Tackling health inequalities: a blueprint for Solihull

2022 - 2025

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

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Tackling health inequalities: a blueprint for Solihull 2022-2025

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Foreword

Solihull sits in the heart of the West Midlands and is host to some major national and global economic players. Investment over the last 20 years has regenerated key parts of the borough with plans in place to expand this.

But the overall success masks some significant differences within Solihull. These can be seen across a wide range of socio-economic measures, which in turn, have a major influence on people's health, well-being, quality of life, and length of life.

Through the new Integrated Care System Place Board for Solihull and Solihull's Health and Wellbeing Board, we want to harness the power of the leading agencies working in Solihull to redouble efforts to reduce health inequalities and maximise the opportunities for everyone in the borough, irrespective of where they live or their background.

Within Solihull, people in the most deprived 10% live an average of 10 years less than those in the least deprived 10% and spend much more of their lives in ill-health. Health, wealth and the environment are all inextricably linked. So tackling inequalities in health cannot be done well without focusing on the 'causes of the causes' of poor health.

Health inequalities arise because of the conditions in which we are all born, grow, live work and age. These conditions influence our opportunities for good health in profound ways. Only an estimated 20% of our health is down to the care we receive from the NHS.

Our very early years development, getting the education and skills to get a good quality job and level of income, as well as the quality of our homes and surroundings all shape our mental health, physical health, and well-being.

Inequalities exist between people and places. Differences in health outcomes in different parts of Solihull matter, and so do differences by group characteristics like race, disability, or gender. Identifying and narrowing these differences is a key part of our blueprint.

We have a renewed sense of urgency and responsibility to better assess, understand and narrow inequalities affecting our residents.

While the task is large, there are reasons for optimism. We know health inequalities can be minimised with the right mix of actions and leadership. Solihull partners, for example, have expressed a strong desire to do more, work differently, and co-ordinate action better.

This strategy, and our collective commitment to its guiding principles, represents our ambition to create a place where everyone in Solihull has a fair chance to be healthier, happier, safer, and more prosperous.

Cllr Karen Grinsell

Chair of Solihull Health and Wellbeing Board and Deputy Leader of Solihull Council

Lisa Stalley-Green

Deputy Chair of Solihull Health and Wellbeing Board and Chief Nursing Officer and Deputy Chief Executive for Birmingham and Solihull Integrated Care System

What the strategy sets out

This Strategy sets out Solihull's plan of action to reduce health inequalities over the next three years. It draws on strategies where work to address health inequalities has already started, including the Solihull Council Plan 2020-2025, Health and Well-being Strategy 2021-23 (update) and emerging Birmingham and Solihull Integrated Care System plans.

It comes at a time of renewed focus on health inequalities nationally.

On 1st October 2021 The Office for Health Improvement and Disparities was founded and tasked with tackling unacceptable health disparities, also called health inequalities, across the UK.

The new Government department will co-ordinate an ambitious programme of work across central and local government, the NHS and wider society, drawing on expert advice, analysis, and evidence, to drive improvements in the public's health. National policy papers are expected soon.

What do we mean by health inequalities?

Health inequalities are systematic, unfair, and avoidable differences in health between different people in society[1].

The terms "health inequalities" and "health disparities" are sometimes used interchangeably although they are different. Health disparities simply means health differences; whereas health inequalities point specifically to health disparities that are unfair and avoidable – that we can do something about. For simplicity and consistency, we will use the term health inequalities throughout this Strategy.

There are many kinds of health inequality, and many ways in which the term is used, so it is useful to be clear about what is unequally distributed, and between whom.

Inequalities of what?

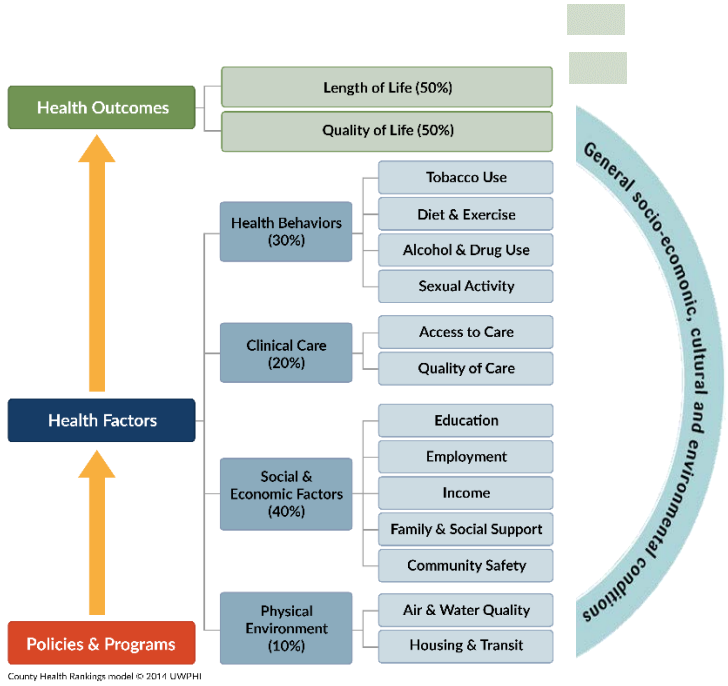
Health inequalities can include differences in:

- **health status** (e.g., length of life, quality of life, prevalence of disease)
- **access to care** (e.g., availability of treatments or other vital public services)
- **quality and experience of care** (e.g., outcomes following treatment or care, patient satisfaction of it)
- **health behaviours** (e.g., harmful tobacco, alcohol, or drug use)
- **wider determinants of health** (e.g., family support, income, transport, education, housing quality)

Figure 1 shows how these elements, and more, work together as a system to cause a pattern of differences in health outcomes. General social, economic, cultural, and environmental conditions, for example, set the context in which policies and programmes are selected, that in turn, affects a wide range of "health factors" that ultimately causes systematic differences in length of life and quality of life between people and places.

