HEALTH NEEDS ASSESSMENT:

Kingshurst Village Centre Regeneration

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ST2 Public Health Registrar

Contents

1. EXECUTIVE SUMMARY

Introduction

The Kingshurst Village Centre is planned to be redeveloped, and by doing this there are significant opportunities to decrease the large health inequalities that the local population experience.

The Kingshurst Village Centre is on the boundary of 2 wards from North Solihull: Kingshurst & Fordbridge and Smith's Wood. The population that tend to use the Village Centre currently tend to come from the most local neighbourhoods, being Babbs Mill North, Central Kingshurst, Yorkswood and The Trees. They also tend to use 2 general practices (GPs), namely Kingshurst Medical Practice and Chester Road Surgery. As a result, data at each of these levels will be used where available to indicate need in the area, that may be addressed in part by the redevelopment.

A systematic assessment of the health needs of the local population, where 'needs' are defined as the areas of health where interventions may bring about health improvement, is known as a 'health needs assessment' and this is the format this report will follow. All wider determinants of health will be considered, as it is more likely that redevelopment can effect these more directly and then in turn have an impact on subsequent health.

Key Findings of the Needs Assessment and Subsequent Aspirations

1. Many Deprived Children needing A Life Course Approach

- The area close to the redevelopment is a predominantly young White population, in a very deprived area, with deprivation particularly marked in children
- Life expectancy is low, particularly for men
- Child development pre-school below expected standards, with some variable schools attainment
- Qualitative feedback consistently highlights concerns over lack of facilities for children of all ages
- Interventions should be targeted towards the numerous disadvantaged young children as a priority, as advocated by the Marmot review into the wider determinants of health inequalities. One of his key objectives in order to reduce health inequalities was that every child should have the 'best start in life'

2. Multiple Risk Factors that may be targeted via A Preventative Approach

- Mortality rates are higher than expected for all causes, all cancers (particularly lung cancer), cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and liver diseases. This is also reflected in premature deaths (i.e. those under 75 years)
- This is mirrored by illnesses with high prevalence locally, including lung cancer, coronary heart disease, hypertension, diabetes, kidney disease, and chronic obstructive pulmonary disease
- All of these diseases have large contributions from behavioural and modifiable risk factors. Risk factors that are in high prevalence locally include: smoking (including maternally), obesity in adults and children, poor eating habits, harmful alcohol use, and lack of physical activity
- As many of the illnesses and mortality are caused at least in part by modifiable risk factors, decreasing unhealthy lifestyles, particularly in the younger population, will decrease the health inequalities resulting from these current unhealthy lifestyles

3. Lack of Awareness of Assets that needs Increasing

- Numerous community assets have been mapped, often targeting young people, with several active 3rd sector and community providers
- However, the local residents are concerned over a lack of awareness of these assets
- Promotion of these assets is required to increase general awareness and hence possible use of them
- Some assets may act as a hub to access others (e.g. Seeds of Hope, Yorkswood School/Capitol House) and should be involved in discussions about service change in the area

4. Community Involvement and possibility of Co-Production

- There are generally high feelings of dissatisfaction with the area as a place to live
- Though the parade was identified as a good current source of community support and networking opportunity
- Co-production to develop recommendations going forward should be considered, where residents themselves are equal partners in recommending and designing services for themselves. Residents have good understanding of local needs, and are more likely to use assets if they have been involved in their formation. Co-production work would also increase the involved residents social capital and connectedness, and improve their perception of the area as a place to live
- A hub or meeting space needs to be available within the parade, where some possible activities and facilities can be run from whilst maintaining the community feel of the centre

5. Primary Care Support to Improve Perception and Quality Indicators

- Primary healthcare services are centred on 2 local GPs, where quality indicators are variable and concerns were raised in qualitative feedback about one of the practices
- High emergency rates of secondary care hospital admission are a proxy measure for poor primary care use and access
- There are low levels of uptake of preventative services such as vaccines and screening for cancers generally
- The current medical services were noted as one of the most common reasons for accessing current parade facilities
- GP services are likely to be a fundamental part of the new centre, and if these could be integrated with it and redeveloped also this may change some of the perceptions surrounding them, which in turn may encourage their use. Besides structural work, primary care services are a key stakeholder that should be involved in discussions about service development, besides being supported to improve on some of their quality indicators where necessary

6. High Crime Rates and Commitment to Improve Safety

- There are high crime rates, including anti-social behaviour and domestic abuse, mirrored by poor feelings of safety as a major concern in quantitative feedback
- The design of the redevelopment should bear in mind safety issues, such as adequate lighting and lack of blind corners, that have been repeatedly identified as current issues
- Increased feelings of safety should in turn increase general wellbeing whilst also enabling more access to the facilities which may support the other recommendations

7. Poor Dietary Habits and Initiatives to improve Healthy Eating

- Data has shown that there are low levels of healthy eating, and this is a modifiable risk factor for several of the illnesses that are prevalent and causing mortality in the area.
- Loss of the greengrocer and access to fresh food were highlighted as issues in the qualitative data
- If healthy eating was promoted within families, this would allow modelling to occur for the younger children and so employ a life-course approach
- In the new village centre, access to fresh and healthy foods should be available, which are affordable, as price remains one of the most important factors for buying food and is raised as a common barrier to eating more healthily. This should occur whilst limiting access to more unhealthy foods such as takeaways
- Combining healthy food availability with education in schools, has been shown to be effective in encouraging healthier food consumption, and so engaging with the schools in the area is vital too, particularly as this is also in keeping with the life-course and preventative approach being considered

8. Lack of Physical Activity that needs Promoting

- Data has shown there are low levels of physical activity in the area, despite there being a lack of car ownership and perceived poor public transport links. This will contribute to the high levels of morbidity and mortality from cancers, cardiovascular disease, diabetes, mental illness and poor wellbeing
- Safety was also highlighted as a reason for not using more active transport to school or across the park, and so this is a barrier to increasing activity. Furthermore, bike crime is common in the area and may discourage the use of bikes by young children
- Making the area more safe for forms of active transport e.g. to school or in the park would remove this barrier preventing it currently. This is key as highlighted in both the Town and Country Planning Association's 'Good Place Making Principles' and also in the '10 Healthy Street Indicators' by Transport for London. Other relevant key considerations from these documents include: ensuring the environment is relaxing, interesting with things to do and see, places to stop and rest, and shelter or shade available
- 'Active Communities' (part of Solihull Active) are currently a key stakeholder in this area, doing lots of in depth work encouraging physical activity in the area, and so clearly should be involved in discussions about how to encourage more physical activity in the vicinity – this should include both planning aspects and service development

9. High Smoking Rates need Addressing

- Data has shown this is common, and clearly contributes to high morbidity and mortality secondary to lung cancers, cardiovascular disease, chronic obstructive pulmonary disease and hypertension. The cost of smoking also may increase the deprivation experienced
- Qualitative data has shown that vaping is prevalent amongst younger children, and not perceived as smoking
- Education around no smoking or smoking cessation is important through primary care, but also could be highlighted as something that many of the community assets that are present could discuss as they are a trusted point of contact. This could follow a 'Making Every Contact Count' approach, and should also consider educating children about vaping

10. Loneliness and Isolation needing Improved Social Connectivity

- Mental ill health such as depression and self-harm is prevalent, which may be contributed to by the poor social networks in the area and the general dissatisfaction with the area as a place to live
- Lone parents and full-time carers are vulnerable socially isolated groups and are prevalent
- There is a lack of volunteering and hence decreased social capital

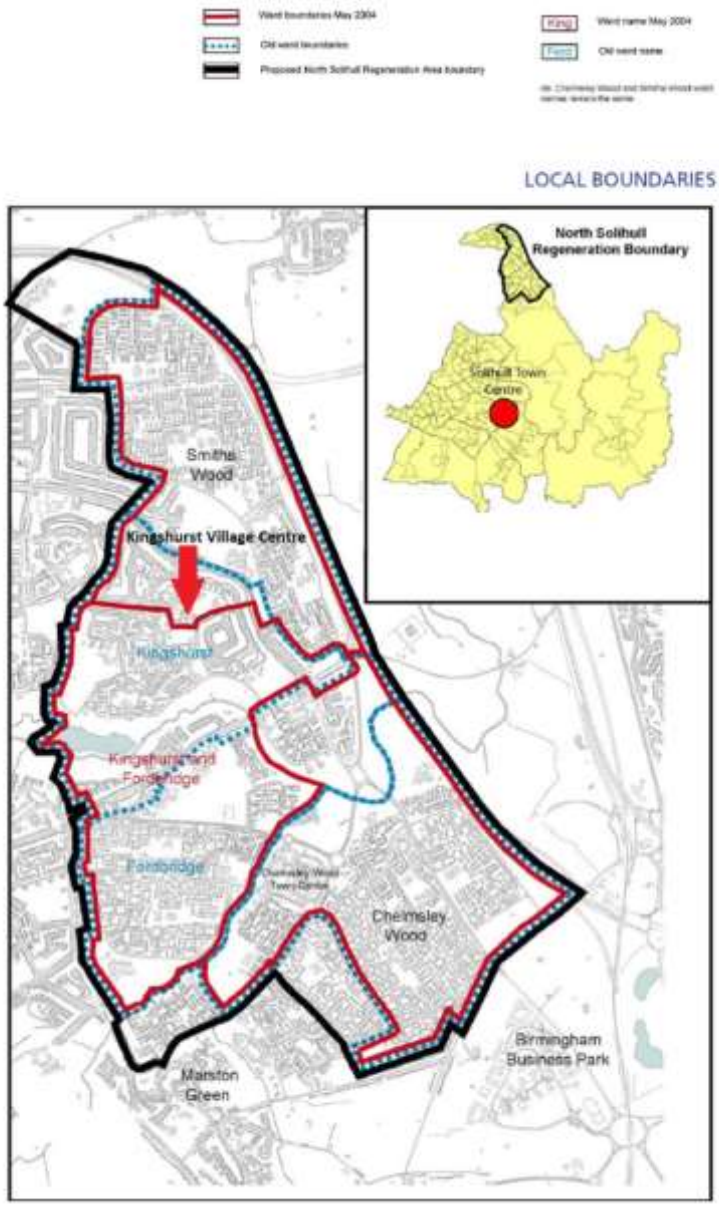
- Low employment rates, particularly in 18-24 years, with low levels of adult skills, increases chances of social isolation
- There are several vulnerable groups e.g. lone parents and ethnic minorities, who have an increased chance of poor social capital and isolation
- There is a lack of volunteering in the area, and people have indicated in the qualitative data that they would like to be involved in volunteering more, but are not always aware of the opportunities, again highlighting the lack of awareness of the assets that are present.
- There is good evidence that improving connectedness (as in social capital), being more active (above) and giving back (by volunteering) are 3 of the 5 ways in which wellbeing can be increased. (The other ways are 'taking notice' such as by promotion of mindfulness techniques, and keep learning.)
- Several suggestions emerged from the qualitative data about what people themselves wanted from community activities. Many of these were around young family groups e.g. indoor play, café, mother/parenting groups, and so would include some of the most prevalent vulnerable to isolation groups inherently. These suggestions show how co-production can work at idea generation
- Some of these groups could also impact on other recommendations, such as healthy cookery classes or exercise classes where there are child facilities to enable attendance or the ability to do it with the child themselves, which would encourage children to be involved also

2. INTRODUCTION

Kingshurst Village Centre is located within Smith's Wood ward, on the boundary with Kingshurst & Fordbridge ward.

Smith's Wood and Kingshurst & Fordbridge wards are two of Solihull borough's three densely populated northern wards, and a focus for redevelopment and neighbourhood improvement.

Map showing location of Kingshurst Village Centre[1]



a) *The Regeneration of Kingshurst Village Centre*[2]

The regeneration of the centre is set out as a key commitment in the Solihull Council Plan 2018-2020. This once in a generation opportunity will enable the creation of a high quality, community focussed centre at the heart of a large suburban neighbourhood. There is scope for radical redesign to a high standard so that it can offer appropriate local services and play a strong role in building local capital and local pride. In this way, the centre will help ensure that the local area becomes a sustainable and well integrated community.

In its present state, the condition and function of the centre are poor, and do not support a healthy local community.

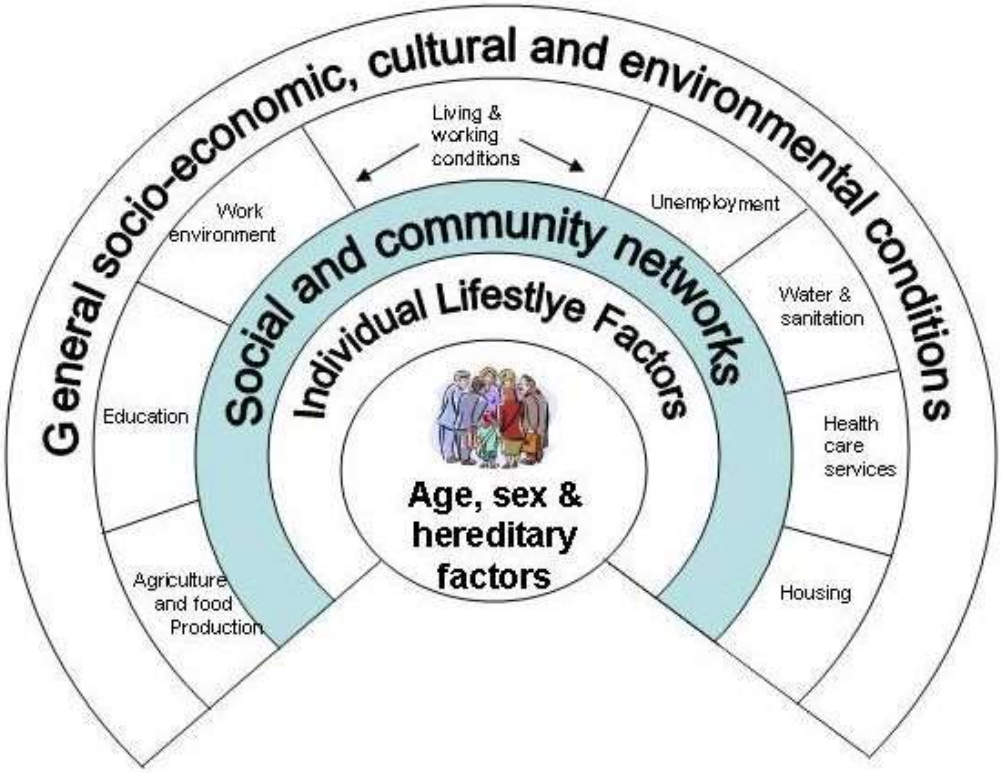
b) Definition of Health Needs Assessment (HNA)

'Need' in terms of public health may be defined as the ability for people to benefit from a service or intervention. A systematic assessment of a population's ability to benefit from interventions is known as a HNA, and this can then be used to guide allocation of resources to enable the needs of a population to be met, which can reduce health inequalities they may be experiencing, ad in turn improve their health.

There are 3 types of ways in which a HNA can be conducted: epidemiological (involving utilising local area data to describe a population), comparative (comparing needs identified with other local or national areas), and corporate (involving consulting stakeholders to what their perception of the needs are). This HNA utilises each of these 3 approaches where appropriate, and by triangulating these findings with the services already supplied in the area and the demand for them, conclusions may be made regarding the needs of the population and where changes may be considered to address them.

It should be noted that a wider determinants model (shown below) will be followed throughout, in that wider socio-economic, cultural and environmental issues can have a substantial impact on health and need to be considered as well, particularly as is often these wider determinants that will be more directly affected by the redevelopment of the village centre.

Wider Determinants of Health[3]



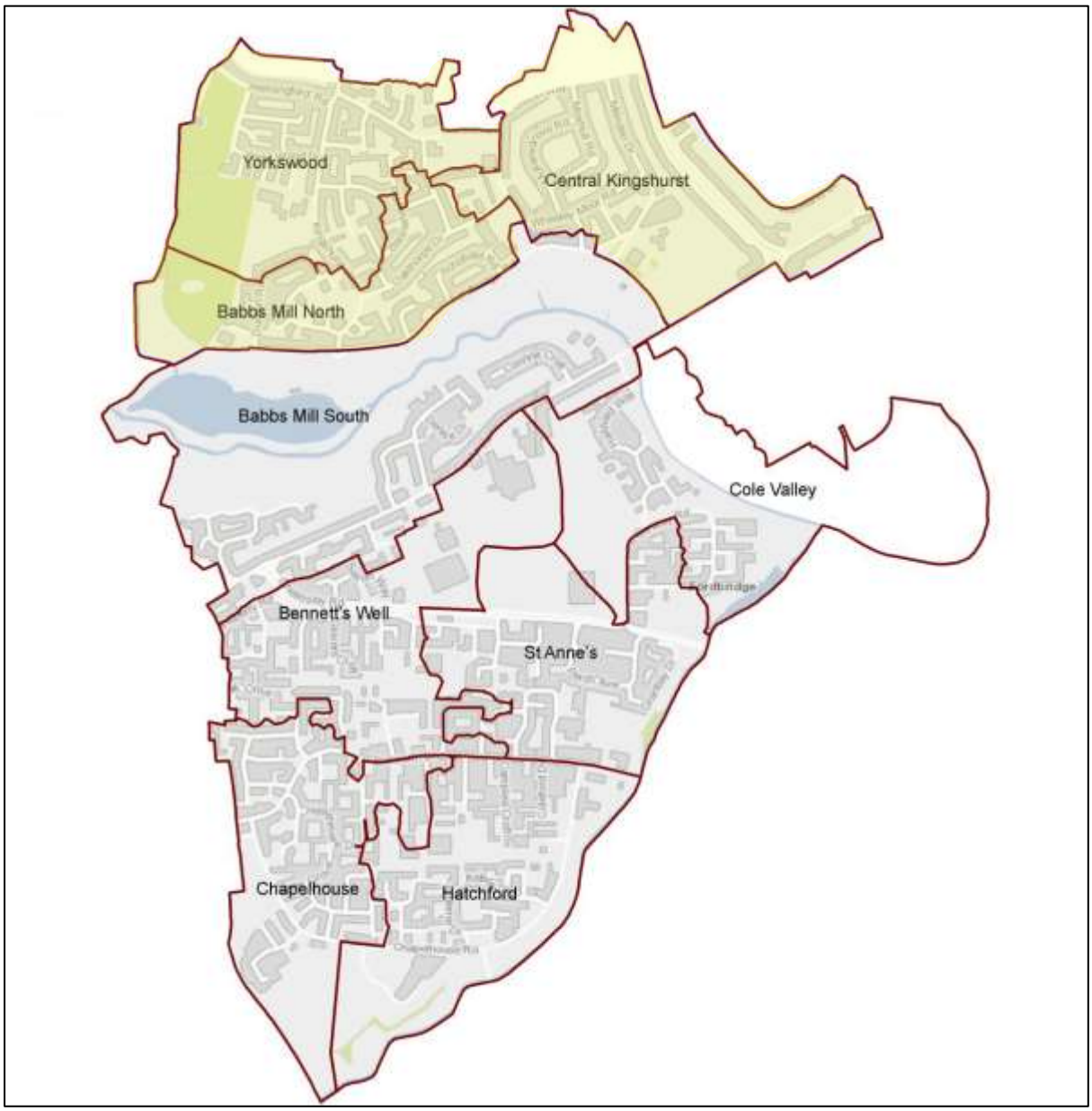
c) Scope of the Needs Assessment: Population

Kingshurst parade is a small local centre, and as such will only attract very local users, particularly in its current state as there are several other bigger and newer facilities close-by. Development of the centre may attract new users, but it is expected that it will still retain its very local reach on the whole, as it is not expanding as such but modernising.

