

# Health and Wellbeing Strategy 2016 – 2019

Solihull Health and Wellbeing Board



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## Vision

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.

## Priorities

People will live longer and have healthier lives

Give every child the best start in life

Ageing well – healthy older life

Healthy and sustainable places and communities

## Foreword



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



*Anand Chitnis, Vice Chair of the Solihull Health and 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 and Wellbeing Board has a key 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 and 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 Solihull Health and Wellbeing Board?

**This strategy has been written** by the Solihull Health and Wellbeing Board, which was established in 2011 to work towards ensuring that Solihull residents and patients get better and more joined up services.

The Board is an influential body that brings together Solihull Council, Solihull Clinical Commissioning Group and other organisations which provide health, education and social care in Solihull. The main role of the Health and Wellbeing Board is to improve the health and wellbeing of the local population by coordinating commissioning and promoting the integration of services.

The Board has developed strong partnership working across health care, social care, education and public health. It plays a key role in promoting individual and community involvement in decision making and improving democratic accountability.

In 2014 the Health and Wellbeing Board and the 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.

### What is the Health and Wellbeing Strategy?

**This Health and Wellbeing Strategy** is a revised version of that originally published in 2012, which can be viewed [»here«](#). Substantial progress has been made on the priorities identified in the previous strategy.

The Board has developed this revised strategy based on the identification of shared health and wellbeing priorities where effort now needs to be focussed. 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 explain 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. The main strategies that shape the detail of these commissioning plans are listed in Appendix 1.

### Our vision and approach to Health and Wellbeing

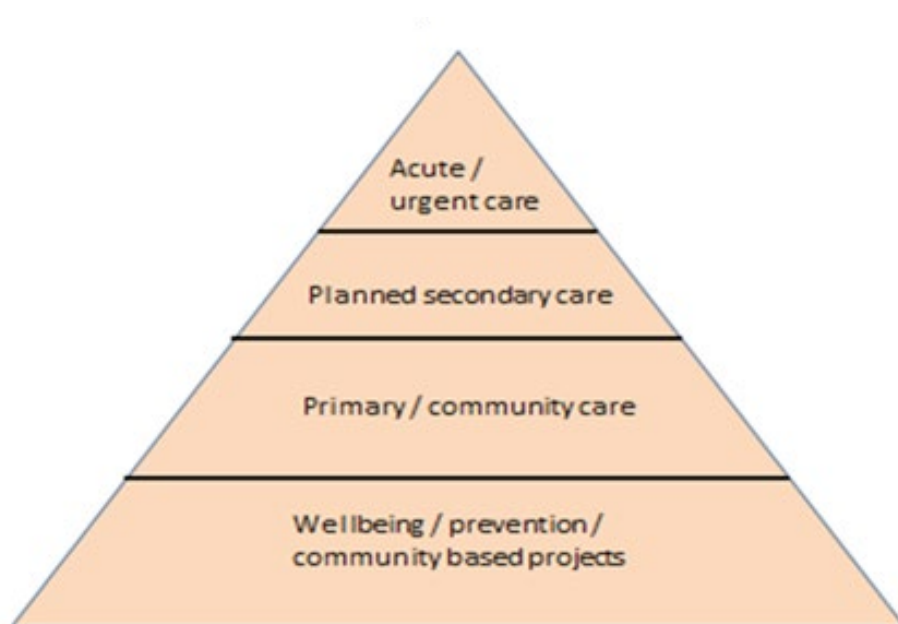
**The Health and Wellbeing Board** aims to improve the health and wellbeing of the population of Solihull from pre-birth to end of life, to reduce inequalities and improve the quality of health, education and social care services.

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 (including mental health care) and social care, as demonstrated in the diagram below.

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 performance scorecard is discussed quarterly at the Health and Wellbeing Board meetings and the Board will be responsible for ensuring any remedial action is implemented where performance is insufficient. The most recent version of the scorecard can be viewed [»here«](#).

### Health improvement model



## Section 2: Setting our priorities

**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 targeted 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.

Reference to the individual strategies that will contribute to delivering our priorities is listed under Appendix 1.