[1] https://www.kingsfund.org.uk/publications/what-are-health-inequalities

Figure 1 What causes systematic differences in health outcomes?



Source: Adapted from *the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2022. www.countyhealthrankings.org*. Note: % figures are estimates and averages, the relative contribution for an individual's life will be unique to them.

In Figure 1, clinical care - such as healthcare provided by General Practitioners (GPs) and in Hospitals – contributes roughly 20% to differences in health outcomes, meaning 80% is explained elsewhere, by things like the physical environment, social and economic factors, and health behaviours.

Figure 1 is illustrative only. Estimates of the different contributors do vary. But there is consensus that factors outside of clinical care, known collectively as the "wider determinants of health", play the largest role in contributing to health inequalities overall.

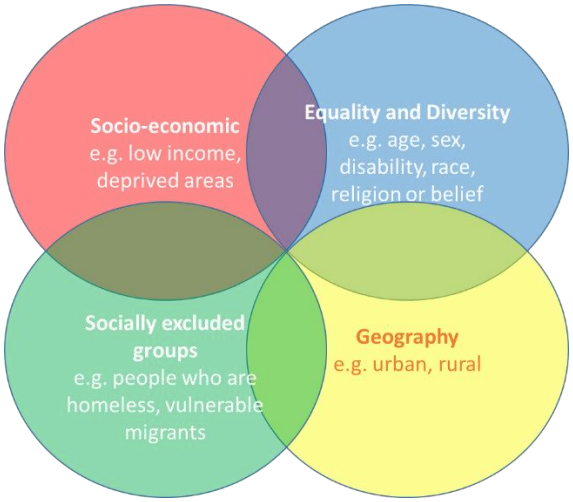
Inequalities between whom?

The above section describes some of the things that can be unequally distributed to create health inequalities, this section describes between whom. Health inequalities between groups can usefully be described across four domains (Figure 2):

- **socio-economic groups** (e.g., those on low incomes, unemployed, living in deprived areas)
- **geographic groups** (e.g., Solihull localities (North, West, East) urban or rural)
- **equality and diversity groups:** including nine protected in law (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (which includes traveller communities), religion or belief, sex, and sexual orientation)
- **socially excluded groups:** (e.g., people experiencing homelessness, children who have experienced care, vulnerable migrants).

People experience different combinations of these groupings, and they can interact, called intersectionality. For example, the interconnected nature of social categorisations such as race, class, and gender, can create overlapping and interdependent systems of discrimination or disadvantage that are greater than the sum of their parts.

Figure 2 Four overlapping dimensions of health inequalities



Where we are starting from

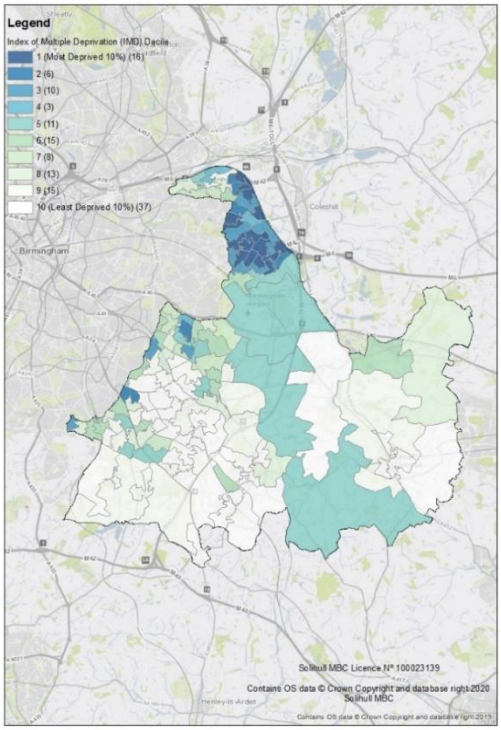
The Story of Solihull 2020 is a collection of data informing the Council Plan. It shows inequality in length or life and quality of life in Solihull is the one of the highest in the country.

For example, it shows that, on average, men in the most deprived 10% of Solihull can expect to live around 12 years less than those in the least deprived 10%. Even more stark, is that those living in the most deprived areas of Solihull spend much longer in ill-health, up to 18 years more, compared with the least deprived (Public Health Profiles – Inequality in Healthy Life Expectancy).

Having a shorter life, with more time spent in ill-health, is strongly correlated with socioeconomic deprivation.

In Solihull, deprivation is concentrated in pockets of the West of the Borough and in the North (Figure 3).

