INEQUALITIES DASHBOARD



The health inequalities dashboard will support the Solihull Health Inequalities strategy by collating data on the four broad priority areas. The dashboard aims to bring together data by ethnicity, deprivation, and/or gender to identify inequalities for the following indicators. Please note that the dashboard is currently a draft, the list of indicators is subject to change due to availability of data.

Improving the health of pregnant women, babies and children

- 1. Smoking status at time of delivery
- 2. Low Birth Weight
- 3. Good level of development at the end of reception
- 4. Emergency Hospital Admissions in 0-4 year olds
- 5. MMR Vaccination at 2 years (1st dose) by GP practice

Improving the health of young people

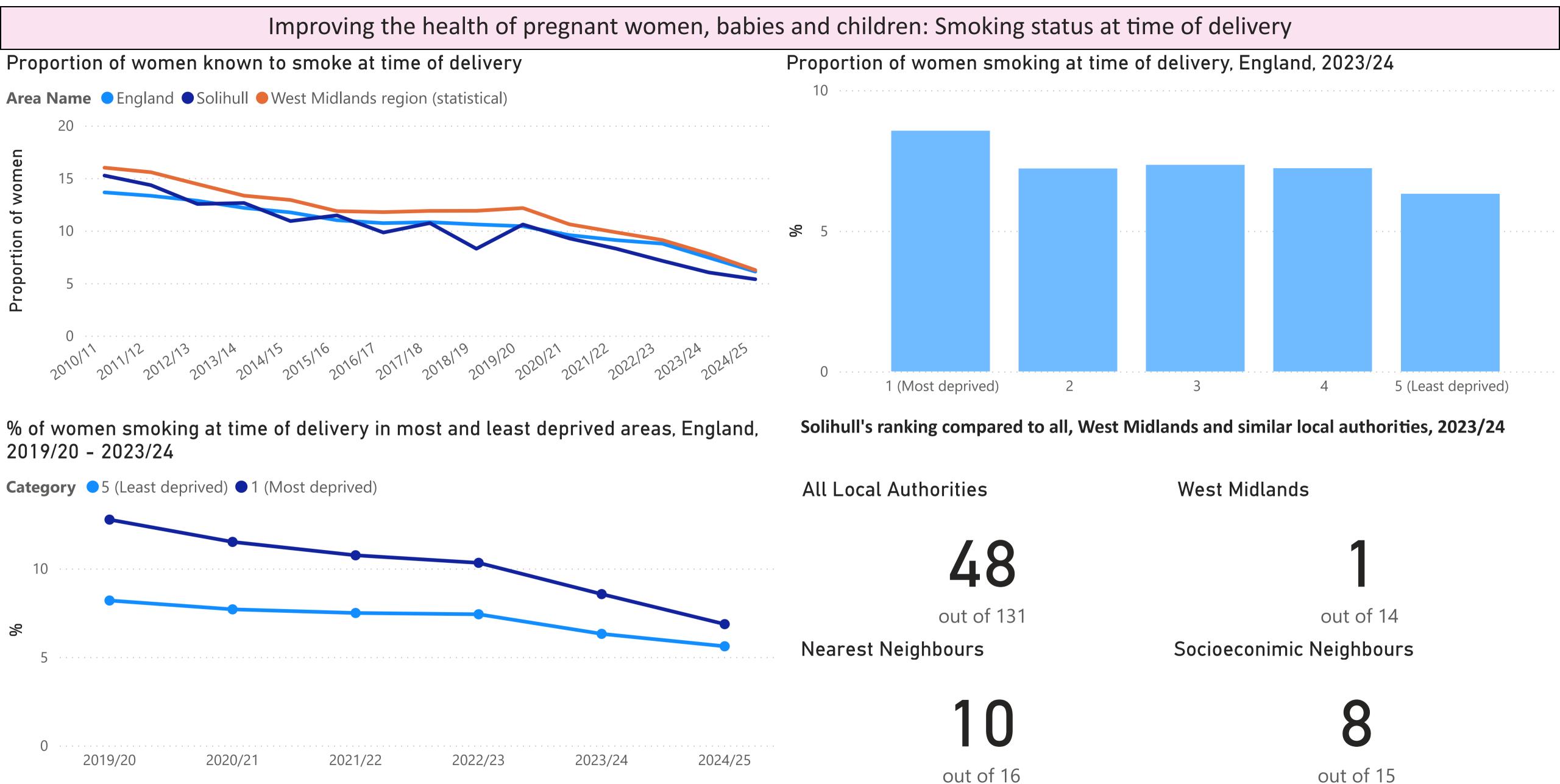
- 1. KS2 attainment: Percentage of pupils meeting the expected standard in reading, writing and Maths (combined)
- 2. KS4 attainment
- 3. Youth unemployment, claimant count in 16-24 year olds

Improving the health of working age adults

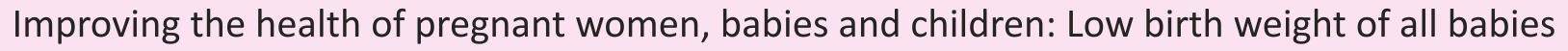
- 1. Claimant Count Unemployment: Number of people claiming Jobseeker's Allowance plus those who claim Universal Credit who are out of work
- 2. Premature (Under 75) mortality from causes considered preventable
- 3. Hospital Admissions from Cancer
- 4. Mortality from Cancer
- 5. Hospital Admissions from Respiratory Disease
- 6. Mortality from Respiratory Disease
- 7. Hospital Admissions from Circulatory Disease
- 8. Mortality from Circulatory Disease
- 9. Hospital Admissions from Alcohol Specific conditions
- 10. Alcohol Specific Mortality

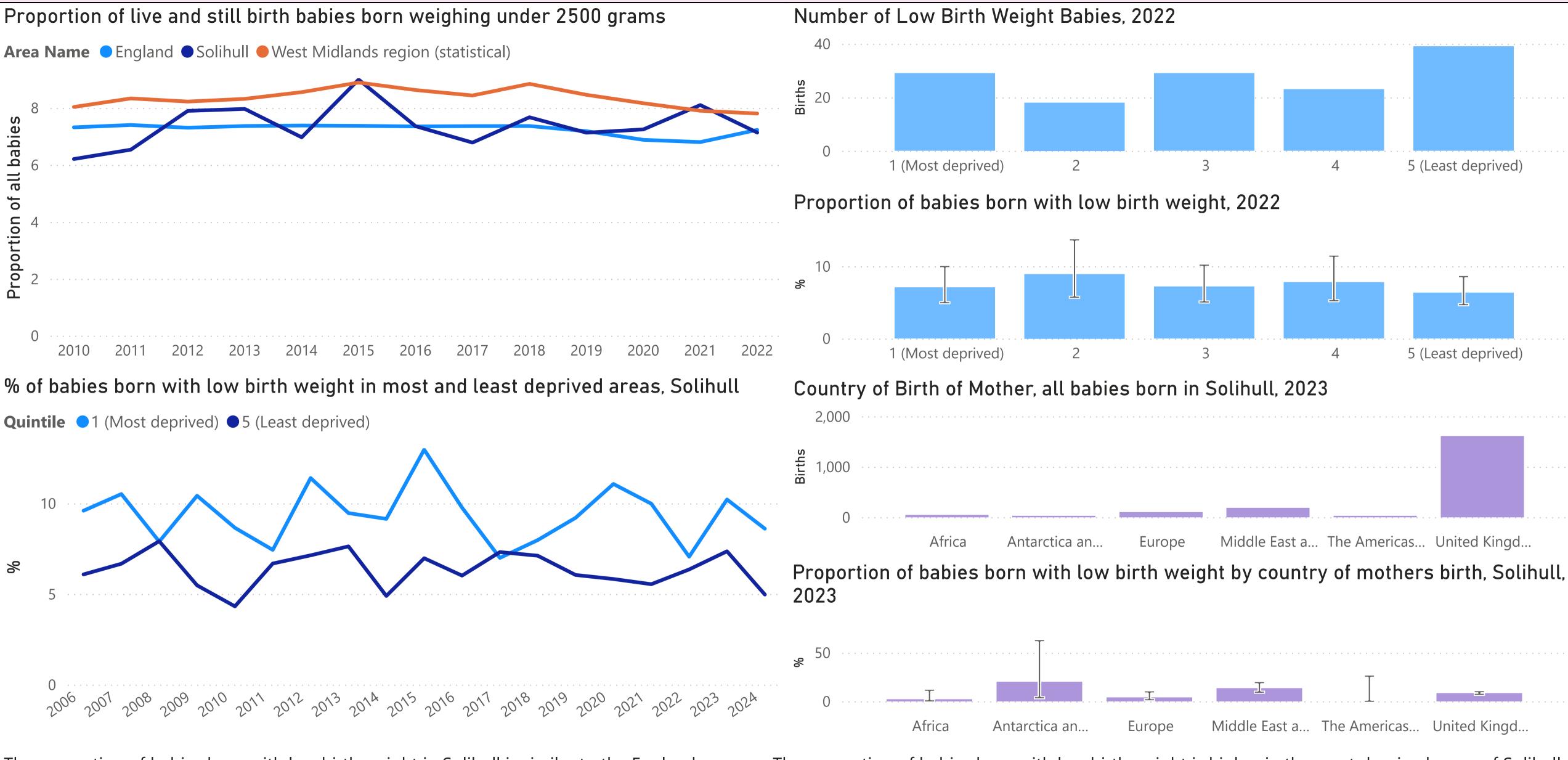
Improving the health of older people

- 1. Hospital Admissions from Falls
- 2. Mortality from Falls TBC



The proportion of mothers smoking at the time of delivery is significantly lower in Solihull compared to England. Nationally, smoking at time of delivery is highest amongst mothers living in the most deprived areas, no data is available for Solihull by deprivation currently. Solihull is ranked 1st out of all West Midland local authorities, but 8/15 out of those with a similar socioeconomic deprivation, 10/16 nearest neighbours and 48 out of 131 local authorities providing data in 2023/24.

