

## SOLIHULL HEALTH & WELLBEING STRATEGY 2016 – 2019

**DRAFT FOR CONSULTATION**

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## SECTION 1 – Introduction

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### Foreward

**Councillor Ken Meeson, Chair of the Solihull Health & Wellbeing Board and Cabinet Member for Health & Wellbeing, Solihull Council**

**Anand Chitnis, Vice Chair of the Solihull Health & Wellbeing Board and Chair of Solihull Clinical Commissioning Group**

The health of Solihull residents is generally good and is getting better. People are living longer, healthier lives. Local people from the community and organisations are working together to improve health and wellbeing.

However, good health is not consistent across the borough, and the health of some of our residents is significantly below an acceptable level. Premature deaths, work limiting illness and disability and acute morbidity are issues that still disproportionately affect some parts of our population.

The Health & Wellbeing Board has a significant role in developing local services that address the health and wellbeing needs of Solihull people. It is made up of senior leaders from Solihull's major public sector and community & voluntary sectors, who are working together to ensure that everyone in Solihull has an equal chance to be healthier, happier, safer and more prosperous.

This strategy has been developed to improve the health and wellbeing of local people and communities, and will be used by the Board to challenge the commissioning and funding plans of local agencies to ensure that they are tackling local health and care priorities.

### What is the Health & Wellbeing Strategy?

This strategy has been written by the Solihull Health & Wellbeing Board. The main role of the Health & Wellbeing 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.

The Board is responsible for promoting integrated commissioning and partnership working across the National Health Service and the local authority in collaboration with other local services. It plays a key role in promoting individual and community involvement in decision making and improving democratic accountability. It is an influential body responsible for improving health and

wellbeing; it does this by promoting integrated commissioning and partnership working across health care, social care, education and public health.

In 2014 the Health and Wellbeing Board and Children and Young People's Trust Board were merged to create a single partnership body with responsibility for improving the health and wellbeing of Solihull citizens, from conception to end of life.

This Health and Wellbeing Strategy is a revised version of that originally published in 2012, and is based on substantial work on the identification of shared health and wellbeing priorities. Consequently, this is the strategy for meeting the needs identified in the Solihull Joint Strategic Needs Assessment 2015/16 and the Early Help Needs Assessment 2016, 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.

This strategy sets the strategic framework for commissioners as to how we make the best use of our collective resources to improve the health and wellbeing of the people of Solihull; however it does not detail how these services should be delivered. This will be detailed in the individual commissioning plans of the partner organisations of the Health and Wellbeing Board.

## **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, to reduce inequalities and improve the quality of health, education 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, as demonstrated in the diagram below.

## Health Improvement Model



The success of the Board in realising our vision will ultimately be determined by the delivery of our selected outcomes. A number of indicators have been identified under each priority area to monitor progress over the next three years, and are included on the Health and Wellbeing Board's performance dashboard. The Board will be responsible for ensuring any remedial action is implemented where performance is insufficient.

## SECTION 2 – Setting our Priorities

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This strategy sets out the priorities for action based on the Boards assessment of where they believe they can make the most difference collectively as a Board over the next three years. The priorities are therefore not a compilation of everything that the Council and the NHS are doing to address health and wellbeing in Solihull, but instead focuses on a focused set of priorities where the Board wants to focus its attention over the next three years.

For this reason you will not find single agency priorities within the strategy, but instead those priorities where a combined effort across agencies is needed to make an impact on improving health outcomes and reducing health inequalities. Collaborative working continues to be recognised as a necessity to making a significant difference to the priorities within this strategy for the people of Solihull.

