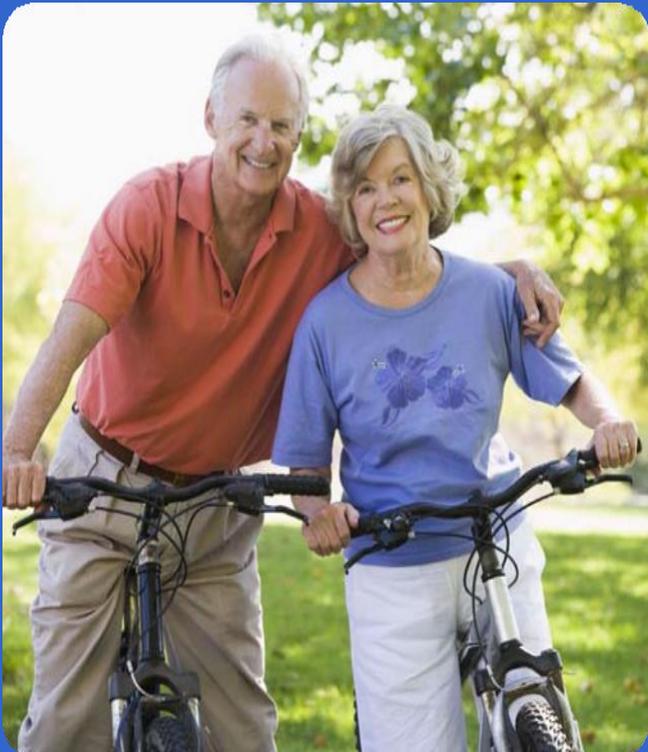


SOLIHULL JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY UPDATE 2017/18



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SOLIHULL JOINT STRATEGIC NEEDS ASSESSMENT 2017/18

1. OVERVIEW

The health of Solihull residents is generally good and is getting better, with Life Expectancy longer than the England average. However, the fact that residents in the most affluent parts of the borough live on average 11 years longer than those in the least affluent wards, shows that good health and wellbeing is not consistent across the borough.

Children and Young People (Best Start in Life and Developing Well)

- Child and infant health measures are similar to the national average, but there are some challenges:
 - At 70.6% breastfeeding initiation is significantly below the England average.
 - Overall, levels of obesity at reception and at year 6 are better than England. But, in both years rates are rising in North Solihull.
- Measures of childhood development are positive and above the England average.
 - , 71.8% of children attending a Solihull achieve a good level of development at early years (England average 69.3%).
- Pupils attending Solihull schools achieve good levels of attainment at KS2 and KS4. But, education outcomes vary by school and among vulnerable groups.
 - GCSE attainment is lower among children eligible for a free school meal, among those with a statement of Special Educational Need and for pupils attending a school in North Solihull.
- A Solihull pupil survey highlights a number of positive trends relating to smoking, drugs and alcohol. However, results relating to diet and physical activity are more mixed showing a marked decline in activity levels as children move into adolescence, particularly among girls
- Solihull has one of the highest rates in the country for permanent pupil exclusions and has an above average persistent absence rate.
- Many children and young people face challenges: Solihull has a declining number of children on a child protection plan but is still above national average.
- The majority these are resident in North Solihull; domestic abuse and sexual exploitation have been identified as priority issues.
- The number of Looked after Children increased for the 4th consecutive year and is above national average.
- Outcomes for young people leaving care are generally positive, with the number in suitable accommodation increasing and an above average number in education, employment or training.

Ageing Well – Healthy Older Life

- The health of older people in Solihull is similar to that of England, although on some indicators performance is worse than the average:
 - Injuries from falls is above the national average and excess winter deaths among those aged 85+ is one of the highest in the region
- Solihull's increasing older population, particularly those aged 85+, means that the number of people with multiple and complex needs is rising.
 - The number with dementia is projected to rise by 39% by 2030. Similar increases are projected for those with long-term conditions
- The implications of this for Solihull are widespread and include:
 - Rising demand for services (including from the voluntary sector) and additional pressures on the health, social care workforce and providers.
 - Rising numbers of older people living alone with an increasing risk of social isolation and loneliness and of those suffering from depression.
 - Additional pressure on carers, many of which are older with their own care needs.
- Delayed Transfers of Care and adult social care waiting lists are local pressures
- Survey evidence shows that 91% of adult service users in Solihull are satisfied with the care and support they receive, with this proportion trending upwards over recent years. However, for carers the picture is less positive.
 - The number of carers satisfied with the services they receive is much lower than the England average and carer quality of life measures are declining.

Sustainable Place and Community (including Employment and Living Standards)

- Solihull has high levels of home ownership, but significant housing market pressures.
 - Lack of affordable housing for those on lower incomes and 1st time buyers.
 - An above average, albeit falling, level of homelessness 'acceptances'.
 - Housing for older people's needs and preferences
- Solihull is a cohesive borough and 85% of residents satisfied with their local area as a place to live. But there are some challenges in terms of civic participation:
 - Formal volunteering participation has fallen and just 39% agree they can influence local decisions.
- Generally, Solihull has low levels of crime, but the fear of crime still affects some.
 - Reported crime increased for the 2nd consecutive year in 2016/17. This includes rises in Serious Acquisitive and Violent crime.
 - 17% of Solihull residents feel unsafe after dark (higher in North Solihull and among those aged 65+).
- Domestic Abuse is a particular area of focus and it is estimated that it affects over 4,800 in the borough annually as well as 1,300 children & young people.
- Solihull strongest performing economy in West Midlands and one of the fastest growing labour markets outside of London and the South East.

- Some employment and skills challenges persist:
 - Persistently high unemployment rates in North Solihull
 - Above England average youth unemployment
 - The difficulties faced by some population groups, such as those a disability or with a caring responsibility from entering the workforce.
 - Nearly 6,300 residents claim ESA/Incapacity Benefit (48% due to mental/behavioural disorders), with few re-entering the labour market.
 - Adult skills in-line with England average, but 9% of working age have no qualifications and 21% are only qualified to max NVQ L1.
 - Social care workforce challenges to support wellbeing of older people
- Solihull has above average levels of disposable household income and relatively high wages among those in work. But, pockets of relative deprivation persist.
 - 16 out of 29 neighbourhoods in North Solihull are in the most deprived 10% in the country, including eight in the bottom 5%.
 - 13.5% of children aged 0-15 years live in an out of work benefit household, rising to around 34% in North Solihull.
 - Nearly 9,300 households are affected by fuel poverty with the proportion higher than at any point since 2011.