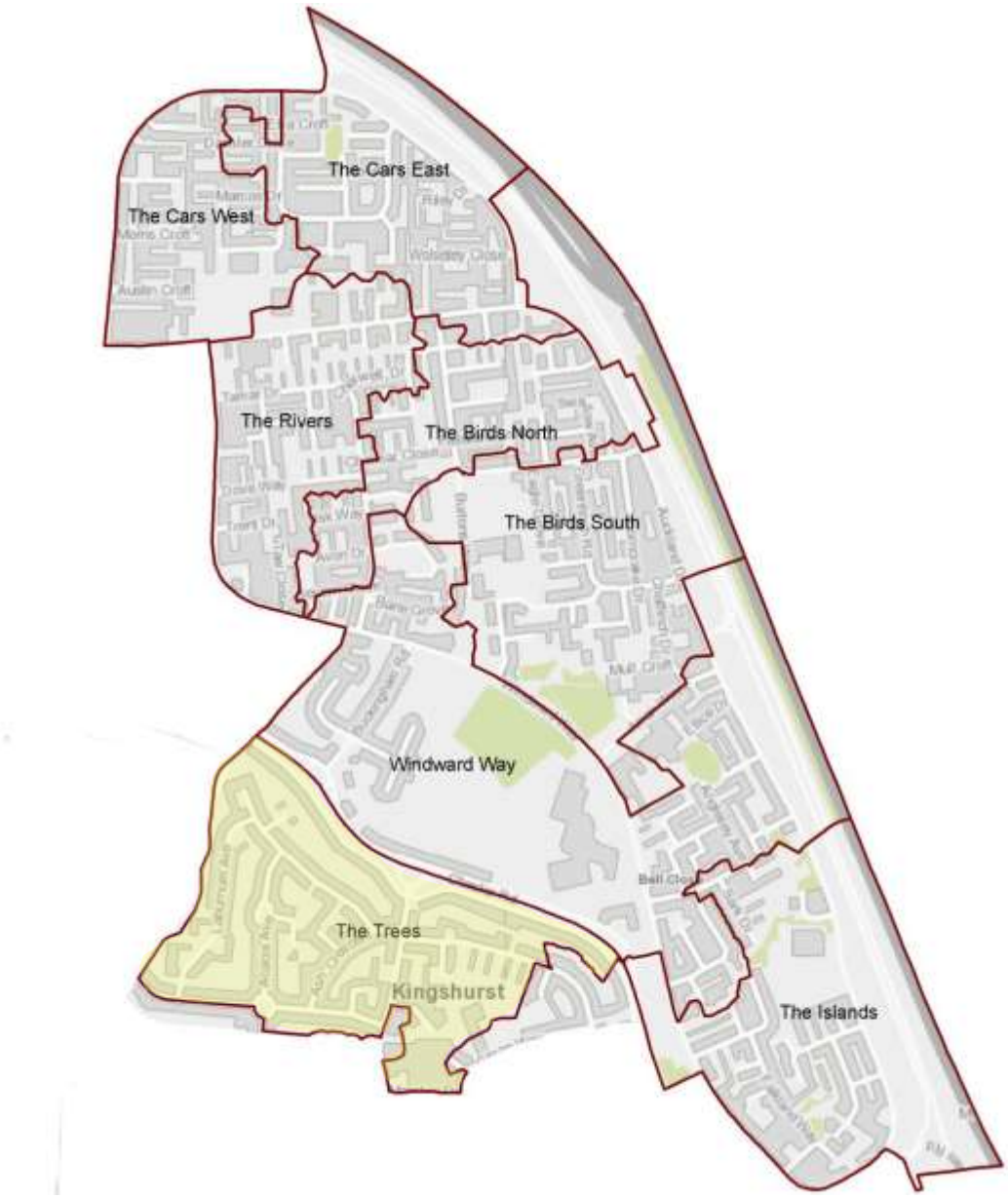
After consultation with a selection of stakeholders (Solihull Active, Community Development and Third Sector Managers), it was noted that although the Kingshurst Village Centre is on the boundary with the Smith's Wood ward, the residents of this ward do not tend to use this asset.

However, on inspection of the local geographical neighbourhood, it is thought to be likely that the natural boundaries of the Chester Road to the north and the River Cole to the south could act as physical barriers, so that most of the users of the parade would come from within this bounded area. As such users of the parade are likely to only come from a small area in the North of Kingshurst & Fordbridge ward and a small area from the south of Smith's Wood ward. This effectively contains the following neighbourhoods: From Kingshurst & Fordbridge ward - Central Kingshurst, Yorkswood and Babbs Mill North; and from Smith's Wood - The Trees. These local areas are shown in the maps following.

Kingshurst & Fordbridge Ward's Lower Super Output Areas



Smith's Wood Ward's Lower Super Output Areas



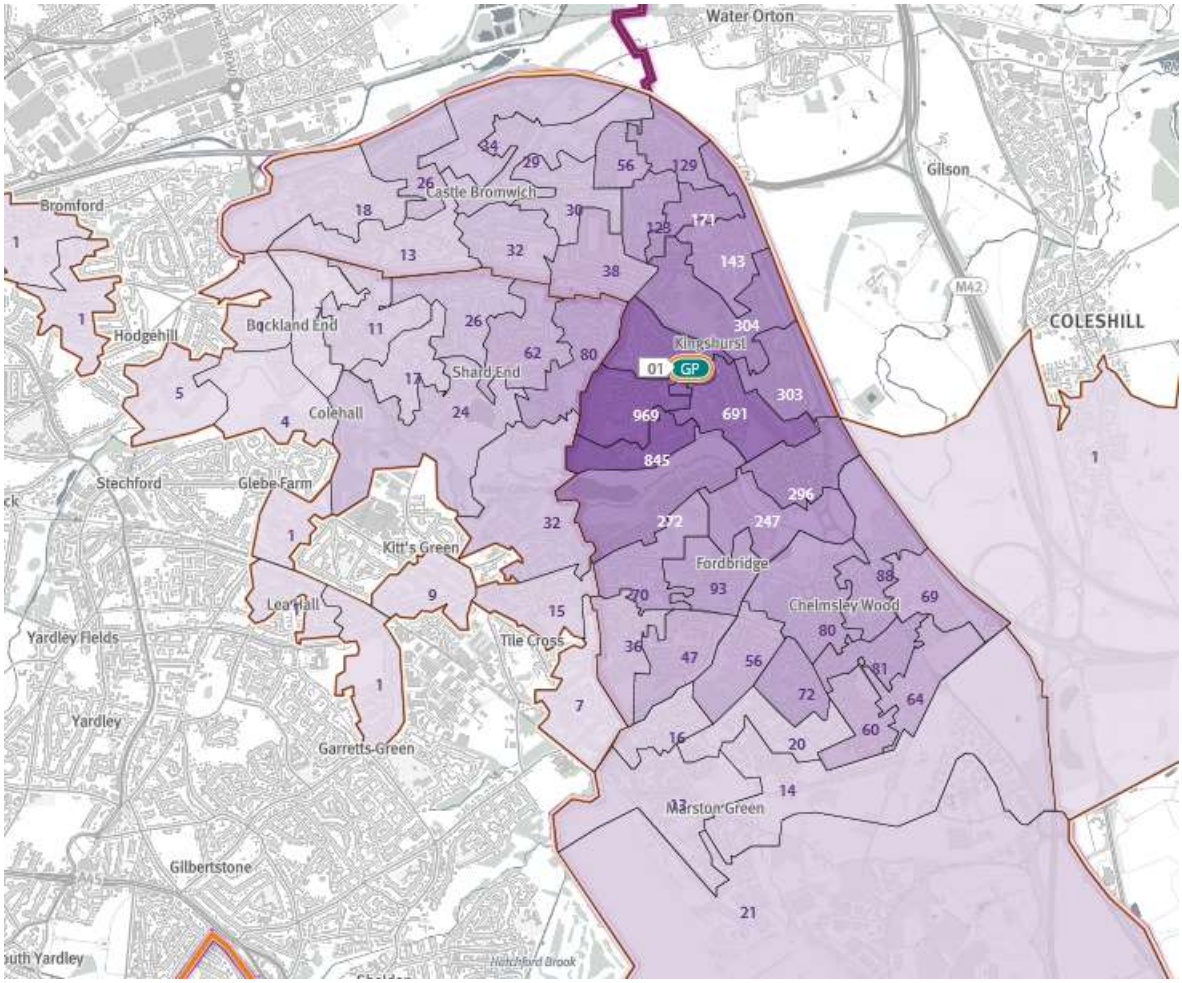
Therefore, where feasible, data has been provided for the very local areas to the parade as highlighted above. If this was not possible, then data was given for the 2 wards as a whole, which are unlikely to differ significantly from the more local area and so still give an indication of the users of the parade.

Furthermore, as this is a needs assessment focussing on health, it is useful to include data from local general practices, besides which these may be also used as a proxy for very local information. For the purposes of this, the 2 most local general practices (Kingshurst Medical Centre and Chester Road Surgery) will be used to create a profile that is local as possible to

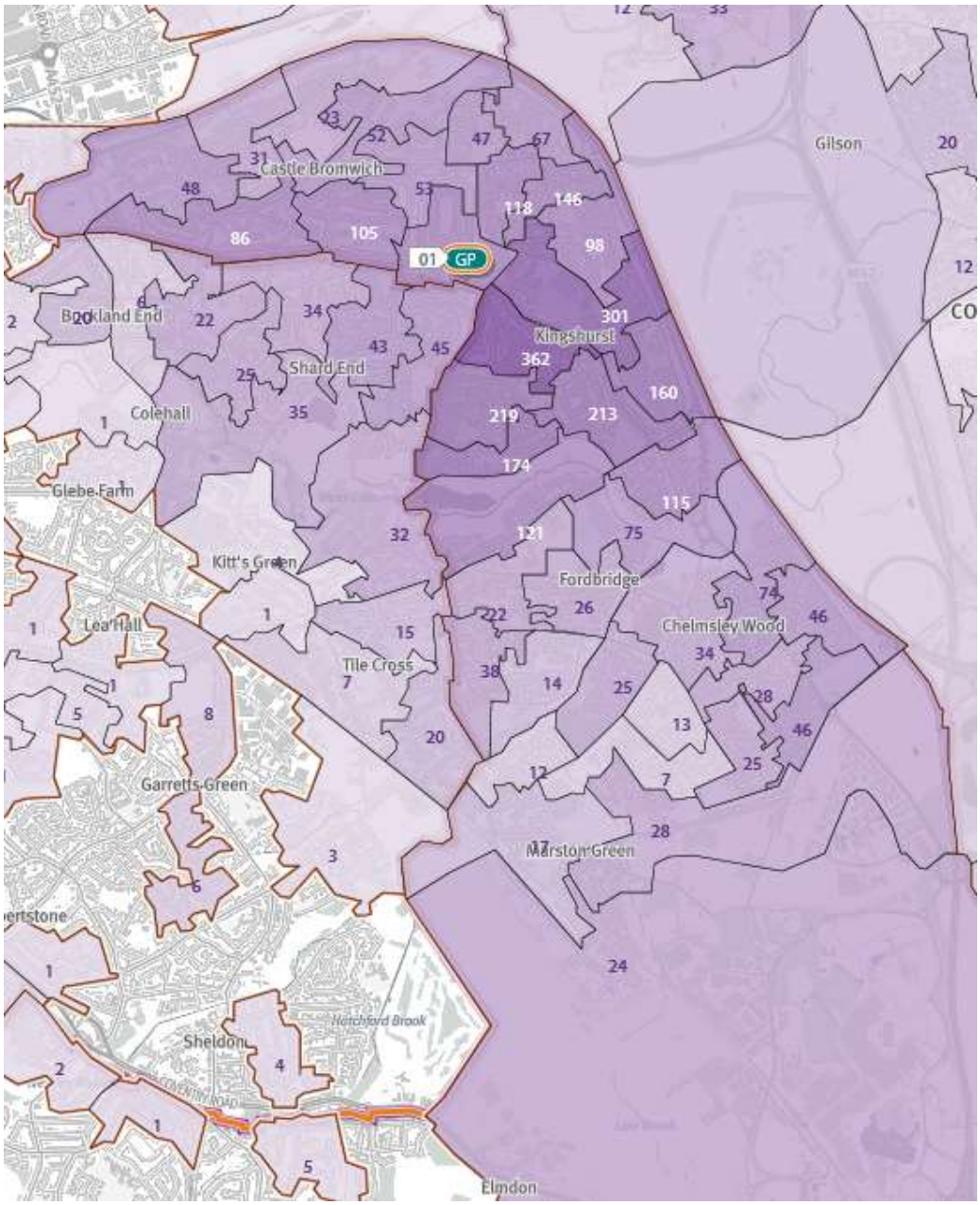
the re-development area. These practices are local to the parade, and catchment maps (depicted following) show that most patients registered to these practices come from the very local area to the parade. Of course, patients may use other practices that are local and vice versa there will be patients at these practices from other areas, but given their catchment areas, these two practices are most likely to give the best indication of the local area profile.

The following maps show the areas served by each of the GP practices in North Solihull, with the shaded areas representing concentrations of people registered to that GP practice by LSOA – the darker the colour, the more patients registered in the LSOA to that GP practice. These illustrate that for the 2 GP practices considered, that the patients registered to them are concentrated to the local area around the parade.

Catchment Area profile for Kingshurst Medical Practice[4]



Catchment Area Profile for Chester Road Surgery[4]



d) *Relevance of HNA to redevelopment*

As the HNA will outline the health inequalities and needs of the local population who most use the Village Centre, redevelopment of the centre is a key opportunity to affect the wider determinants of health and hence decrease the health inequalities that the population is experiencing.

3. HEALTH NEEDS

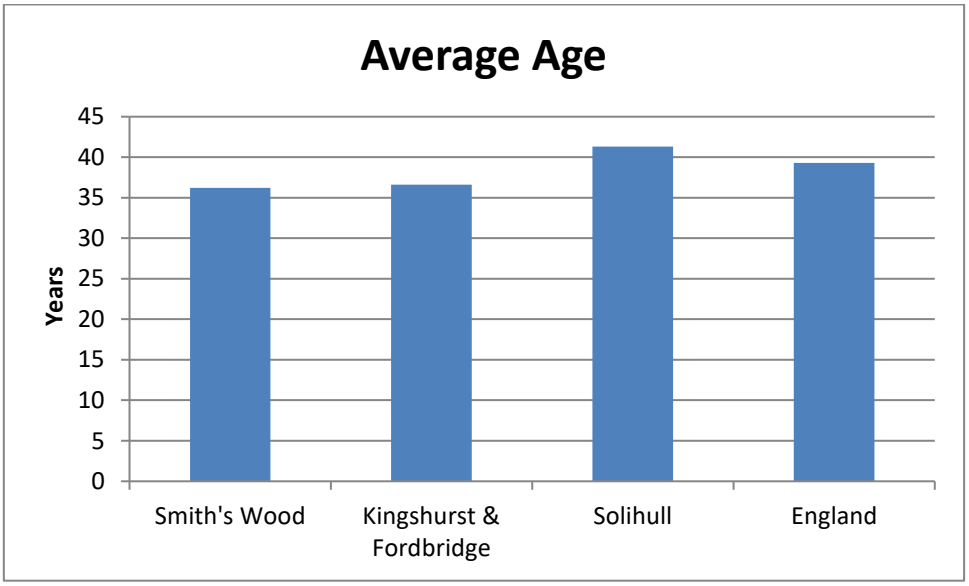
a) Local demographics

i. Age and Sex

Modelled estimates record the total Kingshurst & Fordbridge population as 13,481, and Smith's Wood as 11,441, in mid-2017.[5]

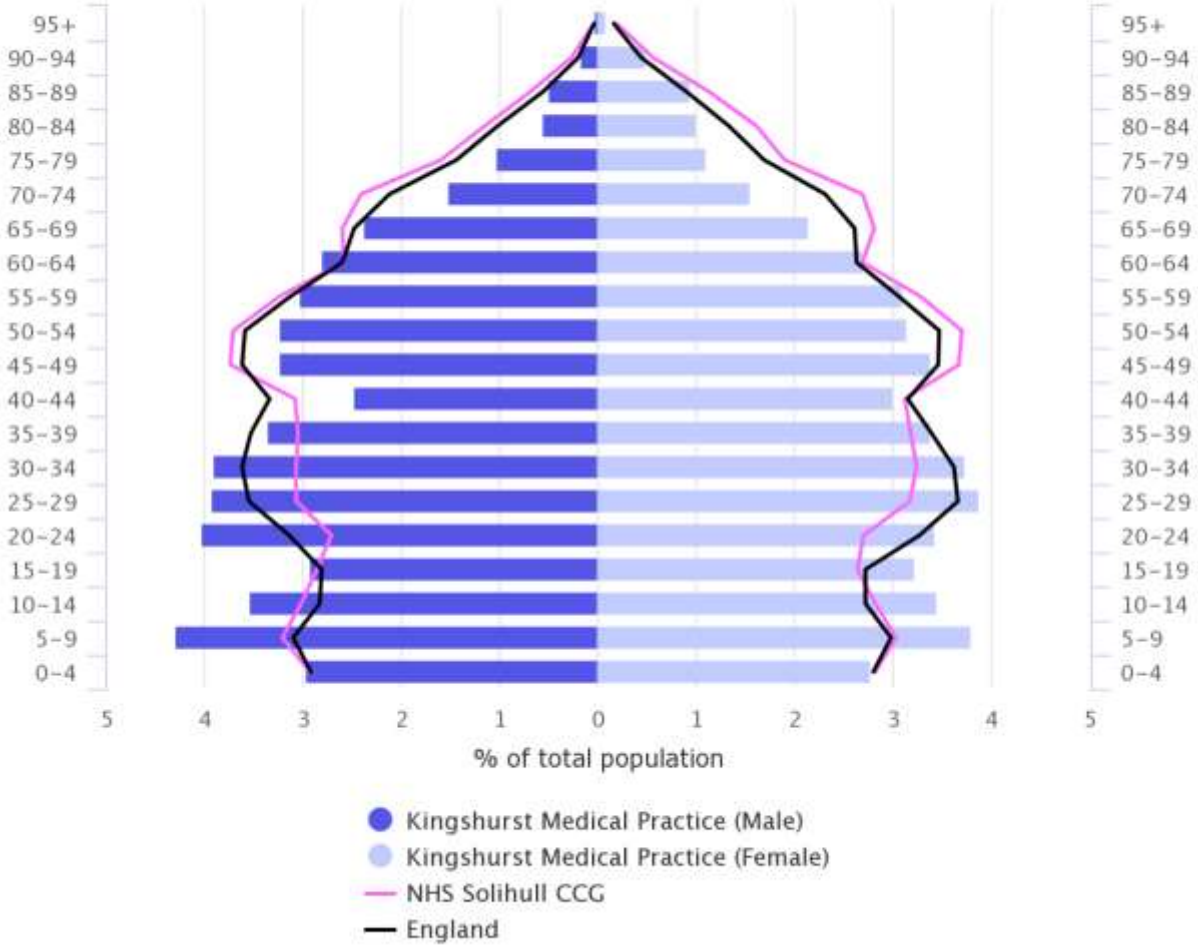
These wards are the 2 wards in the Solihull borough with the youngest average age secondary to the wards generally having a high proportion of young people less than 30 years and a smaller proportion of residents aged over 50 years, compared to the rest of Solihull. In 2011, Smith's Wood average age was 36.2 years, with Kingshurst and Fordbridge at 36.6 years, versus 41.3 for Solihull and 39.3 for England.