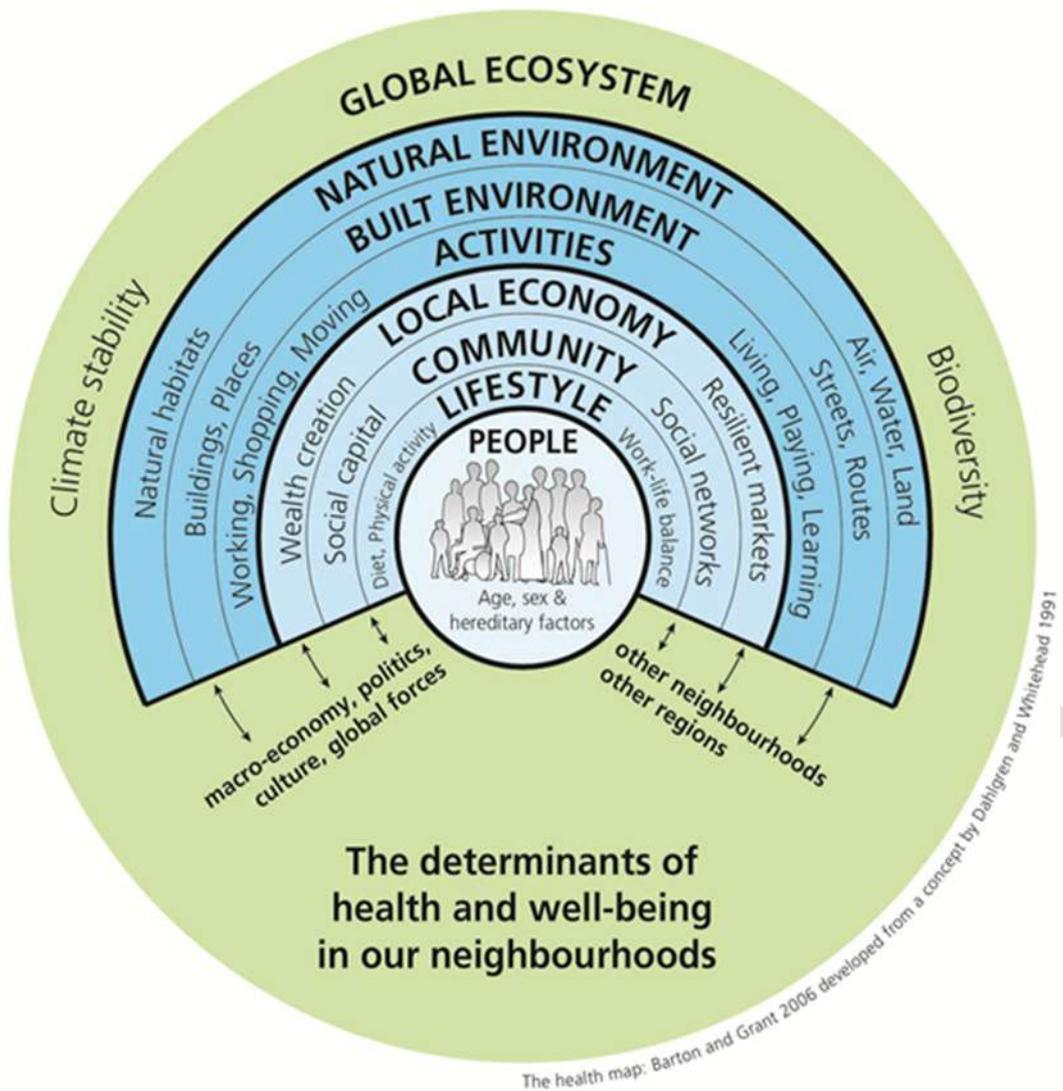
Solihull has adopted the Marmot Framework for the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. The Marmot Review is particularly valuable in that its recommendations are based on a comprehensive assessment of the evidence base of what is effective in improving health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

Our approach is different to that taken in our previous Health & Wellbeing Strategy in that the board have agreed to focus on four policy objectives, as opposed to attempt to cover the seven policy objectives in its previous strategy.

Substantial progress is still being made across all seven policy objectives, however in order to make a measurable difference in the next three years the Board will focus on making substantial progress in the following areas:

1. People will live longer, and have healthier lives
2. Give Every Child the Best Start in Life
3. Ageing Well – Healthy Older Life
4. Healthy & Sustainable Places and Communities

The priorities of the Solihull Health & Wellbeing Board are founded on the understanding that a person's health is influenced by a wide range of social, economic and environmental factors, over which individuals often have little control. This is summarised in the diagram below.



