

# Joint Strategic Needs Assessment *Evidence Summary*



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## Introduction

The 2018/19 Joint Strategic Needs Assessment (JSNA) provides key information regarding the health and wellbeing of the Solihull population. Alongside the Public Health Annual Report the JSNA underpins the Solihull Health and Wellbeing Strategy 2016-19. This strategy has been developed to improve the health and wellbeing of local people and communities, and to be used by the Solihull Health and Wellbeing Board to challenge the commissioning and funding plans of local agencies to ensure that they are tackling local health and care priorities.

This strategic evidence summary is one a range of JSNA resources that can be found on our [Information and Intelligence](#) webpages. These resources include:

- A JSNA Infographic summary
- [JSNA Deep Dives](#) – Detailed reports looking at particular health conditions or population groups at risk of poorer health and wellbeing;
- [Local Area Profiles](#) – Detailed analysis of local area need in each of the three Solihull Locality areas (North, East and West Solihull) as well as statistical profiles of the borough’s 17 wards;
- [Self Service Tools](#) – Links to data tools for access to national and local data;
- [About Solihull](#) - Briefing papers on Solihull’s people and place.

All of the data quoted in this summary is the latest available at the time of writing in December 2018.

## Key Health Measures and Drivers

### Life Expectancy and Healthy Life Expectancy

Life expectancy at birth in Solihull is around a year longer than the England average for both males and females. In 2014/16 Solihull had the highest Life Expectancy in the West Midlands among females and the 2<sup>nd</sup> highest among males<sup>1</sup>.

Life Expectancy at Birth 2014/16

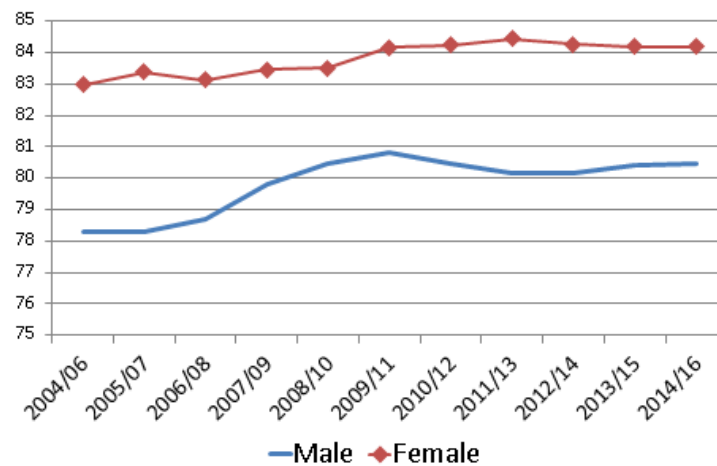


Source: Public Health England

Since 2004/06 Life Expectancy in Solihull has increased by 2.2 years for males and 1.2 years for females. In the first part of this period Life Expectancy increased strongly, but has remained relatively unchanged for both males and females since 2009/11.

This slowdown in Life Expectancy growth is evident across England as a whole. This appears to be driven by decelerating improvements in mortality, particularly from obesity and diabetes linked cardiovascular disease and the effect of recent bad winters causing excess winter deaths from flu related illnesses and respiratory disease<sup>2</sup>.

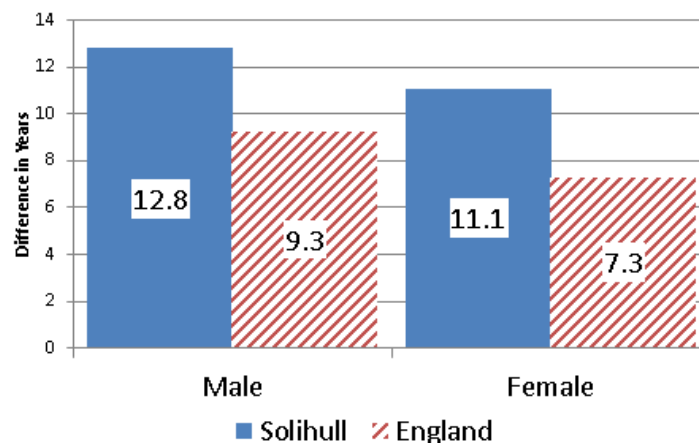
### Life Expectancy at Birth in Solihull



Source: Public Health England

Inequality in Life Expectancy in Solihull is the one of the highest in the country and has increased over the last few years for both males and females. On average males in the most deprived 10% of the Solihull population can expect to live for 12.8 years less than those in the least deprived, compared to an inequality gap of 9.3 years across England as a whole. Females in the most deprived 10% of the Solihull population have a life expectancy of 11.1 years less than those in the least deprived, compared to the inequality gap of 7.3 years across England<sup>3</sup>.

### Gap of Inequality in Life Expectancy Between Most and Least Deprived 10% of Population 2014/16

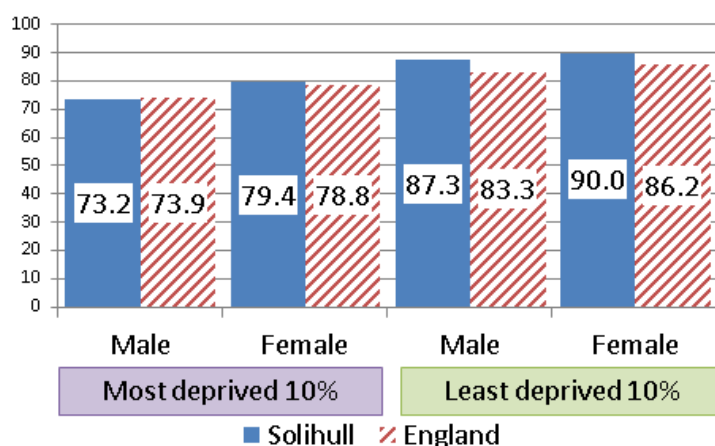


Source: Public Health England



The inequality gap among males in Solihull is the 5<sup>th</sup> highest out of 149 upper tier Local authorities in England and the 3<sup>rd</sup> highest among females. However, the extent of this inequality gap is largely due to very high levels of Life Expectancy among the least deprived 10% of the Solihull population. Among this group males in Solihull can expect to live for 87.3 years compared to the England average of 83.3 years (Solihull ranked 3<sup>rd</sup> highest out of 149 LAs), while female Life Expectancy is 90 years compared to 86.2 years (again ranked 3<sup>rd</sup>). Life Expectancy for the most deprived 10% of the male population is very slightly below the England average (73.2 compared to 73.9 years), while among women it is slightly above average (79.4 compared to 78.8 years) <sup>4</sup>.

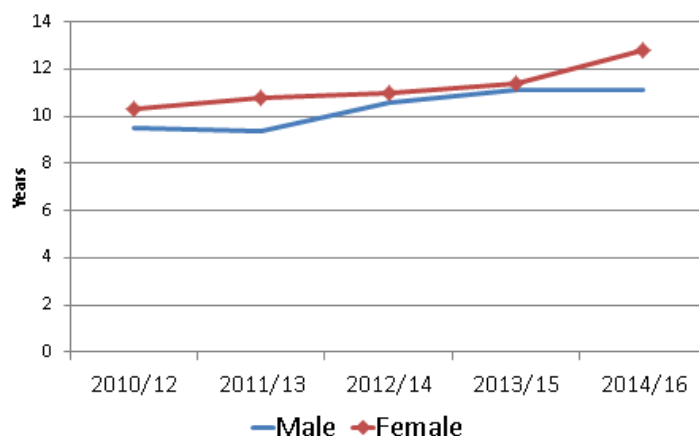
Life Expectancy at Birth Among Most and Least Deprived 10% Populations 2014/16



Source: Public Health England

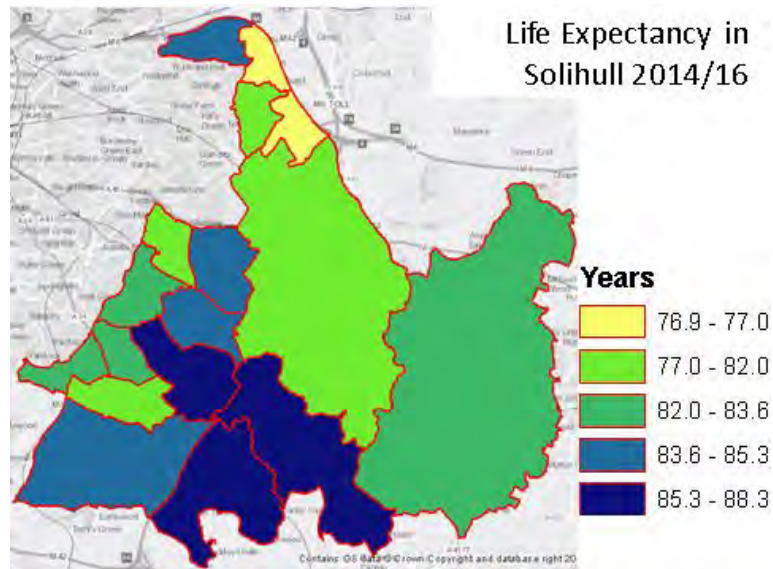
The gap in Life Expectancy at birth between those born in the most and least deprived 10% of the Solihull population has increased in recent years for both males and females. This is consistent, albeit more pronounced than, the England average.

Inequality in Life Expectancy at Birth in Solihull



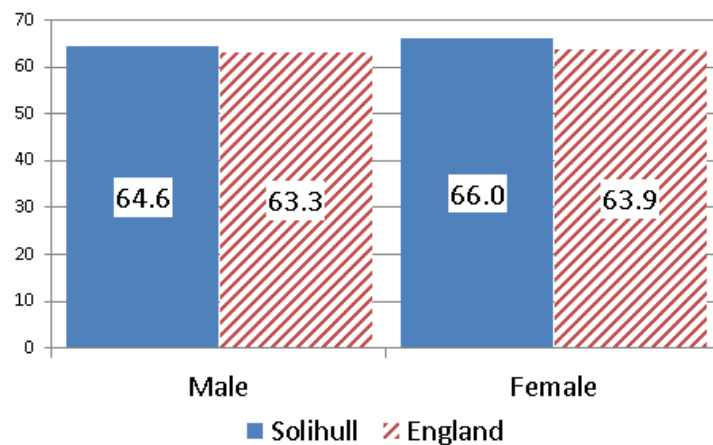
Source: Public Health England

This inequality between the most and least deprived sections of the population is reflected in differing Life Expectancy among the 17 Solihull wards. For instance, on average people living in Chelsmsley Wood can expect to live nearly 11 years less than people born in St Alphege<sup>5</sup>.



In 2014/16 males born in Solihull can expect to live in good health for an average of 64.6 years and females for 66 years, with both above the England average<sup>6</sup>.

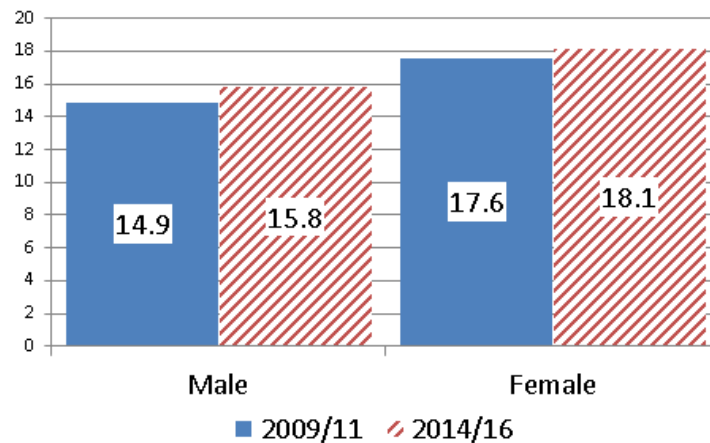
### Healthy Life Expectancy at Birth 2014/16



Both males and females born in the most deprived 10% of neighbourhoods in Solihull can expect nearly 18 years fewer healthy life expectancy than those born in the least deprived 10% of the population<sup>7</sup>.

Comparing changes in overall Life Expectancy and Healthy Life Expectancy in Solihull, shows that since 2009/11 the average male can expect an additional 0.9 years of disability at the end of their life (from 14.9 to 15.8 years) while the average female can expect an additional 0.5 years of illness or disability (from 17.6 to 18.1 years). This trend is consistent with England as a whole<sup>8</sup>.

### Number of Years of Expected Illness or Disability in Solihull



Source: Public Health England

### Inequality in Solihull

The inequality in Life Expectancy and Healthy Life Expectancy between the most and least deprived Solihull communities is mirrored by a range of key health, wellbeing, lifestyle and service demand measures. For instance:

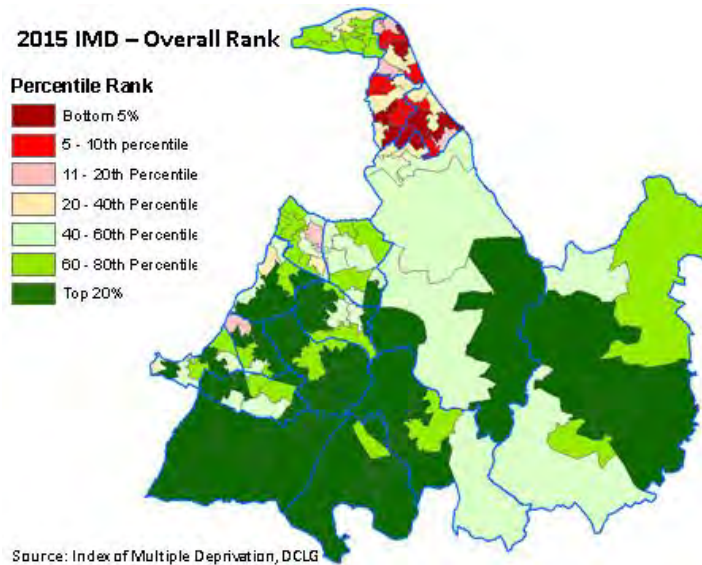
- Emergency hospital admissions in Chelmsley Wood are 53% above the England average, but 5% below average in St Alphege<sup>9</sup>;
- Hospital stays for alcohol related harm in Chelmsley Wood are 40% above the England average, but 11% below average in St Alphege<sup>10</sup>;
- The premature mortality ratio is three times higher in Chelmsley Wood than St Alphege<sup>11</sup>;
- 21% of Solihull residents working in routine and manual occupations smoke compared to 6% in managerial or professional occupations<sup>12</sup>.

There is a strong correlation between these health and wellbeing measures and inequality in the wider determinants of health, such as employment, housing and the living environment. The Index of Multiple Deprivation (IMD) provides the best summary of this social, economic and environmental inequality at a Lower Super Output Area (LSOA) neighbourhood level and allows the 134 LSOAs in Solihull to be measured against all LSOAs in England.

The 2015 IMD shows that Solihull is a relatively affluent Local Authority with pockets of deprivation. As a borough Solihull is the 41<sup>st</sup> least deprived upper tier local Authority in England (out of 152) and ranked only behind Warwickshire, Staffordshire and Shropshire in the West Midlands region<sup>13</sup>.

16% of the Solihull population live in the most deprived 20% of neighbourhoods in England, including 11% in the most deprived 10% of neighbourhoods. At the other end of the spectrum 41% of the population live in the least deprived 20% of neighbourhoods in England, including 31% in the least deprived 10% of neighbourhoods.





25 out of the most deprived 30 neighbourhoods in Solihull are in the North Solihull locality, where 41% of the population live in the most deprived 10% of neighbourhoods in England, including 21% in the most deprived 5%. Deprivation is very limited in the rest of the borough, with just four neighbourhoods in the most deprived 25% in the country.

### Population Pressures and Managing Demand in Solihull

Research shows that multiple morbidities are the norm in those aged 65 and over and that the occurrence of multiple conditions and the number of conditions rises with age<sup>14</sup>. The impact of an ageing population is felt across the health and care system:

- Nationally, Finished Admission Episodes to hospital increased by 27% between 2006/07 and 2016/17, with episodes among the 85+ age group rising by over 70% over this period<sup>15</sup>;
- In Solihull the 75+ age group account for 30% of hospital episodes in 2016/17<sup>16</sup>;
- Analysis by the Kings Fund shows that nationally the share of GP clinical staff contacts taken up by patients over 85 increased by 16% between 2010/11 and 2014/15. By contrast, the share among 18-64 fell and those by children and 65-84 years old remained stable<sup>17</sup>;
- Older people aged 65 and over accounted for 80% of all new requests for Solihull Adult Social Care support in 2017/18, including 37% who were aged 85+<sup>18</sup>.

Proportionally Solihull has a larger population of older people aged 65 and over than the England average (21% compared to 18%). This includes 14,300 residents aged 75 to 84 and a further 6,800 aged 85+<sup>19</sup>. Over the last ten years this has been the fastest growing section of the Solihull population and ONS projections show that this will continue<sup>20</sup>.

The rising number of older people in Solihull will place additional pressures on the health and care system. Between 2017 and 2030 it is estimated that:

- The number of Solihull residents aged 75+ with unable to manage at least one mobility task will increase by 43% (+2,500 people);
- The number of Solihull residents aged 65+ with dementia will increase by 39% (+1,300 people);

- The number aged 75+ with a severely limiting long-term condition will increase by 40% (+2,800 people).

Among children and younger adults population growth is projected to be much lower. Additionally, there are positive signs that a number of key health measures are improving, contributing to reductions in service demand. For instance:

- Premature mortality in Solihull is falling for cancer, respiratory disease and cardiovascular disease;
- Smoking prevalence among Solihull adults is declining, including among pregnant mothers and those in routine and manual occupations;
- The Solihull rate of cancer incidence is sharply reducing.

Nevertheless, there is some evidence of increasing demand in the younger population, arising either from improved identification of need or changes in lifestyle behaviours. For the most part the trends in Solihull mirror those that are taking place nationally. For instance:

- A&E attendances and emergency admissions among children under 5;
- School pupils with a Special Educational Need, particularly autism;
- Hospital admissions for self-harm among young people aged 15-19;
- The percentage of Year Six children classified as obese;
- Diabetes in the adult population;
- Hospital admissions for alcohol related conditions;
- The number of adults registered with a Solihull GP reporting anxiety, depression or a long-term mental health problem.

These population health pressures increase the importance of managing demand through early identification, access to high quality care and support, health protection and prevention. The picture in Solihull is largely positive, although in some cases the Borough is not as good as the England average.

- The diabetes diagnosis rate for Solihull adults is 80.5% (77.1% England);
- The dementia diagnosis rate in Solihull is 61.6% (67.5% England);
- 95% of Solihull children have received an MMR vaccination by age 2 (92% England);
- 70.4% of Solihull mothers gave their babies breast milk in the first 48 hours after delivery in 2016/17 (74.5% England);
- 97% of Solihull children who have been looked after by the Local Authority continuously for 12 months received health and dental checks in 2017/18;
- 52% of 40-74 year olds in Solihull have received an NHS Health Check in the last 5 years (44.3% England);
- 71% of women aged 50-70 have been screened for breast cancer in last 3 years (72% England);
- 73.4% of 65 and over population in Solihull received a flu vaccination in 2017/18 (72.6% England);
- 84% of Solihull older people aged 65+ were still at home 91 days after discharge from hospital into reablement services in 2016/17 (82.5% England);

- 88.8% of Solihull adult social care clients say that care and support services help them to have a better quality of life (92.1% England);
- 77% patients registered with a Solihull GP would recommend the practice (78% England).

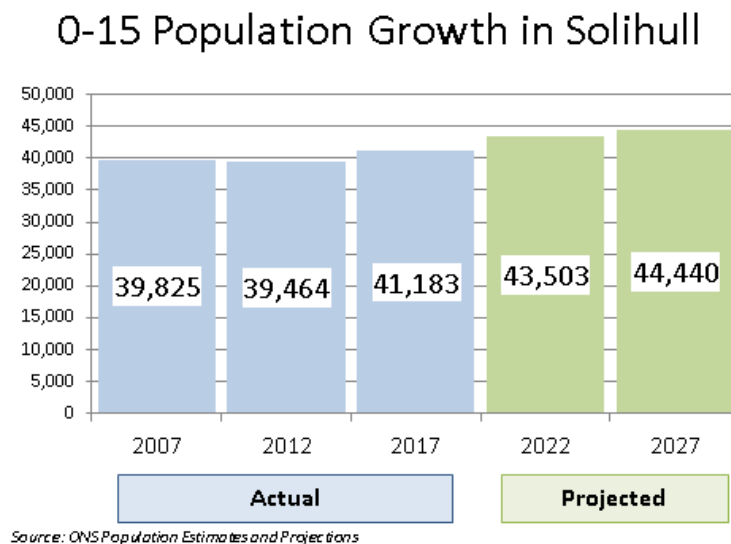
## Give Every Child the Best Start in Life

### Demographics

In 2017 there were 41,500 children and young people aged 0-15 years living in Solihull. This equates to 19% of the population, in-line with the England average<sup>21</sup>. The North Solihull locality has a larger overall population aged 0-15 (21%), with a notably larger 0-5 population (9%).

The 0-15 population in Solihull increased by over 2,000 between 2012 and 2017 (5%), with strong growth in the 6-10 year age group offsetting a fall among those aged 11-15 years.

The Solihull 0-15 population is projected to increase by 8% in the 10 years 2017 to 2027. By far the largest level of growth is projected to be among those aged 11-15 years (19%)<sup>22</sup>.



Data from the 2011 Census shows that 83% of the Solihull 0-15 population were white and 17% from a Black or Minority Ethnic (BAME) background. The 0-15 BAME population among younger people in Solihull is larger than older age groups (11% 16-64 year olds, 3% aged 65+)<sup>23</sup>.

In January 2018 there were 9,075 pupils from a BAME background attending a state funded Solihull primary, secondary or special school. This equates to 24% of all pupils compared to the England average of 25%. The size of the BAME population attending school in Solihull is influenced by the fact that nearly 8,000 pupils who attend school in Solihull live outside the borough, equating to 23% of the school population (12% primary, 36% secondary, 15% special).

Between January 2013 and 2018 the number of BAME pupils attending a Solihull school increased by 57% (+3,310 individuals) compared to an increase of 13% in the number of White pupils. The proportion of BAME pupils attending a Solihull school increased from 18% of the total to 24% over this period<sup>24</sup>.

## Maternal and Early Years

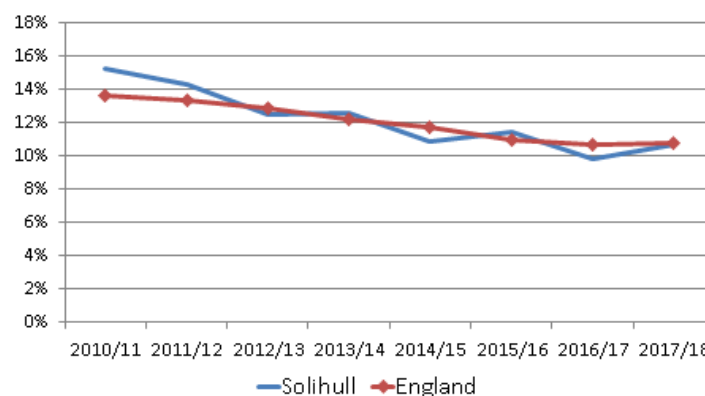
### Pregnancy, Birth and Health Protection for New Babies

In 2016 there were more births to women aged 15-44 years than the England average (63.7 compared to 62.5 per 1,000), but proportionally fewer births to women under 20 years and over 40 years<sup>25</sup>.

In 2017/18 the proportion of Solihull women smoking at the time of delivery was at 10.7%, in-line with the England average<sup>26</sup>. Nationally the proportion of women who smoke at the time of delivery are higher in the most deprived 10% of communities than in the least deprived 10% (12% compared to 7%).

Like England as a whole the proportion of women smoking at time of delivery has been trending downwards from over 15% in 2010/11 to less than 11% in 2017/18.

Percentage of Women who Smoke at the Time of Delivery



Source: NHS Digital - Public Health Outcomes Framework

In the period 2014-16 the rate of stillbirths in Solihull was in-line with England (4.22 compared to 4.45 per 1,000 live births) and has trended downwards between 2010/12 and 2016/17. Nationally, still births are more common to mothers in the most deprived 10% of communities than those in the least (5.5 compared to 3.9 per 1,000), with risk factors including maternal obesity, ethnicity and smoking<sup>27</sup>.

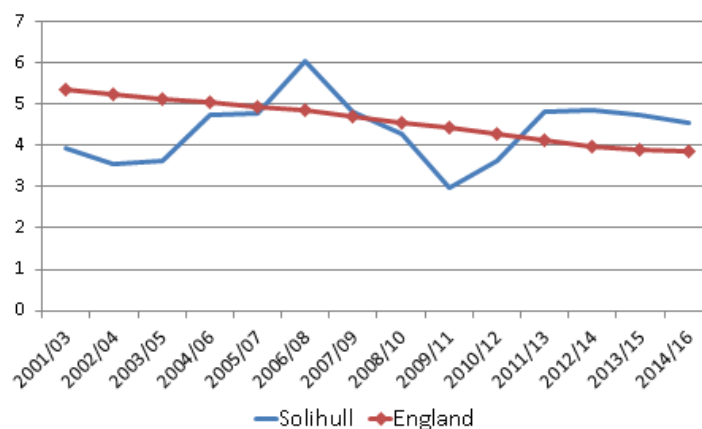
Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. In 2016 2.9% of babies born in Solihull were recorded as having a low birth weight (less than 2,500 g) in-line with the England average (2.8%). Nationally the proportion of low birth weight babies are slightly higher in the most deprived 10% of communities than in the least deprived 10% (3.6% compared to 2.0%). Between 2006 and 2016 the percentage of low birth weight babies in England has remained largely unchanged. The number born in Solihull has fluctuated around the England average<sup>28</sup>.

The infant mortality rate is the number of infants dying before their first birthday per 1,000 live births. The Solihull infant mortality rate in the period 2014-2016 was statistically in-line with the

England average (4.5 compared to 3.9 per 1,000 live births)<sup>29</sup>. Solihull has the second lowest infant mortality rate in the West Midlands.

Between 2001-03 and 2014-16 the infant mortality rate in Solihull has fluctuated above and below the declining England average, but has never been significantly different from it.

### Trends in Infant Mortality per 1,000 Births



Source: NHS Digital - Public Health Outcomes Framework

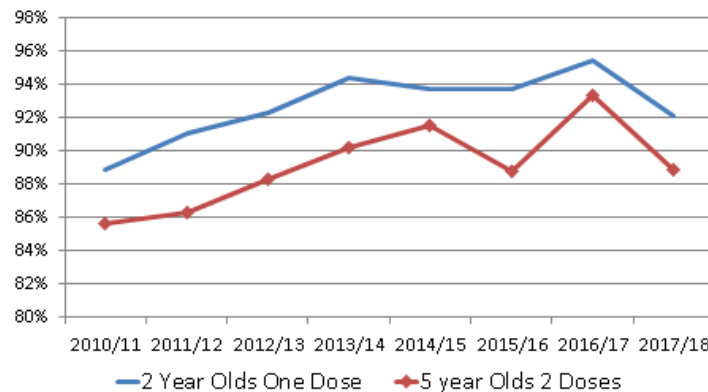
In 2016/17 70.4% of Solihull mothers gave their babies breast milk in the first 48 hours after delivery, below the England average of 74.5%. The Solihull breastfeeding initiation rate has been largely unchanged over recent years and consistently below the England average<sup>30</sup>.

In 2017/8 44.1% of Solihull infants were totally or partially breastfed at age 6-8 weeks, above the England average of 42.7%<sup>31</sup>.

Nationally rates of breastfeeding initiation are lower in the most deprived 10% of communities than in the least deprived 10% (70% compared to 83%). A similar differential is evident for breastfeeding coverage at age 6-8 weeks (41% in the most deprived, 52% in least deprived)<sup>32</sup>. Local data is consistent with this. For instance, in 2017/18 breastfeeding rates at 6-8 weeks in the more deprived North Solihull locality were 21.7% compared to 55.8% elsewhere in the borough<sup>33</sup>.

In 2017/18 92% of Solihull children have received a single MMR vaccination by aged two and 89% have received two doses by aged five, both slightly above the England average (91% and 87% respectively). Both measures had been trending upwards since 2010 in Solihull, but fell in 2017/18, with the percentage of two year olds receiving an MMR vaccination now at its lowest level in five years<sup>34</sup>.

### % of Solihull Children Receiving MMR Vaccinations



Source: NHS Digital - Public Health Outcomes Framework

#### Injury, Emergency Admissions and A&E Attendances Among 0-4 Year Olds

In 2016/17 the number of Solihull children aged 0-4 years admitted to hospital due to unintentional or deliberate injuries was slightly below the England average (122 compared to 126 per 10,000). The rate among boys in Solihull is significantly below the national average, but is higher amongst girls. Nationally, the rate of admissions for injuries in children is higher in more deprived communities than in those less deprived<sup>35</sup>.

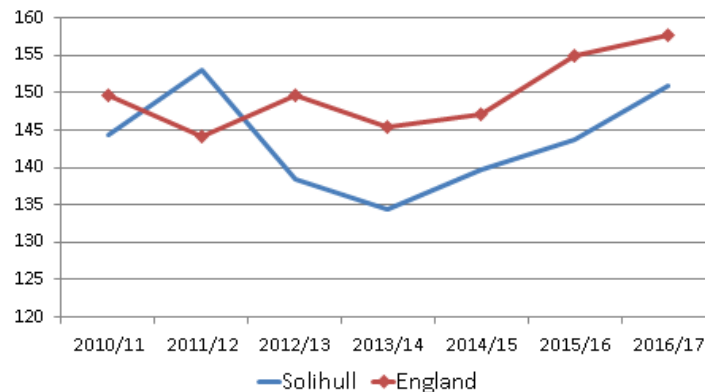
The England average rate of admissions for injuries among 0-4 year olds has trended downwards over recent years, whereas as the rate in Solihull has fluctuated with the gap closing between 2014/15 and 2016/17.

Many emergency admissions and A&E attendances are preventable and could be treated in primary care, although higher rates can be symptomatic of factors such as poor housing.

In 2016/17 the rate of emergency admissions among Solihull 0-4 year olds was lower than the England (150.9 compared to 157.6 per 1,000). Like England as a whole the emergency admission rate in Solihull was higher for boys than girls (171.2 compared to 129.4 per 1,000)<sup>36</sup>. The rate of emergency admissions among Solihull 0-4 year olds increased by 12% in the four years 2013/14 to 2016/17, in-line with increasing demand across England as a whole<sup>37</sup>.



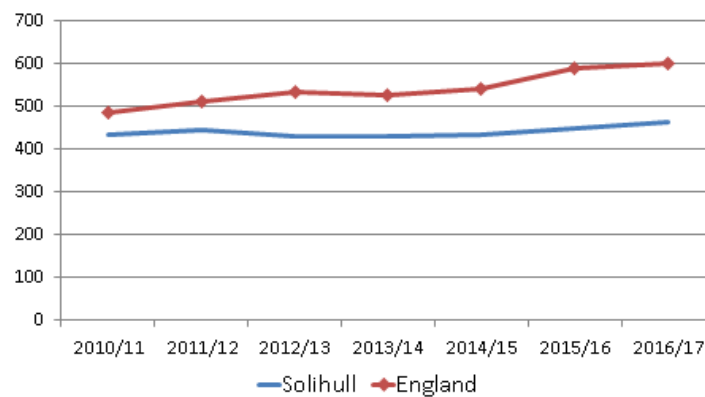
### Emergency Admissions to Hospital Aged 0-4 per 1,000



Source: NHS Digital

In 2016/17 the rate of A&E attendances for Solihull 0-4 year olds was 23% lower than the England average (461.9 compared to 601.8 per 1,000). The A&E attendance rate among Solihull 0-4 year olds increased by 8% in the four years 2013/14 to 2016/17, but this represents a smaller increase than across England as a whole (+15%).

### A&E Attendances Aged 0-4 per 1,000



Source: NHS Digital

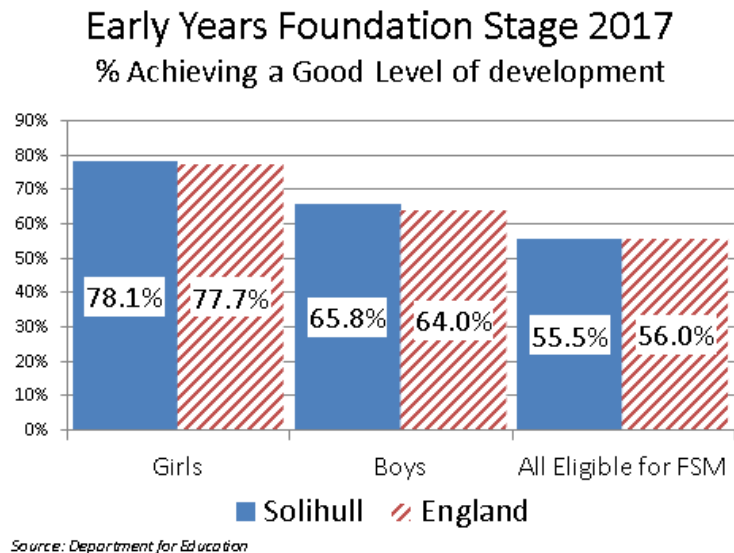
### Oral Health

Tooth decay is a predominantly preventable disease which can affect children and young people's ability to sleep, eat, speak, play and socialise with other children and impact on nutrition and growth. As well as these health impacts it can be a sign of wider neglect or safeguarding issues. In 2016/17 5 year olds in Solihull had on average 0.45 decayed, missing or filled teeth each, below the England average of 0.78 and the 2<sup>nd</sup> lowest in the West Midlands<sup>38</sup>.