Average age by Ward with Comparison Areas[6,7]



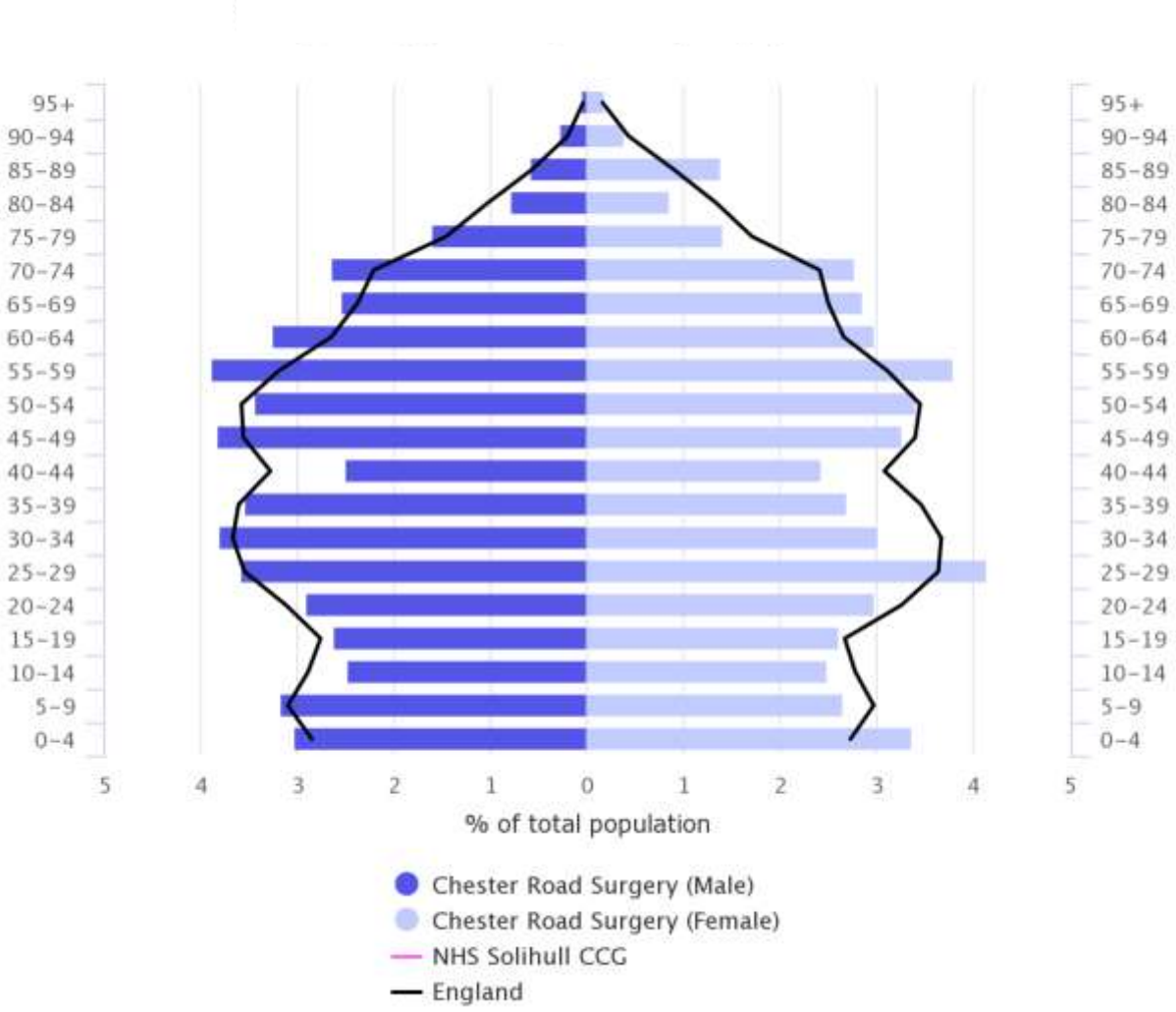
Considering the most local general practice (GP), Kingshurst Medical Practice, the population structure for registered patients there mirrors that of the local ward, with a high proportion of the population being young, as shown below.[8] There are a particularly high number of 5-9 year olds. This means that within this neighbourhood there is a high degree of ill-health preventative which work could occur using a life-course approach.

Age Profile for Kingshurst Medical Practice registered population, 2017[8]



Similarly for Chester Road surgery, the population pyramid is as shown, though the excess of younger people is less marked.[9]

Age Profile for Chester Road Surgery registered population, 2017[9]

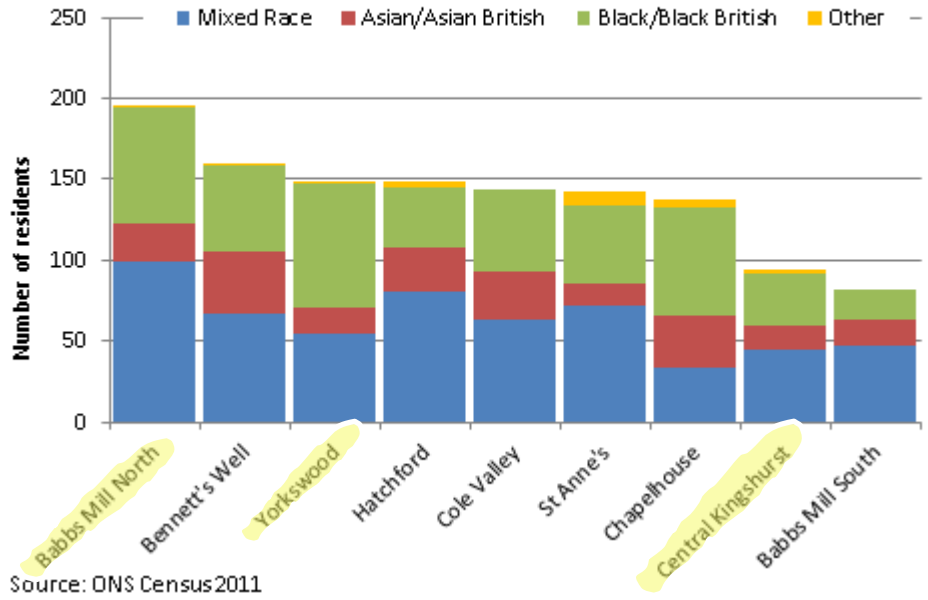


ii. Ethnicity

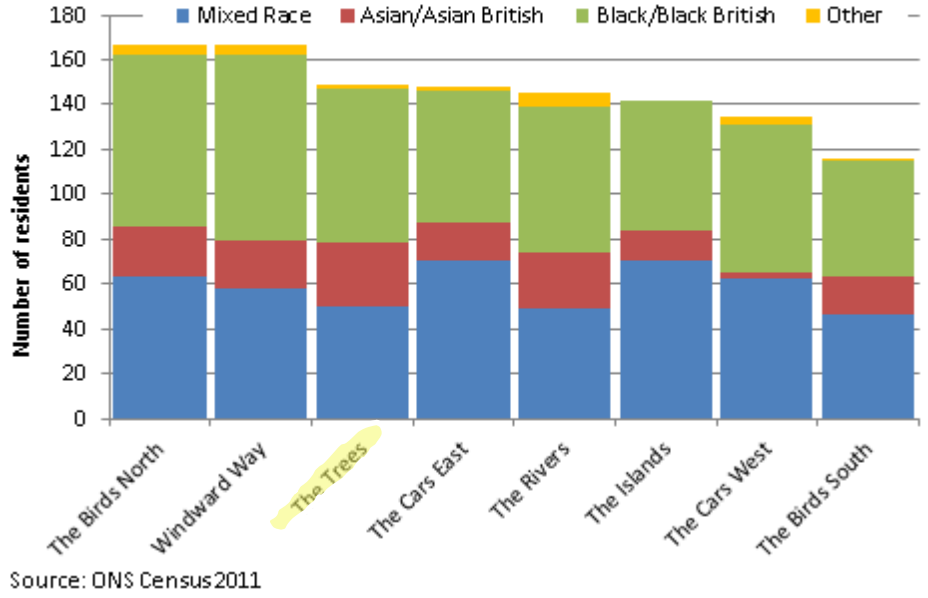
These areas traditionally have a relatively low proportion of people from Black or Asian Minority Ethnic backgrounds (BAME), but diversity is increasing. Between 2001 and 2011, the proportion of BAME residents increased in Smith's Wood by 46% and in Kingshurst & Fordbridge by 66%.[6,7] In 2011, the proportion of BAME residents in the 2 wards was 9.6% and 9.1% respectively. Compared to the rest of Solihull, this is a low proportion, particularly for Asian residents.

Considering more local areas, these are mixed, containing some relatively more diverse areas and not so.[6,7]

BAME Residents in Kingshurst & Fordbridge Ward, 2011[6]



BAME Residents in Smith's Wood Ward, from 2011[7]



There are a low number of people registered with the local GPs from a ethnic minority background, with only 3.9% being mixed race, 1.5% Asian and 3.7% black at Kingshurst

Medical Practice, and at Chester Road surgery there being 3.5% mixed race, 2.3 % Asian and 3.5% black patients registered.[8,9]

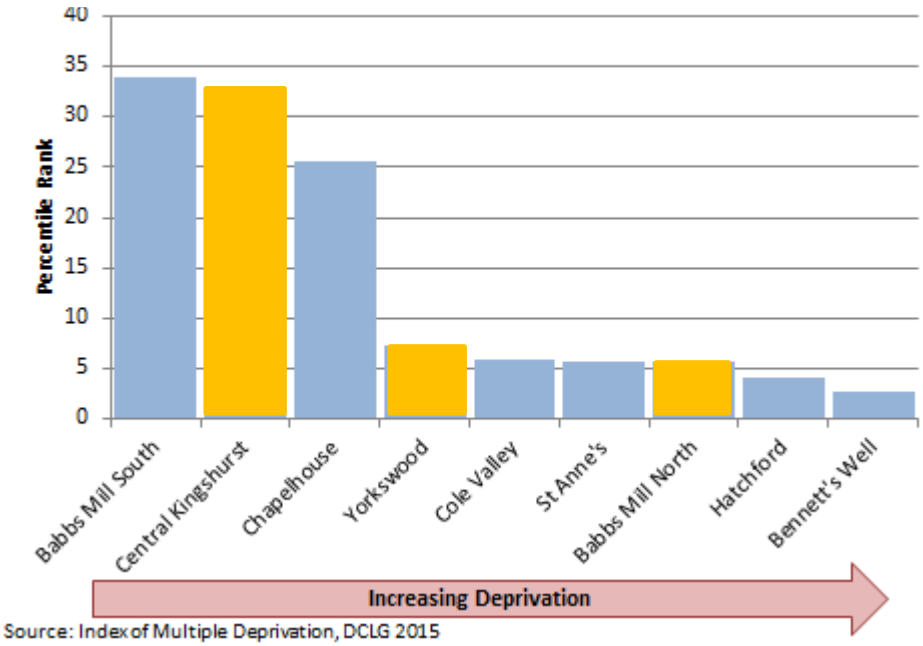
Although these numbers are small, it means they are a vulnerable group and should be borne in mind when considering equality of access for all ethnic groups.

iii. Deprivation

These two wards are relatively deprived. Of the 8 LSOAs in Smith's Wood, 7 are in the most 20% deprived neighbourhoods in the country. In Kingshurst & Fordbridge, 6 of the 9 LSOAs are in the most 10% deprived neighbourhoods in the country.[6,7]

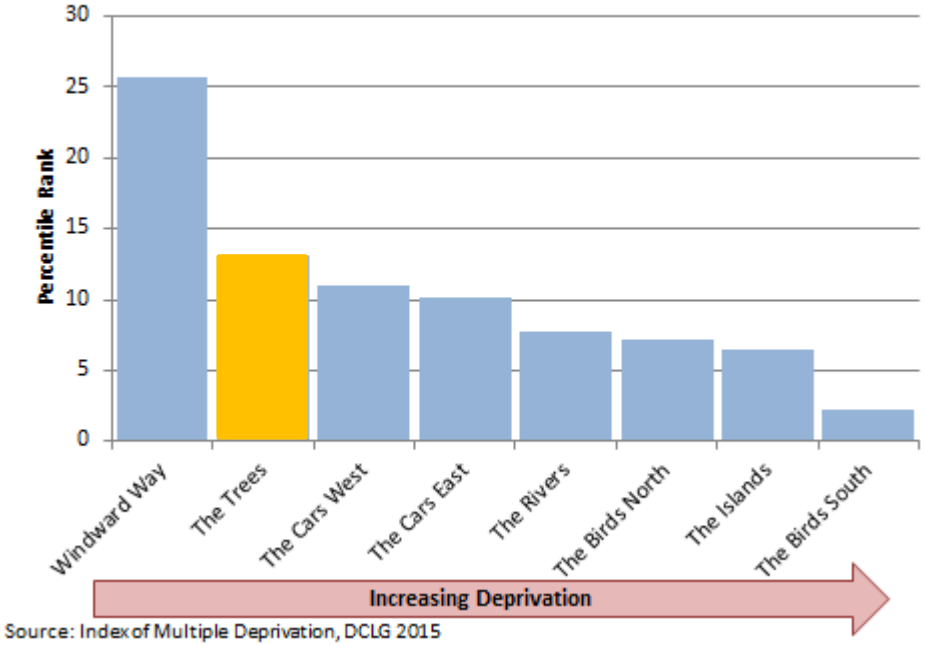
However, there are relatively more advantaged areas where private housing predominates, and this includes Central Kingshurst.

Overall Deprivation in Kingshurst & Fordbridge, 2015[6]



Source: Index of Multiple Deprivation, DCLG 2015

Overall Deprivation in Smith's Wood, 2015[7]



The patients registered at the Kingshurst Medical Practice are known to be in the least deprived decile in the country, and this is worsening. Chester Road patients are in the second most deprived decile, which is again worsening. This compares poorly to Solihull as a borough where deprivation is decreasing and is much lower overall.[8,9]

The proportion of children living in a low income household is particularly high at the practices, and more so that that for older people, so although there is deprivation across the lifecourse, it is more marked at the younger age. [8,9]

Deprivation measures across GPs[8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull	England
IMD 2015	42.3	36.6	17.2	21.8
IMD 2011	40.8	24.4	18.7	21.5
IDACI	36.7%	31.9%	16.4%	19.9%
IDAOPI	27.9%	24.0%	13.0%	16.2%

40% of children in Smith's Wood, and 36% in Kingshurst and Fordbridge, live in an out of work benefit household. This is substantially above both Solihull (14%) and England (16%).

iv. *Language and Origin*

For Kingshurst & Fordbridge, only 0.3% of the population cannot speak English well, with 0.2% in Smiths's Wood, compared to 0.5% for Solihull and 1.3% for England.[6,7] Therefore this is not a major issue in the area.

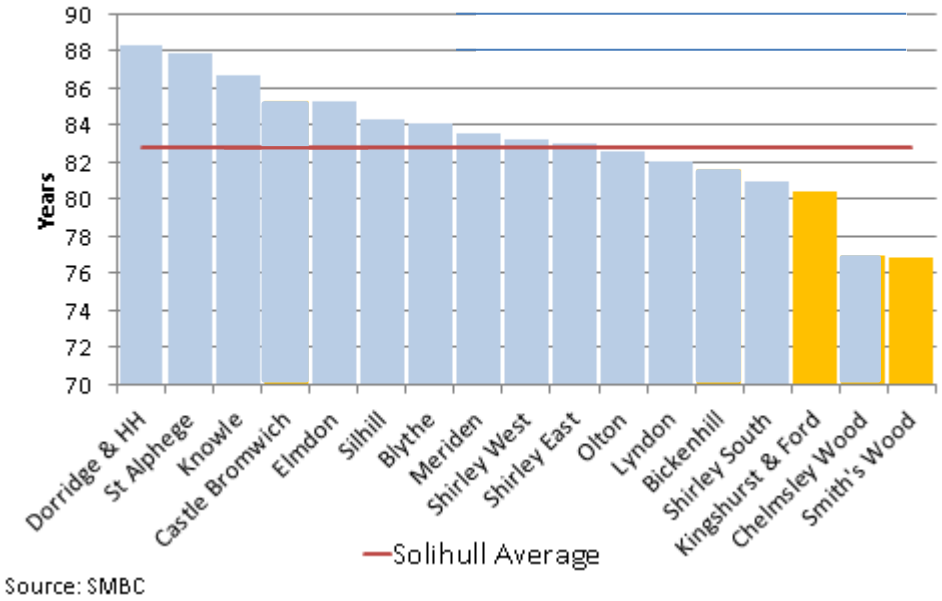
Similarly, only 4.8% of Smith's Wood residents and 5.7% of Kingshurst were born outside the UK. This is low compared to in Solihull (7.4%) and England (13.8%).[6,7]

b) *Gross Markers for Health*

i. *Life expectancy*

Public Health England data for 2011-2015 shows that life expectancy for adults in both Kingshurst & Fordbridge and Smith's Wood are below both the Solihull and England average.[10]

Life Expectancy at Birth 2014-2016 across Solihull[10]



Source: SMBC

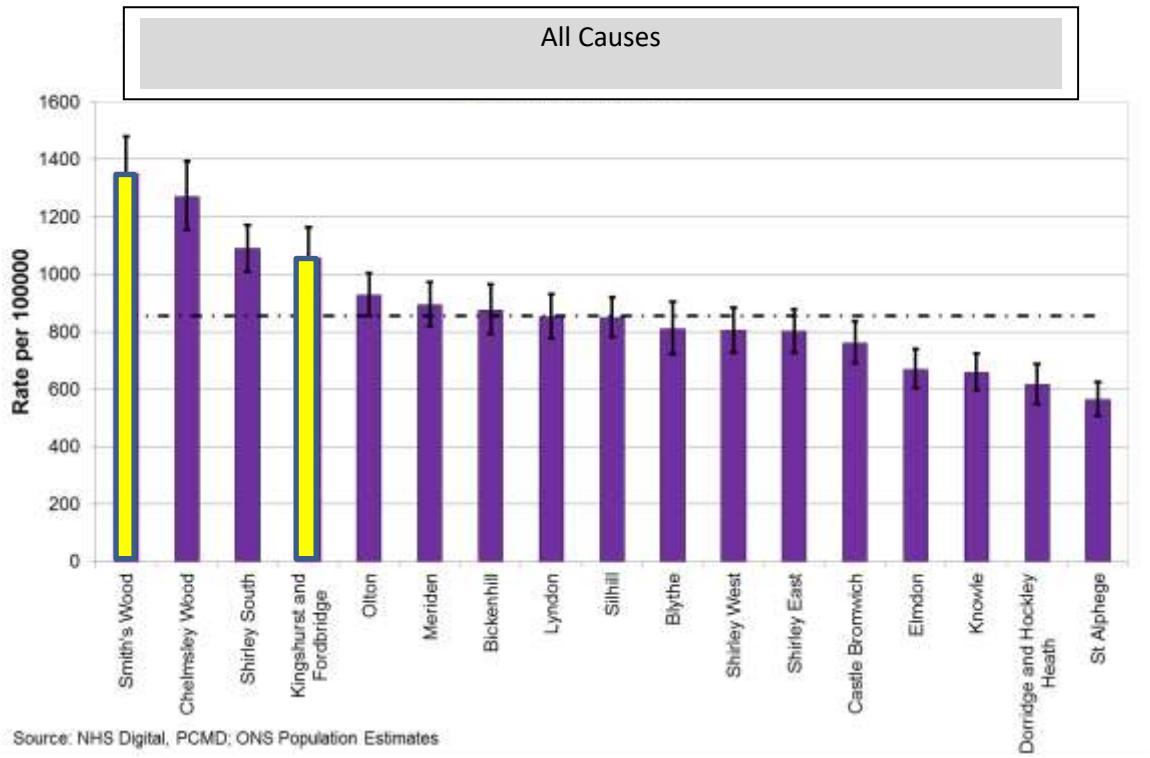
For men, life expectancy at birth in Kingshurst & Fordbridge is 75.4 years and in Smith's Wood it is 76.1 years compared to 80.3 across Solihull and 79.4 across England. [6,7]