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 and Wellbeing Strategy in that the board has agreed to focus on four policy objectives, as opposed to attempt to cover the seven policy objectives in its previous strategy. These were:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Ensure people receive the care and support they need across the life course.

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 significant progress in two broad topic areas within each of the following priorities:

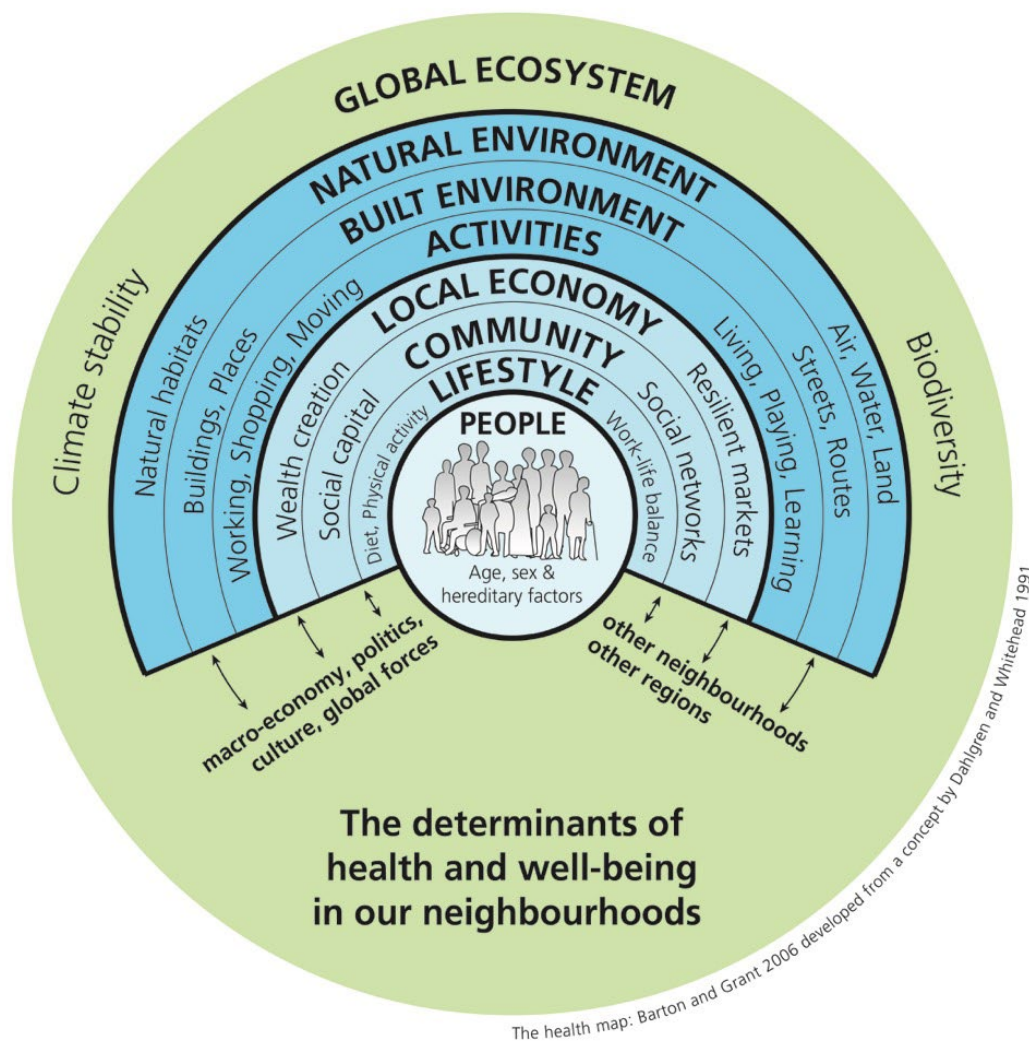
1. People will live longer, and have healthier lives
2. Give every child the best start in life
3. Ageing well – healthy older life
4. Healthy and sustainable places and communities



# Section 2: Setting our priorities

## A focus on place

The priorities of the Solihull Health and Wellbeing Board are founded on the understanding that a wide range of social, economic and environmental factors, over which individuals often have little control, influences a person's health. This is summarised in the diagram below (reproduced with permission from Barton and Grant).