### Early Years Education

Early years education measures are a useful indication of early development and school readiness.

In 2016/17 71.7% of children attending a Solihull school achieved a good level of development at the end of Reception compared to 70.7% for England. Girls were more likely than boys to achieve a good level of development (78.1% compared to 65.8%), although the gap is smaller than the national average. Pupils eligible for a Free School Meal are less likely to achieve a good level of development, but the percentage in Solihull is in-line with the national average<sup>39</sup>.



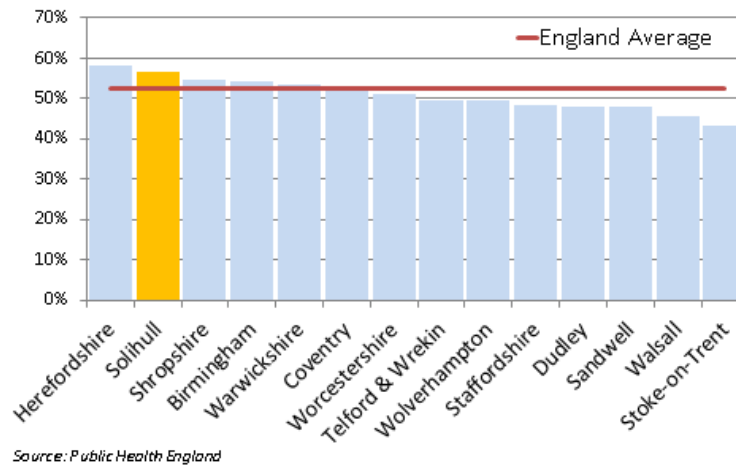
Since 2013 the percentage of Solihull pupils achieving a good level of development has increased from 56% to 72%.

## School Years

### Healthy Eating, Exercise and Obesity

In 2014/15 57% of 15 year olds in Solihull reported that they eat five portions or more of fruit or vegetables a day compared to the England average of 52%. Nationally, 15 year olds from the least deprived backgrounds are more likely than those from the most deprived neighbourhoods to eat healthily (56% compared to 51%), with some variations also evident among young people from different ethnic backgrounds (50% Black, 51% White, 60% Asian)<sup>40</sup>.

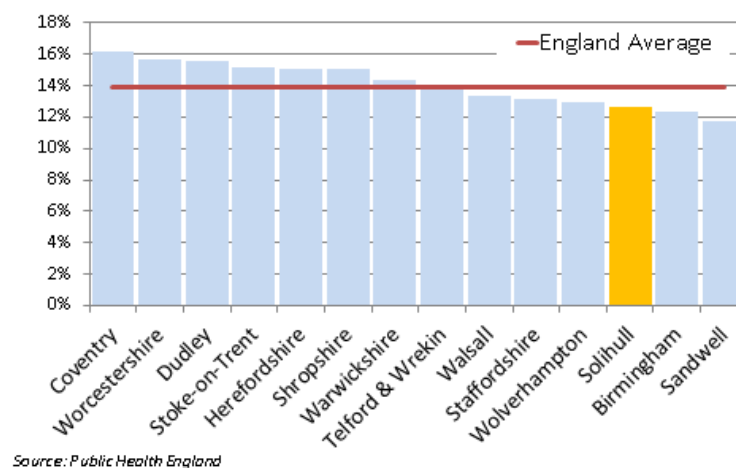
**% 15 Year Old Respondents to the WAY Survey 2015 Who Eat 5+ Portions of Fruit or Veg**



Responses from the 2018 Solihull Health Related Behaviour Survey (HRBS) show that primary pupils are more likely to eat fruit ‘on most days’ than secondary aged pupils (61% compared to 44%) and for all ages girls and more likely to eat healthily than boys<sup>41</sup>.

In 2014/15 12.6% of 15 year olds in Solihull reported that they are physically active for at least an hour everyday compared to the England average of 13.9%. Nationally, 15 year olds from the least deprived backgrounds are slightly more likely than those from the most deprived neighbourhoods to be physically active on a daily basis (14.3% compared to 12.3%), with some variations also evident between boys and girls (18.2% compared to 9.3%) as well as among young people from different ethnic backgrounds (14.4% White, 9.5% Asian)<sup>42</sup>.

**% 15 Year Old Respondents to the WAY Survey 2015 Who Are Physically Active for at Least an Hour per Day**



The Solihull HRBS 2018 for 2018 shows that enjoyment of and participation in physical exercise declines among older Solihull school pupils and is lower among girls<sup>43</sup>:

- 80% of primary pupils said that they enjoy physical activity ‘quite a lot’ or ‘a lot’. 77% of Year 8 pupils and 62% of Year 10 pupils said the same.

- 62% of Year 6 girls thought they were 'fit' or 'very fit'. 40% of Year 8 girls and 28% of Year 10 girls said the same.
- 40% of primary aged pupils said that they had been physically active 5 days or more, for over an hour in the previous week. 28% of secondary aged pupils said the same. More boys than girls said this.

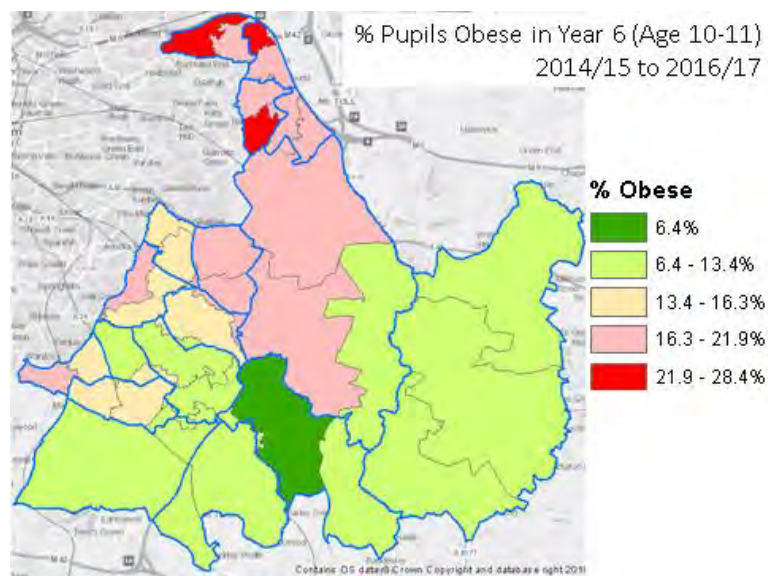
Obesity in children often carries over into adulthood leading to avoidable ill health or premature mortality and can also have a detrimental effect on mental health and wellbeing through bullying and loss of self esteem.

In 2016/17 the percentage of obese Solihull children at Reception and Year Six is well below the England average and among lowest in the West Midlands<sup>44</sup>.

- In Reception 6.9% are classified as obese (9.6% England);
- In Year Six 17.2% are classified as obese (20% England).

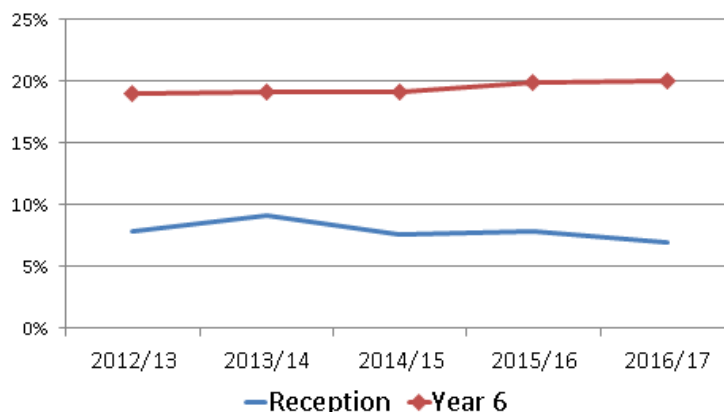
Nationally, in Year Six children from the most deprived 10% of the population are more than twice as likely to be classified as obese as those in the least deprived 10% of the population (26% compared to 11%). There are also differences between ethnic groups (highest among those from a Black/Black British background) as well as between boys and girls (22% compared to 19%).

Aggregate data covering the three years 2015/17 shows that in parts of North Solihull over 10% of Reception class children are classified as obese and over 25% in Year Six<sup>45</sup>.



In the last few years the number of Solihull children classified as obese in reception has fallen slightly (2012/13 7.8%, 2016/17 6.9%) whereas in England it is virtually unchanged. By contrast, like England as a whole, obesity levels in Year Six have trended upward (2012/13 14.6%, 2016/17 17.2%)<sup>46</sup>.

### Solihull Children Classified as Obese



Source: Public Health England

### School Attainment

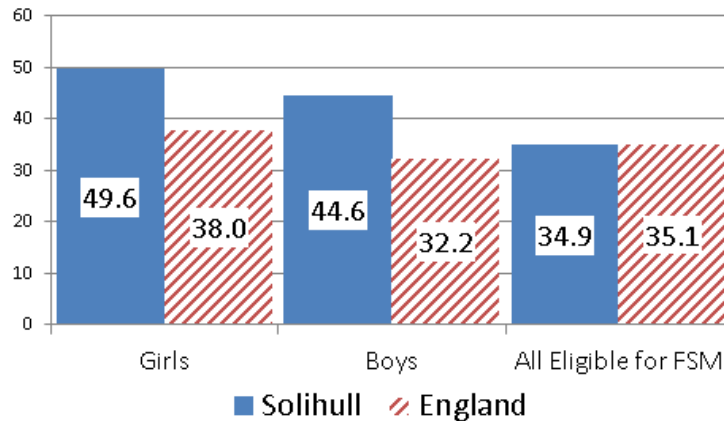
In 2017 the proportion of Solihull pupils achieving the expected standard in reading, writing and maths at the end of primary school was above the England average (65% compared to 62%) and the highest in the West Midlands. Like England as a whole, a larger proportion of girls than boys achieved both expected and higher levels<sup>47</sup>.

<b>KS2 attainment in Reading, Writing &amp; Maths 2017</b>				
	% Achieving Expected Standard		% Achieving Higher Standard	
	Solihull	England	Solihull	England
All Pupils	65%	62%	10%	9%
Girls	69%	66%	13%	10%
Boys	60%	58%	8%	7%

Source: Department of Education

In 2016/17 the average Attainment 8 Score per pupil in Solihull was 1.5% higher than the England average, ranking the borough 2<sup>nd</sup> in the West Midlands. The average for Solihull girls was 11% higher than for boys, although both are higher than the national average. Attainment levels among Solihull pupils eligible for a Free School Meal are in-line with the England average<sup>48</sup>.

### Key Stage 4 Attainment 2016/17 Average Attainment 8 Score per Pupil



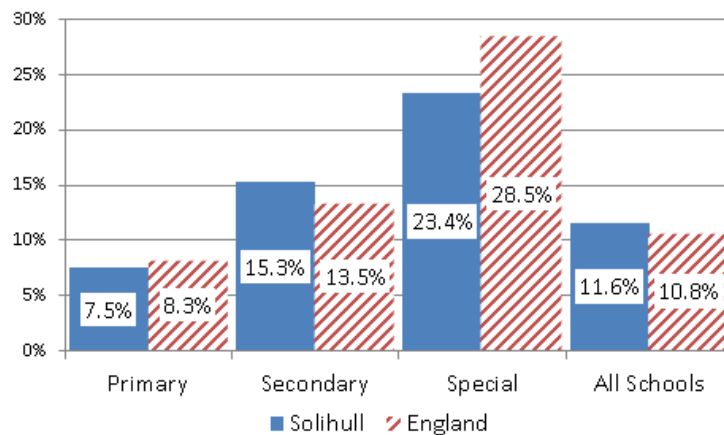
Source: Department for Education

Nine out of 14 mainstream Solihull schools have an Attainment 8 score above the England average, with 5 schools below average.

#### School Absence and Exclusions

Measures of pupil absence are less favourable at Solihull schools than the England average<sup>49</sup>. For instance, in 2016/17 11.6% of pupils of all ages attending a Solihull school were classified as persistent absentees<sup>i</sup> compared to the England average of 10.8%. The rate among secondary school pupils in Solihull (15.3%) is the 2<sup>nd</sup> highest in the West Midlands and in the top 30 nationally.

### % of Persistent Absentee Pupils 2016/17



Source: Department for Education

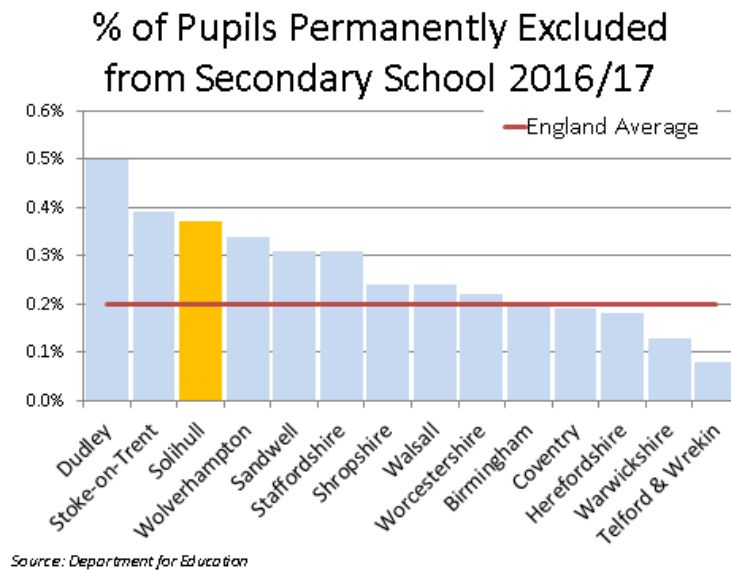
The persistent absentee rate is above the England average in 11 of Solihull’s 14 schools, with more than 20% of pupils classified as persistent absentees in two.

Secondary schools account for over 80% of all exclusions, with the most common reasons being persistent disruptive behaviour, physical assault against a pupil and verbal abuse/threatening

<sup>i</sup> Pupils missing 10%+ of possible sessions are classified as persistent absentees



behaviour against an adult. The proportion of Solihull pupils receiving a fixed term exclusion from school is below the England average, but the percentage of permanent exclusions is the 3<sup>rd</sup> highest in the West Midlands and in the top 20 in England<sup>50</sup>.



### Wellbeing at School

School work and exams and tests are a significant source of worry for pupils throughout their school years and are the chief cause of concern among secondary school pupils. Family relationships and friendships are also a concern for all ages. Older pupils are more likely to worry about the way they look compared with the younger pupils (20% primary, 37% secondary). Girls worry more about this than boys do. Keeping healthy and life after school feature prominently for secondary school pupils<sup>51</sup>.

24% of primary pupils said that they had been bullied at or near school in the last 12 months. For secondary aged pupils, 21% of pupils said they had been bullied at school, 6% said they had been bullied near school.

30% of primary pupils and 85% of secondary pupils use the Internet for social media. Among primary pupils in Years 4 and 6:

- 73% of pupils said that they use the Internet unsupervised when their parents/carers aren't in the room. 80% said that parents/carers have rules about what sites they can use;
- 19% of pupils said they chat to people online that they have never met;
- 5% said they had received a chat message that scared them or made them upset.

Among secondary school pupils:

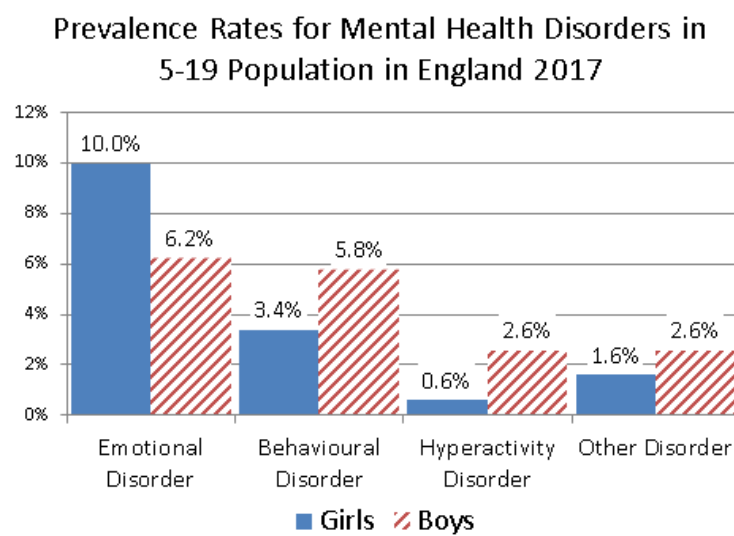
- 35% (55% Year 10 boys) said that they had seen pictures online that were for adults only;
- 35% of pupils said that they had seen pictures online that had upset them;
- 13% of pupils said that someone had shared an image of them via social media that made them unhappy.

In the 2018 HRBS 37% of Solihull Year 2 children (aged 6-7) had a high self-esteem, increasing to 39% in Years 4 and 6 and 44% among secondary school pupils.

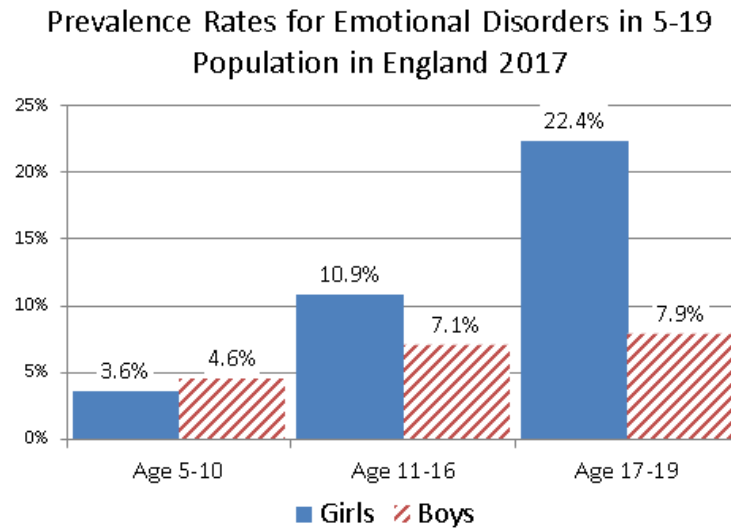
## Young Peoples Lifestyles and Transition to Adulthood

### Mental Health

The Mental Health of Children and Young People Survey 2017 finds that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children age 5-10 years experiencing a mental disorder compared to 16.9% of 17 to 19 year olds. Emotional disorders are the most prevalent type of mental health problem experienced by 5 to 19 year olds (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%)<sup>52</sup>.



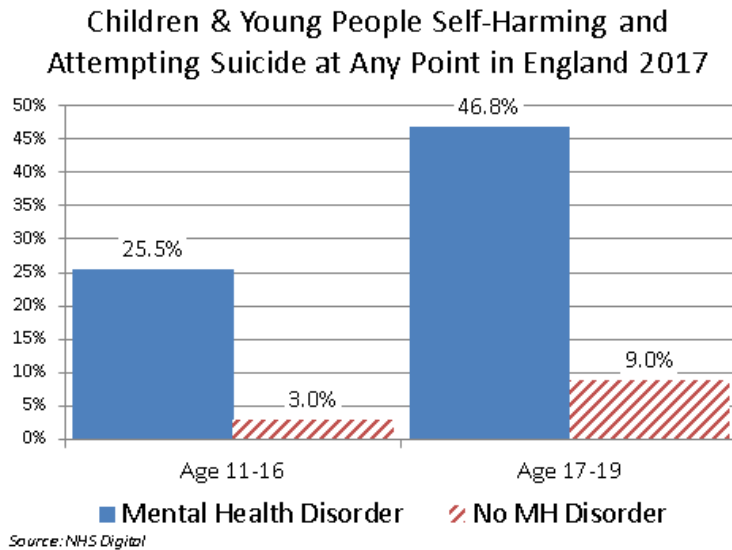
Emotional disorders are far more common among girls than boys, whereas as the prevalence of behavioural and hyperactivity disorders is higher among boys. The prevalence of Mental Health disorders is twice as high among primary school age boys (12.2% compared to 6.6% for girls), but among older age groups girls are more likely to have a disorder. For instance, among young people aged 17 to 19 years nearly one in four girls (24%) have a mental health disorder, including 22% with an emotional disorder. This high prevalence rate and the differential with boys of the same age is largely explained by the increased likelihood that young women will experience a range emotional disorders such as body dysmorphia and eating disorders<sup>53</sup>.



As well as age and gender a child's background and circumstances has a significant bearing on rates of Mental Health disorders, with prevalence higher among:

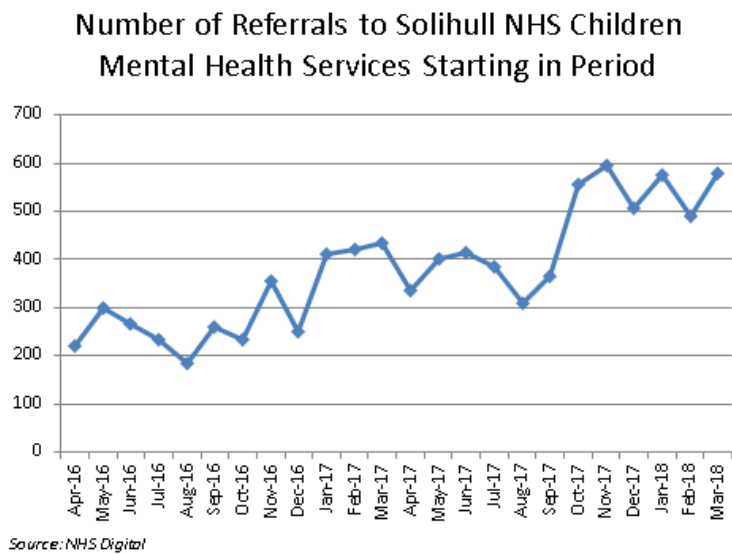
- White British children compared to those from the Asian/Asian British or Black/Black British ethnic groups;
- Those living in low income families – (7% among children in most affluent families compared to 15% in the least affluent);
- Those living with a parent with a Mental Health Disorder;
- Those who have experienced an adverse life event;
- Those who have low levels of social support, smaller social networks, and those not participating in clubs or organisations.

The survey also finds that mental and physical impairment are closely interrelated, with children with a Mental Health disorder more likely to have a limiting long-term illness (26% compared to 4%), a development issue such as speech and language problems and special educational needs (36% compared to 6%). Risky health behaviours such as smoking, drinking and illicit drug use are more common in those with disorders as are truancy rates, exclusions and experience of bullying. Those with a Mental Health disorder are far more likely to have attempted self-harm or suicide – 26% among those aged 11-16 compared to 3%, 47% among those aged 17-19 years compared to 9%.



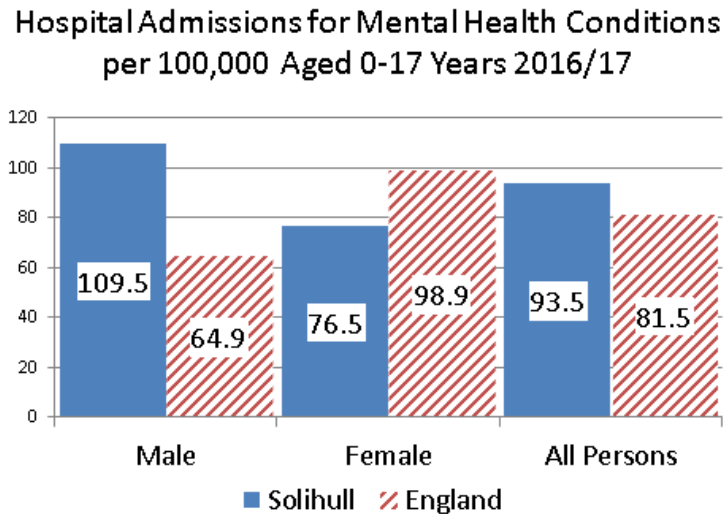
Data from this survey series reveal a slight increase over time in the prevalence of mental disorder from 9.7% in 1999 to 11.2% in 2007 (5 to 15 year olds only as this age-group covered on all surveys in this series). This overall increase was largely driven by a rise in the proportion of children with an emotional disorder, with the prevalence of behavioural disorders, hyperactivity and other disorders largely unchanged<sup>54</sup>.

This increase in national prevalence is consistent with rising demand for Childrens Mental Health services in Solihull. For instance, the number of referrals to the SOLAR<sup>ii</sup> service increased by 50% between 2015/16 and 2017/18 (from 1,480 to 2,214). Similarly, the number of new referrals to NHS Childrens Mental Health Services in Solihull increased by 54% in the period April 2017 to March 2018 compared with the same period in 2016/17 (from 3,570 April-March 2016/17 to 5,510 April to March 2017/18). There were similar increases in the number of Solihull children and young people in contact with NHS Children Mental Health Services and in the number of attendances<sup>55</sup>.



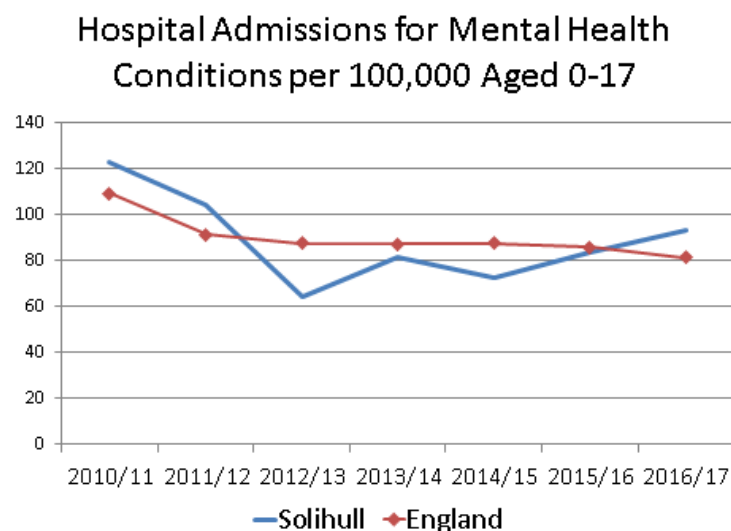
<sup>ii</sup> Solar is the emotional wellbeing and mental health service for those aged 0-19 years, in Solihull. Provided by Birmingham and Solihull Mental Health NHS Foundation Trust in collaboration with Barnardo's and Autism West Midlands

The Solihull rate of hospital admissions for Mental Health Conditions in children and young people in 2016/17 was above the England average (93.5 compared to 81.5 per 100,000). In Solihull the rate among males was substantially higher than females, with Solihull's male rate among the highest in the country<sup>56</sup>.



Source: Public Health England

Following a sharp fall between 2010/11 and 2012/13 in hospital admissions for Mental Health Conditions among 0-17 year olds, the rate in Solihull has trended upwards. Between 2012/13 and 2016/17 Solihull hospital admissions for mental health conditions increased by 45%.

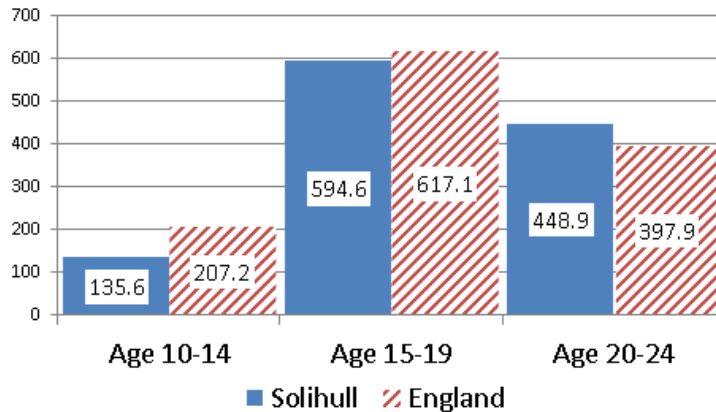


Source: Public Health England

### Self Harm

Hospital admissions for self-harm in children and young people have increased in recent years, with admissions being highest among those aged 15-19 and among young women. In 2016/17 the Solihull self harm admissions rate was below the England average for both 10-14 year olds and 15-19 year olds, but was above average among those aged 20-24<sup>57</sup>.

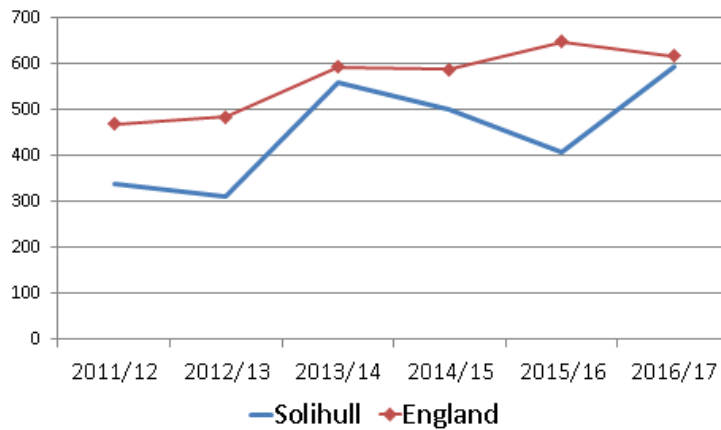
### Hospital Admissions Due to Self Harm per 100,000 2016/17



Source: Public Health England

Trends in Solihull have fluctuated in recent years, but like England as a whole, the rate has been trending upwards among 15-19 year olds.

### Hospital Admissions Due to Self Harm per 100,000 Aged 15-19



Source: Public Health England

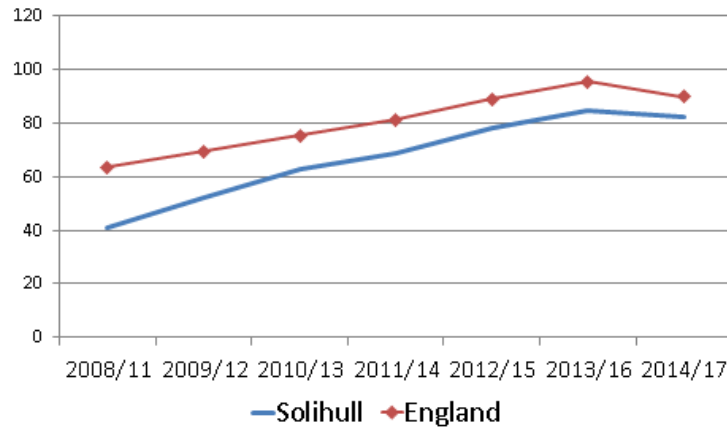
### Substance Misuse

The use of recreational drugs by young people is a risk to mental health including potential increases in suicide, depression and disruptive behaviour disorders. In the three year period 2014/15 to 2016/17 the rate of admissions to hospital due to substance misuse by 15-24 year olds in Solihull was slightly below the England average (82.3 compared to 89.8 per 100,000)<sup>58</sup>.

Despite a small reduction in the latest three year period hospital admissions among Solihull 15-24 year olds has trended upwards since 2008/09. This is consistent with the pattern across England as a whole.



### Hospital Admissions Due to Substance Misuse per 100,000 Aged 15-24



Source: Public Health England

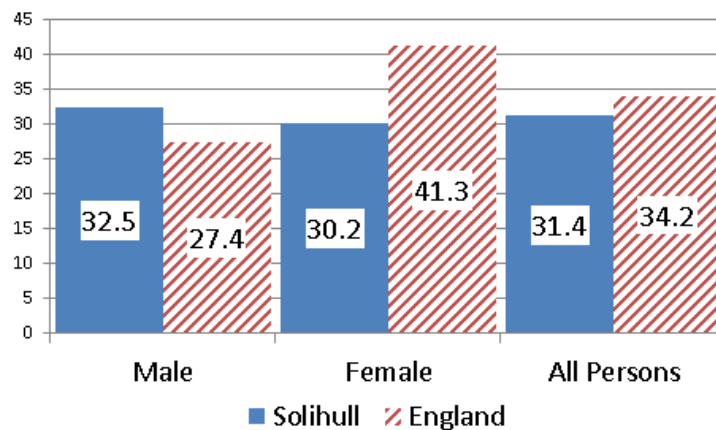
Responses to the 2018 Solihull HRBS show substance misuse is very rare among school pupils, 1% of year 8 pupils and 9% of year 10 pupils saying that they had ever taken an illegal drug. However, 20% of Solihull secondary school pupils are “fairly sure” or “certain” that they know someone who takes drugs, although this figure has fallen from 39% in 2006<sup>59</sup>.