Strengthen the Role and Impact of Ill Health Prevention

- Heart disease, stroke, cancer and respiratory disease are the major causes of premature death, although levels in Solihull are below the national average.
- Premature mortality from CVD (cardiovascular disease) and cancer has consistently reduced since 2001 -03 but cancer remains a major contributor to the life expectancy gap across the borough
- Smoking is the single most preventable cause of ill health (but one in five continue to smoke), with rates higher among people in routine and manual occupations.
- Drinking alcohol at levels hazardous to health is common.
 - Alcohol admissions among women are above England average.
 - Alcohol related mortality is increasing
- Obesity and poor quality diets are contributing to increasing levels of poor health and long term conditions such as diabetes.
 - 2 in 3 Solihull adults are either overweight or obese, with this predicted to increase in the future.
- Mental health problems are fairly common in the adult population, with around 22,000 likely to have a common mental disorder in Solihull.
- There is a strong link between mental wellbeing and physical health.
 - People with a mental health condition are more at risk of long-term conditions such as coronary heart disease and more likely to exhibit unhealthy lifestyle behaviours such as smoking.
 - Those with long-term physical ill health are at greater risk of developing a mental health condition.

2. INTRODUCTION

The 2017/18 Joint Strategic Needs Assessment (JSNA) summary provides key information regarding the health and wellbeing of the population of Solihull. The summary is complemented by a range of deep dives, health profiles, core data sets, population information and metrics which can be found on Solihull's [JSNA website](#).

As a strategic overview, the JSNA summary informs the Health and Wellbeing strategy, key decision making, commissioning priorities and an understanding of the priority health and wellbeing needs of the citizens of Solihull across all age groups. The JSNA is not itself a detailed commissioning plan. However, it is essential that it informs commissioning.

The audience for the JSNA is principally Solihull Metropolitan Borough Council and Solihull Clinical Commissioning Group (CCG). However, the document may also be of use to current and potential providers, in terms of indicating the changes in service provision that will be required to achieve improvements in health and wellbeing outcomes.

2.1. Health and Wellbeing Priorities

The overarching strategic health and wellbeing priorities for Solihull are set out in the Health and Wellbeing strategy. These are supplemented by the individual priorities of Solihull Council and the Solihull CCG informed by the JSNA update.

The Health and Wellbeing strategy priorities are not a compilation of everything that the Council and the NHS are doing to address health and wellbeing in Solihull, but are those where a combined effort across agencies is needed to make an impact on improving health outcomes and reducing health inequalities. For 2016-2019 the Health and Wellbeing Board will focus on making significant progress in two broad topic areas across four priority areas, as below:

Priority 1: People will live longer and have healthier lives

Priority 2: Give every child the best start in life

Priority 3: Ageing well – healthy older life

Priority 4: Healthy and sustainable places and Communities

2.2. The Solihull Intelligence and Insight Group

The Solihull Intelligence and Insight Group (SIIG) brings together key service, commissioning and intelligence leads to make effective use of evidence to drive decision making across the borough. The group is responsible for co-ordinating the JSNA updates and deep dives.

As well as producing this summary, the SIIG oversees a range of in depth needs assessments and deep dives that are intended to inform the overall strategic priorities of the Health and Wellbeing strategy and to inform individual commissioning plans. Recent examples can be found on the [JSNA website](#) and include:

- Falls Needs Assessment;
- Cancer Needs Assessment;
- Early Help Needs Assessment;
- Carers Needs Assessment.
- Diabetes needs assessment

The SIIG has a constantly evolving work plan, developed in consultation with a wide range of local partner organisations who attended a workshop in May 2017. A range of deep dives has been identified for 2017/18 including:

- Community Safety Strategic Needs Assessment (led by WM Police);
- Pharmaceutical Needs Assessment;
- Looked After Children Needs Assessment;
- Drug & Alcohol Needs Assessment
- Lifestyles Needs Assessment
- Local plan Needs Assessment
- Locality profiling

The work plan also identifies other key areas of work for 2017/18, including: A Local Economic Assessment including trends in employment & skills; Intelligence about communities to inform the Local Development Framework; in work poverty and Volunteering.

3. SOLIHULL POPULATION PROFILE

- The mid-year population estimates¹ for the Solihull population in 2016 was 211,763. The Solihull population increased at a slower rate (5%) than nationally (8%) in the ten years to 2016. This below average growth is projected to continue
- Solihull has a relatively old and rapidly ageing population. 44,500 people are aged 65+ (21% of population compared to England average of 18%), with 6,600 aged 85+ (3.1% compared to 2.4%). The Solihull 85+ population has increased by 57% since 2006 (compared to 28%)².
- It is estimated that the 85+ population in Solihull will increase by around 360 individuals per year over the medium term. By 2036 it is projected there will be an estimated 14,000 people aged 85+ in Solihull (6% population)³.
- There are 62,800 children and young people aged 0-19 years in Solihull, proportionally in-line with the England average (30% of total population)⁴.

