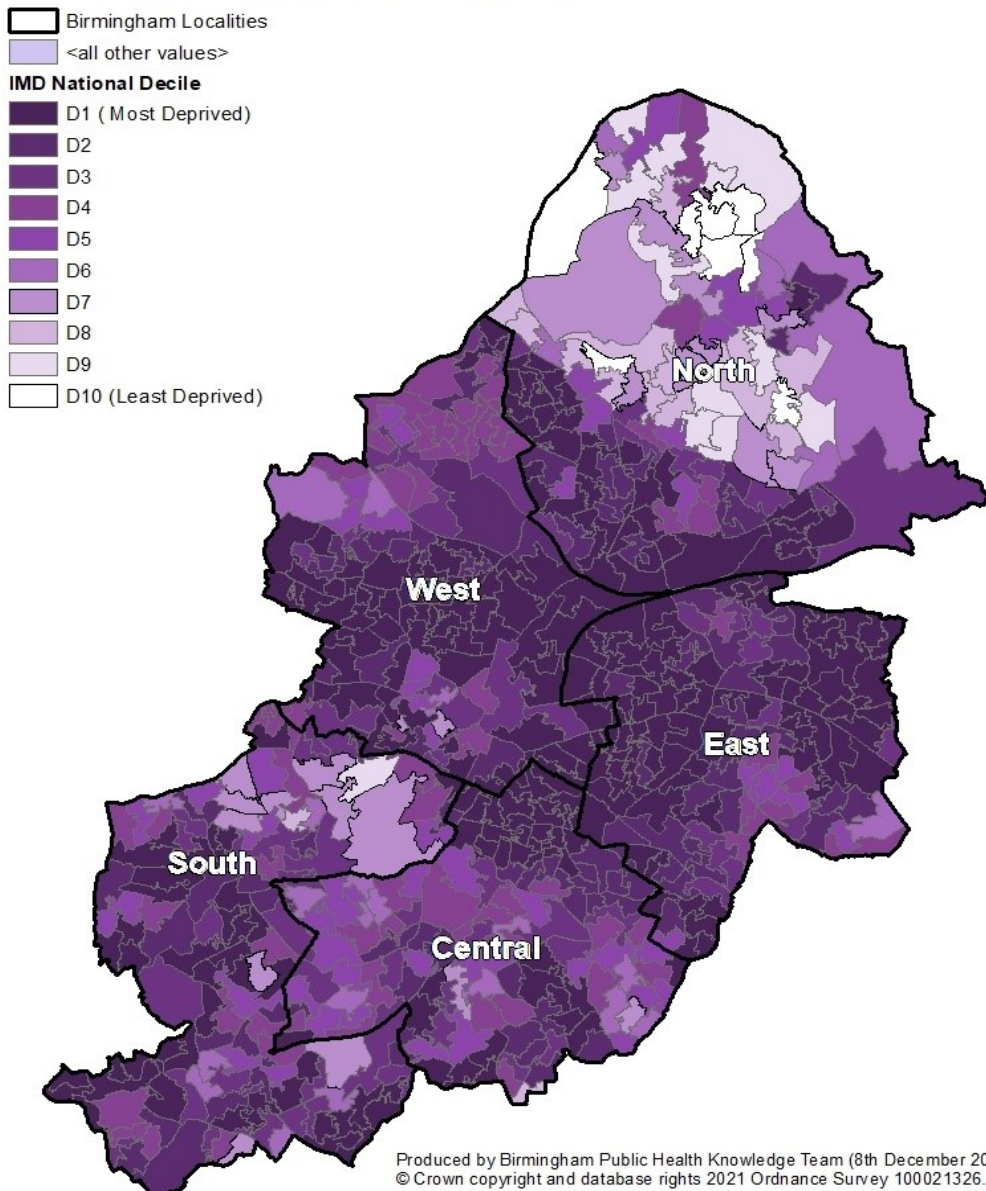


Figure 19: 2019 IMD Deprivation Map of Birmingham. (Source: IMD 2019)

Violent Crime

One of the Government’s ambitions is to end violence against women and girls¹⁸ with an emphasis on prevention. The focus of the emergency admissions due to the violence indicator below (Figure 20) is to enable prevention and treatment alongside criminal justice measures for a balanced approach to this issue using interventions that are effective and evidence based.

Figure 20 shows the percentage of emergency admissions due to violent crime for all five localities compared to Birmingham and England. During 2018 - 2021, the South locality recorded 63.4 per 100,000 admissions due to violence. This is the second lowest rate of all localities, with the Central locality having the lowest rate (55.8). The West

¹⁸ HM Government. [Call to end violence against women and girls](#)

locality had the highest rate (71.9). The South locality rate is similar to that found in Birmingham (63.7) but higher than the England rate (42.0). Therefore, although violence related admissions are lower than in three of the other localities, violence remains a concern in the South.

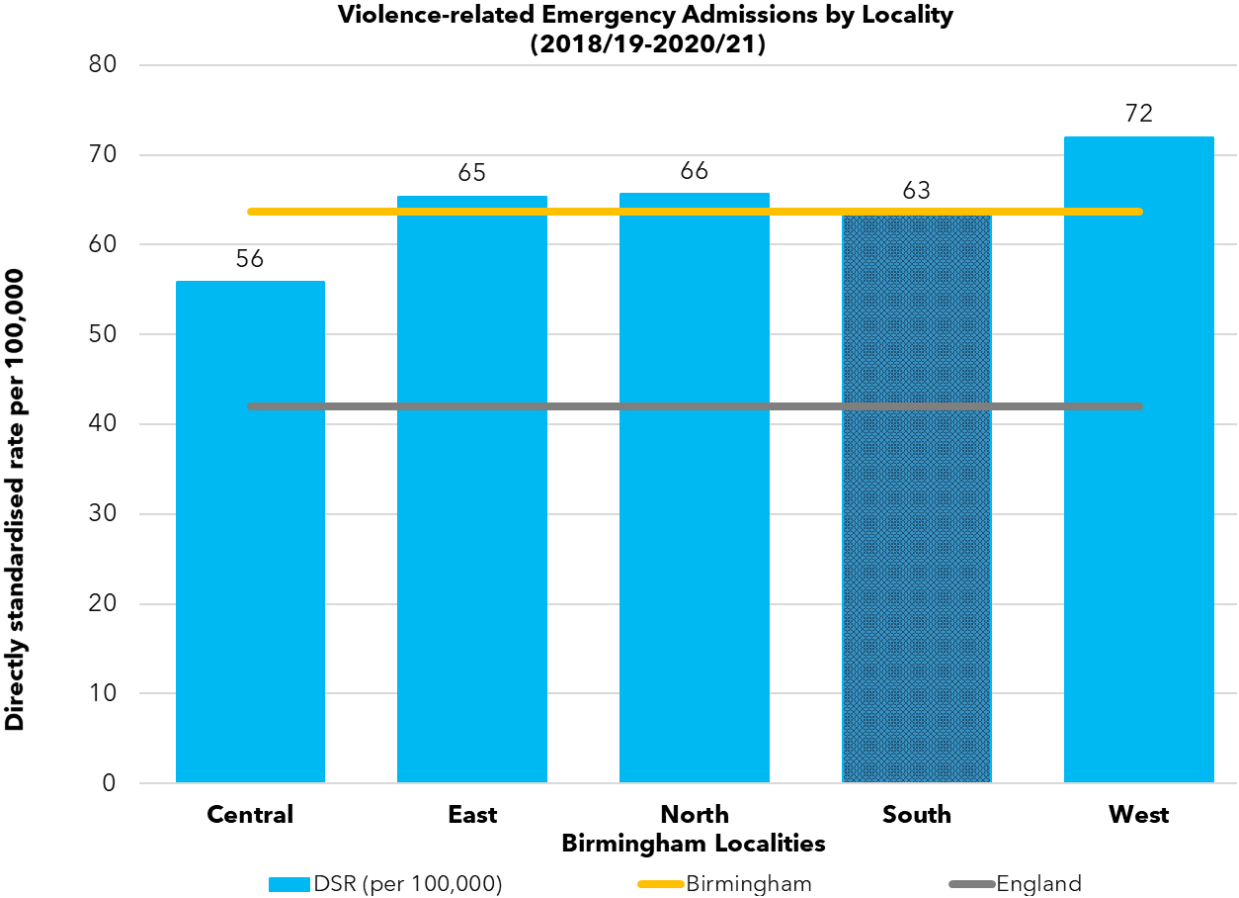


Figure 20: Emergency hospital admissions due to violence (including sexual violence) by the 5 Birmingham localities. (Source: HES Inpatients data, 2018/19-2020/21)

Resident Survey 2020 - Feeling Safe

Figure 21 shows the findings from a Resident Survey conducted in 2020. Most people in the South locality reported feeling safe during the day in their local area but only about two-thirds said they felt safe going out at night.

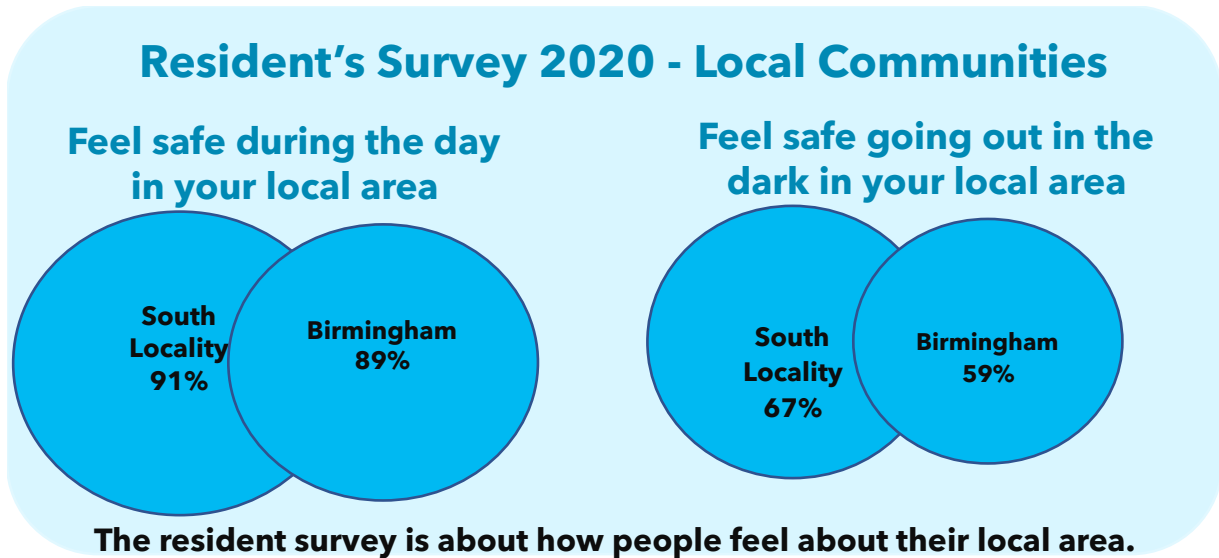


Figure 21: Resident Survey 2020 - Feeling safe in your local area.

Ninety-one percent of residents said they felt safe during the day. This is higher than that found for the city (89%). People felt less safe going out in the dark in their local area, with 67% of the South locality feeling safe in the dark, compared to 59% for Birmingham residents.

6. Physical Environment

Air Quality

Air quality is the term we use to describe how polluted the air we breathe is. When air quality is poor, pollutants in the air may be hazardous to people, particularly those with lung or heart conditions.

Clean air is a basic requirement of a healthy environment for us all to live in, work, and bring up families. Air quality has improved significantly in recent decades, but there are some parts of our country where there are unacceptable levels of air pollution.

Air pollution is primarily caused by the combustion of fossil fuels, for example, in power generation, industrial processes, domestic heating and road vehicles. These can give rise to a number of pollutants including nitrogen oxides (NO_x), sulphur dioxide (SO₂) and particulate matter (PM). Chemical reactions in the atmosphere can also lead to the generation of other pollutants. Ozone is produced by the effect of sunlight on nitrogen oxides and volatile organic compounds (also produced by industry), while NO_x and sulphur oxides can also contribute to the formation of particulate matter. On average, transport is responsible for 80% of NO_x emissions at the roadside in areas where we need to act to reduce levels¹⁹.

In the UK, it is estimated that each year there are 40,000-50,000 deaths attributable to air pollution²⁰; in Birmingham, 5.8% of deaths are attributable to fine particulate matter²¹, which equates to about 479 deaths a year for 2019. WHO estimates that about 58% of air pollution pre-mature death is due to ischaemic heart disease and stroke, 18% due to chronic obstructive pulmonary disease and acute lower respiratory infection, and 6% of deaths to lung²².

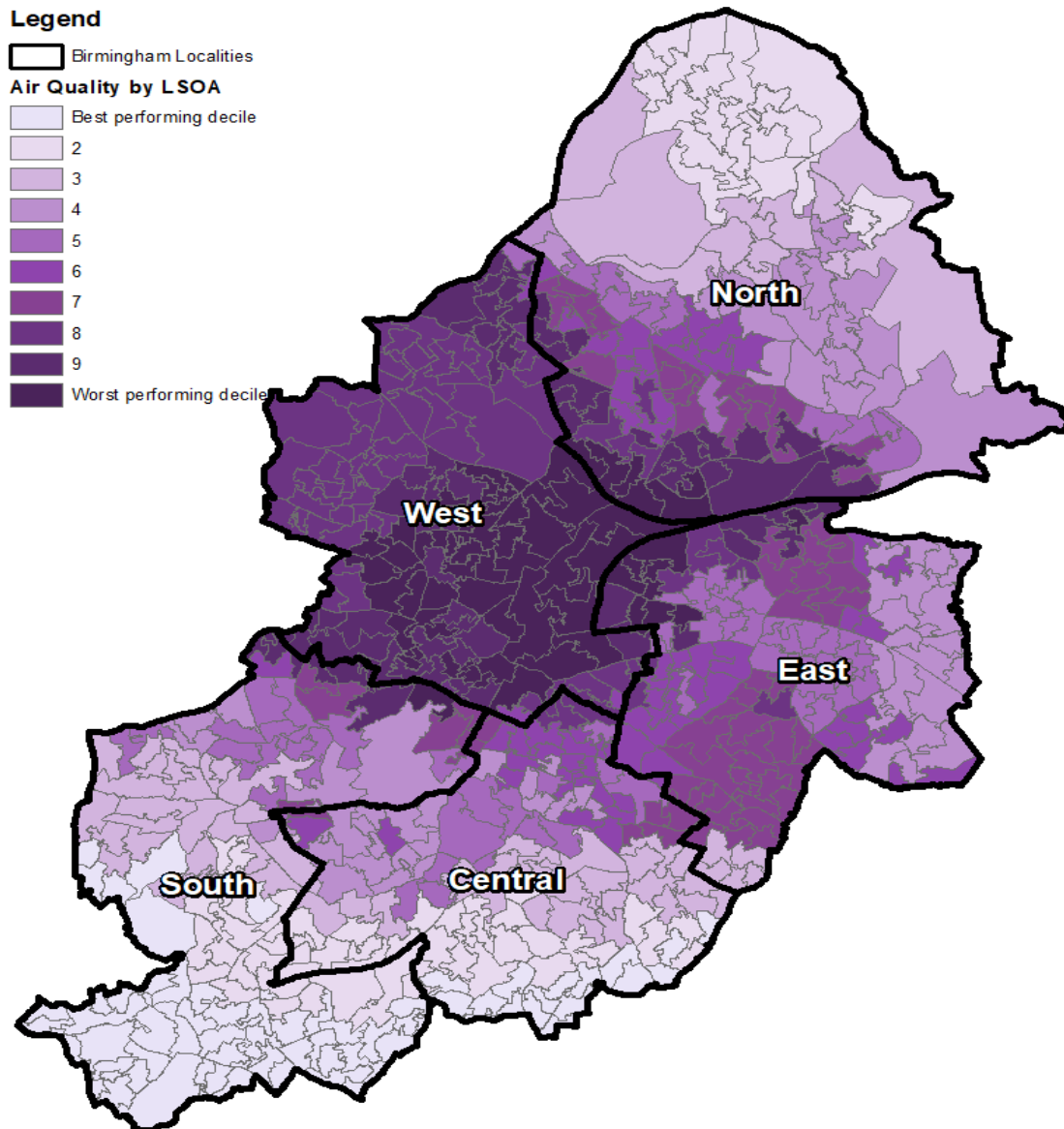
¹⁹ Department for Environment Food and Rural Affairs. [Improving air quality in the UK Tackling nitrogen dioxide in our towns and cities: UK overview document \(December 2015\)](#).

²⁰ Policy Connect Limited. [Briefing - The health effects of air pollution: time to act](#).

²¹ Office for Health Improvement and Disparities. [Public Health Profiles](#). © Crown copyright 2021

²² World Health Organization. [Ambient \(outdoor\) air pollution](#).

Air Quality (Nitrogen Dioxide, Particulate Matter 10 & Sulphur Dioxide) in Birmingham by LSOA



Data from Consumer Data Research Centre Access to Health Assets and Hazards (AHAH) index.
 Produced by Birmingham Public Health Division (Dec 2021)
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Figure 22: Air Quality in Birmingham. (Source: Consumer Data Research Centre)

Figure 22 shows that the South locality has some air quality issues particularly at its northern edge where it links to the Centre of Birmingham. The South locality improves as you head southwest, nevertheless it has high levels of both NO² and PM₁₀, which contributes to poor health and early death.

Fuel Poverty

Fuel poverty is defined as households having low income but high fuel costs. In Birmingham, 21% of all households (92,990 households) are living with fuel poverty²³.

Estimated Fuel Poor Rate per 1,000 Households (2021) Source: Department for Business, Energy and Industrial Strategy

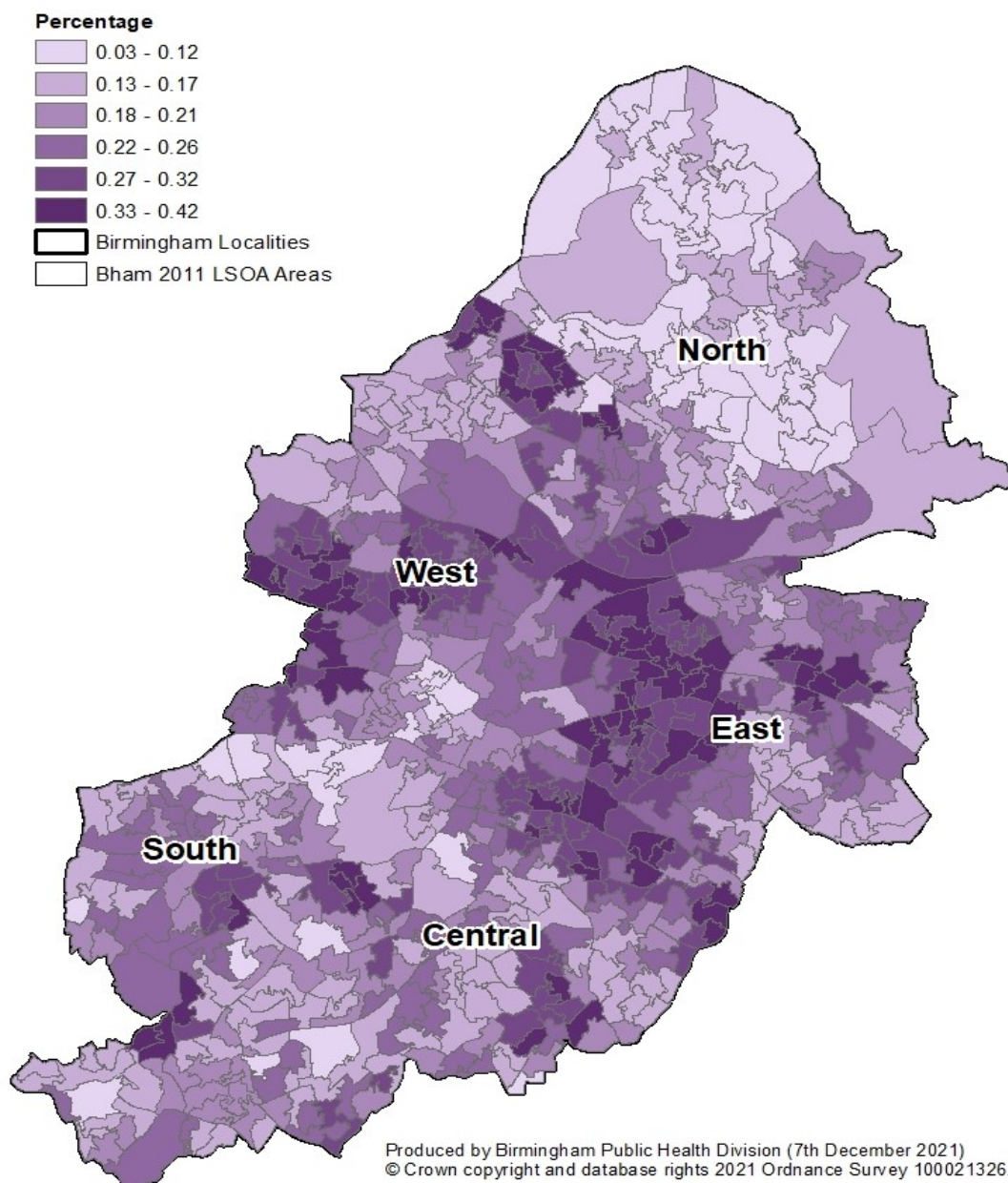


Figure 23: Fuel Poverty by Birmingham LSOA. (Source: Department for Business, Energy & Industrial Strategy, 2021)

Figure 23 shows that the South locality has some areas that may be struggling to pay high energy costs due to low incomes. However, fuel poverty is higher in the East and West of the city. Living in a poorly heated home is strongly linked to poor

²³ Department for Business, Energy & Industrial Strategy - Sub-regional fuel poverty data 2021 (2019 data).

health outcomes and there are several areas within the locality with a high poverty rate (Department for Business, Energy & Industrial Strategy (2021)²⁴.

In November 2021, the WarmBrum Campaign was launched to help tackle fuel poverty in the city. A hundred and forty front line officers have received Fuel Poverty training from Agility Eco to date. A Fuel Poverty Alliance (as a subsidiary of Birmingham's Financial Inclusion Partnership) has been set up, bringing together City Housing, Public Health and multiple partners. This approach is to ensure households receive advice & support, along with energy efficiency measures to their homes through government grants. The fuel poverty metric was revised in spring 2021 by Central Government with an emphasis on poor energy efficient homes and low incomes. Birmingham is trying to maximise all externally available funding to ensure that vulnerable people in the city are supported. Working with the Council's delivery partner Agility Eco, it has been agreed over 600 eco flex requests (supporting more households/residents who are vulnerable living in a cold home) will deliver over 1,000 individual energy saving measures, with an estimated lifetime bill savings of over £5 million.

A fuel poverty strategy is currently under development to underpin the Council's work in this area.

Overcrowding and Density

In Birmingham, 9.1% of households were overcrowded (Census 2011). These households have at least one bedroom too few for the number of people living in the household. Looking at the city's density also shows a small increase of 9.6%, from 36.5 persons to 40 persons per hectare from 2001-2011. This is an increase similar to the 9.8% change in population since 2001.

Figure 24 shows the geographical trend for overcrowding tends to be focused on the City Centre and inner-city suburbs, but also can be found in pockets of deprived areas outside the City Centre, i.e., Hodge Hill. There is also a pocket of overcrowding in the Selly Oak ward, which may be due to its high proportion of student population.

The South locality also has some clusters of overcrowding, specifically north of the locality towards Bartley Green and Quinton wards.

People living in challenging housing conditions are more likely to experience poor health. Research undertaken by the Office for National Statistics shows that residents living in overcrowded households report significantly higher levels of "not good health"²⁵.