## A Focus on Place

There is recognition that delivery of our strategy will only be possible if local leaders across health and social care have developed a shared vision and plan of action.

Birmingham & Solihull health and care systems have come together to develop a Sustainability Transformation Plan (STP) to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances. This will ultimately deliver the NHS Five Year Forward View vision.

Our Health & Wellbeing Strategy takes a whole system approach to support the most vulnerable, which is in line with the aspirations within the STP. Consequently, this strategy addresses issues of 'place' such as resilience and environment as opposed to more condition-specific issues.

## SECTION 3 – Health and Wellbeing Strategy – Our Priorities

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### People will live longer, and have healthier lives

#### 1) Ensuring that programmes targeting behaviour change are designed within the framework of the Behaviour Change Strategy and its recommendations

People's lifestyle behaviours, such as smoking, excessive alcohol intake, lack of physical activity or poor diet, plays an important role in their health outcomes, and are a major contributor towards the pattern of health inequalities in Solihull. Life expectancy is directly correlated to the number of unhealthy lifestyle behaviours that a person engages in.

However, patterns of behaviour are deeply embedded in people's social and material circumstances, and their cultural context. It is therefore important to ensure that interventions and programmes aimed at changing behaviour are informed by sound behavioural insights through the psychological and behavioural evidence base, knowledge of local community needs and build upon the existing skills and resources within a community.

Equally important is the need to provide frontline staff with the necessary competencies and skills to support behaviour change, using evidence based tools.

#### 2) Develop Prevention and Treatment Services of Alcohol Misuse

The effects of harmful drinking on individuals, their families and communities are wide-ranging and require interventions at both a national and local level.

Alcohol is the third leading risk factor for death and disability after smoking and obesity. Alcohol misuse impacts not just on the drinker but also those around them, for example alcohol plays a part in 25 to 33% of known cases of child abuse.

Of the adults who may have some level of alcohol dependence, not all of these need specialist treatment. A proportion of them will benefit from a brief intervention.

- Life expectancy has increased for all communities and for Solihull as a whole is above the national average (80.3 years in men and 84.8 years in women); however this increase has been faster in the most affluent sections of the community, resulting in a 10 year gap between the best and worst wards.
- On average Solihull residents can expect to live until 65 without disability but the most deprived areas of Solihull are predicted to experience 20 years of disability at the end of their lives, commencing in their mid 50s. In contrast the least deprived areas are predicted to experience 13 years of disability beginning in their early 70s.
- Heart disease, stroke and cancer are the major causes of premature death, with cancer being the predominant cause.
- Incidence from prostate cancer and skin cancers is significantly higher than national/regional averages; although mortality from these cancers does not differ from national/regional averages.
- Unhealthy lifestyles are risk factors for many chronic diseases, particularly smoking, poor diet and lack of physical activity; these habits are often established during childhood, and in early adulthood.
- Smoking is the single most preventable cause of ill health and yet one in eight people continue to smoke; prevalence is greatest at age 20-24 years.
- Obesity and poor quality diets are contributing to increasing levels of poor health and long term conditions such as diabetes; obesity levels (22% in men; 24% in women) are similar to the national average but are predicted to increase in the future.
- NCMP data indicates a widening of the obesity gap for those children living in regeneration areas compared to those living in more affluent areas of the borough.
- Mental ill health is relatively common, affecting 1 in 5 adults; emotional and behavioural problems are also common in young people; evidence suggests that 24,700 people aged 18-64 years could have a common mental disorder.
- 564 adults are currently in treatment for illegal drug addiction, estimates suggest that there are approximately 740 individuals using heroin and crack cocaine.
- Drinking levels of alcohol at increasing risk to health is common; there are almost 28,000 people in Solihull drinking at levels that can cause ill-health, mortality, hospital admission, economic and social disorder problems.
- Mortality rates due to alcohol use are similar to national levels although female alcohol specific mortality is increasing.