Barton, H. and Grant, M. (2006) A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health*, 126 (6). pp. 252-253. ISSN 1466-4240.



## Section 2: Setting our priorities

**Our Health and Wellbeing Strategy** takes a whole system approach to support the most vulnerable. Consequently, this strategy addresses issues of 'place' such as resilience and environment as opposed to more condition-specific issues.

Furthermore, there is recognition that delivery of our strategy will only be possible if local leaders across health and social care develop a shared vision and plan of action.

Birmingham and 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, and is in line with our aspiration to support the most vulnerable within our communities.

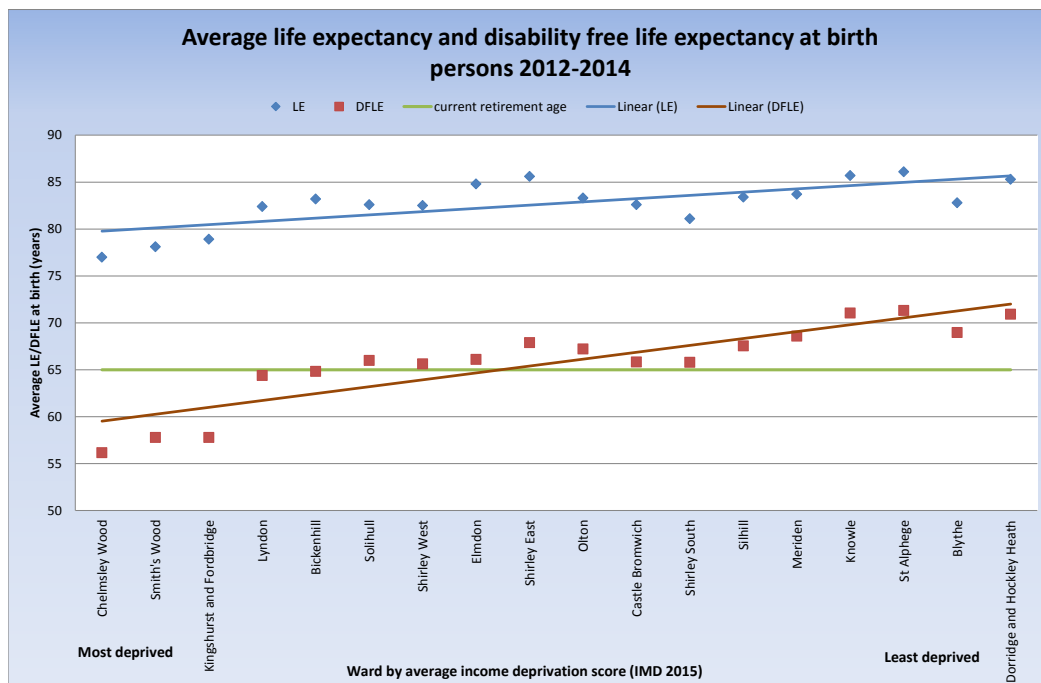
## Priority 1: People will live longer and have healthier lives

### 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 built 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.



Source: Solihull Public Health Intelligence 2016

### 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 on 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, and indeed many will not be aware that they are drinking at levels harmful to their health.

### Why is this a priority in Solihull?

- 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.
- 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.
- There is a widening of the obesity gap for those children living in regeneration areas compared to those living in more affluent areas of the borough.

## Section 3: Health and Wellbeing Strategy – Our Priorities

- 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.
- 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.
- Evidence suggests that healthy lifestyles advice and interventions for people with a learning disability needs to be targeted much more effectively.

### 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 assessing and addressing the health needs of people with learning disabilities.
- Ensure there is a focus on improving the physical health needs of people with poor mental health, with increased utilisation of green space.
- Review physical activity marketing publicity with a view to increasing awareness of physical activity opportunities, particularly to those on a low income.
- Work with other councils in the West Midlands Combined Authority to improve health through increasing physical activity levels.
- Implement the pre-diabetes prevention programme.
- Continue to implement the local all-age Food Strategy.
- Implement the Healthy Weight and 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, to improve mental wellbeing of the adult population.