²⁴ Department for Business, Energy & Industrial Strategy - Sub-regional fuel poverty data 2021 (2019 data)

²⁵ Office for National Statistics. [2011 Census analysis: General Health in Overcrowded and Under-occupied Households in England and Wales.](#)

Overcrowding - Over Occupancy Rate per 1,000 Households (2011 Census)

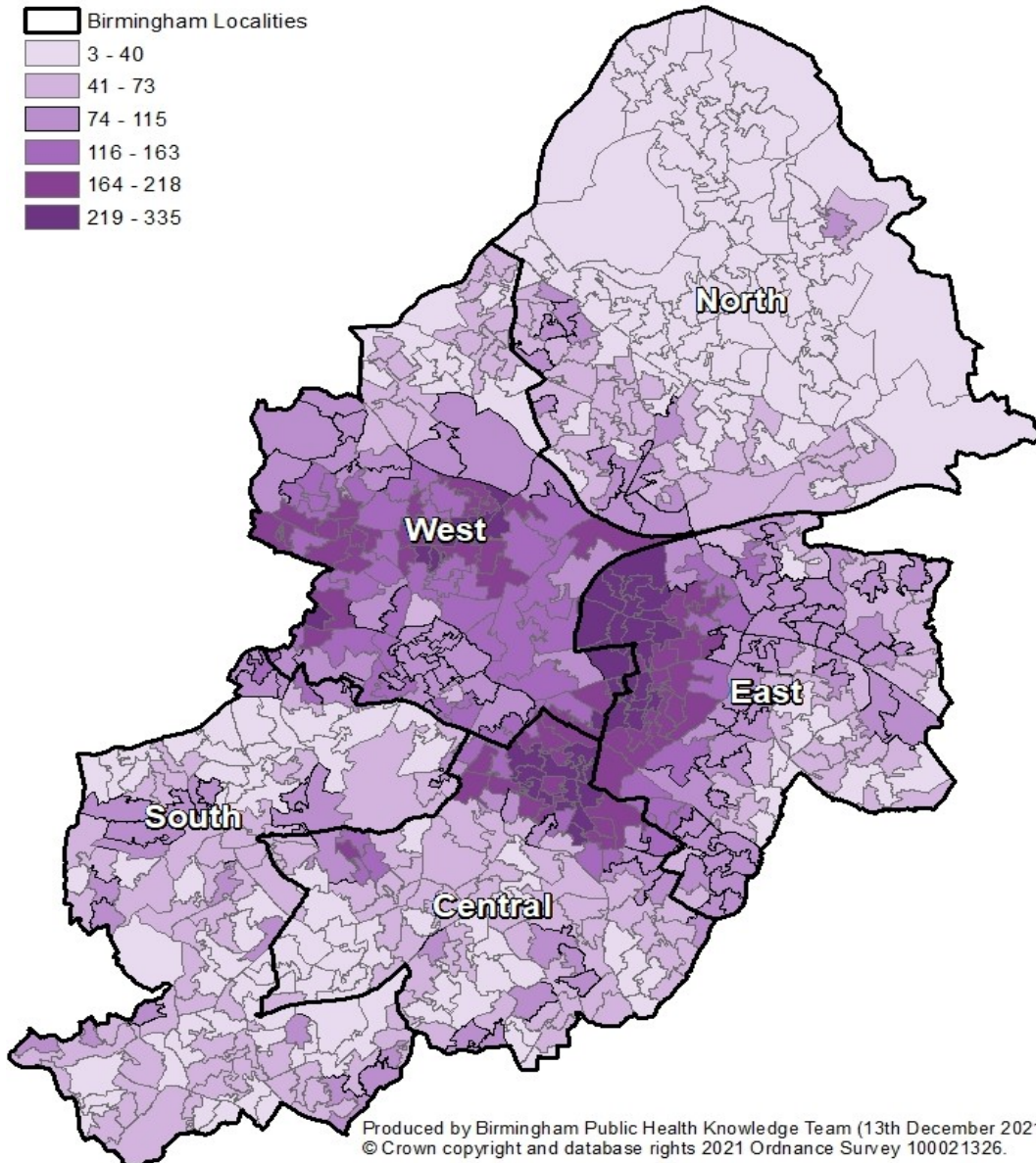


Figure 24: Overcrowding - over occupancy rate per 1,000 households in Birmingham. (Source: ONS Census 2011)

Parks and Open Spaces

Parks and open spaces including playgrounds and green areas can help promote mental and physical health and reduce morbidity and mortality for local residents. These spaces provide psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity, and reducing exposure to air pollutants, noise and excessive heat²⁶.

It is important that there is equitable access to these spaces. Birmingham City Council was the first UK local authority to develop a measurement tool for Environmental Justice. Environmental justice is defined as the fair treatment and meaningful involvement of all people regardless of race, colour, national origin, or income, with respect to the development, implementation and enforcement of environmental laws, regulations, and policies. Figure 25 shows a map of where in the city compound issues are being felt most. The red wards show those areas of the city where there is the least environmental justice for citizens living there²⁷. The South locality is a mixed picture of very good and moderate environmental justice.

Although people need parks and green spaces nearby, it is important to have well managed and good quality facilities as this will encourage visits and use of facilities. The quality of green spaces has a stronger bearing on health outcomes than the quantity of green spaces. Visiting and use of parks can help address policy priorities such as reducing obesity, diabetes, and heart disease²⁸.

Birmingham is home to a wealth of parks and green spaces, with over 8,000 acres of green space and 600+ parks, 15 of which have been awarded Green Flag Status (benchmark international standard for publicly accessed parks and green spaces in the UK and around the world). The Council's 25-year City of Nature plan aims to increase the number of parks and green spaces, so that Birmingham becomes known as the City of a Thousand Green Spaces.

The Active Parks scheme in Birmingham has helped thousands of people lead active lives. It encourages people to be more physically active and free sessions are open to people of all ages and abilities to take part in everything from Zumba to Tai Chi in numerous locations across the city. It has also helped to bring some previously underused parks into use. Since COVID-19 and lockdown restrictions from the pandemic, Active Parks scheme was discontinued. However, since lockdown has been lifted events and activities are starting up again across the city.

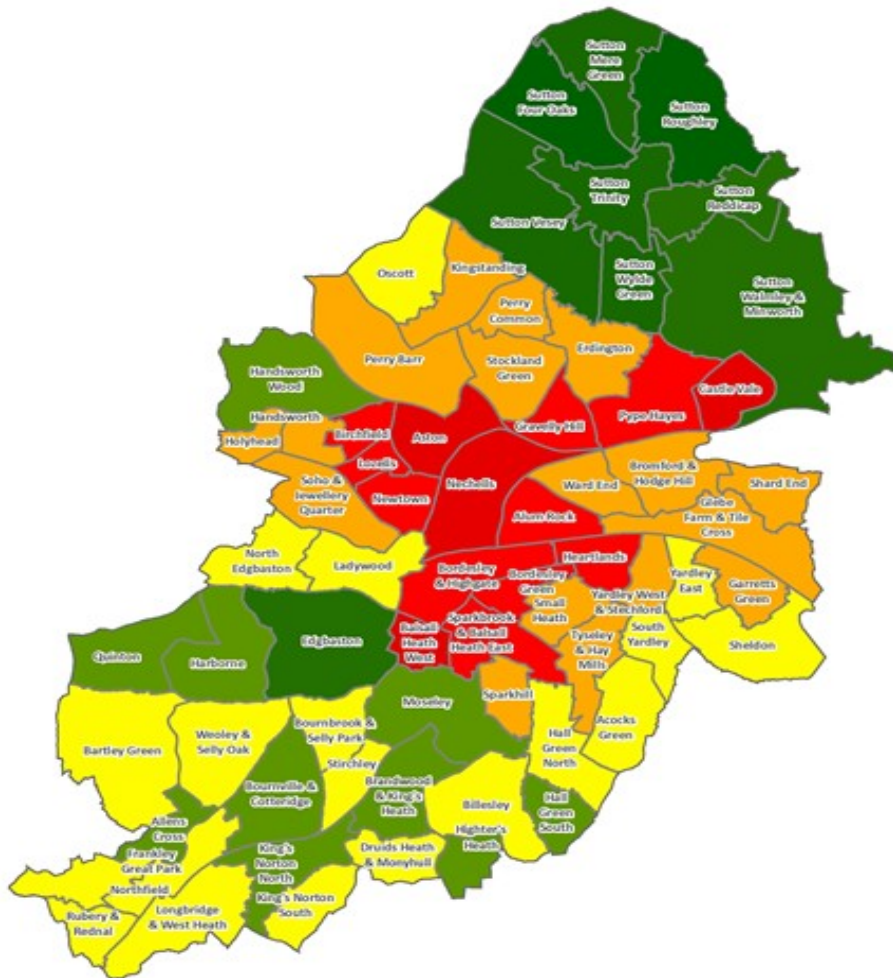
1. ²⁶ World Health Organization 2017, [Urban Green Spaces and Health](#).

²⁷ Birmingham City Council. Our Future Nature City Plan (draft).

²⁸ National Heritage Fund. [Space to thrive,2019](#).

Combined Index by Ward - Mean Value

0.12 - Sutton Roughley	0.28 - Brandwood & King's Heath	0.32 - Frankley Great Park	0.37 - Garretts Green
0.12 - Sutton Four Oaks	0.28 - King's Norton North	0.32 - Acocks Green	0.38 - Shard End
0.15 - Sutton Vesey	0.29 - Northfield	0.32 - North Edgbaston	0.38 - Handsworth
0.16 - Sutton Wyde Green	0.30 - Rubery & Rednal	0.33 - Ladywood	0.38 - Ward End
0.16 - Sutton Mere Green	0.30 - Bournbrook & Selly Park	0.34 - Erdington	0.39 - Sparkbrook & Balsall Heath East
0.18 - Sutton Trinity	0.30 - Hall Green North	0.34 - Holyhead	0.39 - Alum Rock
0.21 - Edgbaston	0.30 - King's Norton South	0.34 - Yardley West & Stechford	0.39 - Birchfield
0.22 - Sutton Walmley & Minworth	0.30 - Yardley East	0.34 - Small Heath	0.39 - Heartlands
0.22 - Sutton Reddicap	0.30 - Weoley & Selly Oak	0.35 - Tyseley & Hay Mills	0.39 - Bordesley Green
0.24 - Hall Green South	0.30 Longbridge & West Heath	0.35- Sparkhill	0.39 - Pype Hayes
0.26 - Harborne	0.30 - Oscott	0.36 - Perry Barr	0.40 - Bordesley & Highgate
0.26 - Bournville & Cotteridge	0.31 - Bartley Green	0.36 - Soho & Jewellery Quarter	0.40 - Lozells
0.26 - Moseley	0.31 - Sheldon	0.36 - Perry Common	0.41 - Gravelly Hill
0.26 - Handsworth Wood	0.31 - Billesley	0.36- Bromford & Hodge Hill	0.41 - Newtown
0.27 - Quinton	0.31 - Stirchley	0.37 - Stockland Green	0.42 - Aston
0.28 - Highter's Heath	0.32 - South Yardley	0.37 - Kingstanding	0.42 - Nechells
0.28 - Allens Cross	0.32 - Druids Heath & Monyhull	0.37 - Glebe Farm & Tile Cross	0.43 - Castle Vale
			0.43 - Balsall Heath West



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 Ordnance Survey Open Greenspace layer derived information.
 Ordnance Survey 100021326.
 2014 daily mean urban heat island intensity (oC) at 1 km resolution
 derived from the relationship between the BUIC urban
 observation network and GHS-built data, R Bassett et al 2020
 Environ. Res. Lett. 15 114014 <https://doi.org/10.1088/1748-9326/abb51>.
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 to third parties in any form.
 Produced by the Birmingham City Council Geospatial Team.



Figure 25: Environmental Justice map. Red areas show where local residents have the least environmental justice.

In the South locality there are:



Figure 26: South locality parks and open spaces. (Source: BCC Parks White Book 2021 and Noun Project 2022)

Figure 26 illustrates the number of parks and green spaces in the South locality. The South locality has 86 parks, 32 parks with play areas, 41 parks with pools, 3 country parks, 4 education playing fields, 2 golf courses and 1 miniature golf course, and 19 allotments. In total, there are 930.64 hectares of parks and green space area in this locality, ranking second in the size of green space and parks in all five localities. The North locality has the biggest area of parks and green space (1,429.06).

To find a local park near you, use the link below:

[Find a park](#)

7. Child Health

Birmingham has a higher fertility rate than the England and West Midlands averages and has the largest proportion of children aged 0-5 years of any local authority in England.

The population of children and young people in Birmingham are more ethnically diverse than the older population of the city and this diversity increases with every cohort of children born.

Birmingham faces significant challenges in pregnancy reflected in the persistently high rates of stillbirth and infant mortality. These high rates of poor outcomes could reflect genetic issues and are deeply influenced by inequities in access to antenatal services, and by the prevalence of substance misuse and smoking during pregnancy.

Infant Mortality

In 2018/20, the rate of infant mortality for Birmingham was 6.6 per 1,000 live births which was higher than the rate for England (3.9 per 1,000)²⁹. This rate is used to measure the general health of the population and reflects the wider relationship between determinants of health (social, economic and environmental) and causes of infant mortality. Reducing infant mortality is part of the UK Government strategy (Healthy Lives, Healthy People: Our Strategy for Public Health November 2010)³⁰.

Figure 12 (Scarf Chart) shows that infant mortality makes up almost 46% of excess years of life lost for the Edgbaston constituency and 5.5% in the Northfield constituency.

Risk factors for infant mortality include high maternal BMI^{31,32}, teenage pregnancy, smoking, sudden unexpected deaths in infancy (SIDs), household overcrowding and breastfeeding³³. Poverty is on the rise, especially in-work poverty. About 60% of those living in poverty of all ages were living in working households; high and increasing rents are part of the problem³⁴. In 2018/19, 33.9% of those under-16s in Birmingham were living in poverty³⁵.

Children Living in Absolute Poverty

Absolute poverty is defined as living in a household with an income less than 60% of the (inflation adjusted) median (middle) household income in 2010/11. Table 7 shows that 19.5% of children aged 0-15 were living in absolute poverty in the South locality. This is higher than the average child poverty rate in England (17.1%). However, this is a lower

²⁹ Office for Health Improvement and Disparities. [Public Health Profiles](#). © Crown copyright 2021

³⁰ Office for Health Improvement and Disparities. [Public Health Profiles](#). © Crown copyright 2021.

³¹ BMI; Body mass index

³² Huo N, et al. Association of Maternal Body Mass Index With Risk of Infant Mortality: A Dose-Response Meta-Analysis. *Front Pediatr*. 2021 Mar 12;9:650413. doi: 10.3389/fped.2021.650413

³³ Public Health England. [Infant and perinatal mortality in the West Midlands](#).

³⁴ Cardiff University. [Hick and Lanau. In-Work Poverty in the UK.pdf \(nuffieldfoundation.org\)](#).

³⁵ Public Health England. [Child Health Profile March 2021](#).

rate compared to the Birmingham average (27.6%). The East locality has the highest level of child poverty (38.8%).

Children aged 0-15 living in Absolute Poverty during 2019/210

(Absolute poverty is based on households below the average income).

South Locality	Birmingham	England	Locality with the highest Child Poverty	Locality with the lowest Child Poverty
19.5%	27.6%	17.1%	East locality 38.8%	North locality 17.8%

Table 7: Children aged 0-15 living in absolute poverty in Birmingham, 2019/20. (Source: House of Commons, 2021 and Fingertips, 2021)

Teenage Pregnancy

Teenage pregnancy refers to under-18 conceptions, including those leading to live births and terminations. Teenage mothers are less likely to finish their education, are more likely to bring up their children alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers³⁶.

Children of teenage mothers are more likely to be living in poverty and poor-quality housing and have an increased risk of having accidents and behavioural problems. There is a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage motherhood³⁸.

Qualitative research in the UK points to poor material circumstances, unhappiness at home or school, and low expectations for the future as factors associated with high teen pregnancy rates³⁸.

The under-18 conception rate has been falling steadily in England and Birmingham. In England, the rate has fallen from 22.8 per 1,000 population in 2014 to 15.7 in 2019, a 7.1 reduction. In Birmingham, the decrease was lower at 6.4 from 24.3 per 1,000 population in 2014 to 17.9 in 2019³⁷.

³⁶ Public Health England. [Teenage Pregnancy Prevention Framework \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk).






³⁷ Public Health England. [Teenage pregnancy and young parents](#) - Report for Birmingham

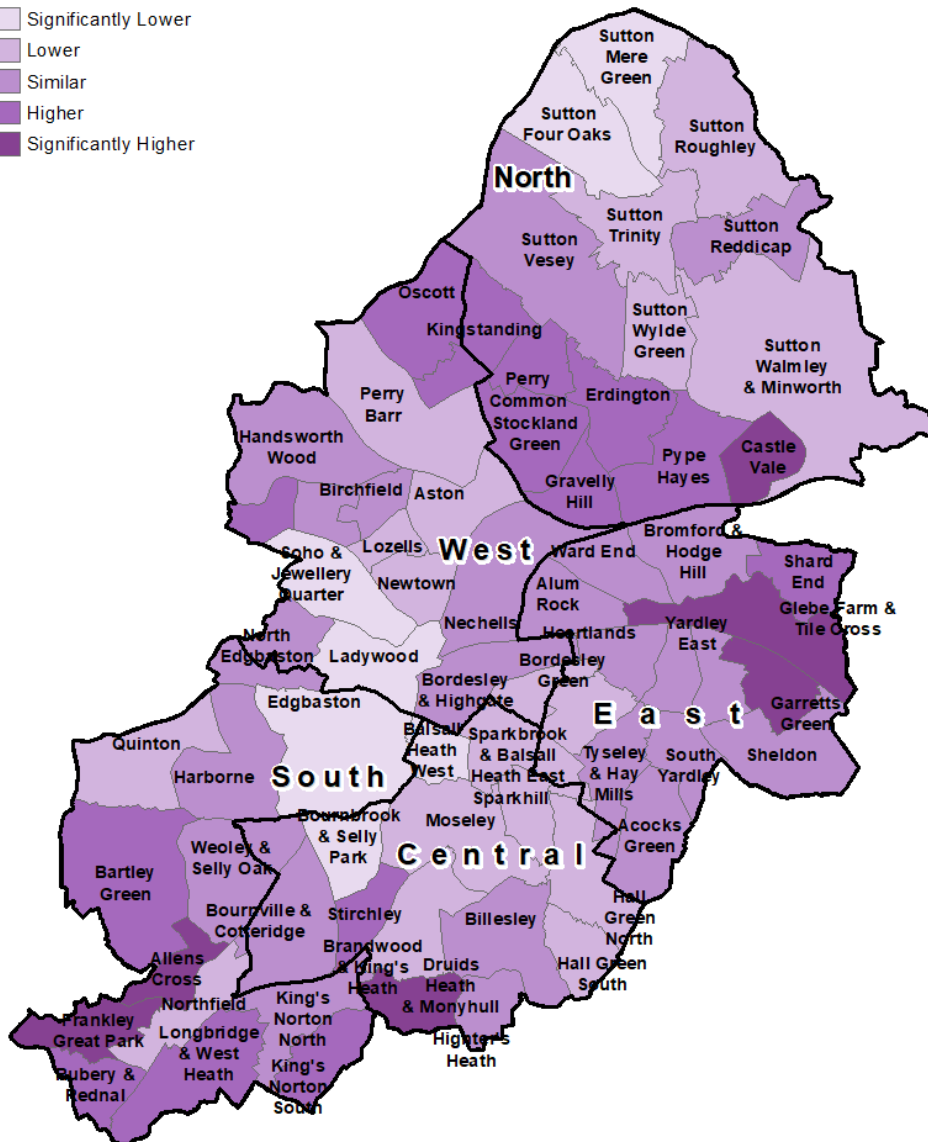
Under-18 Conception Rate by Birmingham Ward (2016-18)

Legend

 Birmingham Locality

Rate of conception in under-18s compared to Birmingham average

-  Significantly Lower
-  Lower
-  Similar
-  Higher
-  Significantly Higher



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Figure 27: Under 18 Conception rate per 1,000 females aged 14-17 by Birmingham ward. (Source: ONS 2017/20)

Figure 27 shows that the South locality has higher rates of teenage conception in Frankley Great Park and Allens Cross compared with the Birmingham average, while Edgbaston was significantly lower.

Child Education

The evidence shows that children and young people facing additional challenges consistently have worse health outcomes, whether these are children with disabilities, children in care, lesbian, gay, bisexual or trans youth or those who have faced adverse childhood experiences. However, in Birmingham, there is some positive evidence that Birmingham is closing this gap for some of these children for some outcomes, and the trend is moving in the right direction.





School Census

The 2021 school census³⁸ reported, that in Birmingham, there are 500 state-funded schools with over 66% of those students from ethnic minority backgrounds and 40.6% having English as a second language (EAL). These numbers are higher than the England averages of 26.5% and 19.3%, respectively (Figure 28). Birmingham also has a higher level of children with special educational needs (SEN) compared to England (17.3% compared to 15.6%).

In the South locality, Edgbaston and Northfield both have fewer students compared to the Birmingham average who are from BAME backgrounds or whose first language is not English. However, they have more students who receive free school meals (FSM), at 37.8% and 42.5%, respectively, compared to 35% in Birmingham. Northfield has a higher proportion with SEN (20.9%) compared to the Birmingham average (17.3%). Edgbaston has similar levels (17.1%).

Education: 2021 School Census

The School Census is a statutory data collection for all maintained (state-funded) schools in England.

	Number of schools	 *BAME	 *EAL	 Free School Meals	 *SEN
Edgbaston	46	56.6%	28.6%	37.8%	17.1%
Northfield	48	32.4%	12.8%	42.5%	20.9%
Birmingham	500	66.6%	40.6%	35.0%	17.3%
England	24,360	26.5%	19.3%	20.8%	15.6%

*BAME - Black, Asian and Minority Ethnicity,

*EAL - English as a Second Language, *SEN - Special Educational Needs

Figure 28: 2021 School Census for Birmingham (Source 2021 School Census Data)

³⁸ School census data January 2021

Educational Attainment

Percentage of pupils achieving good level of development in Reception Year (2018/19)

Source: Birmingham City Council Education Department

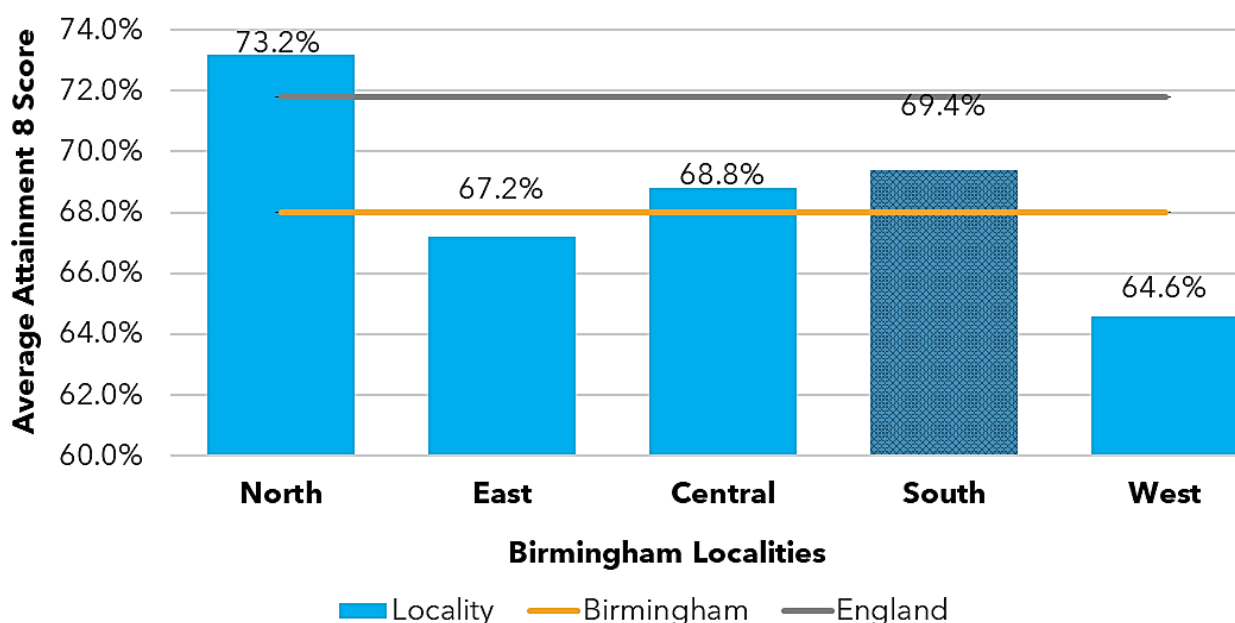


Figure 29: Reception Year 2018/19 Attainment per Birmingham locality. (Source: Birmingham City Council- Education performance statistics)

Figure 29 shows the percentage of children achieving a good level of development during their early year's foundation stage. Achievement in the South locality is below the England average but above the Birmingham average³⁹.

