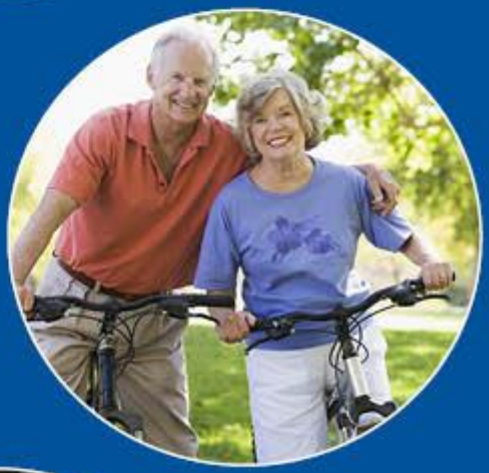
Solihull Metropolitan Borough Council

NHS Solihull Clinical Commissioning Group







Solihull Health and Wellbeing Board

Solihull Health and Wellbeing Strategy 2013-16

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SECTION 1 – Introduction

Context

In Spring 2011 Solihull Council approved the establishment of a Shadow Solihull Health and Wellbeing Board. The Health and Social Care Act 2012 specifies that the main role of the Board is to promote the health and wellbeing of the local population by coordinating the commissioning of health and wellbeing services and promoting the integration of services. It will achieve this through the development of a health and wellbeing strategy based on an assessment of need. Solihull Council and Solihull Clinical Commissioning Group have an equal responsibility to prepare the strategy through the Solihull Health and Wellbeing Board.

This Health and Wellbeing Strategy has been developed jointly by those agencies within Solihull represented on the Solihull Shadow Health and Wellbeing Board, namely the National Health Service, locally Elected Members, Solihull Council and the Voluntary sector. The Board has carried out substantial work on the identification of shared health and wellbeing priorities that form the basis of this strategy. Consequently, this is the strategy for meeting the needs identified in the Solihull Joint Strategic Needs Assessment 2012, and explains the health and wellbeing priorities that the Board has set to improve the health and wellbeing of the Solihull community and reduce health inequalities.

Our Vision and Approach to Health and Wellbeing

The Health and Wellbeing Board aims to improve the health and wellbeing of the population of Solihull from pre-birth to end of life, reduce inequalities and improve the quality of health and social care services. It will do this by promoting a strategy of prevention, early intervention, re-ablement and rehabilitation; supported wherever possible by community based public health programmes, education, health care and social care.

The Board will be responsible for promoting integrated commissioning and partnership working across the National Health Service, education, housing, social care, and public health in collaboration with other local services. It will play a key role in promoting individual and community involvement in decision making and improving democratic accountability.

Strategic Framework

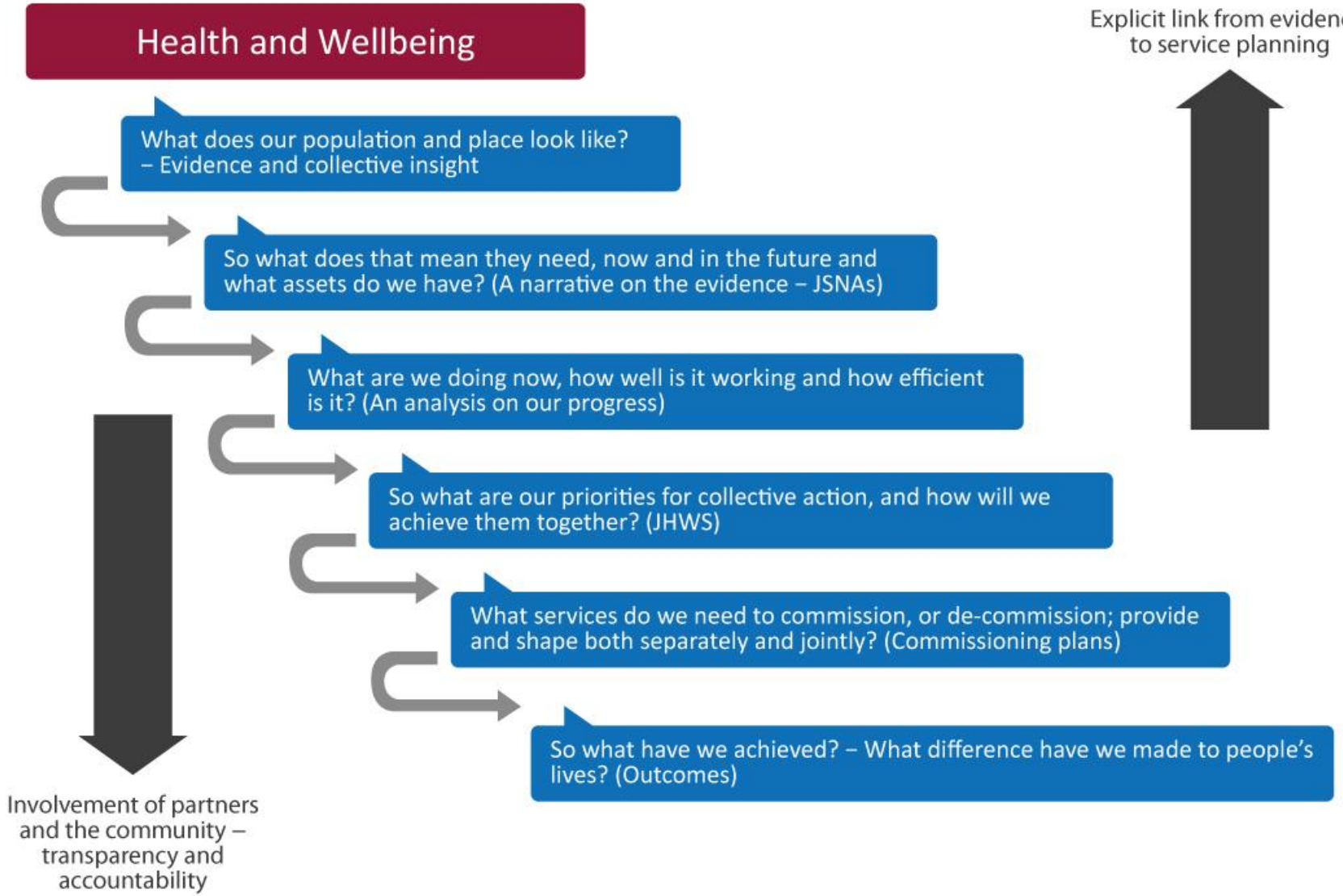
This strategy recommends the services that should be commissioned across health and social care to improve the health and wellbeing of the people of Solihull, but does not detail how these services should be delivered. These will be detailed in the individual commissioning plans of the partner organisations of the Health and Wellbeing Board.

The diagram on the following page illustrates the stages that the Department of Health suggests should be followed in devising commissioning plans (*Reference: DH draft JSNA and Health and Wellbeing Strategy Guidance, 2012).*

This diagram also clearly illustrates the relationship between the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, and Section 2 of this document demonstrates how these documents are linked locally.

The success of the Board in realising our vision will ultimately be determined by the delivery of our selected outcomes. It is important that there are clear measures of progress against the priorities within this strategy over time. A number of indicators will therefore be identified under each priority area to monitor progress, and included on the Health and Wellbeing Boards performance dashboard. The Board will be responsible for ensuring any remedial action is implemented where performance is insufficient.

Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy – The Vehicle for Shared Leadership



SECTION 2 – Setting our Priorities

Development of a joint approach in identification of priorities, and engagement with partners in developing a Solihull Health and Wellbeing Strategy has been essential to avoid replication and to build upon previous needs assessments. Indeed, within Solihull a number of strategies have already been developed over recent years in a collective drive by organisations to improve the health and wellbeing of the local population.

Thus, in proposing priorities for inclusion within the Health and Wellbeing Strategy, reference was made to the Healthier Communities Strategy 2010-13 developed by the Healthier Communities Board, as well as priorities determined by the Solihull Clinical Commissioning Group. Where there is overlap **and** a collaborative approach needed between clinical, statutory and non-statutory organisations to ensure successful delivery of outcomes, it is proposed that these are the areas for focus within this Strategy.

Given a number of constraints it would not be possible to address all health and social care needs for Solihull at once. In selecting priorities for inclusion in this strategy it was necessary to adhere to a number of principles. Selected priorities should:

- Have the greatest impact on
  - improving health outcomes
  - reducing health inequalities
  - focus on vulnerable and at-risk groups
  - improve quality of life and wellbeing for the people of Solihull
  - appropriate quality of services
- Have large scale impact and benefits
- Be cost effective and affordable
- Be achievable / feasible within reasonable timescale
- Supported by evidence of effectiveness, where available
- Achieve a balance between short and long-term impacts
- Receive community and political support

In order to be successful it is vital that health, social care, education, housing and voluntary agencies work together with the communities of Solihull. Indeed collaborative working is vital if we are to make a significant difference to the priorities within this strategy for the people of Solihull.