### **What do we need to do in Solihull?**

- Commission comprehensive lifestyle services, supported by a 'Whole Systems Approach' which assists people to stay healthy, making informed choices, and manage their health conditions.
- Ensure there is a focus on improving the physical health needs of people with poor mental health.
- Implement the pre diabetes prevention programme.
- Continue to implement the local Food Strategy.
- Implement the Healthy Weight & Nutrition Strategy.
- Implement 'Make Every Contact Count' and Behaviour Change Training with all

partners and as an integral part of the commissioning cycle.

- Build the New Economic Foundation Foresight Report “5 Ways to Wellbeing” into lifestyle services.
- Increase uptake rate to screening programmes focussing on primary care in areas with lowest uptake to ensure better prevention, swifter access to diagnosis, and better treatment and care for all those diagnosed with cancer.
- Further develop the cancer exercise rehabilitation programme.
- Develop initiatives to increase active travel across all age groups.
- Increase alcohol screening and brief intervention across the health and social care system focusing on Primary Care, specifically GP practices.
- Implement a care co-ordination approach to manage treatment resistant drinkers.

### What will success look like?

- An increase in the number of people living beyond 75 years of age.
- A reduction in health inequalities as measured by the Slope Index of Inequality.
- A reduction in the number of people under 75 years old dying from diseases considered preventable.
- A slowing of the predicted trajectory for obesity in adults.
- An increase in the proportion of the population meeting the recommended ‘5 a day’.
- An increase in the percentage of people from routine and manual workers who do not smoke.
- An increase in the number of adults with a healthy weight.
- A reduction in the number of alcohol-related admissions to hospital.
- An increase in the number of people satisfied with their life (ONS).

## **Give Every Child the Best Start in Life**

### **1) Improve mental health and emotional wellbeing for our most vulnerable groups of Children and Young People**

There is now overwhelming evidence that a child's experiences during their early years, and indeed in-utero, lays down a foundation for the rest of their life. Supporting social and emotional development at an early stage can therefore bring about significant improvements in mental and physical health, educational attainment, employment opportunities, criminal and violent behaviour.

Children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional development and communication, literacy and language skills than their peers, and are at an increased risk of developing conduct disorders.

We recognise that for every child to have the best possible start in life, we must help families at the earliest point, which requires the co-ordinated involvement of a range of organisations, as well as of families and communities.

### **2) Ensure a whole system approach to childhood obesity with a focus on tackling the inequality gap**

There is a strong relationship between deprivation and childhood obesity. In Solihull there is a significant upward increase in obesity prevalence in the regeneration areas, and that a genuine gap between the regeneration wards and non-regeneration wards exists by the time children are 11 years old.

Obesity is a complex issue that requires action from both individuals and society if we are to address excessive weight and poor nutrition within Solihull.

Through use of a systems based approach, we will shift focus from an individualised approach to tackling excessive weight to one which is upstream, and which will require actions from a number of other council departments (e.g. planning/ transport) and partner organisations (local businesses; schools).

## Why is this a priority in Solihull?

- Child mortality (1-17 years) is similar to the national average but hospital admissions caused by injuries in under 14s are significantly lower than the England rate.
- Smoking at time of delivery has decreased recently to 12.5% (England 12%) since reaching a peak in 2007-09; however, that means nearly 300 babies born in Solihull each year have effectively been smoking for 9 months
- Breast feeding protects the health of mother and baby. Rates of breastfeeding at 6-8 weeks have improved and at 44% are just above the national average (2014/15 figure). However, breastfeeding initiation is significantly lower in Solihull (71% v 74%)
- The number of children on a protection plan has increased from 2007/08 and is now above the rate for England and our statistical neighbours. The majority are resident in the North Solihull Regeneration Zone; domestic abuse and sexual exploitation have been identified as priority issues.
- 1 in 6 children in Solihull are living in relative poverty.
- There are 325 looked after children, which is higher than the England average.
- In 2014 61% of children attending a school in Solihull achieved a good level of development (England 60%) based on the Early Years Foundation Stage Profile. A smaller proportion achieved this level in North Solihull (51%).
- Findings from Solihull's Health Related Behaviour Questionnaire suggest that there is a downward trend in self-esteem scores amongst secondary school children, particularly girls, in some areas of the borough.
- Rates of excess weight (overweight and obesity) in reception year are lower than the England average (19% vs. 22%) and significantly lower than the England average at Year 6 (30% vs. 33%). However there is a widening gap between children in the regeneration wards, where obesity rates are rising compared to the rest of Solihull.