For women, in Kingshurst & Fordbridge life expectancy is 82.5 and in Smith's Wood it is 80.8 which are below the Solihull average of 84.8 and England figure of 83.1. [6,7]

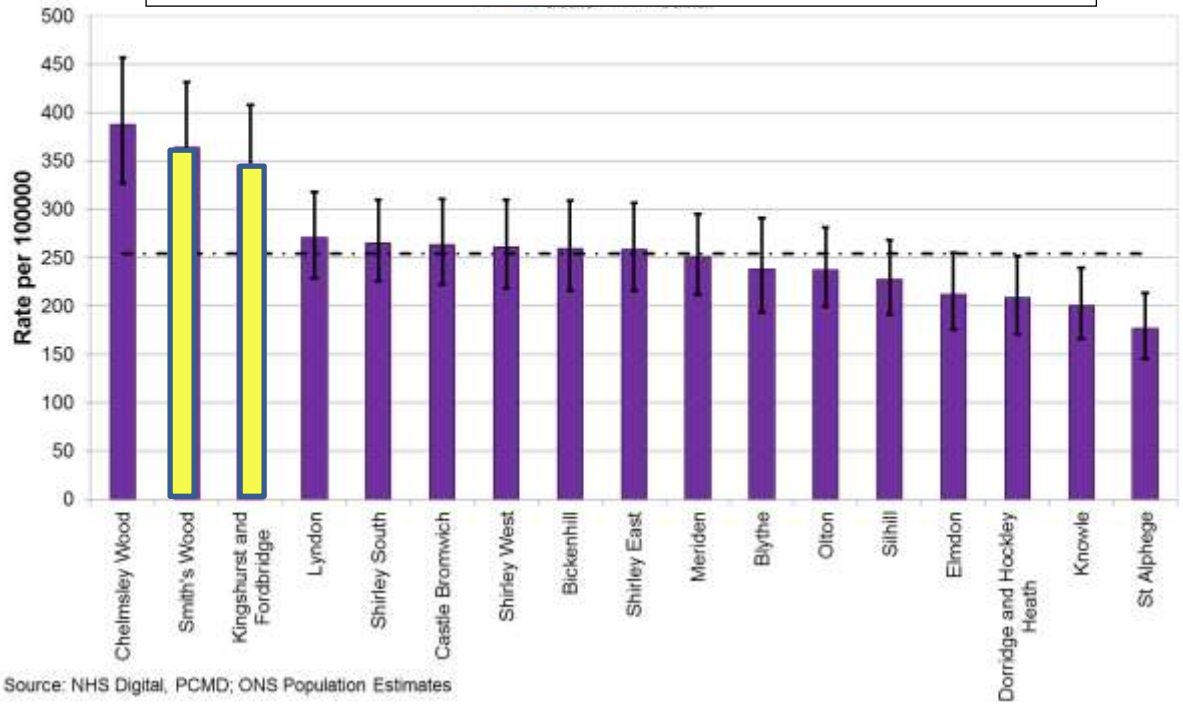
ii. Mortality Causes

Direct standardisation gives an indication of the number of deaths that would have occurred if the local population had the same demographic profile as the standard population, in this case the European Standard Population 2013. This enables rates for different areas to be directly compared. A selection of this data is depicted below, and shows that the wards of interest consistently have higher death rates compared to Solihull as a whole, often having some of the highest rates in the borough. Specifically here, death rates for all causes, all cancers, circulatory diseases, chronic obstructive pulmonary disease, and liver disease are relatively high.[11]

Directly Age Standardised Mortality Rate by Cause per 100,000, All Ages, Solihull Residents by Ward, 2014-17[11]

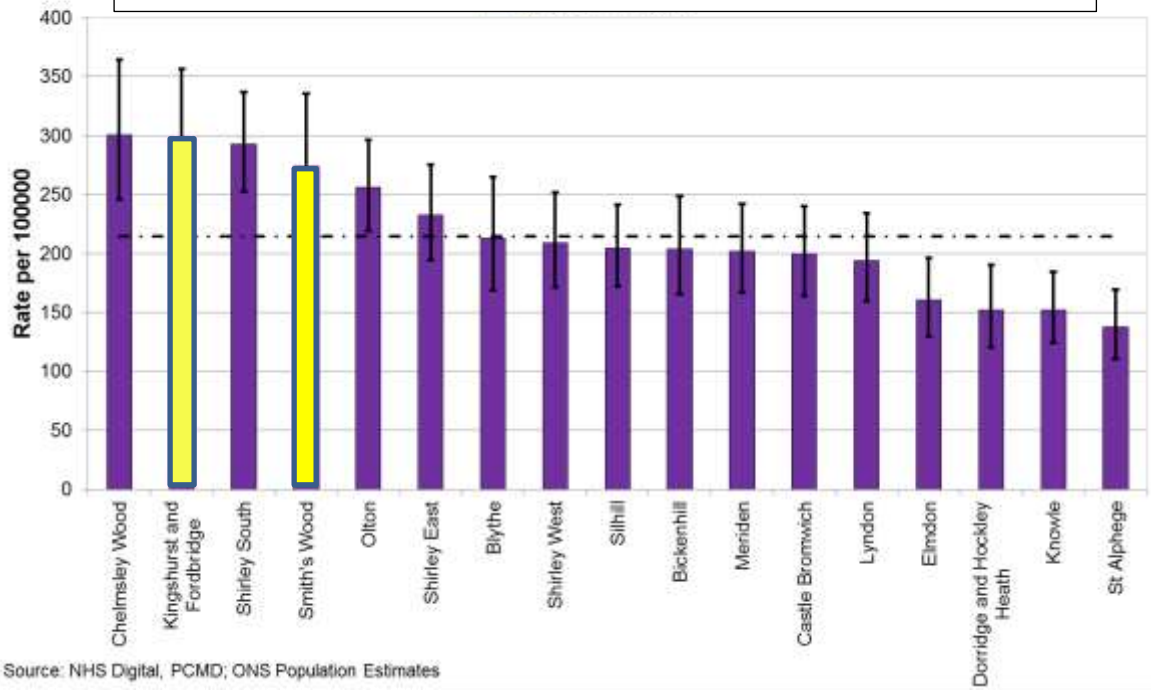


All Cancers

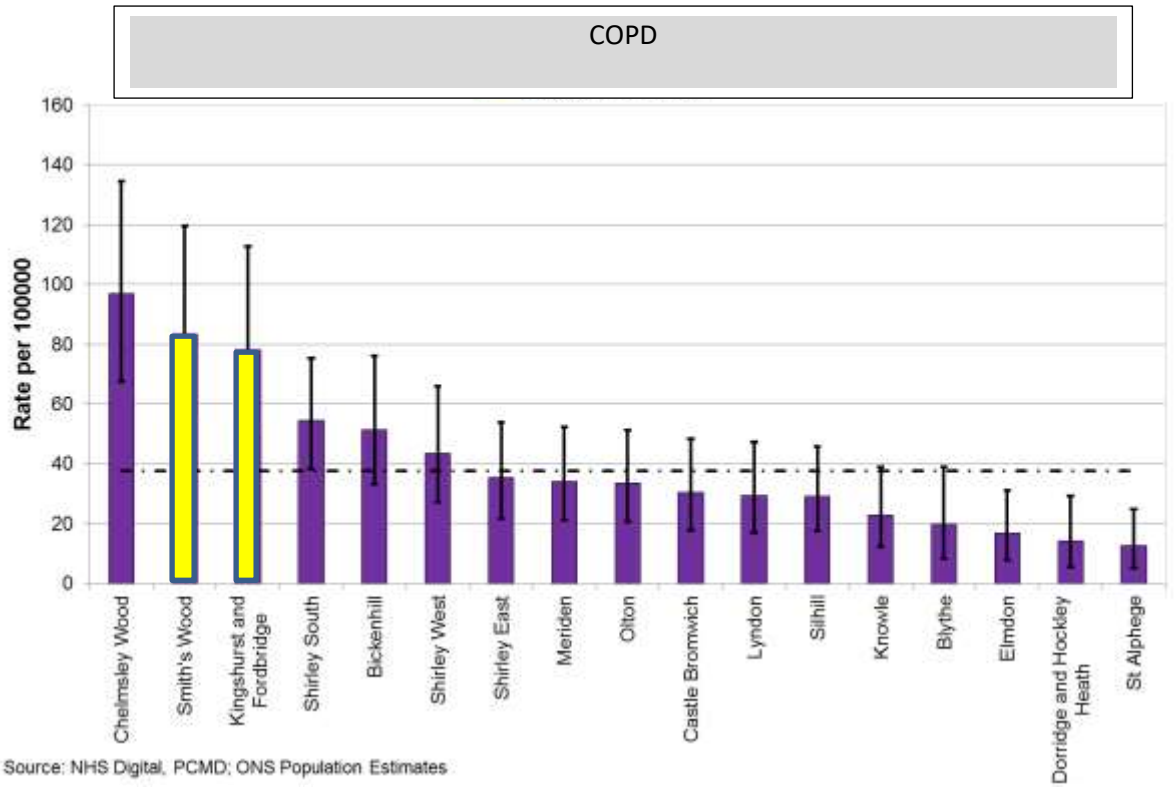


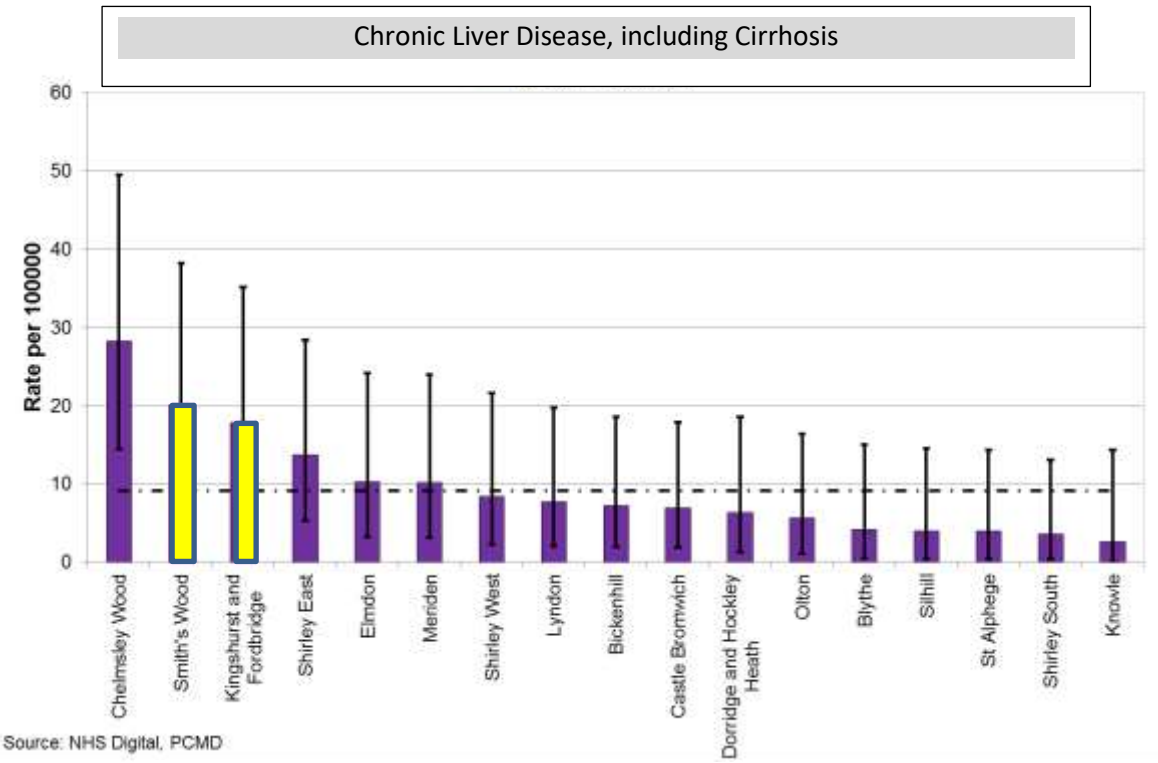
Source: NHS Digital, PCMD; ONS Population Estimates

All Circulatory Diseases



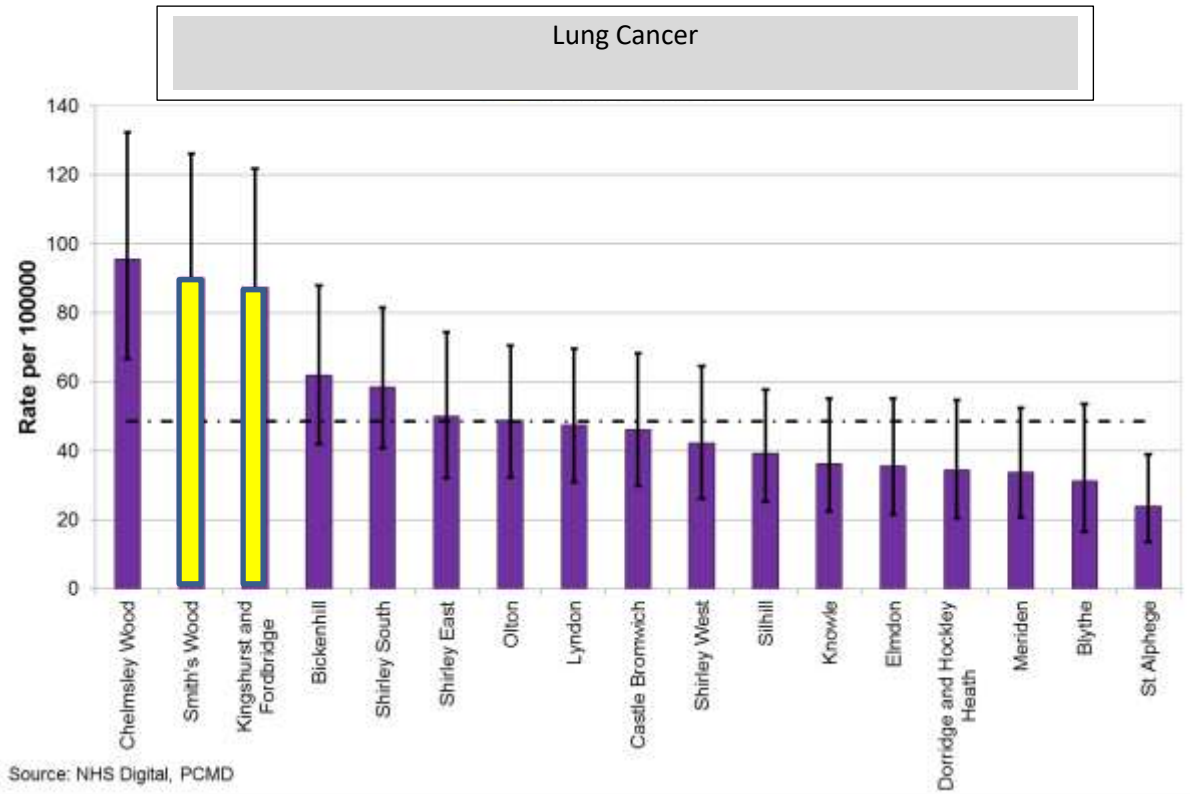
Source: NHS Digital, PCMD; ONS Population Estimates





These diseases causing high mortality rates are at least in part preventable by modification of lifestyle risk factors.

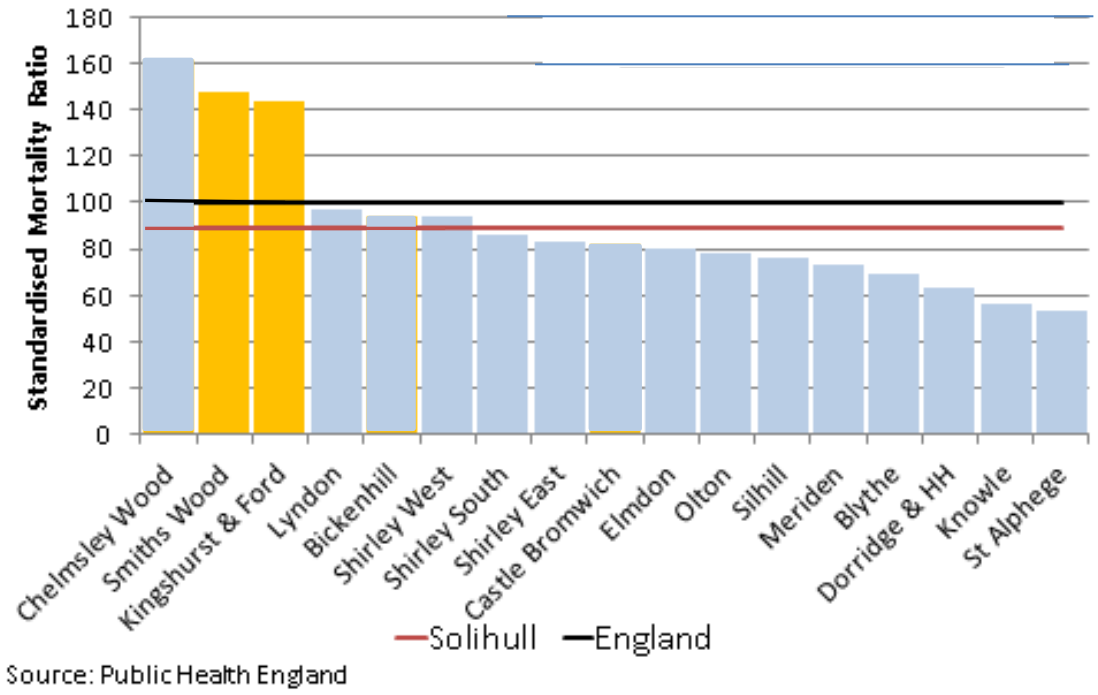
This is exemplified by the fact when looking at all cancers, deaths from lung cancer (largely caused by smoking) are markedly high and account for a significant amount of the variation for all cancers.



iii. Premature mortality

Premature mortality concerns deaths under the age of 75 years. In Smith's Wood, premature mortality from all causes is 47% higher than in England, and in Kingshurst & Fordbridge it is 37% higher. The comparison to Solihull is even more stark, with rates being 67% and 56% higher respectively. [6,7]

Premature Mortality for Solihull, by Ward[10]



Source: Public Health England

These inflated rates are particularly secondary to cancer and cardiovascular diseases. [10]

Standardised Mortality Ratio for Various Causes by Ward[10]

	Deaths Under Age of 75 (Standardised Mortality Ratio)			
	All Causes	Cancer	Circulatory Disease	Coronary Heart Disease
Kingshurst & Fordbridge	143.6	144.6	129.7	147.5
Smith's Wood	148	137.8	164.9	168.9
Solihull Average	89	96.9	81	81.2
England Average	100	100	100	100

iv. General Health and Disability

Subjectively, people's perception of their health status was measured in the Census, and this showed that a greater proportion of people in these wards felt they had poor health

or that their day-to-day activities were limited by health conditions, compared to the borough or England.[6,7]

% of the Population with Subjectively Poor Health Status and Effects[6,7]

	Smith's Wood	Kingshurst & Fordbridge	Solihull	England
Health bad or very bad	7.6	7.9	5.2	5.5
Day-to-day activities limited a little or a lot	21.4	21.4	17.9	17.6

This compares to the results from the GP patient survey , though this may include long-term conditions that may have little subjective impact on life e.g. hypertension.[8,9]

% of registered patients with longstanding health conditions[8,9]

Chester Road Surgery	Kingshurst Medical Practice	Solihull	England
47.1	66.3	52.0	53.5

Both data sources indicate that there are high levels of subjective illness in the wards.

v. Child development

Child development at age 5 is significantly worse than that found in England with 50.2% in Kingshurst & Fordb+ridge, and 47.1% in Smith's Wood achieving the expected standards (compared to 61.6% for Solihull and 60.4% for England). [12,13]

vi. Birth weight

Birth weight is a commonly used gross measure of health status, as they are a proxy measure for maternal and infant health, which can be rapidly affected by the wider determinants.