Figure 3 Index of Multiple Deprivation 2019, Solihull Local Authority



While relatively affluent overall, 16 neighbourhoods in Solihull rank in the most deprived 10% of England, with unemployment, lower incomes and poorer education and skills being the main drivers. This affects around 24,000 residents.

Trends in socioeconomic deprivation from 2007 to 2019, show our poorer areas are falling further behind the rest of England overall, and the gap is also widening between them and the rest of Solihull.

However, there are reasons for optimism. Across deprivation dimensions of education, skills and training; crime and disorder; income affecting older people; and living environment, our poorest areas became relatively *less* deprived compared to England. This shows positive change is possible.

Alongside deprivation, our health outcomes vary by equality and diversity characteristics, including age,

sex, race, and disability. For example, a Public Health England report on disparities in the risks and outcomes of COVID-19 showed that the highest rates of COVID infection and death were among older people, men, Black, Asian and minority ethnic groups, those living in care homes, people from deprived areas and those with pre-existing health conditions like diabetes.

COVID containment measures also had a disproportionate impact on already potentially marginalised groups; including people with a disability, carers, isolated older people, vulnerable children; lesbian, gay, bisexual and trans communities, traveller communities, and those living in overcrowded housing.

The 2020 Public Health England report also confirmed that the impact of COVID had replicated existing patterns health inequalities and, in some cases, had worsened them.

What we want to do

At its most fundamental, improving health inequalities requires improving the lives of those with the worst health outcomes, the fastest.

This will mean that unjust opportunity gaps between them and others will narrow, which will lead to a narrowing of unjust health outcomes differences over time.

This is our overall aim and will move us toward a future where more Solihull residents have a fairer opportunity to be healthier, happier, safer, and more prosperous.

To achieve this aim, as a system, we will adopt six principles that will shape our collective actions:

1. Provide services for all, but actively modify them so that those with the greater needs get the greatest support.
2. Routinely and systematically consider all four dimensions of health inequalities (Figure 2)
3. Invest in prevention and early intervention where possible. This is where impact is greatest and return on investment is highest.
4. Engage with partners to enable them to systematically self-assess how their work influences health inequalities and what they can do to reduce them.
5. Advocate that reducing health inequalities is mainstream activity that is core to, and not peripheral to, the work of the NHS, Council, and wider public, private, and voluntary sectors
6. Ensure approaches to addressing inequalities are evidence-based with a realistic prospect of change

As Solihull's proportion of residents from Black, Asian, and Minority Ethnic groups is projected to rise to around 23% by 2034, we are committed to maintaining an inclusive borough. This means recognising the increasingly diverse needs of our residents across all nine protected characteristics.

Both the NHS, Council and other partners have recently refreshed, or are developing, their Equality, Diversity, and Inclusion Strategies to advance this ambition specifically.

COVID-19 restrictions have accelerated a shift towards more digital working, including seeing a GP online rather than in person. And while welcomed by many, patient voice groups have expressed concern that this has excluded those who are not online, or able to use such technology, which can be those in more marginalised groups to begin with.

The NHS is committed to restoring services inclusively and develop digitally enabled care pathways in ways that increase inclusion, rather than reduce it. This will be crucial as the NHS tackles the long waiting lists built up through COVID.

What works

The largest evidence on health inequalities in England, The Marmot Review (2010) and follow up report 10 Years On (2020), recommended six policy objectives for reducing health inequalities long term:

- giving every child the best start in life
- enabling all people to maximise their capabilities and have control over their lives
- ensuring a healthy standard of living for all
- creating fair employment and good work for all
- creating and developing healthy and sustainable places and communities
- strengthening the role and impact of ill health prevention

Giving every child the best start in life is a priority for Solihull and work is well under way. Through our 0 to 19 Healthy Child Programme, all new families are supported by a health visitor or school nurse. Starting before birth, and progressing to a mid-teen review, up to eight checks focus on 10 high impact areas of well-being, including: maternal mental health, weight, healthy child development and school readiness. Families with more complex needs are offered more frequent home visits and more specialist and long-term support (Case Study 1).

Case Study 1: "I'm always trying to do my best"

Background

Jenny* became pregnant at 17 and struggled with her mental health, including health related anxiety. She lost her mum when she was 15 and became "Mum of the House" supporting her dad through grief, daily living and has successfully managed adult responsibilities for a long time.

Support

Our Family Nurse Partnership provides home visits for first-time young mums and worked with Jenny throughout pregnancy, infancy and now toddlerhood to maximise her health and wellbeing, and that of her son Charlie*.

Impact

- Charlie, now aged two, was fully breastfed, fully immunised, and is happy, sociable, with good levels of development and school readiness.
- Jenny's social network has grown. She's accessed peer parenting support and local walk and talk groups.
- She has started her own business via the Prince's Trust, has a contract with a charity to provide support in pregnancy and childbirth to others, and plans to become a midwife

*names have been changed to maintain anonymity

This is a strong foundation to build on, but we want to do more. For example, we want to accelerate work to improve support in the first 1001 days of life, from pregnancy through to age two, and reduce the number of children in care through earlier intervention.