Figure 30 below shows the average Attainment 8 score by locality. Attainment 8 measures pupils' attainment across 8 qualifications including⁴⁰:

- maths (double weighted) and English (double weighted, if both English language and English literature are sat)
- 3 qualifications that count in the English Baccalaureate (EBacc) measures
- 3 further qualifications can be GCSE qualifications (including EBacc subjects).

³⁹ Birmingham City Council. [Education performance and statistics | Birmingham City Council](#).

⁴⁰ Department for Education. [Secondary accountability measures guidance Feb 2020 \(publishing.service.gov.uk\)](#).

Key Stage 4 Average Attainment 8 score for Secondary Pupils (2018/19)

Source: Birmingham City Council Education Department

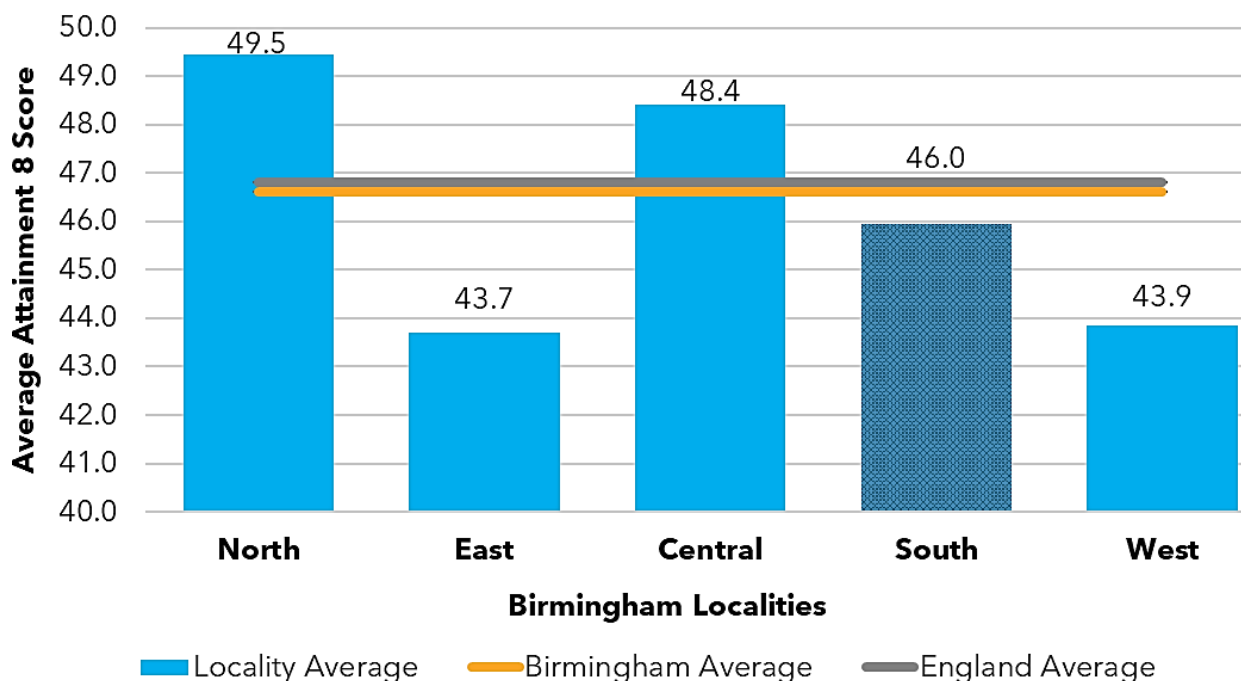


Figure 30: Average Attainment 8 score for each of the Birmingham localities. Attainment 8 measures pupils' attainment across 8 qualifications including double maths and double English if both English language and English literature are sat. (Source: Birmingham City Council- Education performance statistics)

The South locality is below average for Attainment 8 compared to both the England and Birmingham averages⁴¹.

Child Obesity

The term obesity describes a person with a lot of body fat. In 2018/19, about 1 in 4 children starting primary school in England were overweight or obese (including severely obese) with that number rising to more than 1 in 3 by year six⁴². Birmingham has a higher prevalence of child obesity where the proportion of obesity is more than one in ten 4-5-year-olds (11.0%; Figure 31) and a quarter of all 10-11-year-olds (25.6%; Figure 32).

Obesity prevalence is highest amongst the most deprived groups in society. Children in the most deprived parts of the country are more than twice as likely to be obese than those living in the least deprived areas. Children who are healthy weight are 13% more likely to report doing well at school than obese children⁴⁴. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular, liver, respiratory diseases and cancer. Obesity can also have an impact on mental health⁴³.

⁴¹ Birmingham City Council. [Education performance and statistics | Birmingham City Council](#).

⁴² House of Lords Library. [Tackling childhood obesity: What is the strategy? - House of Lords Library \(parliament.uk\)](#).

⁴³ National Health Service (NHS). [Obesity - NHS \(www.nhs.uk\)](#).

The National Institute for Health and Care Excellence (NICE) has produced guidance on Obesity Prevention covering children, young people and adults and it outlines how the NHS, local authorities, early years settings, schools and workplaces can increase physical activity and make dietary improvements.

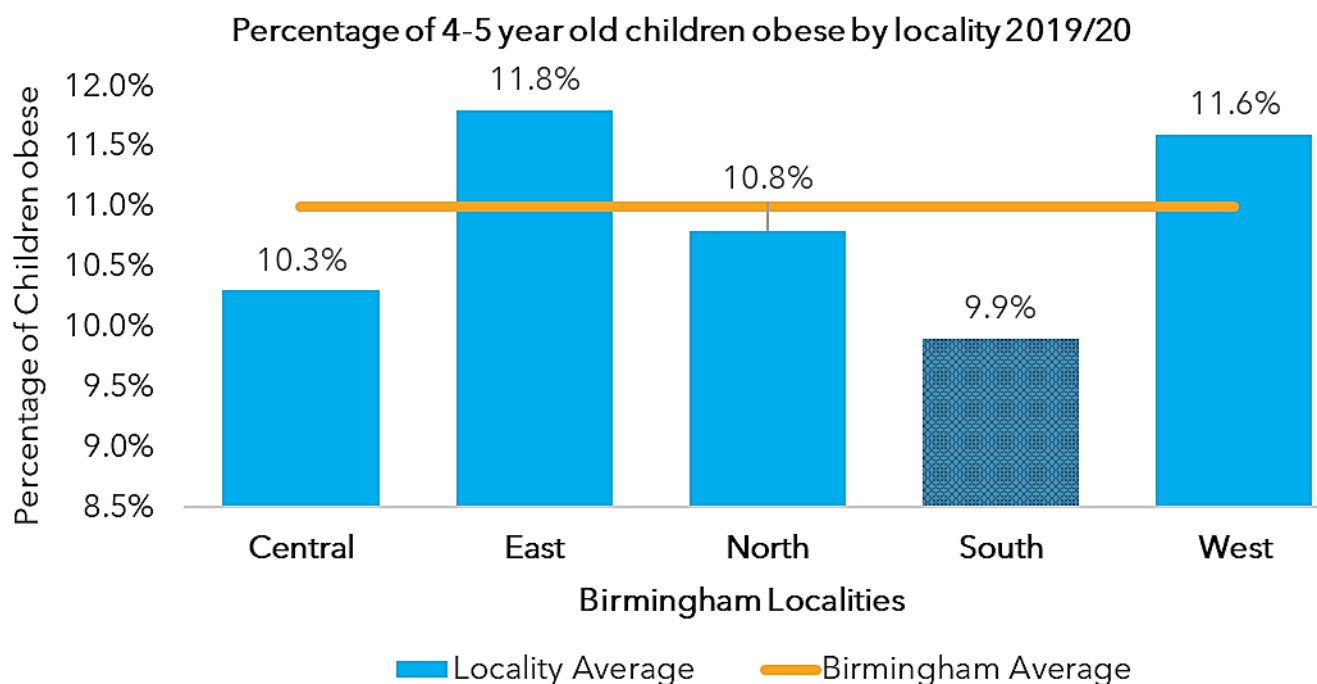


Figure 31: Childhood obesity 4-5-year-olds by Birmingham locality. (Source: NCMP 2019/20)

The South locality has the lowest prevalence of obesity in the Birmingham localities for 4-5-year-olds with just under 10% obese. This is lower than the Birmingham average (11%). The East locality had the highest (11.8%).

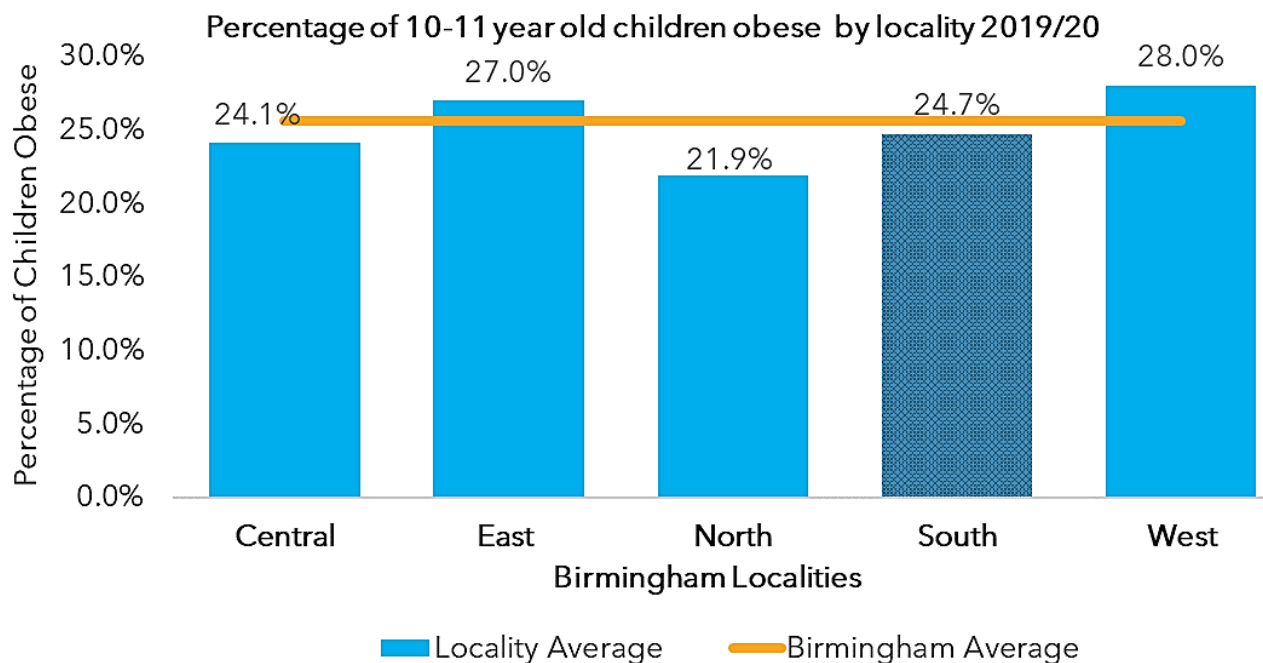


Figure 32: Percentage of Year 6 pupils that are obese by Birmingham locality. (Source: NCMP 2019/20).

The South locality has a lower prevalence of childhood obesity in 10-11-year-olds compared to the Birmingham average (25.6%) but it is still high at 24.7%. The West locality had the highest prevalence (28%) and the North had the lowest (21.9%).

Figure 33 below shows the South locality generally has similar rates of children that are overweight and obese in the Reception and Year 6 as that across the city. However, Frankley Great Park and King's Norton South had significantly higher rates while Harborne had a significantly lower rate compared to the Birmingham average for overweight and obese Reception aged children.

Longbridge & West Heath and King's Norton North had the highest levels of overweight and obese children in the South locality while Quinton had the lowest for Year 6 pupils.

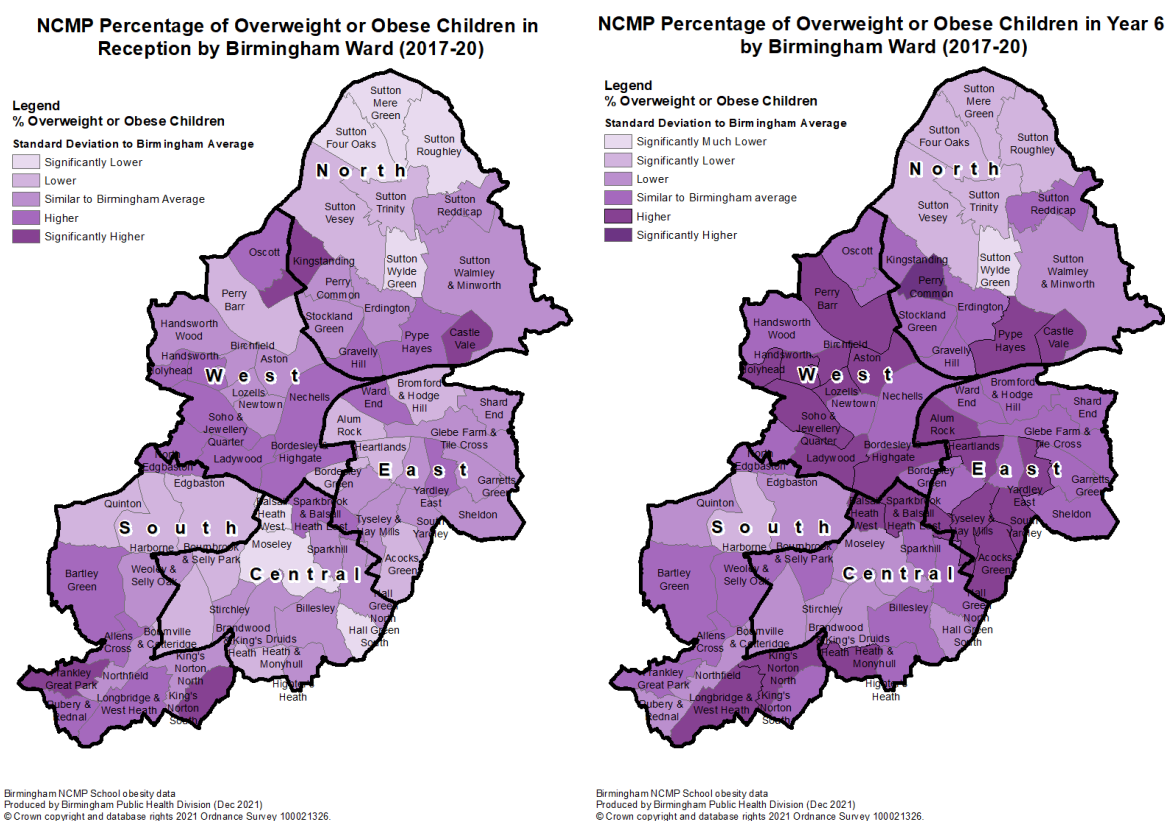


Figure 33: Map of Birmingham showing the percentage of overweight & obese children in Reception and Year 6 between 1st April 2017 to 31st March 2020. (Source: NCMP 2017-20)

Mental Health

About half of all lifetime mental health disorders start by mid-teens and three out of four by mid-20s⁴⁴, but treatment often does not start until years later⁴⁵. Many risk factors for mental health disorders are the result of inequalities therefore addressing these will

⁴⁴ Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry*. 2007 Jul;20(4):359-64. doi: 10.1097/YCO.0b013e32816ebc8c. PMID: 17551351; PMCID: PMC1925038

⁴⁵ Gov.UK. Guidance: [Children and young people: Updated 25 October 2019](#).

help promote good mental health and resilience in children and young people⁴⁶. Better Mental Health is also one of ten priorities in the PHE Strategy 2020-25⁴⁶.

The Children's Society estimate that in the last three years, mental health problems in young people increased by 50%; that 1 in 6 children aged 5-to-19 years are likely to have a mental health problem; and that 17-22-year-old young women are at the greatest risk for developing mental health issues. They also estimate that three quarters of children and young people do not get the help needed and 34% of those who are referred to the NHS are not accepted for treatment. Furthermore, they found that two thirds would rather not access mental health services through their General Practice⁴⁷.

Data at the locality level was unavailable however, there was information at the local authority level and the Clinical Commissioning Group (CCG) area on mental health referral and service use.

In 2018/19, there were 17,985 new referrals to secondary mental health services for under 18s in Birmingham, a rate of 6,704 per 100,000. This rate was higher than that for England (5,994) but lower compared to the West Midlands (7,309)⁴⁸.

In 2018/19, there were 375,315 under 18s accessing NHS funded community treatment services for mental health in England. Of those, 6,230 were in Birmingham and Solihull CCG area and 2,615 in Sandwell and West Birmingham CCG⁴⁹. Between July and September 2021, the number of children and young people receiving at least 2 contacts (including indirect contact but not SMS or email) with mental health services before their 18th birthday was 99,431 in England. Of those, 2,220 were in the Birmingham and Solihull CCG area and 2,495 for The Black Country and West Birmingham CCG⁵⁰.

NHS England has committed to increasing mental health spending by at least £2.3bn a year by 2023/24 and developed the Mental Health Investment Standard (MHIS) to track the delivery of this objective. Birmingham and Solihull's CCG planned to spend £339.7m on mental health in 2021/22 which is almost a 5% increase from the previous year's actual spend (£324.1m)⁵¹. The Black Country and West Birmingham planned to spend for the same period were £333.1m, an increase of 3% on the previous year's actual spend (323.0M).

⁴⁶ Public Health England. [PHE Strategy 2020-25 Executive Summary \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk).

⁴⁷ The Children's Society. [Children's mental health statistics](#).

⁴⁸ Office for Health Improvement and Disparities. [Public health profiles](#). © Crown copyright 2022

⁴⁹ NHS Digital. [Number of children and young people accessing NHS funded community mental health services in England, April 2018 to March 2019, Experimental Statistics - NHS Digital](#).

⁵⁰ NHS Digital. [Mental Health Services Monthly Statistics, Final September 2021 - NHS Digital](#). MHSDS Monthly: Final July 2021 to September 2021 (Quarter 2 2021/22) Mental Health Services Selected NHS England Measures Reference Tables.

⁵¹ National Health Service (NHS). [NHS Mental Health Dashboard: November 2021](#).

8. Working Age Adults

A Birmingham Public Health priority for working age adults (16–64-year-olds) is to address the cumulative impact of unhealthy behaviours e.g., unhealthy eating leading to overweight and obesity, smoking and substance misuse.

Obesity

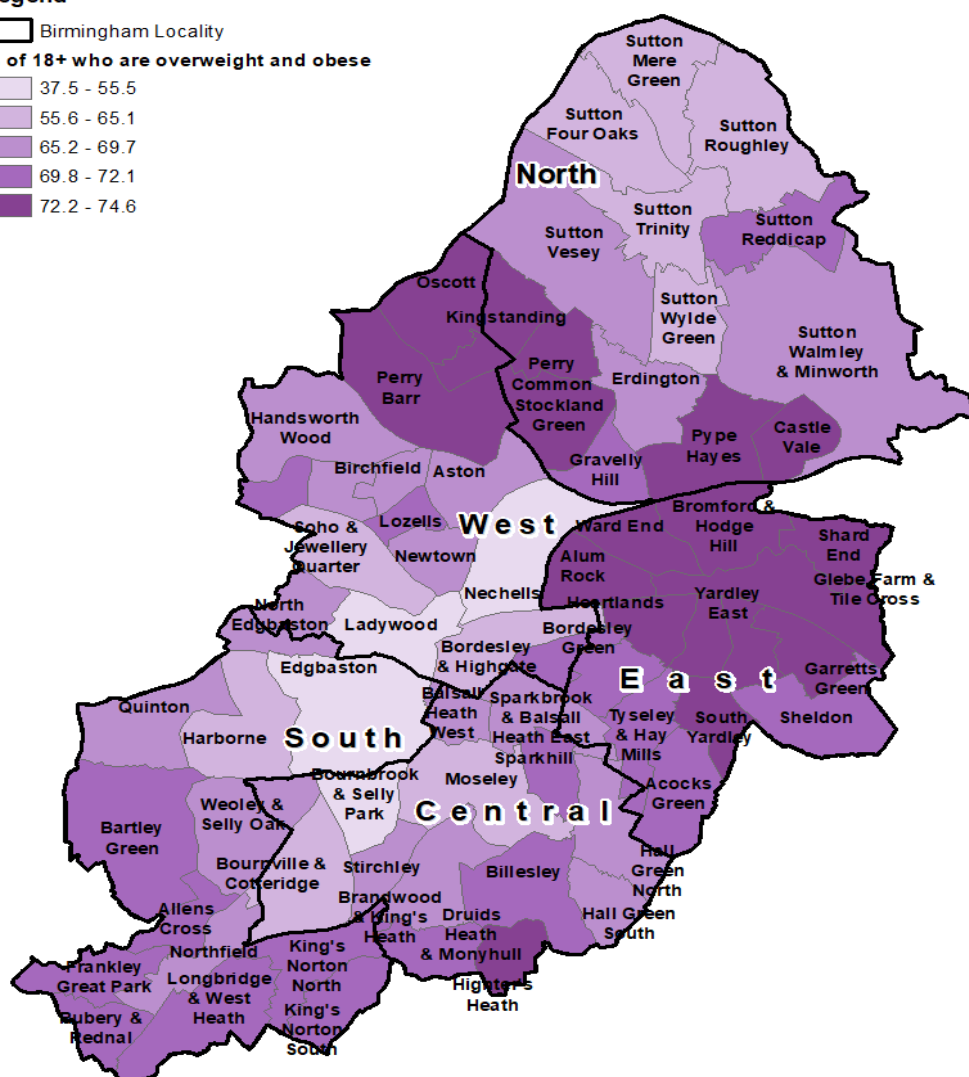
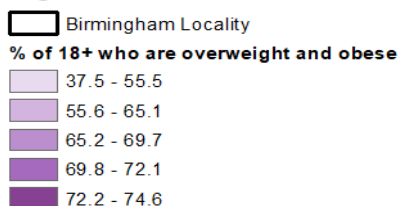
Obesity increases the risk of many health conditions including heart disease, type 2 diabetes, high blood pressure and certain cancers such as colon cancer.

In 2019/20, over 65% of the adult population (18+) in Birmingham were overweight or obese⁵². Figure 34 shows most of the wards in the South locality had high rates of overweight/obese adults with Rubery & Rednal, Bartley Green and King's Norton South having the highest proportion of overweight/obese adults in that locality, each at 72%. Edgbaston and Harborne had the lowest rates at about 50% and 59%, respectively. The wards with the highest number of overweight or obese adults in Birmingham were Perry Commons in the North locality and Glebe Farm in the East with three quarters (75%) of adults overweight or obese.

⁵² Office for Health Improvement and Disparities. [Public Health Profiles](#). 2021 © Crown copyright.

