

Joint Local Health and Wellbeing Strategy 2024 – 2032



Foreword

Our vision is that Solihull is empowering our population to live long, happy, healthy and fulfilled lives.

Our previous Joint Health and Wellbeing strategy (2019 - 2022) was updated in 2021 to take account of the impact of Covid-19. This refreshed Joint Local Health and Wellbeing Strategy 2024-2032 (JLHWS) outlines our key priorities in the coming years.

It has been produced taking into account the findings of the new [Joint Strategic Needs Assessment \(Story of Solihull\)](#), the Solihull Local Outcomes Framework and other needs assessments. The JSNA has highlighted the areas where we do well with regard to health and wellbeing; however it has shone a light on the areas that we need to focus on and improve.

The JLHWS is an ‘overarching’ strategy, underpinned by the [inequalities](#) and [prevention strategies](#). All three are intrinsically linked, and by being more effective at preventative measures and addressing inequalities, we should see improvements in health and wellbeing across Solihull.

We want to reduce the gap in life expectancy between our most deprived and the least deprived in our borough. That specifically means working to reduce the numbers of people who die before the age of 75. To do that, we need to work with those population groups at risk of dying young from heart attacks, strokes and respiratory illnesses. But it also means we need to work well with our populations across the life course. This strategy sets out how we intend to do that.

It contains six clear and focused themes, five of which lend themselves to being considered ‘across the life course’ i.e. from maternity to end of life. The sixth theme focuses on improving mental health for people of all ages. The JLHWS sets out proposals for new ways of working as ‘one system’ in order to realise our ambitions.

We have also paid due regard to our [Council Plan](#) and the Integrated Care System’s (ICS) ‘Integrated Care Strategy 2023-2033’. We will use the Solihull Local Outcomes Framework to monitor our progress.

The purpose of this strategy is to map out what we have to do to improve the health and wellbeing of everyone in the borough. I am confident if we work together as one system we can improve the life chances of all.

Councillor Ian Courts
Chair of Solihull’s Health and Wellbeing Board
and Leader of Solihull Council



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Our ambition

This strategy aims to make a difference to the lives of people in Solihull by improving health and wellbeing and reducing the inequalities that currently exist.

Who are we?

This strategy has been produced by Solihull's Health and Wellbeing Board, which is made up of locally elected members (councillors) and leaders from health and care organisations in Solihull. The Board holds regular meetings in public, which means it has a direct link to the communities it serves. Its purpose is to oversee the delivery and success of this Health and Wellbeing Strategy for Solihull.

The Strategy is based on the findings of the Joint Strategic Needs Assessment, which is an assessment of the current and future health and care needs of our local area. This information helps us understand what is working well and what we need to prioritise and focus on in the coming years. This information is publicly available: [Story of Solihull - Joint Strategic Needs Assessment](#). The strategy also draws on other information sources.

The findings from Solihull's Joint Strategic Needs Assessment sit alongside the Integrated Care Strategy 2023-2033 for Birmingham and Solihull. Like our local Health and Wellbeing Strategy, this aims to ensure that the people live longer, healthier and happier lives through a particular focus on five clinical areas: circulatory disease; infant mortality; respiratory disease; cancer and mental health. These are priorities that are relevant across the whole of Birmingham and Solihull, and there are Solihull specific delivery plans where appropriate.

Solihull Place Committee is made up of leaders from key health and care organisations. It has a role in making decisions to support the delivery of this Health and Wellbeing Strategy whilst also ensuring that the Integrated Care Strategy meets the needs of people in Solihull. The Health and Wellbeing Board also works closely with the Community Safety Partnership, Safeguarding Adults Board and Safeguarding Childrens Board as part of a multiboard partnership.

Introducing Solihull

Key facts and figures about Solihull

Solihull sits in the heart of the West Midlands and is regarded as a popular and vibrant place to live. Many people say that they like living here, feel connected to others and are satisfied with life overall. As one of the most prosperous towns in the Midlands, almost two thirds of the borough is designated as green belt. There are over 1,500 acres of parks across the borough, with 16 Green Flag Awards. Solihull is very well connected, with great transport links such as the M40, M42 and M6 all close by, and an excellent rail network, plus, of course, an international airport.