9.9% babies in Kingshurst and Fordbridge, and 7.8% in Smith's Wood are classed as having low birth weight. This compares negatively (though only marginally for Smith's Wood) to Solihull's average of 7.0%.[6,7]

c) Individual Lifestyle Factors

i. Smoking

Estimated smoking rates are significantly high for Kingshurst Medical Practice, with a 33.6% prevalence on QOF indicators (compared to 15.4% for the CCG and 17.6% for England). [8] Chester Road has a much more average estimated rate at 19.2%.[9]

ii. Maternal smoking

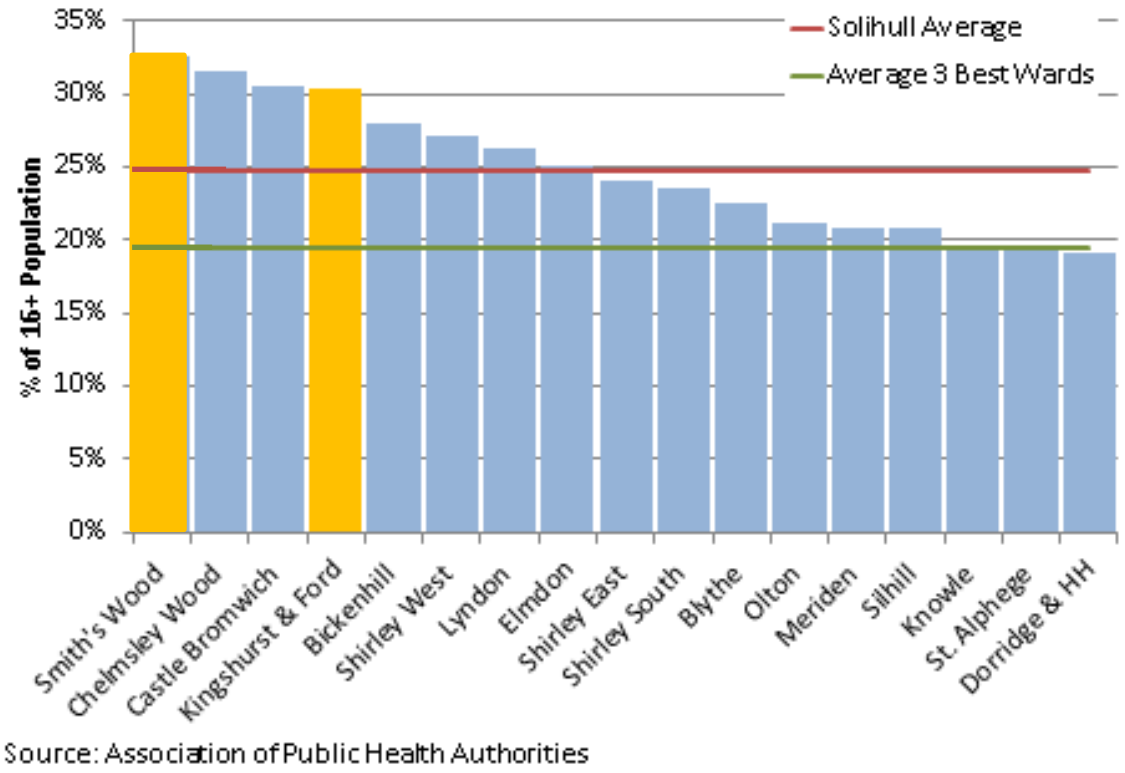
Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, low birth-weight and sudden unexpected death in infancy.

Around 30% of mother's in Kingshurst & Fordbridge smoke at time of delivery, which like the rest of the North Solihull regeneration area, is substantially higher than the rest of the borough (Solihull average 11%).[6] In Smith's Wood this figure is 21%.[7]

iii. Obesity and Healthy Eating

Obese adults (with a BMI of over 30) constitute significantly higher proportions of the population than in Solihull and England. [6,7]

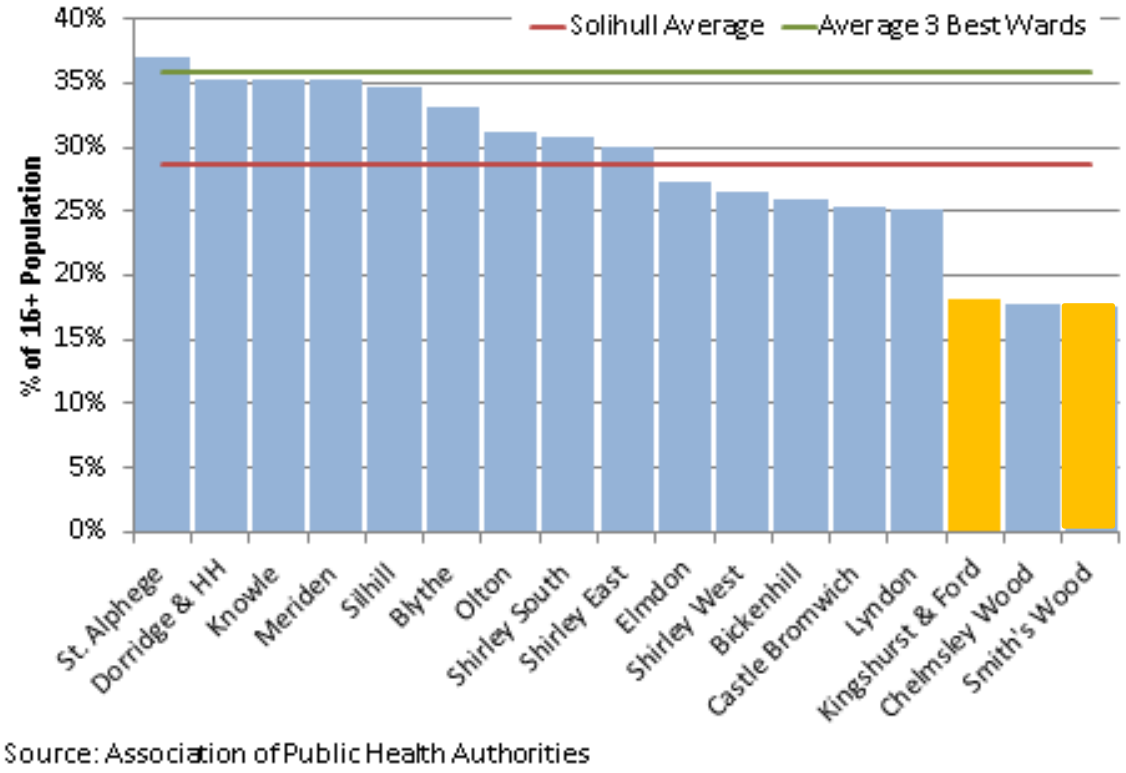
Obesity in the Adult Population, by Solihull Ward[6,7]



Source: Association of Public Health Authorities

There is a strong link between obesity and the extent to which adults eat a healthy diet, defined for measurement purposes as consuming five or more portions of fruit and vegetables per day. It is estimated that only a small proportion of the population of these wards meet this criteria. [6,7]

Healthy Eating in the Adult Population by Solihull Ward[6,7]



Source: Association of Public Health Authorities

The raw figures for this data are shown below.

Obesity and Healthy Eating Habits by Ward[6,7]

	Obese adults	Healthy eating adults
Kingshurst & Fordbridge	30.3%	18.1%
Smith's Wood	32.6%	17.6%
Solihull	24.9%	28.5%
England	24.1%	28.7%

The proportion of children in these wards who are classed as overweight at reception age and year 6 is higher than Solihull or England. [6,7]

% of Children with Excess Weight or Obesity at different ages[6,7]

	Excess Weight		Obese	
	Reception	**Year 6**	**Reception**	**Year 6**
Kingshurst & Fordbridge	27.3	34.9	10.8	22.0
Smith's Wood	25.3	35.3	11.0	21.2
Solihull	19.3	28.1	7.5	15.1
England	22.5	33.5	9.4	19.1

iv. Alcohol Use

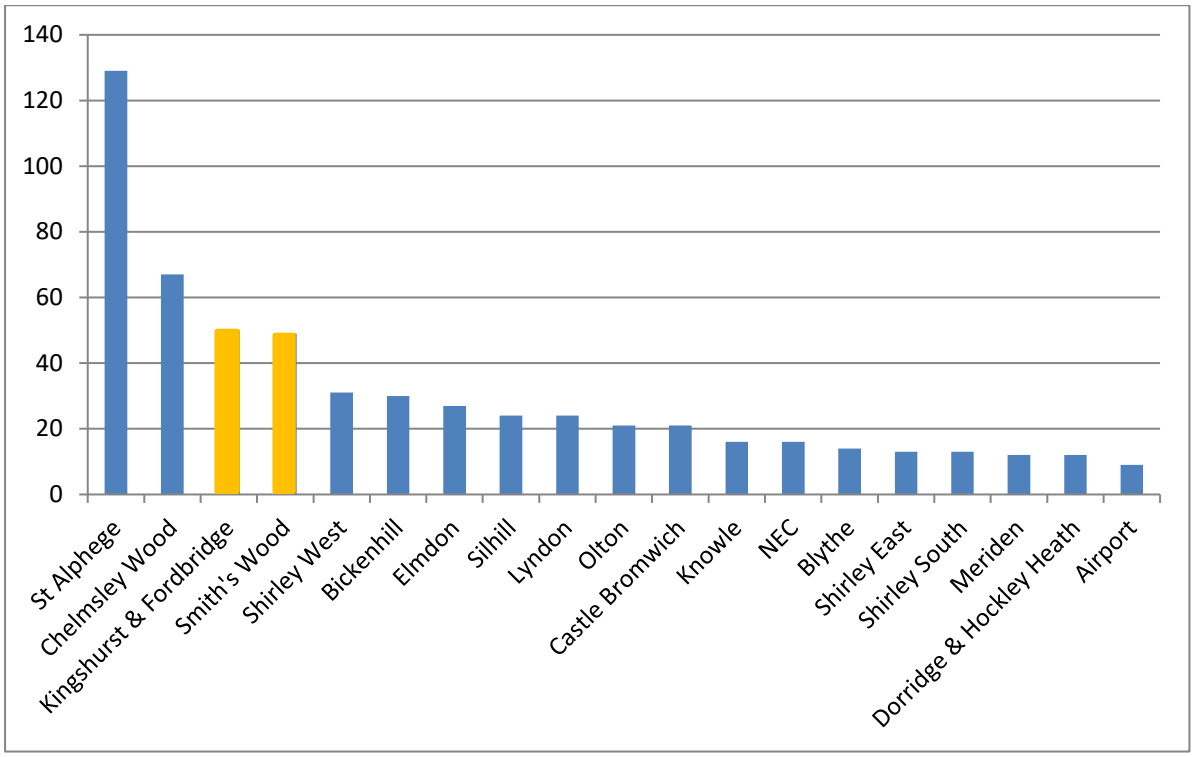
The modelled estimates of the number of binge drinking adults is only marginally higher than the England average in North Solihull. [6,7] although hospital data shows that stays for alcohol related harm are much higher than average in the North Solihull regeneration wards.[12,13]

Drinking Habits by Ward[6,7,12,13]

	Binge drinking adults	Standardised hospital admission ratios (2011/12 to 2015/16) for alcohol related harm (estimated)
Kingshurst & Fordbridge	22.7%	115.9
Smith's Wood	22.1%	122.4
Solihull	20.2%	103
England	20.0%	100

Furthermore, the wards have some of the higher numbers of alcohol-related crime recorded, outside of the city centre (St Alphege). [14]

Number of alcohol related crimes by area between October 2016 and September 2017[14]



v. ***Physical activity***

Data from the Solihull Place Survey shows that 13% of North Solihull respondents say that they have not been physically active over the last week. This is broadly in-line with the Solihull average, although proportionally fewer say that they are active on a daily basis (38% compared to 48%). Although this data is not more local than the North of Solihull as a whole, it may be thought as broadly reflecting the more local area to the parade.[10]

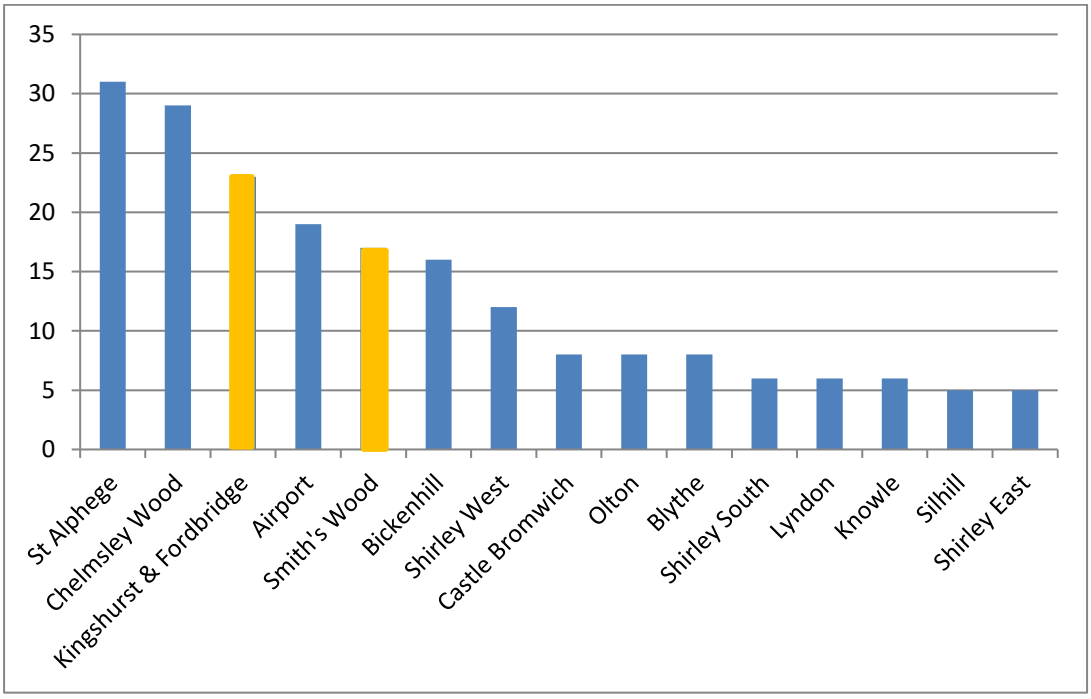
Physical Activity Levels In North Solihull[10]

	On how many of the last 7 days were you physically active continuously for 20 minutes or longer?		
		% Respondents	
	North Total	North	Solihull Average
None	31	13%	14%
1 to 2 Days	67	28%	19%
3 to 4 Days	49	21%	19%
5 Days and over	91	38%	48%
Total	238		

vi. Illicit drug use

As a proxy for illicit drug use, crime related to drugs can be considered. Like with alcohol, outside the city centre these wards have some of the highest rates. [14]

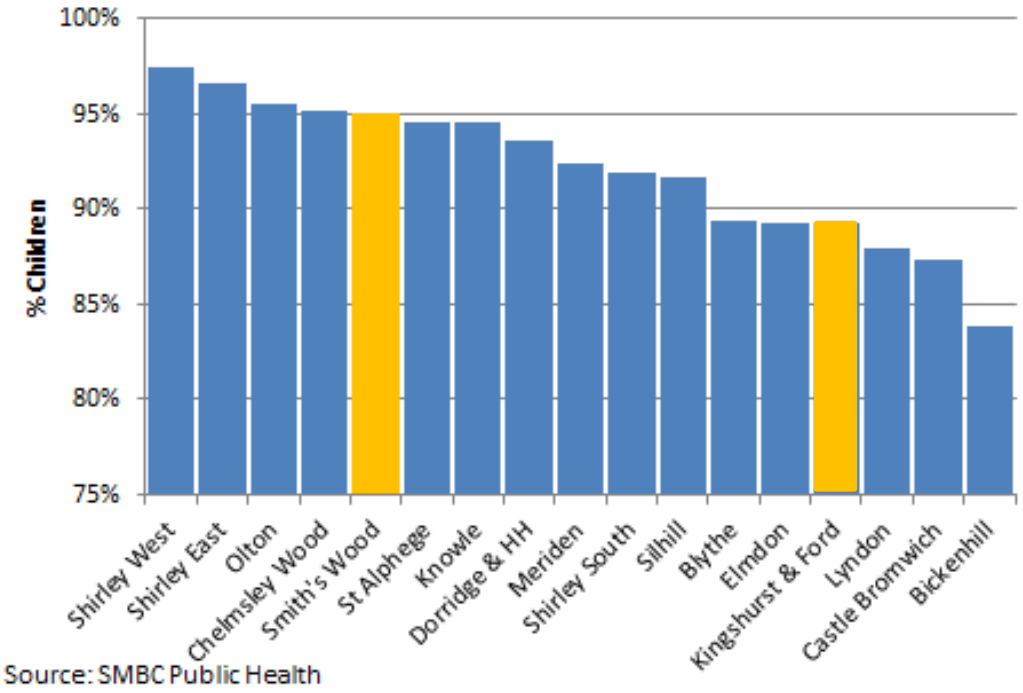
Number of drug related crimes per area (if >5) between October and September 2017[14]



vii. Immunisations

Levels of childhood immunisation vary greatly between the 2 wards, with Kingshurst & Fordbridge having very low coverage levels comparatively. One example of this is the 1st dose of MMR at 24 months. [6,7]

Immunisation Coverage: MMR 1st Dose at 24 Months[6,7]



d) Illness Epidemiology

Mortality is a marker of the end-stage of ill health, but living with ill health is also important. This section considers markers of this.

i. Cancer

Data for cancer incidence mirrors the mortality seen from cancer, in that the numbers are higher in these wards for all cancers and significantly from lung cancer.[10]

Cancer Incidence by Type and Ward[10]

	Cancer Incidence (Standardised Incidence Ratio)				
	All Cancer	Breast Cancer	Colorectal Cancer	Lung Cancer	Prostate Cancer
Kingshurst & Fordbridge	125.4	101.3	123.5	177.9	129.2
Smith's Wood	111.9	86.7	98.3	160.4	88.3
Solihull Average	107.1	105.4	103.3	90.5	137.8
England Average	100	100	100	100	100

All cancer screenings recorded for the local medical practices are significantly lower than for England, apart from Chester Road and cervical cancer. This may be contributing to high mortality rates from cancer as they will be picked up at a more advanced stage. [8,9]

Cancer Screening by GP[8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull CCG average	England average
% Attending cervical screening within target period, females 25-64y	65.1	76.1	74.4	72.1
% screened in last 3 years for breast cancer, females 50-70 years	56.4	60.6	71.0	72.5
% screened bowel cancer in last 30 months, 60-74y	48.7	53.3	60.5	59.1

ii. Cardiovascular disease

Mirroring high mortality rates again, prevalence of some aspects of cardiovascular disease is high compared to England.[8,9]

Cardiovascular Disease Measures by GP[8,9]

	Kingshurst Medical Practice	Chester Road GP	Solihull CCG average	England average
QOF % prevalence CHD	4.0	4.2	3.4	3.2
Hypertension % prevalence QOF	15.4	17.5	15.2	13.8

Levels of stroke, heart failure and atrial fibrillation are in line with averages expected. [8,9]

iii. Diabetes

Diabetes which is an illness in itself, but will also contribute to other illnesses such as CVD, has a high prevalence compared to England again. Like with CVD, several risk factors can contribute towards its development.[8,9]

Diabetes Prevalence by GP[8,9]

	Kingshurst Medical Practice	**Chester Road Surgery**	**Solihull CCG average**	**England average**
QOF % prevalence (>17y)	9.1	8.7	7.2	6.7

iv. Chronic kidney disease

Chronic kidney disease is a significantly high prevalence.[8,9] The main causes of this are diabetes and hypertension, so this reflects these findings.