Following discussion at the Shadow Health and Wellbeing Board, a wide range of views were considered in setting the priorities for this strategy. In the course of producing the Joint Strategic Needs Assessment a consultation on the priorities for needs assessment and commissioning information was undertaken with key stakeholders.

As we move forward with translating identified need into priorities for action, we are particularly keen to ensure that the views of local communities are taken into account and we will endeavour to involve local people through working closely with partners such as Healthwatch Solihull.

Healthwatch Solihull is the new independent consumer champion for health and social care in the borough. Through working together we aim to give children, young people and adults a powerful voice to make sure their views and experiences are heard by those who run, plan and regulate health and social care services.

Healthwatch Solihull will work with the Health and Wellbeing Board to develop strategies based upon a robust evidence base whilst maintaining the independence to challenge or corroborate strategies, practices and decisions.

SECTION 3 – Health and Wellbeing Strategy Priorities

Solihull has adopted the Marmot Framework for the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. The Marmot Review is particularly valuable in that its recommendations are based on a comprehensive assessment of the evidence base of what is effective in improving health and reducing inequalities. These policy objectives are:

1. Give Every Child the Best Start in Life
2. Enable All Children, Young People and Adults to Maximise Their Capabilities and Have Control over Their Lives
3. Create Fair Employment and Good Work for All
4. Ensure a Healthy Standard of Living for All
5. Create and Develop Healthy and Sustainable Places and Communities
6. Strengthen the Role and Impact of Ill Health Prevention

The Health and Wellbeing Board are keen that sufficient emphasis is placed on 'Ageing Well', and a seventh priority has therefore also been added.

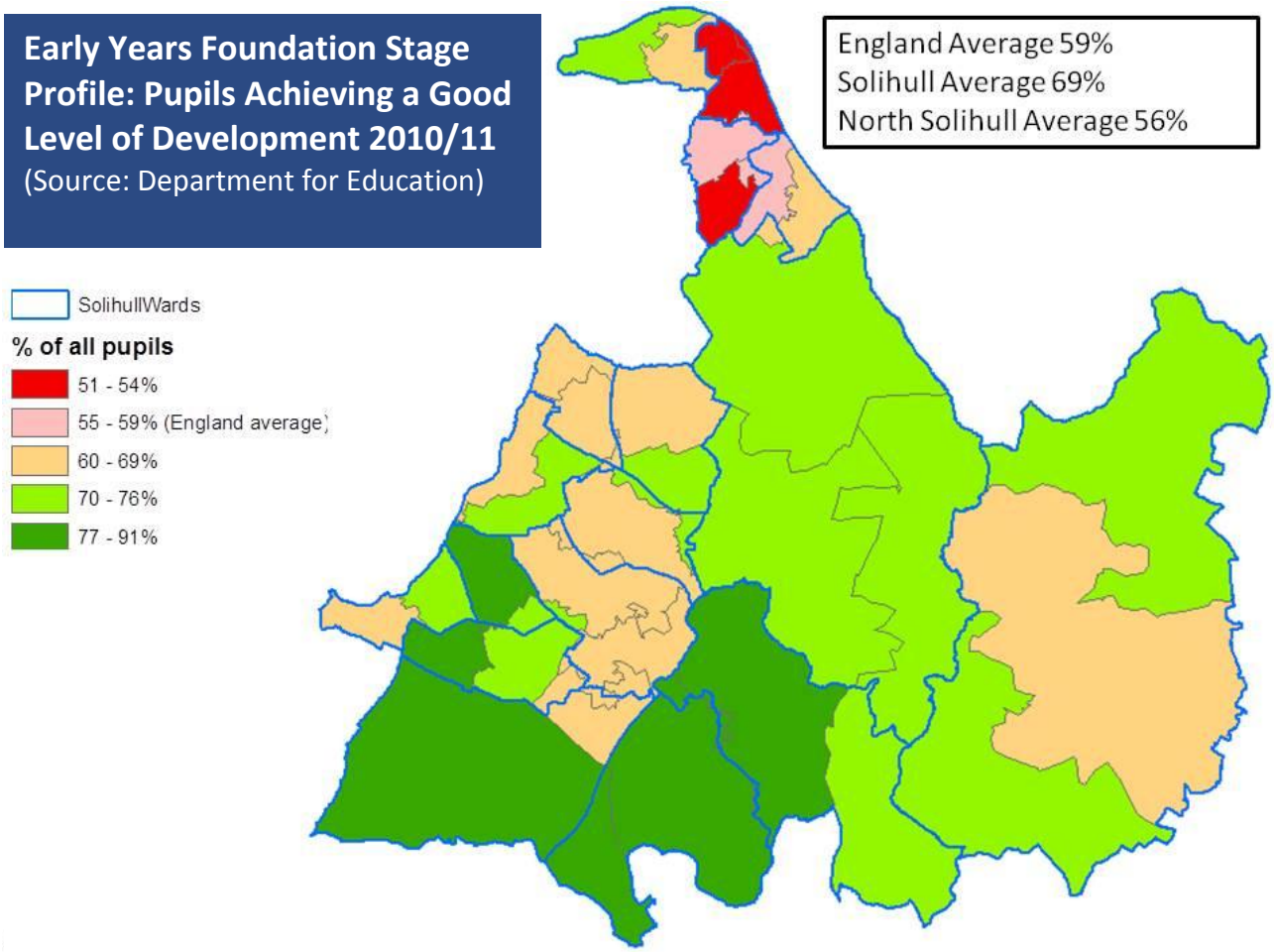
7. Ensure people receive the care and support they need across the life course.

Give Every Child the Best Start in Life – Starting Well

Give Every Child the Best Start in Life – Starting Well

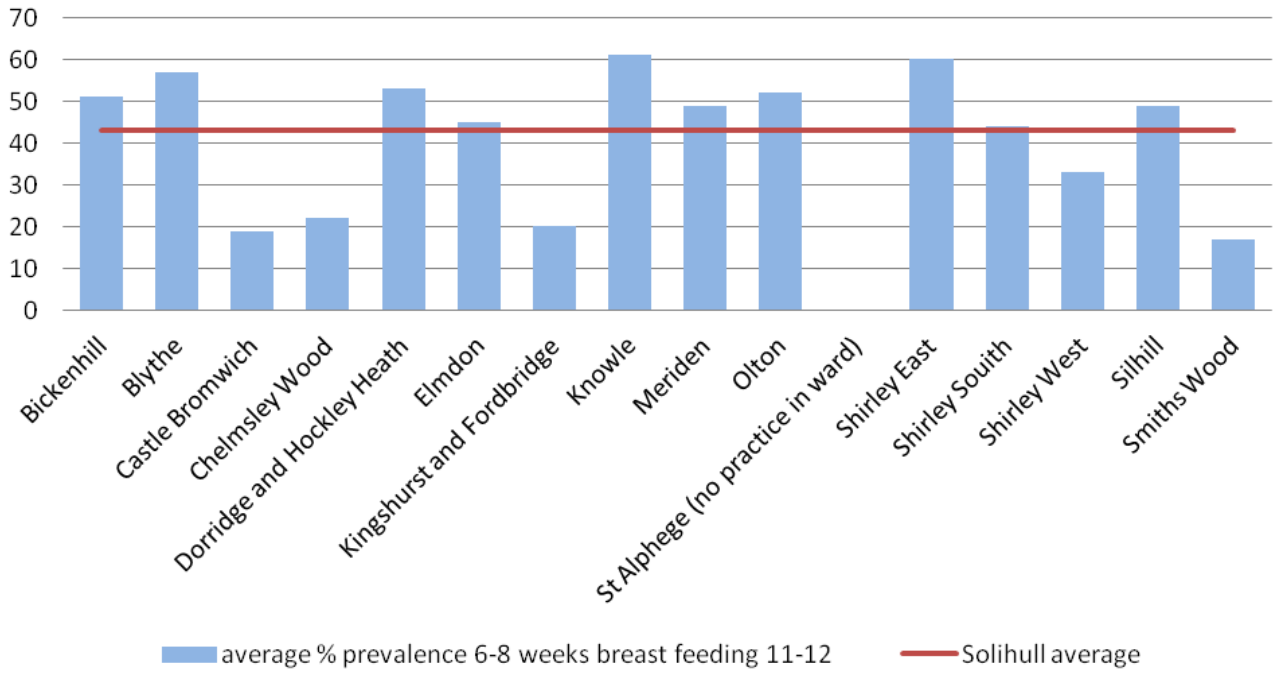
Breaking the link between early disadvantage and poor outcomes in later life can only be achieved by ensuring that all children receive the best possible start in life. Reducing inequalities across maternal and infant health as well as early years' education and development are among the key factors in this overall objective.