## What do we need to do in Solihull?

- Improve the quality of early help services (including maternity services) with a focus on supporting families and improving the mental and physical health of the mother.
- Improve access to mental health services for Children & Young People with learning disabilities.
- Maintain targeted investment and support in early years' development.
- Prioritise evidence based parenting support programmes.
- Improve the mental health and emotional wellbeing of children and young people through development of a mental health service model that focuses on prevention, early identification of mental health problems and development of resilience, which would include capacity building within schools.
- Ensure that there is an integrated public health offer for 0-19 year olds with a focus on early years to ensure children achieve a good level of development at 2 years of age and are 'school ready' at 5.
- Provide a 12 week support programme for mothers and children affected by Domestic Abuse.
- Develop a whole system approach to childhood obesity with a focus on tackling the

inequality gap in obesity rates between the regeneration wards and the rest of Solihull.

- Increase opportunities for uptake of physical activity amongst children through initiatives such as 'Solihull Girls Can'.

### **What will success look like?**

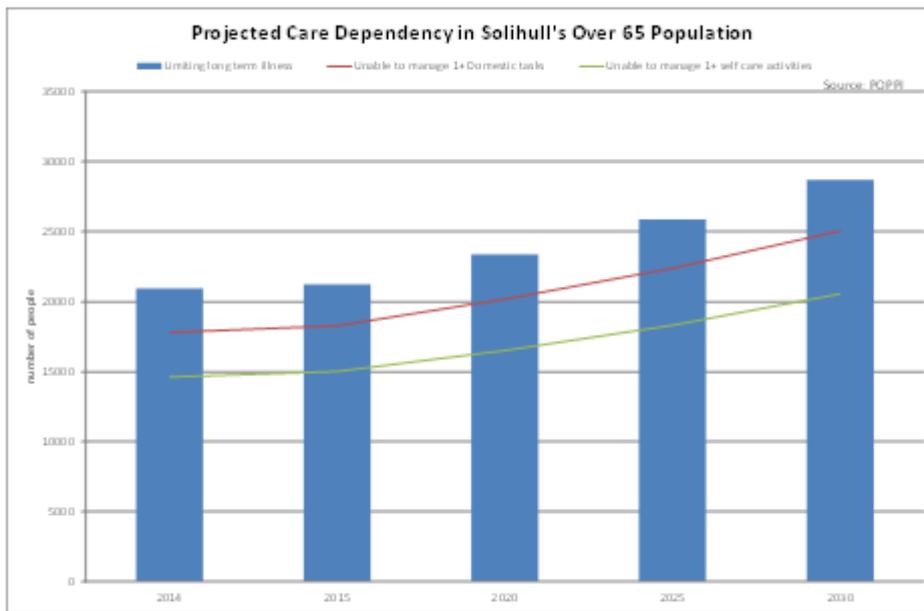
- An increase in the number of children achieving a good level of development at age five in North Solihull.
- Fewer children and young people need crisis services such as child protection, or entering the Youth Justice system.
- A measurable increase in the emotional wellbeing of looked after children.
- An increase in the number of women accessing domestic abuse programmes.
- A reduction in the number of children in poverty under the age of 16.
- An increase in the number of women breastfeeding at 6-8 weeks.
- An increase in the number of women who choose not to smoke during pregnancy.
- An increase in the number of primary school children who are a healthy weight.
- An increase in levels of physical activity amongst Solihull school children.
- A slowing of the predicted trajectory for obesity in children.
- A reduction in the health inequality gap for obesity in children.