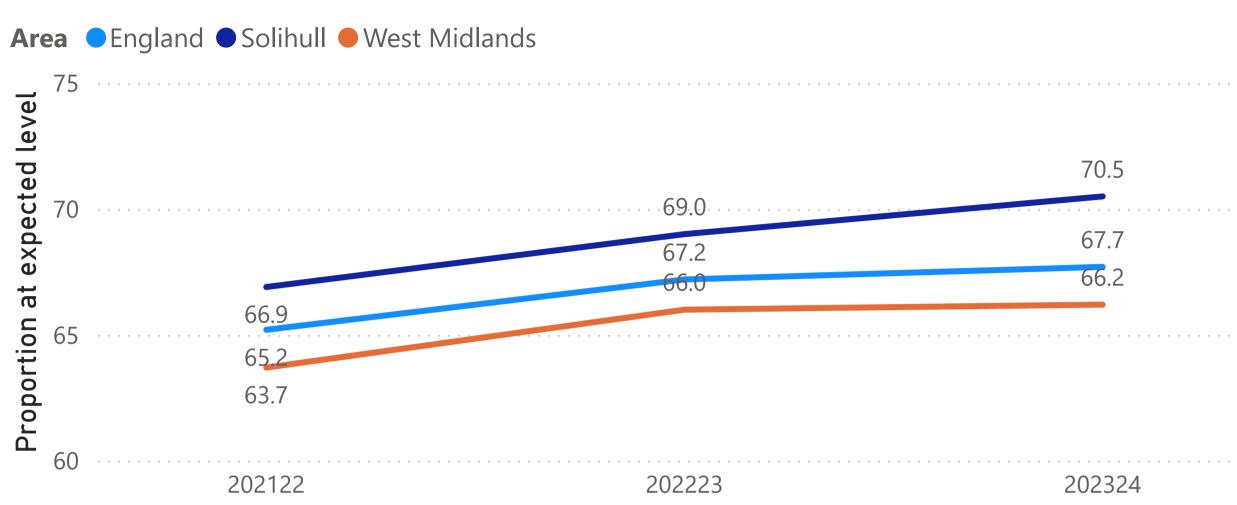




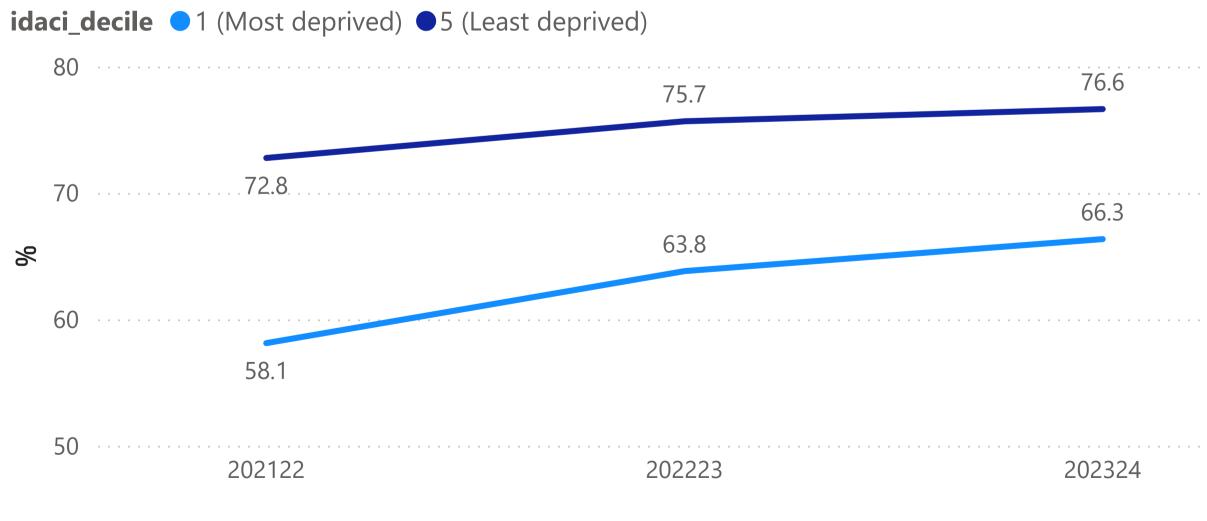
The proportion of babies born with low birth weight in Solihull is similar to the England average. The proportion of babies born with low birth weight is higher in the most deprived areas of Solihull although the difference is not statistically different (with the exception of 2015). The majority of children born in Solihull are to mothers born in the UK, there are no significant differences in the proportion of babies born with low birth weight by mothers country or birth. Data on ethnicity is not available in the births data.

Improving the health of pregnant women, babies and Children: Good level of development at end of reception

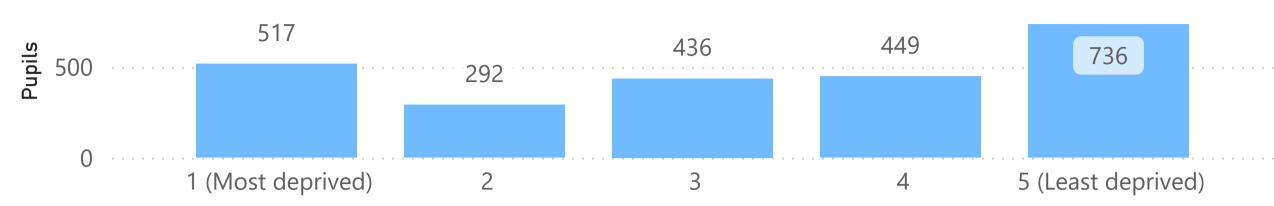
School readiness: Percentage of children achieving a good level of development at the end of Reception, Solihull, West Midlands and England



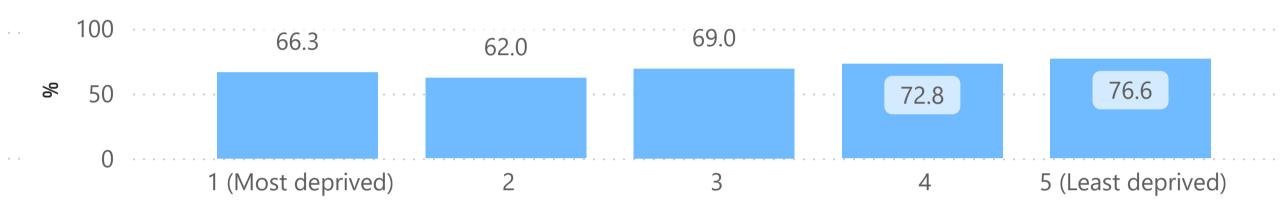
Proportion of disadvantaged and not disadvantaged pupils achieving expected standard in reading, writing and maths, Solihull, 2018/19 - 2023/24



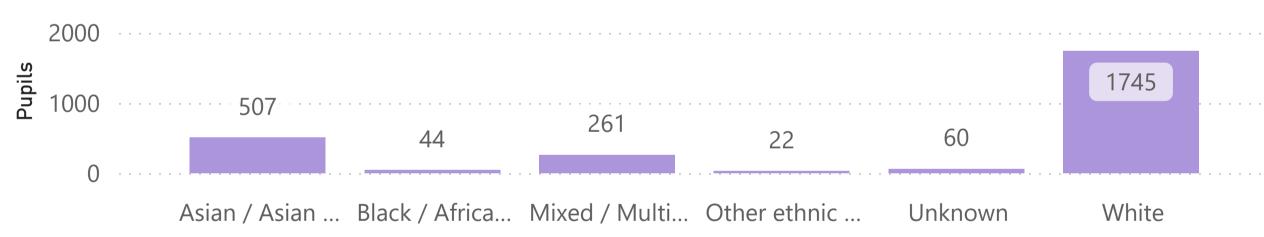
Number of children in reception by IDACI quintile, Solihull, 2023/24



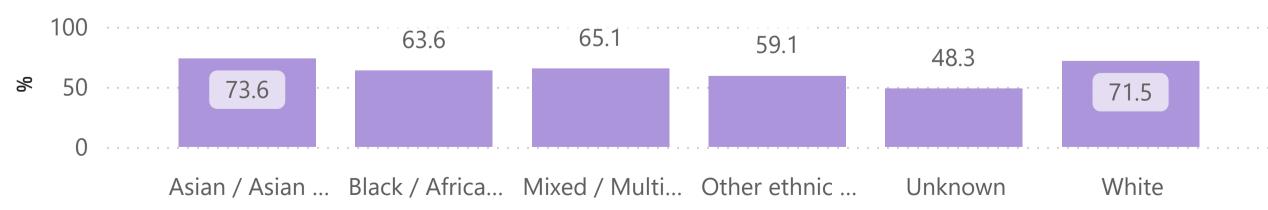
Proportion of children achieving a good level of development by IDACI quintile, Solihull, 2023/24



Number of reception children by ethnicity, Solihull, 2023/24

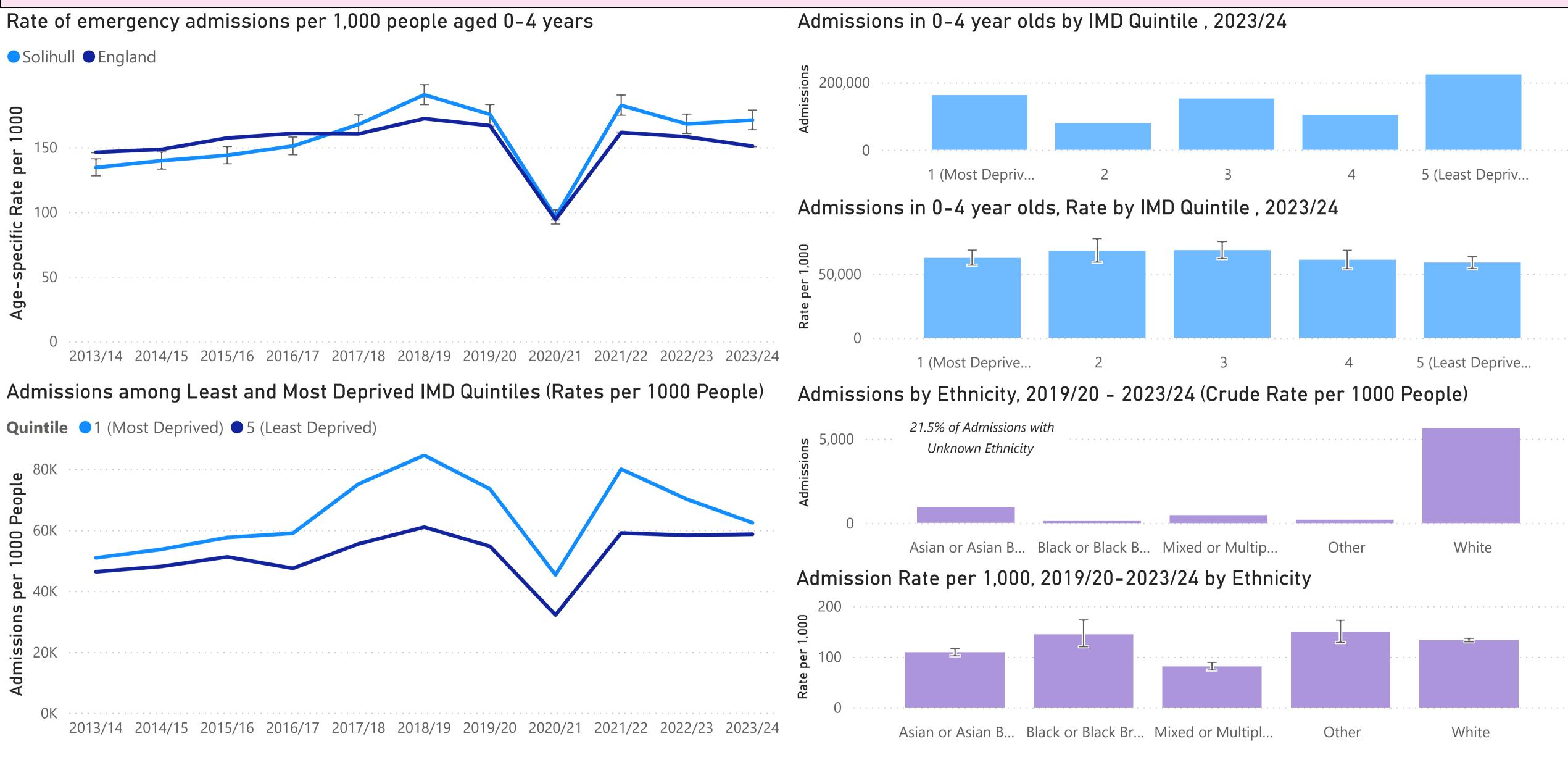


Percentage of children achieving a good level of development at the end of reception by ethnicity, Solihull, 2023/24