For some Solihull residents, fair employment and good-quality work is not yet a reality and this restricts their ability to make healthy choices in life. Excellent employment and skills support is available to all, but we want to do more to communicate this to residents who are not currently accessing it and advocate for more tailored support for those with the greatest needs (Case Study 2).

Case study 2: "They took every opportunity to help me"

Background

Ben* visited Solihull's Recruitment and Training Centre after a severe road traffic accident left him partially paralysed and in a wheelchair for the first time.

Previously self-employed, Ben was looking for a new role with disability confident employers, within a reasonable distance of travel and with easy access for his wheelchair.

Support

The Training Centre helped Ben condense and update his CV for the change of role and helped support him to find and apply for jobs in banking, vehicle finance and accident sectors, via a weekly "job shop".

Impact

Ben successfully found a job in Solihull in a role he enjoys. Both the company and Ben are taking part in an event to promote Disability Confident Employment through his success story.

*names have been changed to maintain anonymity

This would help more people exercise greater control over their lives and maintain a healthy standard of living.

Working with others

The Birmingham and Solihull Integrated Care System is a key partner in shaping and implementing this Strategy.

It will deliver eight urgent actions the NHS has set itself nationally to address health inequalities (see below) as well as developing its own programme areas in response to local needs.

1. Protect the most vulnerable from COVID-19
2. Restore NHS services inclusively
3. Develop digitally enabled care pathways in ways which increase inclusion
4. Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
5. Particularly support those who suffer mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivering action

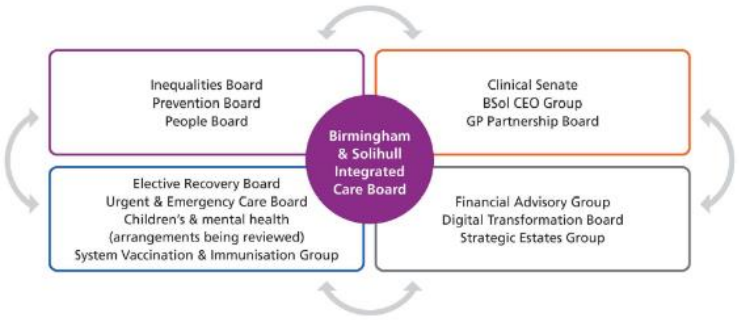
As part of its national work, it will also support a "Core 20 plus 5" ambition. This focusses NHS health inequality activity towards the 20% most deprived areas of the population and five clinical areas driving health inequalities: cardiovascular disease, cancer, chronic respiratory diseases, maternity care, and the health of those with severe mental health illness.

Emerging local priorities include a healthy start in life, developing the role of the NHS as an anchor institution, and digital inclusion. Addressing health inequalities have been designed into the fabric of the Integrated Care System which has already formed a network of health inequalities champions representing primary care networks. Primary care networks are a key part of the new health and care structures, as shown in Figure 4.

Figure 4 Birmingham and Solihull Integrated Health System Structure

The Integrated Care System will work in collaboration with Health and Well-being Boards to deliver high-quality health and care services in Birmingham and Solihull. It has established several boards to support the achievement of the objectives set out in the NHS Long Term Plan. This includes addressing inequalities and embedding prevention (Figure 5).

Figure 5 Birmingham and Solihull Integrated Health System Boards



Governance, ownership and measuring performance

Solihull Together will be the forum to co-ordinate local delivery of this Strategy, alongside the Health and Well-being Strategy and delivery of the Integrated Care System ambitions that are best delivered at Solihull Borough level.

Solihull Together will co-ordinate and set up multi-agency, collaborative working groups as needed, to deliver these priorities. This will build on neighbourhood and locality level working.

Synergies between the Integrated Care System programme and Solihull Health Inequalities Strategy will be further developed, including considering shared outcomes frameworks that measure progress towards reducing specific inequalities.

A progress report will be presented to each Solihull Health and Well-being Board meeting from Solihull Together, to demonstrate the progress of the collaborative work to deliver the agreed priority areas.

Working with and through Solihull Together to directly engage the public on what is and is not working will be critical to strong mutual accountability and embedding improvement and learning into future strategy development.

Tools for the job

To understand and reduce health inequalities requires a systematic approach supported by evidence. This includes data, expertise and experience of health inequalities and the success of any interventions to address them.

There is a wealth of existing guidance and evidence that partners can use. Through this Strategy we invite partners to sign-up and commit to using these tools, and in particular the Health Equity Assessment Tool (HEAT).

The HEAT is a practical framework that helps multiple audiences to systematically embed action on health inequalities in their work programme or service. The resources consist of:

- Health Equity Assessment Tool Homepage
- HEAT executive summary
- HEAT tool – full version
- HEAT tool – simplified version
- case studies demonstrating practical application of the tool and the main benefits of applying it in different work areas.

A West Midlands Inequalities Toolkit has also been developed and a national and regional Health Inequalities Dashboard are in development. These will provide additional resources to help partners assess and act on health inequalities soon.

What you told us

An online public consultation on an earlier draft of this Strategy ran for 3 weeks from 17th Jan to 7th Feb 2022. It was heavily publicised through professional, community and voluntary networks.

Who took part?