## Section 3: Health and Wellbeing Strategy – Our Priorities

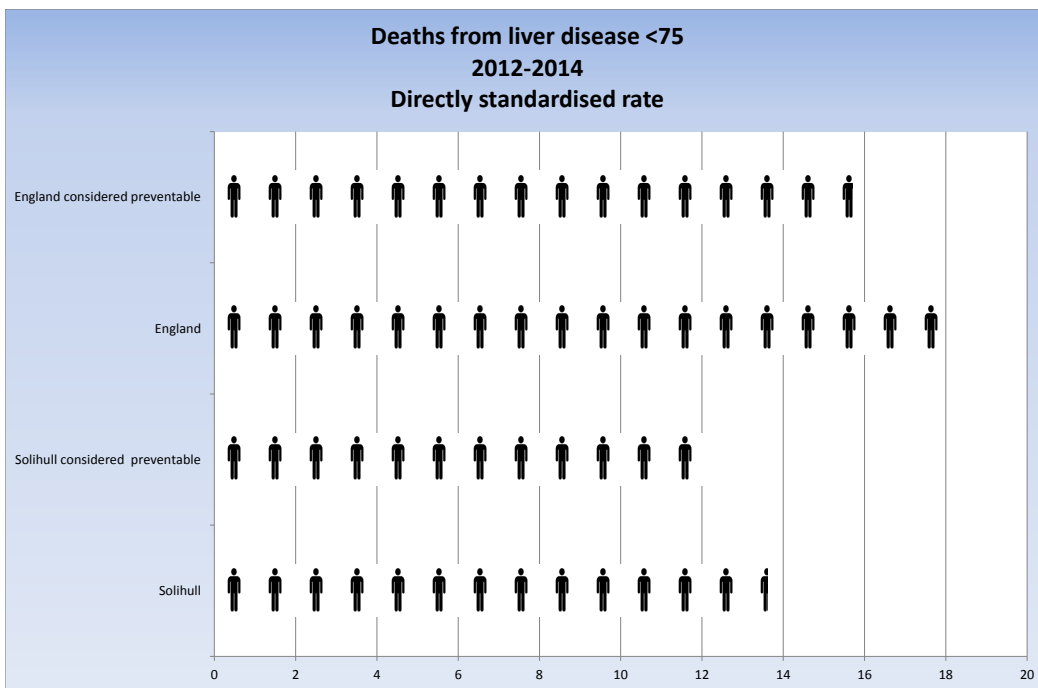
- Increase uptake rate to screening programmes focussing on primary care in areas with lowest uptake to ensure better prevention, swifter access to diagnosis, and better treatment and care for all those diagnosed with cancer.
- Further develop the cancer exercise rehabilitation programme.
- Develop initiatives to increase safe, active travel journeys across all age groups.
- Increase alcohol screening and brief intervention of increasing risk and high risk drinkers across the health and social care system focusing on primary care.
- Implement a care co-ordination approach to manage treatment resistant drinkers.
- Provide services and support to adults of working age to improve their diet and physical activity levels.
- Expand the Solihull social prescribing scheme to support the emotional wellbeing of all adults.
- Utilise opportunities to work through the Mental Health Commission of the West Midlands Combined Authority to address the transform of mental health and wellbeing services across the area and to improve outcomes.

### What will success look like – to be monitored in the performance scorecard

- An increase in the number of people living beyond 75 years of age.
- A reduction in inequality in life expectancy at birth.
- 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.

## Section 3: Health and Wellbeing Strategy – Our Priorities

- A reduction in the number of alcohol-related admissions to hospital.
- An increase in the number of Solihull workplaces achieving commitment level 5 of the workplace charter.
- An increase in the number of people satisfied with their life (ONS).
- An increase in people using the social prescribing ‘self-service’ online directory.
- An increase in the number of people with a learning disability accessing lifestyle services.



Source: Solihull Public Health Intelligence 2016



### Priority 2: Give every child the best start in life

#### **1. Improve health and emotional wellbeing of 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.

The All Party Parliamentary Group for Conception to Age Two has published a manifesto called '1001 Critical Days' which recommends that Health and Wellbeing Boards prioritise all factors leading to the development of socially and emotionally capable children at age 2.

Supporting the transition to parenthood and helping mothers to establish a secure attachment with their child can bring about profound improvements in mental and physical health, educational attainment, and 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 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 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?