- The population of the North Solihull Regeneration area is much younger than the rest of the borough (29% aged 0-19 years compared to 23% in rest of borough), with a high proportion of children aged 0-4 years⁵. This is likely to generate additional demand for early help services⁶.
- The number of children aged 5-11 years has increased by 10% over the last five years, this is driving additional demand for primary school places (which increased by 8%, 1,500 pupils in the five years to January 2017). Population projections suggest that the Secondary school population will start to increase creating additional demand for places from 2017 onwards.
- The number of births in Solihull has been relatively unchanged in the four years 2012-2015, with an average of 2,257 per year. Since 2009 the number of births to Solihull mothers under 25 years has fallen, but increased in women aged 25-44 years. This is consistent with the national pattern⁷.
- Solihull's Crude Birth Rate (CBR) is substantially below the England average. The General Fertility Rate (GFR), which does take account of the number of women of child bearing age, is much closer to the national average, but is still much lower than most other metropolitan areas in the West Midlands⁸.
- Fertility rates are much higher in the North Solihull regeneration wards, reflecting its relatively young age profile⁹.
- Solihull's is increasingly diverse, with the proportion of the Black, Asian and Minority Ethnic (BAME) population doubling in the 10 years to 2011 to 11% of the total. This will impact on potential increase in some long term conditions such as diabetes, coronary heart disease. Younger age groups are more diverse (15% of under 15s BAME)¹⁰, as is reflected in the fact that 23% of pupils attending a Solihull school are from a BAME background¹¹.
- With the exception of 2011/12, the Solihull population has increased as a result of net inward migration from the UK and internationally in each year since 2003/4. The highest levels of net inward migration were recorded in 2007/8 (1,234), 2012/13 (1,233) and 2015/16 (988)¹².
- A small increase in population from internal migration in three years from mid-2013 to mid-2016 has been noted, comprising of net inflows from adults aged 20-44 and school age children and net outflows of 15-19 year olds (students), those aged 50 years and over¹³.
- The impact from international migration has been relatively limited, with just 7% of the population born outside UK (14% England). Just 30% of those born outside the UK have arrived since 2001 (England 50%).¹⁴

- Solihull attracts a large proportion of day time visitors. For instance, around 51,400 people commute to work in the borough from other Local Authority areas.
- At over 243,000 the number of people registered with a Solihull GP practice is over 30,000 more than the resident population.

4. BEST START IN LIFE

- Low birth weight is a good indicator of the current and future health of a baby: the Solihull rate is 9% for all births, higher than the national average and is the highest amongst statistical neighbours. It also reached 11% in at least one ward¹⁵.
- Child mortality (1-17 years) and hospital admissions caused by injuries are both similar to the national average^{16,17}.
- Smoking at time of delivery has decreased recently (England 10.6%) but up to date data has not been published lately for Solihull due to quality reasons¹⁸.
- Caesarean section rates (28.6%) remain high and compare unfavourably when benchmarked against similar populations¹⁹.
- Breast feeding protects the health of mother and baby but is comparatively low in Solihull: initiation at birth is 70.6% which is significantly lower than England and prevalence at 6-8 weeks after birth is similar to England at 44.2%.²⁰
- Immunisation rates are all at 90% or more and are either similar to or above the England rate. However, there is scope for the uptake of immunisation to be improved²¹.
- In 2016 71.8% of children attending a school in Solihull achieved a good level of development (England 69.3%) based on the Early Years Foundation Stage Profile.²²
- Findings from the Health Related Behavioural Questionnaire (HRBQ) suggests that there is a downward trend in self-esteem scores in some areas of the borough²³.
- Obesity rates in both reception year and year 6 are significantly lower than the England average (19.4% vs. 22.1% and 30.3% vs.34%). However, there is a widening gap between children in the regeneration wards, where obesity rates are rising compared to the rest of Solihull²⁴.
- In 2015/16 Solihull had proportionally more referrals to Children Services than the England or West Midlands averages. The local data from 2017 shows a further increase in referrals, the 4th consecutive year when this has happened.

- The number of children on a protection plan fell for the second year running in 2016/17. However, the latest available benchmarking data shows the Solihull rate per 10,000 is above the averages for England, the West Midlands and our statistical neighbours²⁵.
- The majority are resident in the North Solihull Regeneration Zone; domestic abuse and sexual exploitation have been identified as priority issues²⁶.
- At the end of March 2017 there were 383 looked after children (LAC) in the borough, an increase of 6% on the previous year. This was the 4th consecutive year in which the number of LAC has increased. In 2016 Solihull had more LAC per 10,000 than the England and West Midlands averages²⁷.
- 1 in 6 children (under 16s) are living in low income families²⁸.
- There was a 50% reduction in community disposals
 - First time entrants show a reduction of 52%, from the previous year, from 81 in the previous year to 42
 - Decrease in reoffending by young people, the rate of reoffending identifies the average number of re-offences per re-offender*, with a slight decrease of 0.12. The decrease is a result of number of offenders committing fewer offences from this cohort

Strategic priorities

- Obesity/ physical activity – a whole system approach
- Looked After Children– with a focus on prevention/early intervention approaches
- Smoking in pregnancy
- Prioritise evidence-based parenting support programmes
- 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.
- Provide support for parents and children/young people during periods of transition and ensure that there is an integrated public health offer for 0-19 year olds
- Develop a youth pathway for all vulnerable young people aged 16-24 to support the transition to independent living and address all related support need
- Ensure preventative strategies keep children and young people safe from maltreatment, neglect, domestic violence, sexual and wider criminal exploitation
- Autism: care pathways and ongoing support for those diagnosed and families

5. DEVELOPING WELL – CHILDHOOD INTO YOUNG ADULTHOOD

- 92% of young people living in Solihull attend a school in the borough. In January 2016 23% of children attending a Solihull school lived outside the borough, rising to 34% at Secondary school (5,100 pupils).