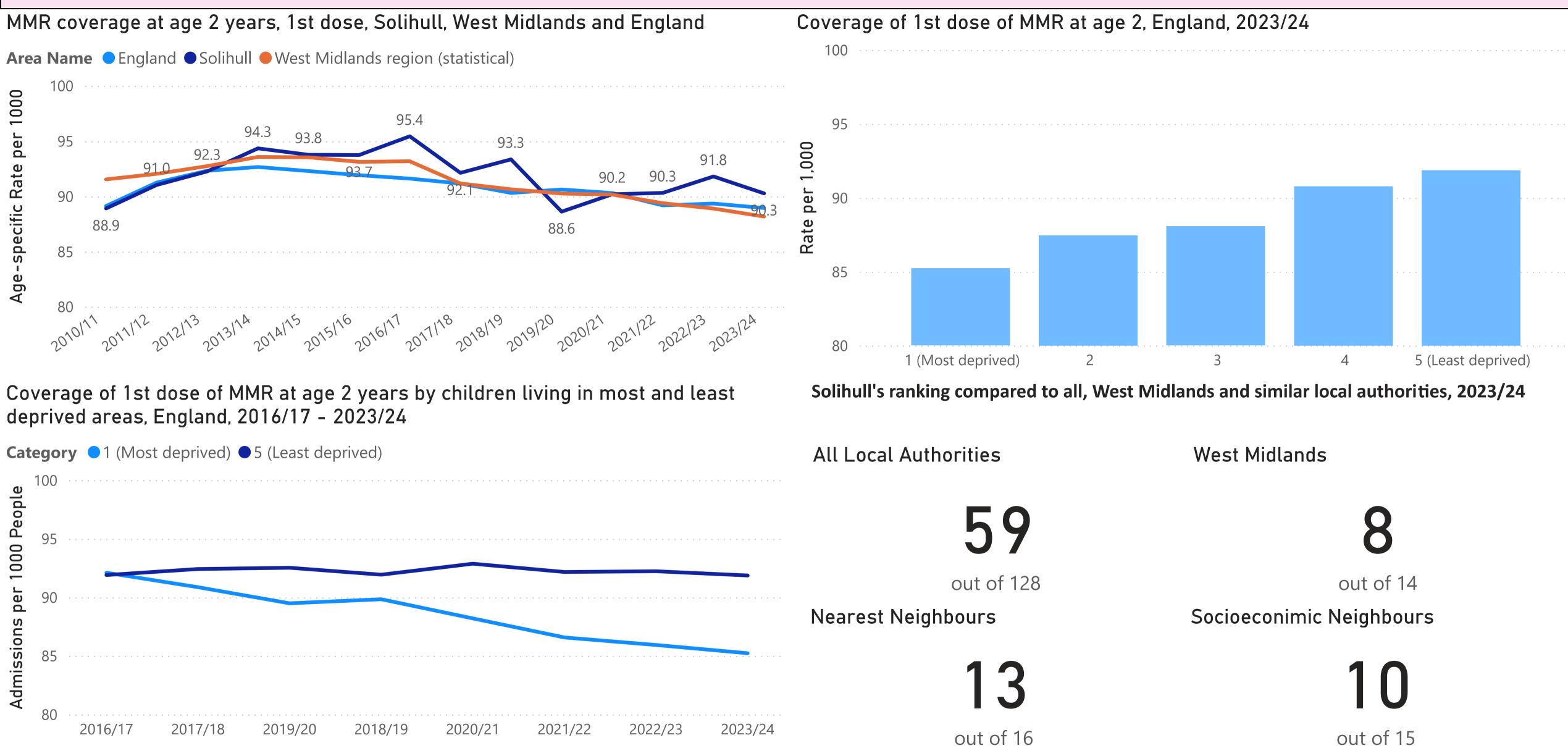
Significantly more children in Solihull have a good level of development by the end of reception than England and the West Midlands. However, achievement is not equal throughout the borough. Two-thirds (66.2%) of Solihull children living within the 20% most deprived areas in England have a good level of development compared to 76.6% in those living in the least deprived areas. Achievement also varies by ethnic group with Asian and White children having a higher rate of achievement than other ethnic groups.

Improving the health of pregnant women, babies and Children: Emergency Hospital Admissions in 0-4 year-olds

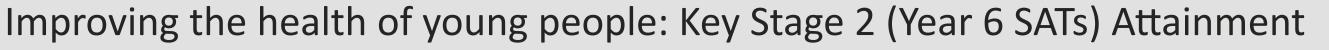


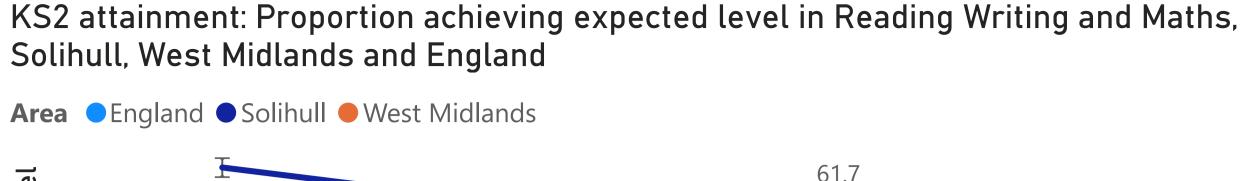
The rate of emergency admission to hospital in 0-4 year olds is significantly higher in Solihull than England. Over the past 5 years the rate of admission has been significantly higher in those living within the most deprived areas of Solihull than those living in the least deprived. The gap between the most and least deprived did narrow in 2023/24 and are now statistically similar. Children from an Asian or Asian British and the mixed ethnic group had statistically significantly fewer emergency admission to hospital than those from a white, black or black British or other background.

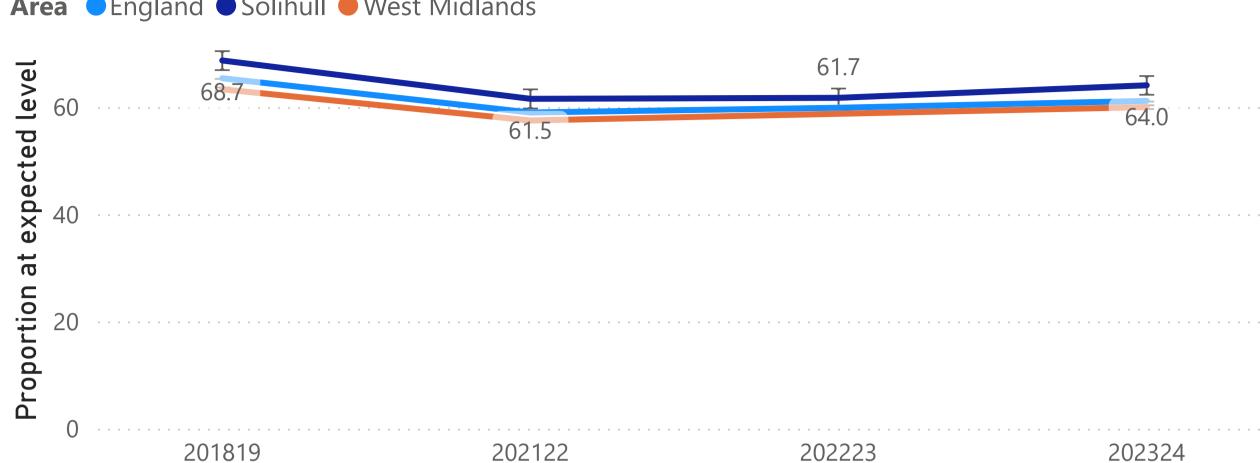
Improving the health of pregnant women, babies and Children: MMR coverage at age 2 years



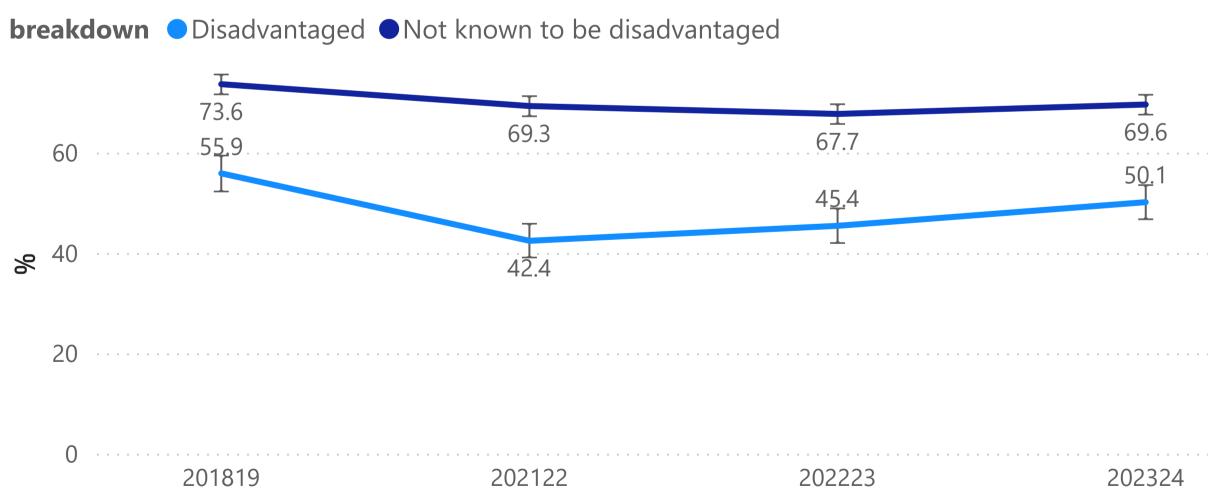
Solihull has a higher coverage of the 1st dose of MMR at age 2 than England and the West Midlands, it is however lower than the national target of 95%. National data has been used to look at deprivation while we source local data. Nationally those living within the most deprived areas have the lowest coverage. The gap between the most and least deprived has been increasing. Solihull is ranked 59 out of 128 local authorities in England, 8 out of 14 in the West Midlands, 13 out of the 16 nearest neighbour local authorities and 10 out of the 15 local authorities with a similar socioeconomic deprivation.



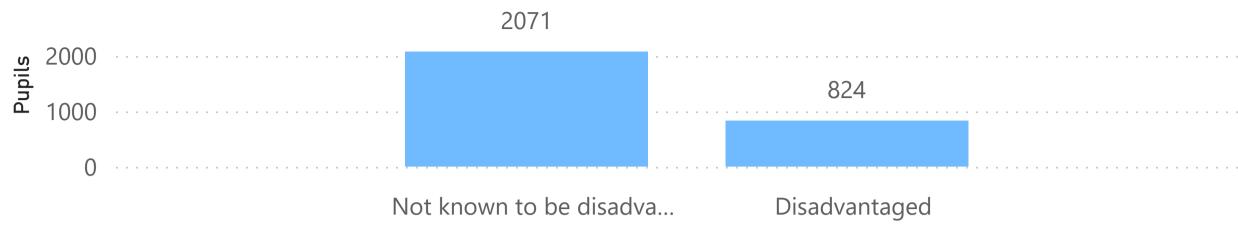




Proportion of disadvantaged and not disadvantaged pupils achieving expected standard in reading, writing and maths, Solihull, 2018/19 - 2023/24



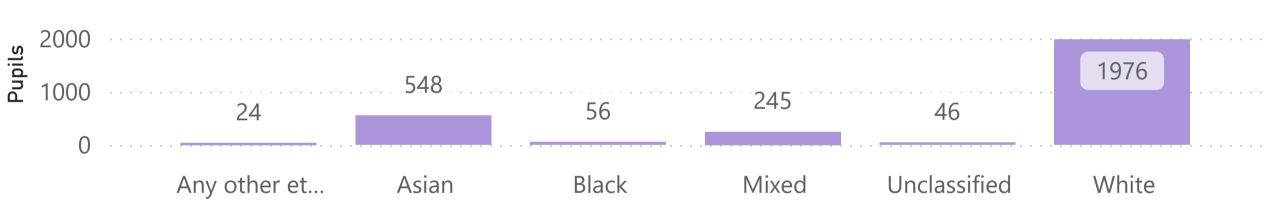
Number of disadvantaged and not disadvantage KS2 pupils, Solihull, 2023/24



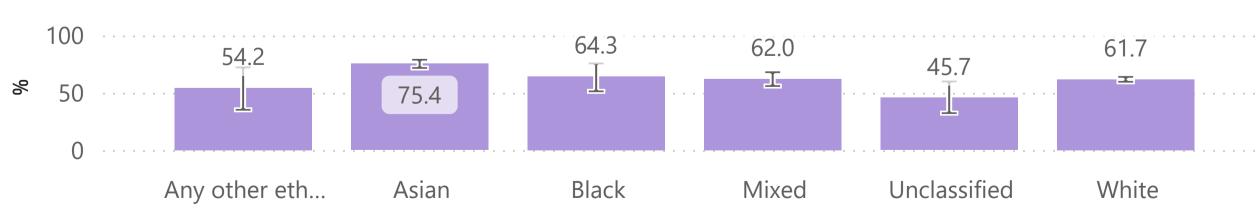
Proportion of disadvantaged and not disadvantaged pupils achieving expected level in reading, writing and maths, 2023/24