Percentage of Adults who are Overweight or Obese by Birmingham Wards (January 2019-March 21)

Legend



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Figure 34: Map showing percentage of adults who are overweight or obese by Birmingham wards. (Source: GP Primary care data, Jan 2019-Mar 2021)

Smoking

Smoking has been linked to many illnesses including chronic obstructive pulmonary disease, cardiovascular diseases, and many cancers including mouth, lung, stomach, liver and kidney. Smoking exacerbates respiratory illnesses such as asthma and the common cold. It can increase the risk of stillbirths, miscarriages and premature birth. In the UK, about 78,000 people die from smoking each year⁵³.

The Government's Tobacco Control Plan sets out the strategy to reduce smoking in pregnancy, young and adult populations.

⁵³ NHS. [What are the health risks of smoking? - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Estimated smoking numbers and prevalence in 2021

Area	Estimated number of smokers	Estimated smoking prevalence (%)
Central	28,588	15.4%
East	31,926	17.3%
North	33,438	16.5%
South	37,797	17.3%
West	46,734	17.0%
Birmingham	178,483	16.7%
West Midlands	849,742	16.3%
England	8,045,428	15.9%

Table 8: Estimated smoking prevalence in 2020/21 by Birmingham locality compared with Birmingham, West Midlands region and England. (Source: National General Practice Profiles data from the OHID website, 2021)

In 2020/21, the smoking prevalence in Birmingham in those aged 15 and over was 16.7%, higher than England's 15.9% (Table 8). The South locality had an even higher prevalence at 17.3% of the population estimated to smoke.

In 2018/19, the proportion of women in Birmingham, who smoke in early pregnancy was 11.6% which was better than England (12.8%) and the West Midland region (14.5%)⁵⁴. However, the proportion of women known to be smoking at the time of delivery was 9.3% in 2020/21⁵⁵, higher than the Government's target of reducing smoking in pregnancy to 6% or less by end of 2022⁵⁶.

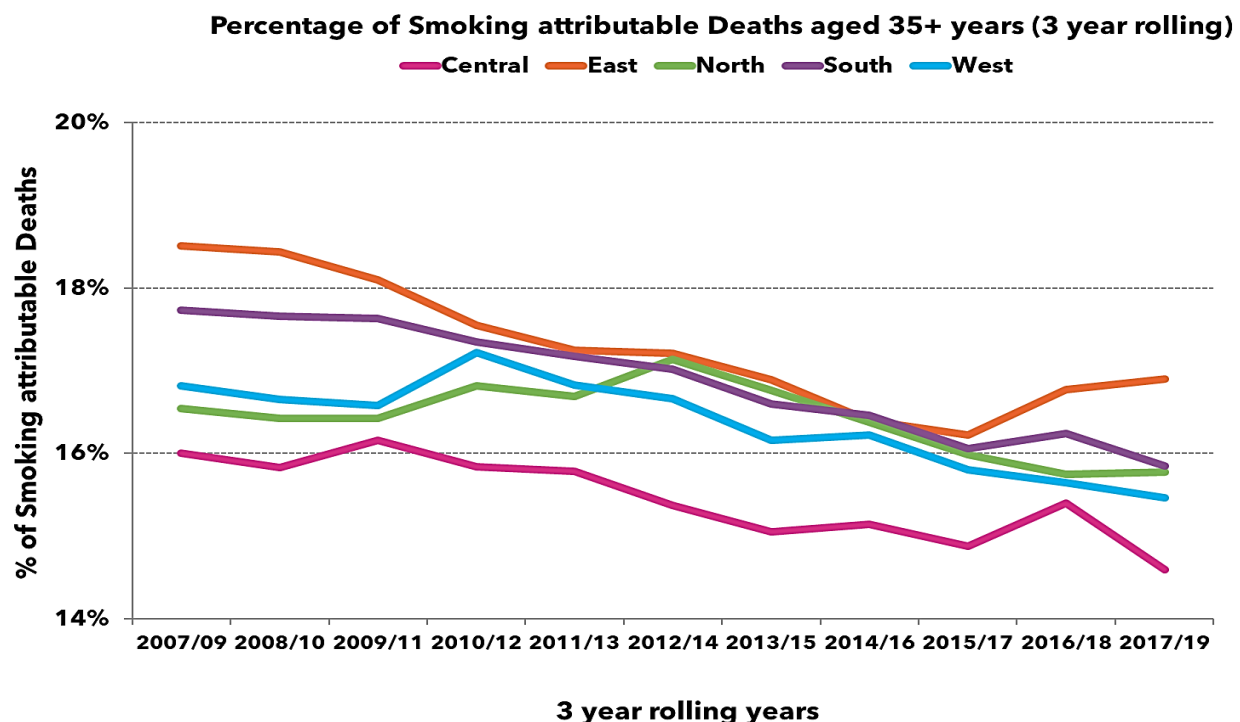


Figure 35: Smoking attributed deaths by Birmingham locality. (Source: ONS Deaths 2007-19).

⁵⁴ Office for Health Improvement and Disparities. [Public health profiles](#). © Crown copyright 2022

⁵⁵ Office for Health Improvement and Disparities. [Public health profiles](#). © Crown copyright 2022

⁵⁶ Office for Health Improvement and Disparities. [Public health profiles](#). © Crown copyright 2022

The South locality has seen a change in smoking-attributable deaths of people aged 35 and over. In 2007/09 the number of smoking attribute deaths was 890. In 2017/19 this number reduced to 823, an 8% decrease (67 deaths), ranking third for the most decrease in smoking attribute deaths of all localities. The East locality saw the biggest decrease (14.5%) while the North locality saw an increase of 1%, from 903 to 912 smoking-attributable deaths.

Substance Misuse (Alcohol and Drugs)

Drug and alcohol misuse is a major public health concern and socioeconomic burden, responsible for considerable healthcare expenditure in the UK⁵⁷. The annual estimated cost to the NHS of treating drug misuse is approximately £500m⁵⁸, whilst the healthcare cost of alcohol misuse is estimated to be as much as £3.5bn per year⁵⁹. The adverse impact on health is equally large, with 4,561 deaths (79.5 deaths per million) related to drug poisoning recorded in England and Wales in 2020⁶⁰. The impact also appears to be greater in the UK compared to other countries. In Europe, the UK ranked 11th highest for the number of years lost due to ill-health, disability or early death due to a substance use disorder and has the highest rate of people living with disability as a result of substance misuse⁶¹.

Alcohol Related Deaths

Alcohol is the biggest risk factor for death, ill health and disability for those aged 15-49 years and the fifth biggest risk factor across all ages⁶². Alcohol has been implicated in more than 60 medical conditions including depression, liver disease and certain cancers including mouth, throat, stomach, liver and breast⁶⁴. In 2020, Birmingham's alcohol-related mortality rate was 44 per 100,000, which was higher than the England rate of 37.8 per 100,000⁶³. It also had a higher rate of alcohol-specific death (17.3 versus 13 per 100,000, respectively)⁶⁴.

Figure 36 shows a 3-year rolling rate for alcohol-related deaths for those aged 25-64 by Birmingham locality. Between 2017/19, the South locality accounted for 16% of all Birmingham deaths, recording 124.3 deaths. This was the lowest number of deaths across all five localities, accounting for 16% of all alcohol-related deaths in Birmingham. The West locality recorded the highest number of deaths (190.1) and accounted for one in four (25%) alcohol-related deaths in the city.

⁵⁷ Shei A, Hirst M, Kirson NY, Enloe CJ, Birnbaum HG, Dunlop WCN. Estimating the health care burden of prescription opioid abuse in five European countries. *Clin Outcomes Res.* 2015 Sep 15 [cited 2021 Aug 10];7:477-88. Available from: [/pmc/articles/PMC4577260/](#)

⁵⁸ House of Commons Library. [Human and financial costs of drug addiction.](#)

⁵⁹ Office for Health Improvement and Disparities. [Public Health Profiles.](#) © Crown copyright 2021

⁶⁰ Office for National Statistics. [Deaths related to drug poisoning in England and Wales.](#)

⁶¹ Institute for Health Metrics and Evaluation. [GBD Compare tool.](#)

⁶² Office for Health Improvement and Disparities. [Public Health Profiles.](#) © Crown copyright 2021

⁶³ Office for Health Improvement and Disparities. [Public Health Profiles.](#) © Crown copyright 2021

⁶⁴ Office for Health Improvement and Disparities. [Public Health Profiles.](#) © Crown copyright 2021

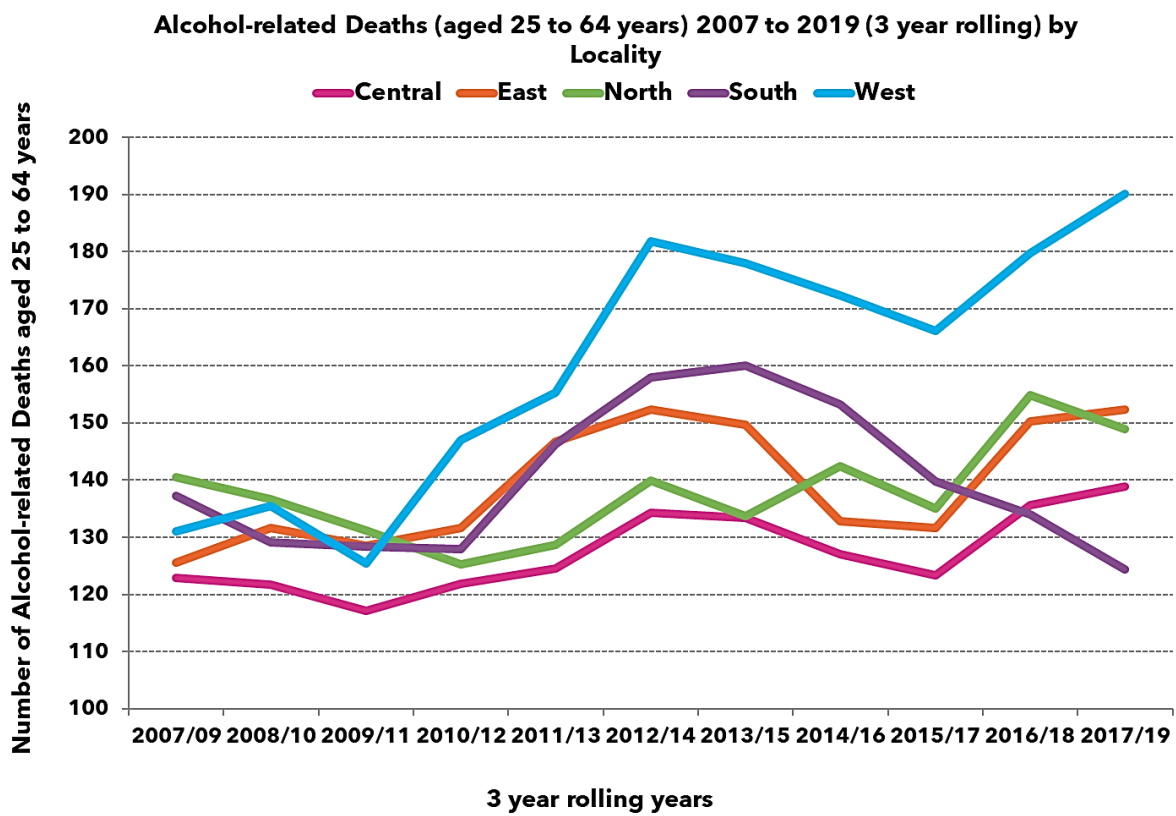


Figure 36: Alcohol-related deaths (aged 25-64 years), by Birmingham localities. (Source: ONS Deaths 2007-2019).

Directly Standardised Alcohol-related admission rates (aged 25-64 years) Narrow Definition 2020/21

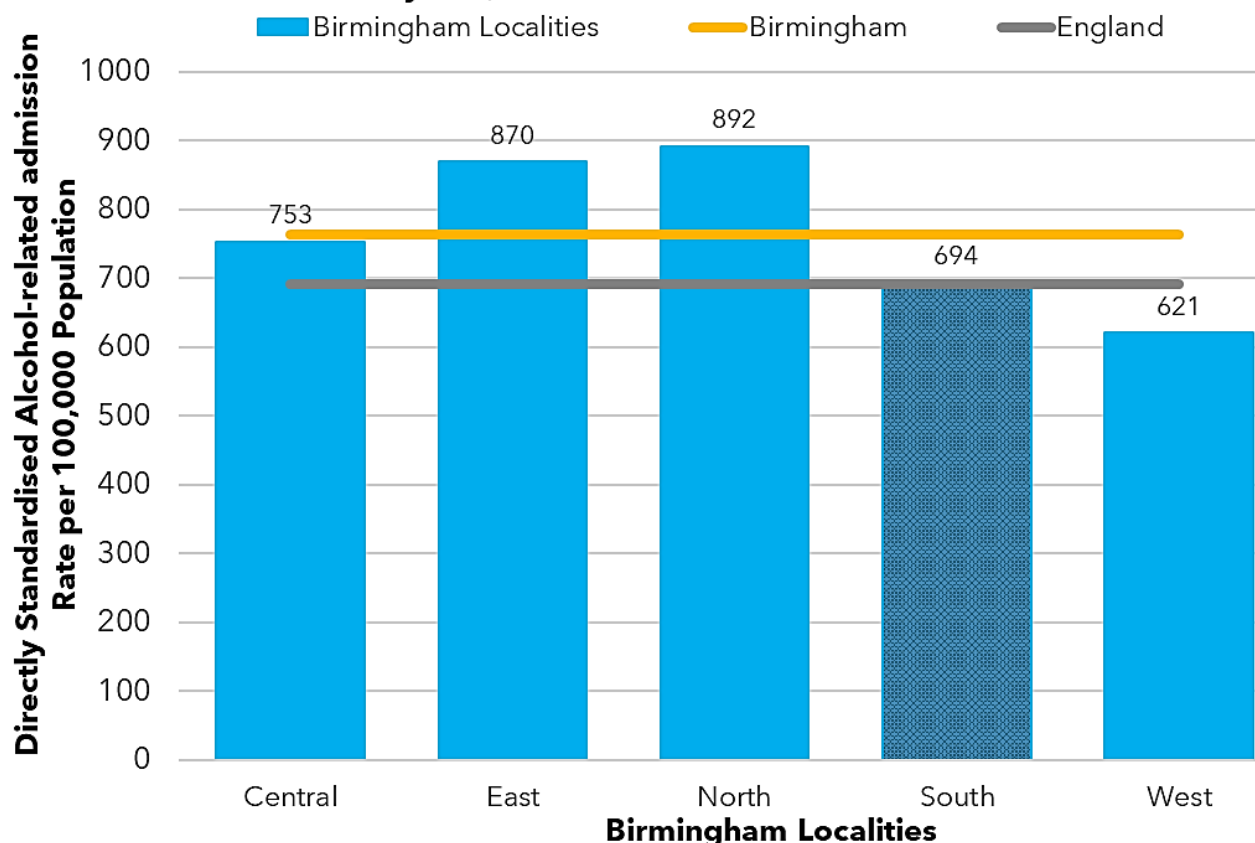


Figure 37: Directly standardised alcohol admission rates by Birmingham locality. (Source: NHS Digital HES 2020-21 Inpatients data).

Figure 37 shows the directly standardised hospital admission rates for alcohol-related admissions in 2020/21 by locality for those aged 25-64. The rate for the South locality was 694.2 per 100,000, similar to the England rate (691.5 per 100,000) but lower than Birmingham (763 per 100,000). The North locality had the highest rate (892), followed by the East locality (870) per 100,000.

Drug Use

Drug misuse is also a significant cause of premature mortality. Between 2018- 2020, 8,185 deaths from drug misuse were recorded in England, a directly standardised rate of 5.0 per 100,000. Deaths in males are significantly higher than for females⁶⁵.

Drug use disorders are the fourth-ranked cause of death in the 15-49 age group in the UK after cancers, cardiovascular disease, and suicide. In 2020, the highest rate of drug misuse deaths was found in those aged 45 to 49 years, closely followed by those aged 40 to 44 years. Those born between 1970 and 1979, often referred to as 'Generation X', have consistently had the highest rates of drug misuse deaths for the past 25 years. However, they are not the only age group affected. Nearly one in nine deaths registered

⁶⁵ Office for Health Improvement and Disparities. [Public health profiles](#). © Crown copyright 2022

among people in their 20s and 30s in England and Wales were related to drug misuse in 2020⁶⁶.

Figure 38 below shows the directly standardised rates of drug misuse deaths for those aged between 25 and 64 years for the period 2017/19 for each Birmingham locality, specifically related to drugs (not including alcohol). Intentional and unintentional deaths are included.

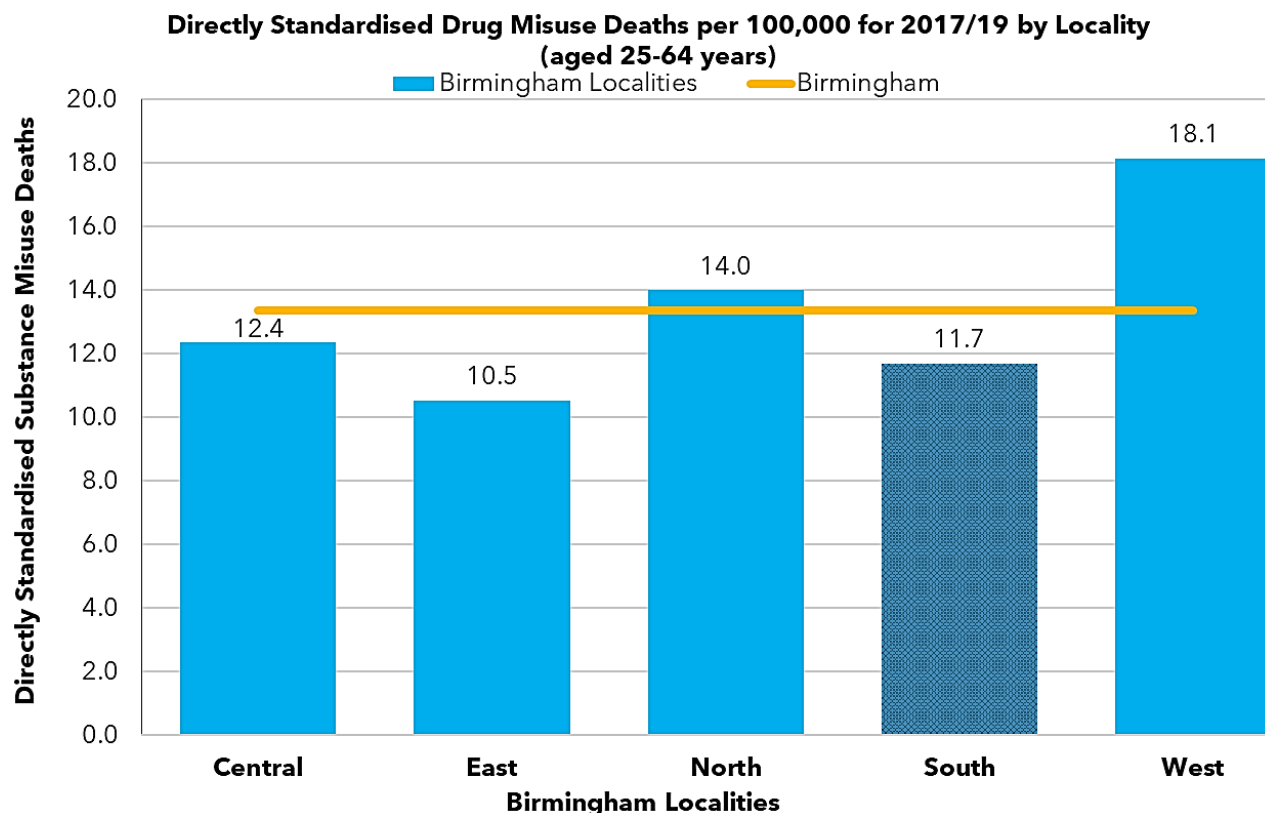


Figure 38: Directly standardised drug misuse deaths per 100,000 by Birmingham locality (aged 25-64). (Source: ONS Deaths 2017-2019)

The directly standardised drug misuse death rates per 100,000 were lower than the Birmingham average for all localities except for the West and North. The South and East localities had the least rates recorded (11.7 and 10.5 respectively). The West locality had the highest drug misuse death rate per 100,000, across all localities (18.1), which is significantly higher than the Birmingham average (13.4).

Hospital admission rates for drug misuse for those aged 25- to 64 are shown in Figure 39 below. These are inpatient admissions for mental and behavioural disorders, toxic effects and poisoning by locality. In the South locality, the directly standardised rate of hospital admissions due to drug misuse for this group was 71 per 100,000 between 2018/19 and 2020/21, which was similar to the East locality rate (72). The North locality had the highest number of admissions (83) while the Central locality had the lowest number of admissions (55).

⁶⁶ Birmingham Substance Use Needs Assessment 2021 (Draft)

**Directly Standardised Drug Misuse Admission Rates (aged 25-64 years)
2018/19 to 2020/21**

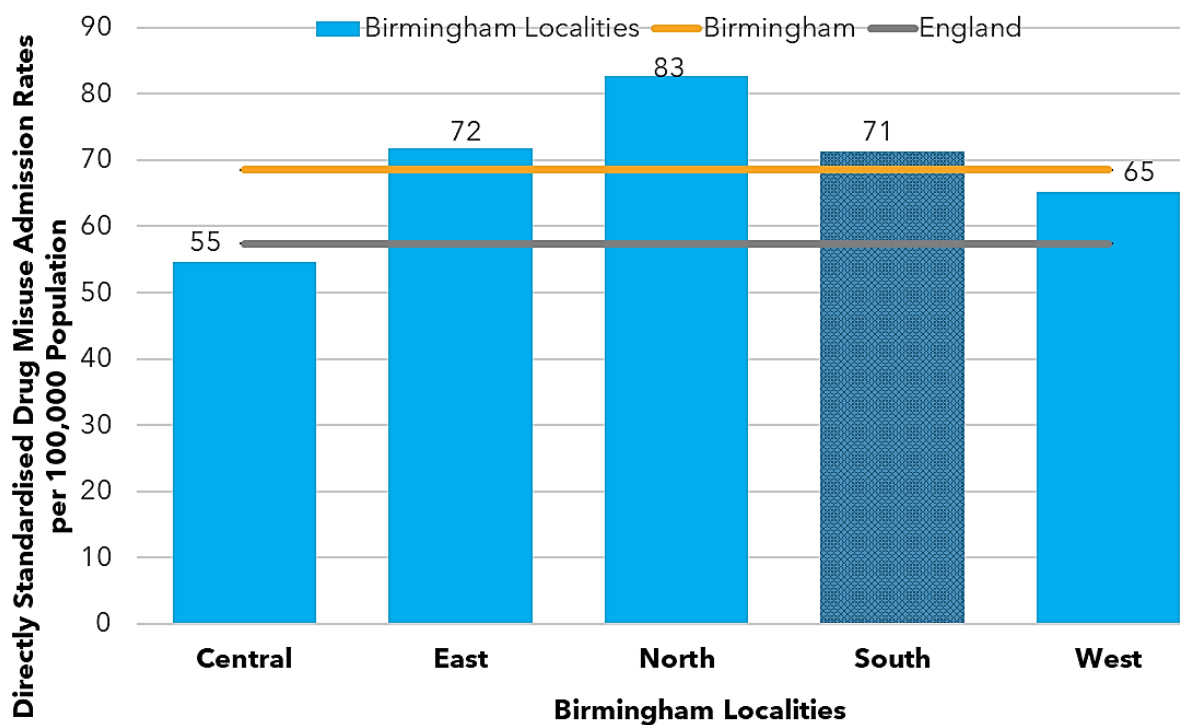


Figure 39: Directly standardised drug misuse admission rates (aged 25-64 years) by Birmingham locality. (Source: NHS Digital HES Inpatients 2018/19 to 2020/21 data).

The draft Substance Use Needs Assessment will be published soon, which will provide comprehensive information about substance misuse in the city.