- 539 people took part in the consultation, which involved filling in a short survey
- 187 completed the survey in full, answering every question
- 352 partially completed it, choosing not to answer one or more questions
- We received 433 free text comments

Who responded?

- 77.3% answered as Solihull residents, 18.2% as professionals, 4.5% as "other"
- 68.9% female
- Mostly 35 and older, no under 25s.
- 86.3% white
- 25% with a disability

The feedback showed overwhelming support ("agree or strongly agree") for the strategy aims, principles and priorities. On the specifics, you told us you:

- wanted to know how children's mental health needs would be addressed
- wanted better access to health and wellbeing facilities, including GP and NHS services, and made suggestions for new services, like drop-in wellbeing clinics in GP surgeries.
- experience significant transport barriers for work, leisure, and health or wellbeing appointments
- wanted inequalities in mental ill-health, housing, and digital connectedness to be included
- thought inequalities affecting people with physical and learning disabilities should feature more strongly
- wanted to see continued input and oversight from Solihull residents to shape this work
- wanted to know how success would be measured
- wanted the language in the Strategy to be simplified so more people could understand it

How we responded

We revised the final Strategy wording in response to your feedback. Specifically this included:

- Including reference to work to support the mental health needs of children and young people (Priority 1)
- Highlighting the central role our Integrated Care System is playing in driving improvements in health services, and how it has put reducing health inequalities at the core of its current activity and future plans (Enabler 2)
- Including more specific reference to planned work on improving transport poverty, housing quality and affordability (Priority 4)
- Ensuring our "supporting higher-risk groups" area explicitly included mental ill-health and disabilities (Priority 3)

- Re-thinking how we maximise our existing links to Solihull residents and community groups so they can continue to shape the implementation and future direction of this work (Enabler 3)
- Being clearer on our aspirations to develop an outcomes framework to measure our progress (Enabler 2)
- Limiting jargon and complexity in this document so it strikes a better balance between a professional and public audience.

Our priorities

The first three priorities of this Strategy align directly with the three life stages and priorities of the Health and Well-being Strategy 2021-23 (update). Our fourth, "Healthy Places", recognises that addressing health inequalities needs to take account of the places in which people are born, grow, live, work and age.

Our remaining three "enablers" aim to facilitate more widespread change, including better recognition and reduction in health inequalities across all partners.

Priority 1: Maternity and Early Years

The groundwork for a healthy life occurs in the first 1001 days - encompassing pregnancy and the first two years of life. Facilitating a secure attachment between child and caregiver in childhood is the most significant resilience factor for later life. The first 1001 days is also the period when interventions to disrupt inequalities are most effective and most cost-effective.

A society that delivers this for its children creates a strong foundation for almost every aspect of its future. A society that fails to deliver, generates problems for the future in terms of social disruption, inequality, mental and physical health problems, and cost. At its starkest, preventing adverse childhood experiences could reduce hard drug use by 59%, incarceration by 53%, violence by 51% and unplanned teen pregnancies by 38% (Building Great Britons 2015).

No section of society is immune. Deprivation may lead to a greater concentration of affected families, but more affluent mothers can be just as prone to perinatal mental health problems. Certain groups, such as the families of armed services personnel, families with physical, learning, or developmental disabilities, mental health problems, or those with extra caring duties, may also need tailored support to flourish.

The provision and quality of early learning, care and development for a young child is vital to their immediate and long-term health, well-being, and achievement. A secure foundation is essential if children are to be ready for school and to narrow the development and attainment gaps that exist between more disadvantaged children and their peers. This is particularly so in the areas of speech, interaction, and writing.

Around 95% of Early Years settings in Solihull are judged to be at least good by Ofsted and this has been consistently high. However, Solihull is among the local authorities where fewer children from low-income families reach the expected level of development. In 2019 the percentage of children eligible for free school meals who achieved a good level of development at the end of their reception year was 56% - a decline of 6% on the previous year. Further, the inequality gap for Solihull is 35.5 and ranks us 108th nationally, with fewer settings rated outstanding in the most deprived areas.

Achievement gaps between the performance of disadvantaged pupils and their peers remain stubbornly wide at all Key Stages and the gaps widen as pupils move through the school system. Although there has been some narrowing of the gaps for some cohorts, the achievement of disadvantaged pupils must be a priority for the borough.

While this Strategy focusses on early years, support continues throughout childhood. For example, funding has been secured for new Family Hubs across Solihull. Family Hubs and the associated digital offer will focus and coordinate new and existing support for all Solihull families with children up to 19 years of age, and 25 if they have additional needs.

Childrens' mental health also remains a focus with Solar providing emotional wellbeing and mental health support to children and young people up to 19 years old; and mental health being a focus of the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan, which is reviewed and updated annually.

What we will do

Our aim is to develop a socially inclusive early years offer for those aged zero to five years, focussed on improving the lives of those with the worst outcomes, the fastest.