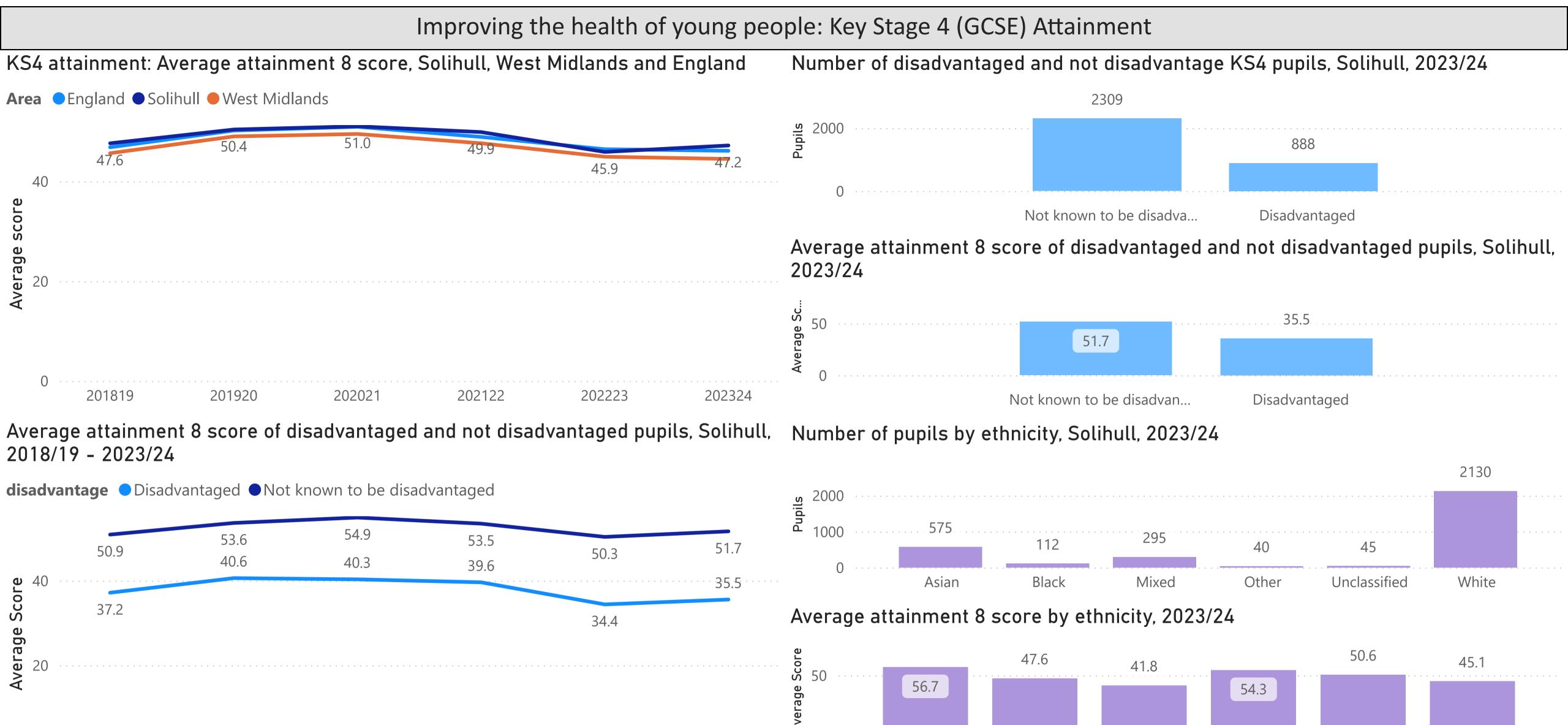
Number of pupils by ethnicity, Solihull, 2023/24



Proportion of pupils achieving expected standard in reading, writing and maths by ethnicity, 2023/24



KS2 (Year 6 SATs) attainment dropped following the COVID-19 pandemic but is showing signs of recovery. Solihull has a statistically significantly higher proportion of pupils achieving the expected level in reading, writing and maths than England and the West Midlands. Disadvantaged pupils however have significantly lower achievement that those that are not disadvantaged although the gap in attainment did decrease slightly in 2023/24. Disadvantage pupils are those who were eligible for free school meals in last 6 years or are looked after by the LA for a day or more or who have been adopted from care. Asian pupils had the highest rate of achievement in 2023/24, significantly higher than the White, mixed and unclassified ethnic groups.



KS4 (GCSE) attainment 8 shows the average academic performance across 8 GCSE subjects. Solihull pupils have a higher average attainment 8 score than England and the West Midlands in 2023/24. Disadvantaged pupils in Solihull have an attainment 8 average over 16 points lower than those that are not disadvantaged. Disadvantage pupils are those who were eligible for free school meals in last 6 years or are looked after by the LA for a day or more or who have been adopted from care. Asian pupils had the highest attainment 8 score in 2023/24, followed by Other and unclassified ethnic groups.

202324

202021

201920

201819

202122

202223

Asian

White

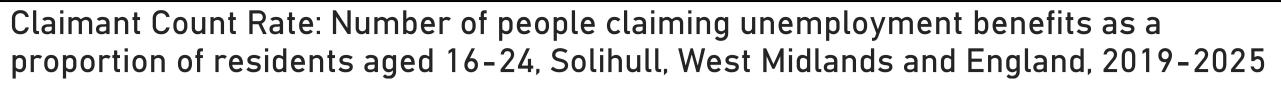
Unclassified

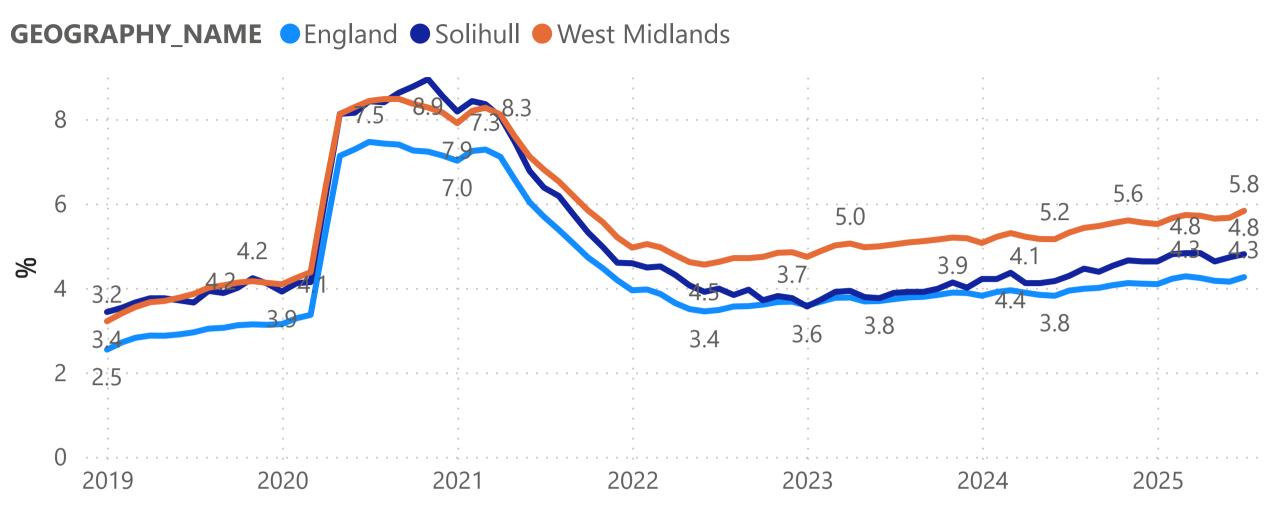
Other

Mixed

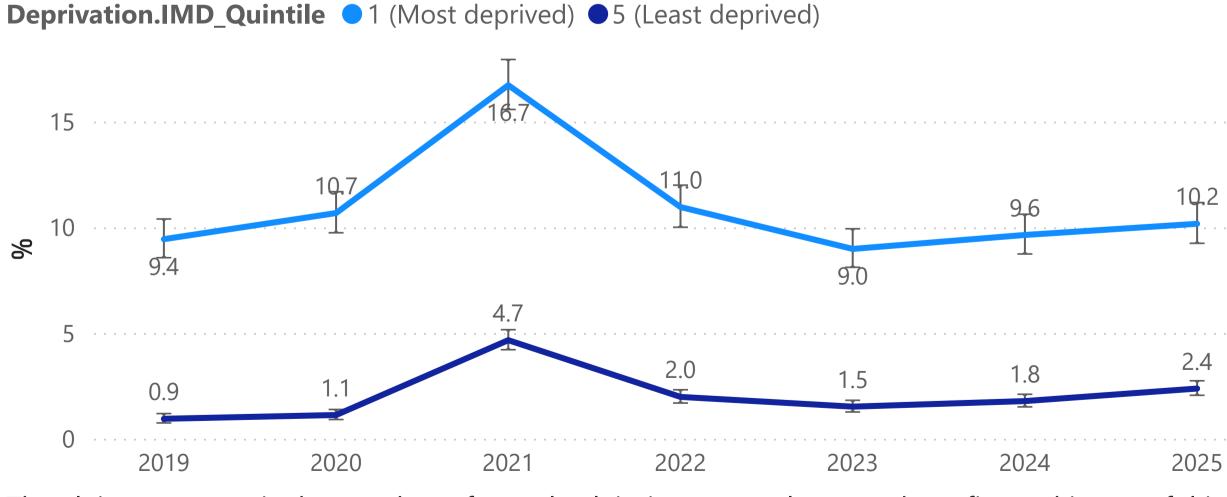
Black

Improving the health of young people: Claimant count in 16-24 year olds

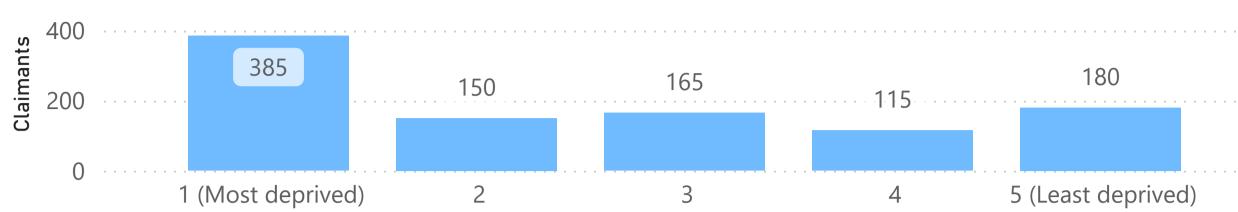




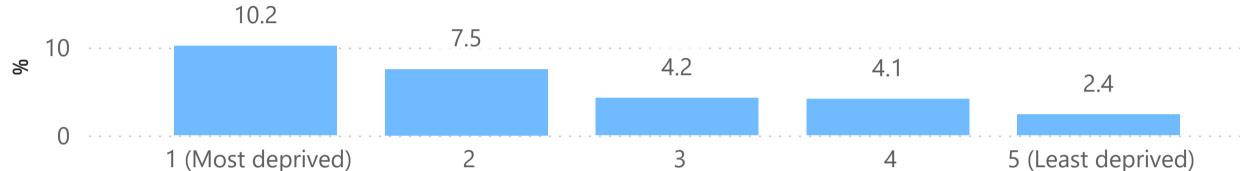
Number of claimants as a proportion of residents aged 16-24 years, most and least deprived populations, Solihull, March 2019- March 2025



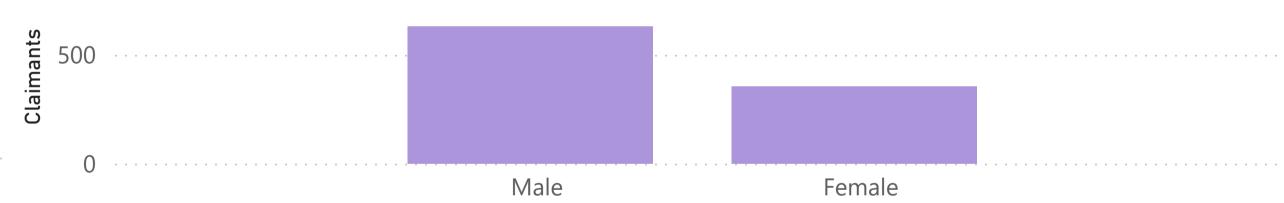
Number of claimants aged 16-24, by deprivation quintile, Solihull, March 2025