- 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, 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 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 and young people with learning disabilities.
- Maintain targeted investment and support in early years' development.

## Section 3: Health and Wellbeing Strategy – Our Priorities

- 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.
- Develop a youth pathway for all vulnerable young people aged 16 – 24 to support the transition to independent living and address all related support needs.
- Provide a 12 week support programme for mothers and children affected by domestic abuse.
- Improve early identification of those who perpetrate domestic abuse and provide appropriate evidence based responses to prevent reoffending through implementation of a whole system approach.
- 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 works to improve school readiness?

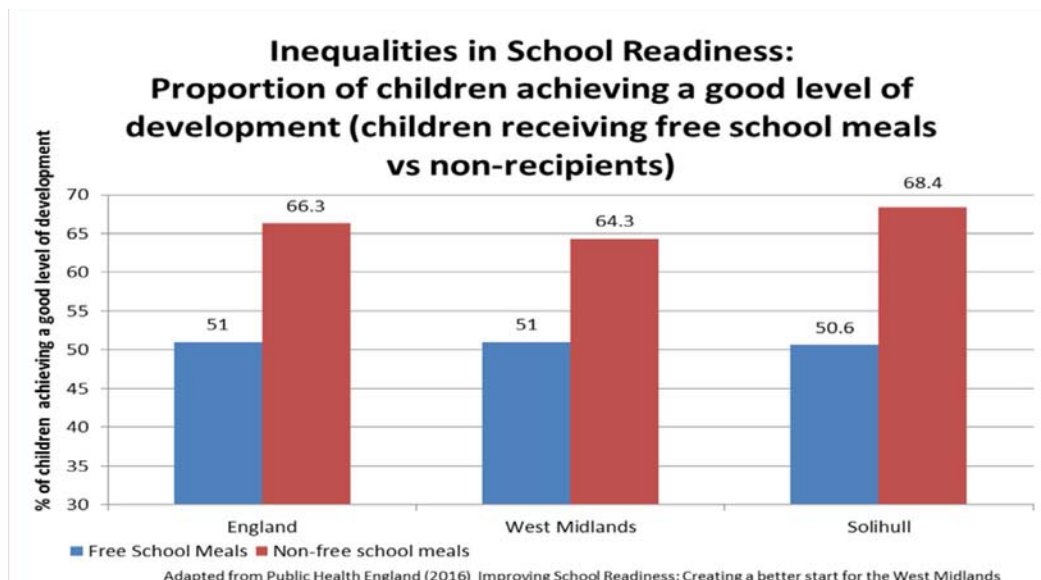


- good maternal mental health
- learning activities, including speaking to your baby and reading with your child
- enhancing physical activity
- parenting support programmes
- high-quality early education

Source: Department of Education, Department of Health (2011) Families in the foundation years evidence pack

### What will success look like – to be monitored in the performance scorecard

- 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.
- A reduction in the health inequality gap for obesity in children in year 6.



# Section 3: Health and Wellbeing Strategy – Our Priorities



Parenting has a bigger influence on a child's early years than education, wealth or class

Effective, warm, authoritative parenting gives children confidence, stimulates brain development and the capacity to learn



**4 in 10 children**

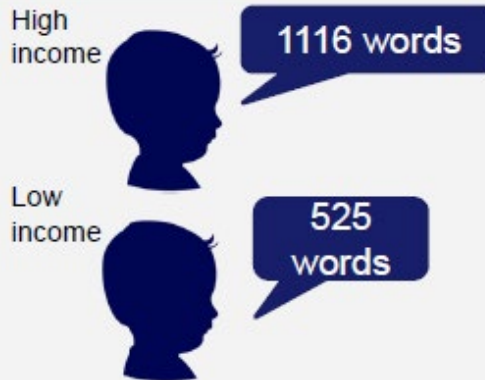
miss out on 'good' parenting

**Supporting parents with parenting programmes like the Solihull Approach, has a positive impact on both parents' and children's wellbeing and mental health and is an important part of prevention and early intervention**

Adapted from Public Health England (2016) *Improving School Readiness: Creating a better start for the West Midlands*



A child's communication environment is a more dominant predictor of early language than their social background