- People (all ages) with learning disabilities known to GPs 2.60% in line with England prevalence of 2.63%
 - 30 per 1000 pupils with moderate learning difficulties known to school in line with rate for England
 - 1.88 per 1000 pupils with severe learning difficulties known to schools compared to England rate of 4.33
 - 1.16 per 1000 pupils with profound and multiple learning disabilities known to school compared to England rate of 1.27²⁹
- The January 2017 school Census³⁰ shows that:
 - Just over 5,000 pupils attending a Solihull school are eligible for and claiming a Free School Meal (FSM) (13% compared to 14% for England);
 - Around 7,500 pupils attending a Solihull school are from a Black or Minority Ethnic background (23% compared to 24% for England);
 - 2,700 pupils do not have English as their first language (8% compared to 19% for England);
 - 1,200 pupils have a Statement of Special Educational Needs (SEN) or an Education, Health & Care (EHC) Plan (3% compared to 2.8% for England). A further 4,700 pupils receive Special Educational Need (SEN) support.
- Overall, pupils attending Solihull schools achieve good levels of attainment:
 - At Key Stage 4 (aged 16) nearly 60% achieved at least 5 A*-C GCSEs including English and Maths (England 53.5%). On this measure the borough ranked 46th out of 151 Upper Tier local authorities nationally in 2015/16.³¹
 - Solihull also above the England average in terms of Attainment 8ⁱ score per pupil (51.4 compared to 48.5) and is ranked 38th nationally.
 - At Key Stage 2 58% of Solihull pupils met the expected standards in reading, writing and maths compared to 53% for England.
- Educational outcomes vary across Solihull: by area, by school and by specific vulnerable groups:
 - In 2015/16 attainment among children receiving FSM was slightly above average (41.9% achieved A*-C grade GCSEs in English and Maths, compared to 39.2% for England). The attainment gap between pupils eligible for a FSM and the rest was slightly lower than the national average.³²
 - Pupils with a SEN attending a Solihull school had above England average levels of attainment in 2015/16; 31.7% receiving SEN support achieved A*-C GCSEs in English & Maths (compared to England 29%), with 12.2% of those with an SEN statement or Educational Health Care plan achieving this standard (compared to England 10.5%).³³
 - Pupils attending a secondary school in the south of Solihull are more likely than those in North Solihull to achieve A*-C grade GCSEs in English and

ⁱ From 2016 the primary performance measures at KS4 have changes to Progress 8 (which measures a pupils progress between ages 8 and 11) and attainment 8 (the achievement of students at KS4 across a defined basket of 8 qualifications).

Maths (71% compared to 57%). The average Attainment 8 score per pupil is also higher (54 compared to 48.1).

- Solihull has one of the highest rates in the country for permanent exclusions from school and is also above the England and West Midlands averages for the number of fixed period exclusions³⁴. Solihull's absence and persistent absence rates at secondary schools are above the national average³⁵.
- Over 63% of young people in Solihull aged 19 in 2016 had achieved education Level 3 (England 57%), with the numbers increasing significantly since 2005. There is an attainment gap between those who had been eligible for a free school meal and those not eligible (38% compared to 66%); this gap is slightly wider than that seen nationally³⁶.
- “Autism” as an umbrella term for all autistic spectrum conditions, including Asperger Syndrome³⁷ Around half of people with autism also have a learning disability, often accompanied by an IQ of <70.
- National estimated prevalence at 1.1% for those people aged 18- 64 and to be higher in males than in females (1.8% and 0.2% respectively). This equates to an estimated prevalence 2,250 children and adults with Autism Spectrum Conditions (ASC) in Solihull³⁸.
- A high number of children and young people with an ASC diagnosis present to children and young people's mental health services with a number of co-morbid difficulties, the largest of which is Attention Deficit Hyperactivity Disorder (ADHD), followed by anxiety and then depression.
- Just over 85% of care leavers are deemed to be in suitable accommodation the third year that this has improved Solihull is marginally above the England average on this measure, but lower than our statistical neighbours. However, a higher proportion of Solihull care leavers are in education, employment or training.
- Resilience as measured by the responses of Solihull secondary school pupils to the Health Related Behaviour Questionnaire (HRBQ) on sociability, intelligence, personal attitudes, family support and school experiences shows that³⁹:
 - Girls tend to display lower levels of resilience than boys;
 - Those living in North Solihull have lower levels of resilience than the rest of the borough (this gap particularly evident for girls).
- Evidence shows that the majority of Solihull employers are positive about the quality of education leavers that they have recruited (67% who recruited 16 year olds school leavers say they were very well/well prepared for work, 68% for those employing 17-18 year old school leavers and 82% for 17-18 year old Further Education leavers)⁴⁰.

- The Solihull skills profile among adults is similar to the England average (9% 16-64 year olds have no formal qualifications, 36% qualified to NVQ level 4+) ⁴¹. Lower skills among adults aged 16-64 are far more common in North Solihull, where 29% have no qualifications and 51% are qualified to a maximum of NVQ Level 1) ⁴².
- Around 6% of Solihull employers say that they have a vacancy due to a skills shortage in the available labour market (in-line with the England average). Around 20% say that they have staff who are not fully proficient due to skills gaps compared to the England average of 14%. ⁴³.

Strategic priorities:

- Improving mental health and wellbeing and resilience for children and young people
- Ensuring young people are 'work ready' to maximise employment opportunities with a focus on vulnerable young people
- Addressing permanent pupil absenteeism
- Looked after children
- Enable and support a positive transition to adulthood for young people, especially those with additional need and learning disability
- Develop and implement public mental health strategy.
- Develop and implement active travel and whole system approach to obesity and physical activity along the life course

6. AGEING WELL – HEALTHY OLDER LIFE

- At the time of the 2011 Census, 24% of Solihull residents aged 65+ said that their day to day activities were limited a lot by a long-term health problem or disability, (34% North Solihull), with this rising to 52% of those aged 85+ (60% North Solihull) ⁴⁴.
- The Census measures of health show that older people in Solihull have a similar health profile to England. However, on some indicators of health and care, there are significant differences ⁴⁵:
 - Falls – significantly higher rate of injuries for over 80s than England;
 - Flu vaccination below national average for at-risk groups at 46.5% (England 48.6%), but similar for population 65+ (71.8%, England 70.5%). This is an increase on the previous year but still below targets of 55% and 75% respectively