#### Alcohol

48% of Solihull secondary school pupils responding to the 2018 HRBS say that they have never had an alcoholic drinking, a marked fall when compared with 2006 (84%). However, just 2% of secondary pupils said that they had got drunk in the week prior to the survey a marked reduction on 2006 (16%)<sup>60</sup>.

At 31.4 per 100,000 the Solihull under 18 alcohol specific hospital admission rate was below the England average (34.2 per 100,000) in the three years 2014/15 to 2016/17. The rate is significantly below the England average for females (-27%), but above average among males (+18%)<sup>61</sup>.

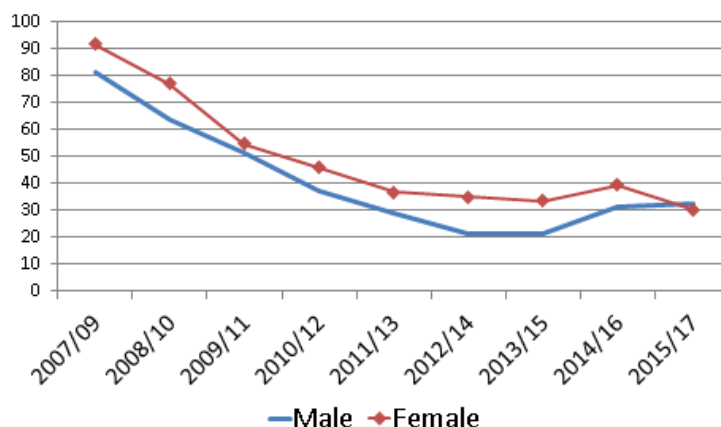
### Under 18 Hospital Admissions for Alcohol Specific Conditions per 100,000 2015/17



Source: Public Health England

Like England as a whole the overall under 18 alcohol admission rate has trended downwards significantly since 2008/09 (-64%). However, there has been a marked increase in the number of Solihull males admitted to hospital suffering from alcohol related conditions in each of the last two periods.

Solihull Under 18 Hospital Admissions for Alcohol Specific Conditions per 100,000



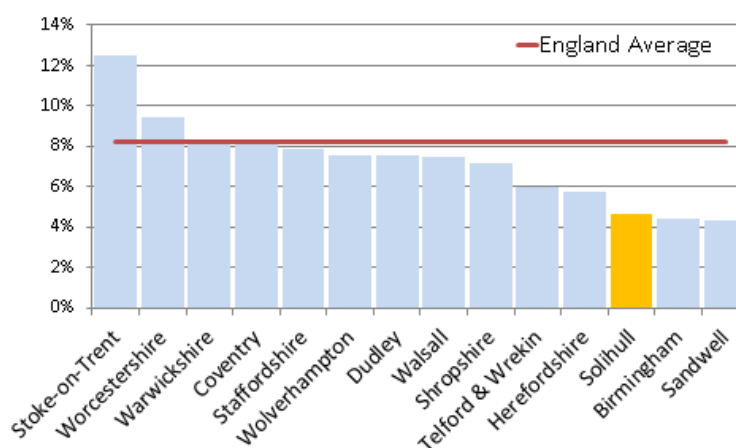
Source: Public Health England

### Smoking

A survey of 15 year olds shows that nationally the proportion of young people who say they are a regular smoker fell from 20% in 2006 to 7% in 2016<sup>62</sup>.

Just under 5% of Solihull 15 year olds responding to the What About YOUth (Way) survey in 2015 said they were a current smoker (3% regular, 2% occasional) compared to the England average of just over 8%.

% 15 Year Old Respondents to the WAY Survey 2015 Who Are Current Smokers



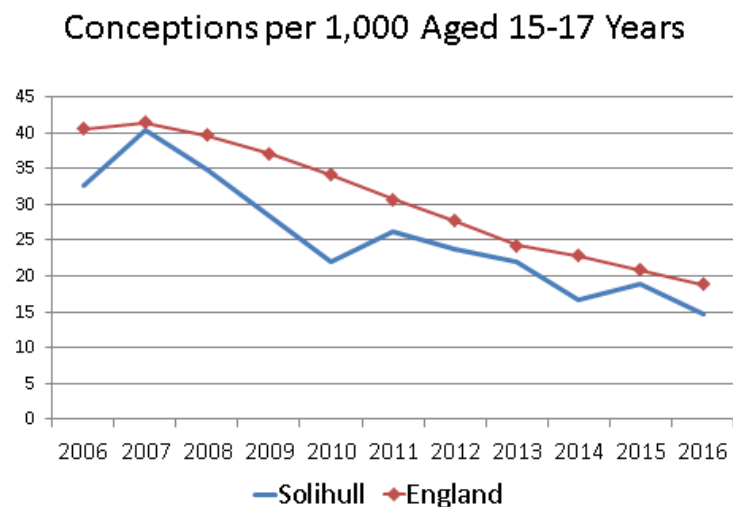
Source: Public Health England

The 2018 HRBS shows that the number of Solihull pupils who have never smoked declines with age (98% Year 6, 94% Year 8, 84% Year 10). However, across all pupils the number who have never tried smoking has increased over time (from 66% in 2004 to 94% in 2018)<sup>63</sup>.

Teenage Pregnancy and Sexual Health

Responses from the 2018 Solihull HRBS show that 49% of secondary school pupils know where to get help if they have a sexual health concern, 33% of Year 10 girls know where to get emergency contraception free of charge and 59% of all Year 10 pupils know where to get condoms free of charge<sup>64</sup>.

The number of conceptions by young women in Solihull aged 15-17 years is 22% lower than the England average (14.6 compared to 18.8 per 1,000) and the 2<sup>nd</sup> lowest rate in the West Midlands. The under 18 conception rate in Solihull has, like England as a whole, been trending downwards since the late 1990s and fell by 55% between 2006 and 2016<sup>65</sup>.

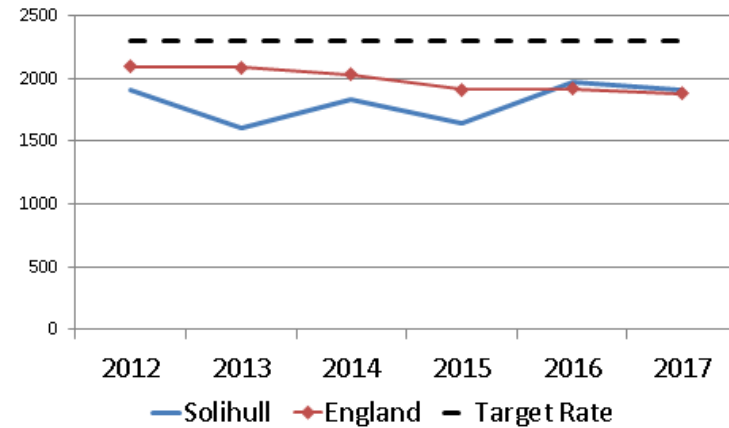


Source: NHS Digital

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. A higher detection rate is indicative of higher control activity and likely to lead to Chlamydia prevalence reductions.

At 1,904.8 per 100,000 the Solihull Chlamydia detection rate among young people aged 15-24 years is one of the best in the West Midlands, but still well below the national target (2,300 per 100,000). The Solihull rate has fluctuated over recent years, but has been in-line with the England average since 2016<sup>66</sup>.

### Chlamydia Detection Rate per 100,000 Aged 15-24 Years

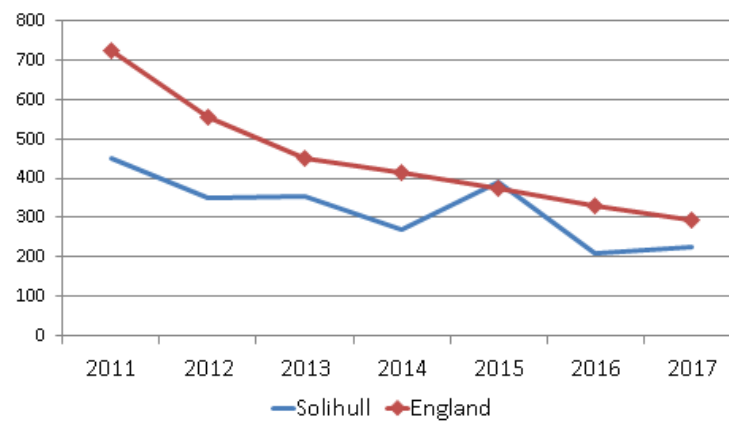


### First Time Entrants to Youth Justice System

In 2017 the proportion of Solihull 10-17 year olds entering the youth justice system either by conviction or caution was 23% below the England average (225 compared to 293 per 100,000) and the 2<sup>nd</sup> lowest in the West Midlands<sup>67</sup>.

The number of Solihull 10-17 year olds entering the youth justice system has been trending downwards over recent years, with the rate falling by 50% between 2011 and 2017 (from 451 to 225 per 100,000).

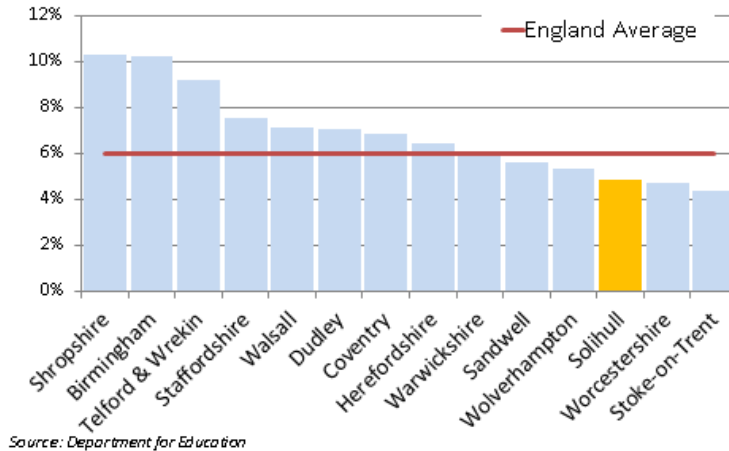
### First Time Entrants to the Youth Justice System per 100,000 Aged 10-17 Years



### Young People Not in Education Employment or Training

In March 2016 2.5% of 16 and 17 year olds in Solihull were known to be not in education, employment or training (NEET) and the activity of a further 2.3% was unknown. Solihull's overall NEET rate of 4.8% is well below the England average of 6.0% and the third lowest in the West Midlands. Like England as a whole, males in Solihull are more likely to be NEET than females (5.6% compared to 4.0%)<sup>68</sup>.

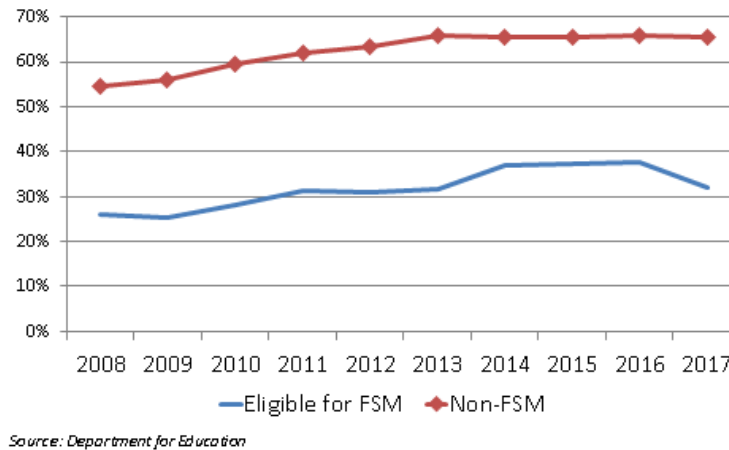
### 16-17 Year Olds Not in Education, Employment or Training (NEET) March 2016



#### Qualified to Level 3 by Age 19

In 2017 62.4% of young people in Solihull were qualified to level 3 by the age of 19, compared to the England average of 55.7%, although the proportion is below average among those who are eligible for a Free School Meal (31.9% compared to 35.9% for England). For all groups the proportion qualified to Level 3 by aged 19 in Solihull has been rising consistently over the last 10 years<sup>69</sup>.

### % Young People in Solihull Qualified to Level 3 by Age 19



## Disadvantaged and Vulnerable Children and Young People

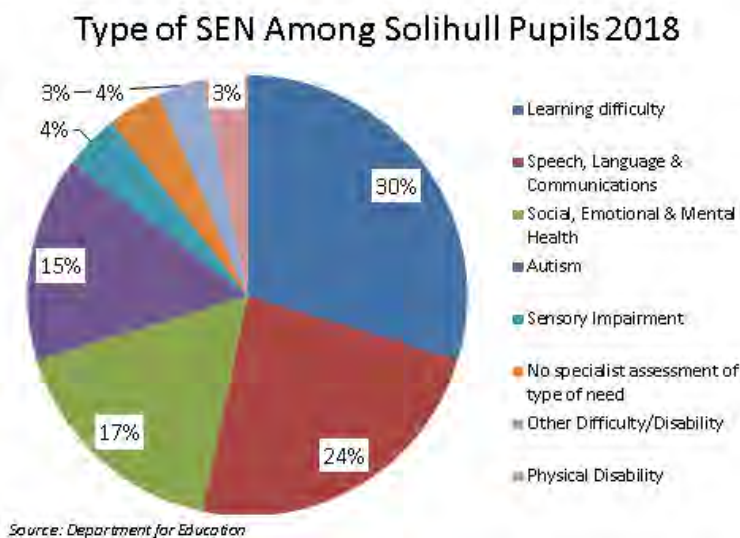
### Special Educational Need

In January 2018 6,430 pupils attending a Solihull school had a Special Educational Need (SEN), equating to 15.5% of all pupils compared to the England average of 14.6%<sup>70</sup>. The proportion of children with an SEN attending a Primary School in Solihull is in-line with the national average, but the borough has a larger number of SEN Secondary school pupils.

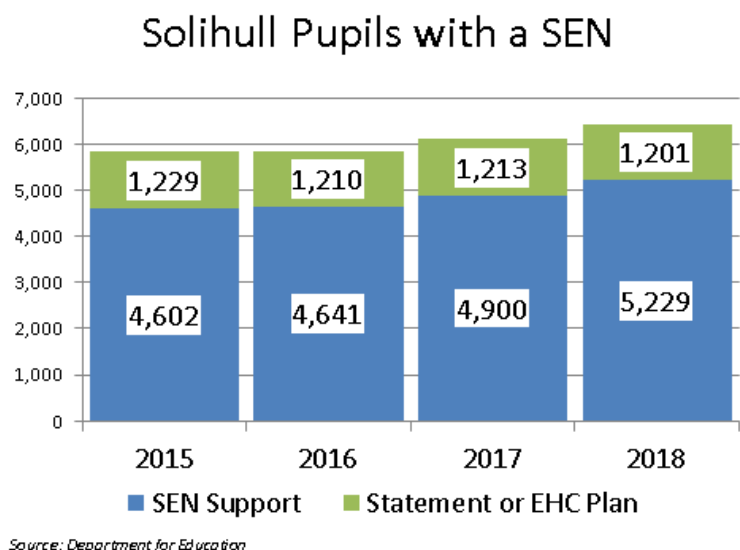
Pupils with a Special Educational Need 2018			
Type of School	Solihull Count	% Pupils	
		Solihull	England
Primary School	2,913	13.9%	13.8%
Secondary School	2,566	14.6%	12.3%
Special School	621	100%	99.9%
All Schools	6,430	15.5%	14.6%

Source: Department for Education

30% of Solihull pupils with a SEN have a Learning Difficulty, 24% Speech, Language & communications Needs and 17% Social, Emotional or Mental Health Needs. Compared with England a much higher proportion of SEN pupils in Solihull are classified as having Autism (15% compared to 7%).



The number of Solihull pupils with a SEN increased between 2015 and 2018 due to greater numbers of pupils receiving SEN Support (+14%, +627 pupils). Numbers with a Statement of SEN or an Educational Health Care Plan have fallen slightly (-2%, -28 pupils).



Education outcomes for Solihull children and young people with an SEN are generally good.

- In 2017 the average attainment 8 score for Solihull pupils with SEN support and for those with Statements/EHCP was above the England average (34.9 compared to 31.9 and 16.2 compared to 13.9);
- In 2017 38% of Solihull young people with an SEN are qualified to Level 3 by age 19 (England 28%);
- In 2016 92% of Solihull 16-17 year olds with a SEN were in education or training (88% England).

However, levels of persistent absence and exclusions are high and mainstream schools exclude too many SEN pupils.

### Children with Autism

Autism is a lifelong developmental condition. It effects how a person relates to, and communicates with other people and effects how a person makes sense of the world around them. Evidence from both the National Autistic Society and Research Autism suggests that people with an Autistic Spectrum Disorder (ASD) are vulnerable to mental health issues. Depression is common as are emotional difficulties such as social anxiety disorder.

In the UK our best evidence for the prevalence of autism in the school age population comes from two academic studies conducted in 2006<sup>71</sup> and 2009<sup>72</sup> and the Survey of the Mental Health of Children and Young People 2017 conducted for NHS Digital<sup>73</sup>. All of these identify a prevalence of autism in the school age population between 1- 1.5%.

The Survey of the Mental Health of Children and Young People (MHCYP) was a national stratified sample involving over 18,000 children between the ages of 2-19. It confirmed previous estimates identifying ASD in 1.2% of 5-19 year olds (1.9% of boys and 0.4% of girls). Rates in the MHCYP are higher in younger age groups than older ones (1.5% of 5 to 10 year olds; 1.2% of 11 to 16 year olds; 0.5% of 17 to 19 year olds), although this may have been influenced by differences in the way data were collected among age groups.

Applying the prevalence rates from the MHCYP to the Solihull population suggests that there would be approximately 467 children (range of 350-544) with an ASD living in the borough (384 boys, 75 girls).

Data from Solihull health services and schools show that the number of children registered with Solihull GPs diagnosed in Solihull is higher than estimates based on survey data would predict.

650 Solihull children aged 0-19 have received a diagnosis of ASD by the Specialist Assessment Service in the last 3 years (197 in 2015/16, 265 in 2016/17, 188 in 2017/18). These high incidence rates may not continue indefinitely as the Specialist Assessment Service reaches more children whose needs were previously unidentified.

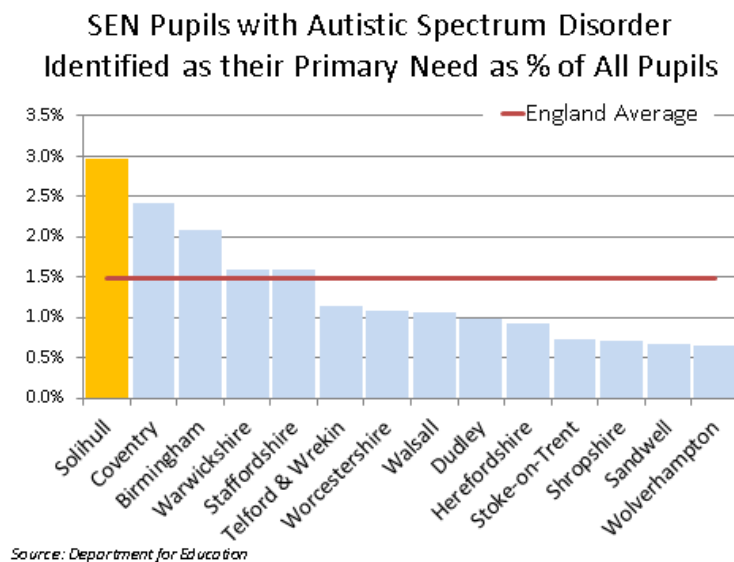
The annual School Census counts the number of pupils attending a Solihull school with a Special Educational Need, recording the primary need of the child rather than a formal diagnosis. Categories of need include types of learning difficulty, social and emotional health, speech language and



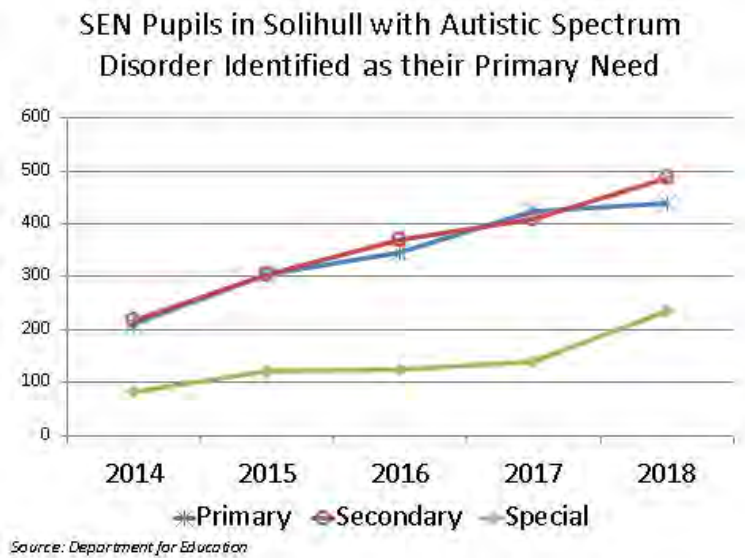
communication needs, types of sensory impairment and physical disability as well as ASD. A number of factors need to be taken into account when looking at the School Census data:

- Categories of need overlap, with, for instance, communications needs and social & emotional health difficulties part of the pattern seen in ASD;
- A child may have more than one identified need, for instance ASD and speech, language & communication needs;
- The data applies to school population rather than resident population and Solihull has one of the largest out of borough school populations in the country, especially at secondary school;
- The definition of primary need might not be applied uniformly across all Education Authorities in England.

In January 2018 there were 440 primary school children, 487 secondary school children and 234 children in special schools recorded with a SEN who have ASD identified as their primary need. This equates to 3% of all pupils enrolled at a Solihull school, double the rate across England as a whole (1.5% of all pupils) and proportionally the highest in the country<sup>74</sup>.



In the five years 2014 to 2018 the number of Solihull pupils with an ASD as their primary SEN need increased by 128% (+652) compared to an increase of 58% across England as a whole. The number of Solihull pupils with ASD identified as their primary SEN need has more than doubled across all types of school over this period.



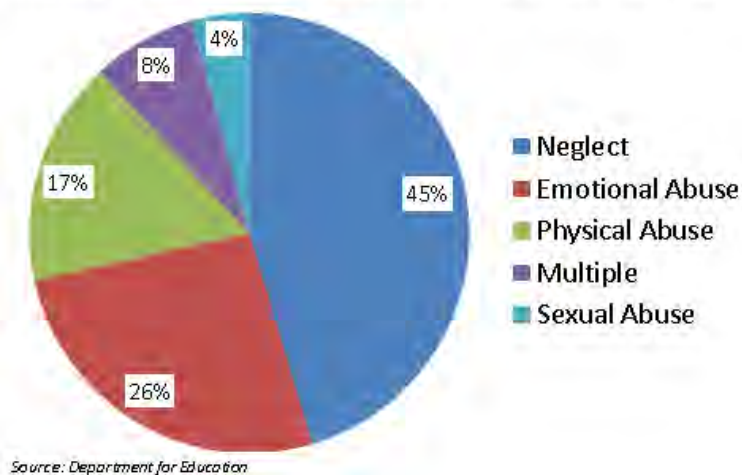
In contrast to this steep increase identified by school Census data, the Survey of the Mental Health of Children and Young People 2017 found no evidence of significant increase of autism among children in the general population. This suggests that greater awareness and recognition of autism among service providers may be a factor in increasing numbers getting a diagnosis, rather than an increase in the number of children who struggle with social interaction, communication, and rigid behaviours<sup>75</sup>.

Child Protection

There were a total of 429 children subject to child protection in Solihull during the course of 2017/18 equating to 91.8 per 10,000 children compared to the England average of 99.8 per 10,000. 60% of the Solihull total were new child protection cases during the year<sup>76</sup>.

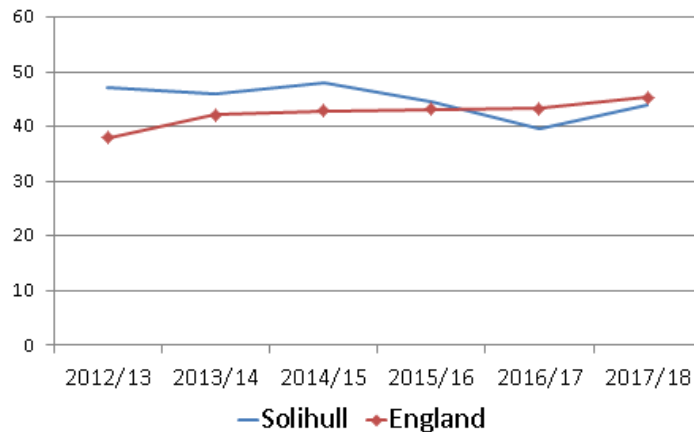
45% of new child protection cases in Solihull during 2017/18 were due to neglect, 26% because of emotional abuse and 17% because of physical abuse.

**Reason for Child Protection in Solihull 2017/18**



There was a small increase in the number of Solihull children subject to child protection at year end in 2017/18, following two consecutive annual falls. Since 2012/13 the number of Solihull children subject to a child protection plan has fallen slightly, contrasting with a significant increase across England as a whole (-3% compared to +25% for England).

Number of Children Subject to Child Protection at Year End per 10,000



Source: Department for Education

### Looked After Children and Care Leavers

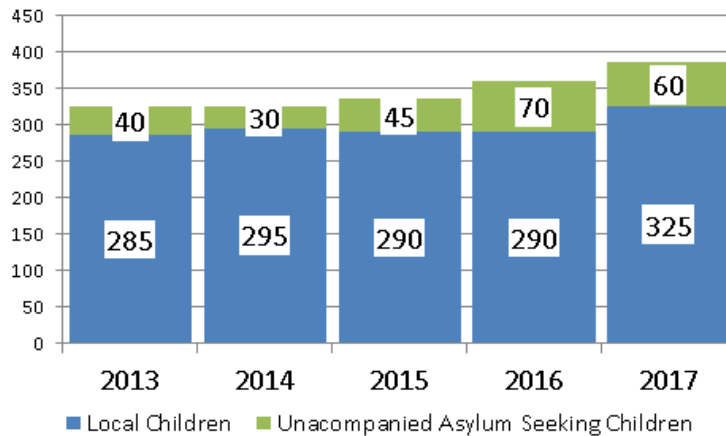
At the end of 2017 there were 385 Solihull children aged 0-17 years looked after by the Local Authority. This equates to a Looked After Children (LAC) rate of 83 per 10,000 population compared to the England average of 62 per 10,000. This ranks Solihull equal 40<sup>th</sup> highest out of 152 Local Authorities in England and the 7<sup>th</sup> highest out of 14 in the West Midlands<sup>77</sup>.

16% of Looked After Children in Solihull at the end of 2017 were Unaccompanied Asylum Seeking Children (UASC) compared to the England average of 6%. Solihull has one of the highest UASC rates outside of London.

The LAC rate in Solihull increased in each year from 2015 to 2017, with 60 more Looked After Children at the end of 2017 than at the end of 2014. Over this period the number of UASC doubled (from 30 to 60). Analysis of the increase in Solihull shows the following:

- Rates of increase are similar to those experienced by other Authorities in the region.
- There are no particular changes in the nature of the cohort (age of young people, gender, ethnicity, family size or geographical location) that would explain the increase over the last year.
- The number of children becoming looked after where the primary reason was domestic violence has increased. This is consistent with increases in reported domestic abuse incidents.

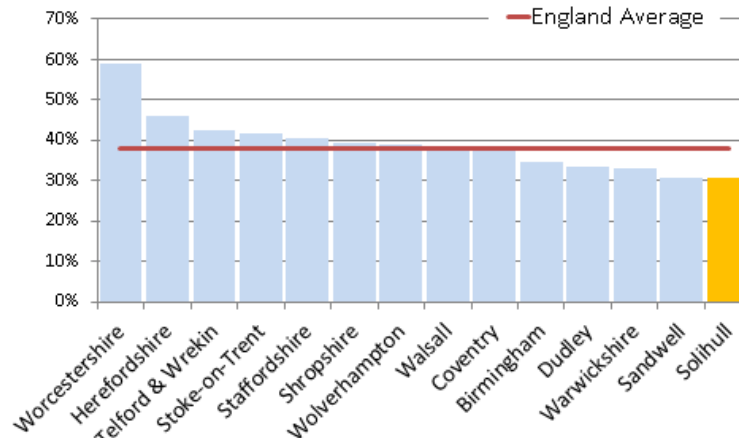
### Solihull Children Looked After at Year End



Source: Department for Education

The mental health and emotional well-being of LAC aged 5-16 years is assessed by a Strengths and Difficulties Questionnaire (SDQ). The SDQ shows that Solihull performs strongly on this measure. In 2016/17 the average SDQ for all Solihull LAC who have been in care for 12 months or more is lower than the England average and the 2<sup>nd</sup> lowest in the West Midlands. Similarly, although around 31% of Solihull LAC were assessed as being affected by poor emotional well-being and a cause for concern this is lower than the England average of 38% and the lowest in the West Midlands<sup>78</sup>.

### % LAC with Poor Emotional Well Being Measured by Strengths & Difficulties Questionnaire



Source: Department for Education

51% of Solihull LAC have a Special Educational Need (17% with a Statement of SEN or Educational Health Plan) compared to 56% across England as a whole. The average Attainment 8 score per pupil for LAC in Solihull is slightly below the England average and proportionally more have at least one fixed term exclusion<sup>79</sup>.

Educational Outcomes for Looked After Children 2017		
Outcome	Solihull	England
Average Attainment 8 Score at KS4	14.2	19.3
Unauthorised Absence Rate	1.0%	1.2%
% who are Persistent Absentees	11%	10%

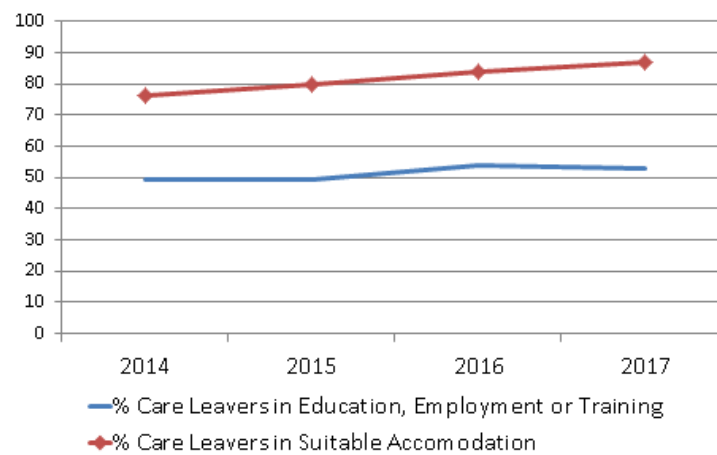
% with at least one Fixed Term Exclusion	13.5%	11.4%
<i>Source: Department for Education</i>		

In 2017 3% of Solihull LAC were identified as having a substance misuse problem compared to the England average of 4%.

In 2017 87% of Solihull Care Leavers were in suitable accommodation compared to the England average of 84%. The proportion of Solihull care leavers in suitable accommodation has trended upwards from 2014 to 2017.

In 2017 53% of Solihull Carer Leavers were in Education, Employment or Training compared to the England average of 50%. The Solihull total has fluctuated over recent years but has remained higher than the England average.

### Solihull Care Leavers Outcomes



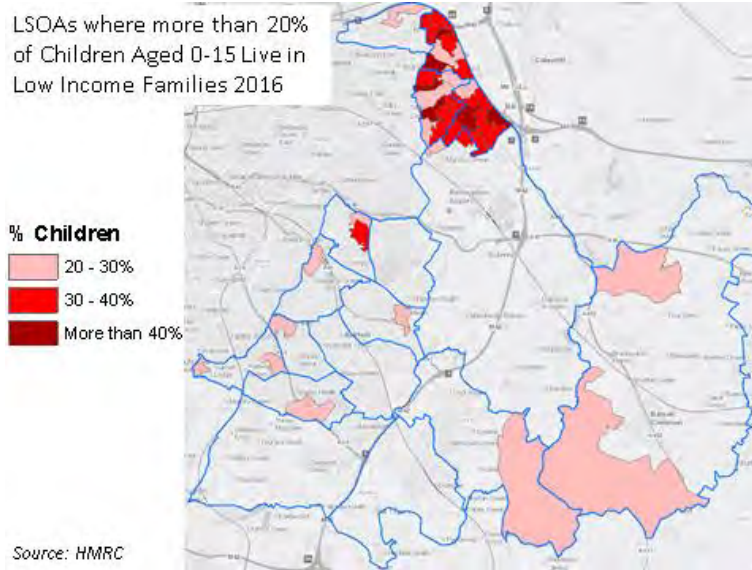
*Source: Department for Education*

### Children and Young People in Poverty

HMRC data shows that in 2016 15.9% of all Solihull children aged 0-15 years lived in low income family compared to the England average of 17.0%<sup>80</sup>. Solihull has a lower rate than other Metropolitan areas of the west Midlands, but is higher than the region’s counties.

The proportion of Solihull children aged 0-15 in a low income family increased slightly in 2016, although the rate remains in-line with the average over the period 2012-16.