9. Older Adults

Social Isolation

Loneliness and social isolation are terms that are often used interchangeably to mean the same thing but are different but related concepts. Social isolation is an objective measure of how much contact with other people an individual has. Social isolation is measured using a series of questions including marital/cohabiting status, monthly contact with family and friends, and involvement in groups/organisations⁶⁷.

Loneliness, on the other hand, is subjective and was defined in the Jo Cox Commission on Loneliness as “A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have and those that we want”⁶⁸. Both loneliness and social isolation are associated with negative health behaviours, risks to mental and physical health, and increased mortality risk⁶⁹.

Birmingham has a higher proportion of adults aged over 65 who live alone (34.4%, Census 2011) than the England average (31.5%). However, there is a similar proportion of adult social care users who have as much social contact as they would like in Birmingham (40.3%) compared to England (43.5%).

The ONS Community Life Survey in 2019/20 showed that 9% of people over 65 felt lonely some or all of the time.⁷⁰ Other studies estimate between 5 and 15% of those aged 65 or over often feel lonely⁷¹.

Hospital Admissions for Falls

Having fallen in the past year is the biggest risk factor for predicting further falls. Older people are at the greatest risk and this increases with age. About 30% of those over 65 years and half of those over 80 have falls at least once a year⁷².

Falls impact not just the health of the person who falls but can also affect their family members and carers. Falls can lead to injury, distress, loss of independence and mortality. There is also a large healthcare cost with falls estimated to cost the NHS more than £2.3 billion per year⁷⁴.

NICE guidance recommends older adults should be routinely asked about falls by health and social care professionals. This will allow commissioners to get a sense of the problem and ensure appropriate preventative measures are put in place.

⁶⁷ Institute for Fiscal Studies 2018, [The dynamics of ageing](#)

⁶⁸ Age UK 2017, [Combatting loneliness one conversation at a time](#)

⁶⁹ Public Health England 2015, [Reducing social isolation across the life course](#)

⁷⁰ Department for Digital, Culture, Media & Sport 2020, [Community life survey 2019-20](#)

⁷¹ Campaign to End Loneliness 2015, [Measuring your impact on loneliness in later life](#).

⁷² National Institute for Health and Care Excellence. [Falls in older people: assessing risk and prevention](#).

Falls Inpatient admissions April 2016 to March 2021 by Locality (age 65+ years)

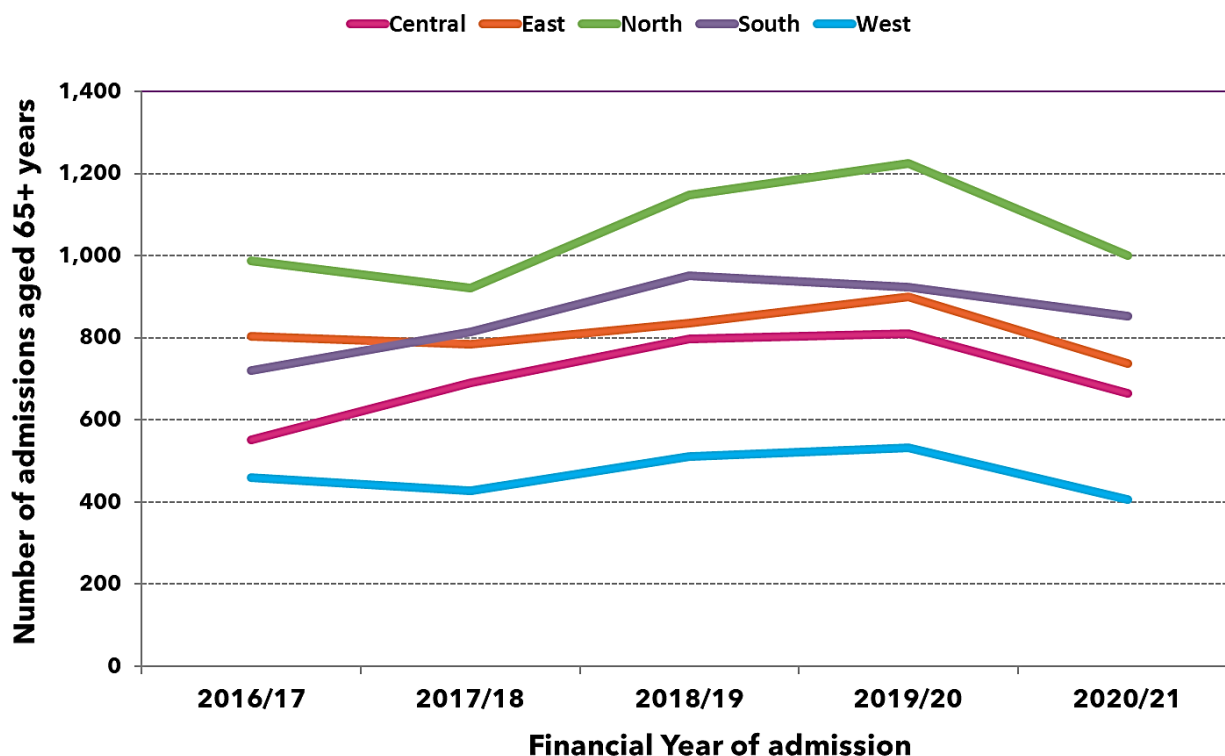


Figure 40: Number of admissions for falls for people aged 65+ by Birmingham locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21 data).

Between 2016/17 and 2020/21 there were approximately 19,463 hospital admissions across Birmingham for falls-related conditions for those aged 65 years and over. Although numbers have been decreasing in recent years, the South locality has the second highest number of total falls out of the five localities (4,265). Falls in the South locality has increased by 18% between 2016/17 and 2020/21. The second highest increase of all five localities. The Central locality saw the biggest increase of 20%– see figure 40.

Dementia

Dementia is used to describe a range of conditions that affect the brain. There are over 200 types of dementia and the five most common ones are Alzheimer’s, vascular dementia, dementia with Lewy bodies, frontotemporal dementia and mixed dementia⁷³.

Dementia is more common in older people and an estimated 900,000 people in the UK live with it. Dementia affects a person’s memory, ability to reason and communicate, personality, and ability to carry out everyday tasks such as washing, cooking and

⁷³ Dementia UK. [What is dementia?](#)

dressing. Over time, the condition gets worse⁷⁴.

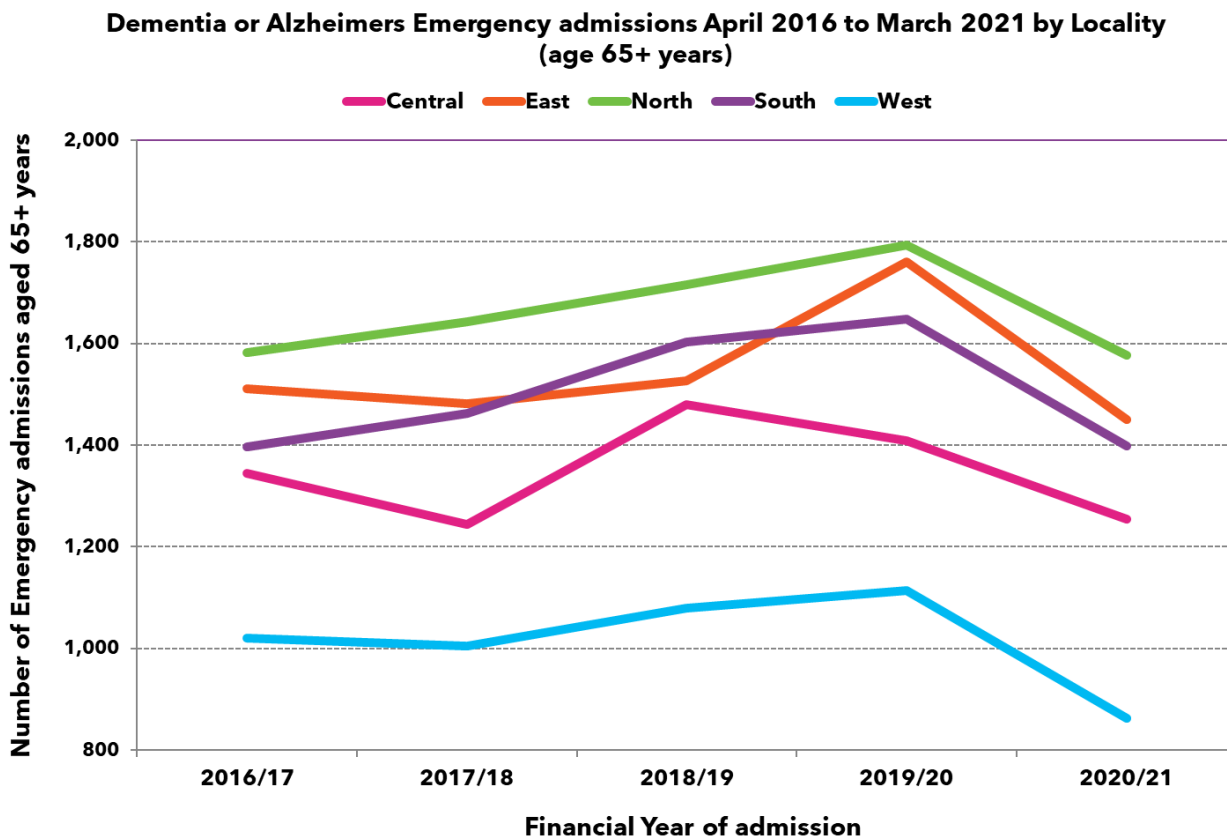


Figure 41: Emergency hospital admissions for dementia or Alzheimer's for people aged 65+, between April 2016 and March 2021. (NHS Digital HES Inpatients data, 2016/17 - 2020/21).

Figure 41 shows between 2016 and 2021, there were 35,358 emergency hospital admissions for dementia or Alzheimer's for patients aged 65 and over. Of those, 21% (7,507 admissions) were in the South locality, which was lower compared to the North (24%) and similar to the East (22%).

End of Life Care

The majority of residents who died in Birmingham in any given year are in the 65+ age group. The biggest killers are cancers and cardiovascular diseases; it is, therefore, important that patients are permitted to die in their chosen place and receive high-quality palliative care in their last twelve months of life. There is no data available on whether patients are receiving end of life care (EOLC) in their preferred place. Figure 42 shows the place of death for residents in the South locality.

Between 2018 -2020 there were a total of 21,667 deaths in Birmingham in the 65+ years age group. Of these, one in five (20.5%) were reported in the South locality, a total of 4,440 of the South locality residents.

⁷⁴ National Institute for Health and Care Excellence. [Dementia: assessment, management and support for people living with dementia and their carers](#).

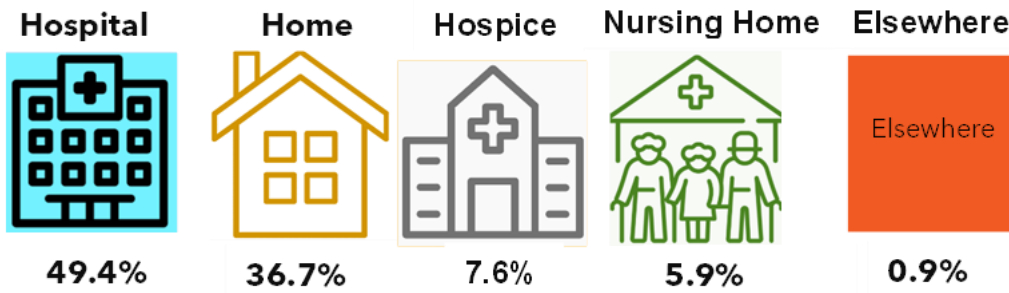


Figure 42: Places where deaths were recorded in the South locality. (Source: ONS Deaths, 2018/20)

Almost half of all deaths in the South locality were recorded in a hospital (49.4%) and 36.7% at home. Nearly 8% were diagnosed with terminal illnesses and therefore dying in a hospice, 5.9% in a nursing home and 0.9% elsewhere.

10. Disease information from Quality Outcomes Framework

The Quality Outcomes Framework (QOF) is a voluntary system used to reward General Practices (GPs) in England for providing good quality care for certain conditions. QOF indicators measure and monitor how GPs are performing under those conditions. This allows standardisation to be set and helps improve the quality of primary care delivered.

QOF monitors the management of some of the most common conditions including^{75, 76}:

- chronic conditions such as asthma, diabetes and chronic kidney disease
- major public health concerns such as smoking and obesity,
- preventative services such as cervical screening, blood pressure checks and early cancer diagnosis

A QOF prevalence is the total number of patients on a register, expressed as a percentage of the total number of patients registered with the practice at any one point in time⁷⁸.

Cardiovascular disease (CVD)

CVD is a general term for conditions affecting the heart or blood vessels. CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented with a healthy lifestyle⁷⁷.

In 2021 a specific QOF for CVD no longer exists as a whole, however, to give a broader picture, below are some of the main heart-related diseases that come under CVD.

⁷⁵ NHS Digital. [Quality Outcomes Framework \(QOF\)](#).

⁷⁶ NHS Digital. [Quality Outcomes Framework \(QOF\) 2020-21 Results](#).

⁷⁷ NHS UK. [Cardiovascular disease](#).

CVD - hospital inpatient admissions

Elective admissions refer to planned hospital stays while non-elective is for emergency admissions or unplanned admissions. Apart from cancer, many of the conditions below have low levels of planned hospital admissions compared to emergency admissions which are much greater in some cases.

Emergency hospital admissions are more expensive and often preventable with appropriate primary and community care⁷⁸. Good quality care at the primary level has been linked to reduced emergency hospital admissions and about 14% of non-elective admissions are for conditions that can be managed in primary care. The difference between elective and non-elective admissions is the unmet need.

Emergency hospital admissions have increased by 42% from 2006/07 to 2017/18 making planning and delivery of elective care challenging and unreliable for hospitals. This means sudden and unpredictable emergencies (such as COVID-19) cannot be accommodated without leading to further increases in delays to elective care.

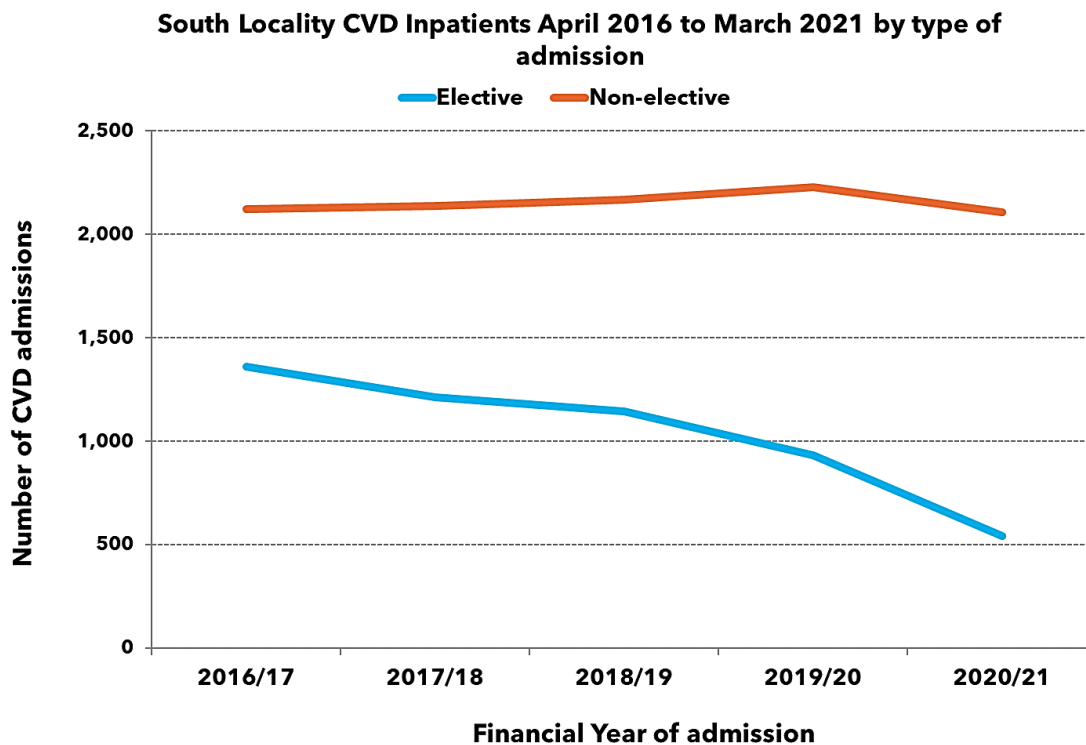


Figure 43: CVD admissions for South locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

The South locality accounts for 20% of elective CVD admissions between 2016/17 and 2020/21 and has the third highest number of cases of the five localities (see

⁷⁸ Blunt I, Bardsley M and Dixon J (2010). [Trends in emergency admissions in England 2004 - 2009. Research report.](#) Nuffield Trust.

table 9). Over the last five years, CVD inpatient elective admissions in the South locality have decreased by 60%, from 1,360 elective admissions in 2016/17 to 541 in 2020/21. This was the second highest change of all five localities, alongside the East locality.

Non-elective admissions have remained fairly constant, with a 0.6% decrease recorded between 2016/17 to 2020/21 (see table 10). Despite this slight drop, there is a large gap between elective and non-elective hospital admissions with about 1,500 more admissions due to non-elective in 2020/21.

CVD (Cardiovascular disease) Elective Admissions 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central	1310	1211	1111	1083	473	5188
East	1393	1370	1329	1252	559	5903
North	1299	1112	1261	1202	642	5516
South	1360	1213	1144	933	541	5191
West	1124	1014	1038	943	638	4757

Table 9: CVD elective admissions in the South locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

19% of the non-elective CVD admissions were recorded in the South locality, making it the second lowest among the five localities. There was only a 1% change of non-elective CVD admissions between 2016/17 and 2020/21 falling from 2,122 to 2,109 respectively (see table 10).

CVD (Cardiovascular disease) Non-elective Admissions 2016-2021

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central	2044	2021	2309	2486	2161	11021
East	2252	2383	2558	2927	2700	12820
North	2219	2156	2393	2442	2457	11667
South	2122	2139	2167	2230	2109	10767
West	1991	1955	2092	2206	1974	10218

Table 10: CVD non-elective admissions in the South locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

CVD deaths

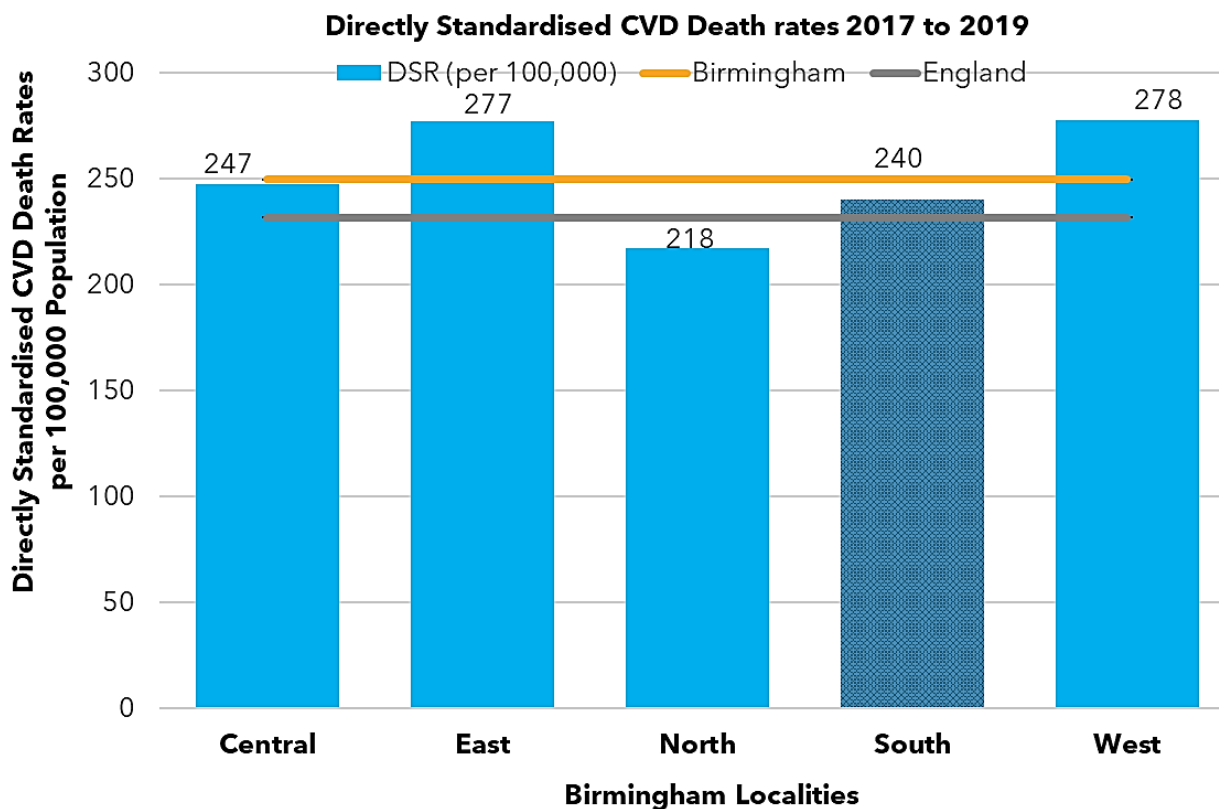


Figure 44: Directly standardised CVD death rates by Birmingham locality. (Source: ONS 2017-19)

Figure 49 illustrates that the directly standardised rate for CVD deaths in the South locality was 240 per 100,000 for 2017-2019. This was higher than the England rate (231.8) and lower than the Birmingham rate (249.6). The West and East localities had the highest rates at 278 and 277, respectively, and the North had the lowest rate (218). Most deaths were found in those aged 65 and over. This was consistent across the whole city.

Coronary Heart Disease (CHD)

CHD is the term that describes what happens when the heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries⁷⁹.

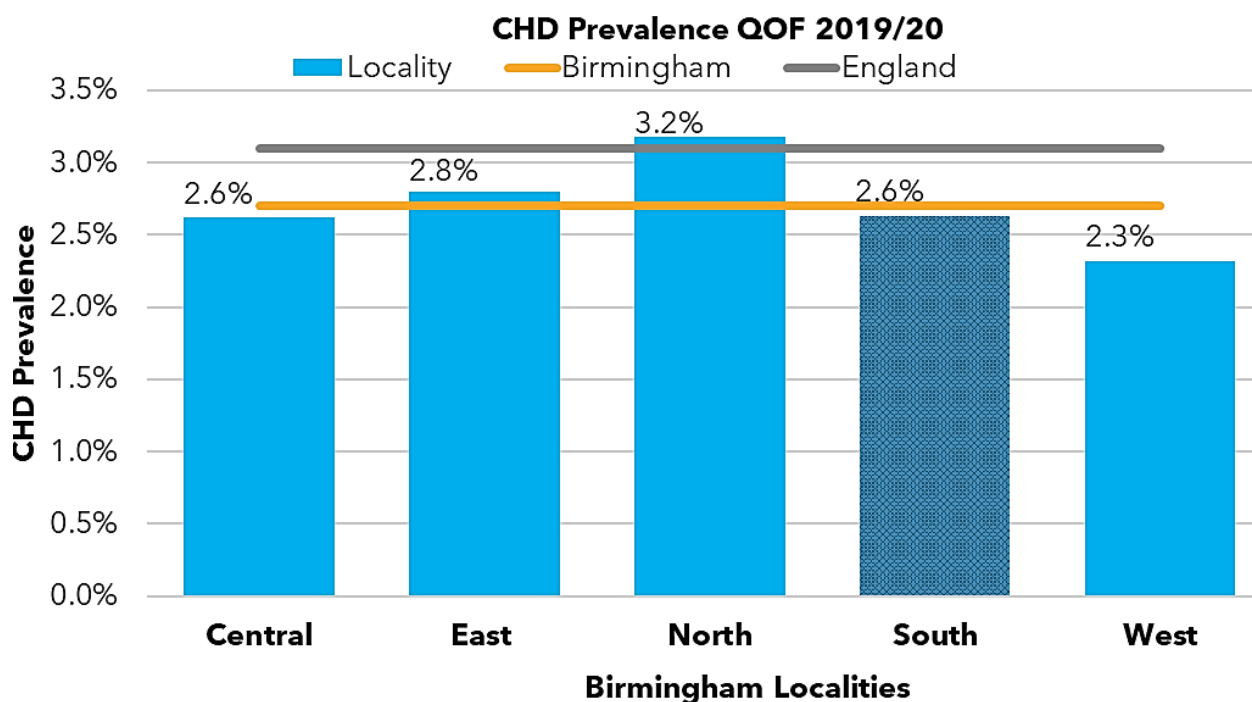


Figure 45: CHD prevalence by Birmingham locality. (Source: QOF 2019-20)

In 2019/20, an estimated 2.6% of the South locality population was on the CHD register, ranked the third highest of all five localities jointly with the Central locality; this is lower than the Birmingham average (2.7%) and the national average (3.1%). The North locality had the highest percentage of people on the register (3.2%) and the West locality had the lowest (2.3%)- see figure 43.