Solihull has a strongly performing economy and offers a world class, well-connected location to live, work and invest. More children achieve a good level of development in the early years compared with England.

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. Our Joint Strategic Needs Assessment (JSNA), also known as The Story of Solihull, describes some key facts about Solihull which are listed below.

Those aged 65 and over were the fastest growing section of the Solihull population from 2011 to 2021 (+15%, +6,000 individuals) and this is set to continue.

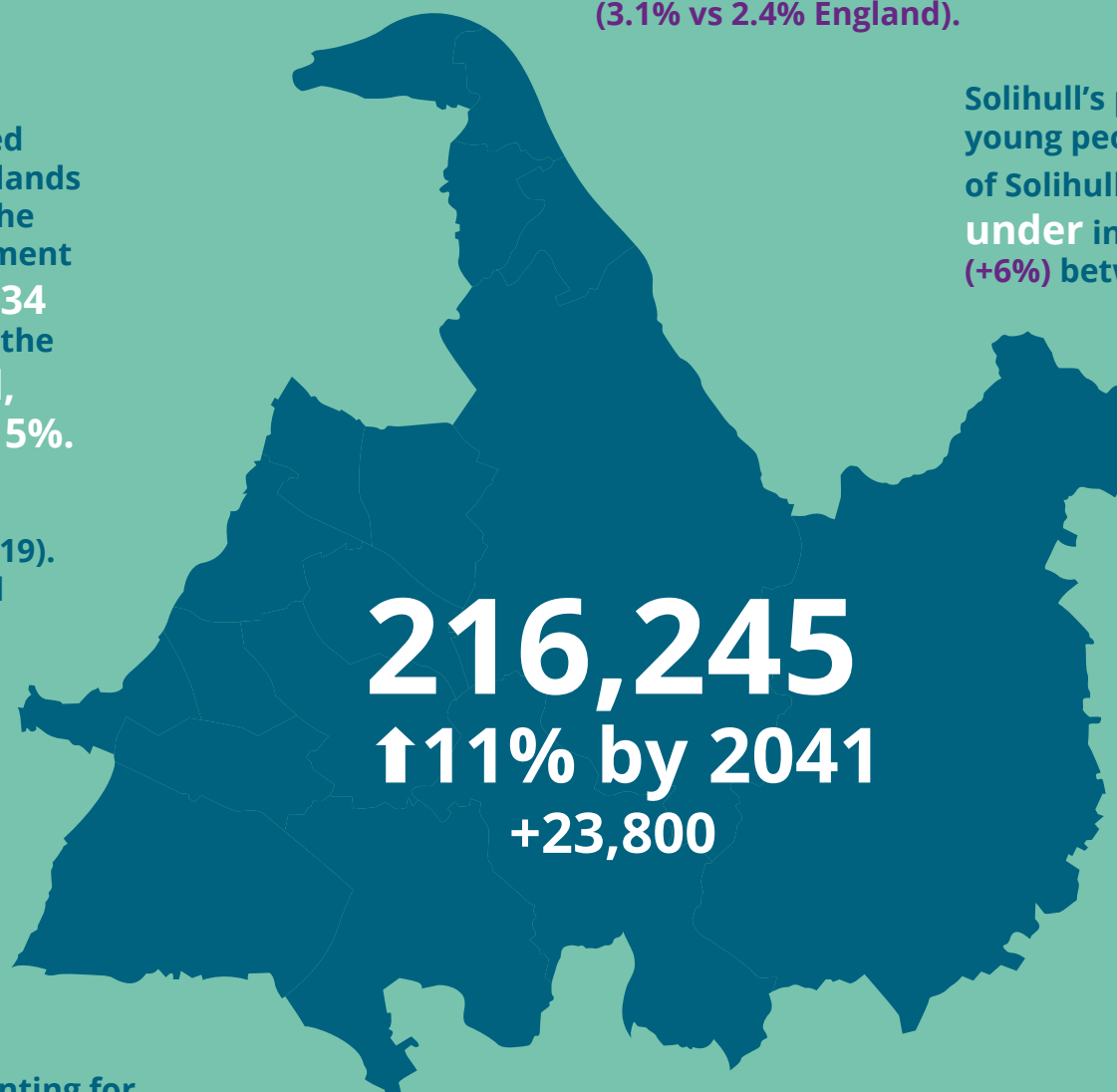
Solihull is one of the least deprived Local Authorities in the West Midlands but incomes are unequal across the borough as is poverty, unemployment and life expectancy. 16 out of 134 neighbourhoods in Solihull are in the most deprived 10% in England, of which 6 are in the bottom 5%.