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## Ageing Well – Healthy Older Life

### 1) Further development of integrated health and social care

There are now more people over state pension age in the UK than children, due in part to advances in healthcare. This will inevitably lead to an increased need for care interventions to enable people to live independently for as long as possible.



In order for older people to live happy, healthy lives in older age, they need access to services that take account of their unique needs. 'Solihull Together for Better Lives' is a partnership of local health and social care organisations that have joined together to improve the quality of life for all Solihull residents, and it is through this shared approach that we will improve lives of people from the borough ensuring integration of care between health and social care services.

### 2) Reduce social isolation and improve people's wellbeing

Whilst social isolation impacts all sectors of society, it is recognised that loneliness can have a particularly devastating effect on the lives of older people.

In addition to the personal effect on individuals, there is strong evidence that the effects of loneliness cause increasing pressure on a wide range of health and social care services.

Through working together with local communities we seek to create environments where people are not isolated or lonely, and have appropriate tools and support to enhance their emotional wellbeing.

### Why is this a priority in Solihull?

- Solihull has a relatively old and rapidly ageing population – 21% are over the age of 65.
- The Solihull 85+ population has increased by 75% since 2004.
- It is estimated that the 85+ population in Solihull will increase by around 300 individuals per year over the medium term.
- 24% of Solihull residents aged 65+ say that their day to day activities are limited a lot by a long term health problem or disability, with this rising to 52% of those aged over 85 years of age.
- Solihull has a higher rate of injuries from falls for over 65s than the England average.
- Solihull figures for excess winter deaths in the over 85s are the highest in the West Midlands (3 year average).
- Among nearly 31,000 service users aged 65+ in Solihull, the top 10% of users account for 58% of total cost within the local health economy. These service users are those most likely to have long-term conditions (including depression and dementia) and multiple morbidities.
- The percentage of people aged 65 years and older with dementia will rise by 32% between now and 2025 to an estimated 4,240 people.
- The number of people unable to manage at least one self care task will be up to 18,300 by 2025 and the number unable to complete at least one mobility task up to 10,280.
- Nearly 10,500 aged 75+ live alone, with this projected to increase by a further 34% over the next 10 years (to nearly 14,000).
- By 2025, nearly 1,500 of those aged 65+ are projected to suffer from severe depression.

### What do we need to do in Solihull?

- Ensure that services contribute towards reducing inequalities in health.
- Provide assistance to support older, disabled and vulnerable people to live independently.
- Commission comprehensive and integrated intermediate care services.
- Commission comprehensive re-ablement/ rehabilitation programmes.
- Integrate care and rehabilitation pathways across all partners.
- Develop a holistic assessment to identify needs early and enable access to preventative services.
- Implement the dementia strategy.
- Ensure people with support needs have a suitable home environment to enable them to stay at home and avoid admissions to hospital or care home unless absolutely necessary.
- Commission and design services that allow people to be discharged home from hospital as

soon as they no longer need an acute bed.

- Support people and families to enable residents to die in their preferred place of choice.
- Integrate health and social care in primary and secondary care; providing care closer to home.
- Develop community wellbeing services which provide increased access to appropriate information, advice and opportunities to manage their own health and wellbeing and rollout of the '5 Ways to Wellbeing' campaign.
- Embed the Local Area Coordination model of support for vulnerable people, identifying and supporting those who need help before they hit crisis, and working towards building an inclusive resilient community around them.

### **What will success look like?**

- An increase in the overall satisfaction of care and support received from people who use services.
- A reduction in emergency readmissions within 30 days of discharge from hospital.
- An increase in the proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- A reduction in the number of permanent admissions to residential and nursing care homes.
- An increase in the number of people who die in their preferred place of choice.
- An increase in the Solihull Community Dementia Diagnosis Rate.
- An increase in the number of community groups providing social activities for older people.
- An increase in the percentage of adult social care users who have as much social contact at they would like.