Stroke

There are two main causes of strokes: ischaemic - where the blood supply is stopped because of a blood clot, accounting for 85% of all cases. The second is haemorrhagic - where a weakened blood vessel supplying the brain bursts⁸⁰.

⁷⁹ NHS UK. [Coronary heart disease](#)

⁸⁰ Mayo Clinic. [Stroke](#)

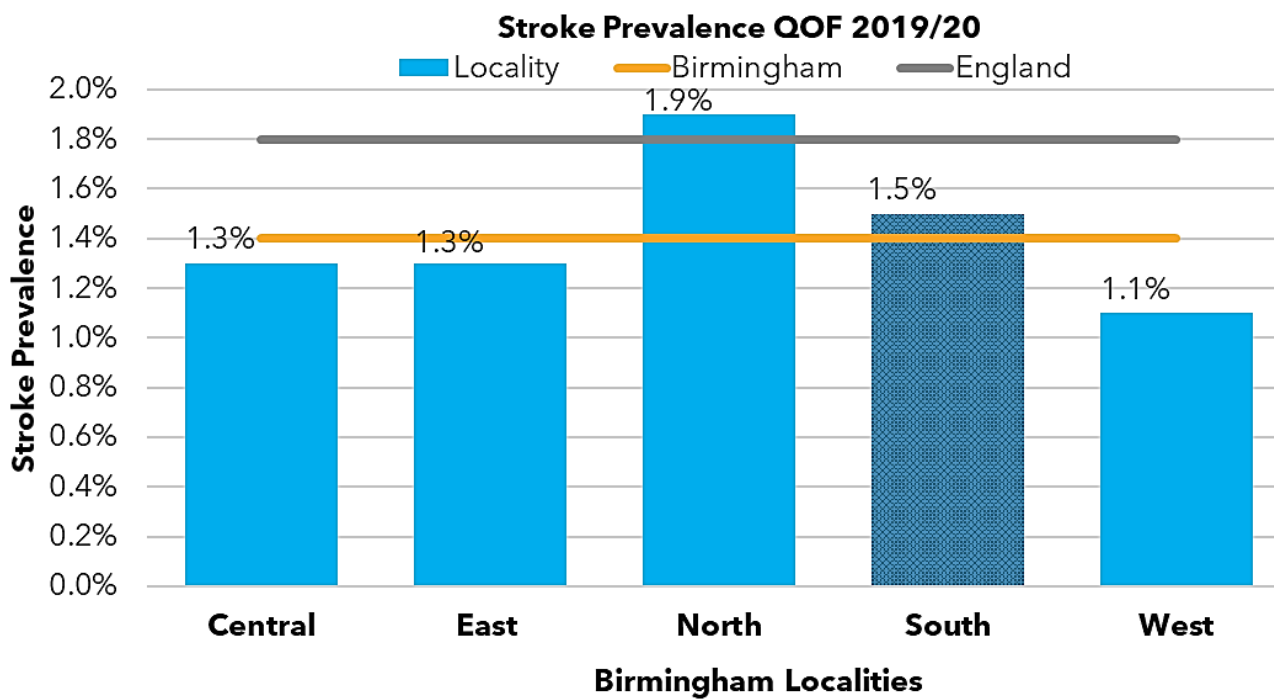


Figure 46: Stroke prevalence by Birmingham locality. (Source: QOF 2019/20)

An estimated 1.5% of the population within the South locality was on the stroke register in 2019/20, ranking the second highest of all five localities. This is higher than the Birmingham average of 1.4% but lower than the England average of 1.8%. The North locality had the highest prevalence rate of all Birmingham localities (1.9%) and the West locality had the lowest (1.1%)- see figure 44.

Hypertension

High blood pressure, or hypertension, can—if left untreated—increase the risk of serious problems such as heart attacks and strokes⁸¹.

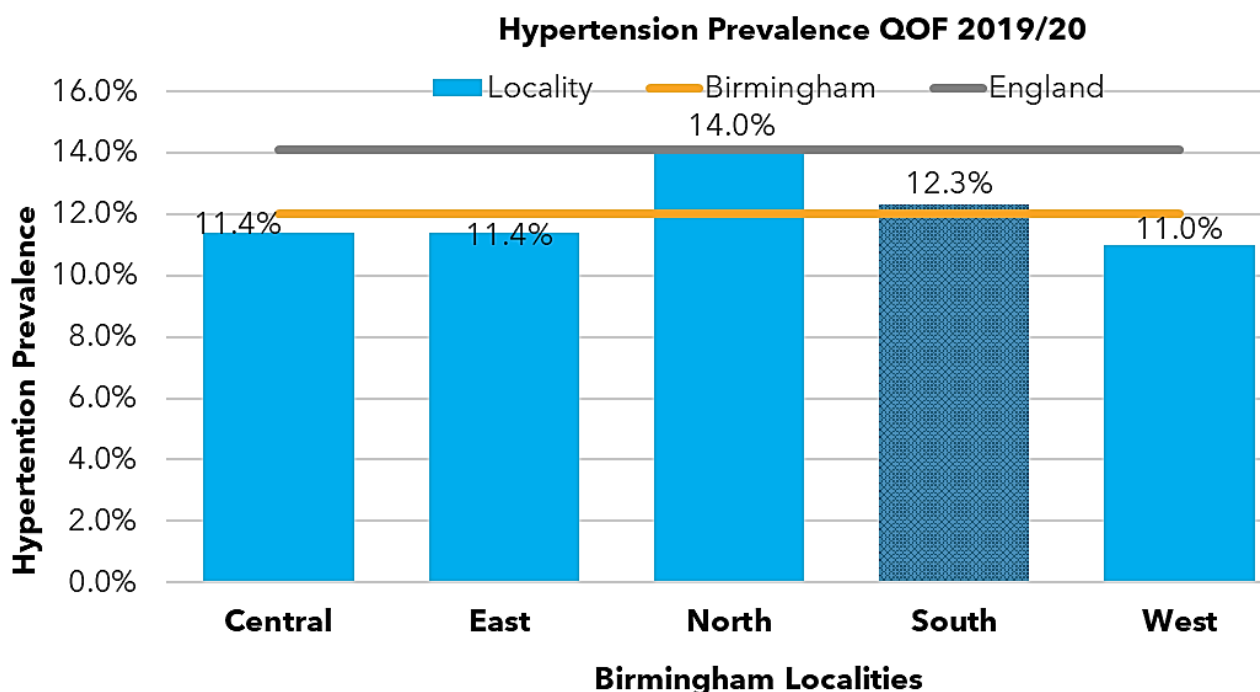


Figure 47: Hypertension prevalence by Birmingham locality. (Source: QOF 2019/20)

Figure 45 shows that around 12.3% of the South locality (ranking 2nd of all five localities) population was on the hypertension register in 2019/20; this was similar to the Birmingham rate of 12%, but lower than the England rate of 14%. The North locality had the highest prevalence rate of all Birmingham localities (14%) and the West locality the lowest rate (11%).

Heart Failure

Heart failure occurs when the heart is unable to pump blood around the body properly. It usually happens because the heart has become too weak or stiff⁸².

2. ⁸¹ Mayo Clinic. [High blood pressure dangers: Hypertension's effects on your body](#)

⁸² NHS. [Heart Failure](#)

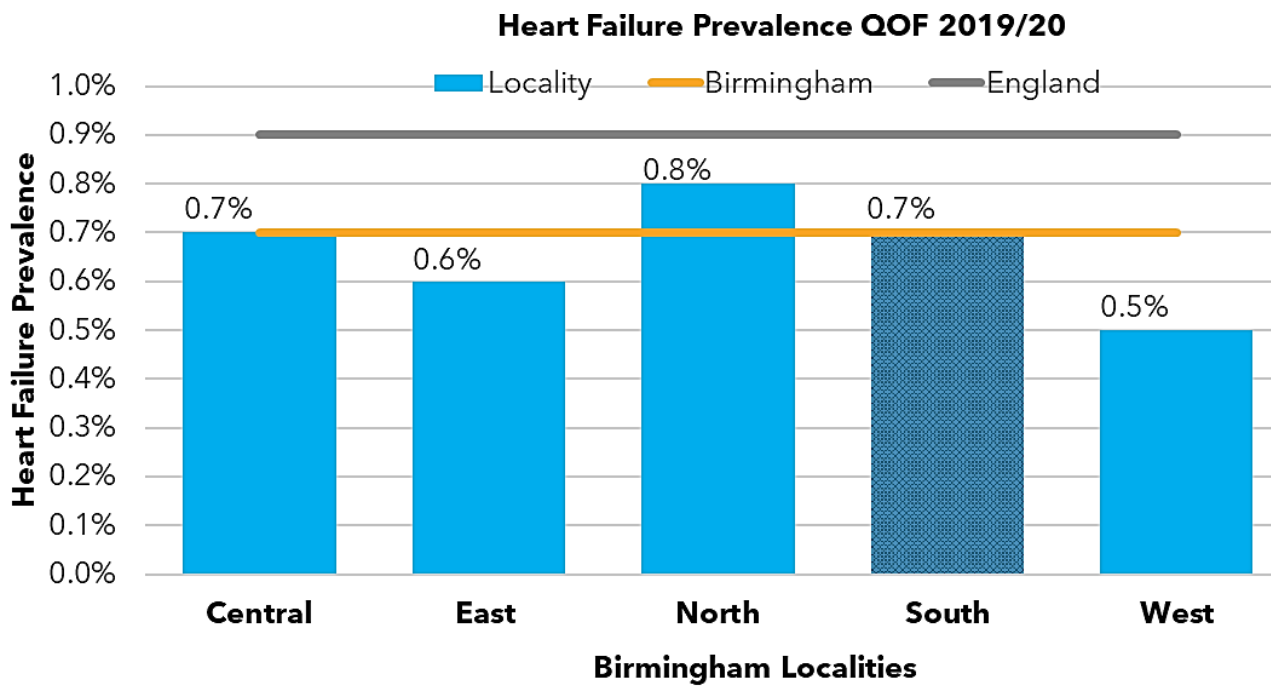


Figure 48: Heart failure prevalence by Birmingham locality. (Source: QOF 2019/20).

Figure 46 illustrates that the South locality had around 0.7% of its registered population on the heart failure register in 2019/20 (ranking joint 2nd of all five localities, jointly with the Central locality). This is similar to the Birmingham rate of 0.7% but slightly lower than the England rate of 0.9%. The North locality had the highest prevalence rate of all Birmingham localities (0.8%) and the West locality had the lowest (0.5%).

Atrial Fibrillation (AF)

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate that can lead to blood clots in the heart⁸³.

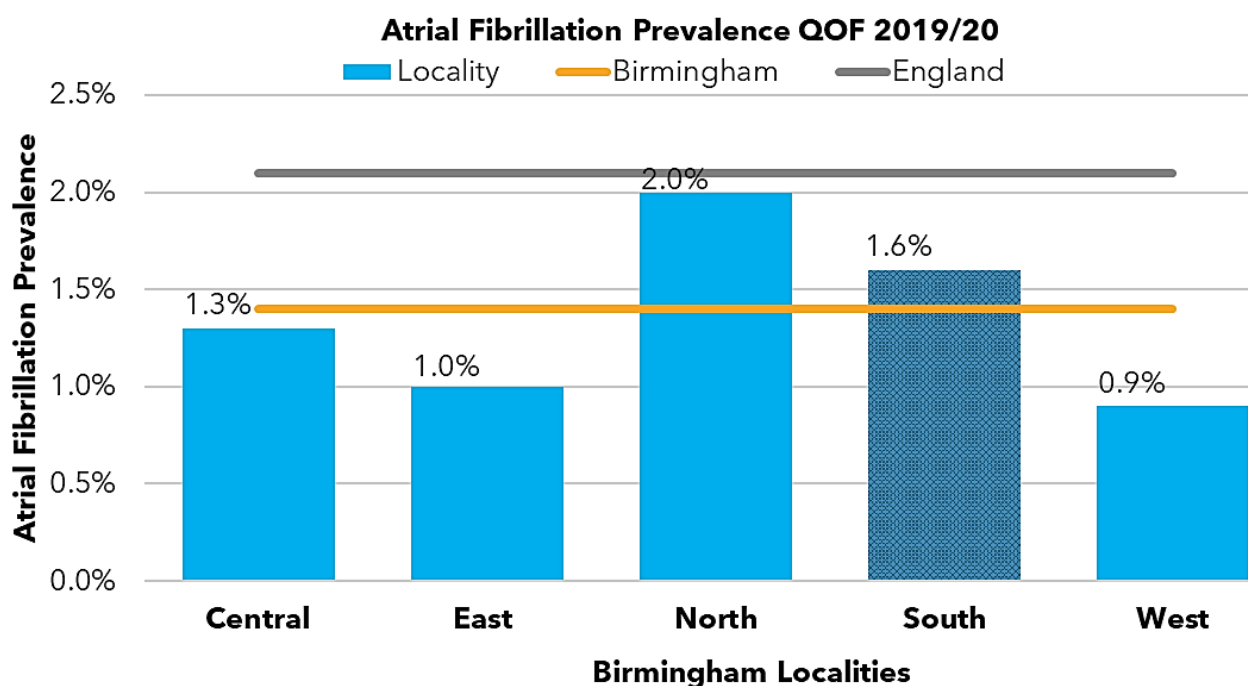


Figure 49: Atrial Fibrillation prevalence by Birmingham locality. (Source: QOF 2019/20)

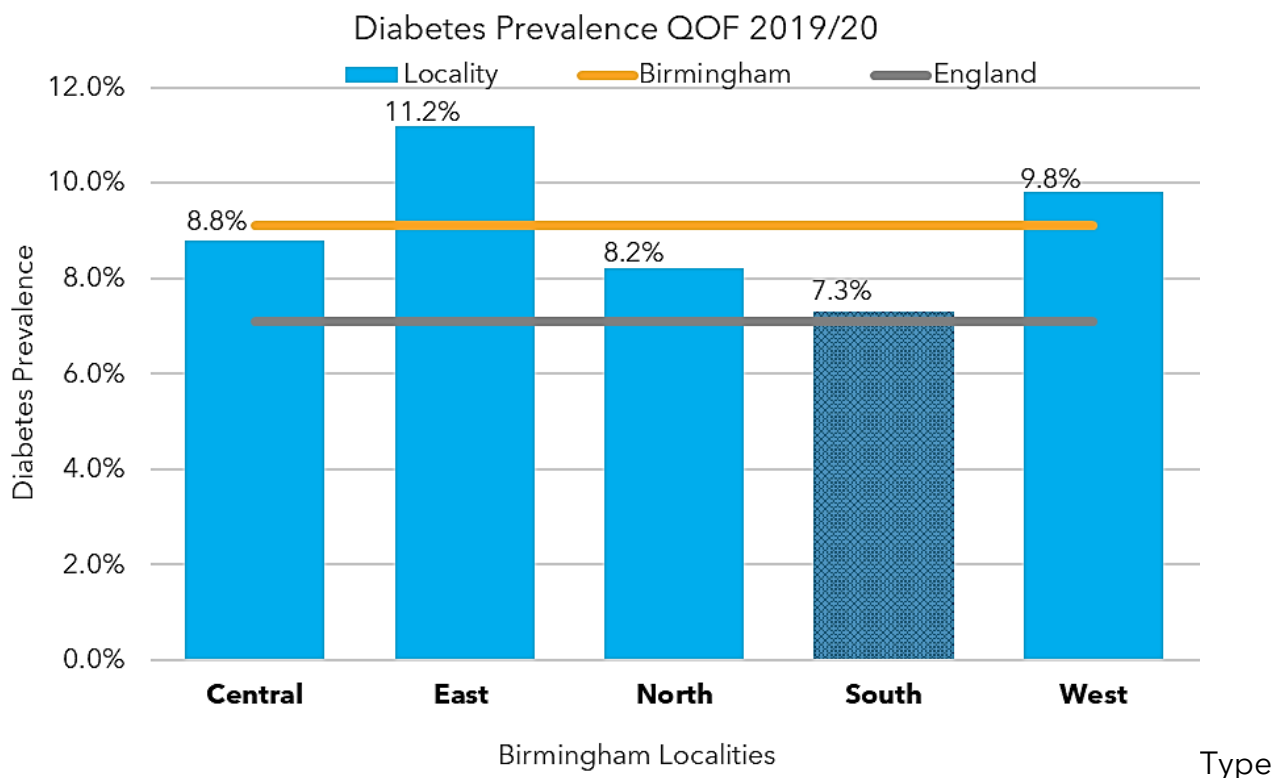
Figure 47 shows that the South locality had around 1.6% of its registered population on the AF register in 2019/20, ranking 2nd of all five localities. This is higher than the Birmingham rate of 1.4% but lower than the England rate of 2.1%. The North locality had the highest prevalence rate of all Birmingham localities (2%) and the West locality had the lowest rate (0.9%).

Diabetes

Diabetes is a lifelong disease that causes a patient's blood sugar levels to be too high. There are 2 main types of diabetes:

- type 1 diabetes - where the body's immune system attacks and destroys the cells that produce insulin.
- type 2 diabetes - where the body doesn't produce enough insulin, or the body's cells don't react to insulin.

⁸³ NHS. [Atrial fibrillation](#)



2 diabetes is far more common than type 1. In the UK, around 90% of all adults with diabetes have type 2.

Figure 50: Diabetes prevalence by Birmingham locality. (Source: QOF 2019/20)

Figure 50 illustrates the recorded prevalence of diabetes. It is estimated that during 2019/20, the South locality had around 7.3% of its registered population on the diabetes register. This is lower than the Birmingham rate of 9.1% but higher than the England rate of 7.1%. The East locality had the highest prevalence rate of all Birmingham localities (11.2%).

Diabetes has one of the highest prevalence of all the diseases within the QOF register partly because type 2 is associated with lifestyle but also because the disease has such a profound effect on a patient’s life once identified. This lifelong disease can lead to nerve damage, heart disease, stroke, and kidney and eye problems.

We know that many people are living with diabetes that has been undetected or are left undiagnosed, for example, people are not picked up by their local GPs or registered with a GP. People that are left undiagnosed, can show signs of complications by the time they get diagnosed. Therefore, early diagnosis and effective management of diabetes are crucial in reducing the risk of developing life-changing complications such as heart disease, stroke, kidney failure, blindness and amputation⁸⁴.

⁸⁴ Diabetes UK. [Are you one of the thousands in UK with undiagnosed diabetes?](#)

Diabetes - Hospital Admissions

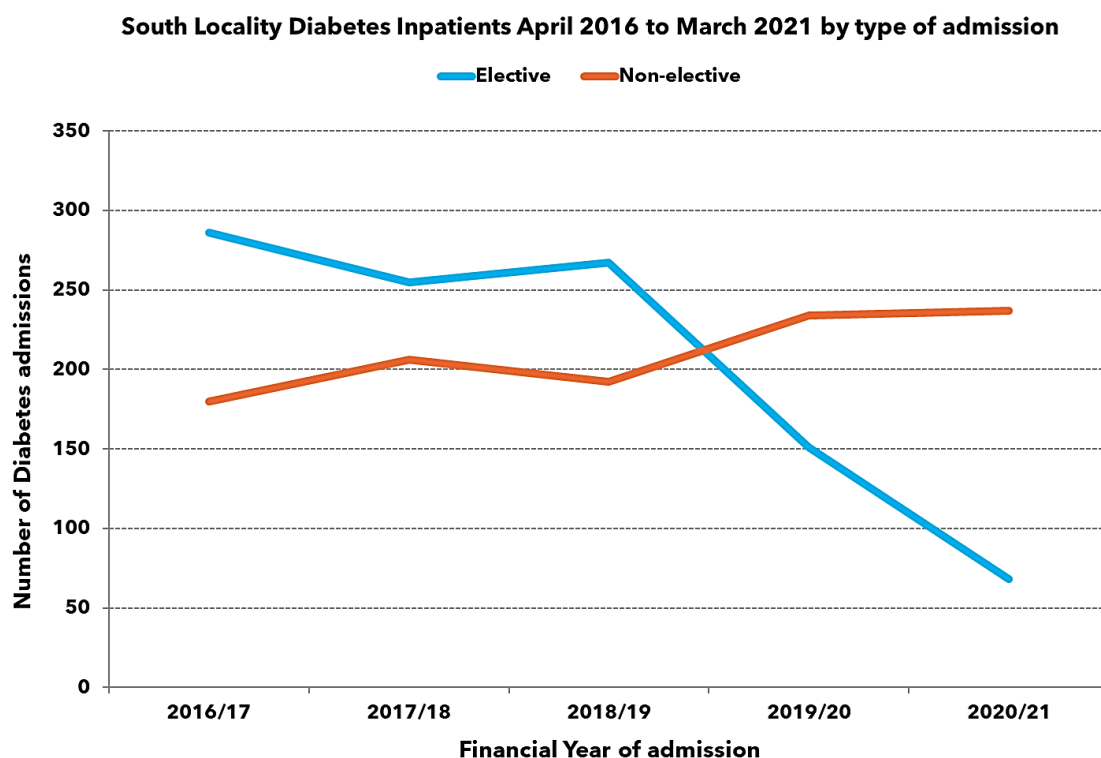


Figure 51: Diabetes inpatients for the South locality. (Source: NHS Digital HES 2016/17 to 2020/21)

Figure 51 shows elective hospital admissions for diabetes between 2018/19 and 2020/21 decreased by 75% from 267 to 68 admissions. Meanwhile, non-elective admissions increased between 2018/19 and 2019/20 by 23% (45 admissions), after which it stabilised. However, non-elective admissions account for a larger percentage of overall emergency hospital admissions. This data is recorded as ICD-10⁸⁵ codes E10-E14, which describe complications due to diabetes.

Diabetes Elective Admissions 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central	221	234	230	114	62	861
East	44	54	66	60	34	258
North	22	29	76	35	18	180
South	286	255	267	151	68	1027
West	74	89	82	75	37	357

Table 11: Number of elective admissions for diabetes inpatients for each locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

Over the last five years, 38% of all diabetes elective admissions across Birmingham were recorded in the South locality, making it the locality with the highest elective admissions for diabetes. The North saw the lowest elective admissions. Between 2016/17 and 2020/21, there was a 76% decrease in elective diabetes admissions, in the South

⁸⁵ International Statistical Classification of Disease and Related Health Problems, 10th Revision (ICD-10) is medical classification list by the World Health Organization. For more details, please see the glossary.

locality. This was the highest decrease seen in all five localities and higher than Birmingham overall which saw a 66% decrease. The North saw the lowest decrease of 18%. Of all diabetes hospital admissions from 2016/17 to 2020/21, 32% were elective admissions.