All of these are in North Solihull (Index of Multiple Deprivation, 2019). People living in the least deprived areas of Solihull can expect to live 10 years longer than those living in the most deprived areas.

Solihull has become more ethnically and religiously diverse, with ethnic minorities now accounting for 18% of the population. Diversity is highest among young people; 28% of the school population is from an ethnic minority group.

45,600 Solihull residents are aged 65+ (21% of the population vs 18% England), including 6,700 people aged 85+ (3.1% vs 2.4% England).

Solihull's population of children and young people is growing: the number of Solihull residents aged 16 and under increased by over 2,300 (+6%) between 2011 and 2021.



The number of Solihull children aged 15 and under living in a low-income household increased by over 1,200 (+25%) in the 5-years to 2021.

What people in Solihull have told us

Respondents to the 2022 Place Survey have provided us with very useful perspectives; key highlights are listed below.

84% 84% of Solihull residents are satisfied with Solihull as a place to live and just 10% are dissatisfied; satisfaction is higher than the England average of 79%.

79% High levels of satisfaction exist in all Solihull localities, with no major age and gender differences.

82% 82% of respondents to the 2022 Solihull Place Survey indicated that people from different backgrounds get on well together in their local area.

70% 70% of Solihull respondents to the 2022 Place Survey said they were more worried about their financial situation than a year ago, rising to 75% among residents of North Solihull.

92% 92% of Solihull users of social care say they are either very or quite satisfied with the services they receive compared to 88% across England, while 65% say their quality of life is very good or good (61% England).

71% 71% of respondents were also happy with the choice they have over the care and support services they receive (64% England).

34%

34% of respondents have taken part in formal volunteering in the last 12 months, including 21% who do so at least once per month.

21%

Participation in formal volunteering by Solihull adults is higher than the England average, as is the percentage of respondents who provide informal help in their community.

76%

76% of Solihull residents are concerned about climate change (37% very concerned). There are differences between localities and gender, with men and those living in North Solihull less likely to be concerned.

59%

59% of respondents to the Solihull Place Survey feel safe in their local area after dark, compared to 27% who feel unsafe.

27%

People in North Solihull are least likely to feel safe. Men feel safer after dark than women and working-age people feel safer than those aged 65 and over.

35%

35% of people in Solihull say that they can influence decisions in their local area, compared to 57% who disagree.

57%

The percentage of respondents who agree that they can influence decisions is falling, especially in North Solihull.

81%

81% of Solihull respondents to the 2022 Place Survey agree that there is suitable access to public transport in their local area, although only 71% of East Solihull residents do so.

What do we want to achieve with this strategy and why?

The Health and Wellbeing Strategy provides a basis for partners to come together and work towards improving the health and wellbeing of the population of Solihull. It has identified priority areas and key strategies that will deliver the change. In addition, this Health and Wellbeing Strategy is supported by the Health Inequalities Strategy and the Prevention Strategy.