Chronic Kidney Disease Prevalence by GP[8,9]

	Kingshurst Medical Practice	**Chester Road Surgery**	**Solihull CCG average**	**England average**
% QOF prevalence (>17y)	5.6	6.6	3.9	4.1

v. Mental health

Figures for the ward are significantly worse than for England. [12,13]

Self-harm admission ratios by Ward[12,13]

	Standardised hospital admission ratios (2011/12 to 2015/16) for self-harm (estimated)
Kingshurst & Fordbridge	123
Smith's Wood	139.3
Solihull	86.8
England	100

Rates for depression are significantly higher than local and country-wide indicators. [8,9]

Dementia rates are significantly lower or the same, which is unsurprising given the local youth of the population. [8,9]

Depression and Dementia Rates by GP[8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull CCG average	England average
New diagnosis depression (QOF) % (adults)	2.3	3.2	1.4	1.5
Depression prevalence (adults) %(QOF)	15.2	13.3	8.4	9.1
Dementia prevalence (QOF) %	0.4	0.7	0.8	0.8

vi. Musculoskeletal conditions

There are no significant differences for rates of long-term back problems, but they are tending to be higher than elsewhere for one of the local practices. [8,9] Back problems may be physical in origin, but also tend to be more prevalent in people with mental health issues, lack of activity and/or unemployment, as reflects some of the local population.

Rates of Back Problems by GP[8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull CCG average	England average
Long-term back problems %	21.9	5.9	8.5	9.4

viii. Chronic Obstructive Pulmonary Disease (COPD)

COPD rates are significantly high[8,9] which is unsurprising given the high smoking prevalence.

Rates of COPD by GP[8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull CCG average	England average
COPD prevalence (QOF) %	3.0	3.7	2.0	1.9

e) Social Determinants

Social networks are one of the wider determinants of health. This section considers those that are vulnerable to having less social capital (lone parents and carers) before considering ways in which social networking can increase, e.g. through volunteering.

i. Lone parents

Both wards have high numbers of lone parent households, with all LSOAs having more than double the proportion of the Solihull average. [6,7]

Lone Parent Households by Ward[6,7]

	% of Lone Parent Households
Kingshurst & Fordbridge	15.1
Smith's Wood	15.9
Solihull	7.1

ii. Carers

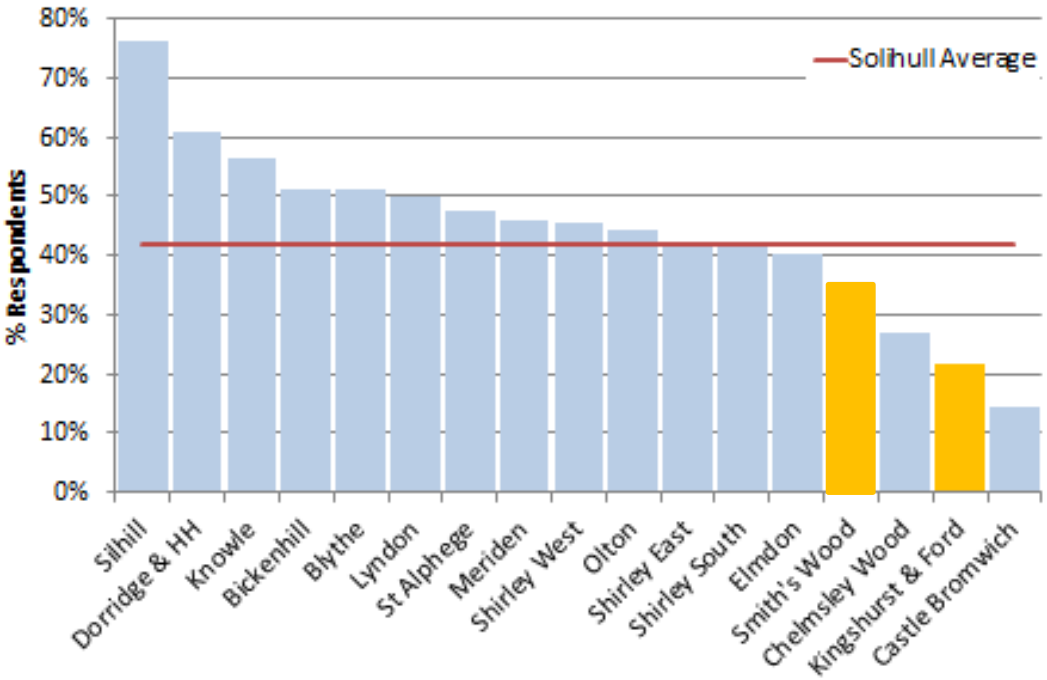
For the Kingshurst practice[8] 21.2%, and for Chester Road[9] 14.8% of registered patients have caring responsibilities, which is not significantly different to that expected (21.1 for Solihull CCG, and 17.9% for England).

This is reflected in the ward as a whole, where 10.6% in Kingshurst & Fordbridge, and in 10.6% Smith's Wood provide unpaid care, compared to 11.7% in Solihull and 10.2% in England. However, the proportion providing 'full-time' care is high, with 32% in Kingshurst and Smith's Wood, compared to 21% in Solihull.[6,7]

iii. Volunteering

Community participation is a core element of thriving communities and in this respect the evidence across Solihull as a whole is mixed. Just 22% of Kingshurst & Fordbridge respondents to the Place Survey indicated that they had given unpaid help over the last 12 months to any group, club or organisation (15% at least once a month, 7% less often), which is towards the bottom end of the spectrum for Solihull. This compares to 36% in Smith's Wood, with 25% at least once a month and 10% less often. [6,7]

Take Part in Formal Volunteering, 2014[6,7]



Source: SMBC Place Survey 2014

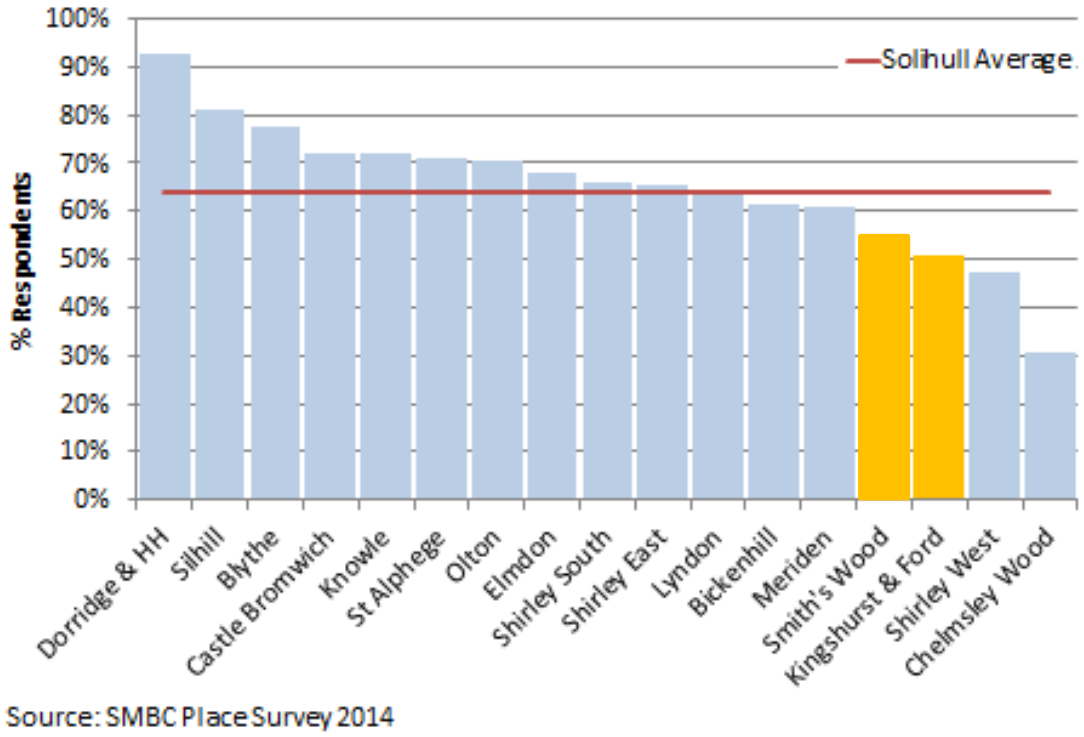
Alongside this formal volunteering, 51% of Kingshurst & Fordbridge, and 65 % of Smith's Wood, respondents said that they had helped in their community on an informal basis (e.g. helping a neighbour, litter picking etc.), which is again substantially below the Solihull average (61%).

f) Environmental Determinants

i. Safety, Crime, ASB

During the 2018 Place Survey residents were asked a number of questions about how they view their community. 51% of Kingshurst & Fordbridge and 55% of Smith's Wood respondents to the Place Survey 2014 say that they feel safe in their local area after dark,) compared to 31% and 26% respectively who feel unsafe. This is substantially less favourable than the Solihull average (64% safe, 18% unsafe). [6,7]

Feel Safe After Dark in Local Area, 2014[6,7]



Source: SMBC Place Survey 2014

The Safer Solihull Strategic assessment 2018 shows that Kingshurst & Fordbridge has the 3rd highest number of crimes among the 19 police neighbourhoods in Solihull, with Smith's Wood 8th highest.[15]

Anti-social behaviour (ASB) is also an issue in parts of both Kingshurst & Fordbridge and Smith's Wood, with rates in North Solihull generally above the Borough average. Particular ASB hotspots near Babbs Mill Recreation Ground and Kingshurst Way.

There were 388 reported incidents of Anti-Social Behaviour (ASB) in Kingshurst & Fordbridge in the year to July 2015. This equates to 30.4 per 1,000 residents, well above the Solihull average of 21.2 per 1,000, but lower than the other two wards in the North Solihull regeneration area. The number of ASB incidents has fallen by nearly 40% in Kingshurst & Fordbridge compared with 2012.

Kingshurst & Fordbridge and Smiths Wood are consistently shown to be the top 3 areas for reports of domestic abuse, and true figures are likely to be even higher as it is reported that only a minority is reported to police. [16]

Domestic Abuse Incidents by Ward[16]

	Domestic Abuse Incidents per 1000 population 2014/15
Kingshurst & Fordbridge	31
Smith's Wood	28
Solihull	12

ii. Housing conditions

The pattern of housing tenure in these wards is significantly different to Solihull, with more socially rented households and less owner occupied ones. However, the Trees and Central Kingshurst LSOAs which are very local to the redevelopment area, do have substantially higher proportions of owner occupied housing (for The Trees standing at 55% and in Central Kingshust at 74%).[6,7]

In terms of housing condition, although the percentage of private houses with no central heating is below that of Solihull, it is in line with that in England.[6,7]

However, overcrowding appears to be an issue in both wards for private housing, though again less of an issue in some of the LSOAs near the redevelopment.[6,7]

Housing Conditions by Ward[6,7]

	Owner Occupied % households	Socially rented % households	No Central heating (Private Housing)	Overcrowding re: bedrooms (Private Housing)
Kingshurst & Fordbridge	50.5	40.8	2.7	5.3
Smith's Wood	50.0	43.0	2.0	5.9
Solihull	74.5	14.9	1.8	2.7
England	64.1	17.7	2.7	4.8

iii. Transport

Car and van ownership is relatively low in these wards, but with again more average numbers found in Central Kingshurst LSOA.[6,7]

This impacts upon mode of transport to work, alongside work location, resulting in public transport use is relatively common, but significantly fewer walk or cycle to work than in England. [6,7]

Transporation Data by Ward[6,7]

	% no car or van	% public transport for work	% walk or cycle to work
Kingshurst & Fordbridge	39.5	21.2	11.8
Smith's Wood	39.1	22.3	9.5
Solihull	19.7	14.5	7.9
England	25.8	17.9	14.5

iv. Fuel poverty

Fuel Poverty in 2014 was 11.2% for Kingshurst & Fordbridge[12], and 11.7%[13] for Smith's Wood compared to 9.1% for Solihull and 10.6% for England.

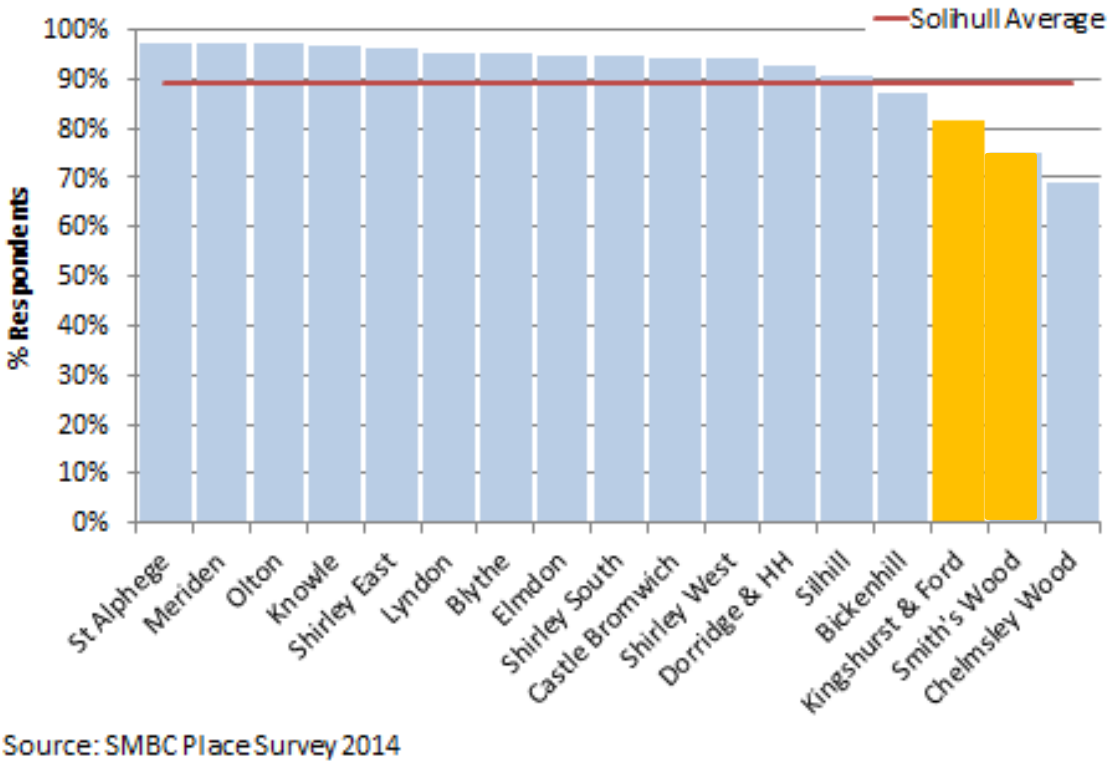
v. Air quality

Pollution ratings in the local area are thought to be very low, meaning there is a low chance of average nitrogen dioxide levels exceeding the annual legal limit. N.B. this does not mean there may be heavy pollution near major roads. [17]

vi. Satisfaction with the area

The 2014 Place Survey indicated that residents of these wards gave some of the least favourable responses to this question in the borough.[10]

Satisfied with Local Area as Place to Live 2014[10]



Source: SMBC Place Survey 2014

g) Economic/Educational Determinants

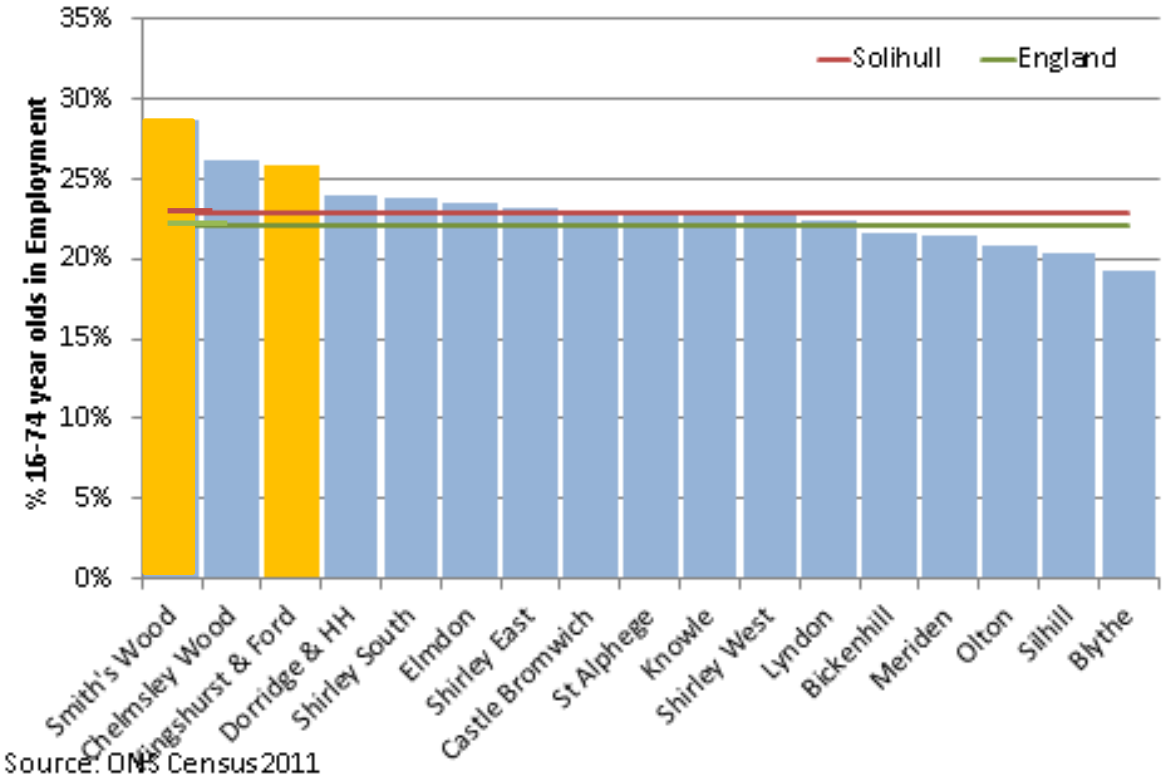
i. Employment

The 2 wards have the 2nd and 3rd smallest proportion of economically active 16-74 year olds in Solihull, which is well below the England average also. They also have relatively high proportions working part-time (compared to full-time), and the trend has been for this to increase (as has also occurred across the borough). [6,7]