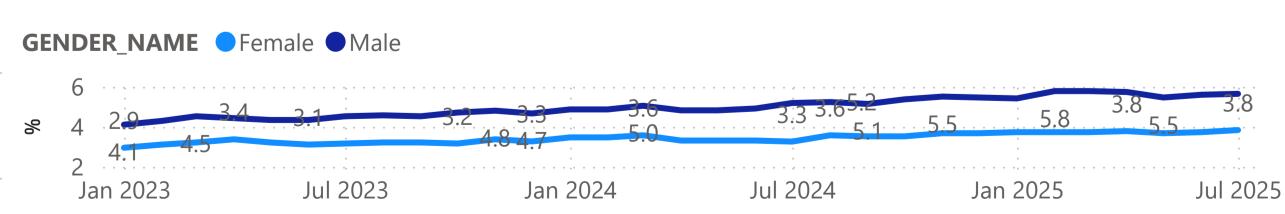
Number of claimants as a proportion of residents aged 16-24 by deprivation quintile, Solihull, March 2025



Number of claimants aged 16-24, by gender, March 2025

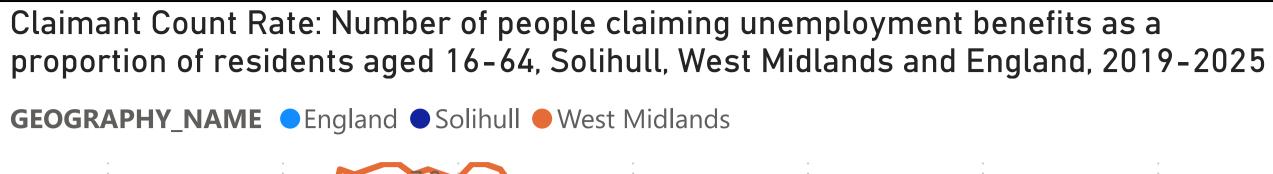


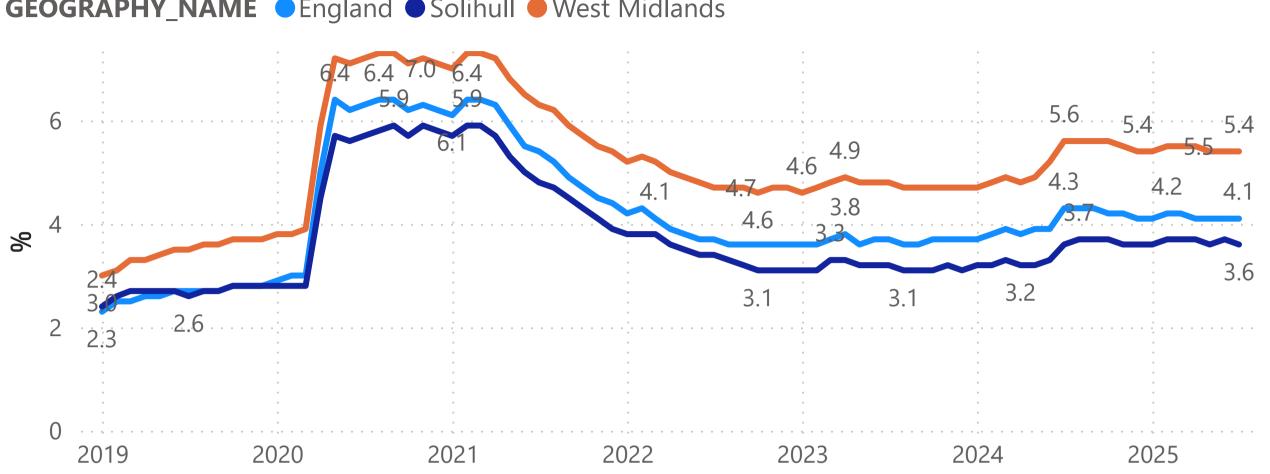
Number of claimants as a proportion of residents aged 16-24 by gender, Solihull, 2023 - 2025



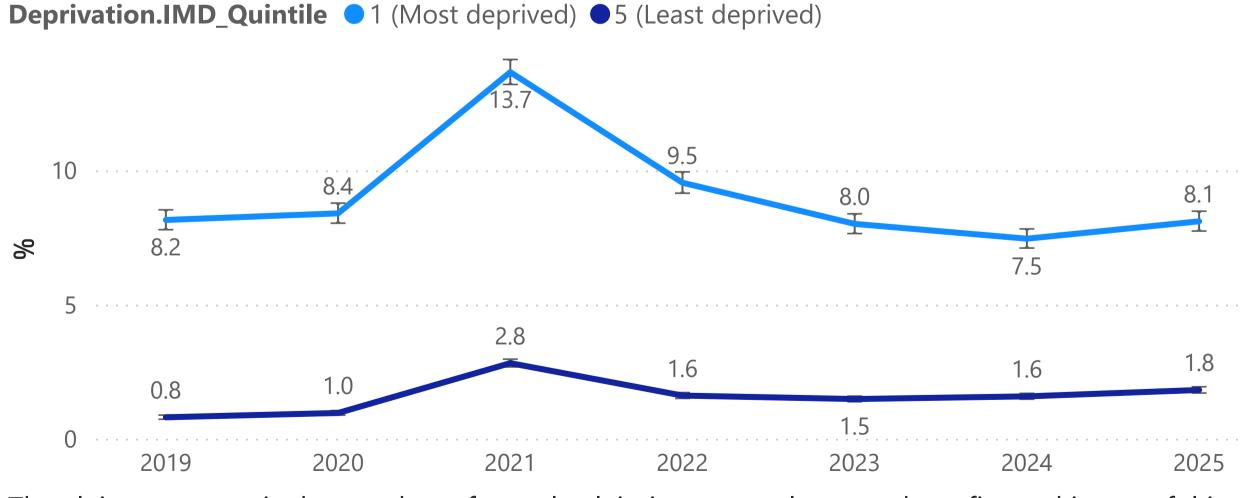
The claimant count is the number of people claiming unemployment benefits and is a useful indication of unemployment (all those who are out of work, actively seeking work and available to start work). The number of residents aged 16-24 claiming unemployment benefits is used to estimate youth unemployment.

Improving the health of working age adults: Unemployment - Claimant count

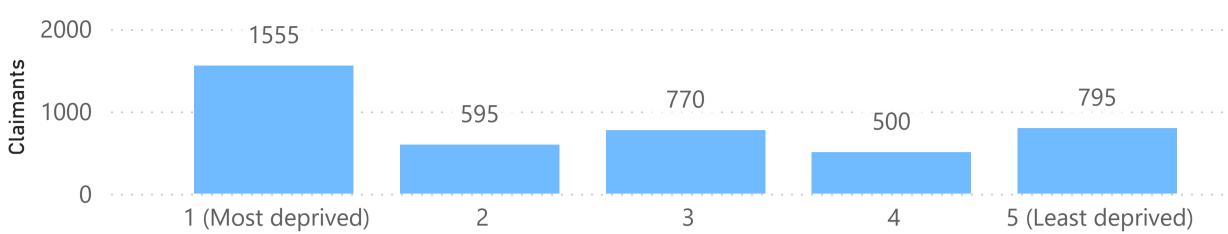




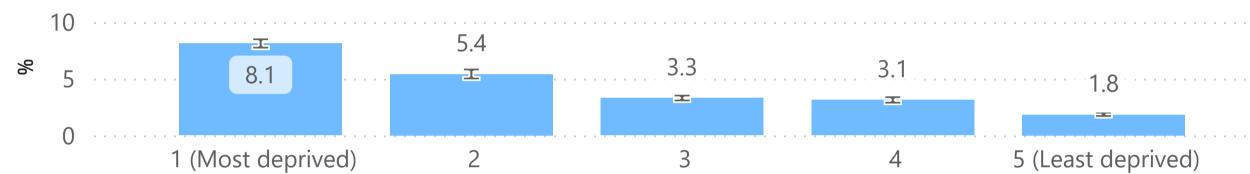
Number of claimants as a proportion of residents aged 16-64 years, most and least deprived populations, Solihull, March 2019- March 2025



Number of claimants, by deprivation quintile, Solihull, March 2025



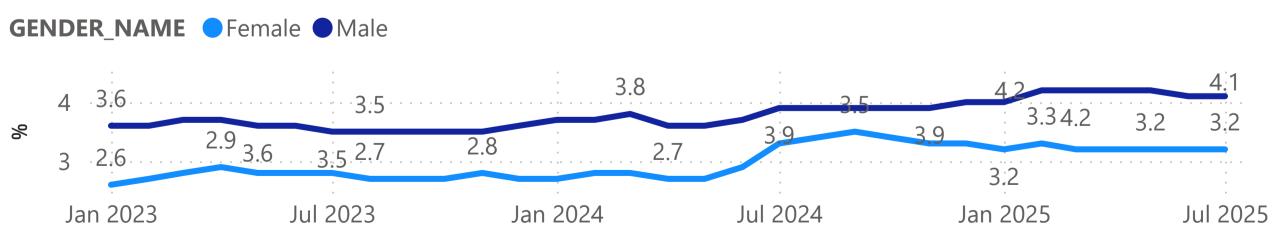
Number of claimants as a proportion of residents aged 16-64 by deprivation quintile, Solihull, March 2025



Number of claimants, residents aged 16-64 by gender, March 2025



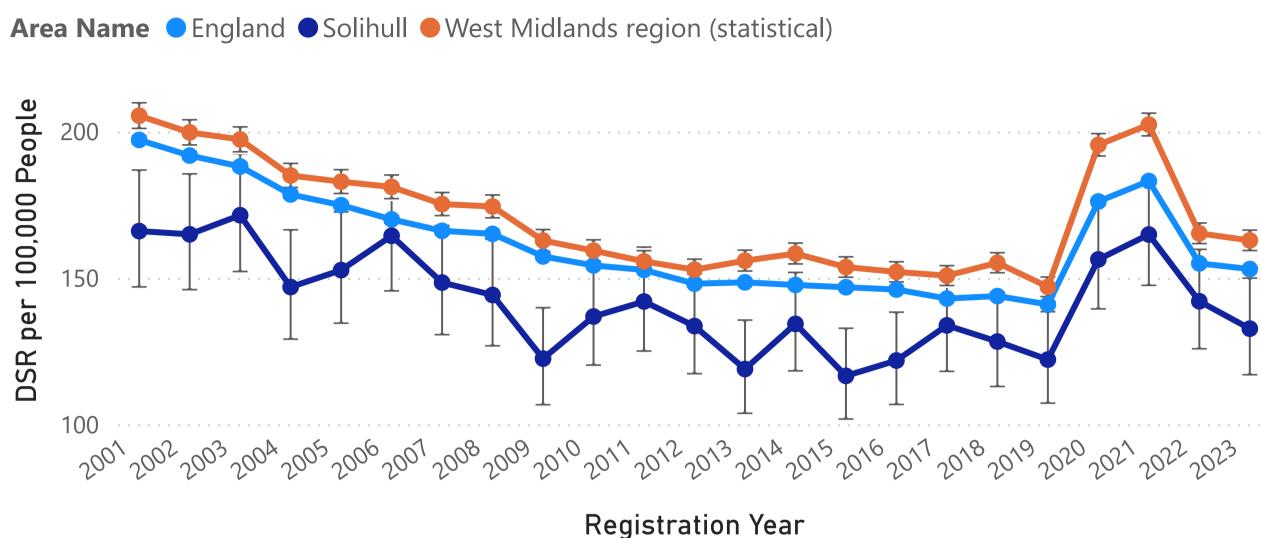
Number of claimants by gender, Solihull, 2023-2025