- The Solihull Together case for change shows that among nearly 31,000 service users aged 65+ in Solihull, the top 10% of users accounted for 58% of total cost within the health economy⁴⁶. These service users are those most likely to have long-term conditions (including depression and dementia), multiple morbidities and to live in a deprived area⁴⁷.
- The rapid increase in the 85+ population projected for Solihull will mean that the number of people with these types of multiple and complex needs, who are in greatest need of health and social care support, will increase significantly. It is expected⁴⁸ that
 - 65+ population with dementia will rise by 39% between 2017-2030 (3,327 to 4,622)
 - Number of 65+ living with a long-term health condition due to a stroke will be up to 1,314 by 2030 from 1033 in 2017, those with a health condition caused by coronary heart disease up to 2,736 from 2,189 in same period;
 - Number unable to manage at least one self care task on their own will be up to 19,811 by 2030 from 15,287 in 2017; number unable to complete at least one mobility task up to 11,165 from 8,482 in same period.
- In 2016/17 36% of all new requests for support for Adult Social Care came from those aged 85 and over, with those aged 90+ accounting for 15% of total. Nearly 30% of new requests for support from older people came from those discharged from hospital⁴⁹.
- The wider implications of the ageing population include a likely increase in demand for voluntary and community services, rising numbers of carers and increased risk of social isolation and loneliness.
 - Nearly 10,500 aged 75+ live alone, this projected to increase by a further 39% by 2030 to over 14,500⁵⁰;
 - By 2030, around 1,570 of those aged 65+ are projected to suffer from severe depression an increase of 340 on 2017⁵¹.
- This increasing demand for services and the cost of providing care are placing additional pressure on both providers and the adult social care workforce;
 - Costs of in-borough care home placements are high in Solihull and securing care at home providers, particularly in rural areas is difficult. However, 81% of adult social care providers are rated good or outstanding by the Care Quality Commission (CQC) compared to 70% for England.
 - Recent work by SMBC with Skills for Care estimates that the health and care workforce in Solihull is 5,900. Future projections estimate that this will need to rise by around 21% over the next 10 years to meet increased demand for care from the ageing population.

- The ageing population is also likely to increase the number of individuals providing unpaid care. At the time of the 2011 Census Solihull had 24,000 carers, including 5,100 providing care for 50 hours+ per week and that 40% of carers are 65+ and will themselves require support; carers are more likely to have self-reported ill health.
 - The number of carers is projected to increase by 23% (from 25,600 to 31,400) between 2017 and 2030, reflecting the increasing numbers of older people in the borough⁵².
- Around 3,250 adults aged 18 and over (1,020 aged 18-64, 2,230 aged 65+) received SMBC funded long-term social care support during 2016/17. Of these 72% received a community service, including those receiving a direct payment or a managed personal budget, 18% were in a residential placement and 10% in a nursing home⁵³.
- In comparison to England a slightly higher proportion of 18-64-year olds receiving a service were in a nursing or residential home, whereas among those aged 65+ a higher proportion received a community service (70% compared to 61% for England)⁵⁴.
- The 2015/16 Adult Social Care Outcomes Framework (ASCOF)⁵⁵, shows performance in Solihull is worse than the national average on the following measures:
 - Delayed transfers of care from hospital and a percentage of those that are attributable to social care services;
 - Older people receiving reablement services after leaving hospital;
 - Long-term support needs of older adults (aged 65 and over) provided by residential and nursing care homes, (per 100,000 population).

But better than the national average for;

- Annual admissions to nursing a residential care home (both adults aged 18-64 and those 65+);
 - Percentage of adults receiving self-directed support;
 - Older people at home 91 days after leaving hospital into reablement.
- An estimated 10%⁵⁶ of people nationally aged 65+ are intensely lonely and 20% are mildly lonely. In Solihull this equates to approximately 4,000 people being intensely lonely and 9,000 people being mildly lonely. As the population of Solihull ages these numbers are likely to rise dramatically due to increase above 65+ carers, over 65 years living above
- Delayed Transfers of Care (DToc): analysis shows that the number of delay days in 2016/17 was marginally better than the previous year, including the number attributable to social care. However, community care capacity (include provision of intermediate beds and home care packages) remains under pressure.

- Adult Social Care waiting lists (social work and occupational therapy) are subject to similar scrutiny, as timely social care responses can avert crises and deteriorations that sometimes lead to hospital admissions. The early part of 2017 the waiting list fell by 31%, although the number of outstanding cases remains subject to short term fluctuations.
- The Adult Social Care User Experience Survey for 2015/16⁵⁷ shows that 91% of adult service users in Solihull are satisfied with the care and support they receive, with this proportion trending upwards over recent years. Other key findings include:
 - 58% of all respondents in Solihull indicated that their overall quality of life is good, compared to the England average of 63%.
 - A large majority of Solihull respondents feel that their needs are being met. However, respondents are far more likely to say that they have unmet needs relating to the extent to which they have control over their daily lives, the amount of social contact they have and how much time they spend doing things they value and enjoy
 - Respondents with Learning Difficulties are most positive about the quality of their life, with other adults aged 18-64 and older people receiving a community service considerably less so.
- The Carers Survey 2016/17 shows that:
 - 60% of Solihull carers who had received support or services in the last 12 months were satisfied with 20% dissatisfied (England 71% and 13%);
 - 54% who have looked for information and advice about support or services in the last year found it easy to find with 46% finding it difficult (England 64%, 36%);
 - 81% found that information or advice helpful or quite helpful (compared to 87% for England);
 - 72% feel that they have always or usually been consulted about the services provided for the person they care for (71% England);

Although the number of carers responding to the survey is a small proportion of all active carers in Solihull, we know from their responses that they report a poorer quality of life than is reported nationally:

- 21% of carers say that they don't do anything they value or enjoy with their time
- 22% they have no control over their daily life
- 24% feel they are neglecting themselves,
- 21% feel socially isolated
- 25% feel they have no encouragement or support in their role.

Strategic priorities:

- Tackling increasing frailty and long-term conditions – through prevention, self-care, rehabilitation and demand reduction approaches with particular focus on: frailty, falls prevention, promotion of physical activity, social isolation and mental wellbeing.
- Supporting carers with a focus on their wellbeing and resilience
- Skilled workforce to meet the complex needs of older people
- Addressing excess winter deaths
- Further development of integrated care across health and social care to improve services for older and vulnerable people to respond to future health, social and demographic trends; specifically, integrated care pathways that prevent institutional care and promote independent living and reduce delays in transfers of care (DTCOs)

7. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

- Solihull has the strongest performing economy in the West Midlands, as measured by the economic output indicator Gross Value Added (GVA) per head of population⁵⁸.
- The Solihull economy increased by more than the national and regional averages over the five years 2010-15⁵⁹.
- The borough has more jobs per head of population (employment density) than both the UK and West Midlands; this is based on above average numbers of private sector jobs⁶⁰.
- In the five years 2011-16 employment in Solihull increased by an annual average of 3.6% (3,800 jobs) per year, more than double the increase recorded across the UK and the West Midlands. Over this period Solihull had one of the fastest growing labour markets outside of London and the South East over this period⁶¹.
- With 1,950 apprenticeship starts in 2015/16 the rate of starts per head in Solihull was in-line with the England average, but lower than that for the West Midlands region. The number of apprenticeship starts in Solihull fell by -6% in the five years to 2015/16⁶².
- Solihull has a strong representation in high skill based sectors, with 59% of jobs in knowledge intensive sectors⁶³.