Early Years Foundation Stage Profile: Pupils Achieving a Good Level of Development 2010/11
(Source: Department for Education)



Overall, the key indicators of infant and early years' health are relatively positive in Solihull, however there is evidence of local inequalities across the indicators of early years' health and on-going challenges around some contributory factors such as smoking at time of pregnancy and breast feeding.

Average % prevalence 6-8 week breastfeeding 2011/12



Why is this a priority in Solihull?

- Low birth weight (defined as a birth weight under 2.5kg) is a good indicator of the current and future health of the baby. In 2011 in Solihull 7.6% of babies were born with a low birth weight, which is above that for the Prospering Smaller Towns comparator peer group (6.5%), and slightly higher than the England average (7.5%). The North Solihull Regeneration wards have a higher prevalence of low birth weight babies than the rest of the Borough, with the highest rate in Chelmsley Wood (11%).
- Smoking at the time of delivery has decreased over recent years and whilst it is now better than the England average (11.9% versus 12.6% as at December 2012), there is still a need to reduce the numbers of mothers smoking through pregnancy yet further.
- Whilst breast feeding rates were declining in 2011/12 there has been a steady upward trend in 2012/13 with numbers now approaching national average levels. A continued focus on breast feeding is needed to maintain this upward trend.
- There is scope for the uptake of pre-school immunisations to be improved, particularly in the five-year booster (including whooping cough) and Measles, Mumps, Rubella (MMR).
- Early years development is ranked third out of all local authorities with 69% of children achieving good levels of development; however there is a 30% gap in achievement across Solihull.
- Children with Disabilities, Looked After Children, children subject to a child protection plan and children living in poverty have greater level of needs.
- Teenage pregnancy is a key measure of health inequalities and child poverty. Teenage parents are at an increased risk of postnatal depression and poor mental health in the three years following birth. Their children experience higher rates of infant mortality and

low birth weight, Accident & Emergency admissions for accidents and have a much higher risk of being born into poverty.

What do we need to do in Solihull?

- Improve the quality of maternity services with a focus on the provision of holistic support for families during ante-natal and post-natal periods.
- Maintain targeted investment and support in early years development.
- Prioritise evidence based parenting support programmes.
- Provision of high quality children's centres that meet needs of local communities.
- Provision of good quality early years education and childcare.
- Improve mental health and emotional wellbeing particularly in vulnerable groups.
- Support parents and children / young people during periods of transition.
- Establish healthy behaviours around diet and physical activity at an early age.
- Improve access to and choice of long acting reversible contraception (LARC), leading to increased uptake providing more effective contraception and reducing unplanned pregnancies.

What will success look like?

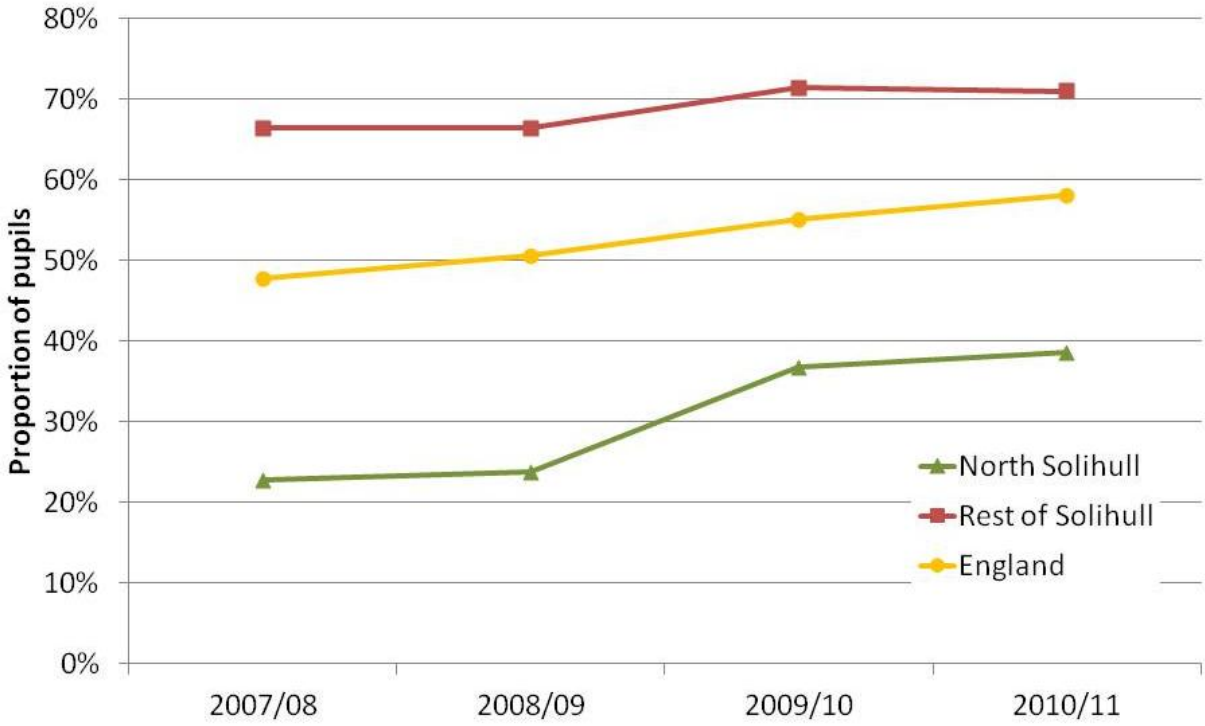
- An increase in the number of children achieving a good level of development at age five in North Solihull.
- Improved infant health so children are better placed to learn and achieve when they start school.
- Improved maternal health leading to good birth experiences and healthy babies.
- Well informed and supported parents so they are better placed to care for their children.
- Vulnerable children achieve optimal health, social and educational outcomes and are protected.

Maximise Capabilities and Control – Developing Well

Maximise Capabilities and Control – Developing Well

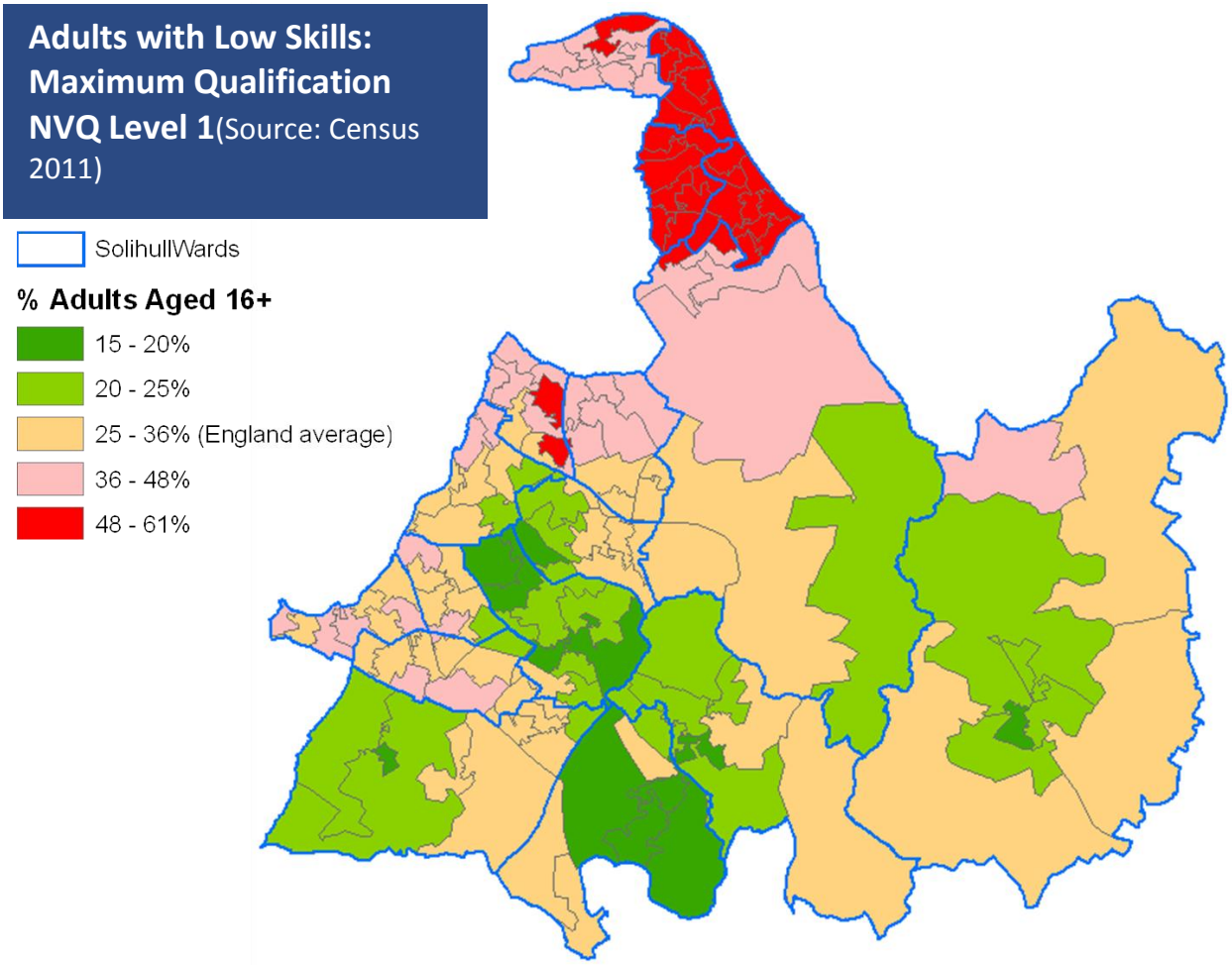
In order for people to maximise their capabilities and have control over their lives they must have the tools with which to make informed choices about their own health and care needs and have access to services that are tailored to fit their needs. In terms of providing people with the tools to make informed choices providing children and young people with the best start in life and education are critical.