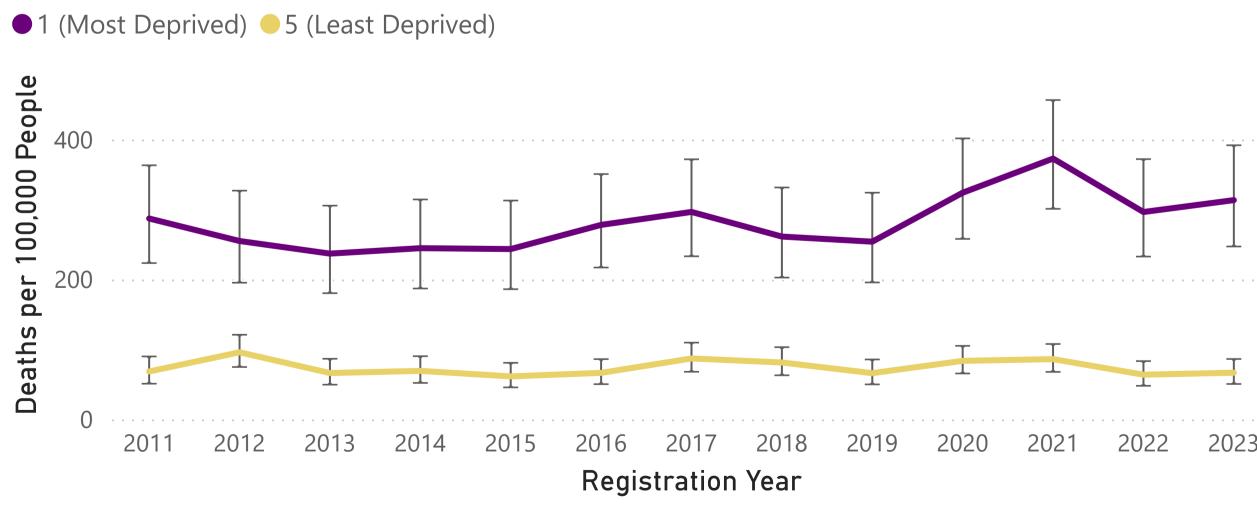
The claimant count is the number of people claiming unemployment benefits and is a useful indication of unemployment (all those who are out of work, actively seeking work and available to start work).

Improving the health of working age adults: Mortality from diseases considered preventable



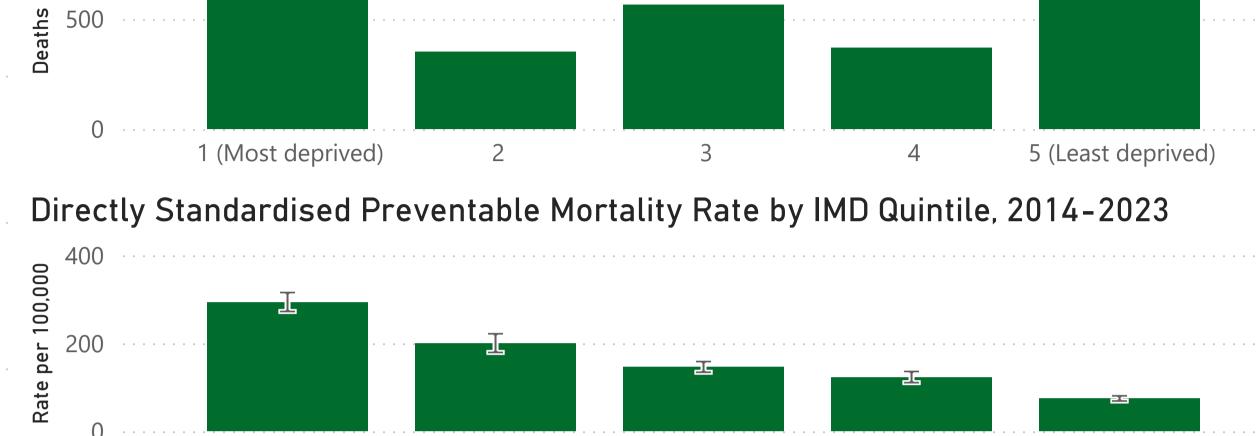


Preventable Mortality, People living in 20% Least and Most Deprived Areas (Directly Standardised Rates per 100,000 People)



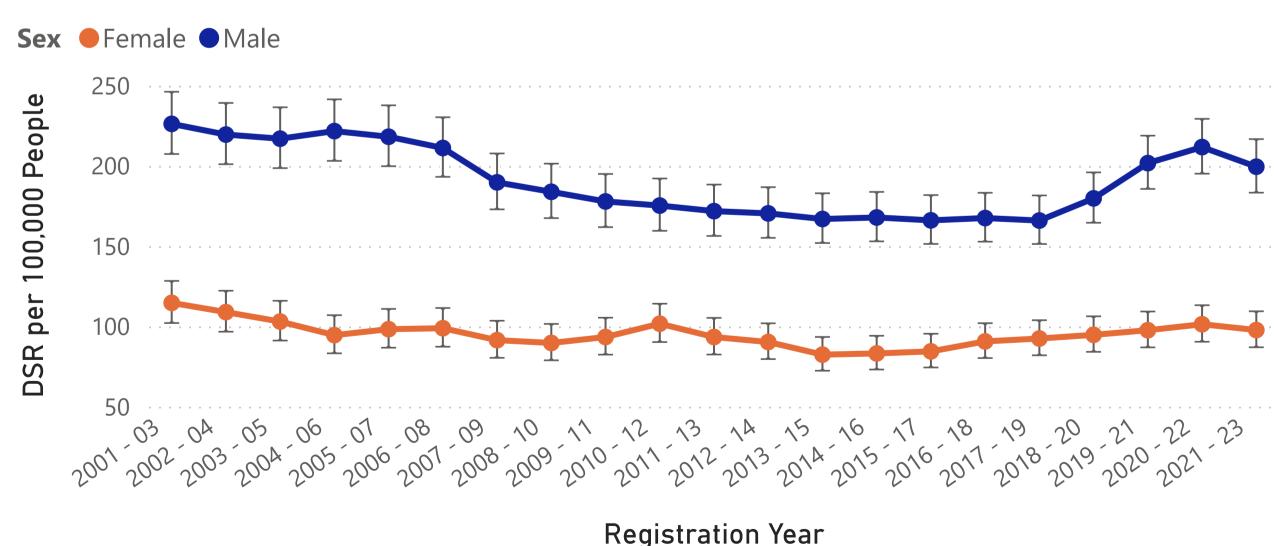
Deaths Considered Preventable by IMD Quintile, 2014-2023

1 (Most deprived)



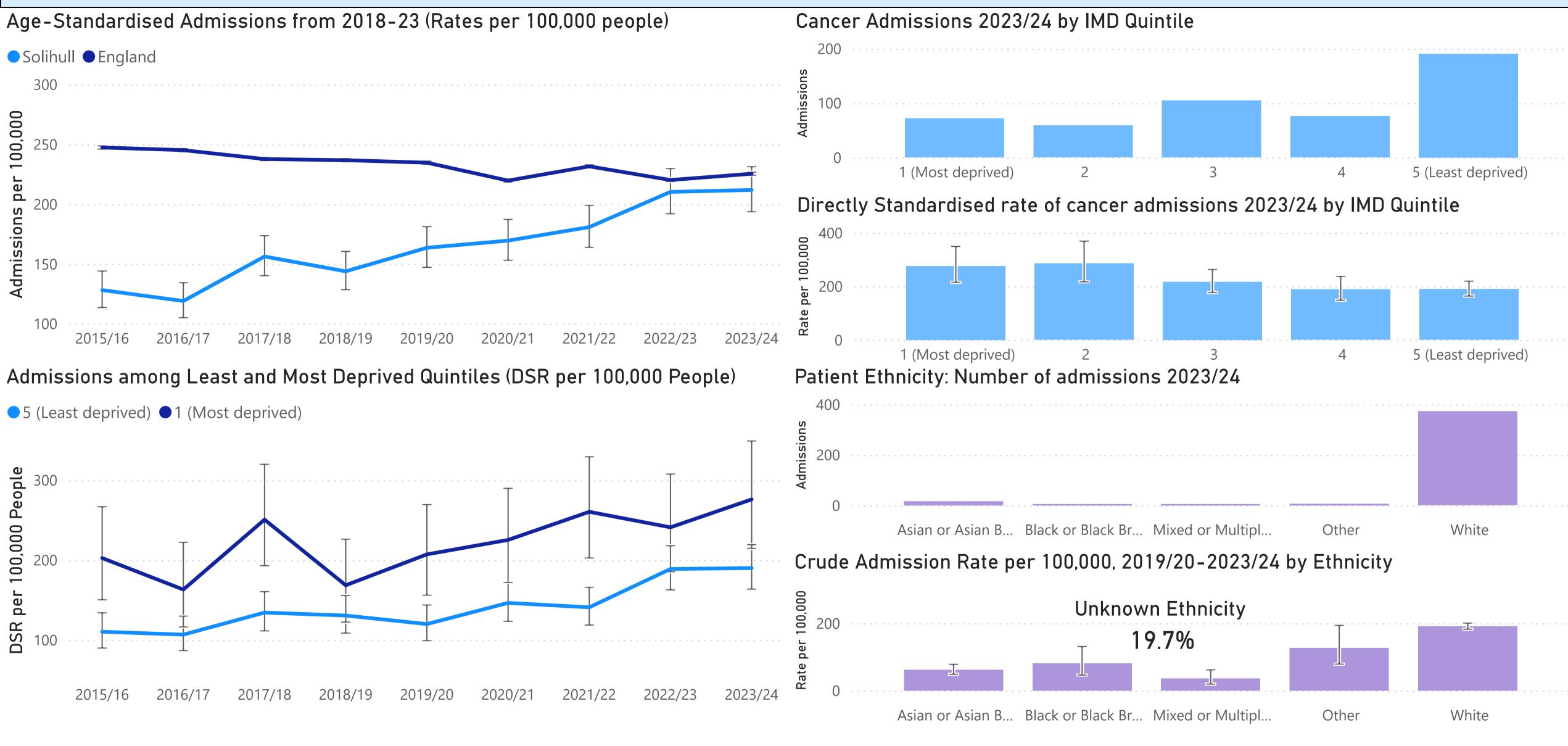
Directly Age-Standardised Mortality by sex, Solihull (Rates per 100,000 people)

5 (Least deprived)