- At 7.3% (November 2016), the worklessnessⁱⁱ rate in Solihull is well below the England average and the lowest it has been since Department of Work and Pension records began in 1999⁶⁴.
- 43% of out of work benefit claimants have been claiming for five years or more (rising to 56% among those on ESA/ IB. Unlike those claiming JSA, the ESA/IB rate has only edged marginally downwards since the recession⁶⁵.
- 49% of ESA claimants make claims due to mental or behavioural disorders (which affects all age groups), with musculoskeletal (mainly older claimants) the next most common cause (12%)⁶⁶.
- Inequalities exist in access to employment:
 - Geography - 46% of workless population live in North Solihull, where the rate is 18% compared to 5% in the rest of the borough⁶⁷;
 - Young people - a quarter of the claimant unemployment count are aged 18-24 years: the rate among this group increased marginally in the two years to June 2017 and is still above the England average (3.4% compared to 2.6%)⁶⁸;
 - Lower skilled workers (12% unemployment rate among those qualified to a maximum of NVQ Level 1, compared to 4% for those with NVQ Level 3+)⁶⁹;
 - Ill health and disability (just 13% of those with bad/very bad health in employment, compared to 68% for those in good health)⁷⁰;
 - Carers (36% of those caring for 20 hours+ in employment, compared to 59% among non-carers)⁷¹;
 - Lone parents (38% not in employment rising to 50% in North Solihull)⁷²;

Strategic priorities:

- Implement multi-stranded employment programmes to promote access to work and reduce long term unemployment (particularly targeted at groups with higher levels of worklessness).
- Promote access to work and remove barriers for disadvantaged groups (e.g. people with long term conditions and disabilities).
- Promote health at work programmes, support people to remain in and return to work, particularly disadvantaged people and those with long term conditions including mental health disorders.
- Increase in workforce needs in terms of care provision

ⁱⁱ Worklessness comprises working aged claimants of a key out of work benefit (Job Seekers Allowance (JSA), Employment and Support Allowance (ESA) or Incapacity Benefit (IB), and Lone Parents and other on income support

8. ENSURE HEALTHY STANDARD OF LIVING FOR ALL

- Solihull has above average levels of disposable household income⁷³ and relatively high wages among those in work (annual median wage 13% higher than England average in 2016⁷⁴). However, although overall poverty is relatively limited, some population groups are in need:
 - 13.5% (5,410) children aged 0-15 years live in an out of work benefit household (14.7% in England), rising to around 34% in North Solihull⁷⁵.
 - 7.3% (9,250) working age residents claim out of work benefit, rising to 18% in North Solihull⁷⁶.
 - 20 out of 29 lower super output areas neighbourhoods in the North Solihull Regeneration area are among the most deprived 20% in the country from an income perspective with 10 of these neighbourhoods in the bottom 10% nationally.⁷⁷
 - An estimated 10.6% of households (9,261) in Solihull were affected by fuel poverty in 2015 compared with the England (11%) and West Midlands (13.5%) averages. According to the Department of Energy and Climate Change estimates this is higher than at any point since 2011⁷⁸.
 - Nationally around 1 in 10 workers employed want to work more hours than they do currently – this would equate to over 9,400 people in Solihull. Underemployment is far more common among those working in elementary occupationsⁱⁱⁱ (1 in 5 nationally), among those working part-time (1 in 5) and among young people. These individuals are most likely to be at risk of in work poverty⁷⁹.
 - In Solihull, part-time employment is more common in North Solihull (29% of all in employment), as well as those in poor health (39%), those with caring responsibilities (35%) and among lone parents with dependent children (55%).

Strategic priorities:

- Utilise opportunities to work through the West Midlands Combined Authority and the Local Enterprise Partnership to improve business, citizenship, opportunities and skills
- Workplace wellbeing

9. SUSTAINABLE PLACE AND COMMUNITY

- The quality of the environment in Solihull is good (e.g. as measured by the IMD Living Environment⁸⁰), with 67% of land designated Green Belt and a total of 5.88 hectares of green space per 1,000 population⁸¹. This is reflected in the fact that 85%

ⁱⁱⁱ Occupations that perform simple and routine tasks

of residents are satisfied with their local area as a place to live⁸². There are a number of challenges, including⁸³:

- Social isolation and loneliness remains an issue for some- in some areas of the borough almost 1 in 10 people (8%) report knowing no one on their street by name and almost 1 in 10 (9%) report meeting socially with friends, relatives or work colleagues less than once a month.
 - Limited access to essential services and public transport in rural areas.
 - Poor public transport links for North Solihull residents to employment areas (mainly located in south of borough) and poor access for walking and cycling to local services, facilities and economic assets.
 - Traffic congestion, speed and road safety.
 - Relatively high levels of greenhouse gas emissions in many parts of the borough (linked to high levels of car ownership, development pressures and congestion on key routes)
 - Solihull produces 6.8 tonnes of CO2 emissions per head, higher than both the West Midlands (6.2) and England averages (6). Solihull has above average emissions from both domestically and from transport⁸⁴.
 - Physical, behavioural and perceptual barriers to more sustainable forms of transport) such as walking, cycling and buses.
 - Continued development pressure on the green belt and mature suburbs of south Solihull.
- Solihull is a cohesive borough with 83% of those surveyed agreeing that people from different backgrounds get on well together in their local area. However, some measures of participation are less positive:
 - In 2016, the proportion saying that they have taken part in formal volunteering in the last year fell to just 31% although this is partially offset by rising numbers who say that provide informal help in their community. Formal volunteering rates are lower in North Solihull and among young people;
 - The proportion agreeing they can influence local decisions has dropped to just 39% (29% in North Solihull)⁸⁵.
 - Quality of housing is good, with high levels of home ownership (74% compared to England average of 64%⁸⁶) and above average house prices⁸⁷. There are some challenges:
 - Lack of affordable housing for those on lower incomes and first-time buyers, with affordable homes representing 15% of total housing in the borough (a lower proportion than the West Midlands average);
 - Around 6,100 Solihull households have a housing need (bands A-E) on the housing register, with approximately 700 regarded as having an urgent need (bands A-B). 50% of Solihull households in housing need live in North Solihull⁸⁸.
 - High house prices (and rents) in South of borough mean first time buyers unable to access housing market and limited opportunities for those looking to downsize⁸⁹;