The Health Inequalities strategy seeks to identify where there is unfair variation in either access to services or health outcomes for particular groups and ensure that action is taken to address that variation. This is often exacerbated by deprivation. Examples of groups of interest include children and young people with additional needs and disabilities, adults with learning disabilities and autism, carers, homeless people and migrants.

The Prevention strategy is built on the principle that prevention and acting early is better than waiting for problems to develop and seeks to ensure that our population stays as healthy, happy and independent as possible, for as long as possible.



Figure. 3

The way we work with local communities is also vital. In Solihull we are working to ensure that our strategies and plans have the involvement of local communities as well as the Voluntary, Community, Faith and Social Enterprise sector so that services are delivered effectively and make sense to people in Solihull. Whenever appropriate to do so, we also work with the private sector to improve health and wellbeing.

In this section, we set out the key themes for the strategy and the rationale for why these themes have been chosen. There are some themes which lend themselves well to taking a life course approach.

Theme 1: Improve the health of pregnant women, babies and children

This is a priority for Solihull because our Joint Strategic Needs Assessment identified that:

- Significantly more children are born with a low birth weight in Solihull compared to England; In 2021, 8.1% of babies were born weighing under 2500g compared to 6.2% in England. Low birth weight is a major factor in infant mortality and has serious consequences for health in later life. This strategy needs to enable as many pregnant women as possible to have a healthy pregnancy.
- There were 3,645 emergency admissions to hospital by children and young people from Solihull in 2021/22, a rate of 77.7 per 1,000 people aged under 18 years, which is significantly higher than England (70.7 per 1,000) and the West Midlands (75 per 1,000). Solihull has particularly high rates for emergency admissions amongst 0-4 year-olds.
- The number of pupils with special educational needs at school in Solihull has increased by 16% over the last five years.

- The number of Children in Need in Solihull has increased by 22% over the last 2 years from 1,477 to 1,801. The number of looked after children has risen from 412 in 2014 to 528 in 2022; a rate of 113 per 10,000, 61% higher than England.
- More domestic abuse related incidents per 1,000 are reported to West Midlands Police than any other force in England, and rates in Solihull have been increasing. A higher proportion of children in need are identified as having domestic abuse as a factor in their assessment than compared to England. Domestic abuse also accounts for a larger proportion of support needs in Solihull homeless households than across England. Domestic abuse is often exacerbated by substance misuse, such as drinking at harmful levels.

These findings, when taken together, indicate more needs to be done to support our parents to have a healthy pregnancy, develop strong and positive attachments and in turn support our children to get the best start in life. Solihull has adopted care experience as a protected characteristic and this will sharpen our focus on this population group.

Theme 2: Improve the health and wellbeing of young people

The Director of Public Health's Annual Report for 2023/24 has identified that educational attainment at all stages throughout childhood are key markers of longer-term adult health and employment outcomes. There is detailed national and local tracking in place to monitor this and to enable action to be taken.

- For Early Years, Solihull performs above national average across five key areas of communication and language; personal, social, and emotional development; physical development; literacy; and mathematics.
- At Key Stage 1, Solihull children achieve well across the core areas of reading, writing and maths and have shown improvements in national rankings over the last year.
- At the end of Year 6 (ages 10-11 years) children take Key Stage 2 SAT assessments, which assesses a child's standard for English Grammar, punctuation and spelling, reading, and mathematics. Solihull is above national average. However, for some schools within the Borough, less than 50% of pupils achieved expected levels.

A more mixed picture emerges at secondary school, Key Stage 4 or stage of education that includes GCSEs and other exams. 'Attainment 8' score, which is an average score for pupils across either core subjects, has declined over the last year and has fallen behind national average. Borough-level data masks significant variation between individual schools with some achieving well above the national average

against Progress 8 scores and others well below. This is of particular concern as schools making less progress are located in the more deprived areas of the borough, risking a longer-term widening of the inequality gap.