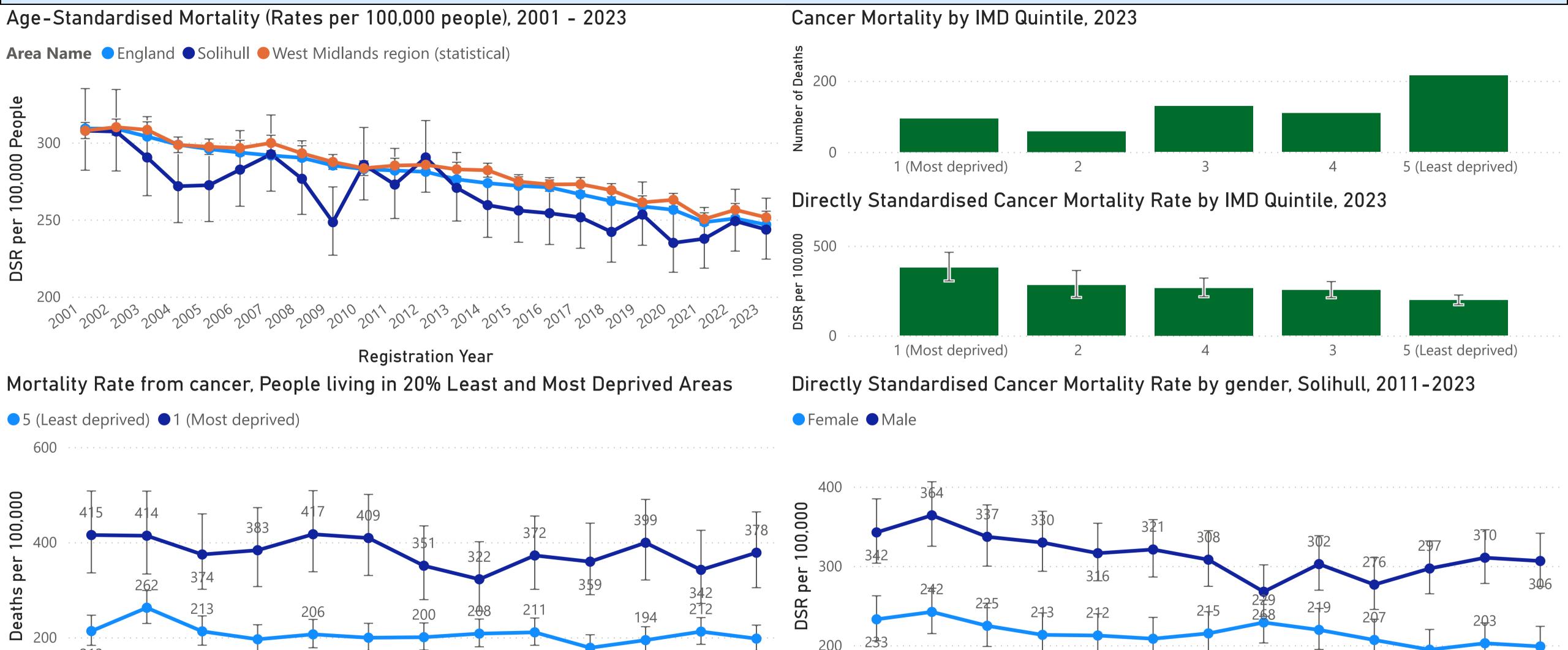
The concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths could mainly be avoided through effective public health and primary prevention. The preventable mortality rate has not changed significantly since 2020. People living within the 20% least deprived areas have significantly fewer preventable deaths than those living in the most deprived areas, Males have significantly more preventable deaths than females.

Improving the health of working age adults: Hospital Admissions for Cancer



Emergency hospital admissions from cancer have increased year on year since 2018/19 in Solihull, the rate has gone from being significantly lower than the England average to being similar to England. Residents living within the 20% Most deprived areas have a higher rate or cancer admission although the highest number of admissions are in residents living within the least deprived of areas.

Improving the health of working age adults: Mortality from Cancer

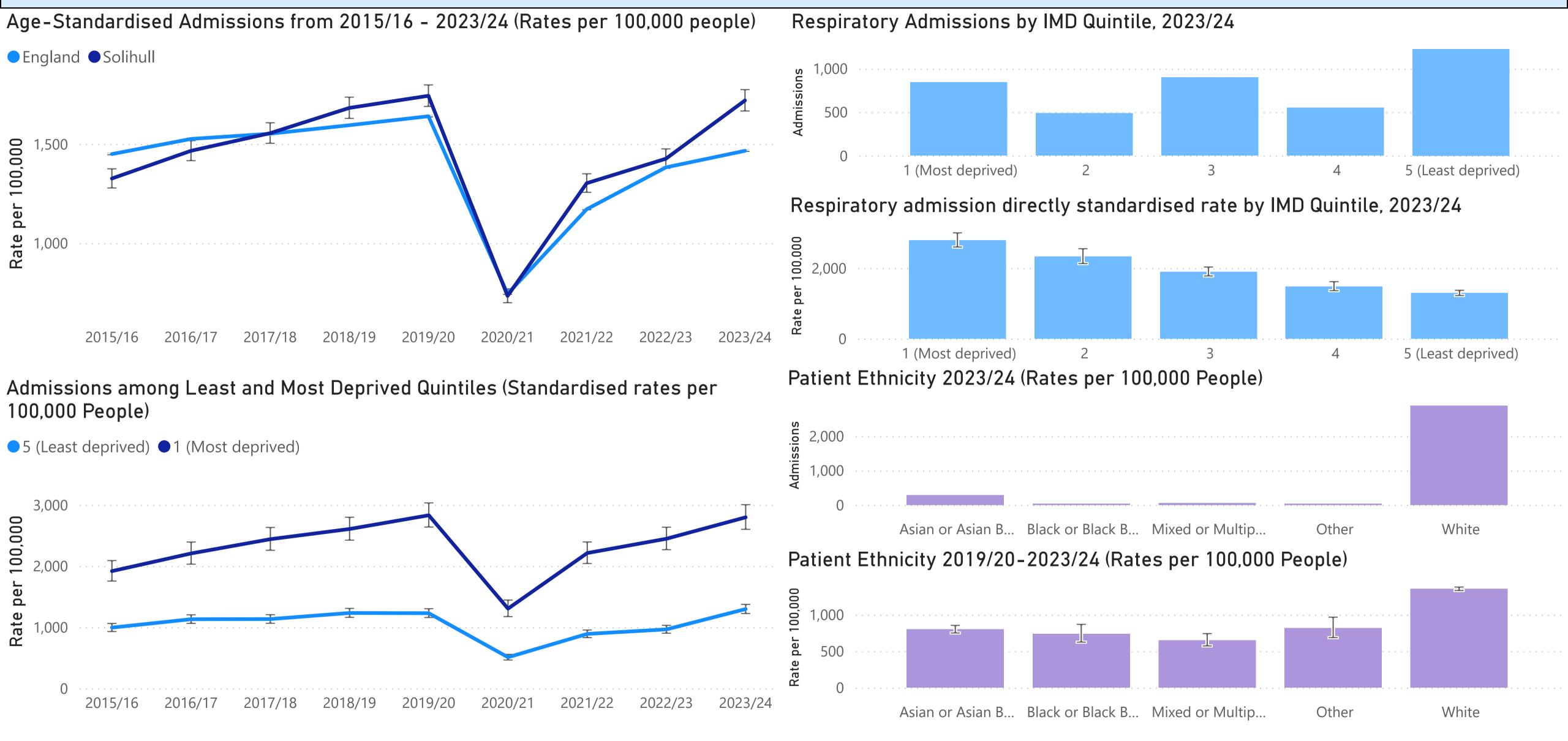


The directly age-standardised mortality rate from cancer decreased between 2012 and 2018, between 2020 and 2022 the rate increased slightly. The current rate is slightly lower than the England rate although the difference is not significant. Those living in the most deprived areas of Solihull have the highest mortality rate. Men have much higher mortality rates than women and the directly standardised rate in Males has increased since 2020.

Registration Year

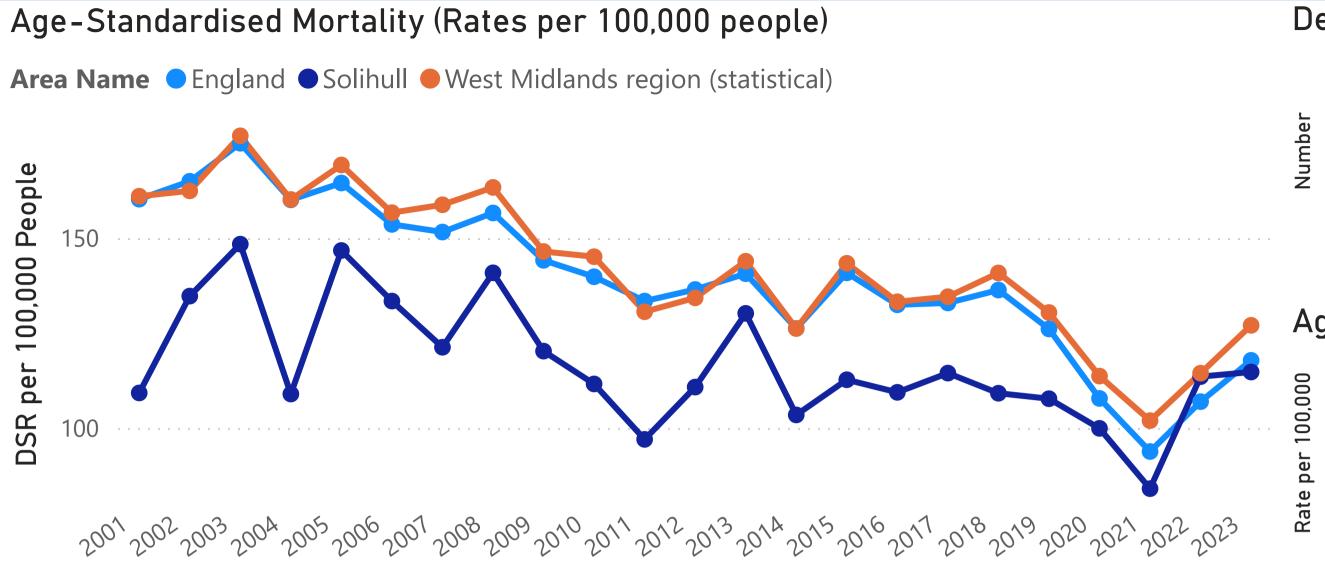
Registration Year

Improving the health of working age adults: Hospital Admissions for Respiratory Disease



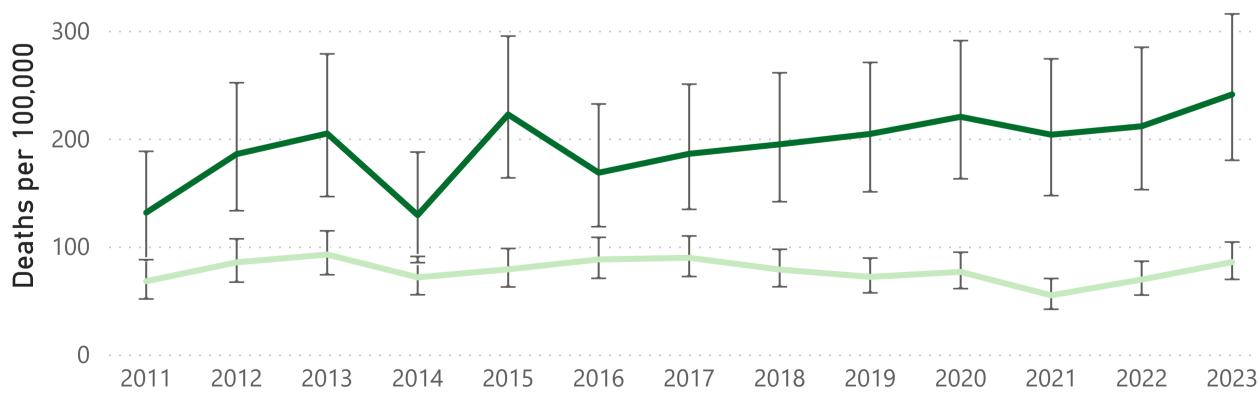
Emergency hospital admissions from respiratory diseases are significantly higher in Solihull than England. There is a strong association between deprivation and the rate of respiratory admission, people living in the most deprivation quintile. People from the White ethnic group have a significantly higher rate of respiratory emergency admission than all other ethnic groups.