Pupils Achieving Five A*-C Grade GCSEs Including English and Maths
(Source: Department for Education)



School attainment at Key Stage 4 provides a useful benchmark for assessing the extent to which young people in Solihull are being prepared for adult life and have the necessary tools with which to maximise their potential and opportunities. There is also a clear link between attainment, health literacy and the types of choices made by adults in terms of their lifestyle.

Adults with Low Skills: Maximum Qualification NVQ Level 1 (Source: Census 2011)



Why is this a priority in Solihull?

- Educational outcomes have improved over the last five years; however there remain significant variations at school level and between vulnerable groups.
- Adults of working age have comparatively good levels of skills and qualifications, however this varies across Solihull.
- 93% of Solihull schools are engaged in the Solihull Healthy Schools Programme, with 47% of schools now actively engaged in Enhancement, providing an opportunity to emphasise improving health and wellbeing outcomes in tandem with/contributing to educational outcomes.

What do we need to do in Solihull?

- Continue to prioritise reducing inequalities in educational outcomes.
- Support schools, families and communities to work in partnership to improve educational outcomes, health and wellbeing.
- Increase access and use of quality lifelong learning opportunities.
- Continue to work across agencies on specific projects to support families facing complex issues.

What will success look like?

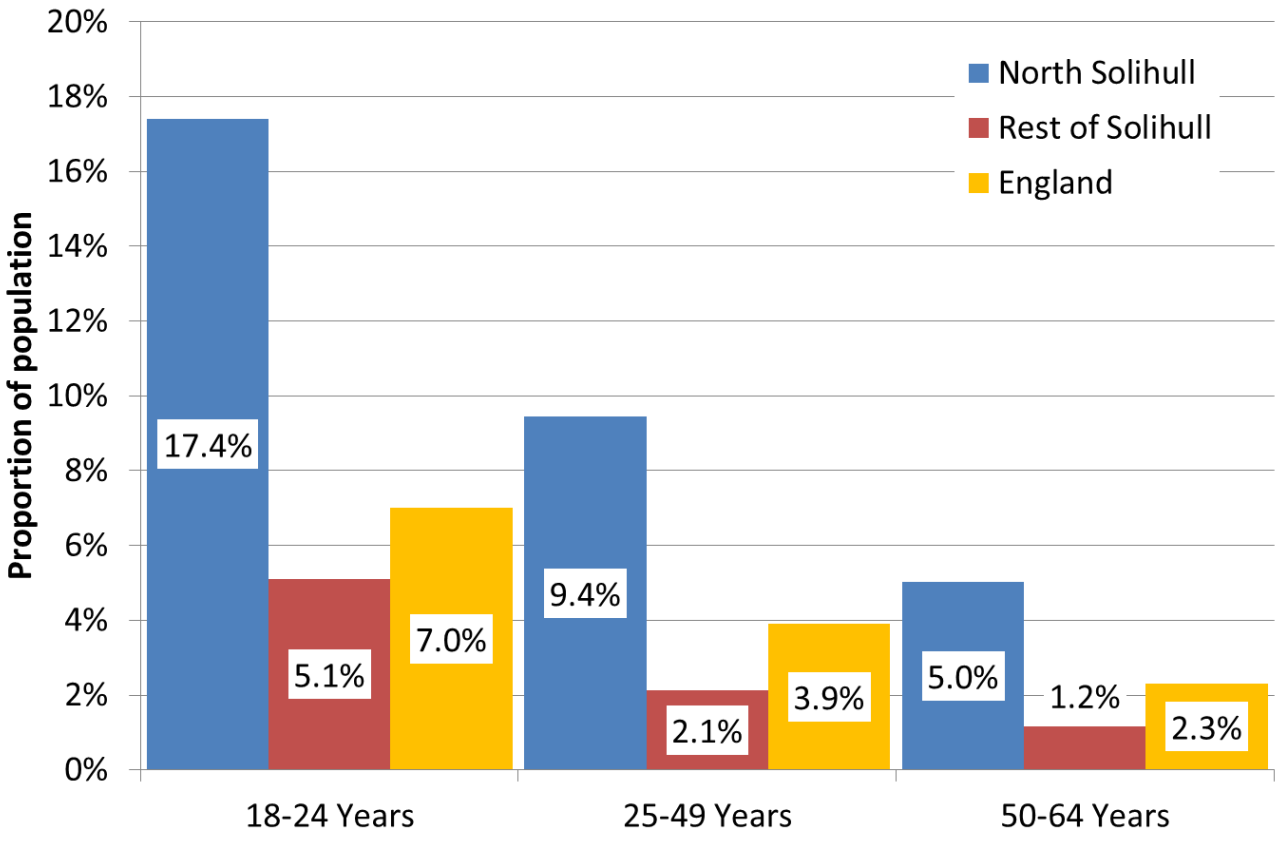
- Young people will be well equipped to make life choices.
- Reduction in gap of educational outcomes across Solihull.
- Families facing complex issues are supported to succeed.

Create Fair Employment and Good Work for All – Working Well

Create Fair Employment and Good Work for All – Working Well

Being out of work can have a detrimental effect on an individual's physical and mental health and wellbeing. In turn poor health and disability can prevent individuals from gaining secure and stable employment. Unemployment is a significant risk factor for a number of health indicators, and the effects can be linked to poverty and low income amongst the unemployed. There are also significant psychological consequences from being out of work, especially for the long-term unemployed. In addition, work can play an important role in an individual's social networks and participation in society. Multi-stranded employment programmes are therefore essential to promote access to work and reduce long-term unemployment, particularly among disadvantaged groups and young people.

Claimant Unemployment Rates March 2013
(Source: ONS\NOMIS)



Why is this a priority in Solihull?

- Solihull's economy is strong, but has contracted by 2.6% since 2008.
- Inequalities exist in access to employment: 50% of unemployment claimants live in North Solihull; the rate among 18-24 year olds is three times higher than the rest of the population. Other disadvantaged groups include lower skilled workers, those in ill health or disabled, lone parents and ex-offenders.
- Mental ill health is the main cause of claim for incapacity benefit (43% of all claimants).
- Health at Work Programmes are least well developed in the public sector and Small / Medium Enterprises.

What do we need to do in Solihull?

- Develop education, skills and training, particularly community education and lifelong learning.
- Maximise volunteering opportunities to develop skills and confidence.
- Promote supported employment with associated training/support for existing staff.
- Remove barriers to employment for disadvantaged groups and people with long-term conditions, mental ill health and disabilities.
- Increase use of procurement and planning levers with developers.
- Promote health at work programmes, particularly amongst at-risk groups, the public sector and Small / Medium Enterprises.

What will success look like?

- An increase in healthy lifestyle opportunities in Solihull workplaces.
- An increase in the number of volunteers in Solihull.
- An increase in learning opportunities in North Solihull.
- Reduction in worklessness particularly in disadvantaged groups.