By the age of 3 children from low income families have:

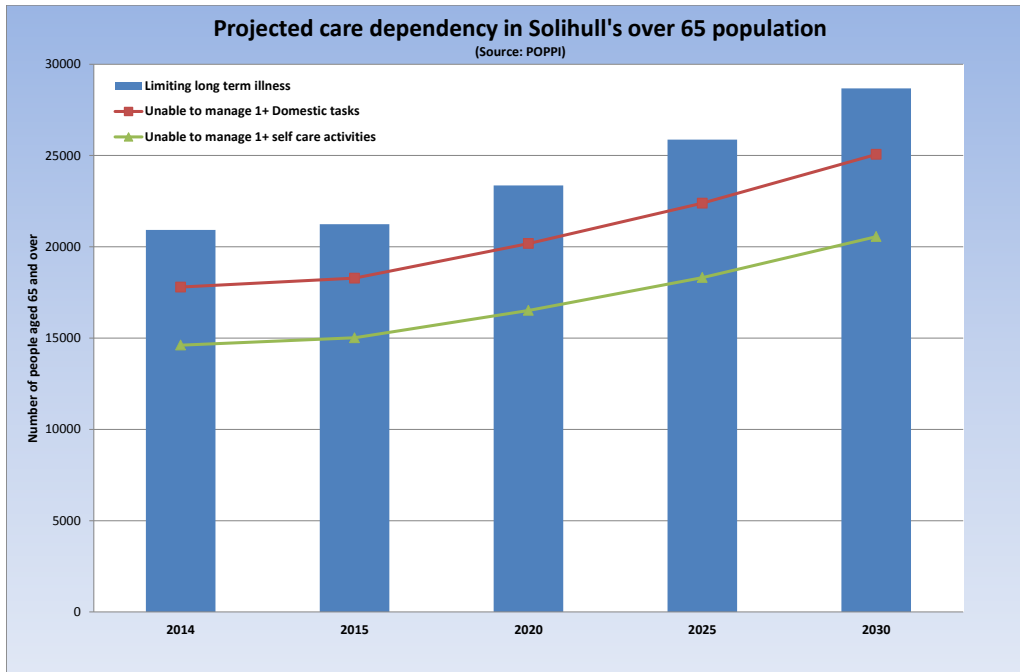
- Heard on average 30 million fewer words than children in high income families
- Half the vocabulary of children in high income families

*Adapted from Public Health England (2016) Improving School Readiness: Creating a better start for the West Midlands*

## Priority 3: 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 the lives of people in the borough ensuring integration of care between health and social care services.

### 2. Reduce social isolation and improve peoples' 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 causes increasing pressure on a wide range of health and social care services.



## Section 3: Health and Wellbeing Strategy – Our Priorities

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.
- Ensure development of appropriate housing options (e.g. extra care, lifetime homes) support to enable people to continue living at home.
- Provide assistance to support older, disabled and vulnerable people to live independently.
- Support older and vulnerable residents to access support to keep their homes warm.
- 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 enable people 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.
- Ensure interventions consider the inclusion of black and minority ethnic (BME) communities.

### What will success look like – to be monitored in the performance scorecard

- 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.
- A decrease in the number of people who die in hospital.
- An increase in the percentage of adult social care users who have as much social contact as they would like.
- 50% of the Local Area Coordination case loads are people at risk of becoming dependent upon services or who are already dependent upon services.
- An increase in the Solihull Community Dementia Diagnosis Rate.

### Priority 4: Healthy and 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**

A healthy community is one which supports healthy behaviours and enhances peoples' physical and mental health.

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 (see the health map on page 6).

Many conditions such as obesity, heart disease, stress and mental health have been linked to the environments in which people live and work, and contact with the natural environment enhances both physical and mental health. There is also growing appreciation of how the impacts of climate change and extreme weather events will disproportionately affect the most vulnerable members of society.

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?

- Poor public transport links for North Solihull residents is a barrier to them accessing employment opportunities.
- The worklessness rate in the north of the Borough is 21% which is substantially above the Solihull average of 8.3%.
- 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.
- Solihull's homelessness acceptance rate remains high particularly amongst single people presenting with a range of vulnerabilities (most commonly mental health needs, violence and substance misuse).