Economic Activity Data by Ward[6,7]

	Smith's Wood	Kingshurst & Fordbridge	Solihull	England
% Economically Active	65.8	66.3	70.8	69.9
% working full-time in employment	63	65		
% working part-time in employment	29	26		

Part-Time Employment across Solihull[6,7]

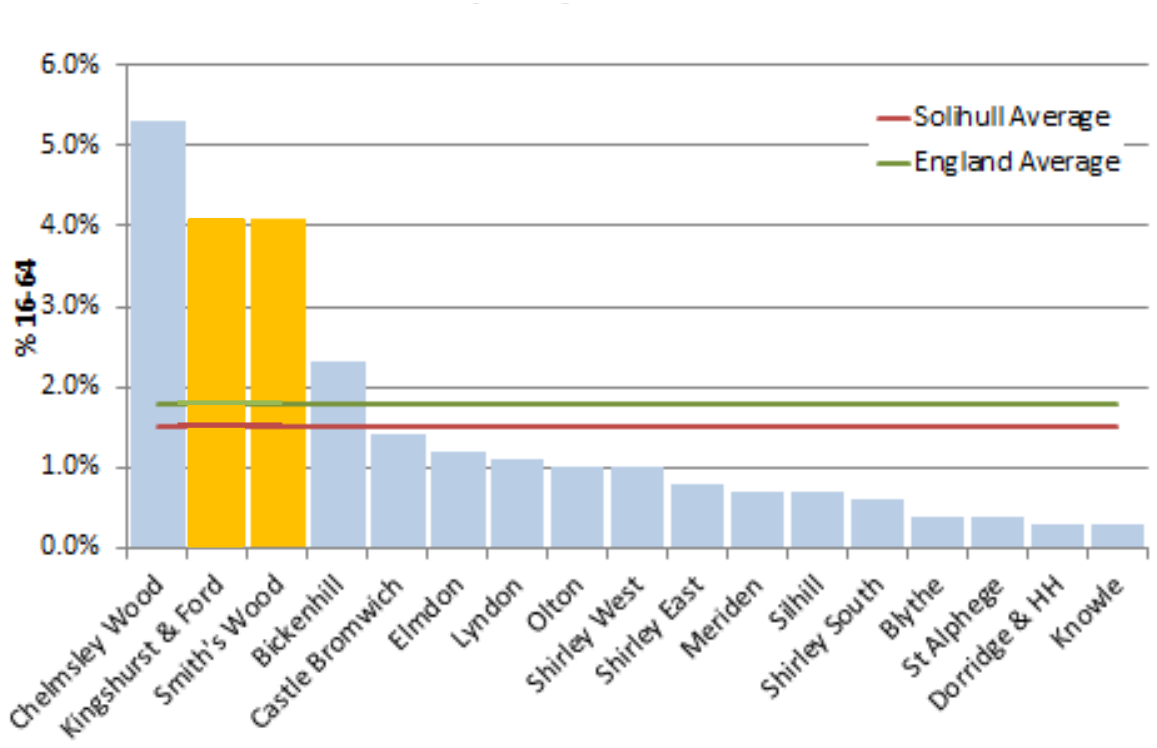


On a more local level, using the GPs as a proxy, the measures are not significantly different to England, though they are tending towards less employment and more unemployed. [8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull CCG average	England average
Paid work or full-time education %	54.2	52.6	61.1	62.7
Unemployed %	6.2	12.2	3.7	4.4

Claimant unemployment comprising Jobseekers Allowance (JSA) claimants and, since June 2015, Universal Credit claimants not in employment, measures the number of people not in work and actively seeking employment. There are significant numbers of people claiming this in both wards. [6,7] This rate is particularly high in those aged 18-24 years, with 8% in Smith's Wood and 8.9% in Kinghsurst, compared to 3.7% in Solihull and 2.8% in England for the same age. However, this is as much due to increasing take-up of older benefits in older age groups as much as increasing employment rates.

Claimant Unemployment October 2015[6,7]



Source: ONS/Nomis

ii. Worklessness

Worklessness is a broader labour market measure than claimant unemployment as it includes individuals who are not working but not required to seek work to be eligible for benefits. This includes significant numbers of those claiming a sickness benefit (Employment and Support Allowance or Incapacity Benefit). The total number of people workless comprises those claiming Jobseekers Allowance, Employment and Support Allowance/Incapacity Benefit, as well as Lone Parents and others on income support.[6,7]

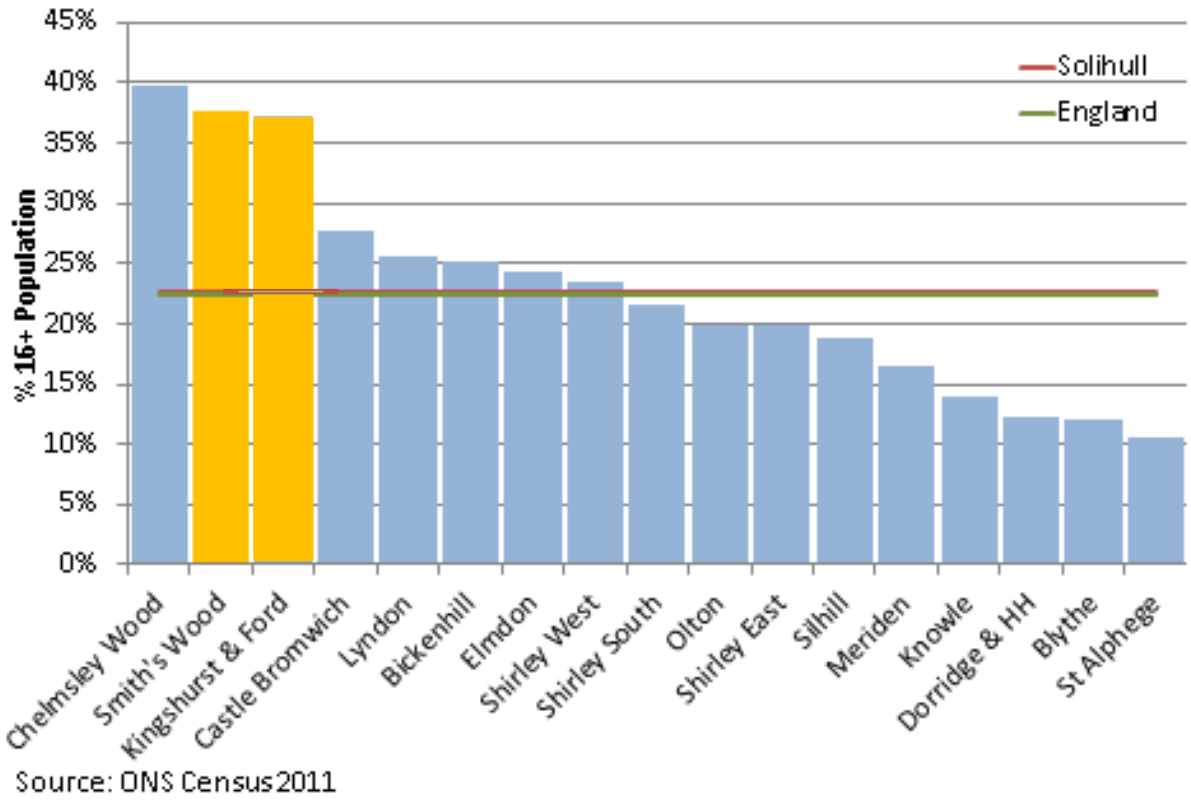
In May 2015, 16.6% of the working age population in Smith's Wood, and 24.9% in Kingshurst were claiming one of these benefits. Comparing to Solihull at 8.1% and England 9.1%.

With the exception of Babbs Mill South all LSOAs in the 2 wards have an above England worklessness rate. [6,7]

iii. Qualifications

There are high proportions of adults with no qualifications in both wards.

<u>Adults with No Formal Qualifications[6,7]</u>

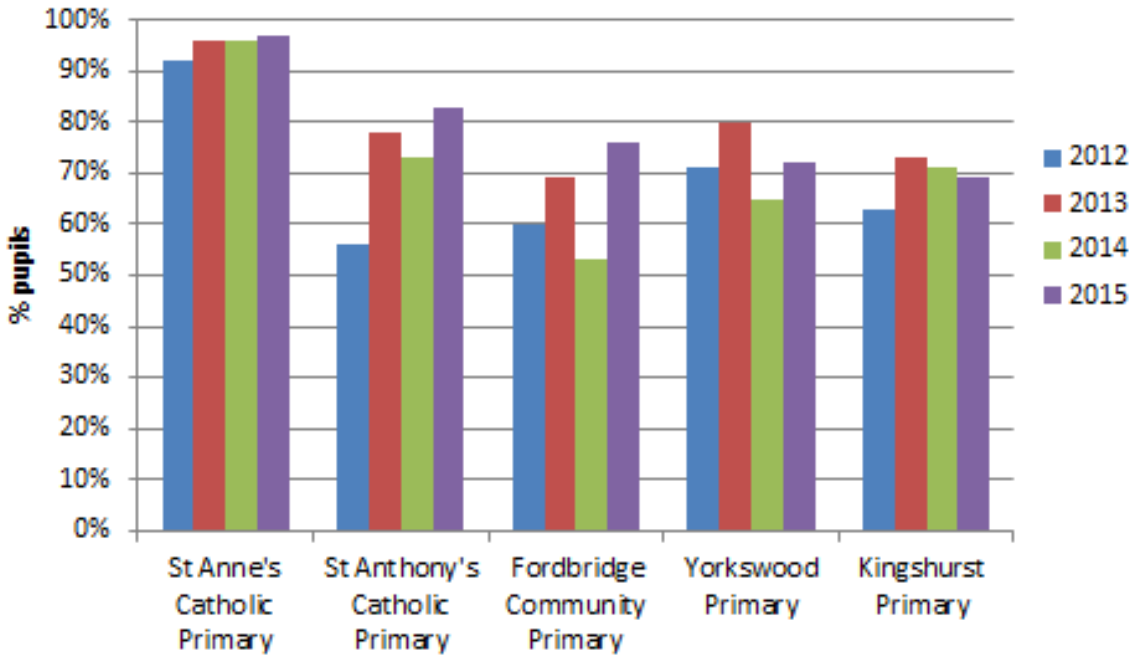


iv. Schools attainment

The majority of children in the Kingshurst and Fordbridge area attend one of the following primary schools: St Anne's Catholic Primary School, St Anthony's Catholic Primary School, Kingshurst Primary School, Fordbridge Community Primary School or Yorkswood Primary School. The majority of children in the Smith's Wood area attend one of the following primary schools: St John the Baptist Catholic Primary School, Kingshurst Primary School or the newly opened Smith's Wood Community Primary School. Of note, children from both areas attend the Kingshurst Primary School. [6,7]

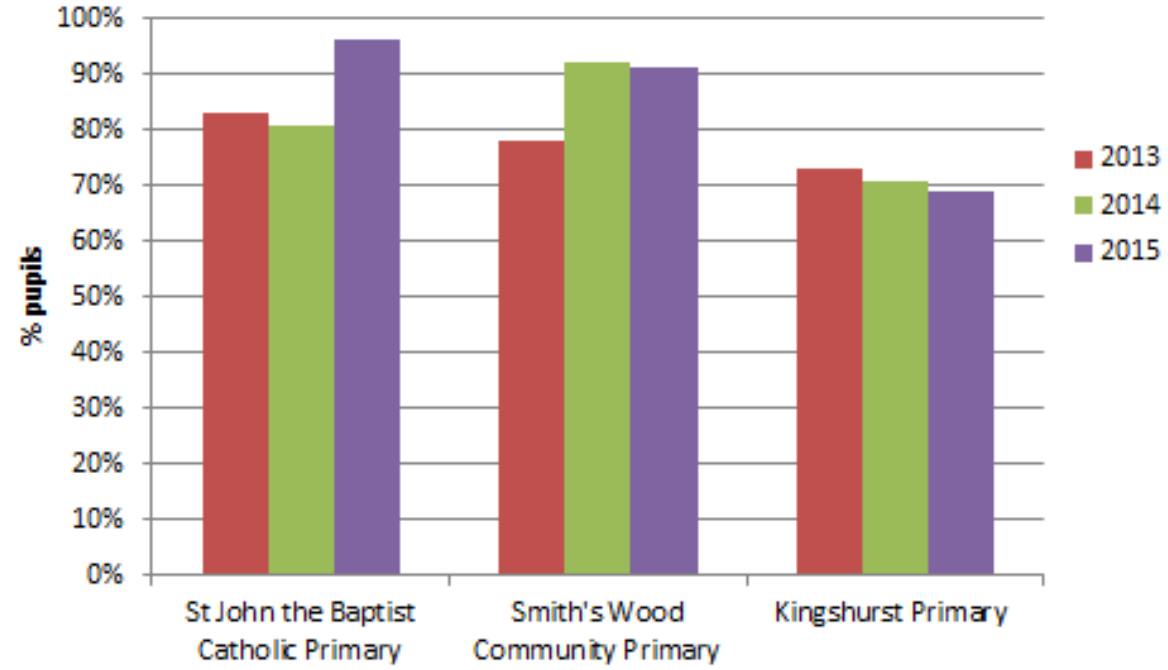
Key performance measures for these primary schools, show significant variability between individual schools. [6,7]

% Pupils achieving level 4+ in reading, writing and maths at KS2-Kingshurst & Fordbridge[6,7]



Source: Department for Education

% Pupils achieving level 4+ in reading, writing and maths at KS2-Smith's Wood[6,7]

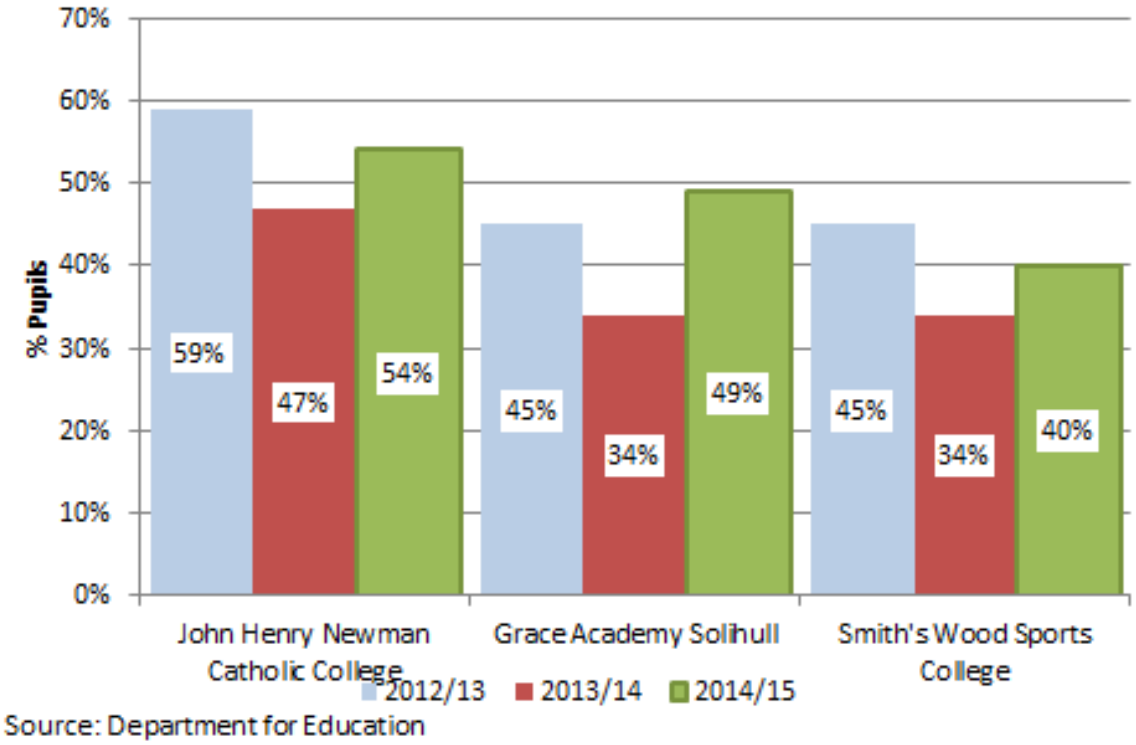


Source: Department for Education

In terms of secondary schools, the majority of pupils in Kingshurst and Fordbridge attend either John Henry Newman Catholic College (formerly Archbishop Grimshaw Catholic School), Smith's Wood Sports College, or Grace Academy. In Smith's Wood, most pulpils attend Smith's Wood Sports College also, with the remainder attending another school but who are mostly resident in an LSOA not of interest to the needs assessment (The Cars). [6,7]

Substantially fewer pupils achieved at least 5 A*-C grade GCSEs including English and Maths at Smith's Wood Sports College than across England as a whole (40% compared to 53%), but otherwise again there was considerable inter-school variability, with some performing on a par with England. [6,7]

Pupils Achieving 5+ A*-C GCSEs inc English & Maths[6,7]



Source: Department for Education

School attainment at Key Stage 4 (KS4) can also be measured by the average score per resident pupil at LSOA, regardless of school attended, with the latest data from 2013/14 academic year. [6,7]

KS4 Attainment by Ward[6,7]

	Smith's Wood	Kingshurst & Fordbridge	Solihull	England
Average KS4 per pupil	259	275	399	366

4. SUPPLY

As part of the needs assessment the current services provided needs to be understood to see if it meets the needs that have been identified. This may also highlight areas of supply that may be disrupted by the redevelopment, or could be incorporated into the plan in someway.

a) *Community Assets*

The non-NHS assets that are provided in the area, but which may impact upon health have been collated by the Solihull Active team as part of their community consultation workshops in the local areas on 31st October 2018 for Kingshurst and 13th November 2018 for Smithswood. Several assets were identified in both of these consultations, which by the very nature of identification of both wards are the most likely candidates for community gatherings for users of the parade, situated between these 2 wards. These are detailed in the table below.