Ensuring a Healthy Standard of Living for All – Living Well

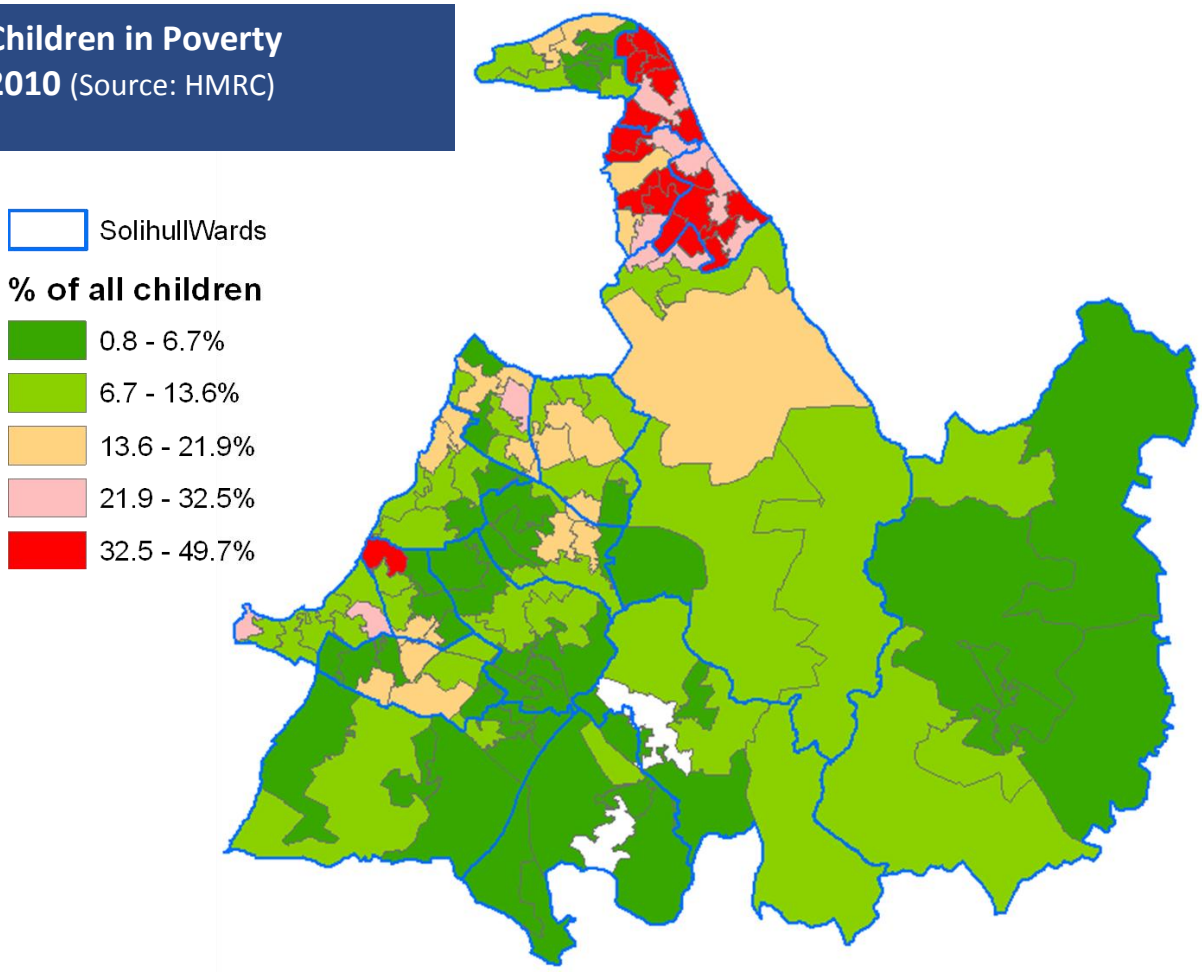
Ensuring a Healthy Standard of Living for All – Living Well

Solihull has comparatively low levels of households in poverty; however levels of poverty are considerably higher in the North Solihull Regeneration area where a third of households are living in relative poverty. Inflation and the recession have both increased poverty levels.

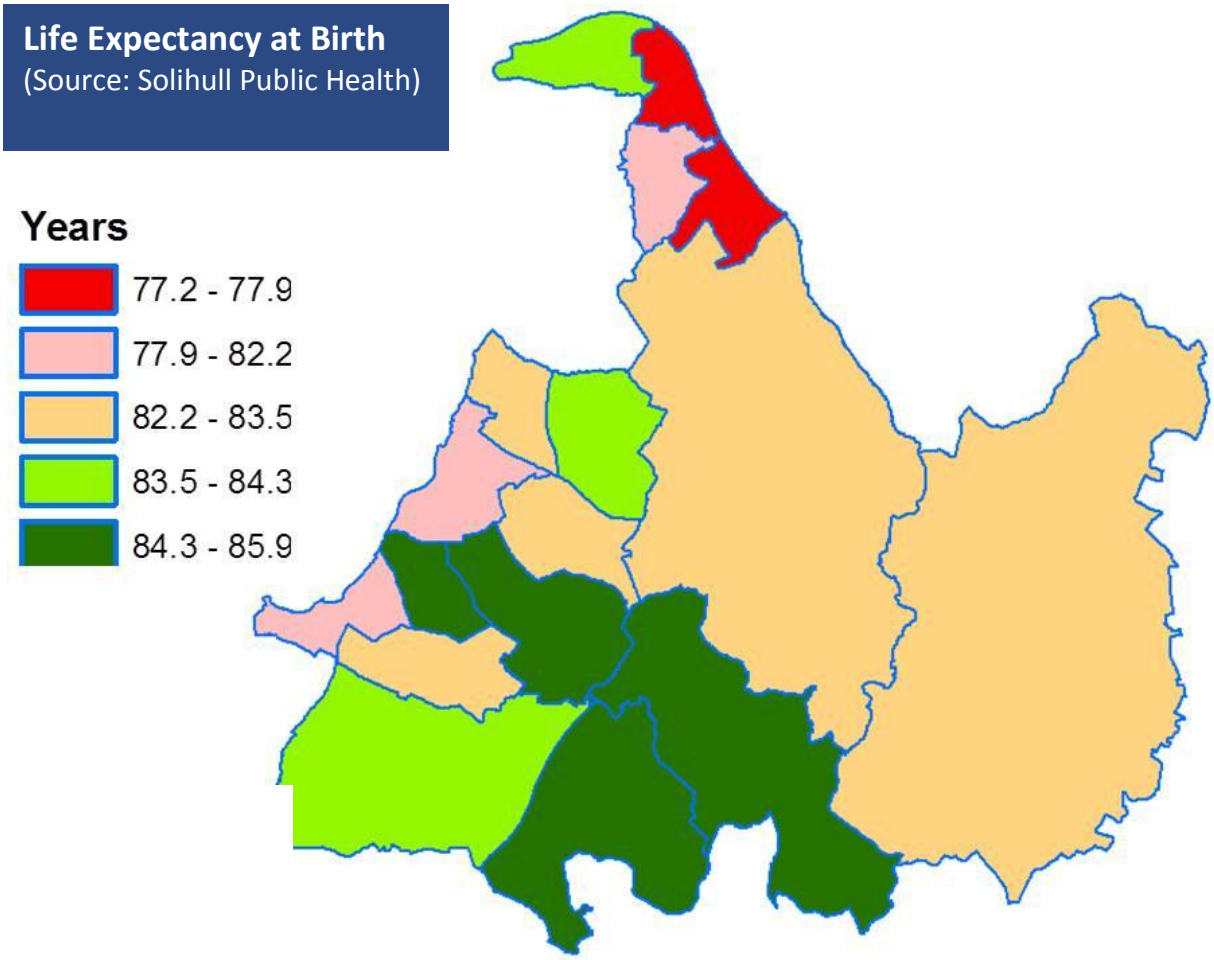
Employment status is the key determinant of poverty, with the unemployed and those in low paid work the most vulnerable. Neighbourhoods with high levels of relative poverty are subject to a range of inequalities, including:

- Poor health outcomes/lifestyle choices
- Higher crime and Anti-Social Behaviour rates
- Higher rates of teenage conceptions and lone parents
- Below average education attainment
- Higher levels of debt and demand for debt/money advice services
- Low self esteem and educational aspirations among children and young people.

Children in Poverty 2010 (Source: HMRC)



Life Expectancy at Birth
(Source: Solihull Public Health)



Why is this a priority in Solihull?

- Local evidence suggests that Solihull is subject to lower levels of poverty than both national and regional benchmarks, however within Solihull there are clear geographical variations in the extent of households and children in poverty, broadly corresponding with patterns of overall deprivation (as measured by the Index of Multiple Deprivation) and worklessness.
- In North Solihull 36% of all children live in relative poverty compared to 15% across the Borough as a whole.
- There are pockets in the rest of the borough (Lyndon, Elmdon, Shirley and Castle Bromwich) where more than one in five children are in relative poverty.
- Debt enquiries to the three Citizens Advice Bureaux in Solihull increased by 33% between 2008/09 and 2010/11, while benefit enquiries increased by 24%.
- In 2010 there was a reported increase of Solihull's households in 'fuel poverty' with an estimated 13,469 or 15% of Solihull's households falling into this category.
- Fuel poverty is considered to be a contributory factor to excess winter mortality. In Solihull there were approximately 96 excess winter deaths during 2011/12.