Together we will:

- Ensure a healthy pregnancy by supporting antenatal parenting with a particular focus on vulnerable and/or isolated women

- Increase the reach of parenting education and peer support
- Provide support for families with more complex needs through new family hubs
- Provide inclusive mental health support for children in early years' settings through the provision of trained psychologists
- Support children with additional needs earlier and more effectively, prioritising resources towards prevention and early intervention where possible
- Improve inclusiveness of mainstream services to support children with a broad range of additional needs, including disabilities
- Improve school readiness, focussing on those furthest behind.
- Increase the proportion of children in good or outstanding schools – with a focus on areas where this is currently lowest
- Ensure effective working with services for parents at risk of mental health issues and the provision of specialist parent and infant mental health midwives and health visitors

Priority 2: Adulthood and Work

Inclusive growth describes how we make sure that everyone has a fair and equal opportunity to contribute to, and benefit from, economic growth across our borough.

Solihull has one of the strongest economies in the UK with unprecedented prospects for accelerated economic growth, new employment opportunities and further inward investment through the delivery of High Speed 2 and UK Central.

The challenge is to ensure that this growth provides opportunities across the whole Borough, so that all can contribute and benefit from it.

Good health supports good work, and good work supports good health. Both physical and mental.

Through better education, skills and employment, people can take more control over their lives, and we see this result in better quality of life and length of life over time.

When people have good work and incomes, they tend to be less socially isolated, smoke less, drink alcohol at less harmful levels, exercise more and have diets lower in high calorie foods. This all reduces their risk of common diseases like cardiovascular disease, cancer, and dementia.

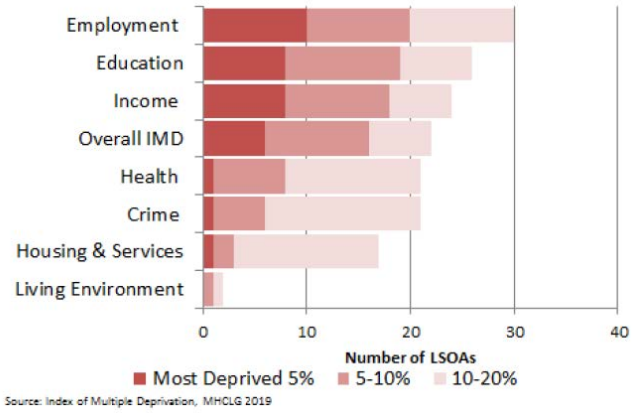
Neighbourhoods in Solihull in the most deprived 5% of England are deprived in domains of employment, education, and income (Figure 6). They must remain a focus if we are serious about improving the health of those with the worst health outcomes the fastest.

Already a council priority, Inclusive Growth recognises that the long-term improvements to healthy life expectancy, and the factors that improve it - such as quality housing, transport, and education - are a key part of successful growth.

The shared ambition is to provide high-quality, real, and lasting jobs with career routes and ongoing education and development for residents, focusing on those disadvantaged within the employment market.

As Anchor Institutions, large public sector partners can lever their unique contribution by securing social value through procurement. They can use their role as employers to offer opportunities to those with specific barriers to employment, for example, those with learning disabilities; and championing this approach with other major employers and procurers.

Figure 6 Deprivation in Solihull by Index of Multiple Deprivation Domain 2019.



What we will do

Our aim is to support those furthest from work into employment and better understand 'what works'.

Together we will:

- Support residents who are furthest from the labour market, and may have multiple barriers, to progress into work. This includes travel training for residents aged 15 to 29 with additional needs to ensure they can access their college or employment destination safely.

- Focus outreach work in North Solihull through our Recruitment and Training Centre, but also extending out into smaller pockets of employment and skills deprivation in the West of Solihull.
- Analyse the impact of increased investment into supporting residents with learning disabilities or poor mental health into work to identify "what works".
- Increase the number of Solihull businesses who are Disability Confident Employers
- Develop a comprehensive engagement strategy that increases community awareness and take up of services. Monitor the impact of this strategy on key equality and inclusion dimensions including age, ethnicity, gender, and disability.

Priority 3: Supporting Higher-Risk Groups

Health inequalities exist between different people as well as places**.**

Enabler 1 of this Strategy aims to support all groups at higher-than-average risk of poor health by engineering more inclusive services, informed by better health equity assessments.

Priority 3 is narrower and aims to support those who are at particular risk due to the nature of their disability or mental ill health, or because they are a carer for someone with ill health or disability.

Ageing well and improving the health and care for older people remains a priority of the current Health and Wellbeing Strategy and unpaid carers represent a significant higher-risk group within that.

Thankfully, better healthcare and living standards mean more people are living longer.

For example, the Solihull 65 and over population is projected to increase by over 6,200 people (14%) in the 10 years from 2017 to 2027 and includes sharp projected rises in people aged 74 to 85 (34%) and those aged 85 and over (21%).

Unpaid carers provide critical support for people with health and social care needs in Solihull, but their own health often suffers.

A 2021 rapid evidence review by Public Health England showed that carers of older people experience poor mental health, including anxiety and depression, a higher risk of musculoskeletal conditions, cardiovascular disease, generalised cognitive deterioration and function, and poor sleep.

A 2017 Review found that younger carers are twice as likely as other young people to report a mental health condition, like stress, anxiety, or depression, feel more socially isolated and report physical illness such as hair loss and asthma.

Adults with Learning Disabilities have a much shorter life expectancy than the general population[2], and are less likely to have preventable causes of ill health or death detected at a preventable stage.