Asset	Services provided
Kingshurst Library	Litter picking 'Knit and Natter' 'Rhyme time'
Capital House (by Yorkswood School)	HYPE: Youth Project Kingshurst Scout Group Play and Stay Kingshurst Community Building
Pavillions	Children's football teams School holiday daytime football Pavillions FC 'Connecting young people'
Parish Council	Annual summer event Christmas annual event for children
Smith's Wood Academy	Astro pitch Sports Hall Food bank Keep fit Gym Self defence classes Eat well, move more Small children's park
North Solihull Sports Centre	Swimming pool Sports hall Gym Astro-pitch Creche-Café

	GP Referral Cardiac Rehab 'Better Breathers' Long Term Condition Classes Swimming Lessons Martial Arts 'Nifty-Fifty' (social, table tennis) Gymnastics Bowls Tai Chi Table Tennis Aerobics Events Disability Sports Badminton Running Club Dance classes Football Netball Hockey Basketball 50+ classes
Solihull College & University Centre	Grass Pitch
Roman Catholic Church	Social club N.B. also used by Romanian Community for their faith

Further community areas identified solely at the Kingshurst consultation, but which may impact on health, whether directly or via the wider determinants, are detailed below.

Asset	Services provided
Babbs Mill (Historic Mill) Park	'Strollers & Striders' Girls Brigade Children's play area Basketball court Krav Maga - Self defence class Karate Boot Camp Women's Keep Fit/'Clubbercise' Fishing windbreaks Park run (to come) 'Friends of Babbs Mill Litter Pickers' Babbs Mill Lake

Kingshurst Park	Tote Bonns Ball Christmas meal Summer meal Day trips Fish & Chips night 6 or 7 parties a year 'Strider's and Strollers' Walk
Seeds of Hope	'Bonnie's Babs' 0-4 years 'Friends in Retirement': Dance and Keep Fit Girls Brigade Social group for adults with disabilities 'Movement to music' Slimmers' world Coffee Morning 'Gilson Ladies' 'Strollers & Striders' IT computer club/ Coin collections group Craft GP - Quiz Night Arts/Craft Club Lunch Club T Dance Stroke Club 'Popercise' 'Young at Heart' Kick boxing Karate Community meals and events
Redwood House (High rise for over 60s)	Once a week breakfast ('Breakfast Club') Keep fit class Line dancing Craft Club Community get-togethers 'Stitch & Knit' Bingo Games afternoon Table Top Sales
Dial (N.B. part of current parade)	Disability information and advice
River Cole	Footpaths
Kingshurst & District Labour Club	Slimming World Caribbean Food
RC Primary School	GP referral Smiths Wood Community Gym

Meriden Park	Skate Park Cycle Hub Outdoor Gym Tennis Courts Playground
John Henry Newman	3G pitch/grass pitch Sports Hall Valentine Theatre/Dance School
Kingshurst Evangelical Church	Holiday Play Scheme Community Lunches (Daily Lunch Club) Annual Christmas Choir Annual Christmas Play Youth Activities Summer Camps for youth
Big John's	Community Gathering
Tudor Grange Academy Kingshurst	3G pitch Grass pitch Tennis courts Sports Hall
Other	Council owned allotments Grass pitches

Further assets identified solely at the Smith' Wood consultation are as below.

Asset	Services provided
Elmwood place library	Fiveway café for 11-16 years Buggy walks 'Young at heart'
Castle Bromwich Library	'Striders and Strollers' Readers circle 'Rhyme time' Litter picking equipment
Smith's Wood nature reserve	Warwickshire wildlife trust Smiths wood litter pickers/clean up
St Clements Church	Variety of groups Chair Tai Chi and Yoga Food bank and cafe
Castle Bromwich Youth Centre	Stay and play
Bosworth Wood Playing field	Fit Cap Birmingham City Football
Auckland Hall,	Multi-Sports for kids aged 4-7 years old

Sunbeam Close, playing fields	'Sunbeams' Seated Yoga Beavers Cubs Hatha Yoga 'Wizzleword Dramatics' School for Gaming 'Busy Hands' Mindfulness MF Community Music Photography Club 'Musical Maggie' Clean up the Cars Area Bingo Partnership Meeting Football Skills 'MADHouse' Boxercise Classes Creative Therapies 'Fit and Fed' Programme Outreach and Youth Engagement 'FitCap'
Cars area field	Kids multi-sport every Wednesday Together area
Forest Oak School	Eat well move more
St John The Baptist RC primary school	Eat well move more
Other	BLT: Bums, Legs & Tums Cardiac Rehab Bootcamp Urban Running Holiday Clubs Saturday Clubs Outdoor/PE Smith's Wood litter pickers Eat Well Move More School Programme Over 50s Aerobics Smith's Wood Football Club Table Tennis Boys/Girls Brigade Health and Wellbeing Support Normon House Park Hall School Arden Hall Merstone School

Finance support skills were identified in Colebridge Trust by stakeholders, though not by residents, hence there may be a lack of awareness of this needed facility. For both residents and stakeholders there was a need identified to increase awareness of the facilities available as there are many but they are not always well known about and therefore potentially under used.

The opening times and services provided by the 2 local GPs are provided below.

GP	Opening times/access	Services provided
Kingshurst Medical Centre[18]	Mon – Fri 0800 - 1830 Phone or online access Partnered extended access at The Bosworth Hub for 18. 0-2000 Mon-Fri, 0900-1200 Sat and 0900-1100 Sun	Antenatal services Cervical cytology Child health surveillance and childhood vaccinations Flu and pneumococcal vaccinations New patient health checks Palliative care Travel vaccinations Health promotion Chronic disease monitoring Stop smoking clinic INR clinic Would care/dressings Ear syringing
Chester Road Surgery[19]	Mon - Fri - 0800 – 1830 Phone or online access Same partnered extended access at the Bosworth as above	Family planning Antenatal clinic Mother and Baby clinic Child health surveillance Asthma clinic Diabetes clinic Well man clinic Well woman clinic Non-NHS services e.g. forms, certificates, private prescriptions, vaccinations

b) Primary care services

Both of the local practices are relatively small, but the Chester Road surgery is even smaller. Some basic data regarding these services is shown in the following table. [8,9]

	Kingshurst Medical Practice	Chester Road Surgery	Solihull CCG Average	England Average
Registered Patients	6467	3819	9495	7889
% recommend the practice	25.7	86.6	78.3	77.4
% Satisfied with phone access	44.4	100	63.8	70.9
% Satisfied with opening hours	50.3	85.7	73.6	76.2
% good experience of making an appointment	42.3	87.4	68.9	72.7
% contact with health professional same day or next	66.3	88.9	51.7	50.0

c) *Emergency admissions*

These can be used as a proxy measure for access and use of the GP, as this may reduce preventable emergency admissions if utilised correctly

Emergency Hospital Admissions, Standardised Admission Ratios (SAR), 2011/12 to 2015/16 - (estimated from MSOA data) [12,13]				
Indicator	Kingshurst and Fordbridge	Smith's Wood	Solihull	England
Emergency hospital admissions for all causes	139.2	134.1	112.4	100
Emergency hospital admissions for CHD	131.9	115.1	84.7	100
Emergency hospital admissions for stroke	87.3	96.3	78.9	100
Emergency hospital admissions for MI	119.8	109.3	72.7	100
Emergency hospital admissions for COPD	174.8	157.7	81.2	100
Emergency admissions for hip fracture aged 65+	109.1	113	97.1	100

d) Childrens' activity

Emergency admissions for 0-4 year olds in Smith's wood significantly better than England, with A and E attendances for 0-4y olds significantly better than England generally. Admissions for injury for 15-24y is significantly worse in Kingshurst.

Children's health care activity, values, 2013/14 - 2015/16 (estimated from MSOA level data)[12,13]				
indicator	Kingshurst and Fordbridge	Smith's wood	Solihull	England
Emergency Admissions 0-4 year olds rate per 1,000	155.7	135.6	139.5	149.2
A&E attendances 0-4 year olds rate per 1,000	506	504.1	436.1	551.6
Admission for injury 0-4 year olds rate per 10,000	108.9	132.5	110.1	138.8
Admission for injury 0-15 year olds rate per 10,000	98	120.7	93.3	110.1
Admission for injury 15-24 year olds rate per 10,000	180.9	142.3	127.5	137

5. DEMAND

As part of the needs assessment the stakeholders should be consulted to understand their views. A number of community consultations have already taken place in this area, and as such this part will report the qualitative data that has been gathered.

A number of community consultations have already taken place in the local area, from a variety of sources. These sources, and a brief outline of important methodology or data issues are listed following:

- 'Active Communities' (from Solihull Active) community consultation in Kingshurst on 13/11/2018, and Smith's Wood . Conducted as part of Sport England pilot in the area, with open space discussion for what people would like to see in 2 years time in the local area.
- Early engagement regarding Kingshurst Parade redevelopment, undertaken in January 2017. Survey monkey data, with over 400 responses, with over 60% of respondents being 25-55 years old, but few less than 25 years. This means some of the large proportion of younger residents' views may not have been as fully represented.
- Preferred option regarding Kingshurst redevelopment, undertaken in Autumn 2017. Survey monkey data, with over 50 responses, with 30% respondants being 65-74years, and over 90% responses being 45-75years and over age range. Certainly, views of the younger population were not represented in this study.
- Experiences of families living in Kingshurst,[20] September 2014. This was a rapid ethnographic project that looked at the experiences of families in the area, but was noted to have less engagement than they would have ideally liked and less very young people than targeted.
- Results from a social media deep dive, by Nourish Social for Solihull Active regarding conversations in North Solihull[21.] This was based on Facebook, Instagram and Snapchat data mining in the previous 60 days.

In general, the parade is less well used than it could be, due to a number of potential issues, some of which are highlighted below. It is relevant to note that the 3rd most common reason on the early engagement community consultation exercises for accessing the parade, was to use medical facilities – highlighting the importance of this to the parade itself and the users of it, with 46% citing this as the reason for visiting.

These have been reviewed for relevant recurring health-effecting topics, and a number of consistent themes emerged, which are separated below with some comments that were made about each one:

a) Concerns over crime and security

i. Lighting issues/dark corners
ii. "it's a magnet for anti-social behaviour"
iii. "closed in", "intimidating", "blind corners", "daunting when dark"
iv. Graffitti, vandalism, "dirty"
v. "lots of kids hanging around"
vi. Safety of park, and walking through route to school
vii. Children often labelled as perpetrators of crime, but also are victims of crime e.g. bike crime
viii. Conflicts between young and older children using same community spaces, perceived safety of younger children e.g. park
ix. "we don't feel safe"

b) Lack of facilities for young (pre-school) children

i. Lack of café/indoor play/meeting space
ii. Safety of park/play equipment

c) Lack of facilities for older children

i. Importance of engaging with local schools, that were seen generally as good sources of support, communication and resources
ii. Lack of meeting space

d) Transport issues

i. "We've got no public transport to … the local shopping centre"
ii. "public transport is inadequate to have to drive"
iii. Lack of sufficient car parking spaces

e) Source of community support

i. "It's a place that holds the community together"
ii. "central point of social interaction"
iii. "village hub"
iv. "good community spirit"
v. "we get to see familiar faces and can chat, especially lonely people without transport"
vi. "where will we hold community events"
vii. "those facilities are so much more than a shop…people get to know each other in these spaces"

f) Issues with primary care

i. Continuity, access, building undesirable
ii. Historical issues remain as did fail CQC inspection previously, though since taken over by other providers

g) Communication

i. "we need to know where to go and what it means"
ii. "people do not know what activities or groups are available"
iii. "lack of….noticeboards"
iv. "there is a lot going on…join the dots"
v. "almost no-one knows there is a gym at Smith's Wood community school"

h) Other

i. Loss of the greengrocers/lack of fresh food shops
ii. Lack of volunteers to help run the community assets, though appears to be many people who would be willing to volunteer if awareness of groups was high enough
iii. High demand for women's groups including exercise, social, parenting groups and cooking
iv. Some demand for men's groups e.g. sport or fixing things
v. Vaping portrayed on social media as fashion accessory, is sold at schools, and not considered as 'smoking'
vi. Council 'brand' not well trusted

From the above it should be reiterated, that despite less young people engaging with the consultations in general than would reflect the local demographics, issues with young people's facilities were still identified.

6. INFORMATION GAPS

The qualitative data generally has a relative lack of information from younger people identified in it, although there needs may have been identified anyway, it would be useful to see what they themselves think.

Also, the GP practices themselves have not been involved in any of the stakeholder consultations, and their opinion may be warranted. Further general stakeholder consultations would have been ideal related directly to the production of this report, but due to tight time constraints this has not been possible. Of note, the 3rd sector providers in the local area are very keen to be involved though (Yorkswood School/Capitol House, Colebridge Trust, Seeds of Hope, Kingshurst Evangelical Church), and are all important assets to the area.

7. CONCLUSIONS

- There are a high proportion of young children who are particularly deprived in the local area, making a life course approach important
- Prevention is important as many health needs are secondary in part to modifiable risk factors, including smoking, obesity, alcohol use, sedentary and unhealthy lifestyles
- Loneliness, a lack of feeling safe, and general dissatisfaction with the local area along with poor private housing conditions and low education and occupational attainment contribute to poor mental health and increased unhealthy lifestyle behaviours
- Lack of engagement with some current primary care facilities contributes to poor preventative and early detection service uptake
- Lots of current community assets in the area, although there is questionable knowledge about them. Despite this, community relationships have been highlighted as a key strength of the current village centre.

8. ASPIRATIONS FOR NEXT STEPS

Key themes

- *A life-course approach* - targeting the numerous disadvantaged young children as a priority, as advocated by the Marmot review[22] into the wider determinants of health inequalities. One of his key objectives in order to reduce health inequalities was that every child should have the best start in life.
- *Preventative measures* – as many of the illnesses and mortality are caused at least in part by modifiable risk factors, decreasing unhealthy lifestyles, particularly in the younger population, will decrease the health inequalities resulting from these current unhealthy lifestyles
- *Awareness of assets* – currently there are numerous assets, though they are not well known about by the general community. Some may act as a hub to access others (e.g. Seeds of Hope, Yorkswood School/Capitol House) and should be involved in discussions about service change in the area
- *Co-production*[23] - should be considered, where residents themselves are equal partners in recommending and designing services for themselves. People have good understanding of local needs, and are more likely to use assets if they have been involved in their formation. Co-production work would also increase the involved residents social capital and connectedness
- *Involvement of primary care services* – these services are key resources for people in the locality, often a reason for accessing the current centre, and currently with variable quality indicators. This is in part due to the external appearance and state of the building they are housed in. GP services are likely to be a fundamental part of the new centre, and if these could be integrated with it and redeveloped also this may change some of the perceptions surrounding them, which in turn may encourage their use. Besides structural work, primary care services are a key stakeholder that should be involved in discussions about service development and supported to improve access and use of the services.
- The village centre should retain its *community feel* that has currently been a highly regarded aspect of it. A hub or meeting space needs to be available in it, where some possible activities and facilities can be run from
- *Service development* – in order to develop suitable solutions for some of the more high level issues raised below, it would be useful to hold workshops involving stakeholders (including residents, primary care, 3rd sector providers, schools, Active Communities). This could take the form of a logic-approach to devise solutions, and could enable co-production to develop also
- *Monitoring and Evaluation* - is an integral part to any intervention, and should be planned alongside any interventions that are developed

Safety

- Data has shown people do not feel safe both quantitatively and qualitatively

- The design of the redevelopment should bear in mind safety issues, such as adequate lighting and lack of blind corners, that have been repeatedly identified as current issues
- This should result in the area being more safe as well an enabling people to benefit from this feeling of safety, which will in turn increase wellbeing and encourage more access to the facilities which may support the other recommendations

Healthy Eating

- Data has shown that there are low levels of healthy eating, and this is a modifiable risk factor for several of the illnesses that are prevalent and causing mortality in the area (cancers, obesity, cardiovascular diseases, diabetes). Loss of the greengrocer and access to fresh food was highlighted in the qualitative data
- If healthy eating was promoted within families, this would allow modelling to occur for the younger children and so employ a life-course approach
- In the new village centre, access to fresh and healthy foods should be available, which are affordable, as price remains one of the most important factors for buying food and is raised as a common barrier to eating more healthily.[24] This should occur whilst limiting access to more unhealthy foods such as takeaways
- Combining healthy food availability with education in schools, has been shown to be effective in encouraging healthier food consumption, and so engaging with the schools in the area is vital too, particularly as this is also in keeping with the life-course and preventative approach being considered

Increasing Physical Activity

- Data has shown there are low levels of physical activity in the area, despite there being a lack of car ownership and perceived poor public transport links. This will contribute to the high levels of morbidity and mortality from cancers, cardiovascular disease, diabetes, mental illness and poor wellbeing. Safety was also highlighted as a reason for not using more active transport to school or across the park, and so this is a barrier to increasing activity. Furthermore, bike crime is common in the area and may discourage the use of bikes by young children.
- Making the area more safe for forms of active transport[25] e.g. to school or in the park would remove this barrier preventing it currently. This is key as highlighted in both the Town and Country Planning Association's 'Good Place Making Principles' [26] and also in the '10 Healthy Street Indicators' by Transport for London[27]. Other relevant key considerations from these documents include: ensuring the environment is relaxing, interesting with things to do and see, places to stop and rest, and shelter or shade available
- 'Active Communities' (part of Solihull Active) are currently a key stakeholder in this area, doing lots of in depth work encouraging physical activity in the area, and so clearly should be involved in discussions about how to encourage more physical activity in the vicinity – this will include both planning aspects and service development

No Smoking

- Data has shown this is common, and clearly contributes to high morbidity and mortality secondary to lung cancers, cardiovascular disease, chronic obstructive pulmonary disease and hypertension. The cost of smoking also may increase the deprivation experienced. Qualitative data has shown that vaping is prevalent amongst younger children, and not perceived as smoking.
- Education around no smoking or smoking cessation is important through primary care, but also could be highlighted as something that many of the community assets that are present could discuss as they are a trusted point of contact. This could follow a 'Making Every Contact Count' approach[28], and should also consider educating children about vaping

Increasing Social Capital

- There are several vulnerable groups e.g. lone parents and ethnic minorities, who have an increased chance of poor social capital and isolation. The lack of volunteering in the area also highlights this, and poor networks may contribute to the poor mental health data and general dissatisfaction with the area as a place to live. People have indicated in the qualitative data that they would like to be involved in volunteering more, but are not always aware of the opportunities, again highlighting the lack of awareness of the assets that are present.
- There is good evidence[29] that improving connectedness (as in social capital), being more active (above) and giving back (by volunteering) are 3 of the 5 ways in which wellbeing can be increased. (The other ways are 'taking notice' such as by promotion of mindfulness techniques, and keep learning.)
- Several suggestions emerged from the qualitative data about what people themselves wanted from community activities. Many of these were around young family groups e.g. indoor play, café, mother/parenting groups, and so would include some of the most prevalent vulnerable to isolation groups inherently. These suggestions show how co-production can work at idea generation
- Some of these groups could also impact on other recommendations, such as cookery classes as mentioned above, or exercise classes where there are child facilities to enable attendance or the ability to do it with the child themselves, which would encourage children to be active also.
- People said they were keen to volunteer but were unaware of the opportunities to do so, raising the importance of highlighting the current assets already present again. Volunteering in itself is a way of increasing social capital and cohesion in the community

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