What do we need to do in Solihull?

- Continue to implement the Solihull anti-poverty strategy, focusing attention on interventions with the greatest impact.
- Focus on the multi-agency identification and referral system for advice, information and counselling on debt, education, training, employment, welfare, housing and health.
- Assess impact of welfare reforms and provide local assistance as necessary.
- Tackle fuel poverty and excess seasonal deaths through the 'Winter Warmth Campaign' and other programmes.

What will success look like?

- A reduction in the number of Excess Winter Deaths.
- A reduction in the number of Solihull families living in relative poverty.
- A reduction in health inequalities across Solihull as measured by the Slope Index of Inequality.

Sustainable Place and Communities – Living Well

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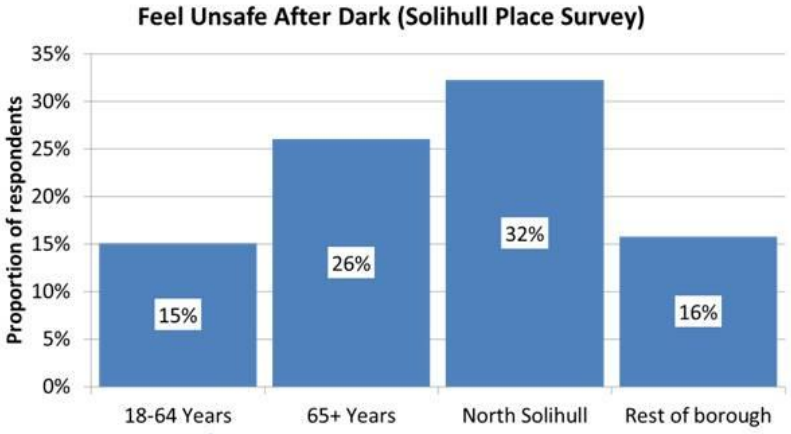
Extensive consultation for the Solihull Partnerships Community Strategy 'A Place for People, 2003-13', and the Sustainable Communities Strategy for Solihull 2008-18 told us that local people wanted Solihull to be a place that is inclusive and community focused, good to live in for everyone, and where people respect difference and diversity.

Strong communities are characterised by a pride in where they live, however building such communities is a shared responsibility which requires a long-term approach.

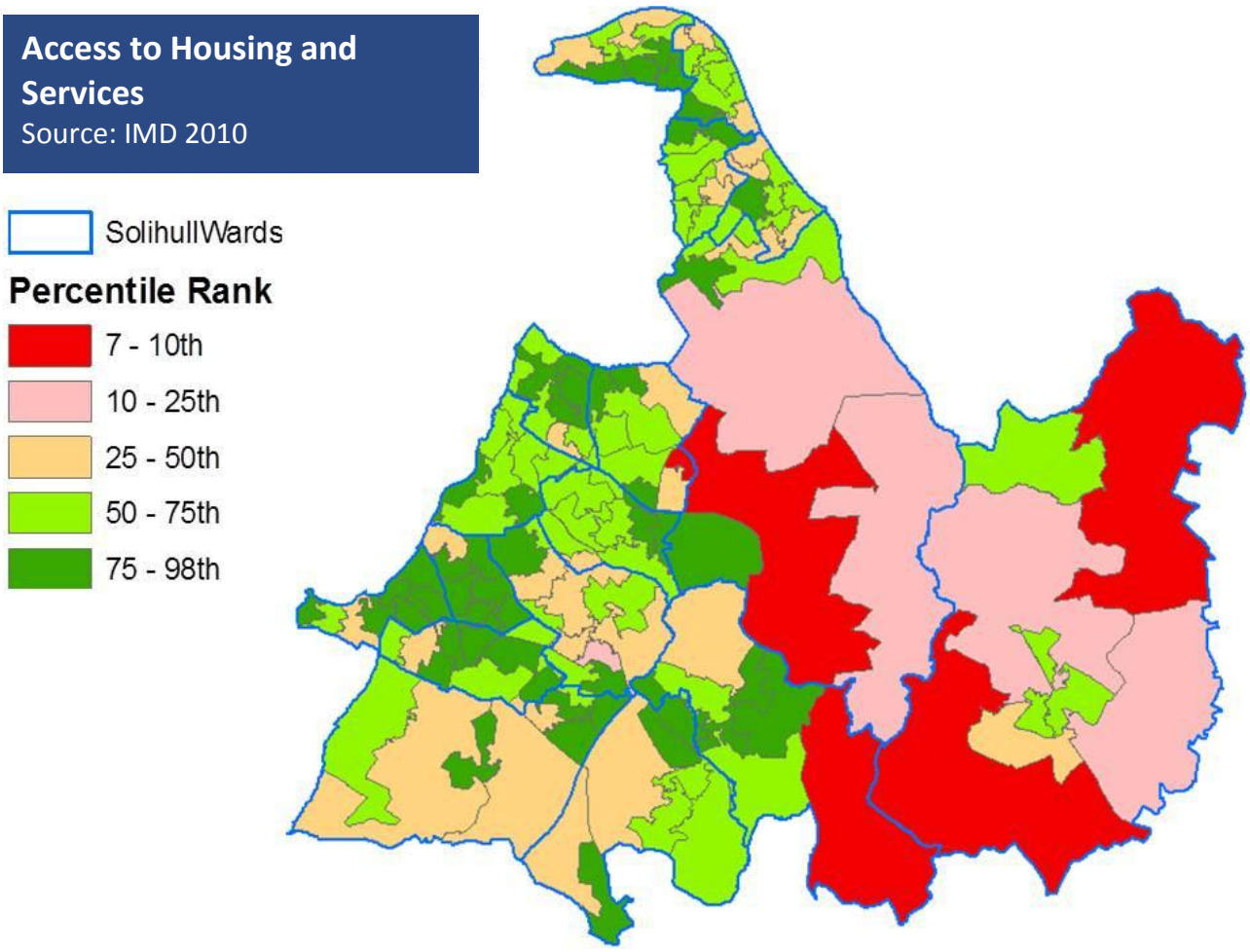
Personal safety, the reduction of crime and anti-social behaviour, and associated harm, are amongst the greatest causes of concern for our communities. It affects quality of life and the way people think about the area in which they live, visit or work. Improving community safety requires a whole system approach including law enforcement, education and neighbourhood management and planning.

Crime Rates and Fear of Crime



Anti-social behaviour is recognised as influencing a range of community issues including perceptions of cohesion, feelings of safety and willingness to participate in the community activities.

Access to Housing and Services
Source: IMD 2010



Why is this a priority in Solihull?

- Community safety and fear of crime (whether founded or not) has a significant impact on peoples everyday lives – 26% of over 65s are afraid to go out after dark.
- 46% of residents indicate a problem with at least one of the eight main listed types of Anti Social Behaviour in their local area.
- In the 12 months to March 2013 there were 12 Multi-Agency Risk Assessment Conferences as part of a coordinated community response to domestic abuse from 198 referrals, of which 65 were repeats. In the same period 253 Independent Domestic Violence Advocacy Service users were supported.
- Access to essential services especially in rural areas can be inequitable across the Borough.
- New developments provide an opportunity to promote, support and enhance physical and mental health and wellbeing.

What do we need to do in Solihull?

- Increase capacity to support families facing complex issues.
- Address the health needs of those communities often excluded by traditional means and at high risk of poor health.
- Implement evidence based community development programmes in order to strengthen community capacity and cohesion.
- Undertake a comprehensive domestic abuse needs assessment.
- Exploit housing development programme to maximise opportunities for affordable housing, supported housing and improvements to quality of the environment.
- Ensure developments are sustainable and contribute to carbon reduction targets and promote employment.

What will success look like?

- A reduction in fear of crime among Solihull residents.
- Communities are empowered to address locally determined priorities.
- A coordinated and effective response from agencies to the needs of our most vulnerable communities.
- More people supported to live independently in their own homes.