There is a lot happening in Solihull that is very positive and this includes some very tangible outcomes for our children and young people with special needs. Key findings from Children & Young People with Special Educational Needs and Disabilities: Joint Strategic Needs Assessment (JSNA) (solihull.gov.uk) include:

- The picture is positive for Key Stage 4 attainment. In 2021/22, pupils with SEND achieved a higher average attainment 8 score compared to the national average and scores were at least as good as the average for statistically similar authorities.
- In 2020/21, the percentage of young people with SEND achieving Level 2 qualifications (five GCSEs 9- 4 or equivalent) by age 19 was higher for both SEN Support (68% in Solihull vs 62% and 64% for England and Statistical Neighbours) and for EHCP (38% for Solihull vs 29% and 33% for England and Statistical Neighbours).
- In 2020/21, the percentage of young people with SEND achieving Level 3 qualifications (two A-levels or equivalent) by age 19 was notably higher for both SEN Support (44% in Solihull vs 35% and 36% for England and Statistical Neighbours) and for EHCP (22% for Solihull vs 14% and 16% for England and Statistical Neighbours).
- In 2020/21, the percentage of students with SEND recorded as being in a sustained education, employment or training destination after the end of 16-18 study (90.2%) was higher than the England average (83.1%).

Even with these impressive findings, improving the health and wellbeing of young people is a priority for Solihull because once children have experienced a good start in life, we then need to continue to support them to grow well, be equipped with the education, skills and access to training to find and stay in good quality jobs.

Key areas of focus from our Joint Strategic Needs Assessment are described below.

Overweight and obesity rising in our children

21% of Solihull children in reception (aged 4-5 years) are overweight/obese and this rises to 33.3% by Year 6 (aged 10-11). While Solihull has a statistically significantly lower obesity prevalence rate than England, the trend is not going in the right direction. There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill-health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age.

Youth unemployment

The overall youth claimant unemployment rate in Solihull is 5.0%, compared to 4.7% for England and 6.1% for the West Midlands. However, the average rate in the three North Solihull regeneration wards of Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood is 10.8%, compared with 3.4% across the rest of the Borough.

The recent Director of Public Health Annual Report identified that poor health is affecting our younger workers ability to work and that this is a fast-growing problem and poor mental health is a key factor in this. This finding is reinforced by the data included in our needs assessment for our children and young people with Special Educational Needs and Disabilities (SEND JSNA). In this report it was found that Social, Emotional and Mental Health (SEMH) issues are the most prevalent primary need among Solihull pupils with SEND. There has been a marked increase in the prevalence of SEMH in recent years, which is reflective of a national picture.

Mental health

Nationally, there has been a significant increase in referrals of children to emergency mental healthcare. A mental health needs assessment is currently being undertaken for Solihull; the results of this work will be available in summer 2024 and will inform the refresh of the 'system-wide' all-age mental health delivery plan (see theme 6) but this national headline indicates more needs to be done before things reach crisis point.

Substance misuse

Poor mental health does not help with other harmful behaviours. Recent information from our updated substance misuse needs assessment identified that while cannabis remains the primary substance of choice for young people in Solihull, there is a significantly higher proportion of pupils that reported having had an alcoholic drink at least 1 day in the last week (11% compared to 7% in 2020), there is increasing usage of THC vapes and some increase being seen in cocaine use. Addressing substance misuse in young people is a key component of an all-age strategy.

When taken together, these findings show that improving the health and wellbeing of our young people requires some focused attention in some key areas.

Theme 3: Improve the health and wellbeing of working-age adults

The Joint Strategic Needs Assessment has identified that Solihull has a marked gap in life expectancy and more recently it has been identified that this gap is widening. Men living in the least deprived areas of Solihull can expect to live more than 11 years longer than those living in the most deprived areas and this gap rises to 12 years for women. This life expectancy gap is largely due to higher mortality rates from circulatory disease, cancer and respiratory diseases in the most deprived areas, particularly in men aged 40-79 years.