Nearly two thirds of all Solihull children aged 0-15 years living in a low income family live in the North Solihull locality (64%). The rate in North Solihull is, at 30% more than three times higher than elsewhere in the borough (9%). In some LSOA neighbourhoods in North Solihull more than 40% of children live in a low income family.

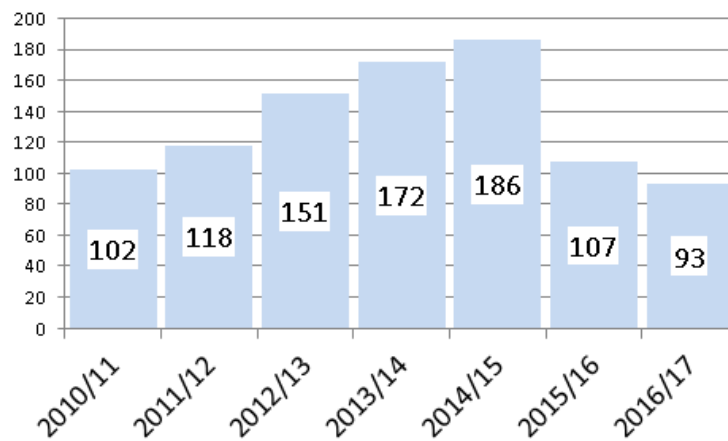


### Young People Homeless and in Housing Need

During 2016/17 there were 93 Solihull young people aged 16-24 accepted as being homeless. This equates to 1.05 per 1,000 population compared to the England average of 0.56 per 1,000, with the borough having the 19<sup>th</sup> highest rate out of 147 Local Authorities in England and the 2<sup>nd</sup> highest in the West Midlands<sup>81</sup>.

The number of homeless young households in Solihull fell in each of the last two years and by a total of 50% (-93 households) from 2014/15 to 2016/17.

### Homeless Households in Solihull Aged 16-24 Years



Source: Ministry for Housing, Communities & Local Government

There are currently 553 young people aged 18-24 with a Solihull address on the Housing Register with a housing need, equating to 3.6% of the age group population. Nearly three quarters of all young people with a housing need live in North Solihull<sup>82</sup>.

## Living Well – Working age Population

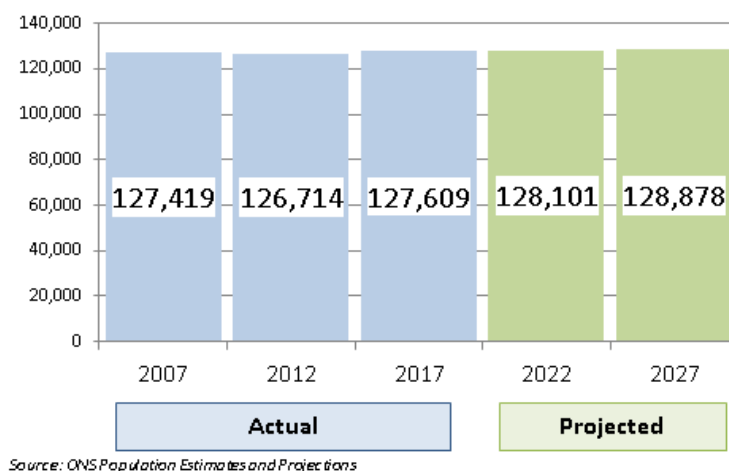
### Demographics

In 2017 there were 120,600 working age people aged 16-64 years living in Solihull. This equates to 60% of the population, below the England average (63%)<sup>83</sup>. The North Solihull locality has a larger overall working age population, with the 16-34 age group particularly sizeable (24% compared to 19%).

The 16-64 population in Solihull increased by just 900 between 2012 and 2017 (1%).

The Solihull 16-64 population is projected to increase by just 2% in the 10 years 2017 to 2027. Growth among all age groups over 35 years is projected, offsetting falls in the number aged 16-34 years<sup>84</sup>.

### 16-64 Population Growth in Solihull



Source: ONS Population Estimates and Projections

Data from the 2011 Census shows that 89% of the Solihull 16-64 population were white and 11% from a Black or Minority Ethnic (BAME) background<sup>85</sup>.

### Health in the Working Age Population

#### Limiting Long-Term Health Conditions

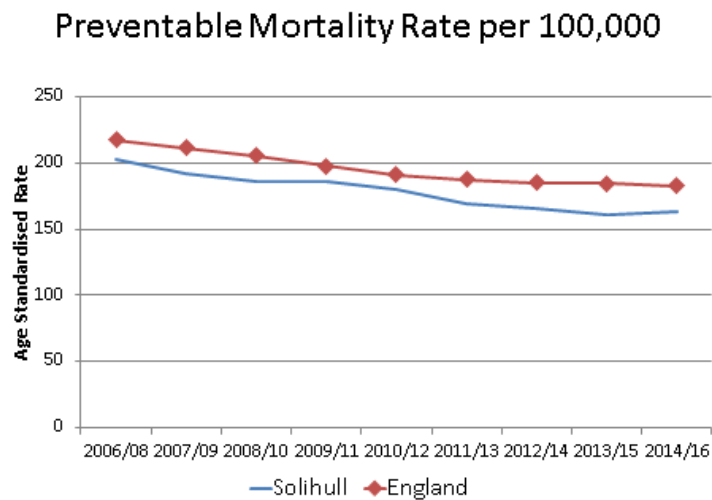
At the time of the 2011 Census 12% of the 16-64 Solihull population said that their day to day activities were limited by a long-term health problem or disability (5% a lot, 7% a little). This is a slightly smaller proportion than the England average (13%)<sup>86</sup>.

#### Preventable and Premature Mortality

Preventable mortality is deaths that could potentially be avoidable by public health interventions, emphasising the importance of prevention as well as treatment. Over the period 2014/16 the preventable mortality rate in Solihull was 11% below the England average (163.5 compared to 182.8 per 100,000) and one of the lowest in the West Midlands<sup>87</sup>.



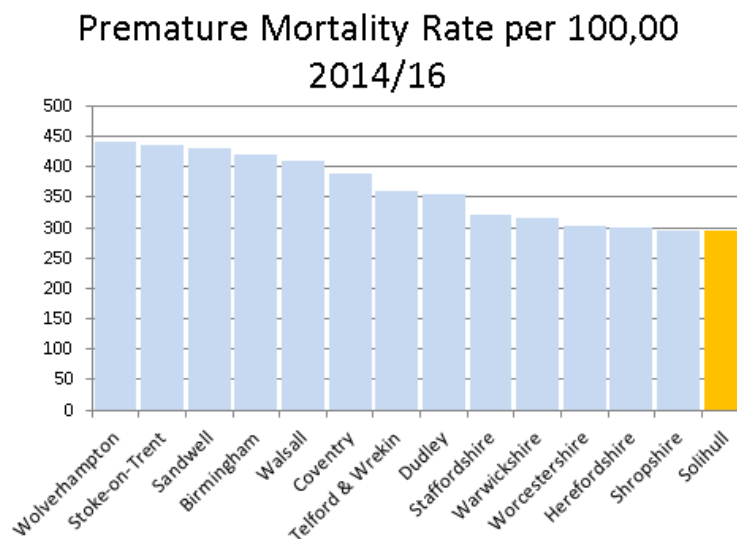
Like England as a whole the preventable mortality rate has been trending downwards in Solihull, falling by -19% between 2006/08 and 2014/16.



Source: Public Health England

One in three deaths in England involved someone under the age of 75 and is considered premature. Of these deaths it is estimated that two thirds could be avoided either through prevention, earlier diagnosis and access to the highest quality treatment and care<sup>88</sup>.

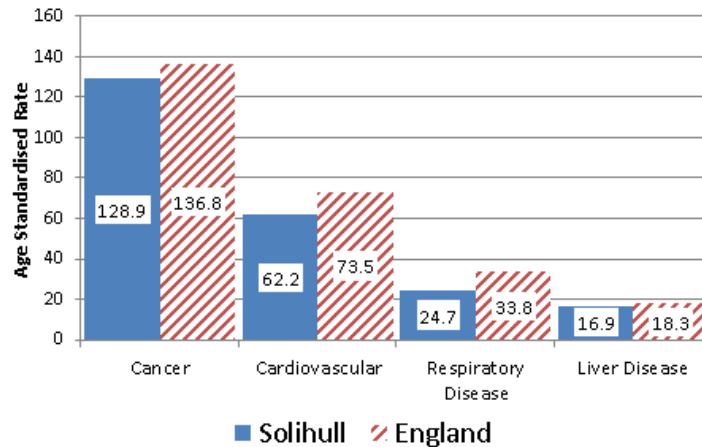
In 2014/16 the Solihull premature mortality rate (295 per 100,000) is one of the best in the country (36<sup>th</sup> out of 150) and the lowest in the West Midlands.



Source: Public Health England

Like England as a whole, Cancer is the biggest cause of premature mortality in Solihull and twice as likely as cardiovascular disease to be the cause of an early death<sup>89</sup>. During 2014/16 the age standardised rate of premature mortality in Solihull was lower than the England average across all main causes of premature mortality.

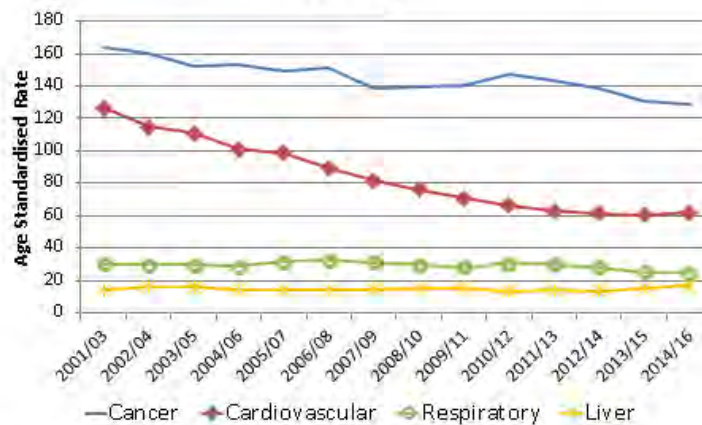
### Causes of Premature Mortality 2014/16



Source: Public Health England

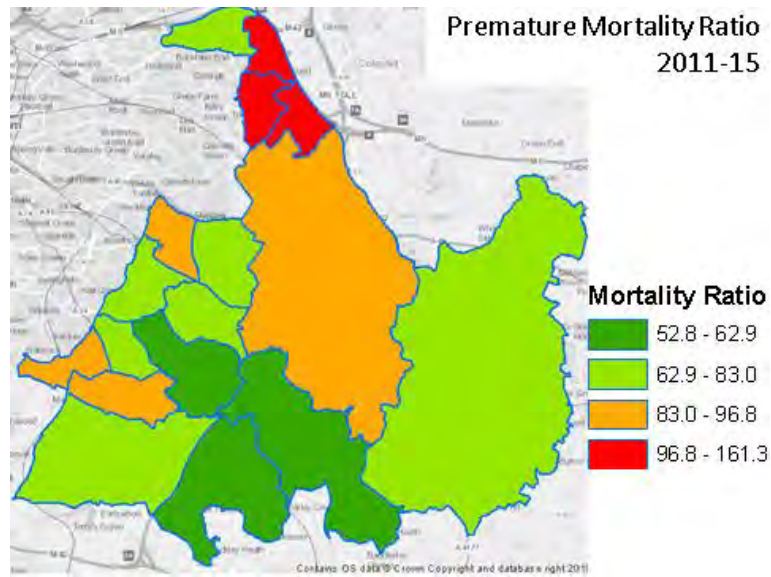
In the 10 years to 2014/16 the premature mortality rate from cardiovascular disease in Solihull fell by 38%, with decrease also evident in early deaths from cancer (-16%) and respiratory disease (-14%). By contrast the rate for liver disease has increased by 16% over this 10 year period, with the rate rising noticeably since 2012/14. The trends in Solihull for premature mortality are consistent with England as a whole.

### Trends in Premature Mortality in Solihull by Cause



Source: Public Health England

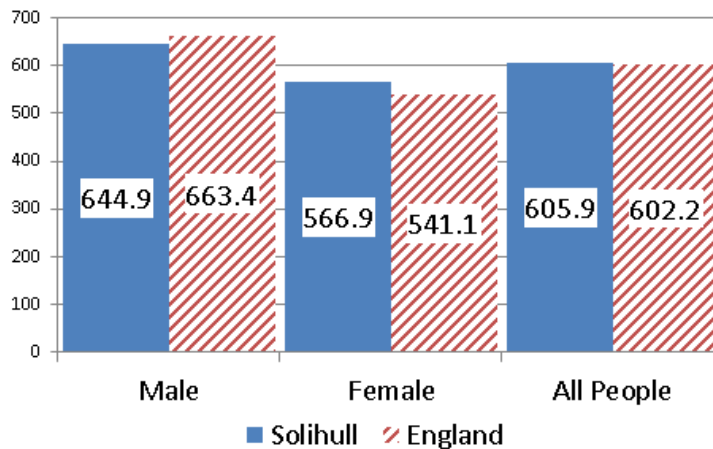
At a ward level the premature mortality ratio is above the England average in only three Solihull wards in North Solihull<sup>90</sup>.



Cancer Incidence and Screening

In 2016 the number of new cases of cancer in Solihull (cancer incidence rate) was in-line with the England average (606 compared to 602 per 100,000). Like England as a whole, the rate among Solihull males is higher than females (645 compared to 567 per 100,000)<sup>91</sup>.

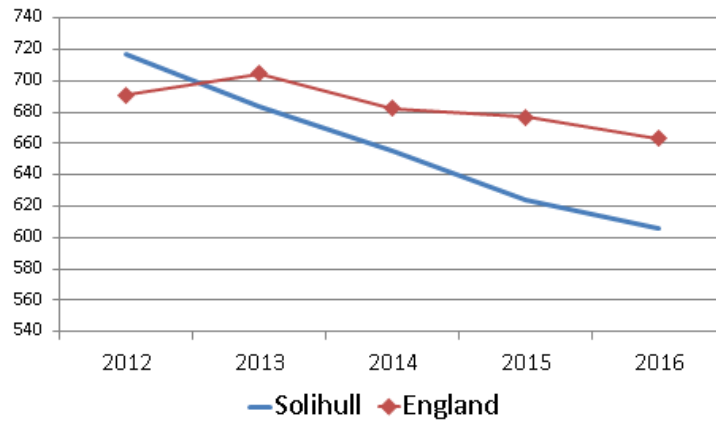
**Cancer Incidence Rate per 100,000 2016**



Source: NHS Cancer Stats

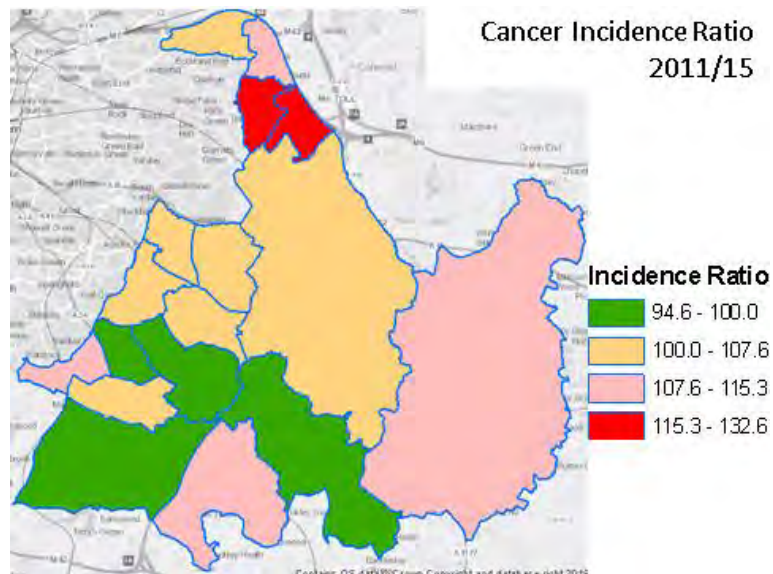
Between 2012 and 2016 the cancer incidence rate in Solihull fell by -15% compared to the England average of -2%. The above average decrease in Solihull was due to a fall in the incidence rate among Solihull men of -26%.

### Trends in Cancer Incidence in per 100,000



Source: NHS Cancer Statistics

The Cancer incidence ratio varies across Solihull and is higher than the England average in the deprived wards of North Solihull, as well as in Meriden, Dorridge & Hockley Heath and Shirley East. For instance, the cancer incidence ratio is nearly 33% higher in Chelmsley Wood than the England average while in St Alphege it is 2% below the England average<sup>92</sup>.



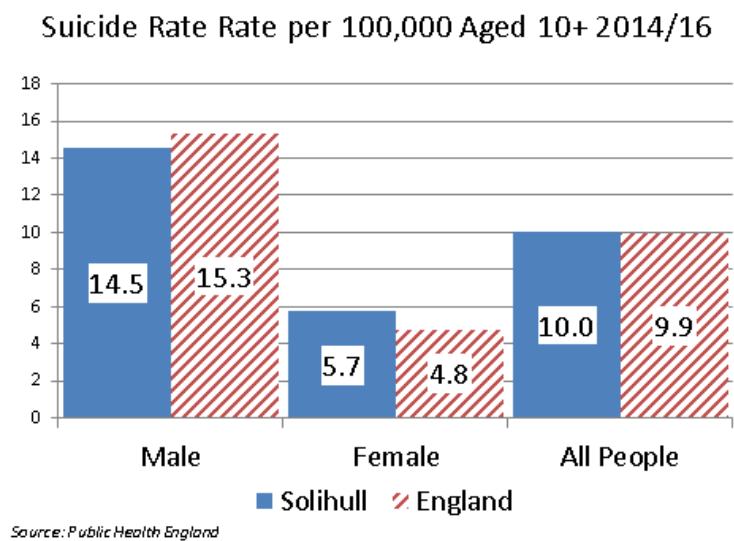
In 2016/17 Cancer screening rates in Solihull were broadly in-line with the England average<sup>93</sup>.

- 74% of women aged 25-64 have attending cervical screening within the target period (72% England);
- 71% of women aged 50-70 have been screened for breast cancer in last 3 years (72% England);
- 61% of people aged 60-70 have been screened for bowel cancer in last 3 years (59% England).

Suicide

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. Nationally, suicide is more than three and a quarter times more common among men than women (15.3 compared to 4.8 per 100,000) and twice as common in the most deprived 10% of communities than the least deprived 10% (14 compared to 7.1 per 100,000).

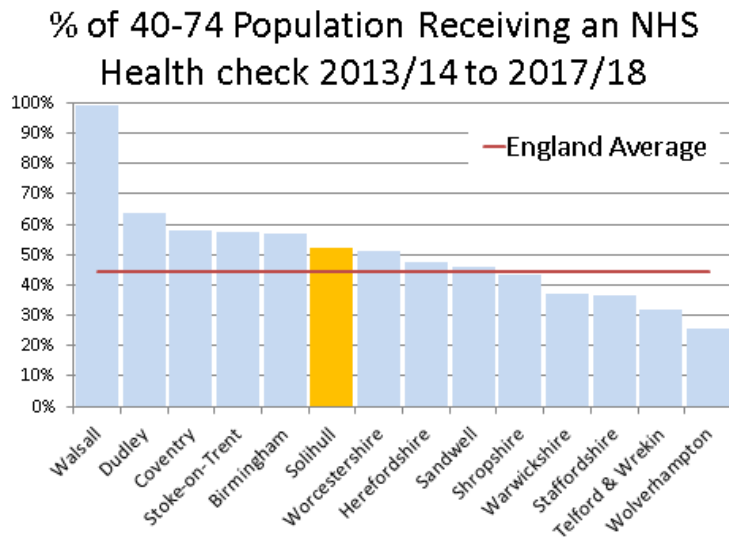
In 2014/16 the Solihull suicide rate was broadly in-line with the England average for the whole population aged 10 and over, with the male rate slightly below average and the female rate slightly above<sup>94</sup>.



Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their health risks. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

In the period 2013/14 to 2017/18 52% of the Solihull population had received a health check, compared to the England average of 44.3%.



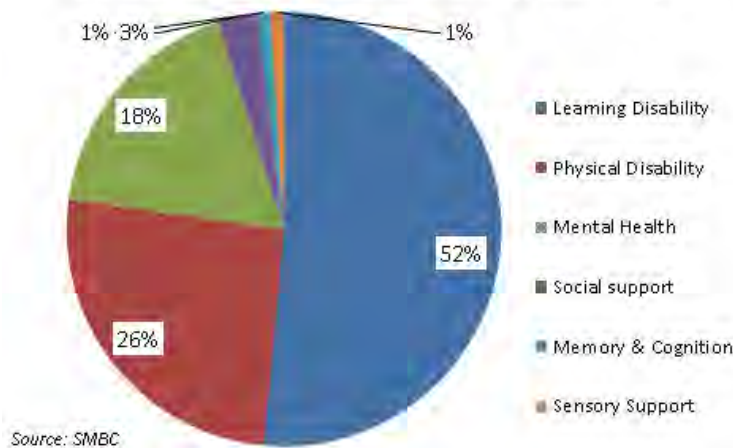
## Working Age Adults with Care and Support Needs

### Social Care Support

During 2017/18 982 adults aged 18-64 received long-term support from Solihull adult social care. This equates to 8.0 per 1,000 population compared to the England average of 8.7 per 1,000<sup>95</sup>. The number of Solihull adults receiving long-term support fell for the second year running in 2017/18, with a total decrease of 7% (-77 clients) between 2014/15 and 2017/18<sup>96</sup>.

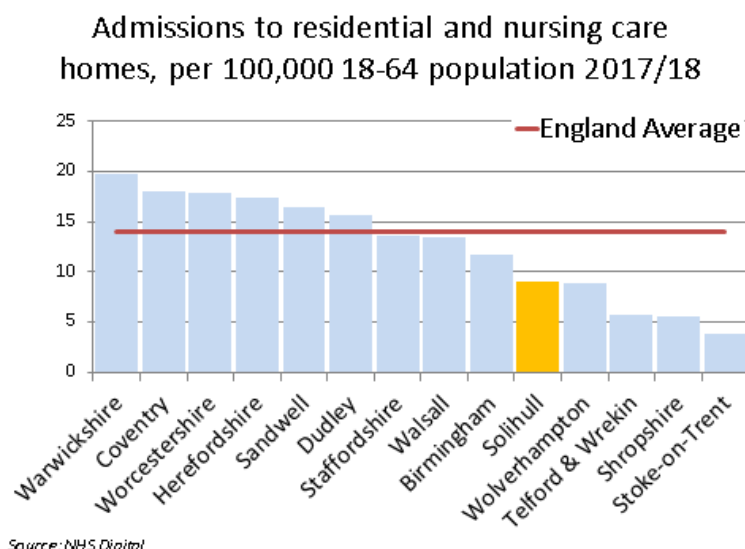
52% of clients aged 18-64 receiving long-term support in 2017/18 were learning disability clients, 26% received physical support and 18% support with mental health issues.

### Aged 18-64 Receiving Long-Term Adult Social Care Support During 2017/18



81% of clients aged 18-64 receiving long-term support in 2017/18 received community care either through a direct payment or personal budget, 17% were in a residential home and 2% received nursing care.

In 2017/18 there were fewer permanent admissions to residential and nursing among Solihull adults aged 18-64 than the England average, with the borough at the lower end of the spectrum in the West Midlands<sup>97</sup>.



In 2017/18 nearly 56% of Solihull adults aged 18-64 receiving social care support received a Direct Payment compared to the England average of 41%<sup>98</sup>.

Adults with a Physical Disability

It is estimated that in 2017 around 9,990 adults aged 18-64 in Solihull had a moderate disability and a further 3,015 had a serious physical disability, representing 8.2% and 2.5% of the age group population respectively<sup>99</sup>.

	<b>Estimated prevalence of Solihull Adults with a Physical Disability</b>			
	Moderate PD	Serious PD	% Moderate PD	% Serious PD
Age 18-24	615	120	4.0%	0.8%
Age 25-34	1,012	96	4.2%	0.4%
Age 35-44	1,383	420	5.5%	1.7%
Age 45-54	3,046	848	9.6%	2.7%
Age 55-64	3,934	1,531	15.0%	5.8%
All Aged 18-64	9,990	3,015	8.2%	2.5%

Source: IPC Projecting Adults Needs and Service Information

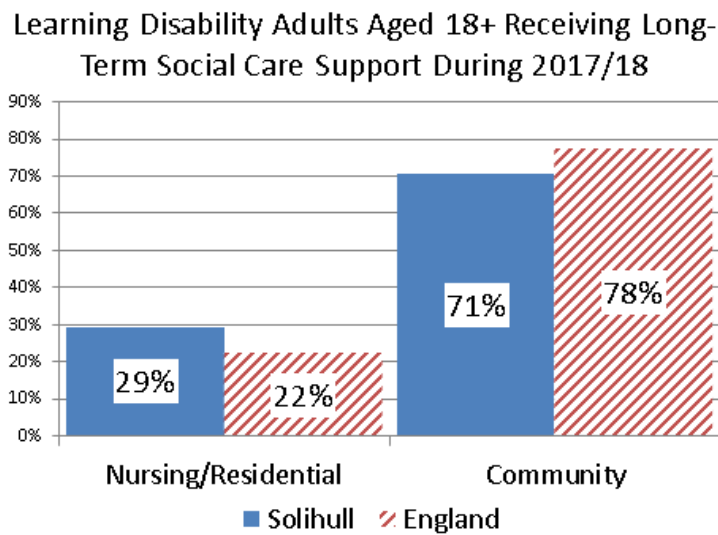
The number of adults with a moderate or serious physical disability is expected to increase by just 1% between 2017 and 2030 (90 individuals), which is consistent with the age groups population projections.

It is estimated that of the 13,000 adults with either a moderate or serious physical disability around 1,100 have a personal care disability (8% of all with a physical disability). These are adults who require assistance to undertake personal care tasks such as getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and using of the toilet.



Adults with a Learning Disability

During 2017/18 571 Solihull adults with a Learning Disability received long-term support from Adult Social Care (508 aged 18-64, 63 aged 65+). This equates to 3.4 per 1,000 18+ population, in-line with the England average. A slightly higher percentage of Learning Disability adults received long-term support in a nursing or residential care home than the England average (29% compared to 22%)<sup>100</sup>.

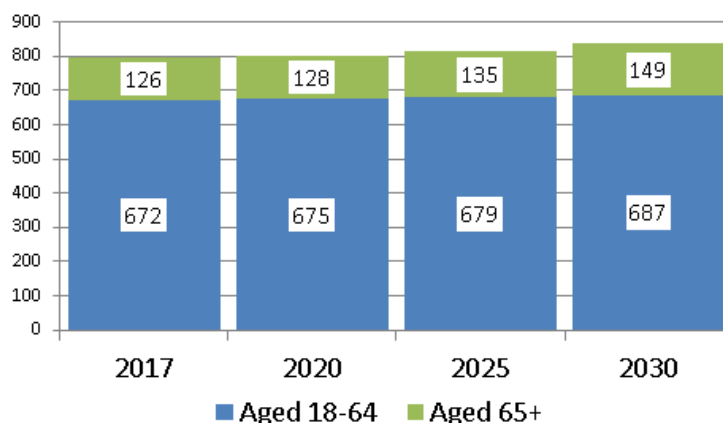


At the end of 2017/18 there were 393 Learning Disability adults known to Solihull social services either living in their own home or with their parents. This equates to 77.4%, in-line with the England average (77.2%)<sup>101</sup>.

At the end of 2017/18 there were 16 Solihull adults with a Learning Disability known to social services in paid employment. This equates to just 3.1%, below the England average (6.0%)<sup>102</sup>.

The number of Solihull adults aged 18 and over with a moderate or severe Learning Disability is expected to increase by 4.8% between 2017 and 2030 (38 individuals). In proportional terms the rate of increase is greatest among those aged 75 and over which reflects high levels of population growth among this age group as well as the fact that people with a Learning Disability are living longer<sup>103</sup>.

### Solihull Adults Aged 18 and Over with a Moderate or Severe Learning Disability



In 2017 NHS Digital experimental statistics<sup>104</sup> analysed key health issues for people who are recorded by their GP as having a learning disability. The analysis uses GP practice register data from 2014-15 to 2016-17 to show that:

- Female with learning disabilities in England had almost an 18 year lower life expectancy compared to females without a learning disability (a 66 years compared to 84 years);
- Males with a learning disability had a 14 year lower life expectancy compared to males with no recorded learning disability (66 years compared to 80 years).

The analysis also found that:

- Epilepsy is over 25 times more common in people with learning disabilities than people without.
- Other conditions with high prevalence rates among people with Learning Disabilities include severe mental illness, dementia, hypothyroidism and to a lesser extent heart failure, diabetes, chronic kidney disease, stroke and asthma.
- The prevalence of coronary heart disease is almost half as common in people with a Learning Disability compared with the rest of the population. The prevalence rate is also lower for cancer and to a lesser extent for Chronic Obstructive Pulmonary Disease (COPD) and hypertension.

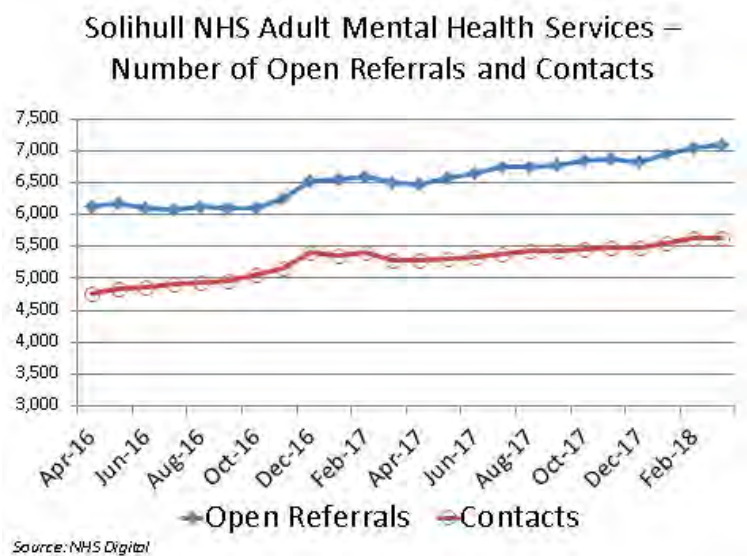
#### Adults with Mental Health Needs

In England, at any one time, about one in six people aged 16–64 will have had a common mental illness such as anxiety or depression in the past week. Common mental illnesses are more likely in women (22%) than men (14%) of working age. The majority of working age adults with a mental health condition have a job and are almost as likely to be working as anyone else. However, the risk of experiencing poor mental health is not uniformly distributed and there are links between poor housing, homelessness, financial stress, deprivation, caring responsibilities and adverse childhood experiences. People with mental ill health are also likely to have comorbidities such as alcohol dependency or substance misuse. For instance:

- The links between Adverse Childhood Events (ACEs) and poor mental health in adult life are well established, with 75% of mental illness in adult life starting by the age 18<sup>105</sup>;
- People who have been unemployed for more than 12 weeks show between four and ten times the prevalence of depression and anxiety than the general population<sup>106</sup>;
- The prevalence of common mental health disorders among homeless people is twice as high as the general population with psychosis between 4-15 times higher<sup>107</sup>;
- 72% of carers in the UK say that they have suffered mental ill health as a result of caring<sup>108</sup>;
- 23% of people in contact with Solihull community mental health services are also in contact with alcohol services, while 19% are in contact with substance misuse services<sup>109</sup>.

It is estimated that in 2017 there were nearly 19,700 Solihull adults aged 18-64 with Common Mental Disorder (CMD), representing 16% of the age group population. The number of adults with CMD in Solihull is projected to increase by just 1% between 2017 and 2030 (154 individuals), which is consistent with ONS population projections<sup>110</sup>.

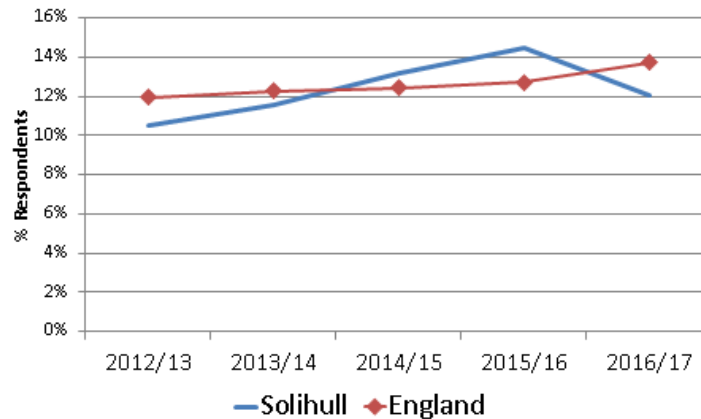
On average there were nearly 6,800 open referrals to NHS Adult Mental Health Services in Solihull in the period April 2017 to March 2018 an increase of 8% compared with the same period in 2016/17 (from 6,263 April-March 2016/17 to 6,795 April to March 2017/18). A similar upward trend is in the number of contacts with NHS Adult Mental Health Services is evident<sup>111</sup>.