Diabetes Non-elective Admissions 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central	193	207	245	234	203	1082
East	267	224	279	293	289	1352
North	171	180	232	241	183	1007
South	180	206	192	234	237	1049
West	202	216	209	281	300	1208

Table 12: Number of non-elective admissions for diabetes inpatients by locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

Over the last five years in Birmingham, 18% of the non-elective diabetes inpatient admissions were recorded in the South locality, making it the locality with the second lowest non-elective diabetes admissions (see table 12). Between 2016/17 and 2020/21, there was a 32% increase in non-elective admissions in the South locality.

Diabetes Deaths

Directly Standardised Diabetes Death rates 2017 to 2019

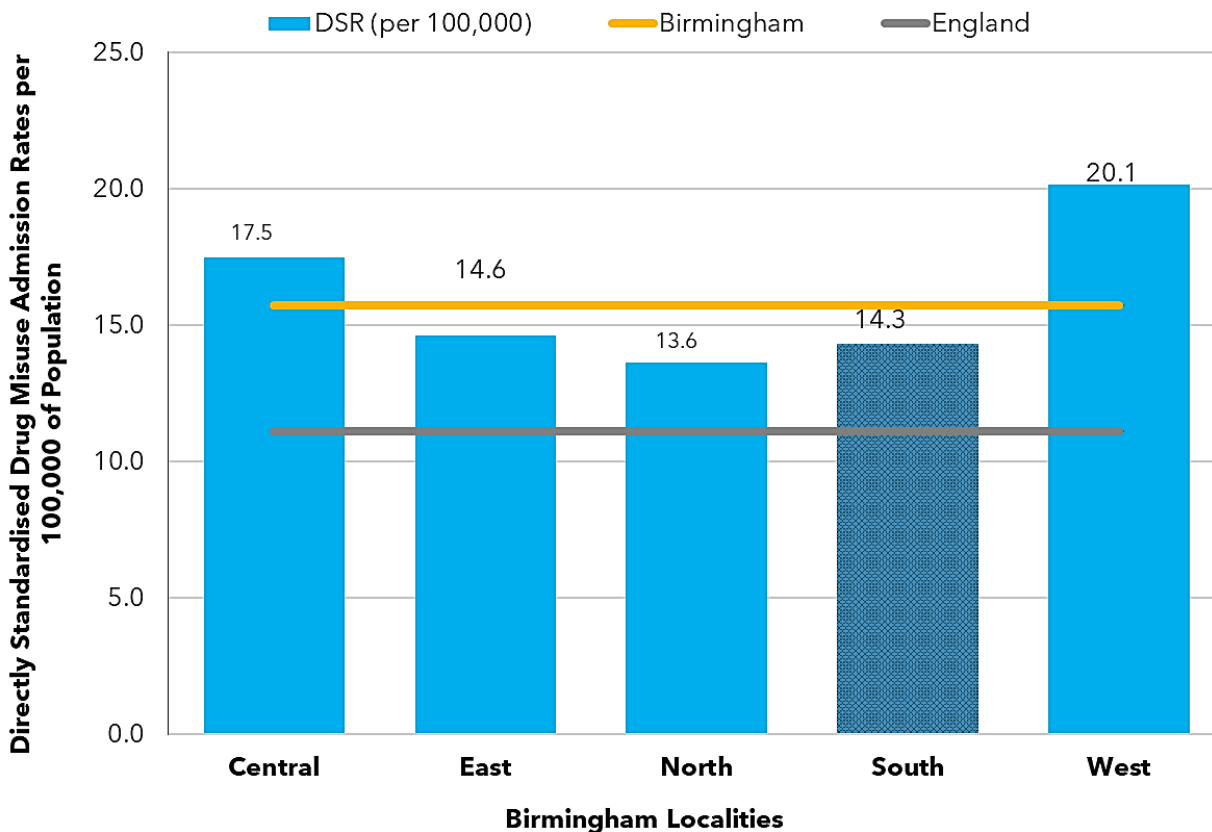


Figure 52: Directly standardised rate of diabetes deaths by Birmingham locality. (Source: ONS Deaths 2017-2019)

The death rate per 100,000 of the population for diabetes compared to other conditions remains low across Birmingham, with diabetes very rarely being recorded as the underlying cause of death. The South locality had a directly standardised rate of 14.3 diabetes deaths per 100,000, which is lower than the Birmingham rate of 15.7 and higher than the national average of 11.1. Most of the deaths are in those aged 65 years and over (see figure 52).

Respiratory

The respiratory illness affects the lungs and results in difficulty breathing. This may be the result of smoking, infections or genetics. Lung disease can affect any part of the respiratory system. Diseases that affect the airways include chronic obstructive pulmonary diseases (COPD)—this includes emphysema and chronic bronchitis—and asthma.

Respiratory Hospital Admissions

Respiratory Elective Admissions 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central Elective	643	652	683	609	271	2858
East Elective	793	782	855	787	462	3679
North Elective	609	524	632	688	250	2703
South Elective	535	558	631	557	228	2509
West Elective	594	599	737	632	265	2827

Table 13: Number of elective admissions for respiratory diseases by Birmingham locality (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

Between 2016/17 to 2020/21, 17% of all respiratory elective admissions across Birmingham were recorded in the South locality, making it the locality with the least number of recorded elective cases for respiratory admissions across the five localities in Birmingham (see table 13). Between 2016/17 and 2020/21, elective admissions for the North fell by 59%, from 609 to 250.

Respiratory Non-elective Admissions 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central locality	3577	3769	4193	4180	1700	17419
East locality	4281	4599	5380	5666	2335	22261
North locality	3892	4176	4446	4553	1934	19001
South locality	3544	3763	3993	4142	1856	17298
West locality	3817	3899	4113	4378	1698	17905

Table 14: Number of non-elective admissions for respiratory diseases by Birmingham locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

The South locality accounts for 18% of the total non-elective respiratory admissions in Birmingham and ranks the lowest for non-elective admissions of all five Birmingham localities. Between 2016/17 and 2020/21, non-elective admissions reduced by 48% in the South locality (see table 14).

Respiratory Deaths

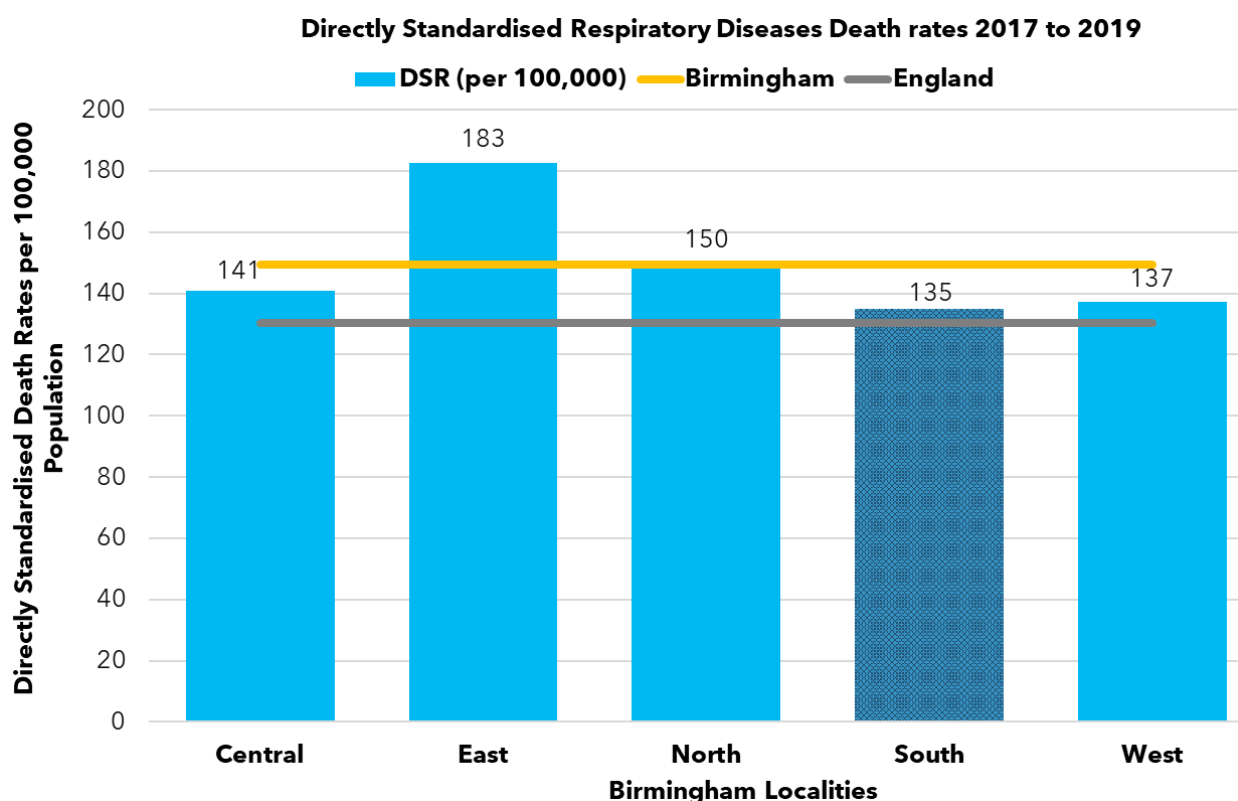


Figure 53: Directly standardised respiratory death rate by Birmingham locality. (Source: ONS Deaths 2017-19)

The death rate for respiratory-related illnesses within the South locality (135 per 100,000) is lower than all the other localities and the Birmingham rate (149 per 100,000) but higher than the national rate (130 per 100,000) for 2017/19 (see figure 53). The rates shown are for all ages but the majority of deaths from respiratory diseases are for those patients aged 75 and older.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is the name for a group of lung conditions that cause breathing difficulties. It includes:

- emphysema - damage to the air sacs in the lungs
- chronic bronchitis - long-term inflammation of the airways

COPD develops over time and affects mostly those who are 40 years of age or older and smoke. However younger adults can develop COPD, but it is rare. The breathing problems tend to get gradually worse over time and can limit your normal activities, although treatment can help keep the condition under control⁸⁶.

COPD prevalence

⁸⁶ Healthline. [COPD: What's Age Got to Do with It?](#)

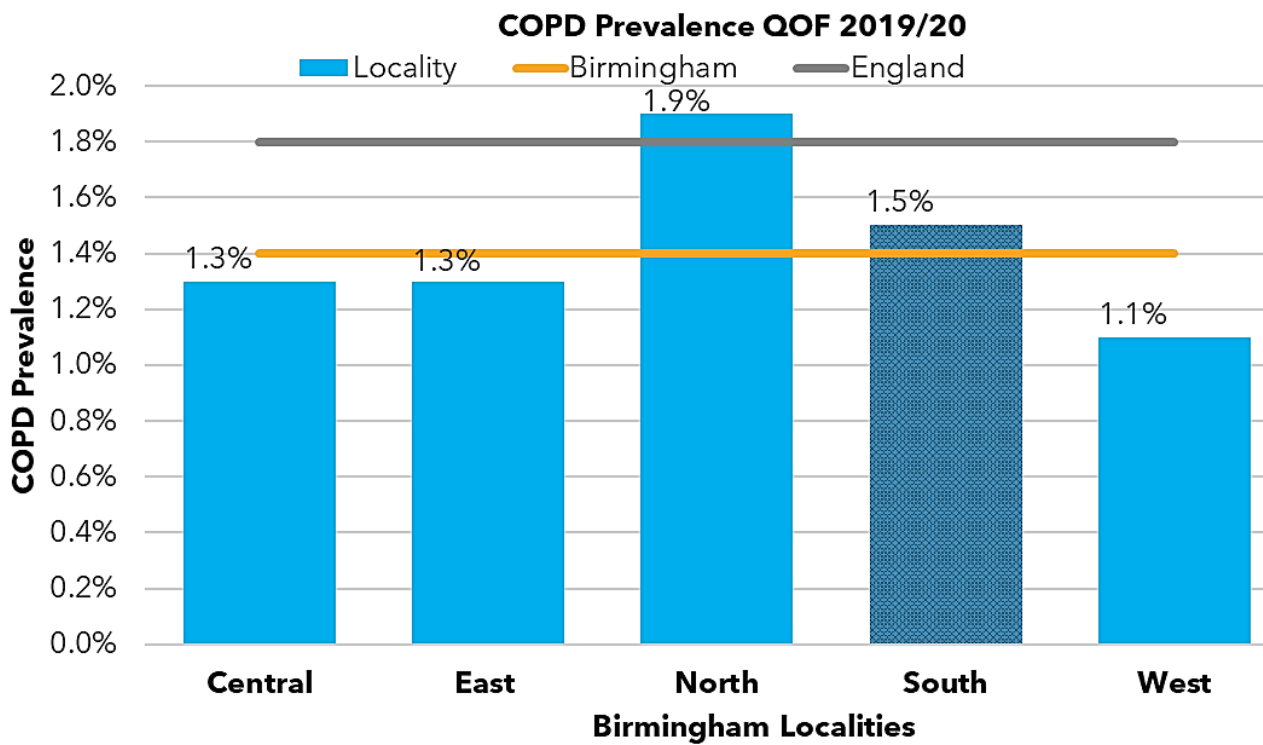


Figure 54: COPD Prevalence by Birmingham locality. (Source: QOF 2019/20)

An estimated 1.5% of those in the South locality are registered as having COPD during 2019/20. This is higher than the Birmingham rate of 1.4% but lower than the England rate of 1.8%. The North locality had the highest prevalence rate of all Birmingham localities (1.9%)- see figure 54.

Asthma Prevalence

Asthma is a common, long term lung condition that causes occasional breathing difficulties. Although asthma can occur at any age, it is more common in those under 40.

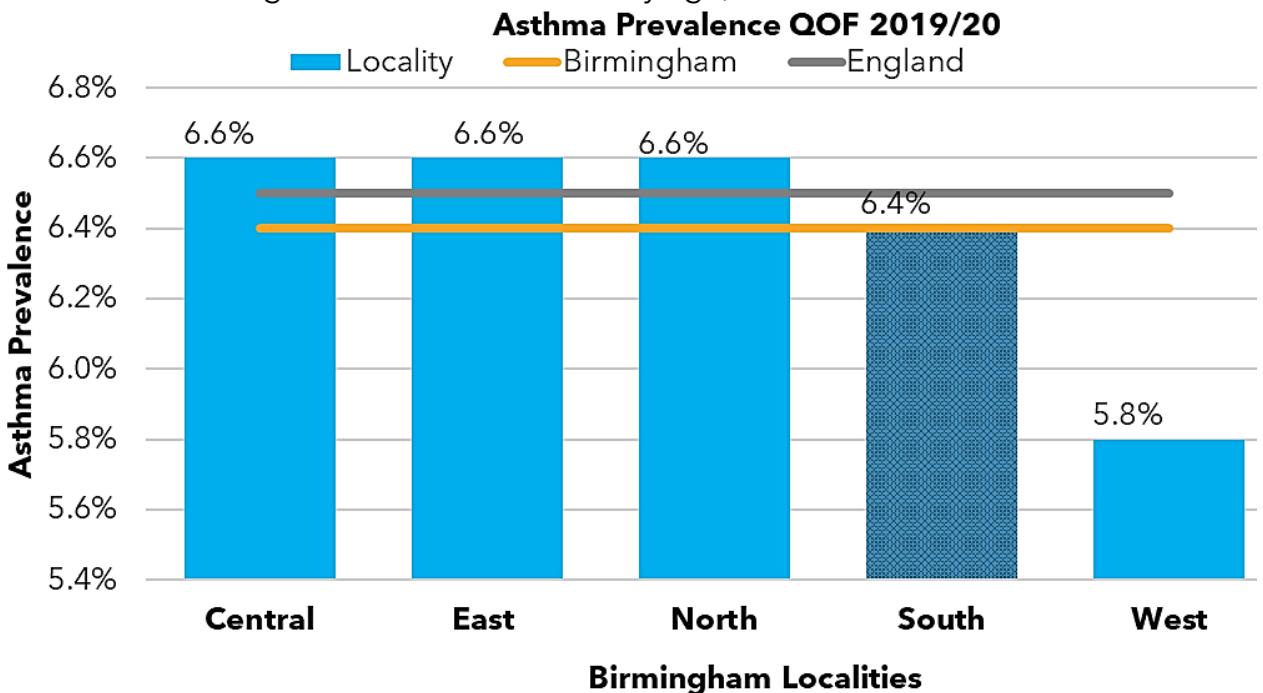


Figure 55: Asthma Prevalence by Birmingham locality. (Source: QOF 2019/20)

In 2019/20, the South locality had around 6.4% of its registered population on the asthma register. This is the same as the Birmingham rate, but lower than the England rate of 6.5%. The North, East and Central localities all have a higher prevalence at 6.6% while the West locality has the smallest proportion at 5.8% - see figure 55.

Cancer

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs. Cancer sometimes begins in one part of the body before spreading to other areas. This process is known as metastasis⁸⁷.

There are over 200 known cancers each diagnosed and treated differently. One in two people will develop some form of cancer during their lifetime. In the UK, the four most common types of cancer are:

- breast cancer
- lung cancer
- prostate cancer
- bowel cancer

Cancer Prevalence

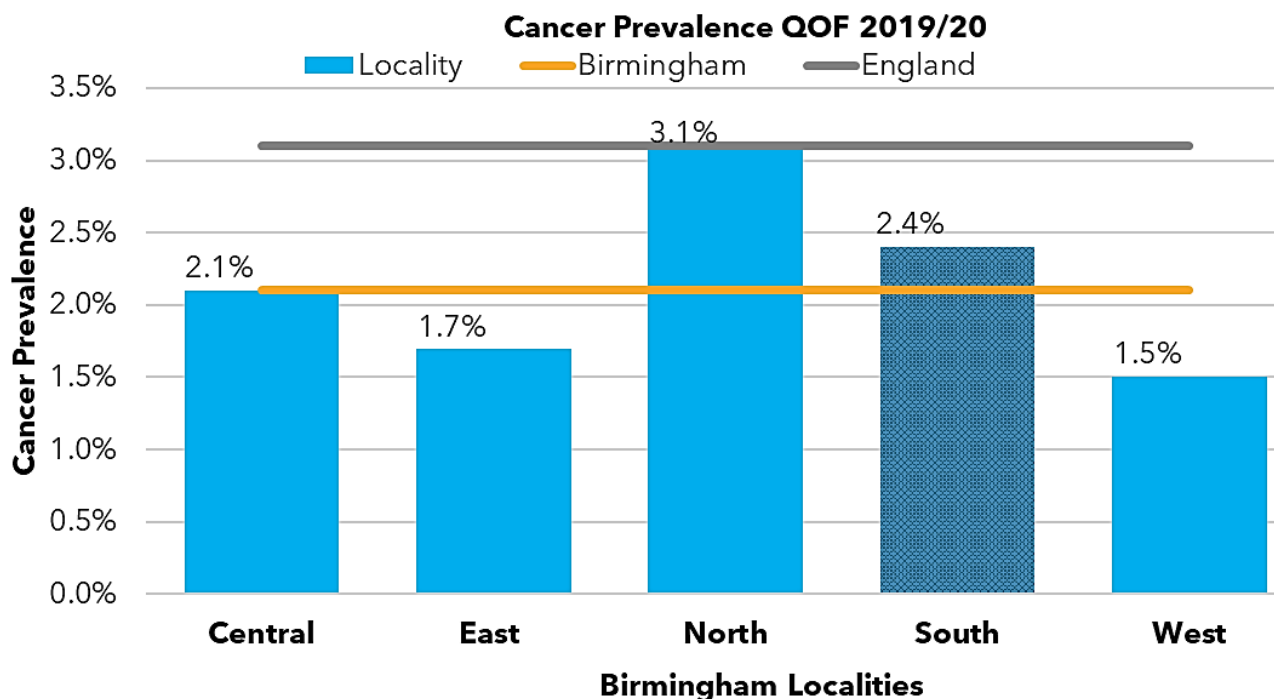


Figure 56: Cancer prevalence by Birmingham locality. (Source: QOF 2019/20)

During 2019/20, the South locality was estimated to have around 2.4% of its registered population on the cancer register. This is higher than the Birmingham rate of 2.1%, however, lower than the England rate of 3.1%. The North locality had the highest

⁸⁷ NHS. [Overview Cancer](#)

prevalence rate of all Birmingham localities (3.1%) and the West locality had the lowest (1.5%) – see figure 56.

Cancer - hospital admissions

The treatment of cancer requires regular attendance at either an outpatient or inpatient facility to receive necessary drugs, as such, numbers of admissions are high. In 2020/21, 12% of all Birmingham cancer admissions (elective and non-elective) came from residents of the South locality. Elective admissions in the South locality gradually declined between 2016/17 and 2018/19, to a total of 26%, and elective admissions then remained the same for a year. Between 2019/20 and 2020/21 elective admissions declined by 32%.

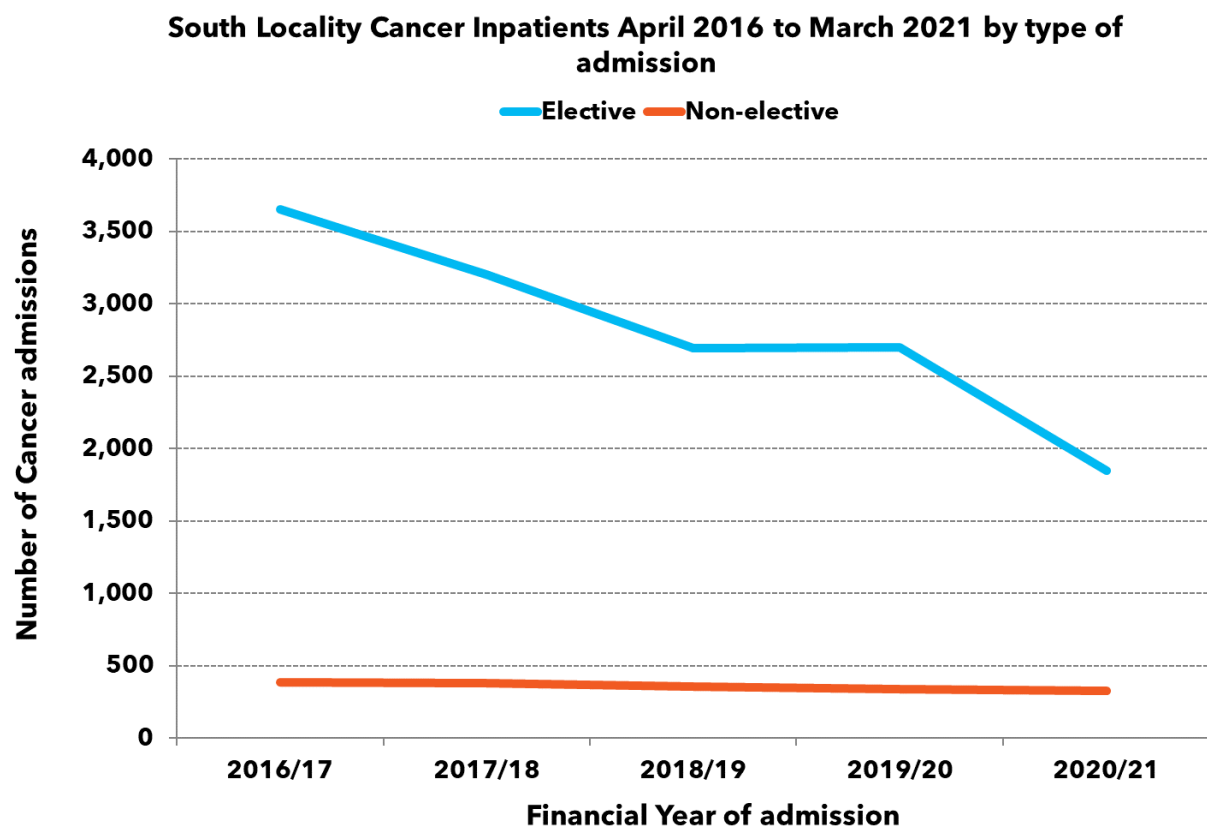


Figure 57: Cancer inpatients by type of admission for the South locality. (Source: NHS Digital HES 2016/17-2020/21)

Cancer Elective Admissions 2016 - 2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central	3349	3164	2656	3004	2213	14386
East	5584	5564	5937	6255	4633	42359
North	7583	8012	7472	7500	5447	36014
South	3654	3203	2695	2697	1848	14097
West	4300	3886	2842	3174	2185	16387

Table 15: Number of elective admissions for cancer inpatients by Birmingham locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

The South locality accounted for 11% of all cancer elective admissions across Birmingham. This locality has the least number of recorded elective cases across the five localities in Birmingham (see table 15).

