

Tackling health inequalities: a blueprint for Solihull 2022-2025

At a glance

What is “Tackling Health Inequalities: a blueprint for Solihull 2022-25” about?

“Tackling health inequalities: a blueprint for Solihull 2022-2025” is a short Strategy document describing Solihull’s ambitions to reduce health inequalities over the next three years.

It is a call to action to residents, community groups and local organisations to partner with the Council and NHS, to create a Solihull where more people have a fairer chance to be healthier, happier, safer and more prosperous.

The Strategy sets out our overall aim, guiding principles, and initial priorities for reducing health inequalities across our Borough. The Strategy encourages people to not get bogged down or distracted by the wide range of concerns affecting health inequalities, and instead, be relentless in zeroing in on what you, and your colleagues, can control or influence.

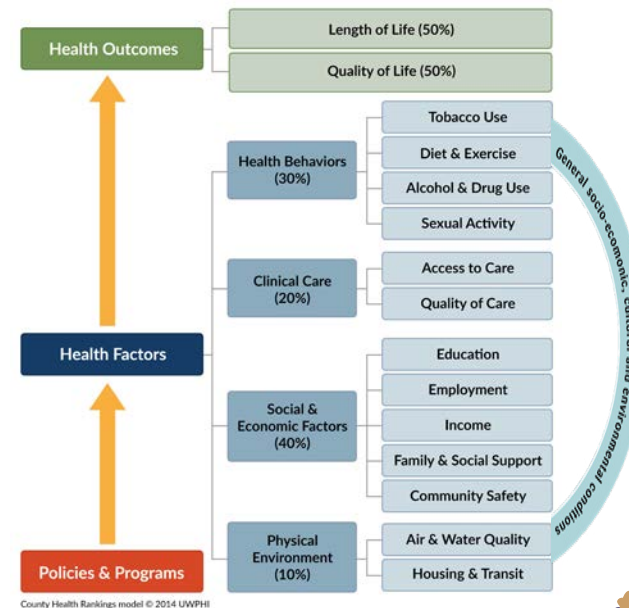
It is only by focussing in this way, that we can begin to eat the elephant, one bite at a time, and build a fairer Solihull for all.



You have a role to play

Does your work influence health in any of the areas shown below? Or perhaps in a different way?

Most people’s work affects wellbeing in some way, so it’s important to consider what role you could play in reducing health inequalities now and in the future.



Source: “What influences Health”. Adapted from The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2022. www.countyhealthrankings.org. For illustrative purposes only



Inequalities of what?

Health inequalities are unfair and avoidable differences in:

- > **health status** (e.g. length of life, quality of life, prevalence of disease)
- > **access to care** (e.g. availability of treatments or other care services)
- > **quality and experience of care** (e.g. success of, or satisfaction with, treatments or care)
- > **health behaviours** (e.g. diet, exercise and drug use)
- > **wider determinants of health** (e.g. income, transport, housing, air quality)

Inequalities between whom?

Health inequalities exist between:

- > **socio-economic groups** (e.g. those on low incomes or living in deprived areas)
- > **geographic groups** (e.g. Solihull localities (North, West, East), urban vs. rural areas)
- > **equality and diversity groups** including nine protected characteristics in law*
- > **socially excluded groups** (e.g. people experiencing homelessness, vulnerable migrants)

*age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (which includes traveller communities), religion or belief, sex and sexual orientation

Our aim and guiding principles

At its most fundamental, improving health inequalities requires improving the lives of those with the worst health outcomes, the fastest.

To achieve this, we will adopt six principles that will shape our collective action.

- > Provide services for all, but actively modify them so that those with the greater needs get the greatest support.
- > Routinely and systematically consider all four dimensions of health inequalities.
- > Invest in prevention and early intervention where possible. This is where impact is greatest and return on investment is highest.
- > Engage with partners to enable them to systematically self-assess how their work influences health inequalities and what they can do to reduce them.
- > Advocate that reducing health inequalities is mainstream activity that is core to, and not peripheral to, the work of the NHS, Council, and wider public, private, and voluntary sectors.
- > Ensure approaches to addressing inequalities are evidence-based with a realistic prospect of change.



Our priorities

Our four priorities are built around three life-stages as well as recognising how the places where we are all born, grow, live, work and age can deeply influence our opportunities to be healthy.

Our initial focus will be:

- > **1 Maternity and Early Years**
 - develop a socially inclusive early years offer for those aged zero to five years, focussed on improving the lives of those with the worst outcomes, the fastest.
- > **2 Adulthood and Work**
 - support those furthest from work into employment and better understand 'what works'.
- > **3 Supporting Higher-Risk Groups**
 - support adults with disabilities and mental ill-health and their carers so they can maintain their own wellbeing and those they care for.
- > **4 Healthy Places**
 - support large-scale planning, environment, housing, and transport initiatives to understand whether populations who experience disadvantage are being supported to benefit in the best possible way.

Our enablers

Our three "enablers" aim to bring about more widespread change, including more routine and systematic assessment of inequalities across our borough.

- > **1 Equality, Diversity and Inclusion**
 - Routinely and systematically assess health inequalities across significant new and existing work using simple tools.
- > **2 Place-Based Working**
 - develop a shared understanding of health inequalities in Solihull and collaborate more effectively across organisations to reduce them.
- > **3 Facilitating Strong, Inclusive and Resilient Communities**
 - engage and work with our communities to better understand and build on the strengths and resilience-factors that allow people to thrive.



Read the full strategy here:
www.solihull.gov.uk/About-the-Council/Public-health

 Birmingham and Solihull
Integrated Care System
Caring about healthier lives



Solihull
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