- Requirements for a range of affordable housing for older people and for people with learning, physical and sensory disabilities and mental health needs⁹⁰;
 - Shortage of authorised Gypsy and Traveller sites which will meet demand and enable members of this community to access services⁹¹;
 - There were 421 households accepted as being homeless in 2016, with the rate substantially above the England average (4.78 per 1,000 households, compared to 2.57). However, the number of acceptances in Solihull has fallen in each of the last two years year⁹²;
 - The main reasons for homeless in 2016 were loss of rented accommodation (32%), partner violence (22%) and parents no longer willing or able to accommodate (15%).
 - A sharp rise in the private rented sector between 2001 and 2011 (from 5% of households to 10%) comes with risks including a negative effect on community cohesion due to population turnover, “single property landlords” and public protection and landlord compliance issues⁹³.
- The Safer Solihull Partnership has identified four strategic priorities namely:
 - Making our neighbourhoods safer places;
 - Better protecting people from harm;
 - Bringing offenders to justice and tackling re-offending;
 - Supporting stronger communities)
 - In addition, a number of priority neighbourhoods for multi-agency partnership action have been identified. These include Chelmsley Wood and Smith’s Wood in north Solihull⁹⁴.
 - In addition to higher levels of crime, these priority neighbourhoods are home to many of the borough’s troubled families, probation clients, young people who feel vulnerable and victims of domestic abuse.
 - Following an extended period when crime was falling year on year, total recorded crime rate in Solihull has increased over the past two years from 54.0 crimes per 1,000 residents in 2014/15 to 64.8 in 2016/17.⁹⁵
 - There have been notable increases in Serious Acquisitive Crime across all parts of the borough (though there may be seasonal variances) and this accounts for around a half of the increase in crime in Solihull since 2014/15. Violent crime has also increased and is responsible for 30% of the increase in overall crime in the borough. Combined with other recent national and local emerging priorities the increase in these two types of crime has impacted on resources.
 - The focus for the partnership into 2017/18 remains reducing violent crime, reducing burglary dwelling/vehicle crime and dealing with anti-social behavior with specific focus on the anti-social use of our roads.

- The 2016 Place Survey identified several key issues in relation to community safety, anti-social behaviour (ASB) and fear of crime⁹⁶:
 - 17% of respondents feel unsafe after dark, with relatively high levels among those living in North Solihull (34% of those aged 65+ feel unsafe);
 - 54% of respondents said that at least one of nine different types of Anti-Social Behaviour (ASB) was a problem in their local area (78% in North Solihull). 7% have a problem with five or more types of ASB;
 - The number of people citing people using or dealing drugs has fallen sharply from 20% in 2013 to 15% in 2016 (27% in North Solihull);
 - The number citing gangs hanging about on the streets as a problem has also edged downwards to 13% (26% North Solihull);
 - Less than 5% of respondents said that they had personally experienced harassment or intimidation.
- The 2016 Health Related Behavioural Questionnaire highlights a number of positive trends relating to young people⁹⁷:
 - In 2006, 39% of secondary school pupils said they knew someone personally who used drugs. This figure has fallen steadily and in 2016 was just 21%;
 - There has been a reduction in the proportion of secondary aged pupils saying that they have ever had an alcoholic drink. 84% of secondary pupils reported this in 2006, this has dropped to 55% in 2014;
 - There is an upward trend across all age groups for pupils who say they have never tried smoking at all: in 2016 for example 93% of Year 8 pupils said they had never smoked at all, this has risen steadily from the 66% of Year 8 pupils in 2004.
- It is estimated that 4,846 women in Solihull will experience Domestic Abuse (DA) each year and 820 children aged under 11 years and 480 children aged 11 to 17 years are exposed to DA annually in Solihull.
- A recent Solihull DA Needs Assessment⁹⁸ identified issues around identification, targeting and multi-agency working including:

Strategic priorities:

- Improving air quality
- Development of health improving environments (with a focus on increasing physical activity, reducing loneliness, and 'age friendly' _
- Housing for vulnerable groups and reducing homelessness
- Implement evidence-based community development programmes to strengthen community capacity and cohesion.
- 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 for all groups including vulnerable groups and those on low incomes.
- Improve quality of existing housing stock, particularly in the private rented sector.

10. STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

- Life expectancy (LE) has increased for all communities and for Solihull is above the national average (80.4 years in men and 84.2 years in women). However, LE has increased at a faster rate in the most affluent sections of the community, resulting in at least an 11 year gap between the areas with the lowest LE and those with the highest⁹⁹.
- Heart disease, stroke, cancer and respiratory disease are the major causes of premature death; levels in Solihull compare favourably when benchmarked against similar populations¹⁰⁰.
- Premature mortality from cardiovascular disease (CVD) and cancer has consistently fallen, however mortality from CVD has reduced more quickly (65% compared to 24%); cancer is responsible for the largest proportion of premature deaths (46%)¹⁰¹.
- 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 70s¹⁰².
- People report that their health is very good or good (82% of the Solihull population); only 5% say their health is bad or very bad¹⁰³.
- Nearly 17,800 or 8% report that their day to day activities are limited by long-term illness or disability¹⁰⁴.
- 50% of people over 65 have two or more long-term conditions; for those aged over 75 years this percentage rises to 70% and for the over 80s, those with three conditions is 60%¹⁰⁵.
- Incidence from prostate cancer and skin cancers is higher than national/regional averages; incidence of malignant melanoma has doubled since 1995 but mortality from these cancers, does not differ from national/regional averages¹⁰⁶.