Strengthen the Role and Impact of Ill Health Prevention – Living Well

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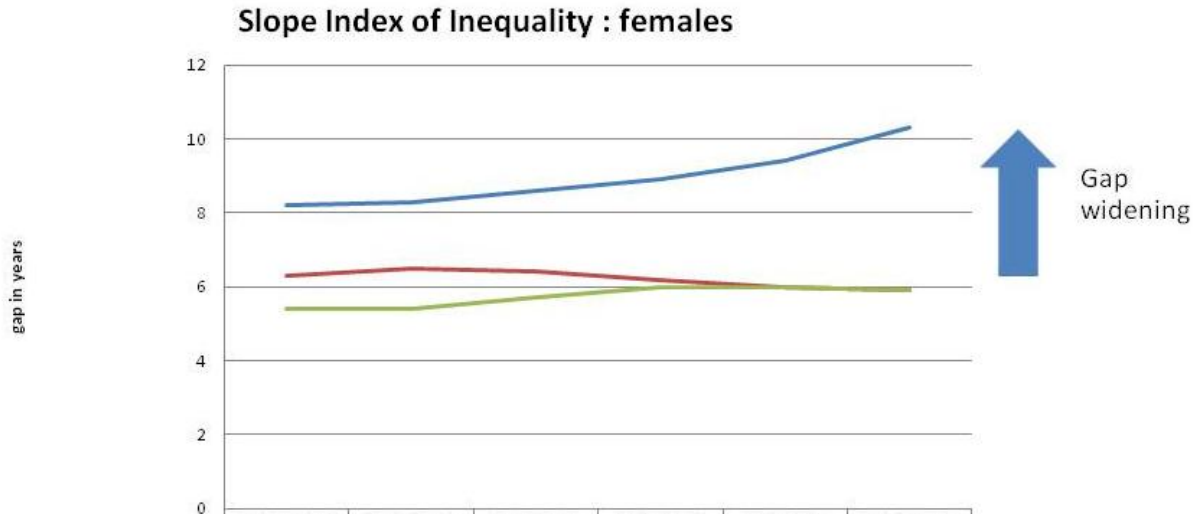
Lifestyles are a major contributor towards the pattern of health inequalities in Solihull. Smoking alone is responsible for half of the difference in life expectancy between north and south Solihull. Life expectancy is directly correlated to the number of unhealthy lifestyle behaviours that a person engages in. People who engage in all four unhealthy lifestyle behaviours live an average of 14 years less than those who engage in none (EPIC 2011).

Evidence from the recent report by The Kings Fund, *Clustering of Unhealthy Lifestyle behaviours over time* (2012), highlights how although multiple healthy lifestyle behaviours have improved across the population as a whole, for those in the lowest socio economic groups the change has been much less significant. This issue can only be adequately addressed when targeted, integrated, sustainable programmes are developed that reduce health inequalities and are accessible by those in most need.

Inequality Gap – Women

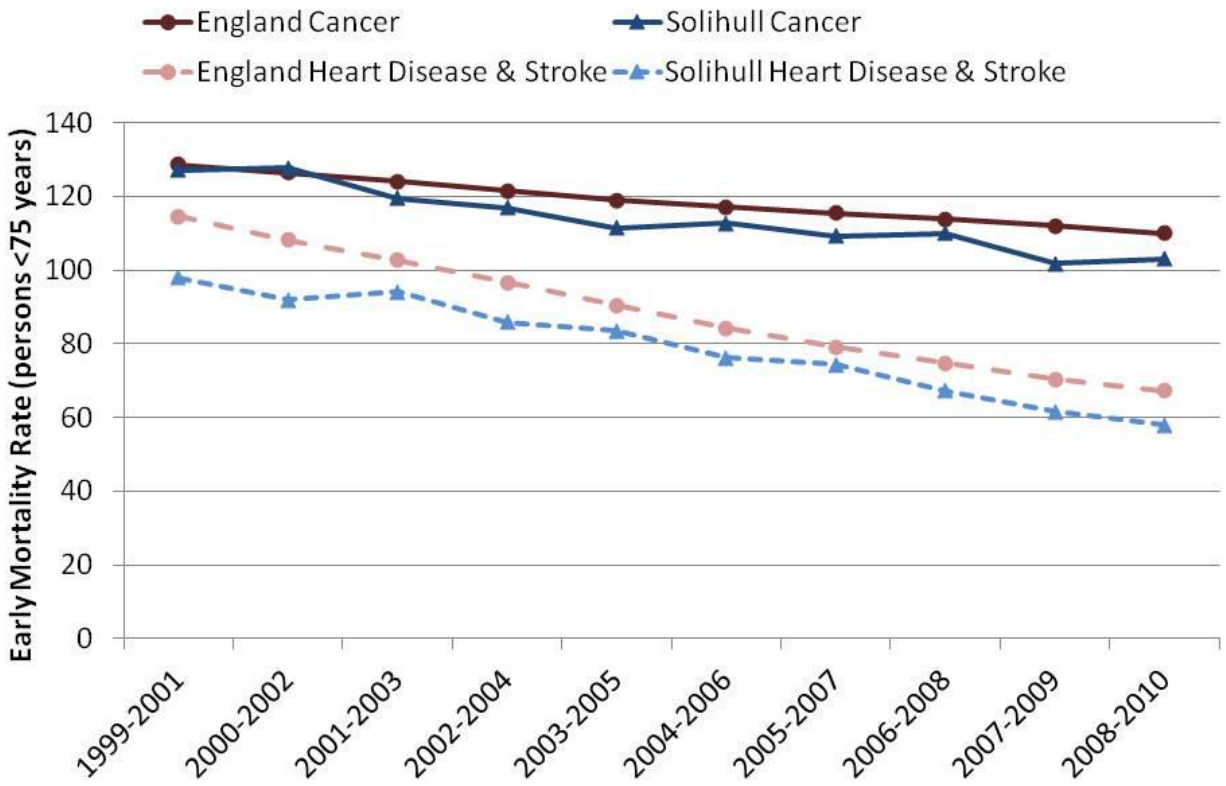


	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010
Solihull females	8.2	8.3	8.6	8.9	9.4	10.3
Birmingham females	6.3	6.5	6.4	6.2	6	5.9
England females	5.4	5.4	5.7	6	6	5.9

A coordinated approach to individually tailoring services that enable people to understand their health risks and empower them to take action to reduce these risks necessitates working in partnership and embracing innovative engagement techniques.

Major Causes of Premature Mortality (Deaths Under 75 Years)

(Source: Local Health Profiles 2011)



Why is this a priority in Solihull?

- Life expectancy has increased for all communities however has increased at a faster rate in the most affluent sections of the community; recently the gap in life expectancy has reduced in men but not in women.
- Heart disease, stroke, and cancer are the major causes of premature death.
- Cancer is responsible for the largest proportion of premature deaths.
- Incidence and mortality from breast cancer and skin cancers are higher than national and regional averages; malignant melanoma has trebled since 1985 (although the numbers of deaths are small, representing less than 2% of all cancer deaths).
- Smoking is the single most preventable cause of ill health and yet one in five people continue to smoke.
- Obesity levels are predicted to increase in the future; 10% of Reception children and 18% of Year 6 children are obese.
- Drinking alcohol hazardous to health is common (37% men; 16% women; equivalent to 33,000 Solihull residents); causing health, mortality, hospital admission, economic and social disorder problems.

- 550 adults are currently in treatment for illegal drug addiction (estimated need = 1008); the most common illegal drug is heroin (80%); cannabis and alcohol are the most common in young people.
- Long-term conditions are common particularly in older people; they are more prevalent in deprived communities, e.g. heart disease, stroke, diabetes, lung disease.
- Unhealthy behaviours (e.g. smoking, drinking alcohol, unhealthy diets, lack of physical activity) are established in young people.
- Mental ill health is relatively common affecting one in five adults; emotional and behavioural problems are also common in young people.
- Communicable diseases are still responsible for a considerable amount of preventable morbidity particularly in vulnerable groups and are a source of health inequality.

What do we need to do in Solihull?

- Develop prevention and treatment services to reduce premature mortality from heart disease, stroke, and cancer; progressively targeted in relation to need.
- Integrate, expand and improve access to comprehensive lifestyle management services, supported by other behavioural change and engagement programmes (e.g. social marketing approaches).
- Develop and implement awareness and early intervention programme for cancer, targeted on those cancers and communities where premature mortality is high.
- Development of services for the prevention and treatment of alcohol misuse.
- Improve the care of people with long-term conditions.
- Implement the children and young people's Emotional Wellbeing and Mental Health Strategy.
- Develop and implement a multi-agency Health Protection Strategy; improve uptake of immunisations, particularly for seasonal flu, whooping cough and MMR.
- Develop a more integrated Lifestyles Management service, with a single point of contact, involving all lifestyle services, which supports self regulation and management of lifestyle behaviours.
- To expand the Public Health Workforce by developing the role of 'Health Champions' within workplaces and the community and through the *Making Every Contact Count* initiative.
- To support workplaces and other organisations through vehicles such as *The Responsibility Deal* and *Making Every Contact Count* Implementation Guidance to create a culture of supporting the attainment of Healthy Lifestyles amongst their employees and customers.