Adults with severe and enduring mental illness are also more likely to suffer poor physical health than the general population and have a life expectancy 20 years shorter[3]. They are less likely to be employed and are more likely to live in poverty with poor housing.

The Better Care Fund encourages integration within local health and care systems to achieve better health outcomes for people and carers. A local system challenge will be to ensure our Better Care Fund improves the lives of those with the worst health outcomes, the fastest. Applying Health Equity Assessment Tools to planned spend and activity is one way to support this becoming a reality.

What we will do

Our aim is to support adults with disabilities and mental ill-health and their carers so they can maintain their own well-being and those they care for.

Together we will:

- Develop and implement new Strategies to support people with learning disabilities, autism, or mental ill-health

[2] Health and Care of People with Learning Disabilities, Experimental Statistics: 2018 to 2019, NHS Digital

[3] Health matters: reducing health inequalities in mental illness - GOV.UK

- Increase awareness of financial support available to carers and adults with disabilities
- Better understand barriers to accessing existing support
- Better understand additional support needs that are unmet
- Refresh and implement Solihull's Carers' Strategy
- Apply the Health Equity Assessment Tool to Strategy implementation to spot and close inequality gaps
- Work with residents to develop services that promote their health by supporting involvement in physical activity and socialising to reduce isolation.

Priority 4: Healthy Places

We cannot address health inequalities without taking account of the places in which people are born, grow, live work and age.

As shown in Figure 1, factors like housing, transport and air quality have an important role in determining whether people grow well, live well and age well.

There is a lot of work planned to develop Solihull as a place that can support health and wellbeing.

For example, the basis of the Solihull Local Plan is that economic development, environmental sustainability and health and wellbeing must move forward together. And there needs to be opportunities for all. The plan sets out to:

- Improve public transport links and access by walking and cycling so that people in more deprived areas have easier access to services, facilities, and jobs
- Promote development that enables people to pursue an active lifestyle and make healthier choices
- Ensure development promotes physical and mental health and wellbeing through its location, layout and design.
- Include appropriate levels of open space; sporting facilities; safe cycling routes and the protection and improvement of air quality.

The Net Zero Action Plan explains what Solihull will need to consider and do to meet its ambition of a net zero Borough by 2041.

The plan sets out to:

- Improve the energy efficiency of domestic buildings
- Develop infrastructure designed to facilitate cycling and walking
- Maintain and enhance green space

A new Solihull Housing Strategy is also in development. A key part of this strategy will be to promote the delivery of good-quality housing that is suitable, affordable, accessible, and secure to everyone at different points of need, and at different life stages.

What we will do

Our aim is to support large-scale planning, environment, housing, and transport initiatives to understand whether populations who experience disadvantage are being supported to benefit in the best possible way.

Together we will:

- Ensure major development programmes capture data to monitor and mitigate health inequalities
- Maximise the ways in which the Council and its partners can promote healthy places through our housing policies, plans and management
- Further understand the causes of transport poverty and take action to address them
- Ensure pro-active application of the Health Equity Assessment Tool to major developments
- Promote effective engagement with communities to understand their views and learn whether these programmes of work are benefiting them, and if so, in which ways.

Enabler 1: Equality, Diversity, and Inclusion

'Build Back Better' was a popular mantra during the COVID pandemic. But it would be a missed opportunity to build back the same drivers of inequalities that existed before, and the same gaps in knowledge about inclusivity. We want to Build Back Fairer.

For example, experiences of discrimination and racism act as barriers to accessing NHS and other public services, a key theme identified nationally and locally through community engagement activities in the region.

The Diversity in Solihull, Understanding Population Change (2019) report showed Solihull is becoming a more diverse Borough across ethnicity, religion and language. The marginalising experience of some people with a disability during COVID shows another equality perspective. Taken together, it supports why we want to create a culture where everyone feels valued and respected, and there is equity in service access and delivery.

This has rightly prompted the NHS and Council to further explore their ability and ambition to improve equality of opportunity for all our residents and staff, whatever their background, beliefs, or characteristics, through new or refreshed Equality, Diversity, and Inclusion Strategies.

In practice, this means we need to continually examine and reshape services and policies to ensure that they are accessible to all.

Accessible not only across all nine protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race - including traveller communities, religion or belief, sex, and sexual orientation) but inclusive of previously underserved groups, like people experiencing homelessness, vulnerable migrants and others.

We have tools to do this, but they are not widely adopted. Routinely and systematically assessing health inequalities with Equality and Diversity at their core, will be a fundamental culture change and performance driver for our public services, and is our primary ambition for the future.

This is not about treating everyone the same, but about making sure that people have equal access to opportunities and there is demonstrable advancement of fairness.

Because society starts unequal, in practice, this means making a larger effort to include and support those who are already experiencing the worst outcomes, so they can level up.

Our efforts need to be proportionate to need, and actively inclusive.

What we will do

Our aim is to assess health inequality routinely and systematically across significant new and existing work using simple tools.

Together we will:

- Identify and ensure that key services are requesting and analysing user data across the relevant protected characteristics, and the other three dimensions of health inequalities, to ensure better data quality to inform trends and influence change.
- Advocate the routine and systematic assessment of health inequalities across each partner organisation using Public Health England's Health and Equity Assessment Tool (HEAT), or equivalent method
- Identify health inequality leads across partner organisations, groups, and

networks to advocate use of HEAT or equivalent

- Generate new evidence and insights about health inequalities in Solihull through using these tools.