- Smoking is the single most preventable cause of ill health and yet one in eight people in Solihull continue to smoke; 1 in 5 of people in routine and manual occupations¹⁰⁷; the addiction usually starts in young people and prevalence is greatest at age 20-24 years¹⁰⁸.
- 2 in 3 adults are either overweight or obese in Solihull similar to England but this is predicted to increase in the future.
- Evidence suggests that social isolation and loneliness are associated with an increased risk of early mortality; it has been estimated that the impact of social isolation and loneliness on mortality is equivalent to other known risk factors, for example smoking^{109, 110}. Social isolation and loneliness can affect all ages across the lifecycle and needs to be addressed by all frontline staff across the local economy
- The Health-Related Behaviour Questionnaire (HRBQ) provides some insight into behaviours linked to obesity:¹¹¹
 - 71% of Primary school aged pupils in Solihull describe themselves as 'fit' or 'very fit' (63% in the comparator group sample).
 - 53% of primary pupils said that they have vegetables 'on most days' (60% in comparator group)
 - 39% of older pupils said that they walked to school on the day of the survey (56% comparator group);
 - There is a decline in activity levels as children move into adolescence, particularly in girls.
- Drinking levels of alcohol hazardous to health is common; 1 in 4 Solihull residents drink more than 14 units a week (causing ill-health, mortality, hospital admission, economic and social disorder problems¹¹².
- Hospital admissions in Solihull where the primary diagnosis is alcohol related are significantly higher than national and regional levels for females of all ages. .. Mortality rates due to alcohol use are similar to national levels but increasing over time for both alcohol specific and alcohol related conditions.¹¹³.
- 714 (478 opiates, 236 non opiates) adults have been in treatment in the most recent 12 month period after presenting with either opiate or non-opiate use. Estimated need for opiate treatment is 740 so 64% of people are being reached. The most common illegal drug is heroin; cannabis and alcohol are the most common in young people.¹¹⁴.
- Long term conditions are common, particularly in older people; they are more prevalent in deprived communities; 20% of the population in some areas report having a long term limiting illness¹¹⁵.

- Predictive modelling indicates that GP recorded prevalence of common long term conditions (particularly hypertension and COPD (chronic obstructive pulmonary disease)) may be under-estimated; this may be indicative of unmet need; the prevalence of diabetes is increasing (currently at 7.1%)^{116, 117}.
- By 2030 the number of residents aged 65 and over with dementia is expected to increase by 1,300 to 4,600, a rise of 39% from 2017¹¹⁸ with key associated factors linked to lifestyle such as smoking, low levels of physical activity
- Teenage conception rates are comparatively low and have fallen by 51% since 1998 and are lower than England average; high rates are focused in areas of deprivation
- Mental ill health is relatively common, around 22,000 adults (14.6%) aged 16-74 in the Borough will be affected by a Common Mental Disorder (CMD) (including depression and anxiety), around 12,000 (1 in 10 aged over 18-64) will have an Attention Deficit Hyperactivity Disorder and a further 4000 with an Antisocial Personality Disorder. Since 2000 overall rates of CMD in England have steadily increased in women but remained relatively stable for men¹¹⁹.
- The Solihull Mental Health Needs Assessment identifies a range of mental health risk factors including unemployment, homelessness and substance abuse with individuals in these groups, along with Looked After Children (LAC) and teenage mothers among those subject to higher prevalence rates for various types of mental ill health than the rest of the population¹²⁰.
- There is a strong link between mental wellbeing and physical health. Death rates are higher for those with a mental health illness, with this group more at risk of long-term conditions such as coronary heart disease or Chronic Obstructive Pulmonary Disease (COPD) and more likely to exhibit unhealthy lifestyle behaviours such as smoking. At the same time those with long-term physical ill health are at greater risk of developing a mental health condition particularly depression and anxiety¹²¹.
- Rate of treatment for people with a Common Mental Health Disorder 40.9 /1000 aged 18+. This is similar to the rate for England¹²².
- Antidepressant prescribing as described by average daily quantities (ADQs) is in line with England but has steadily increased in recent years. Local data shows that¹²³ GPs in the South of the borough generally have lower prescribing costs than those in North Solihull. A similar pattern is evident in terms of spend on Antipsychotics¹²⁴.
- Solihull CCG has fewer patients with a recorded mental health diagnosis than the England average. Other measures of activity where Solihull CCG has better outcomes than the England average include lower rate of emergency admissions for self harm,

- a smaller gap in employment between those with a serious mental illness and overall employment rate and lower rates of ESA claimants for mental and behavioural disorders.¹²⁵
- The profile also highlights some areas of mental health treatment that may be improved e.g. concurrent contact with mental health services and substance misuse services for alcohol misuse; the % of patients in alcohol misuse treatment aged 18+ is significantly low whereas the admission rate to hospital for mental and behavioural disorders due to alcohol is significantly high compared to national rates.

Strategic priorities:

- Mental health with a focus on employment and housing; poor physical health
- Risks factors for poor health – through whole system/holistic and behavioural change approaches
- Targeting of populations at high risk of poor health
- Develop prevention and treatment services to reduce premature mortality from heart disease, hypertension, stroke, and cancer; progressively targeted in relation to need.
- Expand and improve access to comprehensive lifestyle management services, supported by behavioural change programmes (e.g. social marketing approaches).
- Ensure that programmes are designed within the Behaviour Change Strategy and its recommendations.
- Ensure programmes assess and address the health needs of people with poor mental health and learning disabilities and BME groups
- Improve the care of and promote self care for people with long term conditions.
- Develop and implement a mental health and wellbeing strategy.
- implement a multi-agency Health Protection Strategy; improve uptake of immunisations, particularly for seasonal flu and MMR and screening

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