

# **Executive Summary of the Solihull Draft Healthier Communities Strategy 2010-2013**

## **Introduction**

This is the Draft Healthier Communities Strategy for Solihull. It is produced by the Healthier Communities Board (HCB), which is one of five groups that form the Strategic Partnership. Comments from partner organisations and the public are being invited for a final version in June 2010.

The HCB and its supporting Partnership Boards is representative of the wide range of interests who contribute to sustaining and improving the health and well-being of the local population. Consequently we have produced a Strategy that can assist everybody to make their contribution to reducing health inequalities in the Borough and meet the needs of the diverse communities who live and work in Solihull.

We want Solihull to be a place where people can enjoy improved health and wellbeing, both now and in the future. This strategy outlines how the HCB will help make this possible and explains our priorities for improvement over the next three years.

## **The Main Determinants of Health**

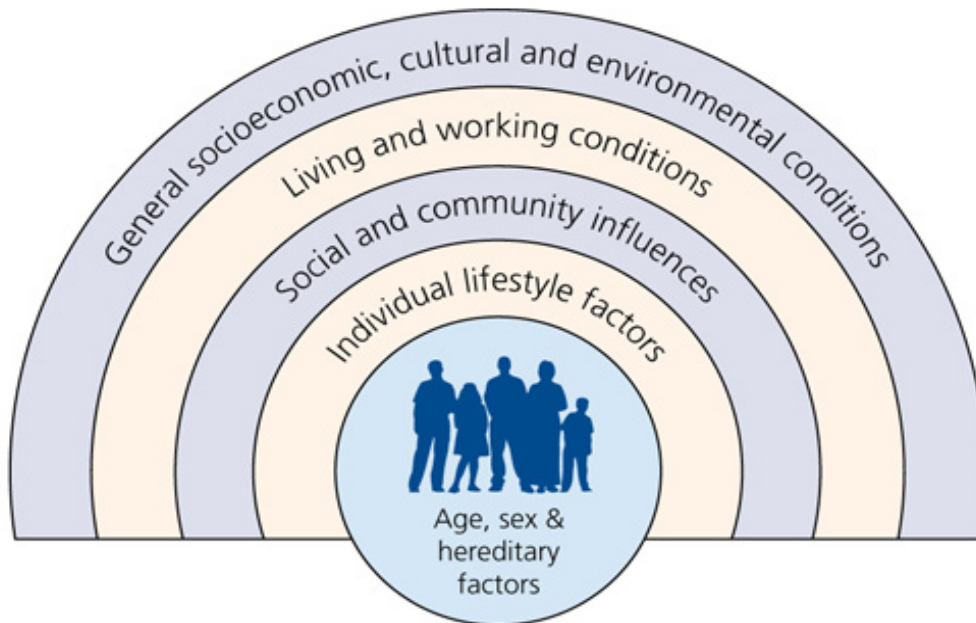
Health is defined by the World Health Organisation as:

*“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.*

Thus, within the context of this strategy a Healthy Community is one that supports the people of Solihull to achieve health as defined by the World Health Organisation.

Health has crucial links with many other aspects of our life. Whilst our age, gender and genetics are important, both mental and physical health are affected by our environment which includes our housing, the air we breathe, and our working environment. Emotional wellbeing affects our thoughts and behaviour, our motivation and the choices we make.

Lifestyle factors such as whether we smoke, what we eat and drink, and how much physical activity we take will all impact on our health. Our health is also strongly affected by whether we have a job and economic situation, which in turn may be affected by our educational achievements and our aspirations. Additionally, our social networks and relationships play a substantial role in how healthy we are. Many other local services such as transport, leisure provision, and health services are relevant too. The diagram below illustrates these links.



(Dahlgren and Whitehead, 1991)

All of this means that our local Healthier Communities Strategy has to link with the work of many agencies to achieve the greatest outcomes, and the importance of partnership working cannot be understated. It is clear that issues that affect our health cannot be solved through the actions of any one agency alone. Coordinated action is needed if we are to successfully tackle the social, environmental and economic factors underlying what makes a healthy community.

### **HCB Relationship to Associated Groups within the Solihull Partnership**

Solihull's Local Strategic Partnership known locally as the Solihull Partnership, brings together at a local level different parts of the public, private, community and voluntary sectors. Working together is the only way that we can achieve the best outcomes for the people of Solihull. We have a far greater chance of success by changing the way we work, reallocating our resources and developing our mainstream services to tackle issues that really matter to local people. To deliver these changes the Local Strategic Partnership has decided on a number of priorities for the next 3 years, and these form our Local Area Agreement targets for Solihull.

There are many targets across the partnership which impact upon health however the focus of this Strategy is on those for which the HCB is responsible.