The Director of Public Health's Annual Report for 2023/24 identified that about 1 in 3 employees in Solihull have a long-term health condition, with 1 in 8 having a mental health condition and 1 in 10 having a musculoskeletal disorder (MSK). Solihull has a significantly higher proportion of people who report a long-term MSK to their GP: 20.8% reported MSK compared with 17.6% for England. There is also a higher proportion of people living in Solihull who report at least two long-term conditions, such as high blood pressure or cardiovascular disease.

The JSNA identified that 1 in 4 people in Solihull engage in less than 30 minutes of physical activity a week.

This strategy needs to enable working age adults to be in good health and reduce the risk of dying young from heart attacks and strokes. This includes creating the environment which enables people to be active, improving the uptake in health checks to spot early signs of increased risk, supporting people to stop smoking and assisting people with alcohol dependency into treatment. Such interventions need to sit alongside other initiatives, such as helping people who are experiencing financial pressures. This strategy acknowledges the ongoing work of the Here2Help programme and its contribution to improving health and wellbeing.

The ICS health inequalities strategy has a key priority to improve the prevention, early detection and treatment of the diseases that drive early mortality for people, focusing first on cardiovascular disease, respiratory disease, cancer screening and diabetes. This work will be underpinned by a Population Health Management approach. This will support service providers to focus on health as well as illness services and enable a greater shift toward targeted investment and interventions. At its heart, Population Health Management is an approach to understanding the needs of the people we serve, designing and delivering care pathways to meet those needs and focusing our efforts on those most in need of our support. The success of Population Health Management will be evidenced in improvements in the indicators of the Solihull Local Outcomes Framework, which the Health and Wellbeing Board considers on a routine basis.

Theme 4: Support healthy ageing

A greater proportion of the Solihull population is aged 65 and over when compared to England. This group is projected to be the fastest growing population cohort over the next 20 years; in particular, those aged 85 and over (an additional 3,500 by 2041, bringing this population to over 10,000). The over 85s group is very likely to have care and support needs. The working age population is not projected to grow at the same rate, so there will be some real challenges in meeting the need for carer roles. The JSNA identified that the number of adults aged 18 or over receiving social care support per 10,000 population is already slightly higher in Solihull than the West Midlands and England averages.

Falls

Locally we know that the number of falls has reduced in 2022/23 but our falls rates remain significantly higher than England for both males and females.

Isolation

The mental health delivery plan will include steps to reduce isolation, which is a particularly key issue for older people living on their own.

Dementia

Currently dementia diagnosis rates in Solihull are lower than expected. Nationally set dementia prevalence rates suggest that 66% of our at risk population should have a diagnosis, but this is currently only 53%. A key priority of our Birmingham and Solihull Dementia Strategy is to improve dementia diagnosis rates, working with GPs and other health professionals to identify people for assessment, and reducing the waiting time to the Memory Assessment Service.

Theme 5: Improve end of life care

Unlike other themes that are informed by the JSNA and other needs assessments, improving the experience of end of life care is included in this strategy because our data is currently limited for Solihull. By putting a spotlight on this area, this strategy seeks to improve both our data and the experience of those at the end of their lives.

There are two sources of data:

- GP data regarding people in the last 12 months of life, although this data is limited and there are concerns regarding reliability.
- Data from the NHS England End of Life Care dashboard, which records all deaths in Birmingham and Solihull and includes age, place of death, cause of death and contact with health services in the 90 days before death. This data shows that 90% of people who die in hospital die from frailty. Note: this is only available as Birmingham and Solihull combined data.

Priorities for end of life care focus on improving the identification of people in the last year of their life and recording their status accurately. In terms of support, there are plans to establish a 24/7 support service that will include night sits, 24h access to medication and nursing support. The Health and Wellbeing Board will work closely with the workstream overseeing this work and monitor progress on data capture as well as the experience of those at the end of their lives.