What will success look like?

- People are helped to live healthy lifestyles and make healthy choices, measured through increased numbers of people utilising lifestyle services.
- A reduction in the number of people with preventable ill health.
- A reduction in the number of people dying prematurely.
- A reduction in health inequalities as measured by the Slope Index of Inequality.
- A coordinated response in the way in which the population's health is protected from major incidents and other threats

Ensure People Receive the Care and Support they need across the Life Course – Ageing Well

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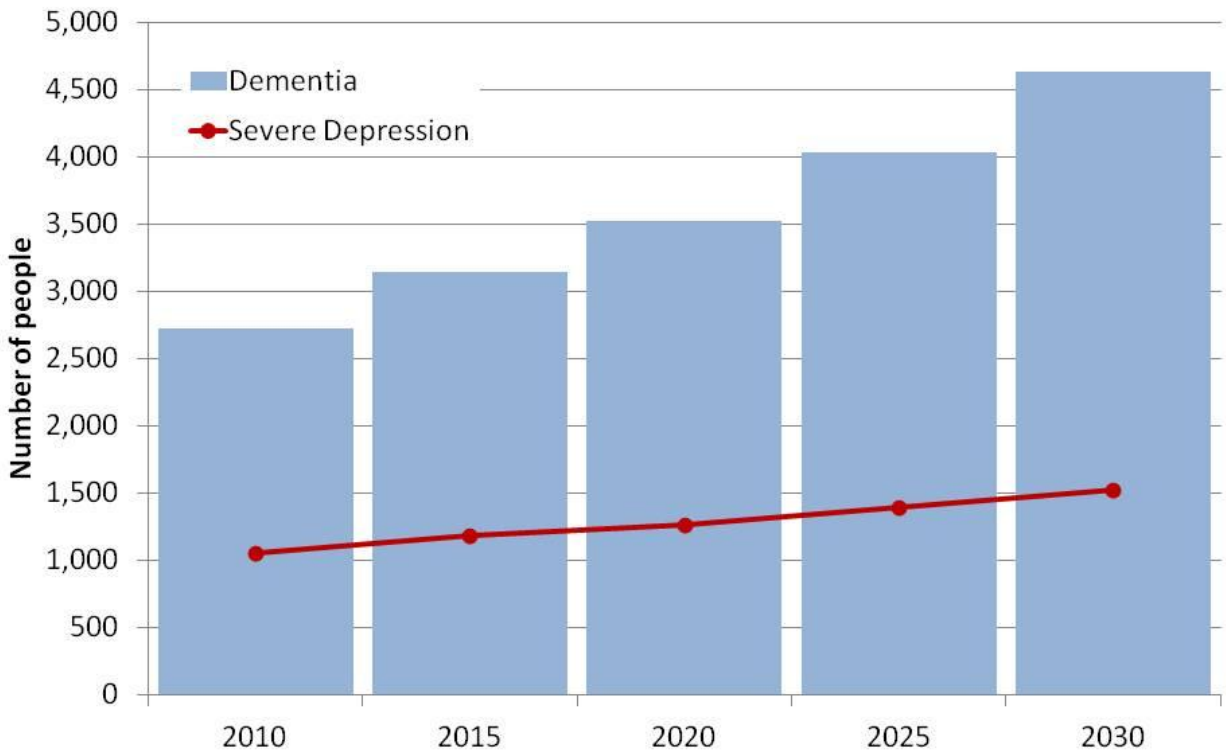
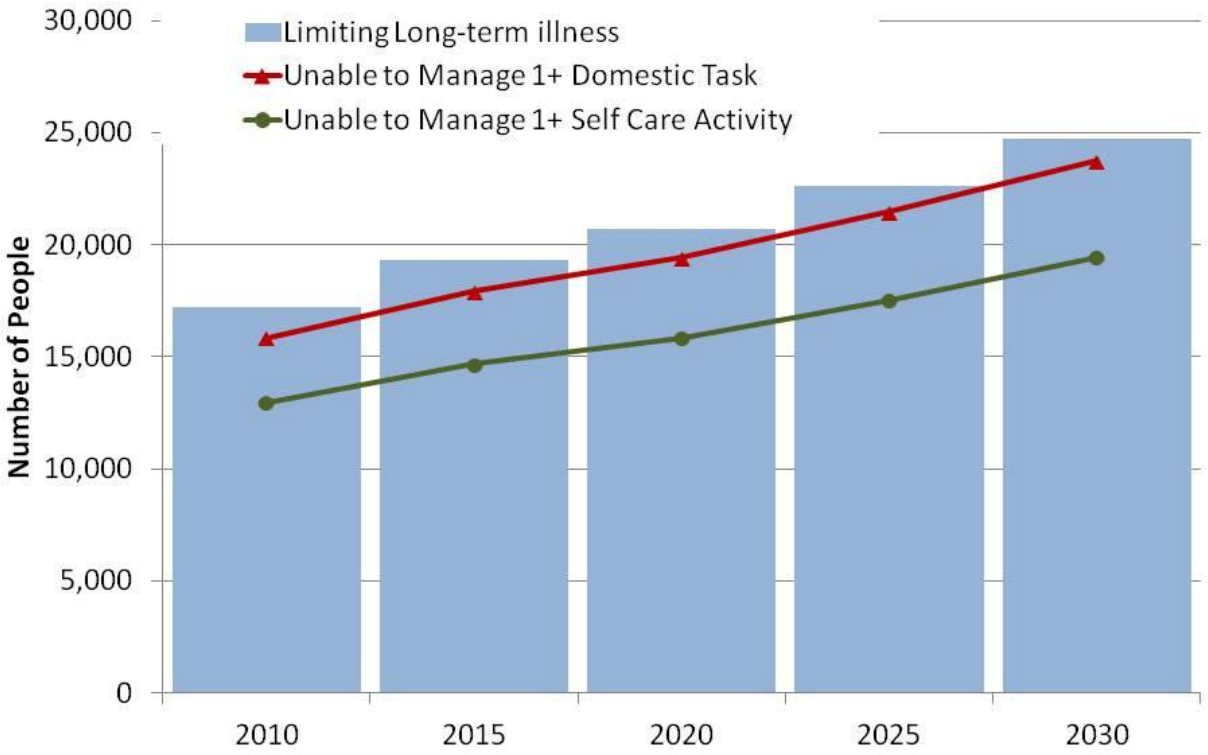
Nationally, those aged 85 and over currently represent the fastest growing section of society, doubling between 1984 and 2009 and projected to increase by a further 2.5 times by 2034, accounting for 5% of the total population. For many, extended retirement years offer new opportunities in terms of increased financial and social freedom, however the number of older people in the UK in need of care and support is expected to soar by 1.7 million over the next 20 years and the number with dementia could double in 30 years.

Projected Prevalence of Dementia and Severe Depression in Solihull's Over 65 Population (Source: POPPI)



Projected Care Dependency in Solihull's Over 65 Population

(Source: POPPI)



Why is this a priority in Solihull?

- In Solihull, the elderly population is projected to increase significantly over the next 10 years; (14% increase in the over 65s; 44% increase in the over 85s) and has already increased by 53% in the over 85s since 2001.
- The number of people suffering from long-term conditions, depression, dementia and mobility problems is expected to increase considerably over the next 10-20 years, with a subsequent increase in the need for health and social care, as well as institutional care.
- An estimated 21,000 carers provide invaluable support to the care of people; 40% of carers are aged over 65, and will themselves require support.
- Access to social care is lower than national averages, with the exception of learning disabilities; high levels of spending in learning disability services.
- Social care performance has improved but provision of intermediate care / rehabilitation, and residential care for people with learning disabilities compares poorly.

What do we need to do in Solihull?

- Re-design and improve services for older people in order to respond to future health, social and demographic trends.
- Support people to live independently, which will include developing community services and supported housing as an alternative to institutional care.
- Increase appropriate access to telecare.
- Enable people to have more choice and control over the care and support received.
- Improve care management and assessment, provision of intensive home support, intermediate care and re-ablement.
- Improve services to support and care for people who are frail and in particular those with dementia and at the end of their life.
- Develop support for carers based on an assessment of their needs.
- Develop an ageing well programme that supports older people to maintain and improve their health and wellbeing.
- Integrate health and social care in primary and secondary care; providing care closer to home.

What will success look like?

- People have a positive experience of social and health care services and support.
- Care and support is delivered closer to home.
- People and their carers experience an enhanced quality of life.
- Older people feel less socially isolated, valued by the community and feel safe.
- Older people remain healthy and independent for as long as possible.
- People grow older without the fear of getting old.

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