## Healthy & Sustainable Places and Communities

### 1) **Maximise opportunities to address the social determinants of health through greater integration of the planning, transport, housing, environmental and health systems**

Where we live is the biggest single determinant of our health. Health, wellbeing and health inequalities (and associated behavioural risk factors) are largely determined by living conditions and wider social, economic and environmental factors.

Many conditions such as obesity, heart disease, stress and mental health have been linked to the environments in which people live and work.

Our health and behaviours cannot therefore be viewed in isolation, and the way in which we plan and design places can impact both positively and negatively on health and wellbeing.

### 2) **Improve provision, quality and capacity of those who deliver community initiatives that support health/environmental objectives**

Being part of a strong community has a significant impact on a person's health. Studies show that social networks and social participation appears to act as a protective factor against dementia and that having good social networks are associated with reduced morbidity and mortality.

It is recognised that the empowerment of people and communities is central to tackling the causes of ill-health, and that community capital needs to be built at a local level to ensure that policies are drawn on and owned by those most affected and are shaped by their experiences. Development of community capacity will vary dependent on the needs of local people, and the community assets in an area.

In order to provide services that are community-led, commissioners of services need to work with communities to determine their needs and work together with communities to co-produce services accordingly.

### **Why is this a priority in Solihull?**

- There is limited access to essential services and public transport in rural areas.
- Poor public transport links for North Solihull residents is a barrier to them accessing employment opportunities.
- There are physical, behavioural and perceptual barriers to active forms of transport such as walking and cycling.
- A significant proportion of residents would like 'more things for young people to do' to be a priority in their local area.

- There is a lack of affordable housing for those on lower incomes and first time buyers in the borough.
- There have been an increased number of homelessness acceptances over the last four years, with the Solihull rate substantially above the England average.
- Fear of crime has a significant impact on people's everyday lives - 18% of Solihull residents feel unsafe after dark, with relatively high levels among women, North Solihull residents and older people.
- 55% of respondents report that at least one of nine different types of anti-social behaviour is a problem in their local area (74% in North Solihull).
- There are a wide range of assets within the community and potential to expand community led initiatives.

### **What do we need to do in Solihull?**

- Improve access to and quality of open and green spaces available across the social gradient.
- Further develop urban planning which encourages increased activity and healthier food choices.
- Integrate active travel planning into new building and regeneration.
- Work across housing and health to ensure access to stable affordable housing in sustainable neighbourhoods.
- Improve the energy efficiency of housing and reduce the number of households in fuel poverty.
- Maintain and improve the quality of social & private homes, and neighbourhoods.
- Reduce the number of people in temporary accommodation and the length of time that they reside in it.
- Work with the community to identify and remove barriers to community participation.
- Train members of the community and volunteers to support/deliver public health initiatives.
- Create new opportunities for health-related volunteering.
- Design mechanisms for voluntary organisations to work alongside the NHS.
- Utilise community assets to develop community growing & agriculture projects.
- Coordinate a comprehensive food systems approach to improving access to healthy food, across the social gradient.
- Address the disconnection from health services of homeless people, frequent movers and other marginalised groups.

### **What will success look like?**

- An increase in the utilisation of outdoor space for exercise/health reasons.
- An increase in active travel measures for cycling and walking.
- An increase in access to affordable and nutritious food across the social gradient.
- A reduction in the fraction of mortality attributable to particulate air pollution.

- A reduction in the number of people affected by health conditions caused or exacerbated by cold and damp and other hazards in their homes.
- A reduction in the number of households in fuel poverty.
- A reduction in the number of households in temporary accommodation.
- An increase in the number of households where homelessness is prevented or relieved.
- A reduction in fear of crime among Solihull residents.
- A reduction in anti-social behaviour.
- An increase in the number of community groups/volunteers delivering health related initiatives.

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