In the 2016/17 GP Patient Survey, 12% of adults aged 18 and over registered with a Solihull practice indicated that they suffered from depression and anxiety, less than the England average of 14%<sup>112</sup>. At a national level, 17% of people living in the most deprived communities reported that they were suffering from anxiety or depression compared to 11% of people from the least deprived areas. This link between depression and deprivation is evident from individual GP data in Solihull, with 13% of adults in practices and in the North Solihull locality suffering from depression compared to less than 7% of registered patients at practices elsewhere in the borough.

Notwithstanding a reduction in 2016/17, the number of adults reporting depression or anxiety in Solihull has, like England and a whole, been trending upwards since 2012/13<sup>113</sup>.

### Adults Aged 18+ Suffering from Depression and Anxiety in GP Patient Survey

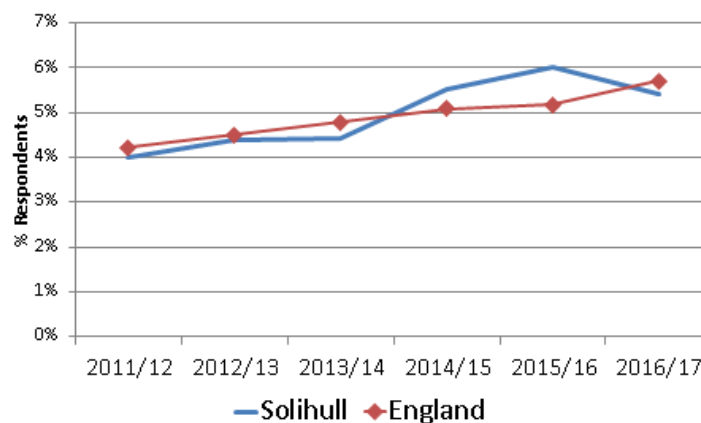


Source: Public Health England

Severe mental illness such as schizophrenia or bipolar disorder is relatively rare. For instance, 0.8% of patients registered with a Solihull GP were recorded as having a severe mental illness compared with 0.9% across England as a whole. Nationally, the prevalence rate for severe Mental ill health is higher in the most deprived 10% of communities (1.1%) compared to the least deprived (0.8%). This is consistent with local GP data that shows the highest prevalence rates are recorded at practices in the North Solihull locality<sup>114</sup>.

In the 2016/17 GP Patient Survey, 5.4% of adults aged 18 and over registered with a Solihull practice indicated that they had long-term mental health problems, in-line with the England average. Notwithstanding a reduction in 2016/17, the number reporting long-term mental health problems in Solihull has, like England and a whole, been trending upwards since 2011/12<sup>115</sup>.

### Adults Aged 18+ Reporting Long-Term Mental Health Problems in GP Patient Survey

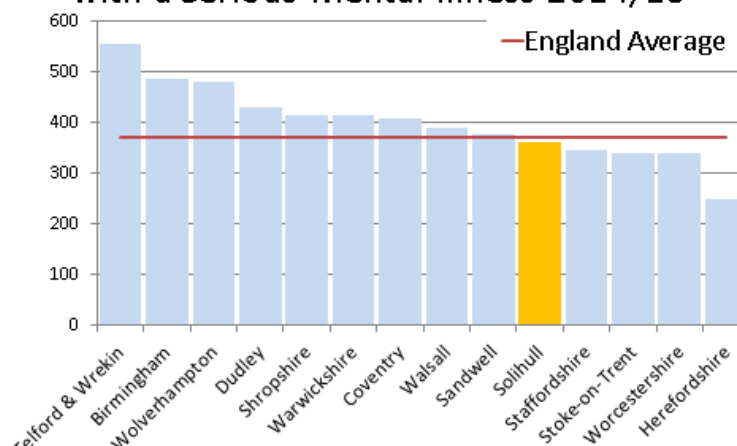


Source: Public Health England

Like England as a whole, people in Solihull with severe mental illness are far more likely to die prematurely than the general population. In 2014/15 the excess mortality under the age of 75 for people in contact with secondary health services in Solihull was 359.5 compared to the England average of 370. This means that people in Solihull with a severe mental illness were 3 and a half

times more likely than the general population to die before 75 years of age than the general population<sup>116</sup>.

### Excess Premature Mortality Rate in Adults with a Serious Mental Illness 2014/15



Source: Public Health England

At the end of 2017/18 74% of Solihull adults in contact with secondary mental health services were living independently with or without support, compared to the England average of 57%<sup>117,118</sup>.

At the end of 2017/18 11% of Solihull adults in contact with secondary mental health services were in paid employment, compared to the England average of just 7%<sup>119</sup>.

#### Adults with Autism

It is estimated that in 2017 there were 1,195 adults aged 18-64 with Autism in Solihull, representing 1% of the age group population. The number of adults with Autism in Solihull is projected to increase by just 1% between 2017 and 2030, which is consistent with ONS population projections<sup>120</sup>.

	Solihull Adults with Autism			
	2017	2030	Change 2017-2030	
			Number	%
Age 18-24	153	157	4	3%
Age 25-34	239	236	-3	-1%
Age 35-44	237	280	43	18%
Age 45-54	306	259	-47	-15%
Age 55-64	261	276	15	6%
All Age 18-64	1,195	1,207	12	1%

Source: IPC Projecting Adults Needs and Service Information

#### Adults with Sensory Impairment

It is estimated that in 2017 there were 738 adults aged 18-64 with severe hearing loss in Solihull and 79 people with a serious visual impairment, representing 0.6% and 0.1% of the age group population respectively. The number of adults with severe hearing loss in Solihull is projected to increase by 7% between 2017 and 2030 and the number with a serious visual impairment by just 1%. These increases are consistent with ONS population projections.<sup>121</sup>

	Solihull Adults Aged 18-64 with Sensory Impairment			
	2017	2030	Change 2017-2030	
			Number	%
Severe Hearing Loss	738	786	48	6.5%
Serious Visual Impairment	79	80	1	1.3%
<i>Source: IPC Projecting Adults Needs and Service Information</i>				

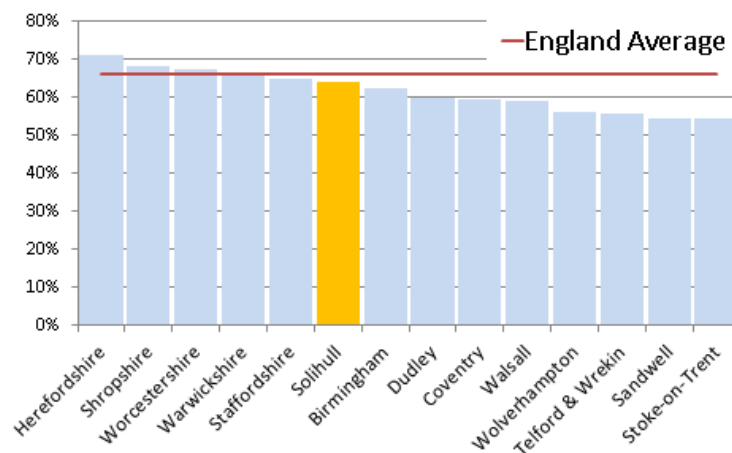
## Lifestyles

### Physical Activity and Healthy Eating

In 2016/17 64% of Solihull adults aged 19 year and over were classified as being physically active (at least 150 moderate intensity equivalent minutes per week) and 23% were classified as being inactive (less than 30 moderate intensity equivalent minutes per week). Across England as a whole 66% were active and 22% were inactive<sup>122</sup>.

Nationally fewer women are physically active than men (64% compared to 69%), with those from an Asian and Black background also less likely to be active. The proportion active decreases considerably among those aged 75 and over. People living in the most deprived 10% of neighbourhoods in England are the least likely to be physically active and those in the least deprived areas most likely (63% compared to 71%).

### Physically Active Adults 2016/17

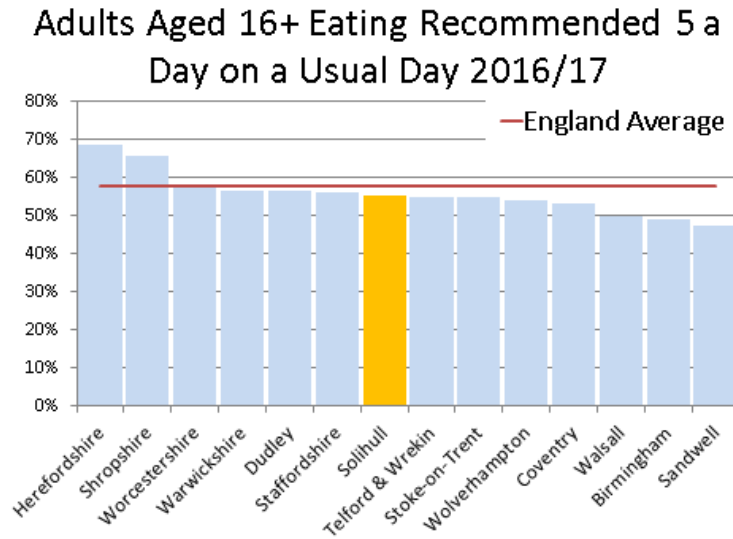


Source: Public Health England

A Coventry University study on Physical Activity in the deprived wards of North Solihull<sup>123</sup> shows that the majority of adults in the area participate in some form of physical activity with walking and gardening the most popular activities. Some local residents are likely to be unaware of the range of activities available in the area, with the cost, timing, location and type of physical activity opportunities currently on offer acting as barriers to participation for some of the study participants.

The Birmingham and Solihull Active Communities pilot funded by Sport England will build on the findings of this study and target increased physical activity in North Solihull particularly among those aged 65+, women and young families, children under 15 and BAME communities.

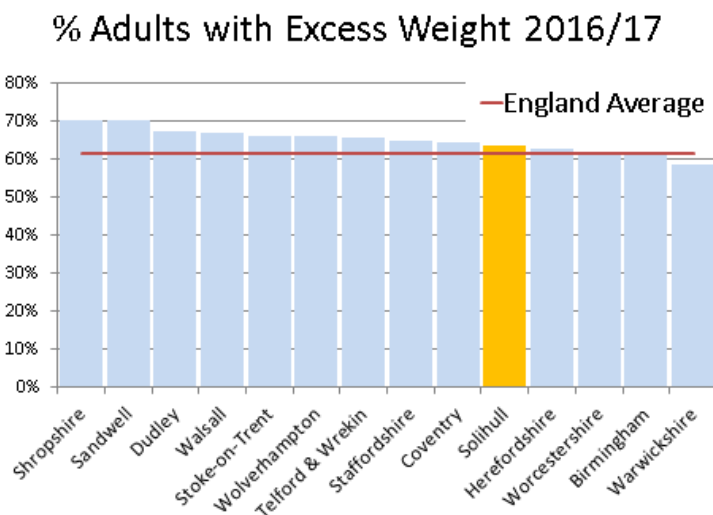
55% of Solihull adults aged 16+ eat the recommended 5 a day on a usual day, compared to the England average of 57%. Nationally, more women eat the recommended 5 a day than men (62% compared to 55%). The proportion rises with age, particularly among over 55s. People living in the most deprived 10% of neighbourhoods in England are the least likely to eat the recommended 5 a day and those in the least deprived areas most likely (52% compared to 62%).



Source: Public Health England

### Obesity and Diabetes

Just over 63% of Solihull adults aged 18 and over have excess weight (overweight or obese) compared to the England average of 61%. Nationally, men are more likely to have excess weight than women (67% compared to 55%), with the proportion rising with age (50% 25-34 years, 73% 65-74 years). People living in the most deprived 10% of neighbourhoods in England are also more likely to have excess weight than those in the least deprived areas (67% compared to 57%)<sup>124</sup>.

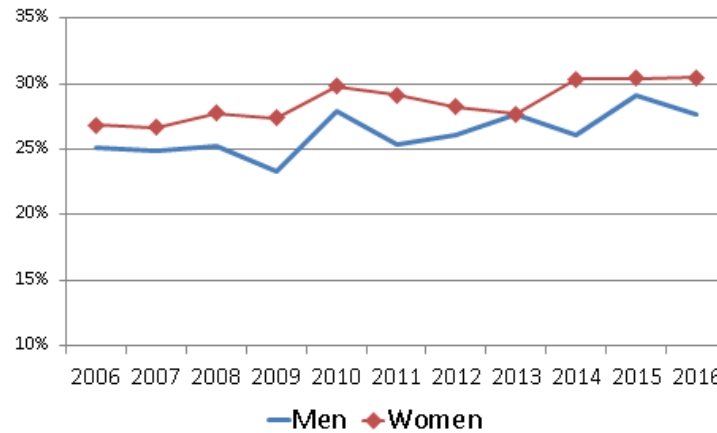


Source: Public Health England

Nationally, data from the NHS Health Survey for England shows that the percentage of adults classified as obese increased from 26% in 2006 to 29% in 2016, with the upward trend evident amongst both men and women<sup>125</sup>.



Trends in Adults Aged 16+ in England Classified as Obese  
Health Survey for England 2016

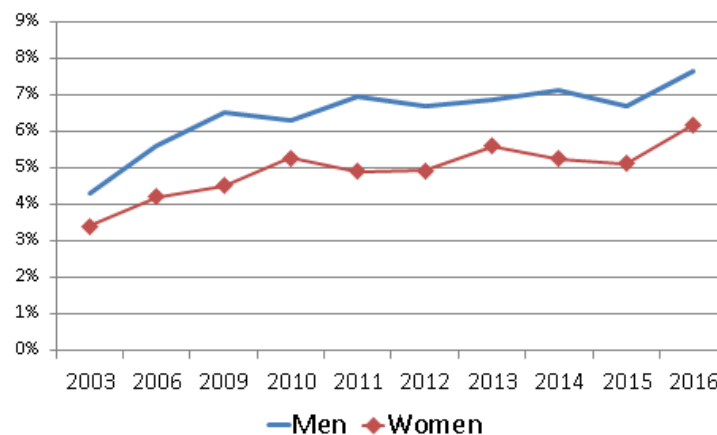


Source: NHS

In 2016/17 7.2% of Solihull adults aged 17 and over registered with a Solihull GP were recorded as having diabetes, broadly in-line with the England average (6.7%). Nationally, people living in the most deprived 10% of neighbourhoods in England are slightly more likely to have Diabetes than those in the least deprived areas (7.4% compared to 5.6%). The link between diabetes and deprivation is evident within Solihull as the seven GP practices with the highest prevalence of diabetes are all in the North Solihull locality<sup>126</sup>.

Between 2012/13 and 2016/17 there was a small increase in the number of adults registered with a Solihull GP who were recorded as having Diabetes (from 6.3% to 7.2%), a trend which is mirrored nationally<sup>127</sup>. This GP Practice data is consistent with findings from the NHS Survey of Health for England which shows that, at a national level, the proportion of adult men and women with Diabetes is trending upwards<sup>128</sup>.

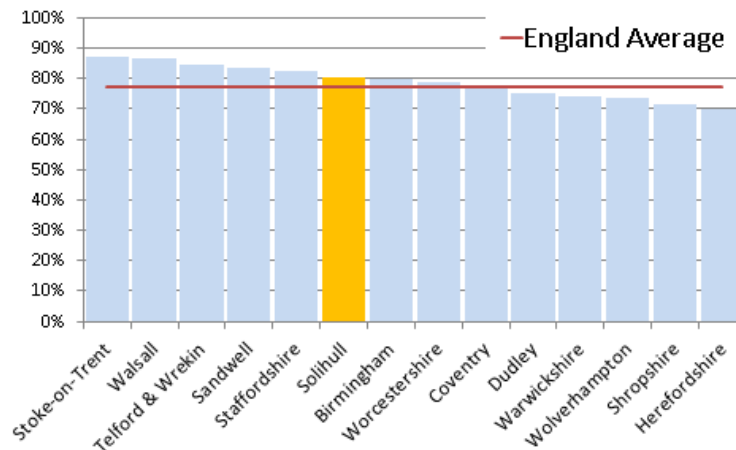
Trends in Adults Aged 16+ in England With Diabetes  
Health Survey for England 2016



Source: NHS

In 2017 the Diabetes diagnosis rate in Solihull was 80.5%, compared to the England average of 77.1%.

### Diabetes Diagnosis Rate 2017



Source: Public Health England

### Smoking

Smoking is the biggest single cause of preventable death and ill-health within England and smoking accounts for approximately 5.5% of the NHS budget.

In 2017 10.5% of adults aged 18 and over were current smokers compared to the England average of 14.9%. The rate among Solihull men (11.9%) was higher than among women (9.2%), but both were below the England average<sup>129</sup>.

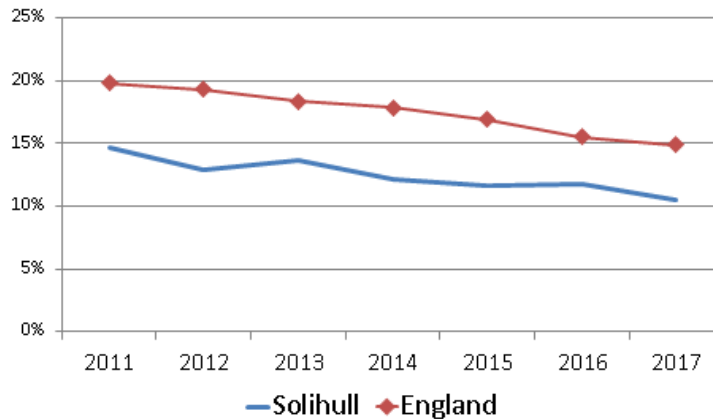
### % of Adults Aged 18+ who are Current Smokers 2017



Source: Public Health England

Like England as a whole, the proportion of current smokers in Solihull is trending downwards, falling from nearly 15% in 2011 to 10.5% in 2017. The proportion of smokers in Solihull has fallen among both men (from 17% to 12%) and women (from 12% to 9%).

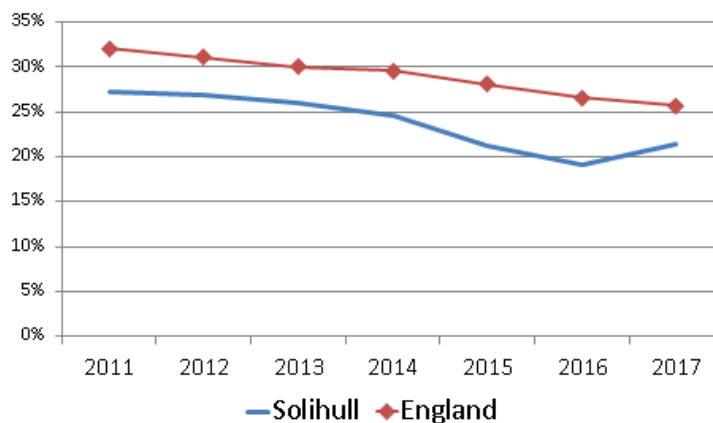
### Trends in Current Smokers



Source: Public Health England

In 2017 21.4% of Solihull adults working in routine or manual occupations were current smokers compared to just 5.6% of those working in managerial & professional occupations. This gap is consistent with the pattern nationally, although in both instances the Solihull rate is lower. Notwithstanding a small increase in 2017, the proportion of Solihull adults working in routine or manual occupations who smoke is trending downwards (from 27% in 2011 to 21% in 2017). This is consistent with the trend nationally.

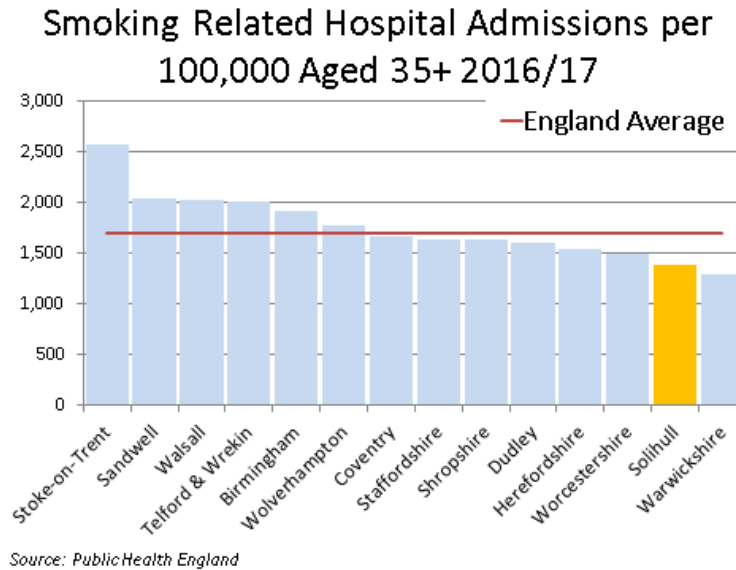
### Trends in Current Smokers Among those Working in Routine & Manual Occupations



Source: Public Health England

Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources, but can also be used as a proxy for variations in smoking related ill health in the general population.

In 2016/17 the Solihull rate of smoking related admissions to hospital for those aged 35 years and over was 1,384 per 100,000 compared to the England average of 1,685 per 100,000<sup>130</sup>.



In the period 2014/16 the Solihull rate of smoking related mortality for those aged 35 years and over was below the England average (213 compared to 272 per 100,000) and the lowest in the West Midlands<sup>131</sup>. Between 2009/11 and 2014/16 the smoking related mortality rate in Solihull fell by -9%.

### Alcohol

Based on national prevalence rates the Solihull Substance Misuse Needs Assessment 2018 estimates that there are around 1,800 adults in the borough with alcohol dependence in need of specialist treatment. Men account for around 74% of the total and those with a severe dependence for 18%<sup>132</sup>.

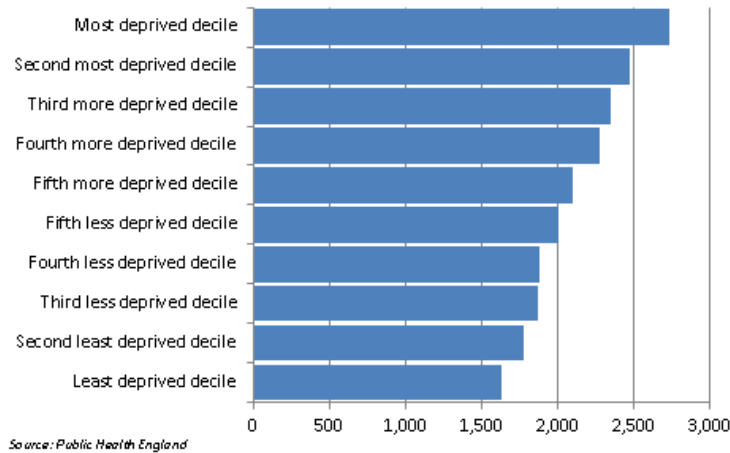
National data shows that the proportion of both men and women over 16 years of age drinking at increased or higher risk of harm decreased between 2011 and 2016 (from 34% to 31% of men, and from 18% to 16% of women). This downward trend is mostly driven by reductions in harmful drinking among younger age groups<sup>133</sup>.

2016/17 data shows that the Solihull rate for alcohol specific related conditions is below the England average, but that the admissions rate is above average for alcohol related conditions<sup>iii134</sup>. A breakdown of the alcohol related admissions data shows that:

- Like England as a whole, Solihull men are much more likely than women to be admitted to hospital with an alcohol related condition (2,772 compared to 1,555 per 100,000);
- The admission rate rises with age locally and across England;
- Nationally people from the most deprived communities are over 1.5 times more likely to be admitted to hospital for an alcohol related condition than people from the least deprived communities.

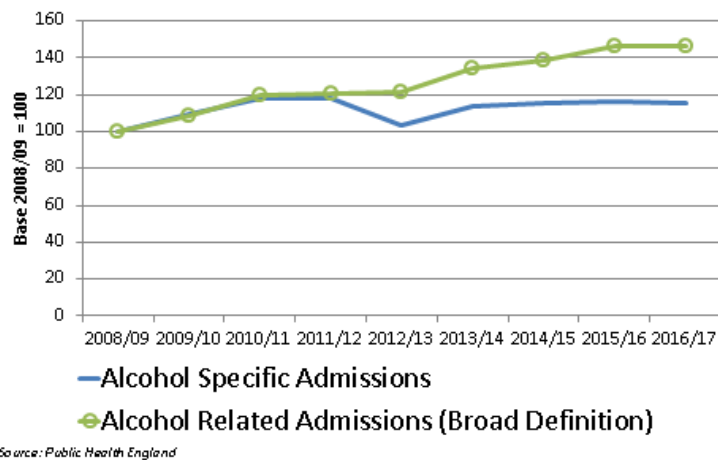
<sup>iii</sup> This is based on the broad definition of an alcohol related condition: Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code.

### Alcohol Related Hospital Admissions in England by Deprivation 2016/17



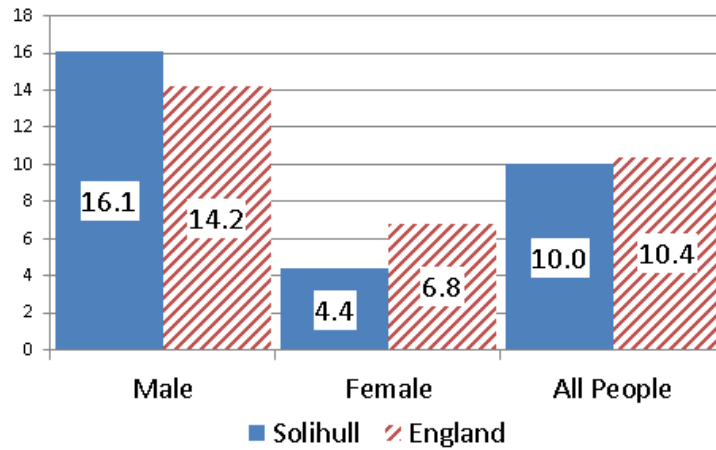
Between 2008/09 and 2013/14 the Solihull rate of hospital admissions for alcohol related conditions has increased sharply, whereas admissions for alcohol specific admissions has been largely unchanged over recent years. The increase in Solihull admissions for alcohol related conditions is consistent with the pattern across England as a whole and applies to both men and women.

### Solihull Index of Hospital Admissions for Alcohol Conditions



The Solihull rate for alcohol specific and alcohol related mortality is broadly in-line with the England average and has been largely unchanged for both measures over recent years. For both measures the male rate is much higher than the female rate, for instance in the period 2014/16 men in Solihull were nearly four times as likely to die from an alcohol specific condition as women. This gap in alcohol mortality between men and women is consistent with the England as a whole<sup>135</sup>.

Mortality Due to Alcohol Specific Conditions Rate per 100,000 2014/16



Source: Public Health England

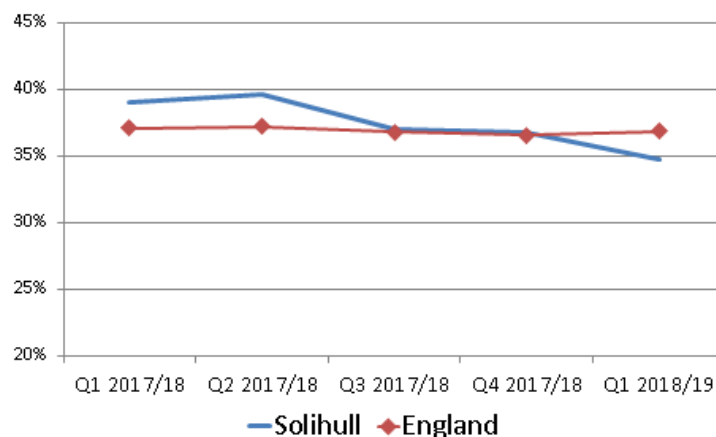
Substance Misuse

Nationally, nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse, with the deaths from drug misuse increase substantially<sup>136</sup>.

The number of Opiate and/or Crack (OCU’s) users in Solihull is proportionally lower than the England average, but increased by an estimated 30% between 2011/12 and 2014/15 (from 740 to 961)<sup>137</sup>.

The main substances that Solihull residents present to treatment services with continue to be alcohol, opiates, cocaine, and cannabis. The percentage of both opiate and non-opiate clients successfully completing their treatment and not representing within six months declined during 2017/18 and in the latter case is now lower than the England average<sup>138</sup>.

Proportion of Adults in Non-Opiate Treatment Successfully Completing Treatment and Not Representing in 6 Months



Source: Public Health England

## Inclusive Growth and Employment

### Economic Growth and Jobs

Solihull has a strong and expanding economy and labour market, underpinned by some of the key economic assets in the West Midlands, including Birmingham International Airport, the National Exhibition Centre, Birmingham Business Park and Jaguar Land Rover.

At £36,873 Solihull had the largest GVA per head of any upper tier Local Authority in the West Midlands in 2017 and the 14<sup>th</sup> highest out of 179 economic areas in the UK. Solihull's GVA per head is 34% higher than the UK average, with the highest growth in the country over the five years 2012-2017<sup>139</sup>.

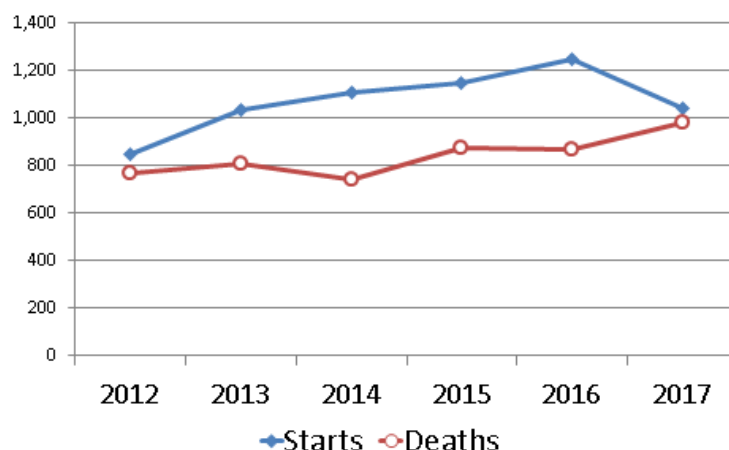
In 2017 there were 120,000 jobs located in Solihull, the highest jobs density of any upper tier Local Authority in the West Midlands<sup>140</sup>.

Solihull has a well balanced labour market with particular strengths in automotive manufacturing, transport & storage, business administration & support services, accommodation & food and information & communication.

Over the eight years 2010-2017 Solihull has one of the fastest growing labour markets in Great Britain. The average annual increase in total employment in Solihull (3.0%) is nearly three times the national average and the highest outside of London.

The number of new business starts in Solihull fell in 2017 (-205 businesses, -16%), following four consecutive annual increases. However, this trend is consistent with the UK as a whole. New business starts in Solihull continue to outstrip business deaths, although the gap narrowed substantially in 2017 (1,040 starts vs 980 deaths in 2017). New businesses in Solihull are more likely to survive for 5 years than across the UK as a whole (46.2% vs 43.2%)<sup>141</sup>.

### Business Starts and Deaths in Solihull



Source: ONS Business Demography

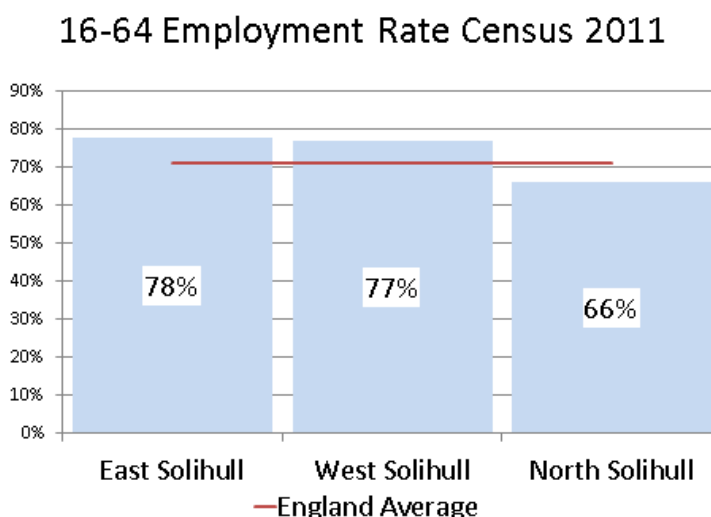
Employment and Employment Inequalities

In December 2017 the Solihull employment rate was higher than the England average (77% compared to 75% of 16-64 population). Solihull employment rates are higher among men than women (80% compared to 74%), as well as among individuals from a White ethnic group than among those from a Black or Minority Ethnic background (78% compared to 73%). Both of these differences are consistent with England as a whole<sup>142</sup>.

<b>Employment Rate Aged 16-64 - December 2017</b>					
	All Persons	Men	Women	White Ethnicity	BAME Ethnicity
Solihull	77%	80%	74%	78%	73%
England	75%	80%	70%	77%	65%

*Source: ONS Annual Population Survey*

Census 2011 provides the most recent locality data for Solihull and shows far lower employment rates among 16-64 year olds in North Solihull than elsewhere in the borough (66% compared to 77%)<sup>143</sup>.