Elective admissions have declined over the last five years except for 2019/20 when there was a very slight increase of 2 admissions. Of all cancer hospital admissions from 2016/17 to 2020/21, 89% were elective admissions and this is different to the other diseases mentioned within this report where most inpatient admissions were non-elective.

In 2020/21 elective admissions reduced by 49% compared to 2016/17 from 3,654 to 1,848 in the South locality.

Cancer Non elective Admissions 2016-2021

Year	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Central	348	301	295	303	318	1565
East	252	310	300	327	349	1538
North	344	356	331	384	383	1798
South	386	381	354	338	325	1784
West	326	339	328	279	301	1573

Table 16: Number of non-elective admissions for cancer inpatients by Birmingham locality. (Source: NHS Digital HES Inpatients 2016/17 to 2020/21)

The South locality also accounts for 22% of the total non-elective cancer admissions in Birmingham and ranks the second highest for non-elective admissions of all five localities. Between 2016/17 and 2020/21, non-elective admissions also reduced by 16% from 386 to 325 in the South locality (see table 16).

Cancer deaths

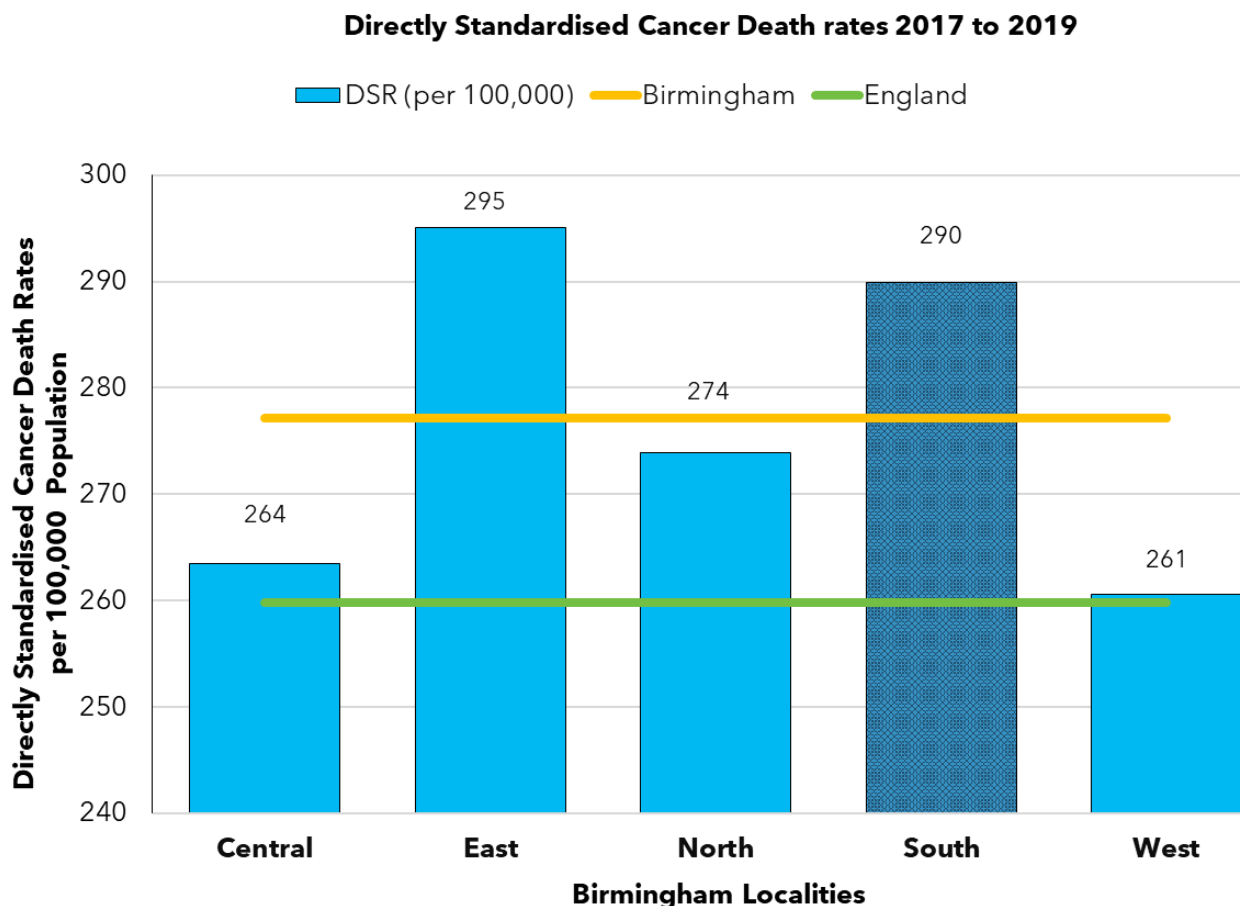


Figure 58: Directly standardised cancer death rates by Birmingham locality. (Source: ONS Deaths 2017-19)

During 2017/19, cancer across all ages accounted for 6,685 (26.4%) deaths across Birmingham. During this time, the disease was the city's biggest killer. Figure 58 shows that the South locality had a death rate of 290 per 100,000 of the population. This is higher than Birmingham (277) and England (260) rates.

When looking at the crude rate, the South locality accounted for 1,468 (22%) deaths, the second highest number of total cancer deaths in Birmingham. The North locality had the highest number with 1,553 (23%) deaths while the West had the least with 1,048 (16%) deaths.

11. Accident and Emergency (A&E) Hospital Attendances

Accident and Emergency attendances provide insight into A&E activity, including the pressure on these services. This data is essential for determining average wait times to access emergency care, quality of service delivery, and other factors that are relevant to understanding and addressing healthcare issues within the population.

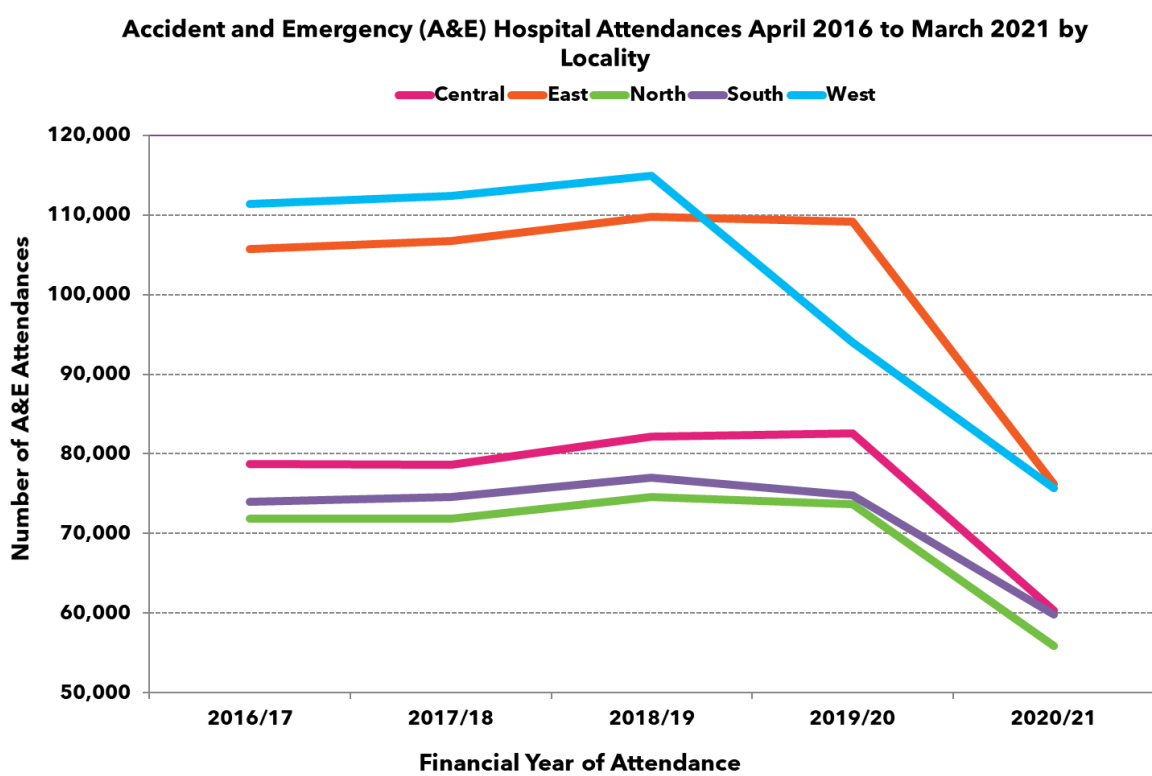


Figure 59: A&E attendance by locality. (Source: NHS Digital HES A&E 2016/17 to 2020/21 data)

In 2016/17, there were 441,540 A&E attendances in Birmingham. This decreased to 327,808 attendances in 2020/21, a 26% reduction across the city. Figure 59 shows A&E attendances remained fairly stable between 2016/17 - 2018/19, after which the West locality was the first to start to see a decline, followed by the remaining four localities in 2019/20. This is likely to be linked to COVID-19.

The South locality accounts for 17% of A&E attendances in Birmingham, and along with the North locality, had the lowest A&E attendance rates of all five localities between 2016/17 to 2020/21. A&E cases in the South locality have reduced by 20% from 74,817 to 59,804 between 2019/20 and 2020/21. This was the second lowest change was seen in A&E attendances across Birmingham after the West locality (19%), and the East locality had the highest change (30%).

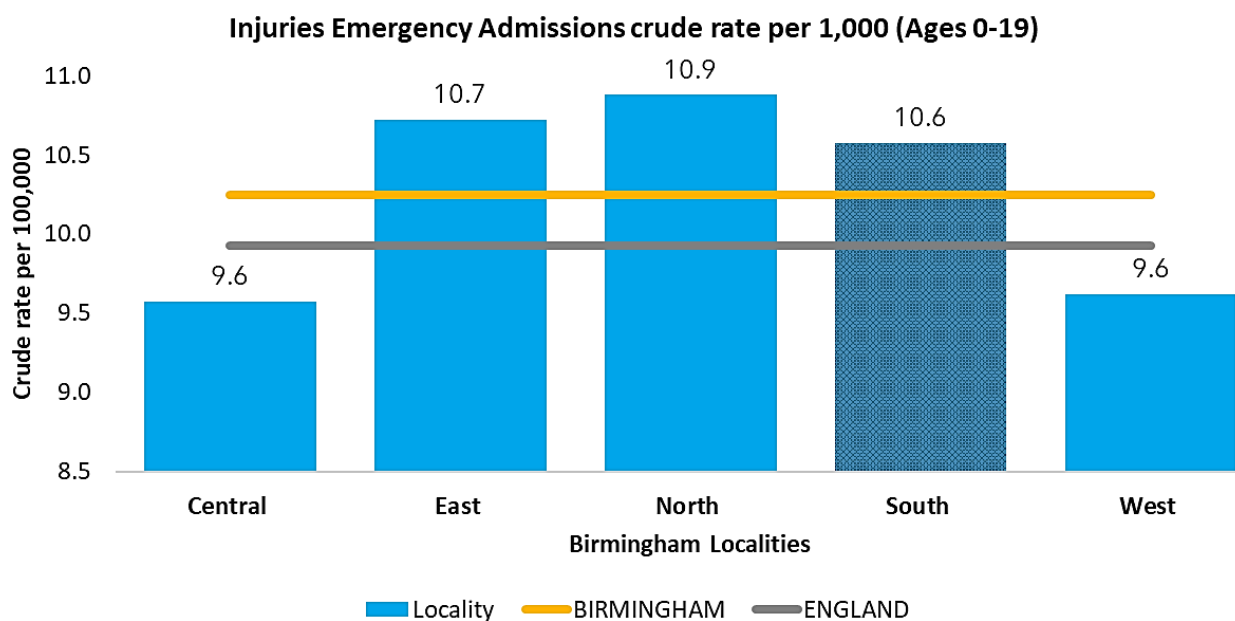


Figure 60: Injuries emergency admissions crude rate per 1,000 (Aged 0-19) by Birmingham locality. (Source: NHS Digital HES data 2018/19 to 2020/21 data and ONS populations for 2018 to 2020)

Between 2018/19 and 2020/21, the injuries emergency admissions crude rate per 1,000, among children aged 0-19 in the South locality was 10.6, which was similar to Birmingham’s rate of 10.1 but higher than the England average of 9.9 (Figure 60). Compared to other localities, this makes the South the locality with the third highest injury emergency admissions rates per 1,000 for those aged 0-19.

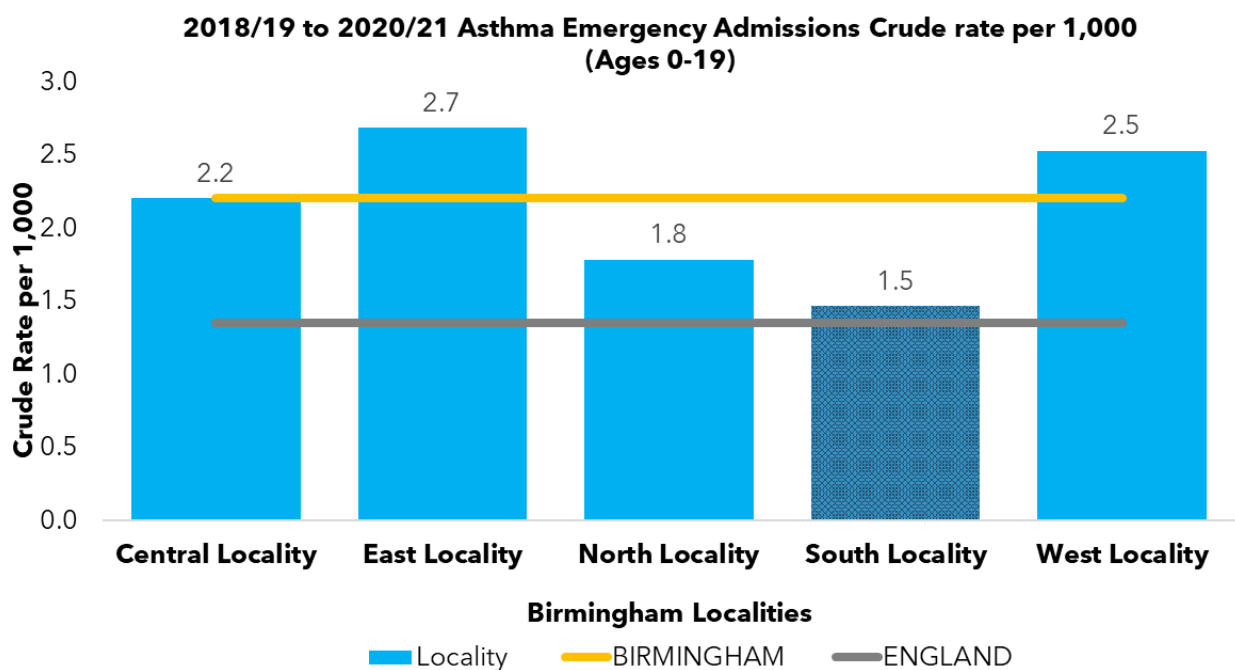


Figure 61: Asthma Emergency admissions crude rates per 1,000 (ages 0-19) by Birmingham locality. (Source: NHS Digital HES A&E 2018/19 to 2020/21 data)

Between 2018/19 and 2020/21, the asthma emergency admissions crude rate per 1,000, among children aged 0-19 in the South locality was 1.5. This is similar to the England rate of 1.4 but much lower than the Birmingham rate of 2.2. Compared to other localities, this makes the South the locality with the lowest asthma emergency admission rates per 1,000 for this age group.

12. Conclusion

The South locality makes up nearly a fifth of the Birmingham population and, like Birmingham, has a predominantly young population. The South locality population is largely from White ethnic backgrounds and a third of its population live in areas ranked among the 10% most deprived areas in England.

COVID-19 vaccine uptake has been one of the highest in Birmingham for all three doses. People in the South locality felt safer going out during the day than after dark, although more people felt safer going out at night than the rest of Birmingham. Violent crime admission rates are similar to Birmingham but much higher than in England.

Life expectancy is still higher in females than males with the South locality having a higher life expectancy than the rest of Birmingham, but still lower than the England average. This is largely driven by a very high infant mortality in Edgbaston, where it makes up nearly half of excess years of life lost. In Northfield, the other constituency of the South locality, most of the mortality is attributed to cardiovascular causes. The rate of teenage conception is also worrying with a higher rate than in both Birmingham and England.

In summary, the South profile differs slightly from that of the Birmingham profile, with high levels of inequality compared to England for many indicators. The Birmingham Joint Health and Wellbeing strategy aim to close this inequity gap by working as a partnership across the city, tackling structural barriers to improving quality of life and health outcomes.

1. Appendix A

Glossary

A **ward** is a geographical unit used to elect local government councillors in metropolitan and non-metropolitan districts, unitary authorities, and the London boroughs in England.

A **constituency** is a body of citizens (called **constituents**) who are represented by an elected representative at the House of Commons, which is the democratically elected house of the UK Parliament, responsible for making laws and checking the work of the Government.

A **locality** is a geographical area which consists of two or more neighbourhoods, with each neighbourhood adjoining at least one other in the area, to make up communities which form the locality.

Absolute poverty - refers to conditions where an individual or household's incomes are below levels required to meet basic living needs, such as housing, feeding, health care, security, access to safe water, etc.

QOF: The Quality and Outcomes Framework (QOF) is **a system designed to remunerate general practices for providing good quality care to their patients**, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services (GMS) contract, introduced in 2004.

Elective Admissions - They are referred to as planned admissions, i.e., admissions in which the decision to admit the patients were made before the admission of the patient, by healthcare providers. These could be through bookings or routine admissions

Non-elective admissions - They are referred to as unplanned admissions, i.e., admissions in which there were no prior decisions made by the healthcare providers to admit the patients, decisions to admit them were made on an instantaneous or emergency basis.

ICD-10 - refers to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), which are medical classification list provided by the World Health Organization (WHO), consisting of codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

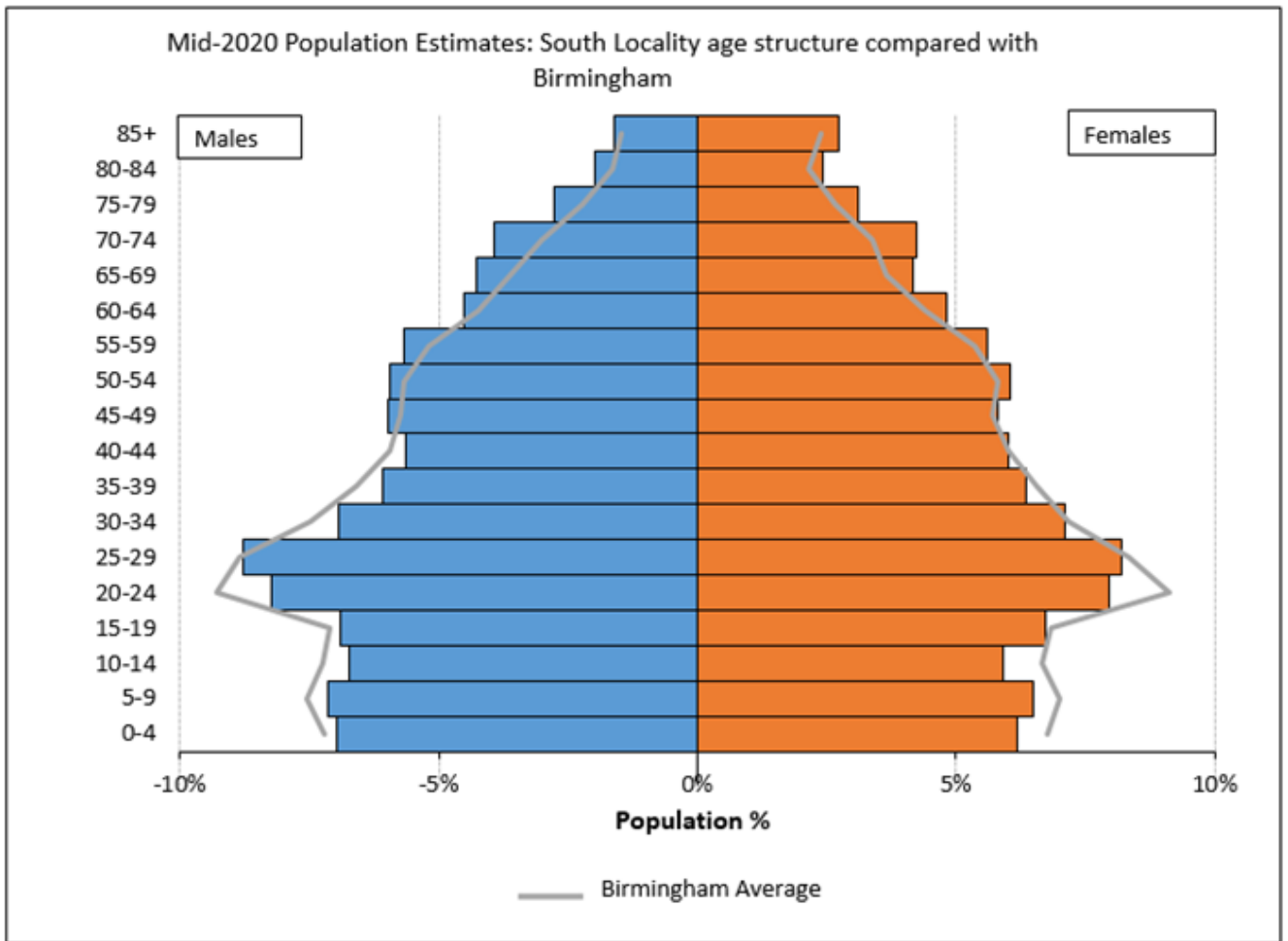


Figure 62: South Locality Population Pyramid - the age structure of people living in the South locality in comparison to Birmingham by males and females. (Mid-2020 Population Estimates)

Constituency	White	Mixed	Asian	Black	Other ethnic group
EDGBASTON	68.7%	5.2%	16.4%	7.7%	2.1%
ERDINGTON	73.1%	5.6%	10.4%	10.2%	0.8%
HALL GREEN	35.5%	3.8%	49.5%	6.1%	5.0%
HODGE HILL	35.7%	4.2%	49.8%	8.4%	2.0%
LADYWOOD	27.3%	5.9%	40.5%	22.6%	3.6%
NORTHFIELD	85.8%	4.7%	4.2%	4.4%	0.8%
PERRY BARR	39.7%	4.1%	38.8%	15.2%	2.1%
SELLY OAK	77.6%	4.4%	12.4%	4.5%	1.2%
SUTTON COLDFIELD	88.7%	2.2%	6.7%	2.0%	0.5%
YARDLEY	65.6%	4.1%	23.7%	5.3%	1.3%

Table 17: Ethnicity breakdown by constituencies (Source: 2011 Census)

Ethnic group breakdowns by constituencies. For the South locality, the make-up of each constituency:

Edgbaston has a population of 96,568 of which 68.7% (66,314) are of White ethnicity. The second biggest ethnicity is Asian, which makes up 16.4% of Edgbaston's population.

Northfield has a population of 101,422 of which 85.8% (87,064) are of White ethnic background. The second biggest ethnicity is Mixed, which makes up 4.7% of Northfield's population.