Theme 6: Improve mental health for all ages

This is not a theme which sits neatly under one particular age group. As mentioned in theme 2, the 'system-wide' all-age mental health delivery plan is undergoing a refresh and a mental health needs assessment is currently underway. This will include the steps we want to take collectively to:

- Help people to stay mentally well
- Help people recognise the signs for when they start to struggle and signpost to support
- Reduce isolation
- Improve access to primary care
- Reduce waiting times for specialist services
- Reduce the number of people in crisis
- Reduce the number of suicides
- Improve recovery

Partners overseeing the mental health delivery plan will work closely with colleagues who support our populations with the social circumstances that impact on wellbeing, such as income and fuel poverty. The Health and Wellbeing Board will work closely with the Mental Health delivery partnership to achieve these goals.

How are we going to achieve these themes?

Figure 4 and 4a are a snapshot of the current strategies and boards that are the engine rooms for improvements to health and wellbeing and this mapping will continue to evolve.

Strategies and boards involved in improving health and wellbeing

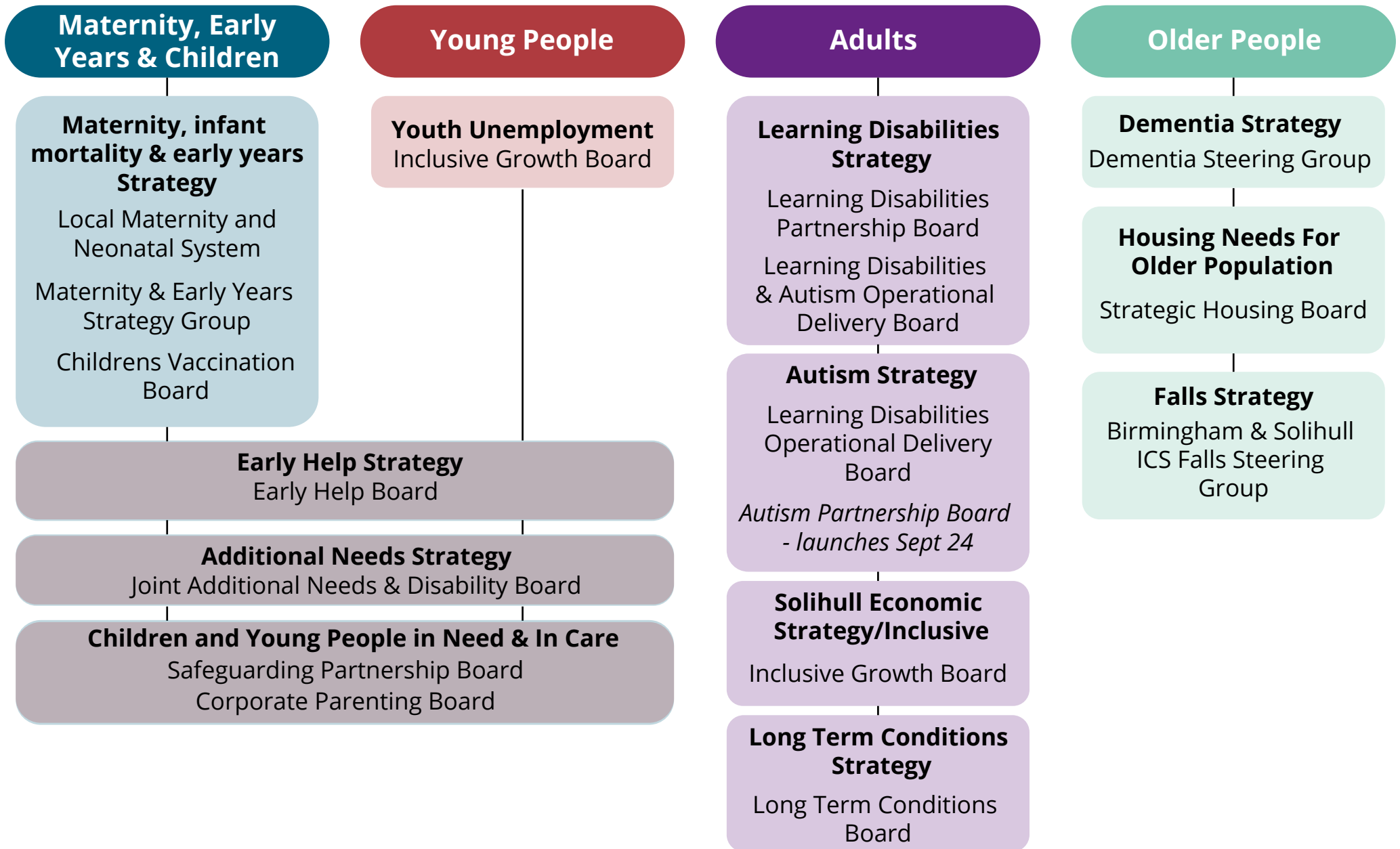


Figure. 4

Strategies and boards involved in improving health and wellbeing - across all ages



Figure. 4a

Although a significant amount of work is being done, it is the Health and Wellbeing Board's role to make sure that:

- Our strategies and plans have a robust focus on health inequalities and prevention.
- Our strategies and plans have a focus on involvement of the communities they support, and that this steers developments.
- There are strong links between strategies so that they are complementary, and their impact is maximised.
- Our strategies are working together in a holistic way to improve health and wellbeing and meet the outcomes in the Solihull Outcomes Framework. For example, efforts made to identify and manage health conditions need to be complemented by work to support people with their income, housing, employment, transport and wider wellbeing – as shown in the case studies below.

Case study: Housing and health

The housing strategy seeks to increase the supply of houses through new developments but also aims to make best use of the existing stock. The strategy has some specific aims to help people with additional support needs and meet the housing needs of older people. A housing and health group has been established because it has been identified that joint housing and health interventions can have a significant impact on addressing poor quality housing, improving health outcomes and on reducing the demand on health and care services. The Health and Wellbeing Board will consider the effectiveness of this work through its connections with the Strategic Housing Board and the Health Inequalities Oversight Board.