*Source: ONS Census 2011*

Employment outcomes for people classified as Equalities Act (EA) or work-limiting disabled are less favourable than the population as a whole. In December 2017 a lower proportion of disabled Solihull residents were in work than across the GB as a whole (49% compared to 53%), although unemployment rates are slightly lower (7.6% compared to 8.4%)<sup>144</sup>.

	<b>EA core or work-limiting disabled</b>		<b>Not EA core or work-limiting disabled</b>	
	Solihull %	GB %	Solihull %	GB %
Employment Rate	49%	53%	85%	81%
Unemployment Rate	7.6%	8.4%	2.4%	3.8%
Economically Inactive	47%	42%	13%	16%

*Source: ONS Annual Population Survey December 2017*

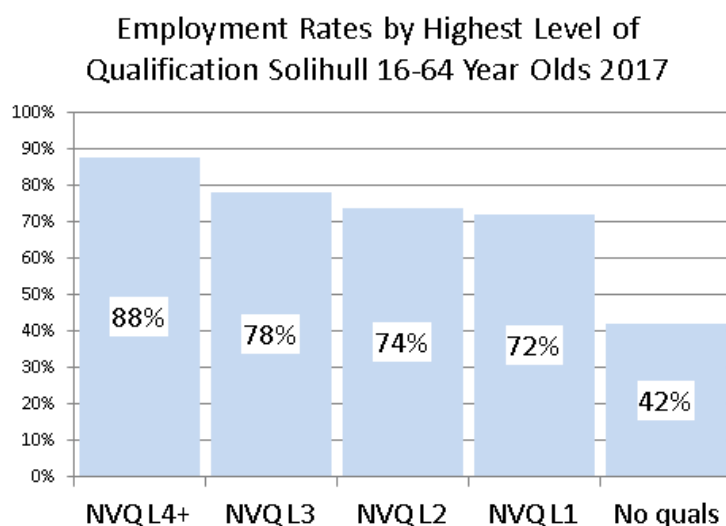


People with health conditions or illness lasting for more than 12 months are less likely to be in employment than the rest of the population. However, in December 2017 Solihull’s employment outcomes for this group were more favourable than the GB average<sup>145</sup>.

	People with health conditions or illnesses lasting more than 12 months	
	Solihull %	GB %
Employment Rate	48%	46%
Unemployment Rate	4.8%	6.0%
Economically Inactive	49%	51%

Source: ONS Annual Population Survey December 2017

People with higher level qualifications have far more favourable employment outcomes than those with level qualifications. This is particular evident if the employment rate between those with degree level qualifications are compared to those with no qualifications (88% compared to 42%)<sup>146</sup>.



Source: Annual Population Survey

### Unemployment

In December 2017 the Solihull unemployment rate was lower than the England average (3.2% compared to 4.5%). Solihull unemployment rates are lower among men than women (2.9% compared to 3.6%), as well as among individuals from a White ethnic group than among those from a Black or Minority Ethnic background (3% compared to 5%).

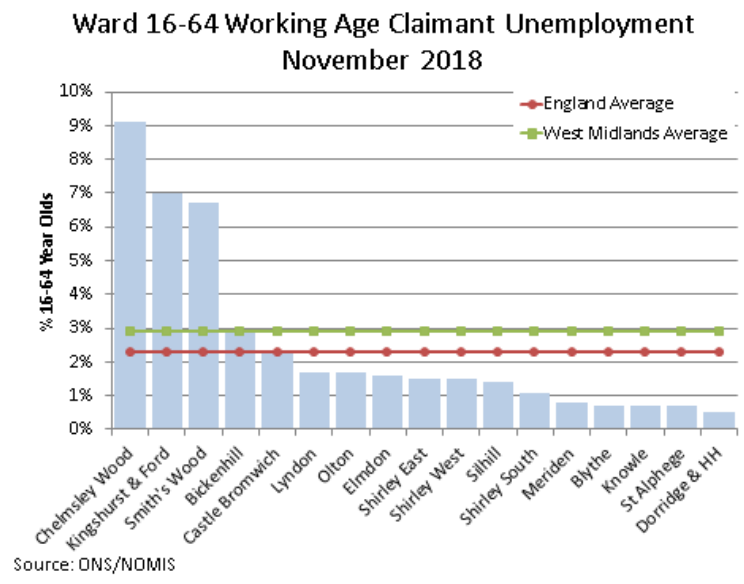
	Unemployment Rate Aged 16-64 - December 2017				
	All Persons	Men	Women	White Ethnicity	BAME Ethnicity
Solihull	3.2%	2.9%	3.6%	3.0%	5.1%
England	4.5%	4.6%	4.4%	3.8%	7.8%

Source: ONS Annual Population Survey

The monthly Claimant Count measures individuals who claim either Jobseekers Allowance or are in receipt of Universal Credit and are available for work. It does not include all people who are

classified as unemployed but provides a timely estimation of local area differentials in unemployment.

In November 2018 the average claimant unemployment rate for the three North Solihull regeneration wards was nearly 5<sup>1/2</sup> times the average across the rest of the borough (7.6% compared to 1.4%). Four wards in Solihull had a higher claimant unemployment rate than the England average (2.3%): Chelmsley Wood (9.1%), Kingshurst & Fordbridge (7.0%), Smith’s Wood (6.7%) and Bickenhill (2.9%)<sup>147</sup>.

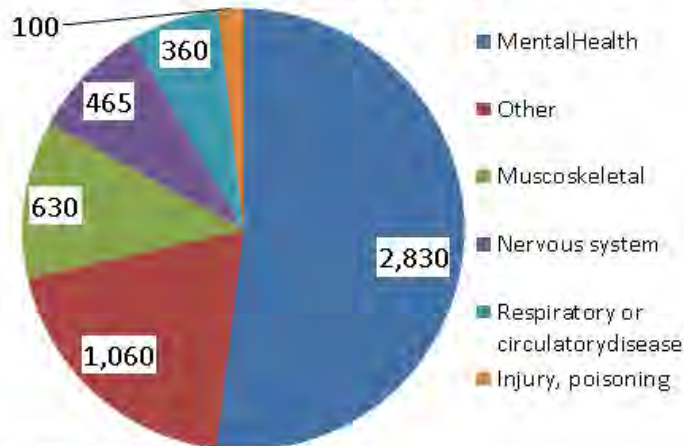


Employment and Support Allowance (ESA) provides benefits for working age people who are unable to work because of sickness or disability. As at February 2018 there were 5,450 people in Solihull claiming ESA equating to 4.3% of the 16-64 population compared to 5.3% for England<sup>148</sup>.

65% of ESA claimants in Solihull have been claiming for 2 years or more, of which 35% have been in receipt for five years or more. This is broadly consistent with the national average.

52% of ESA claimants in Solihull claim because of a mental health issue which is also consistent with the national average.

Employment & Support Allowance Claimants in Solihull February 2018



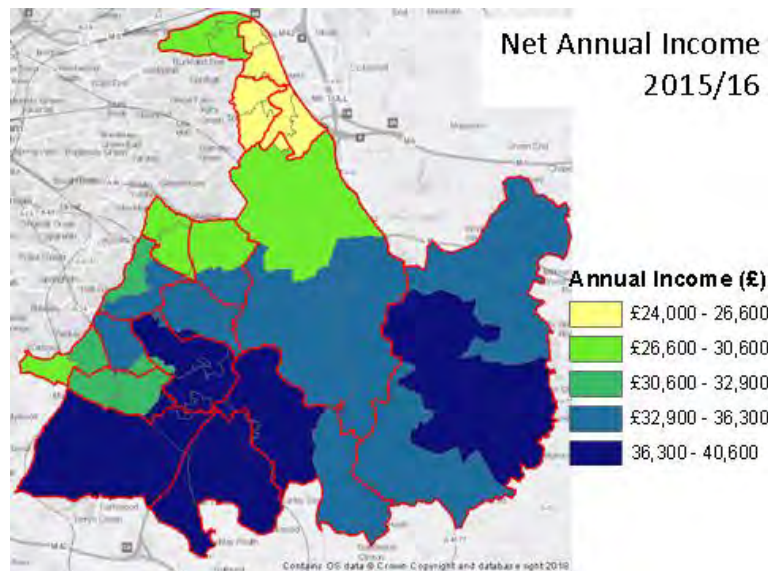
Source: Department of Work & Pensions/NOMIS

Like claimant count unemployment there are wide variations in ESA claimant rates across the borough, with 7.5% of 16-64 year olds in the North Solihull locality claiming compared to an average of 3% elsewhere in Solihull.

### Incomes and Wages

In 2016 disposable household income per head in Solihull was 10% higher than the England average and the 5<sup>th</sup> highest in the country outside of London and the South East<sup>149</sup>.

In 2016 ONS estimates show that average net annual incomes vary across the borough and are significantly lower in North Solihull<sup>150</sup>.



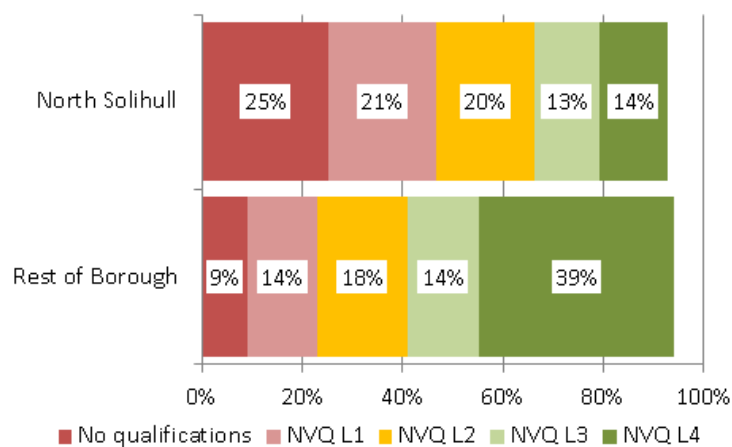
The average annual wage of Solihull residents in 2018 is 6% higher than GB average. The Borough has the 2<sup>nd</sup> highest average annual wage of upper tier Local Authorities in the West Midlands and the 15<sup>th</sup> highest outside of London and the South East<sup>151</sup>.

Adult Skills

In December 2017 proportionally more 16-64 year olds in Solihull had the equivalent of a degree level qualification (NVQ4+) than the England average (39% compared to 38%). At the other end of the spectrum the proportion of Solihull 16-64 year olds with low skills (either no formal qualifications or a maximum of NVQ level 1) is, at 18%, in-line with the national average<sup>152</sup>.

At the time of the 2011 Census 25% of adults aged 16-64 living in North Solihull had no formal qualification and a further 21% were qualified to a maximum of NVQ Level 1. North Solihull adults are far less likely to have a higher level qualification than those living elsewhere in the borough (14% NVQ L4+, compared to 39%)<sup>153</sup>.

Highest Level of Qualification Adults Aged 16-64



Source: ONS Census 2011

**Ageing Well – Older People Population**

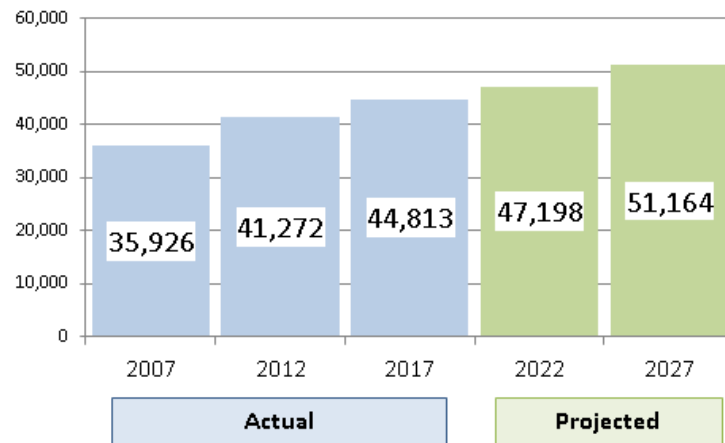
**Demographics**

In 2017 there were 44,800 older people aged 65 and over living in Solihull. This equates to 21% of the population, above the England average (18%)<sup>154</sup>. The East Solihull locality has a larger overall population aged 65+ (25%) and North Solihull the smallest (18%).

The 65 and over population in Solihull increased by over 3,500 between 2012 and 2017 (9%), including an increase of 17% in those aged 85+. Growth rates are even higher over the 10 years 2007 to 2017 with the number of Solihull residents aged 65+ increasing by 25% over this period and the 85+ population by 52%.

The Solihull 65+ population is projected to increase by over 6,200 people (14%) in the 10 years 2017 to 2027. This includes projected increases in the population aged 74-85 (34%) and among those aged 85+ (21%)<sup>155</sup>.

## 65+ Population Growth in Solihull



Source: ONS Population Estimates and Projections

Data from the 2011 Census shows that 97% of the Solihull 65+ population were white and 3% from a Black or Minority Ethnic background (BAME)<sup>156</sup>.

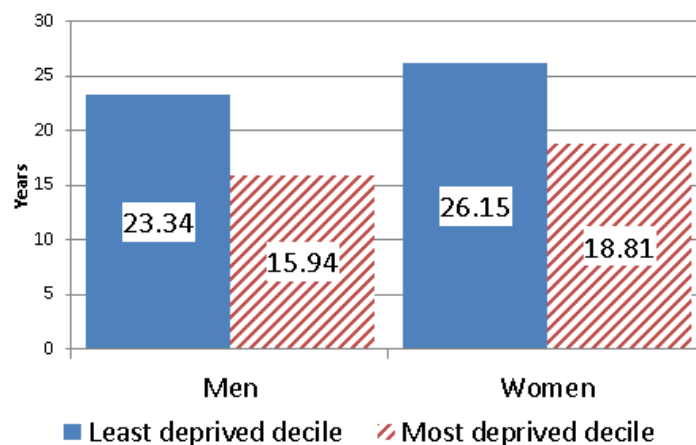
### Health in the Older Population

#### Life Expectancy at 65

On average women in Solihull who are aged 65 can expect to live for just over 22 years and men for nearly 19.5 years. Both of these are above the England average (21.1 years women, 18.8 years men). Life expectancy at 65 is higher in Solihull than all other upper tier Local Authorities in the West Midlands.

The gap in life expectancy at aged 65 for both men and women in Solihull is just over 7 years longer for people living in the least deprived parts of the borough when compared with the most deprived areas.

#### Life Expectancy in Years at Age 65 in Solihull 2014/16



Source: Public Health England

### Excess Winter Deaths

Excess winter deaths are the number of deaths occurring during December to March compared to the average number of deaths occurring in the preceding August to November and the following April to July.

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, with the incidence of flu and effectiveness of flu vaccines a particular influence<sup>157 158</sup>.

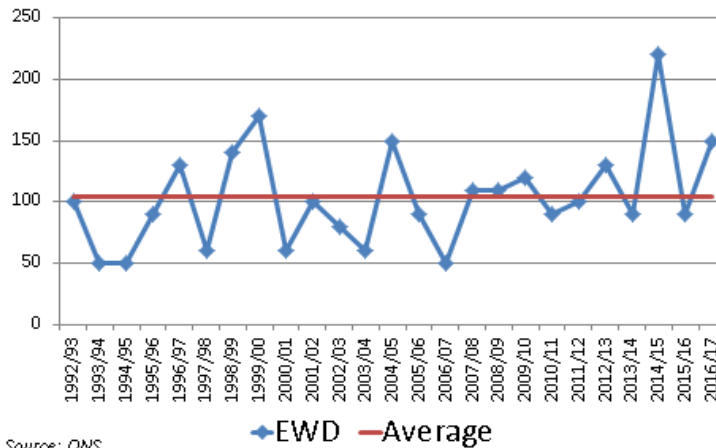
Nationally, over a half all excess winter deaths involve people aged 85 and over and are more common in women than men, which is at least partly attributable to the higher proportion of females aged 85 years and over compared with males. Respiratory diseases account for nearly 35% of all excess winter deaths and circulatory diseases for 23%<sup>159</sup>.

Increased excess winter deaths are not always coupled with unusually cold winters and conversely winters with decreased excess winter deaths are not always coupled with milder winter temperatures. In fact international comparisons show that excess winter deaths are higher in temperate southern European climates than in colder Scandinavian and Northern European countries. This indicates that factors other than temperature, such as the extent to which the population is prepared for cold winters and the energy efficiency of homes are particularly important<sup>160</sup>.

Cold homes and poor housing are a known risk factor for older and vulnerable people many of whom may have pre-existing conditions and spend the majority of their time at home. Fuel poverty is an added risk, although nationally excess winter deaths are not significantly higher among the most deprived 10% of the population than the least deprived<sup>161</sup>. Vulnerable people in cold homes and poor housing are at risk of the adverse health effects of cold weather regardless of their socio-economic status<sup>162</sup>.

Both nationally and in Solihull, excess winter deaths fluctuate significantly on an annual basis. In the last 25 years the number of excess winter deaths has varied in Solihull from 50 to 220, with an average of just over 100 over this period. Particular peaks (150 excess winter deaths or more) occurred in 1999/2000, 2004/05 and twice in the last three year period (2014/15 and 2016/17). Preliminary national estimates for the winter of 2017/18 suggest a further peak in excess winter deaths based on below average winter temperatures and a relatively high incidence of flu, particularly amongst the older population<sup>163</sup>.

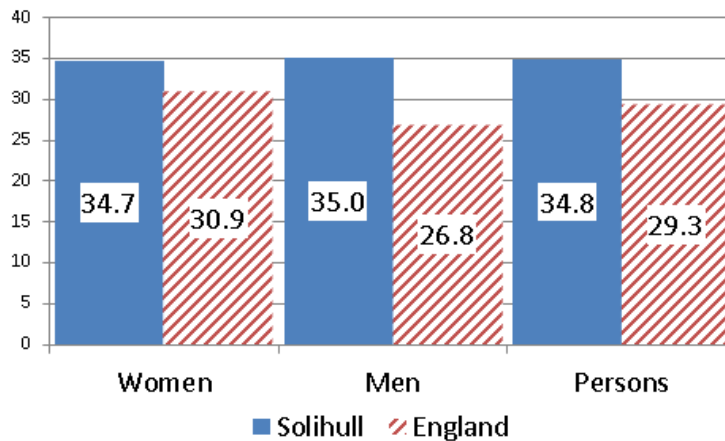
### Number of Annual Excess Winter Deaths in Solihull for All Ages



Source: ONS

In the period 2014 to 2017 the number of deaths among Solihull people aged 85+ was 35% higher in the winter months of December to March than in the rest of the year. This is higher than the England average (29%), although the relatively large number of people aged 90+ in the borough relative to England is likely to be a factor. Unlike England as a whole, there does not appear to be a difference in the excess winter death rate among women and men <sup>164</sup>.

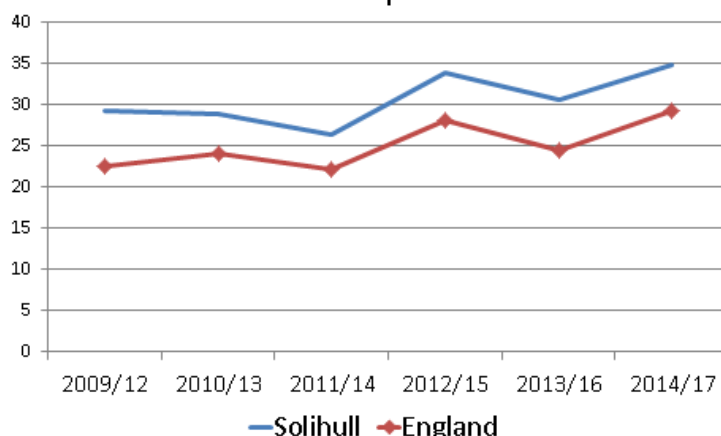
### Excess Winter Deaths Among the 85+ Population 2014/17



Source: Public Health England

Since 2009/12 the Solihull 85+ excess winter death rate has followed the national trend. The increase in the latest three year period (2014/17) can be attributed to annual peaks in both 2015 and 2017.

### Excess Winter Death Rate Among 85+ Solihull Population



Source: Public Health England

## Older People with Care Needs

### Frailty and Physical Disability

In 2017 it is estimated that nearly 8,500 Solihull people aged 65 and over were unable to manage at least one mobility activity such as going out of doors and walking down the road, getting up and down stairs, getting around the house on the level, getting to the toilet or getting in and out of bed. This represents 19% of all people in Solihull aged 65+, with the proportion unable to manage at least one mobility activity rising to 45% among those aged 85+<sup>165</sup>.

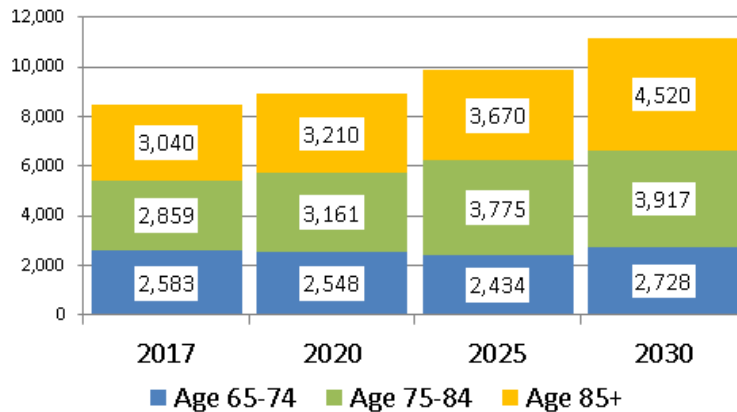
Solihull Population Unable to Manage at Least One Mobility Activity in 2017		
	Number	% Population
Age 65-69	1,031	9%
Age 70-74	1,552	13%
Age 75-79	1,347	17%
Age 80-84	1,512	24%
Age 85 and over	3,040	45%
All Age 65+	8,482	19%

Source: IPC Projecting Older People Population Information

The number of Solihull older people predicted to be unable to manage at least one mobility activity is projected to increase by 32% between 2017 and 2030 (+2,680 individuals). The number of people aged 85 unable to manage a mobility activity is likely to double over this period, affecting an extra 1,480 people. This is consistent with the high levels of projected growth in the older population in Solihull.



### Solihull 65+ Population Projected to be Unable to Manage at Least One Mobility Activity



Similar increases are projected for the number of Solihull older people unable to manage at least one self care activity<sup>iv</sup> or domestic task<sup>v</sup> on their own<sup>166</sup>.

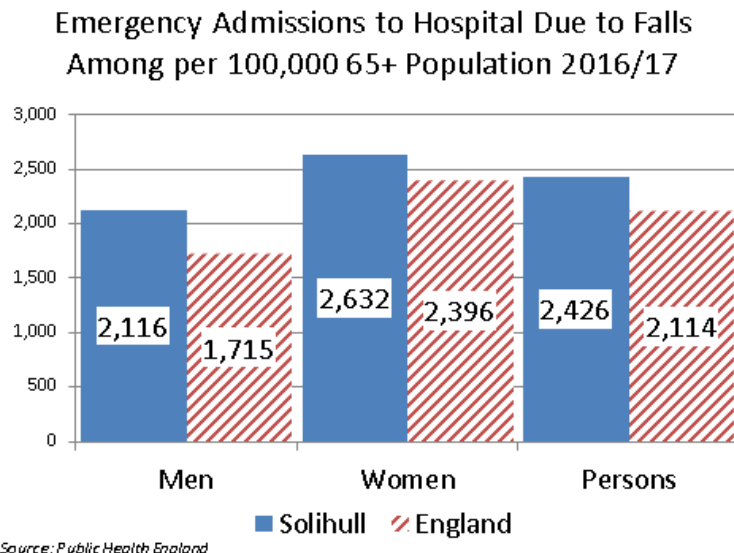
#### Falls and Hip Fractures

In 2016/17 the number emergency admissions due to a fall among the 65+ population in Solihull was 15% higher than the England average (2,426 compared to 2,114 per 100,000) and at the upper end of the spectrum for the West Midlands<sup>167</sup>. A breakdown of the data shows that:

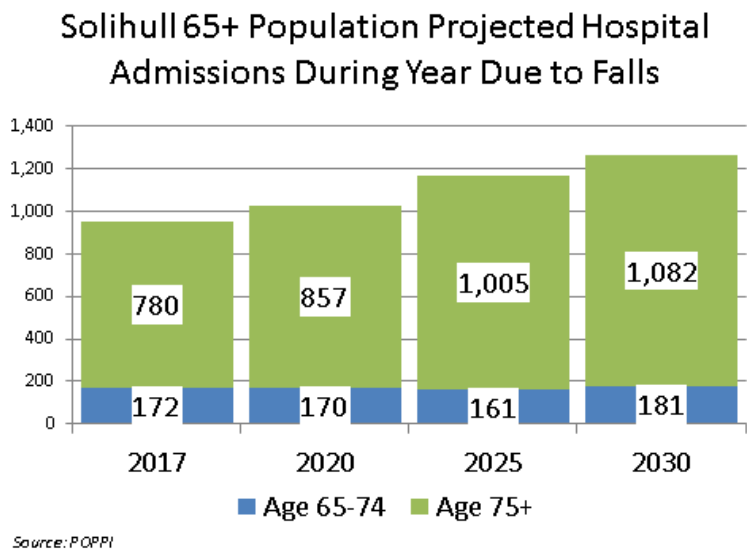
- Admissions were more common among women than men (2,632 compared to 2,116 per 100,000);
- Admissions are five and a half times higher among those over 80 years of age than among those aged 75-79 (6,254 compared to 1,106 per 100,000);
- Nationally, the admissions rate is higher for people living in the most deprived communities than in the least deprived.

<sup>iv</sup> Such as washing, dressing, feeding and taking medicines

<sup>v</sup> Such as household shopping, laundry and dealing with personal affairs



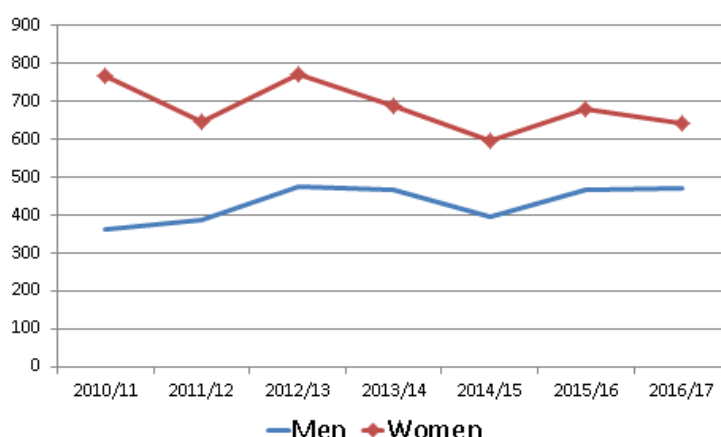
Projections suggest that the number of hospital admissions due to falls among Solihull people aged 65+ is predicted to increase by 32% between 2017 and 2030 (+311 individuals). The majority of this is due to an increase in emergency admissions among those 75 and over<sup>168</sup>.



In 2016/17 the rate of hip fractures among the Solihull 65+ population was in-line with the England average (573 per 100,000 population). Like England as a whole the Hip Fracture rate is far higher among Solihull women than men (640.2 compared to 469.8 per 100,000). Hip fractures become more common with age, for instances the Solihull rate for those aged 80+ is nearly 8 times greater than those aged 65 to 74 years<sup>169</sup>.

Between 2010/11 the Solihull Hip fracture rate fell by 7% in-line with England as a whole. Over this period the Solihull the number of Solihull women aged 65+ suffering from a hip fracture fell by -17%, contrasting with a rise of 30% for men.

### Hip Fracture Rate in 65+ Solihull Population



Source: Public Health England

### Older People with Dementia

It is estimated that in 2017 around 3,300 older people aged 65 and over in Solihull have Dementia, representing 7.4% of the age group population. Dementia becomes more common with age, affecting 24% of those age 85 and over<sup>170</sup>.

Solihull 65+ Population Predicted to Have Dementia 2017		
Age Group	Count	% Population
Age 65-69	150	1.2%
Age 70-74	322	2.7%
Age 75-79	468	5.8%
Age 80-84	744	12.0%
Age 85-89	867	20.5%
Age 90 and over	776	30.6%
All Age 65+	3,327	7.4%

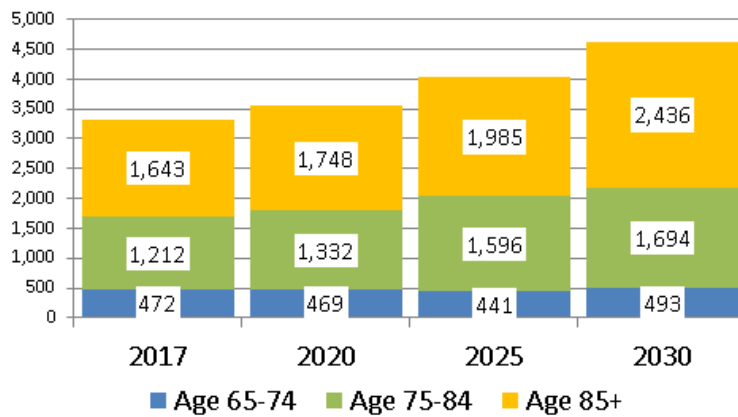
Source: IPC Projecting Older People Population Information

The number of Solihull older people predicted to have dementia is projected to increase by 39% between 2017 and 2030 (+1,295 individuals). The number of people aged 85+ with dementia is expected to increase by 48% over this period, affecting an extra 793 people. This is consistent with the high levels of projected growth in the older population in Solihull.

	Solihull Older People Predicted to Dementia			
	2017	2030	Change 2017-2030	
			Number	%
Age 65-69	150	178	28	19%
Age 70-74	322	315	-7	-2%
Age 75-79	468	574	106	23%
Age 80-84	744	1,120	376	51%
Age 85-89	867	1,189	322	37%
Age 90 and over	776	1,247	471	61%
All Age 65 and over	3,327	4,622	1,295	39%

Source: IPC Projecting Older People Population Information

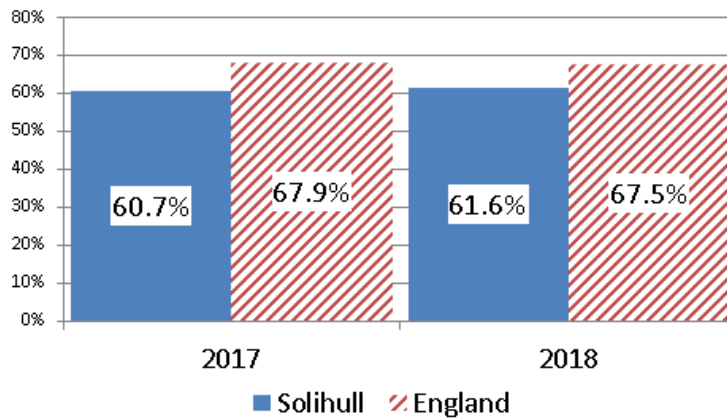
### Solihull 65+ Population Projected to Have Dementia



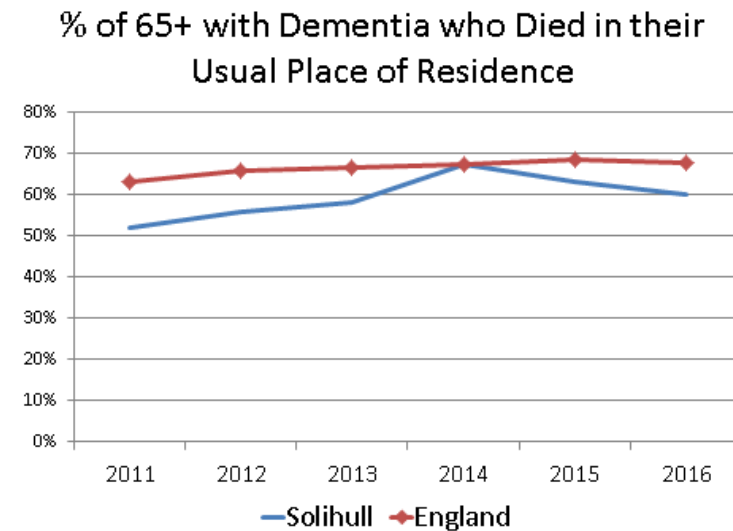
Formal diagnosis of dementia is important because a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

In 2018 61.6% of older people in Solihull who are living with dementia, based on the estimated prevalence rate for the 65+ population have a formal diagnosis. This diagnosis rate is below the England average of 67.5% but increased from 2017 (60.7%)<sup>171</sup>.

### Dementia Diagnosis Rate in 65+ Population



In 2016 60% of Solihull dementia sufferers aged 65 who died did so in their usual place of residence, compared to the England average of 67%. The proportion who have died in their usual place of residence fell in both 2015 and 2016, but is higher than in 2011<sup>172</sup>.