## **Our Key Priorities for the next Three Years**

Five priority areas for improvement have been chosen for focus in this strategy. Each of these is of equal importance, and requires a whole partnership approach if success is to be achieved.

The areas are those highlighted as needing to be addressed against the 'Building Healthier Communities' section of the Sustainable Communities Strategy. Moreover, consultation with stakeholders at the first Healthier Communities summit further confirmed that these were the correct areas for action. We have also made reference in the strategy to additional issues highlighted at the summit: housing, employment and education.

### ***Priority Areas for Improvement***

#### ***1. We will reduce health inequalities***

<b>LAA targets that this priority impacts on:</b>
NI 39 (alcohol related admissions)
NI 123 (stopping smoking)
NI 120 (all age all cause mortality rate)
Reward target 5 (breastfeeding)

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **Health Inequalities Partnership Board**

The degree of health inequality in the Borough is of great concern and there is a 10 year gap in life expectancy between the best and worst wards. This has widened over the last decade as the life expectancy of residents from more affluent areas of Solihull has increased more rapidly than for those from more deprived areas. This gap is predicted to increase further; indeed three wards in the north of the borough are among the 5th most deprived in the country. Deprivation is associated with poor health outcomes and, when compared to the rest of the borough, the health inequalities experienced in our more deprived wards are striking.

#### ***Improvements we will make:***

We will work to reduce health inequalities and close the gap in health status and life expectancy of people between the best and worst areas in Solihull through a focussed set of high impact initiatives that will support sections of the population that are most in need.

We will work with local people through their communities to tackle issues of importance to them.

**2. We will improve people's emotional well-being and support people with mental health needs**

<b>LAA targets that this priority impacts on:</b>
NI 39 (alcohol related admissions)
NI 123 (stopping smoking)
NI 120 (all age all cause mortality rate)

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **Mental Health Partnership Board**

Mental illness is one of the most common causes of poor health and of admission to hospital, as well as impacting on all aspects of people's lives. In addition, the number of older people developing dementia is increasing.

*Improvements we will make:*

Develop a coordinated approach which addresses health as opposed to illness, through strengthening partnership working on the issues of dementia and emotional wellbeing at all levels.

**3. We will increase the proportion of people making healthy lifestyle choices, particularly on diet, exercise, smoking and alcohol**

<b>LAA targets that this priority impacts on:</b>
NI 39 (alcohol related admissions)
NI 123 (stopping smoking)
NI 120 (all age all cause mortality rate)
Reward target 5 (breastfeeding)

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **Health Inequalities Partnership Board**

Lifestyles are a major contributor towards the pattern of health inequalities in Solihull. Programmes of activity are needed that develop targeted, sustainable programmes that reduce health inequalities and access 'hard to reach' groups.

*Improvements we will make:*

Delivery of comprehensive well being, prevention and treatment services which identify people at risk, support behavioural change in lifestyle management as well as treating people in a timely and responsive way when they do need more specialist intervention. These include weight management, tobacco control and cardiovascular disease prevention.

Provision of practical tailored support to empower and enable people to adopt healthier lifestyles.

#### **4. We will enable older people and disabled people to live with dignity and independence**

<b>LAA targets that this priority impacts on:</b>
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NI 125 (achieving independence for older people through rehabilitation/ intermediate care)
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NI 146 (adults with learning disabilities in employment)
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Reward target 6 (direct payments)
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Partnership Boards responsible for producing commissioning/action plan in relation to this priority: **Physical & Sensory Disability Partnership Board, Partnership Board for People with Learning Disabilities and Older People Partnership Board.**

It is locally recognised that more needs to be done to meet the needs of older and disabled people, enabling them to play a full and active role in their communities.

##### *Improvements we will make:*

We will ensure that directly provided services, as well as those that we commission have the capacity and capability to deliver expectations.

#### **5. We will support carers**

<b>LAA targets that this priority impacts on:</b>
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NI 135 (Carers receiving needs assessment or review and a specific carer's service, or advice and information)
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Partnership Boards responsible for producing commissioning/action plan in relation to this priority: **all 5 Partnership Boards have responsibility for this priority.**

Carers perform a vital function enabling people who are at risk of losing their independence as a result of long-term ill health to remain in their homes and communities.

##### *Improvements we will make:*

Carers in Solihull need to be recognised as major contributors to our community and valued for the important but sometimes overlooked role that they undertake, and this strategy outlines how we will achieve this.

Each of the priority areas within this Strategy requires a detailed and specific action plan that is specific about what will be done, by whom and by when. The commissioning plans of each of the five Partnership Boards will include individual plans for each of the priority areas, which will provide a mechanism against which progress can be measured. The commissioning plans and action plans will be published during the summer of 2010.