Enabler 2: Place-Based Working

Reducing health inequalities will require improved coordination of services in Solihull.

Before, and throughout the pandemic, people highlighted concerns about access to good quality healthcare. COVID has had a huge impact on the NHS, leaving it with record backlogs of non-COVID related illness.

Without focussed action, it is likely that the effect of this will widen existing health inequalities, for example, through avoidable cancer deaths because of diagnostic delays, or delayed access to mental health services.

Pre-COVID, differences in access and quality of healthcare were clear and stark. For example, GP surgeries in North Solihull had 34% more patients per GP than those in the rest of the borough (2,326 patients per full time equivalent GP vs. 1,737); a trend that mirrors national inequities.

NHS COVID "recovery" presents an opportunity for a radical rethink of the ways in which people access health and care services.

Primary care services could be better integrated within local neighbourhoods with clinics, pharmacies, housing officers, voluntary and community groups working together.

We need to exploit the opportunities created by the switch to virtual consultations and ramp up digital services, whilst ensuring that we provide access for those who require face to face support.

New Integrated Care Systems are adopting population health, prevention and health inequalities as priority areas and are setting ambitious goals and objectives for improvement. They aim to facilitate stronger partnerships between NHS providers, local government, primary care, public health specialists, the not-for-profit sector, and local communities.

Reducing health inequalities requires services to work together and focus on the differing needs of local communities.

What we will do

We will develop a shared understanding of health inequalities in Solihull and collaborate more effectively across organisations to reduce them.

Together we will:

- Ensure priority programmes for Solihull, such as Ageing Well, Exploitation Reduction, early intervention for children and families and mental health, all have plans that aim to reduce inequalities.
- Support the national Core 20 + 5 ambition, locally. This focuses NHS health inequality activity towards the 20% most deprived of the population and five clinical areas driving health inequalities: cardiovascular disease, cancer, respiratory illness, maternity, and mental health.
- Develop health and wellbeing hubs that provide prevention and treatment services "all-in-one-place" to meet local needs, identified through data and feedback from residents.
- Our planned hubs aim to bring together health and lifestyle services such as GPs, community health and volunteer run activities. This not only means that services can be coordinated better, but that services are closer to people that use them, reducing many barriers to access, such as transport.

- Offer more face-to-face GP appointments at flexible times via the hubs.
- Support new roles in primary care, such as social prescribers and clinical pharmacists, to ensure that people are helped by staff who can best meet their needs. This will also ensure that GPs have more time to focus on patients who require their support.
- Ensure the Health Equity Assessment Tool will be used in programme and project development so that all work has a focus on health inequalities.
- Develop a new outcomes framework to specify the things we want to achieve and how we will measure our success, with a strong focus on reducing health inequalities.

Enabler 3: Facilitating Strong, Inclusive, and Resilient Communities

The Solihull Place Survey 2020 showed that the majority of Solihull residents are satisfied with their local area as a place to live (89%), a figure higher than the England average (76%).

However, this masks important differences between parts of Solihull with very high satisfaction: 95% in East Solihull and 92% in West Solihull; and those that were lower, 80% in North Solihull.

Scratching below the surface, compared with other areas, people who live in North Solihull are more likely to tell us their area has got worse over the last 2 years, 52% vs 26% England average, and more likely to identify the following areas as in need of definite improvement: things for young people to do (46%), level of crime (43%), things for older people to do (39%) and road and pavement repairs (33%).

How we perceive our physical and social surroundings matters, as they profoundly influence our opportunities for health.

However, area affluence can also hide deep inequalities. Poorer households living in less deprived areas can experience worse outcomes than comparable households in deprived areas. This has been the case with readiness for school and past GCSE performance measures, where low-income students eligible for free school meals performed better in more deprived than in less deprived areas (10 Years On (2020))

What we will do

Our aim is to engage and work with our communities to better understand and build on the strengths and resilience-factors that allow people to thrive.

Together we will:

- Proactively work with, and engage, the public and community networks - building on the new links and relationships that have been established during COVID e.g., community champion network
- Take an evidence-based approach and work with communities to identify the roots of inequalities and their potential solutions, including identifying what matters most to them. This includes considering barriers preventing people from maximising their potential, such as financial, digital or transport problems.
- Develop a strengths- and assets-based approach and way of working across statutory and voluntary sector workforces, which promotes investment in and collaboration with communities to develop local solutions which can address inequalities
- Better understand and influence the distribution, resourcing and focus of tangible and intangible community-based assets in the Borough, particularly those within the voluntary, social enterprise and community sectors
- Provide better information about, “places to go, things to do and people to talk to and listen” across the Borough’s neighbourhoods, via My Solihull Maps

- Develop a purposeful approach to community development that works alongside statutory services to invest in prevention and communities
- Support and invest in locality arrangements for East, North and West to promote multi-agency working that can promote early help and intervention
- Identify and work with individuals who have defied the odds to understand and develop investment in the factors and opportunities that can overcome disadvantage and inequalities

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