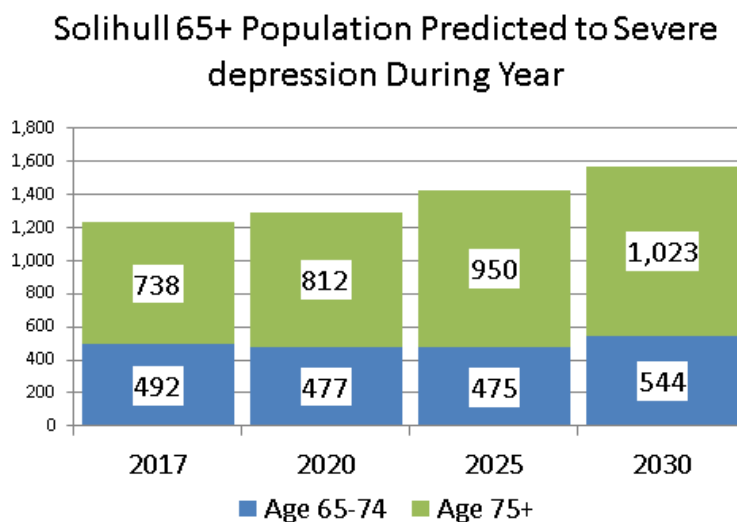


Source: Public Health England

### Older People with Depression

It is estimated that in 2017 around 1,200 older people aged 65 and over in Solihull have severe depression, representing 2.7% of the age group population. The prevalence of depression rises slightly among those aged 75 and over.<sup>173</sup>

The number of Solihull older people aged 65+ with severe depression is projected to rise by 27% (+337 people) between 2017 and 2030, with the rise greatest among the 75+ population group (+39%).

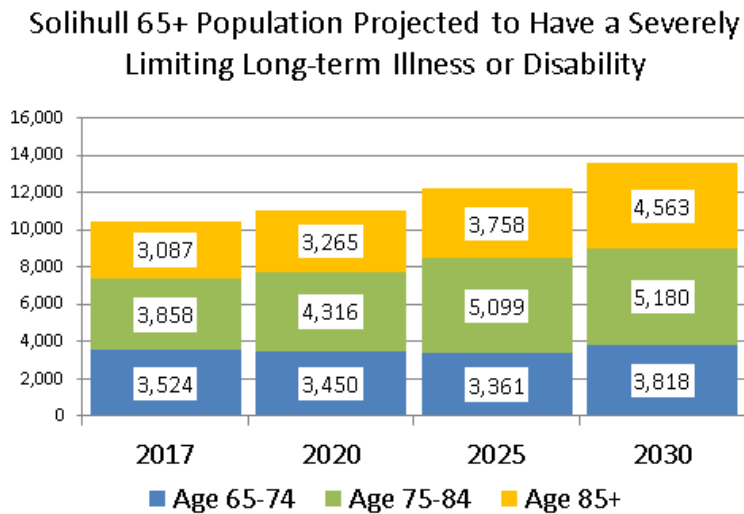


Source: POPPI

### Older People with a Long-Term Condition

It is estimated that in 2017 around 10,500 older people aged 65 and over in Solihull have a long-term illness or disability that severely restricts their day to day activities, representing 23% of the age group population. Life limiting long-term illnesses and disability becomes more common with age, affecting 46% of those age 85 and over.<sup>174</sup>

The number of Solihull older people aged 65+ with severely life limiting long-term illness or disability is projected to rise by 30% (+3,093 people) between 2017 and 2030, with the rise greatest among the 85+ population group (+48%).



Source: POPPI

## Providing Care for Older People

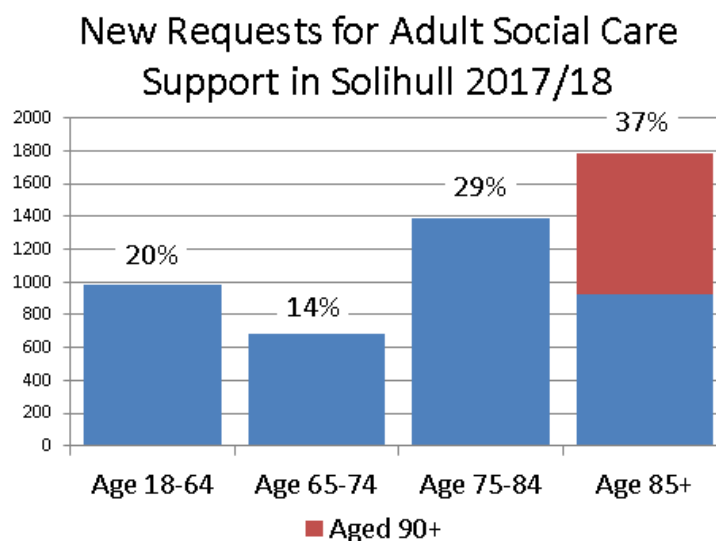
### Vaccination Coverage

73.4% of Solihull people aged 65+ received a flu vaccination in 2017/18, compared to the England average of 72.6%, with the proportion increasing slightly in each of the last two years<sup>175</sup>.

71.1% of Solihull people aged 65+ received a PPV vaccination in 2017/18, compared to the England average of 69.8%<sup>176</sup>.

### Local Authority Funded Social Care Activity

In 2017/18 older people aged 65 and over accounted for 80% of all new requests for Solihull Adult Social Care support, with 37% of the total aged 85+<sup>177</sup>.

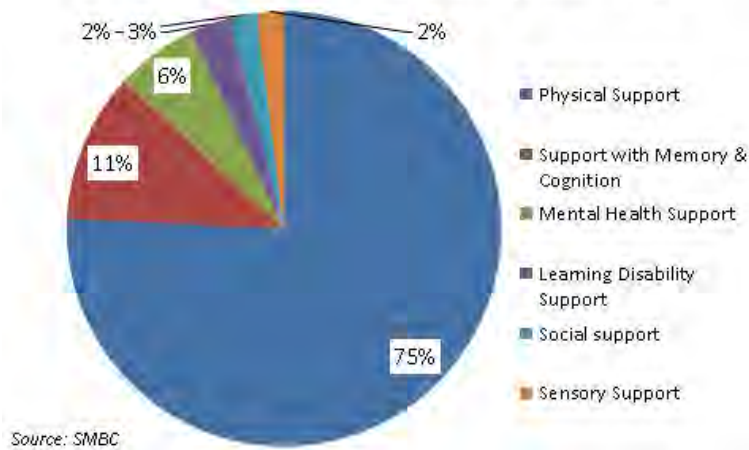


Source: SMBC SALT Tables, Care First

During 2017/18 1,985 older people aged 65+ received funded long-term support from Solihull adult social care, 58% of the Solihull total. This equates to 44.3 per 1,000 population compared to the England average of 56.4 per 1,000<sup>178</sup>. The number of Solihull older people receiving long-term support fell for the third year running in 2017/18, with a total decrease of 17% (-414 clients) between 2014/15 and 2017/18<sup>179</sup>.

75% of older people receiving long-term support in 2017/18 received physical support, 11% support with memory & cognition and 6% support with mental health issues.

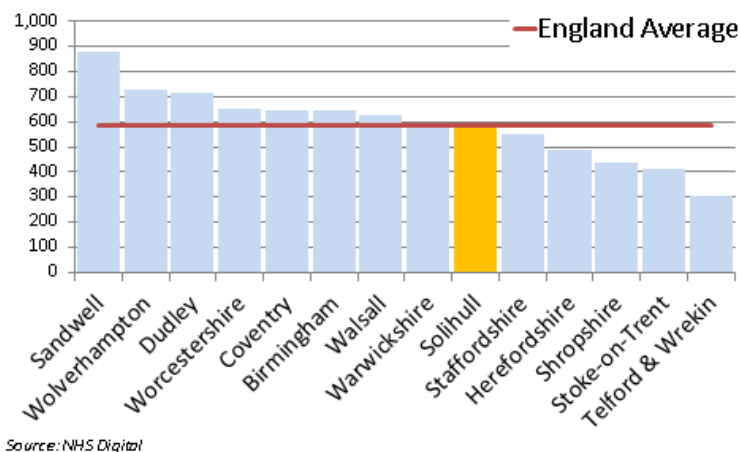
### Aged 65+ Receiving Long-Term Adult Social Care Support During 2017/18



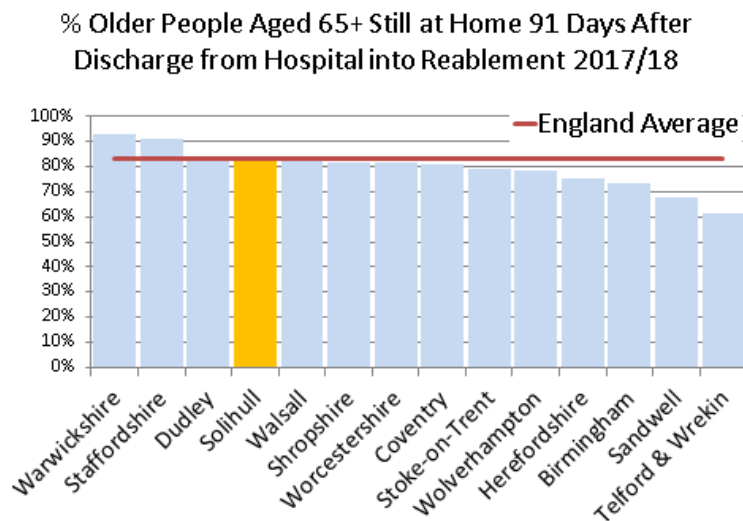
65% of clients older people aged 65+ receiving long-term support in 2017/18 received community care either through a direct payment or personal budget, 20% were in a residential home and 15% received nursing care.

In 2017/18 the number of permanent admissions to residential and nursing among Solihull older people aged 65+ was broadly in-line with the England average (589 compared to 585 per 100,000)<sup>180</sup>.

### Admissions to residential and nursing care homes, per 100,000 65+ population 2017/18



Reablement and rehabilitation services for older people in Solihull are highly effective, with nearly 84% of people aged 65+ still at home 91 days after discharge from hospital into reablement services (England average 83%). However, just 1.6% of older people in Solihull discharged from hospital in 2017/18 received a reablement service compared to 2.9% for England<sup>181</sup>.



Historically, delayed transfers of care from hospital have been a challenge in Solihull, although in 2017/18 the rate was in-line with the England average (12.6 compared to 12.3 per 100,000)<sup>182</sup>. On an annual and monthly basis the number of delayed days are trending downwards. For instance, the number of delayed days in Solihull fell by nearly -16% in 2017/18, including a reduction of nearly -30% in the number of delays attributable to social care<sup>183</sup>.

Delayed Transfers of Care from Hospital in Solihull				
	Days Attributable to NHS	Days Attributable to Social Care	Days Attributable to Both	Total Days
2015/16	5,002 (54%)	4,043 (43.5%)	237 (2.5%)	9,282
2016/17	4,728 (52%)	3,920 (43%)	440 (5%)	9,088
2017/18	4,560 (60%)	2,759 (36%)	341 (4%)	7,660

*Source: SMBC*

### Adult Social Care Survey

In 2017/18 85% of Solihull adult social care service users said they that they were satisfied with the care and support services they received (56% extremely or very satisfied), and just over 6% said they were dissatisfied. This is slightly less favourable than across England as a whole (90% satisfied, 4% dissatisfied)<sup>184</sup>.

Other key findings for Solihull in 2017/18 include:

- Nearly 89% said that care and support services helped them to have a better quality of life;
- Nearly 62% said that they had enough choice over the care and support services they received, compared to 33% who said that they did not have enough choice;



- 60% said that the way they are helped and treated makes them feel better about themselves, whereas as 11% said that the way they are helped either sometimes or completely undermines how they feel about themselves;
- 69% of Solihull respondents who have looked for information or advice in the last year said that it has been easy to find compared to the England average of 73%. In Solihull, 32% think that information and advice is difficult to find, compared to 27% for England.

The Adult Social Care Survey includes a range of questions asking respondents about their quality of life. In 2017/18 a large majority of Solihull respondents felt safe, got enough food and drink, lived in a home that was clean and presentable and were able to their appearance clean and presentable.

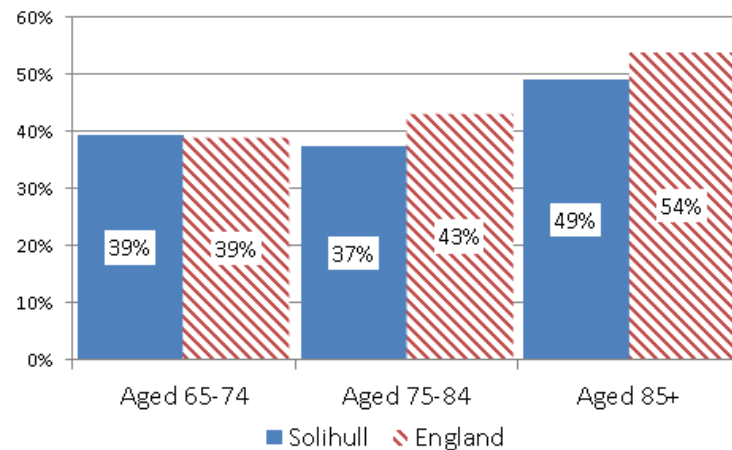
However, like England as a whole, Solihull respondents were far more likely to say that they don't have enough control over their life (25%), that they don't have enough social contact (22%) and that they are unable to do all the things that they value or enjoy (36%).

End of Life Care

Around a half of older people who died in Solihull in 2016 did so in hospital. The proportion dying at home decreases with age to just 16% among those aged 85+, with deaths in care homes far more common in this age group (31%) than among people aged 65 to 84<sup>185</sup>.

Around 39% of Solihull older people aged 65-74 died in their usual place of residence in 2016, rising to 49% among those aged 85 and over. The pattern in Solihull is the same as across England as a whole<sup>186</sup>.

Deaths in Usual Place of Residence in 2016



The proportion of Solihull deaths that occur in the usual place of residence increased by 9.2 percentage points between since 2007 and 2016, with the largest increase occurring in cases where dementia and/or Alzheimer's disease was mentioned on the death certificate (21.3 percentage point increase 2007 to 2015)<sup>187</sup>.

## Older People and the Community

### Self Funders of Care and Support

We do not know exactly how many people in Solihull are paying for their own care services, but given the economic and demographic profile of Solihull households in comparison to national data, it is likely that 70% of the residential care home and nursing home market, and around 40% of home care support, is purchased by self-funders. This amounts to around 3,000 Solihull residents funding their own care and support services (1,000 in the community including care at home and day opportunities, 2,000 residential & nursing care)<sup>188</sup>.

<b>Total Solihull Population Accessing Adult Care &amp; Support Services</b>			
	<b>Long-Term Support Funded by SMBC</b>	<b>Estimated Numbers of Self Funders</b>	<b>Total Accessing Care Services</b>
Community Services	2,093	1,000	3,093
Residential or Nursing Care	874	2,000	2,874

*Source: SMBC; IPC & Oxford Brookes University*

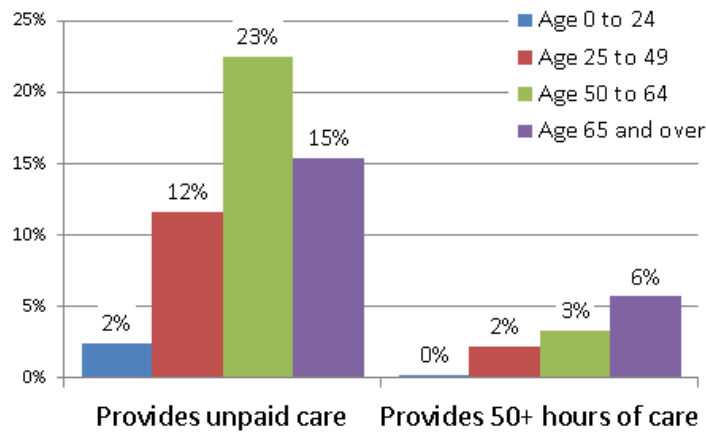
Additionally, each year over 2,000 people receive short-term support from the Council to help them live more independently, and a large number of people access information, advice & wellbeing services in the community, including over 30,000 contacts with Solihull Community Advice Hubs in the last year.

### Carers

In the 2011 Census 11.7% of the Solihull population (24,113 individuals) identified themselves as providing unpaid care for a family member (England 10.2%). 67% of all Solihull carers provide 1 to 19 hours of care per week, 12% 20 to 49 hours and 21% 50 hours+. This split is broadly in line with the England average<sup>189</sup>.

1,400 Solihull carers say that their own health is bad or very bad (6%) and 13,100 combine caring and employment (54%). Those aged between 50 and 64 are most likely to provide unpaid care (23% of 50-64 population), but those aged 65+ are most likely to provide care for 50 hours or more per week.

### Caring Responsibilities in Solihull by Age Group



Source: ONS Census 2011

Carers in more deprived parts of the borough are more likely to provide care for 50+ hours per week than elsewhere. 30% of carers in North Solihull provide 50+ hours of care per week compared to 18% elsewhere in the borough.

The NHS Survey of Carers in Households shows that 63% of unpaid carers provide care for someone aged 65 and over, including 50% providing care for someone aged 75+. In terms of the condition of the cared for person, the most common is physical disability (58%), followed by a long standing illness. Less common, but also significant are mental health problems (13%), learning disability (11%) and dementia (10%)<sup>190</sup>.

Every two years Local Authorities in England survey adult Carers aged 18 and over who care for someone aged 18+ on behalf of the Department of Health. In 2016/17 60% of carers in Solihull who were in receipt of a service said that they were satisfied with the service compared with 20% dissatisfied. This is less favourable than England average (71% satisfied).

Other key findings for Solihull from the Adults Carers Survey 2016/17 include:

- 54% of respondents who tried to find information about support services or benefits said that they found it easy to find compared with 46% who found it difficult to find;
- 81% of respondents who received advice or information in the last 12 months said that they found it helpful compared with 20% who found it unhelpful;
- 66% of respondents felt that they were sufficiently involved or consulted with the care of the person they care for, compared with 34% who felt that they were not consulted enough;
- Just under 96% of Solihull respondents said that their health was affected by their caring role over the preceding 12 months compared to the England average of 90%;
- 12% of Solihull respondents said that their caring responsibilities had caused them a lot of financial difficulties with a further 43% saying that it caused some financial difficulties.

The Carers Survey includes a range of questions asking respondents about their quality of life. In 2016/17 Solihull compared less favourably than the England average on all of these quality of life indicators. For instance:

- 25% of Solihull respondents felt that they had no encouragement or support in their caring role (20% England);
- 24% felt they were neglecting themselves (16% England);
- 22% felt that they had no control over their daily life (14% England);
- 21% don't do anything they value or enjoy or enjoy with their time (15% England);
- 21% have little social contact and feel isolated (16% England).

### Social Isolation

The Solihull Loneliness and Social Isolation report notes that they can negatively impact on an individual's quality of life and wellbeing, with national studies showing that they can increase the likelihood of developing a range of conditions such as coronary heart disease, stroke, dementia, depression and anxiety and increase the risk of premature mortality. The costs to society are high with lonely older people 1.8 times more likely to visit their GP, 1.6 times more likely to visit A&E and 3.5 times more likely to enter local authority-funded residential care<sup>191</sup>.

A range of risk factors have been identified such as people living alone, increased deprivation, caring responsibilities, poor physical and mental health including disabilities, being over 75 years old and being homeless.

Applying national statistics to the over 65 Solihull population suggests that an estimated:

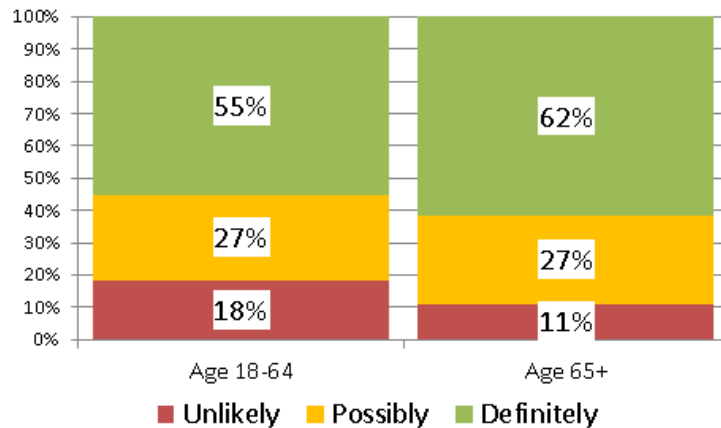
- 9,000 older people in Solihull are mildly lonely
- 4,000 older people in Solihull are intensely lonely
- 4,000 say they feel cut off from society
- 5,000 feel trapped in their own home.

Similarly, applying national prevalence rates to the 16-64 Solihull population suggests that over 18,700 adults in the borough are likely to be experiencing high levels of loneliness.

Responses to the 2018 Place Survey suggest that a large majority of people in Solihull hardly ever think that they lack companionship, feel left out or isolated from others. This varies little by age group. These findings are consistent with the fact that across Solihull 81% of respondents know at least five people in their immediate neighbourhood by name, 18% know one to four and just 1% of respondents know nobody in their area by name<sup>192</sup>.

Responses also show that the majority of people in Solihull think that a neighbour would definitely help them if they fell ill (57%), with comparatively few thinking this is unlikely (16%)<sup>193</sup>.

### Respondents who think that neighbours would help them if they fell ill

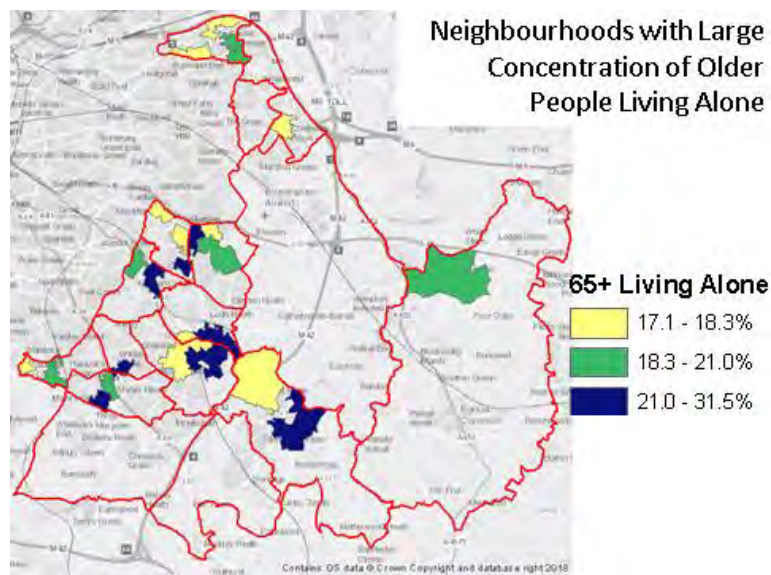


Source: SMBC Place Survey 2018

### Specialised Housing for Older People

At the time of the 2011 Census there were nearly 21,000 Solihull households headed by someone aged 65+. Of these 12,000 lived on their own, equating to 14% of all households in the borough compared to the England average of 12%<sup>194</sup>.

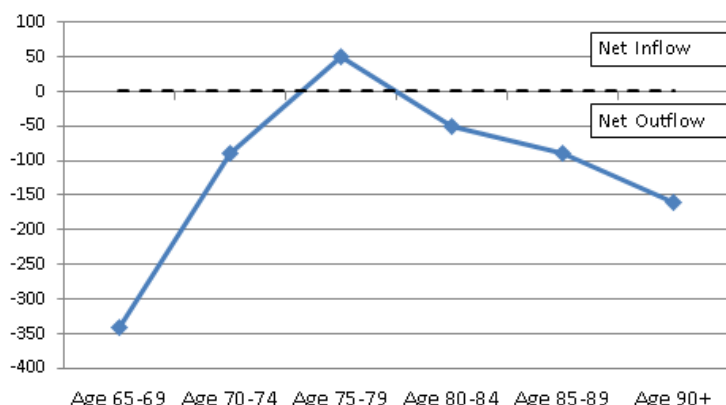
Large concentrations of older people living alone can be found in neighbourhoods across the borough, most prominently in St Alphege, Knowle, Olton, Elmdon, Lyndon and parts of Shirley.



Over half of all Solihull people aged 65+ living alone live in a property with three or more bedrooms, considerably more than the England average (43%)<sup>195</sup>.

ONS Internal migration data shows that more people over 65 are moving out of Solihull than are moving in. Between 2011 and 2017 the greatest net outflow from Solihull has been amongst those aged 65 to 69, followed by those aged 85+, the group with the highest level of health and care needs<sup>196</sup>.

### Net Internal Migration by Older People in Solihull 2011-2017



Source: ONS

The number of older people in Solihull living alone is projected to increase by 27% (+4,521 households) between 2017 and 2030. The majority of this increase will be in households occupied by a person aged 75 and over<sup>197</sup>.

	Projected Number of Solihull People Aged 65+ Living Alone				
	Households			Change 2017-2030	
	2017	2025	2030	Number	%
Aged 65-74	6,030	5,740	6,500	470	8%
Aged 75 and over	10,461	13,440	14,512	4,051	39%
All Aged 65+	16,491	19,180	21,012	4,521	27%

Source: IPC Projecting Older People Population Information

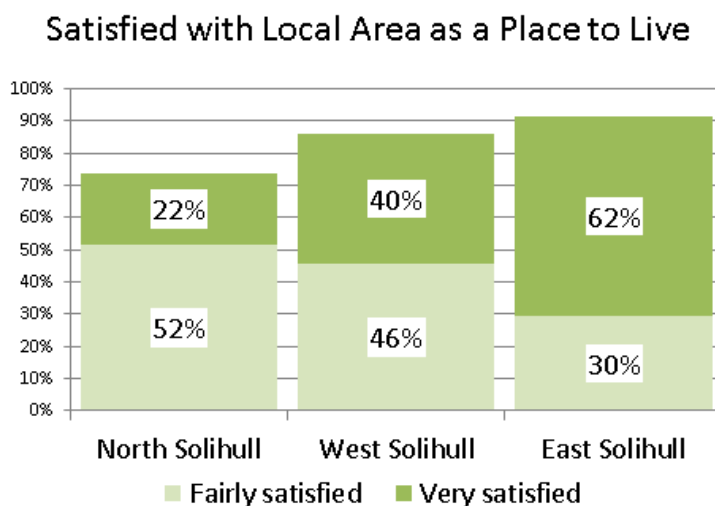
The projected growth in the older population has important implications for housing and social care. Recent years have seen a rising number of planning applications for ‘extra care’, ‘assisted living’ and nursing and dementia care. The amount of this specialist provision will therefore grow significantly as schemes with planning approval are built. Developers are also likely to bring forward additional proposals for specialist housing on brownfield and future Local Plan sites. This provides the opportunity for new types of specialist market housing to be provided, including market rent and fixed and shared equity. Each can be expected to help meet an element of future demand together with age-friendly housing within general needs development.

Many older people will wish to remain living in their existing home. The Council will launch a new ‘Community Wellbeing Offer’ in 2019. This emphasises the importance of effective universal services and the Council is committed to continually developing the effectiveness of this approach. Of particular importance is the development and uptake of adaptive and assistive technology and telecare which helps people to remain in their own homes for longer. Other important elements include providing information and advice on matters such as home repairs and adaptations and keeping warm and safe.

## Sustainable Communities and Healthy Places

### Communities

84% of respondents to the Solihull Place Survey 2018 say that they are satisfied with their local area as a place to live compared to 10% who are dissatisfied<sup>198</sup>.

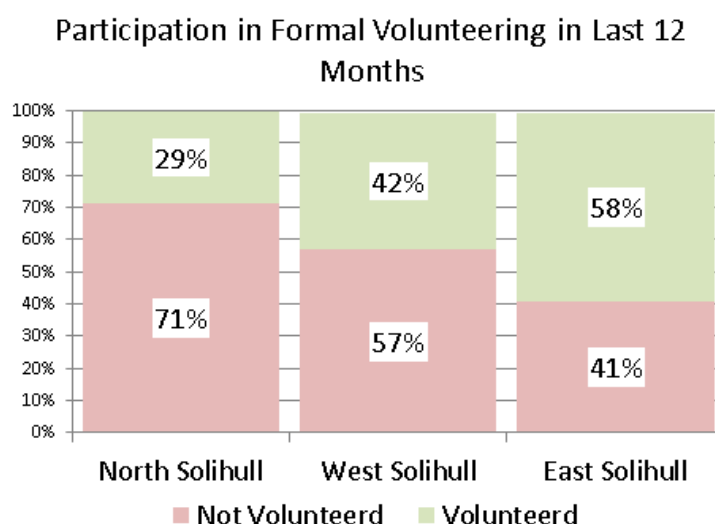


*Source: Solihull Place Survey 2018*

Respondents to the Place Survey 2018 were asked to identify the aspects of life in their local community that most need improving. Across Solihull, 30% of respondents think that both traffic congestion and road and pavement repairs definitely need improving, with the level of crime (27%) and things for young people to do (21%) improvement priorities for many<sup>199</sup>.

79% of respondents to the Solihull Place Survey agree that people from different backgrounds get on well together in their local area compared with 5% who disagree<sup>200</sup>.

42% of respondents to the Solihull Place Survey 2018 say that they have taken part in some form of formal volunteering over the last 12 months (27% at least once a month, 14% less often) compared to 58% who haven't taken part. Participation in volunteering is highest in East Solihull (58%) and lowest in North Solihull (29%)<sup>201</sup>.



Source: Solihull Place Survey 2018

## Housing and Homelessness

### Housing in Solihull

Solihull has a higher level of home ownership (74.5%) and smaller amounts of socially rented (14.9%) and private rented housing (9.9%) than the England average<sup>202</sup>.

65% of socially rented households live in the North Solihull locality, where this type of tenure represents 34% of all households, compared to the average of 7% across the rest of the borough.

Based on bedrooms per occupant, less than 3% of Solihull households can be classified as overcrowded compared to the England average of nearly 5%. Three quarters of overcrowded households in Solihull have dependent children and a further 14% include no-dependent children<sup>203</sup>.

Between 2018 and 2028 the number of households in Solihull is projected to increase by 6% (+5,500 households) to 95,281. The projection is for greater numbers of households occupied by someone aged 75+ and for the average household size to fall as greater numbers of single households are formed. These trends are consistent with England as a whole<sup>204</sup>.

At 31 March 2016 there were 13,944 'affordable' homes in Solihull, representing 15% of all housing in the Borough. This is a lower proportion of the housing stock than the West Midlands average. In the two years 2015/16 and 2016/17 there were 352 additional affordable housing units completed in Solihull<sup>205</sup>.

### Homelessness

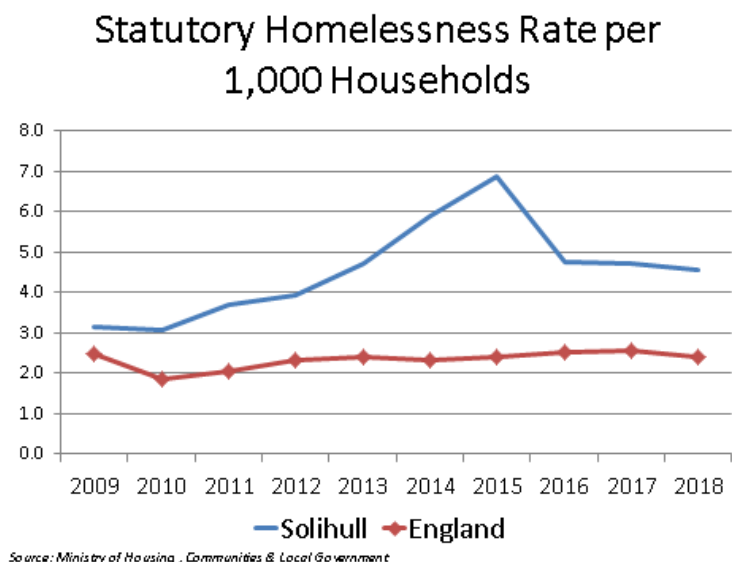
In 2017/18 405 Solihull households were classified as being homeless, equating to 4.54 per 1,000 households compared to the England average of 2.41. This ranks Solihull 26<sup>th</sup> in the country out of 322 Local authorities and the 2<sup>nd</sup> highest in the West Midlands after Birmingham<sup>206</sup>.

83% of people in Solihull accepted as homeless were aged under 45 years, including 22% under the age of 25. Lone parents were the largest group of household type (53%), followed by single people (29%) and couples with dependent children (11%).

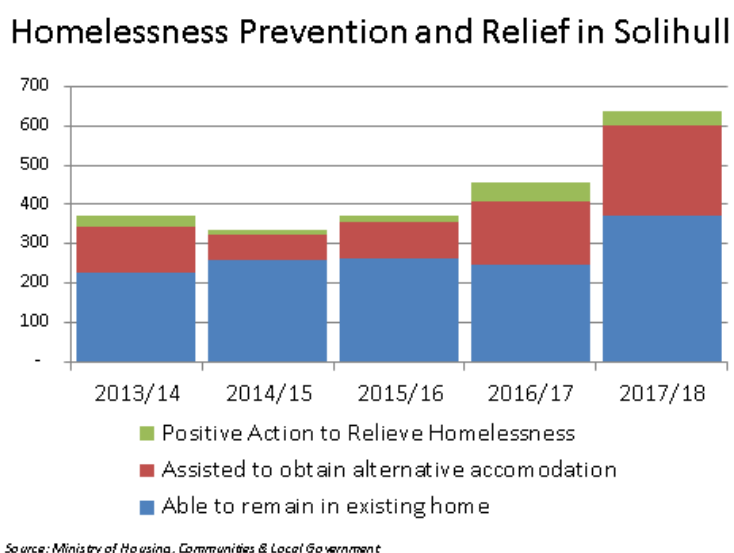


29% of all homeless acceptances in 2017/18 were due to violence, with the loss of rented or tied accommodation (27%) and parents no longer willing or able to accommodate (15%) the next most common reasons.