## Section 3: Health and Wellbeing Strategy – Our Priorities

- There is a lack of affordable housing for those on lower incomes, older people and first time buyers in the borough.
- 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 Solihull communities and potential to expand community led initiatives.

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

- Utilise opportunities to work through the West Midlands Combined Authority and the Local Enterprise Partnership to improve business citizenship, opportunities and skills.
- Improve access to quantity and quality of open and green spaces available across the social gradient, to improve both physical and mental health.
- Utilise opportunities through Solihull Connected to increase the numbers of people walking and cycling for everyday journeys.
- Ensure major new developments consider opportunities to reduce the gap in inequalities across the borough.
- Further develop planning which encourages increased activity and healthier lifestyles.
- Integrate active travel planning into new building and regeneration.
- Work across housing and health to ensure access to stable affordable housing in sustainable neighbourhoods.
- Minimise the impacts of climate change, particularly on vulnerable groups in society.
- Improve the energy efficiency of housing and reduce the number of households in fuel poverty.
- Maintain and improve the quality of social and private homes, and neighbourhoods.
- Develop a Solihull Memorandum of Understanding for improving health through housing.



## Section 3: Health and Wellbeing Strategy – Our Priorities

- Review the allocation of council housing and arrangements for access to housing association and privately rented housing.
- Develop integrated commissioning and delivery of homelessness prevention, rehousing and support especially for vulnerable/at risk groups.
- Enable access to suitable temporary and permanent housing options for single homeless people.
- Reduce the number of people in temporary accommodation and the length of time that they reside in it.
- Develop an active citizen strategy to enable delivery of our aspiration to support citizens to deliver initiatives.
- Work with the community to identify and remove barriers to community participation, including building confidence and motivation.
- 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 NHS.
- Utilise community assets to develop community growing and agriculture projects.
- Deliver Solihull's food strategy and embed 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 – to be monitored in the performance scorecard

- An increase in the use of outdoor space for exercise/health reasons.
- Delivery and successful evaluation of targeted events/initiatives that increase access to affordable, nutritious food to communities of identified need, enabling such initiatives to become self-sustaining.
- A minimum of 240 Cold Homes and Energy Surveys of vulnerable residents completed per year.

## Section 3: Health and Wellbeing Strategy – Our Priorities

- An increase in the number of households where homelessness is prevented or relieved.
- A reduction in total recorded crime in Solihull.
- A reduction in reported anti-social behaviour.
- An increase in businesses/community groups involved in Love Solihull.
- A reduction in the unemployment rate in North Solihull.

## **Specific strategies that will enable us to deliver the priorities identified within this document**

*Birmingham and Solihull Sustainability and Transformation Plan 2016*

*Focus on Food: Solihull Food Strategy 2015 - 2017*

*Greater Birmingham and Solihull Local Enterprise Partnership: Delivering Growth 2013*

*Greater Birmingham and Solihull Strategic Economic Plan 2014*

*Health in Every System Strategy: Working Together to Get Solihull to Eat Well and Move More by 2021 through a Whole System Approach 2016*

*Solihull Action against Poverty Strategy 2016 - 2019*

*Solihull Alcohol Harm Reduction Strategy 2016*

*Solihull Behaviour Change Strategy 2016*

*Solihull Connected Transport Strategy 2016*

*Solihull Domestic Abuse Strategy 2016 - 2020*

*Solihull Homelessness Strategy 2015 - 2018*

*Solihull Housing Strategy 2013 - 2016*

*Solihull Tenancy Strategy and Allocations Policy 2014*

*Solihull's Independent Living and Extra Care Housing Strategy 2013*

*Solihull Parenting Strategy 2016 - 2020*

*Solihull Physical Activity and Sport Strategy 2014 - 2019*

*Solihull Playing Pitch Strategy 2017*

*Solihull Local Police and Crime Plan 2016*

*Solihull Local Plan 2013*

*West Midlands on the Move 2016 - 2030 Physical Activity Strategy*

*West Midlands Combined Authority 2016*

*West Midlands Mental Health Commission 2016*

**Public Health Department  
Solihull Council**

Council House  
Manor Square  
Solihull  
West Midlands  
B91 3QB