Case Study: Transport & Unemployment

The transport strategy seeks to provide access to all parts of the Borough so that all residents can access the opportunities that are available. These opportunities may be in education, employment, leisure, or retail sectors.

In 2023 a mapping exercise was undertaken to understand the public transport offer between areas of high unemployment and employment hubs in the borough. It was found that areas of high unemployment were underserved. Work is being undertaken with Transport for West Midlands to improve public transport connectivity to Solihull town centre and the UK Central Hub from these areas.

The Health and Wellbeing Board is in a unique position to view individual strategies as part of a wider programme of work focused on improving the health and wellbeing of the population. The Board will develop a work plan to enable clear oversight of what the data is telling us and how it is changing, the action that is being taken and what else might need to be done to improve or accelerate progress.

How are we going to measure progress?

Ultimately, all the strategies, boards, committees and initiatives need to make a difference to health and wellbeing of our population. In this section, we set out how we will measure progress on the six identified themes through the Solihull Local Outcomes Framework. The Health and Wellbeing Board will monitor progress routinely.

The Solihull Local Outcomes Framework focuses on 10 outcomes areas in which we want to see improvements over the coming years, which will address our key challenges. The framework is broader than our six themes because alongside outcomes for population groups, it considers wider determinants such as employment, housing and transport. It also includes key indicators relating to the ICS strategy and considers access to and the quality of our services.

Under each of the outcome areas, there are a set of indicators which when taken together, help to give an indication of whether we are moving in the right direction.

The Solihull Local Outcomes Framework is depicted with its ten 10 outcome areas below (figure 5).

Outcomes For People

1. Level up life expectancy
2. More people have good mental health
3. More people live independently for longer
4. More children are happy, healthy and safe

Wider Determinants

5. More people adopt a healthy lifestyle
6. More people are in well paid work
7. People live in an environment (physical and social) which supports their health and wellbeing

Our Services

8. People have access to the right care and support when and where they need it
9. Our health and care services deliver good quality care and support to the population
10. Our services work together to have a positive impact on outcomes and reduce health inequalities

Figure. 5