The Solihull homelessness rate increased sharply between 2009/10 and 2014/15, but has trended downwards since. The number of homeless households fell by 32% (-194 households) between 2014/15 and 2017/18.



In 2017/18 602 Solihull households avoided homelessness due to positive prevention or relief action by the Local Authority, equating to 7.2 per 1,000 households compared to the England average of 9.2 per 1,000<sup>207</sup>. The number of Solihull households avoiding homelessness has increased sharply in both of the last two years and is now 90% higher than in 2014/15 (+303 households).



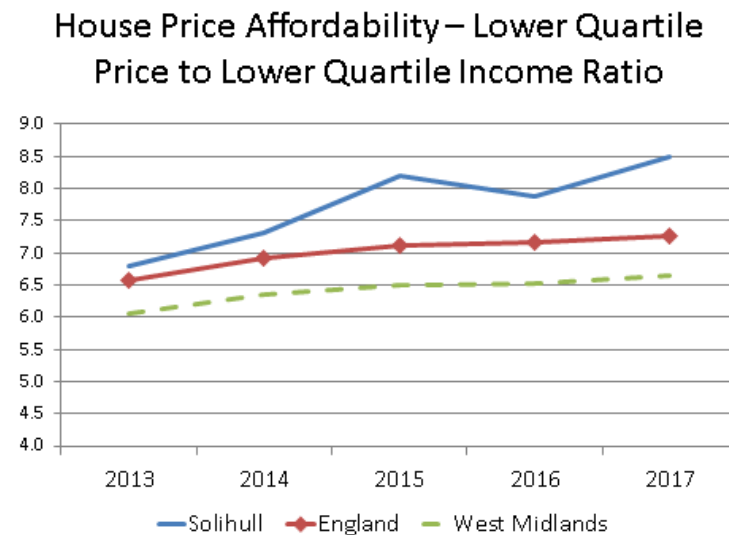
Households accepted as being homeless can be placed in temporary accommodation if a settled housing solution is not immediately available. At the end of 2017/18 fewer Solihull households were in temporary accommodation than the England average (1.1 per 1,000 compared to 3.4 per 1,000)<sup>208</sup>.

As well as the statutory homelessness recorded in this data it is also important to take into account rough sleepers and young people who are homeless or at risk. Throughout 2018 Solihull has had between 2 and 6 people sleeping rough and in its first year of operation Solihull Youth Hub assisted over 600 young people many of whom would have become homeless without their intervention.

Housing Affordability and Housing Need

In 2017 the average house price in Solihull was £260,000 13% higher than the England average and 47% higher than that for the West Midlands. Average house prices in Solihull are relatively less affordable than the England average (8.2 compared to 7.9 times average earnings)<sup>209</sup>.

The ratio of lower quartile house prices to lower quartile earnings is even less favourable in Solihull (8.5 times earnings compared to 7.3 for England). The median price and lower quartile price ratios have been trending upwards over recent years, meaning that house prices were less affordable in 2017 than they were in 2013.



At the end of quarter 3 2017/18 6% of Solihull households were on the housing register and had a housing need. The North Solihull locality accounts for 62% of all Solihull households on the Housing Register (13% of all North Solihull households compared to 3% elsewhere in the borough)<sup>210</sup>.

Fuel Poverty

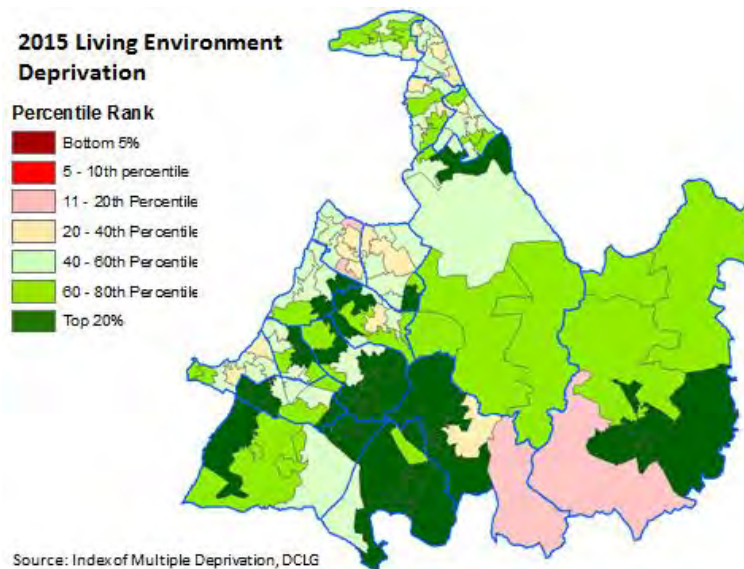
It is estimated that there were 8,186 fuel poor households in Solihull. In 2016 9.8% (8,186 households) of Solihull households were estimated to be in fuel poverty. This is below both the England average (11.1%) and the lowest in the West Midlands. The number of fuel poor households in Solihull fell by -5% between 2015 and 2016 (-445 households) compared to a slight increase across England as a whole<sup>211</sup>.

## Environment and Transport

### Green Space

Solihull has a total of 5.88 hectares of green space per 1,000 head of population (5.18 per 1,000 in North Solihull), with nearly 70% of the borough's 17,828 hectares designated as Green Belt. Solihull also has 15 Green Flag parks and open spaces.

The IMD Living Environment domain measures the quality of the indoor and outdoor environment in Solihull. Solihull is subject to relatively low levels of living environment deprivation, with a third of the borough's neighbourhoods in the top 25% nationally. There is a cluster of more deprived LSOAs in the Lyndon and Elmdon wards which are subject to relatively poor local air quality<sup>212</sup>.

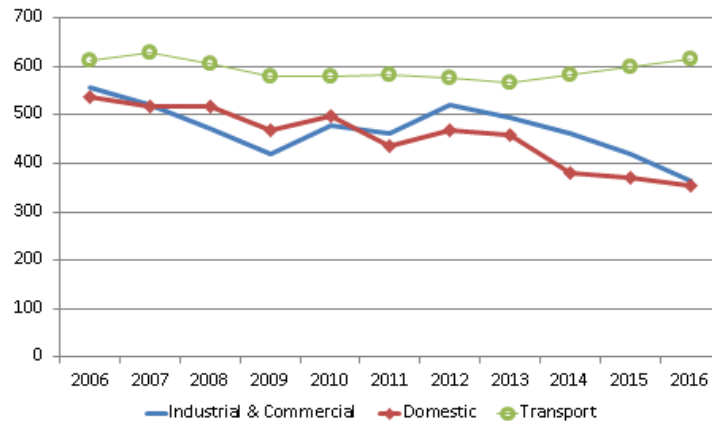


### Emissions and Air Quality

Carbon dioxide (CO<sub>2</sub>) is the main greenhouse gas, accounting for about 81% of the UK greenhouse gas emissions in 2016. At 6.3 per capita in 2016 CO<sub>2</sub> emissions in Solihull was higher than the UK average (5.4) and at the upper end of the spectrum in the West Midlands<sup>213</sup>.

Transport accounts for 46% of Solihull CO<sub>2</sub> emissions, industrial and commercial for 27% and domestic use for 27%. Solihull emissions from industrial & commercial and from domestic use have trended downwards over recent years. By contrast, emissions from transport have increased by each year 2014 to 2016, with much of this increase attributable to motorway traffic.

### Trends in Solihull CO2 Emissions by Source

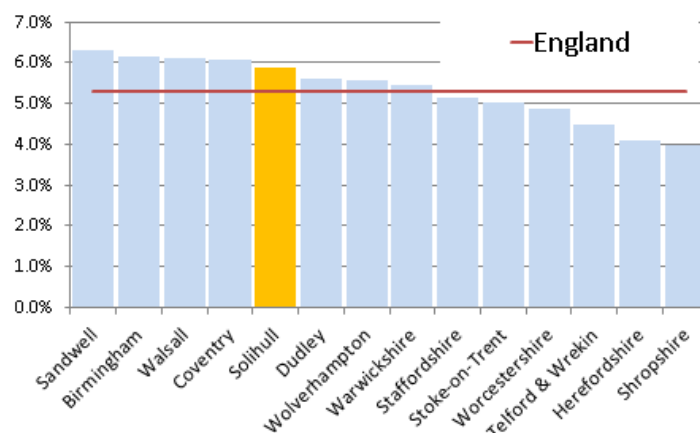


Poor air quality disproportionately affects those who live in more deprived and congested areas, increases the risk of some cancers and cardiovascular disease and potentially exacerbates existing conditions such as respiratory disorders. Air pollution in the UK in 2008 was estimated to be equivalent to nearly 29,000 deaths at typical ages.

Solihull MBC began an air quality monitoring programme in the summer of 2017 to determine where targeted action may be needed to reduce levels of pollution. The monitoring locations take account of likely pollution hotspots as well as the presence of vulnerable people (schoolchildren and older people). Work on this ongoing, but initial findings show that there are no locations in Solihull where nitrogen dioxide levels exceed the Governments recommended limits.

In 2016 nearly 6% of deaths in Solihull were attributed to particulate air pollution, slightly higher than the England average of just over 5%. Within the West Midlands the proportion of mortality attributable to air pollution is highest in the urban metropolitan districts and lowest in the shire counties<sup>214</sup>.

### Fraction of Mortality Attributable to Particulate Air Pollution 2016



Source: Public Health England

## Transport

In 2011 there was an average of 1.34 for every household in Solihull, compared to the England average of 1.16. The number of cars and vans in Solihull increased by 11% between 2001 and 2011<sup>215</sup>.

20% of households in Solihull have no car or van, less than the England average (26%). Nearly 41% of households in Solihull have two or more cars or vans significantly more than the England average (32%). Car and van ownership is much lower in North Solihull than elsewhere in the borough.

	Car or Van Ownership		
	% Households with None	% Households with 2 or more	Average per Household
North Solihull	34%	25%	0.98
East Solihull	9%	56%	1.68
West Solihull	16%	44%	1.42
Solihull Average	20%	41%	1.34
England	26%	32%	1.16

*Source: ONS Census 2011*

77% of Solihull residents who travel to work do so in a private vehicle, with 14% using public transport and 8% walking or cycling. Private vehicle use is much higher than the England average and public transport use and walking and cycling much lower. Commuting by private vehicle is less common among North Solihull residents than those from elsewhere in the borough and public transport use higher<sup>216</sup>.

	Mode of Travel to Work			
	Private Vehicle	Public Transport	Walk or Cycle	Other
North Solihull	71%	19%	9%	0%
East Solihull	82%	11%	7%	1%
West Solihull	78%	13%	8%	0%
Solihull	77%	14%	8%	0%
England	67%	18%	14%	1%

*Source: ONS Census 2011*

## Safer Communities

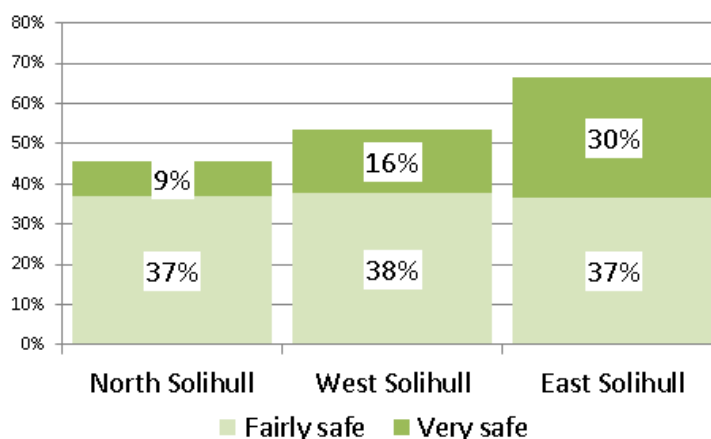
### Fear of Crime

54% of adult respondents to the Solihull Place Survey 2018 feel safe in their local area after dark, compared to 32% who feel unsafe. Respondents aged 18-64 are slightly more likely than those aged 65+ to feel safe (55% compared to 50%), but are also slightly more likely to say that they feel unsafe (33% compared to 28%)<sup>217</sup>.

There is a large variation by gender with women less likely to say that they feel safe than men (47% compared to 62%) and more likely to feel unsafe (38% compared to 24%).

Residents in North Solihull are the least likely to say they feel safe after dark (46% compared to 57% elsewhere in the borough) and most likely to say they feel unsafe (41% compared to 28%).

### Feel Safe After Dark in Local Area



Source: Solihull Place Survey 2018

13% of Solihull secondary pupils responding to the 2018 HRBS rated the safety of their area, when going out after dark, as 'poor' or 'very poor'. 9% said that they had been the victim of violence or aggression in the area where they live in the past 12 months. 6% of pupils reported that they were 'fairly sure' or 'certain' that they or their friends carried weapons or other things for protection when going out<sup>218</sup>.

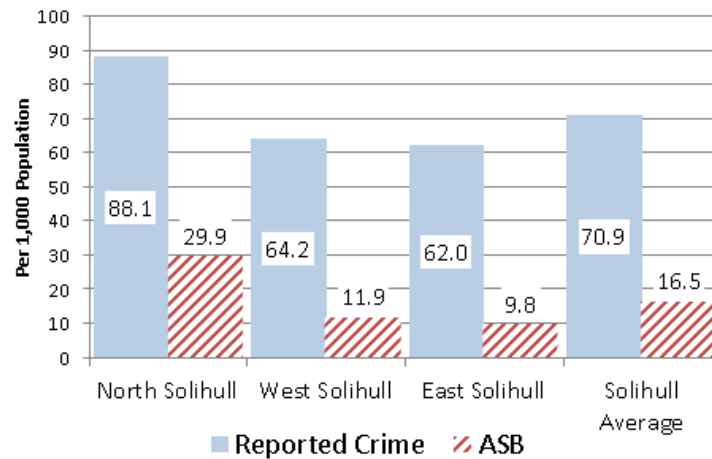
#### Reported Crime

The Safer Solihull Strategic Assessment 2018 shows that there were 15,006 reported crimes in Solihull in the 12 months October 2016-September 2017. This equates to a rate of 70.95 per 1,000 population compared to an average of 64.9 across similar police force areas<sup>219</sup>.

The number of reported crimes in Solihull increased by 20% in the 12 months to September 2017 compared with the same period in 2015/16. This increase in reported crime is not exclusive to Solihull and can be seen across the whole of the West Midlands Police Force. It is also part of a trend of rising recorded crime, evident since 2012/13.

At a locality level recorded crime and anti-social behaviour rates are all highest in North Solihull. Recorded crime increased by a similar amount in each locality area in September 2017, although there were falls in the number of ASB incidents in North Solihull (-21%) and West Solihull (-7%).

### Reported Crime and Anti-Social Behaviour Rates 2016/17

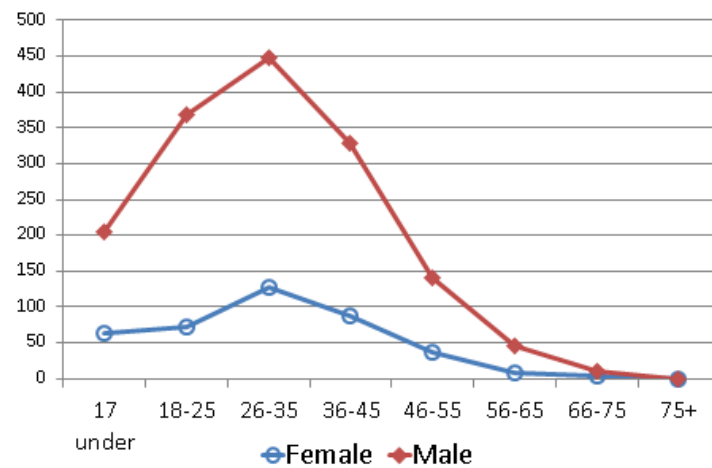


Source: Safer Solihull Strategic Assessment 2018

### Offenders and Victims

The Safer Solihull Strategic Assessment shows that in the year to September 2017 men account for nearly 80% of all defendants and that for both men and women the peak age for offending is between 26 and 35 years. Repeat offenders accounted for over a half of all offences in Solihull where an offender was identified (52%) and that 4 out of 5 repeat offenders were male<sup>220</sup>.

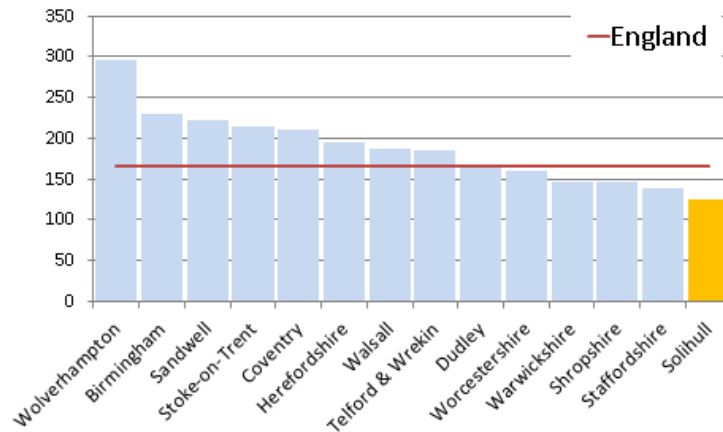
### Defendants in Solihull 2016/17



Source: Safer Solihull Strategic Assessment 2018

At 125.8 per 100,000 Solihull has one of the lowest rates of first time offending in the country, 24% lower than the England average. The first time offending rate in Solihull fell by 31% in the five years 2013 to 2017<sup>221</sup>.

### First Time Offending per 100,000 Population 2017

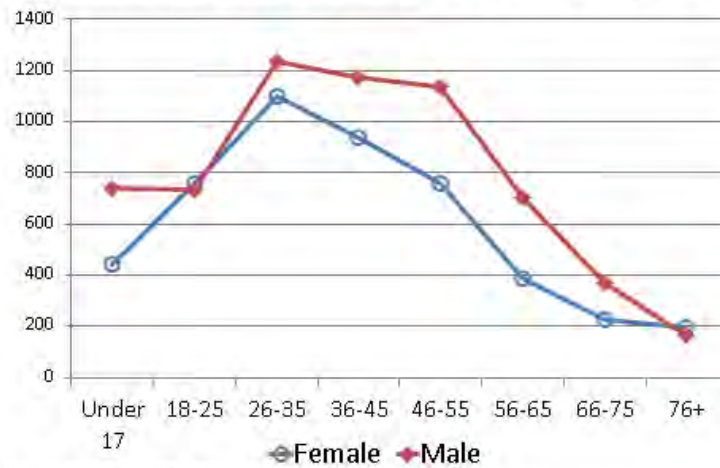


Source: Ministry of Justice/Public Health England

21% of Solihull offenders re-offend compared to the England average of 25%. Solihull is at the lower end of the spectrum in the West Midlands<sup>222</sup>.

Among Solihull victims of recorded crime men accounted for 43% and women for 57%. Both genders followed similar trends with increasing victimisation for both up to the 26-35 year old group before decreasing as the population gets older. Women were more likely to be repeat victims and domestic violence accounts for almost a quarter of repeat victimisation<sup>223</sup>.

### Victims of Recorded Crime in Solihull 2016/17



Source: Safer Solihull Strategic Assessment 2018

### Domestic Abuse

Preventing domestic abuse and reducing the impact when it does happen is essential in meeting a range of Solihull priorities including protecting people from harm, reducing homelessness and reducing the harm caused by alcohol and substance misuse, as well as the number of children at risk and in care.

Domestic abuse is a largely hidden crime, occurring primarily at home and is therefore difficult to accurately quantify. Victims often don't report or disclose domestic abuse to the police and may



underreport domestic abuse in surveys, particularly during face-to-face interviews. However, the best available guide to the prevalence of Domestic Abuse is the Crime Survey for England and Wales (CSEW)<sup>224</sup>.

According to the CESW an estimated 2.0 million adults aged 16 to 59 years experienced Domestic Abuse in the year to March 2018 (1.3 million women, 695,000 men)<sup>225</sup>. This suggests that nationally there has been little change in the prevalence of domestic abuse in recent years. Women are more likely to experience domestic abuse than men, both since the age of 16 years (28.9% compared with 13.2%) and in the last year (7.9% compared with 4.2%). The table below applies these national prevalence rates to the Solihull population, suggesting that 24,553 adults aged 16-59 in the borough have experienced Domestic Abuse since the age of 16 and that 7,049 experienced Domestic Abuse in the last year.

<b>Estimated Prevalence of Domestic Abuse Among 16-59 Year Olds</b>		
	National Rate Aged 16-59	Solihull Total
Females who have experienced DA since age of 16	28.9%	17,053
Male who have experienced DA since age of 16	13.2%	7,500
Total who have experienced DA since age of 16		24,553
Females who experienced DA in the last year	7.9%	4,662
Male who experienced DA in the last year	4.2%	2,387
Total who experienced DA in the last year		7,049
<i>Source: Crime Survey of England &amp; Wales; ONS Population Estimates</i>		

It is also estimated that over 1,200 Solihull children under the age of 18 are exposed to domestic abuse annually (820 under 11 years, 480 11 to 17 years)<sup>226</sup>.

ONS crime data shows that Domestic Abuse related crimes accounted for 13% of all recorded crime and 32% of all violent crimes recorded by the police in 2017<sup>227</sup>. Nationally, Domestic Abuse incidents reported to the police increased by 23% in the year to March 2018. This in part reflects police forces improving their identification and recording of domestic abuse incidents as crimes and an increased willingness by victims to come forward. The rate of Domestic Abuse related crime reported to the police in the West Midlands is above the national average (23.5 compared to 22.5 per 1,000 population)<sup>228</sup>.

Whilst both men and women can and do experience Domestic Abuse, high repeat incidents and severity of risk is associated with females. 97% of individuals identified as at high risk due to domestic abuse last year, were females. Solihull had 2,866 incidents of domestic abuse reported to the police, with the three most deprived wards in the borough (Chelmsley Wood, Kingshurst & Fordbridge and Smiths Wood) accounting for 44% of the total. Domestic Abuse accounts for almost a quarter of all repeat victimization in the borough<sup>229</sup>.

In 2017/18 the violent breakdown of a relationship with a partner accounted for 21% of homelessness acceptances in Solihull. Partner violence has been the cause of between 20 and 25% of homelessness acceptances in Solihull for most of the last 10 years<sup>230</sup>.

In 2018 the Government has consulted on proposals for a Domestic Abuse Bill<sup>231</sup>. This bill will introduce the first statutory definition of domestic abuse, and will include nonphysical abuse, such as emotional and financial. It will also create a domestic abuse commissioner, who will hold central and local government to account. This is a further signal that Domestic Abuse is a clear priority for central government and that Domestic Abuse is increasingly being recognised across other agendas such as education, public health, safeguarding, housing and offender management.

- 
- <sup>1</sup> Public Health England: [Public health outcomes framework 0.1ii Life Expectancy at birth](#)
- <sup>2</sup> Kings Fund: [Stalling Life Expectancy in the UK](#)
- <sup>3</sup> Public Health England: [Public health outcomes framework 0.2iii Inequality in Life Expectancy at birth](#)
- <sup>4</sup> Public Health England: [Public health outcomes framework 0.2iii Inequality in Life Expectancy at birth](#)
- <sup>5</sup> SMBC
- <sup>6</sup> Public Health England: [Public health outcomes framework 0.1i Healthy Life Expectancy at birth](#)
- <sup>7</sup> Public Health England: [Public health outcomes framework 0.2iv Inequality in healthy Life Expectancy at birth](#)
- <sup>8</sup> Public Health England: [Public health outcomes framework 0.1i Healthy Life Expectancy at birth](#)
- <sup>9</sup> Public Health England: [Local Health](#)
- <sup>10</sup> Public Health England: [Local Health](#)
- <sup>11</sup> Public Health England: [Local Health](#)
- <sup>12</sup> Public Health England: [Local tobacco control profiles](#)
- <sup>13</sup> Ministry of Housing, Communities & Local Government: [English indices of deprivation 2015](#)
- <sup>14</sup> Jan Hartmann et al, Providing Better Care at Lower Cost for Multimorbid Patients
- <sup>15</sup> NHS Digital: [Hospital admitted patient care activity 2016/17](#)
- <sup>16</sup> NHS Digital: [Hospital admitted patient care activity 2016/17](#)
- <sup>17</sup> Kings Fund: [Understanding Pressures in General Practice May 2016](#)
- <sup>18</sup> Short and Long-Term Tables extracted from the SMBC Social Care Client Management System, Care First
- <sup>19</sup> Office for National Statistics (ONS): [Annual population estimates](#)
- <sup>20</sup> ONS: [Subnational population projections for England](#)
- <sup>21</sup> Office for National Statistics (ONS): [Annual population estimates](#)
- <sup>22</sup> ONS: [Subnational population projections for England](#)
- <sup>23</sup> ONS Census 2011: [Detailed characteristics table DC2101EW](#)
- <sup>24</sup> Department for Education: [Schools pupils and their characteristics 2018](#)
- <sup>25</sup> Public Health England: [Child health profiles](#)
- <sup>26</sup> Public Health England: [Child health profiles](#)
- <sup>27</sup> Public Health England: [Child health profiles](#)
- <sup>28</sup> Public Health England: [Child health profiles](#)
- <sup>29</sup> Public Health England: [Child health profiles](#)
- <sup>30</sup> Public Health England: [Public health outcomes framework 2.02i Breastfeeding initiation](#)
- <sup>31</sup> ONS: [Breastfeeding Statistics](#)
- <sup>32</sup> Public Health England: [Public health outcomes framework 2.02i Breastfeeding initiation](#)
- <sup>33</sup> SMBC: Solihull Healthy Child Programme Service
- <sup>34</sup> Public Health England: [Child health profiles](#)
- <sup>35</sup> Public Health England: [Child health profiles](#)
- <sup>36</sup> Public Health England: [Child health profiles](#)
- <sup>37</sup> Public Health England: [Child health profiles](#)
- <sup>38</sup> Public Health England: [Child health profiles](#)
- <sup>39</sup> Department for Education: [Early years foundation stage profile results 2016 to 2017](#)
- <sup>40</sup> Public Health England: [Child Health Profiles](#)
- <sup>41</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)
- <sup>42</sup> Public Health England: [Child Health Profiles](#)
- <sup>43</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)
- <sup>44</sup> Public Health England: [NCMP and Child Obesity Profiles](#)
- <sup>45</sup> Public Health England: [Child obesity and excess weight small area level data](#)
- <sup>46</sup> Public Health England: [NCMP and Child Obesity Profiles](#)
- <sup>47</sup> Department for Education: [National curriculum assessments key stage 2 2017 \(revised\)](#)
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- <sup>49</sup> Department for Education: [Pupil absence in schools in England 2016 to 2017](#)
- <sup>50</sup> Department for Education: [Permanent and fixed period exclusions in England 2016 to 2017](#)
- <sup>51</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)
- <sup>52</sup> NHS Digital: [The mental health of children and young people in England 2017](#)
- <sup>53</sup> NHS Digital: [The mental health of children and young people in England 2017](#)
- <sup>54</sup> NHS Digital: [The mental health of children and young people in England 2017](#)
- <sup>55</sup> NHS Digital: [Mental health services referrals and care contacts for children and young people aged 0-18](#)
- <sup>56</sup> Public Health England: [Child Health Profiles](#)
- <sup>57</sup> Public Health England: [Child Health Profiles](#)
- <sup>58</sup> Public Health England: [Child Health Profiles](#)
- <sup>59</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)

- <sup>60</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)
- <sup>61</sup> Public Health England: [Local alcohol profiles](#)
- <sup>62</sup> Public Health England: [Local tobacco control profiles](#)
- <sup>63</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)
- <sup>64</sup> Schools Health Education Unit: [Solihull Health Related Behaviour Survey 2018](#)
- <sup>65</sup> Public Health England: [Public Health Outcomes Framework 2.04 - Under 18 Conceptions](#)
- <sup>66</sup> Public Health England: [Public Health Outcomes Framework 3.02 - Chlamydia Detection Rate \(15-24 yr olds\)](#)
- <sup>67</sup> Ministry of Justice: [Youth justice annual statistics 2016 to 2017](#)
- <sup>68</sup> Public Health England: [Child Health Profiles](#)
- <sup>69</sup> Department for Education: [Level 2 and 3 attainment by young people aged 19 in 2017](#)
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- <sup>72</sup> Brugha, T. et al (2009): [Autism spectrum disorders in adults living in households throughout England report from the Adult Psychiatric Morbidity Survey, 2007](#). Leeds Information Centre for Health and Social Care
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- <sup>75</sup> NHS Digital: [The Mental Health of Children and Young People Survey 2017](#)
- <sup>76</sup> Department for Education: [Characteristics of children in need 2017-18](#)
- <sup>77</sup> Department for Education: [Children looked after in England including adoption 2016 to 2017](#)
- <sup>78</sup> Public Health England: [Child Health Profiles](#)
- <sup>79</sup> Department for Education: [Outcomes for children looked after by LAs march 2017](#)
- <sup>80</sup> HMRC: [Personal tax credits - Children in low income families 2016](#)
- <sup>81</sup> Ministry for Housing, Communities & Local Government: [Live tables on homelessness](#)
- <sup>82</sup> SMBC Local Data from Housing Register 2018
- <sup>83</sup> Office for National Statistics (ONS): [Annual population estimates](#)
- <sup>84</sup> ONS: [Subnational population projections for England](#)
- <sup>85</sup> ONS Census 2011: [Detailed characteristics table DC2101EW](#)
- <sup>86</sup> ONS Census 2011: [Detailed characteristics table DC3408EW](#)
- <sup>87</sup> Public Health England: [Public health outcomes framework 4.03 - Mortality Rate from Causes Considered Preventable](#)
- <sup>88</sup> Department of Health: [Living Well for Longer](#)
- <sup>89</sup> Public Health England: [Public health outcomes framework](#)
- <sup>90</sup> Public Health England: [Local Health](#)
- <sup>91</sup> NHS: [Cancer Stats](#)
- <sup>92</sup> Public Health England: [Local Health](#)
- <sup>93</sup> Public health England: [Cancer services profile](#)
- <sup>94</sup> Public Health England: [Public Health Outcomes Framework 4.10 - Suicide rate](#)
- <sup>95</sup> NHS Digital: [Adult social care activity and finance report 2017/18](#)
- <sup>96</sup> Short and Long-Term Tables extracted from the SMBC Social Care Client Management System, Care First
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- <sup>98</sup> NHS Digital: [Adult social care outcomes framework \(ASCOF\) for England 2017/18](#)
- <sup>99</sup> Institute of Public Care: [Projecting Adult Needs and Service Information \(PANSI\)](#)
- <sup>100</sup> NHS Digital: [Adult social care activity and finance report 2017/18](#)
- <sup>101</sup> NHS Digital: [Adult social care outcomes framework \(ASCOF\) for England 2017/18](#)
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- <sup>111</sup> NHS Digital: [Mental Health services monthly statistics](#)
- <sup>112</sup> Public Health England: [Mental Health and Wellbeing JSNA](#)
- <sup>113</sup> Public Health England: [National General Practice Profiles](#)
- <sup>114</sup> Public Health England: [National General Practice Profiles](#)
- <sup>115</sup> Public Health England: [National General Practice Profiles](#)
- <sup>116</sup> Public Health England: [Public Health Outcomes Framework 4.09i - Premature mortality in adults with severe mental illness](#)
- <sup>117</sup> NHS Digital: [Adult social care outcomes framework \(ASCOF\) for England 2017/18](#)
- <sup>118</sup> NHS Digital: [Adult Social Care Analytical Hub](#)
- <sup>119</sup> NHS Digital: [Adult Social Care Analytical Hub](#)
- <sup>120</sup> Institute of Public Care: [Projecting Adult Needs and Service Information \(PANSI\)](#)
- <sup>121</sup> Institute of Public Care: [Projecting Adult Needs and Service Information \(PANSI\)](#)
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- 128 NHS Digital: [Health Survey for England 2016](#)
- 129 Public Health England: [Local tobacco control profiles](#)
- 130 Public Health England: [Local tobacco control profiles](#)
- 131 Public Health England: [Local tobacco control profiles](#)
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- 133 NHS Digital: [Health Survey for England 2016](#)
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- 135 Public Health England: [Local alcohol profiles](#)
- 136 Public Health England: [Public Health Outcomes Framework 2.15 - Successful Completion of Drug Treatment](#)
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