Improving the health of working age adults: Mortality from Respiratory Disease

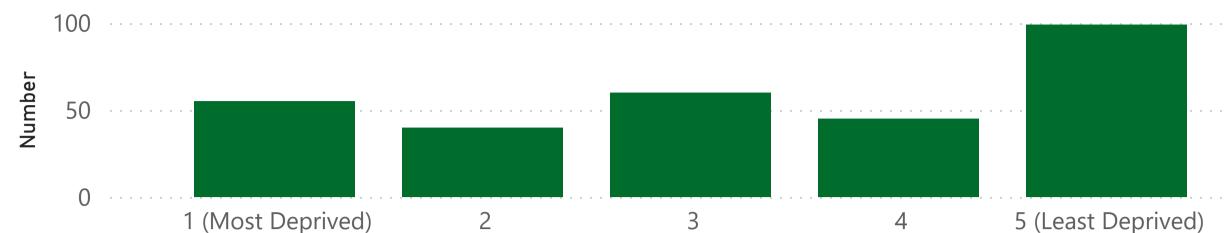




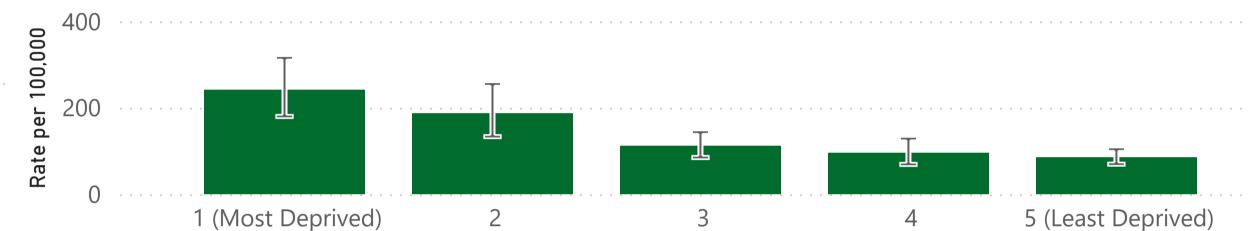




Deaths from Respiratory Disease by IMD Quintile, 2023

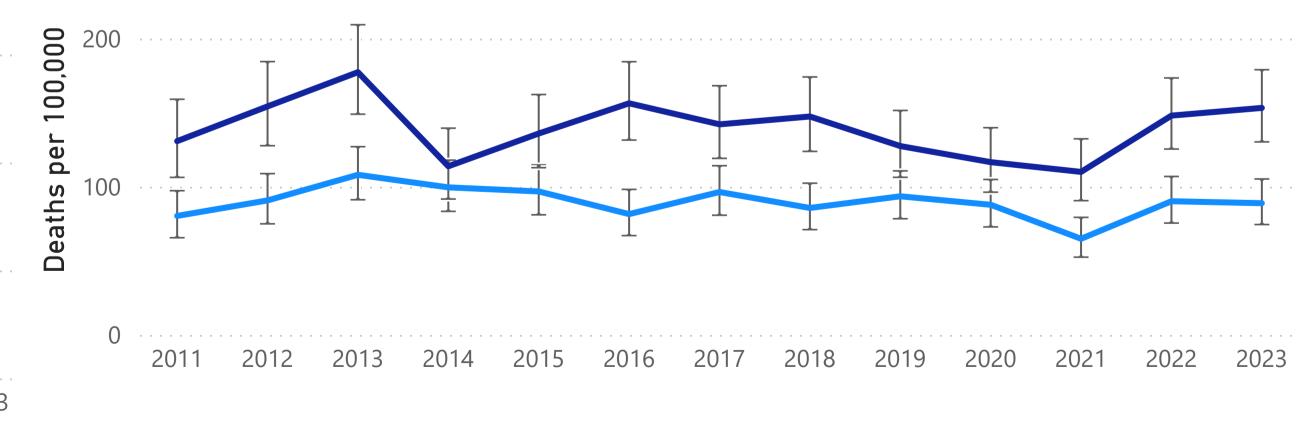


Age Standardised Respiratory Disease Mortality by IMD Quintile, 2023



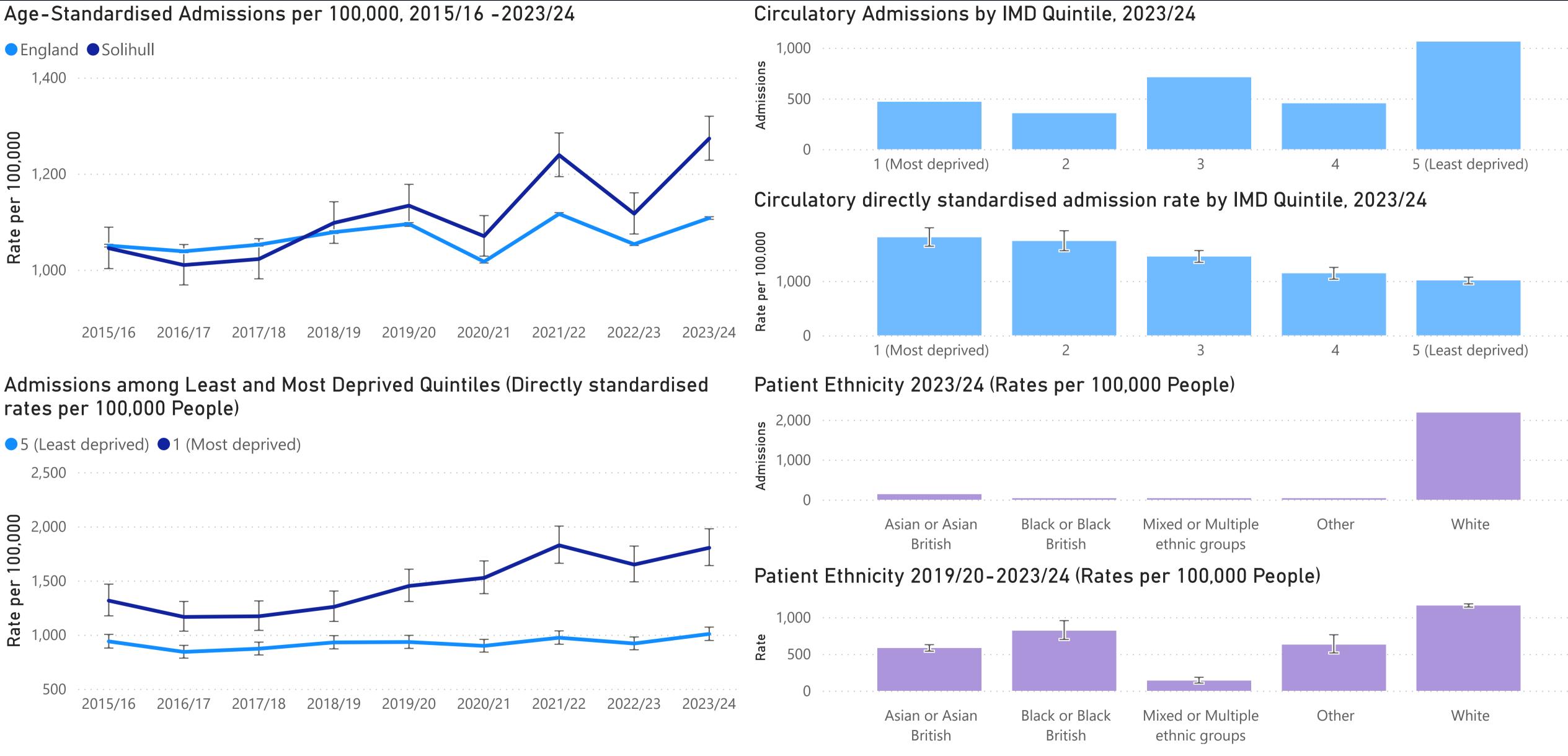
Directly Standardised Mortality Rate from Respiratory Disease by gender, Solihull

Gender Female Male



Mortality rates from respiratory diseases have increased since 2021, the drop in mortality between 2019 and 2021 will be as a result of the COVID-19 pandemic - deaths from COVID-19 were provisionally assigned as 'New diseases of uncertain etiology or emergency use' so are not included in the respiratory deaths data. Those living in the least 20% deprived areas have the lowest rates of mortality from respiratory disease. There is a wide gap in mortality between those living within the most and least deprived areas of Solihull. Males have the highest mortality from respiratory disease, the gap between males and females increased in 2023.

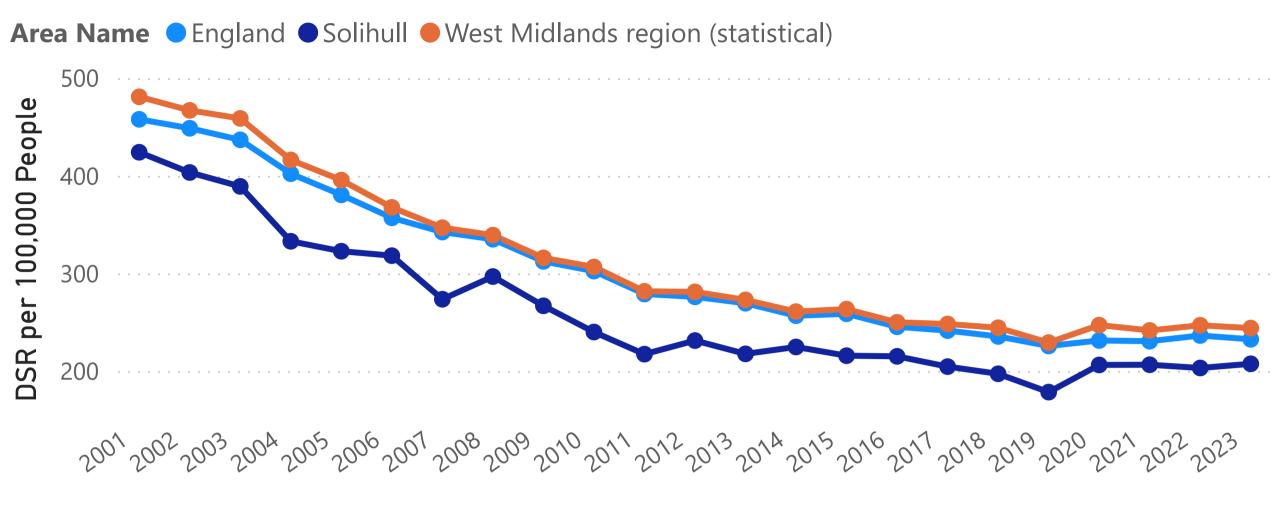
Improving the health of working age adults: Hospital Admissions for Circulatory Disease



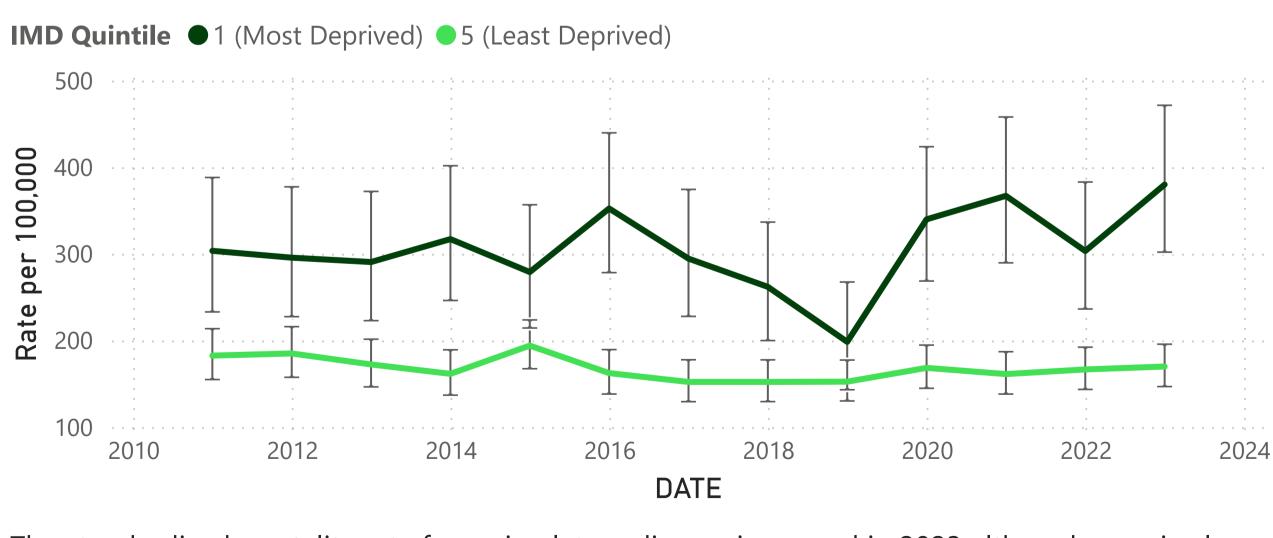
The age-standardised rate of emergency admission to hospital for circulatory disease has increased in Solihull and is statistically significantly higher than the England rate. Those living within the 20% most deprived areas of Solihull have the highest rate of admission, those living in the 20% least deprived areas have the lowest.

Improving the health of working age adults: Mortality from Circulatory Disease

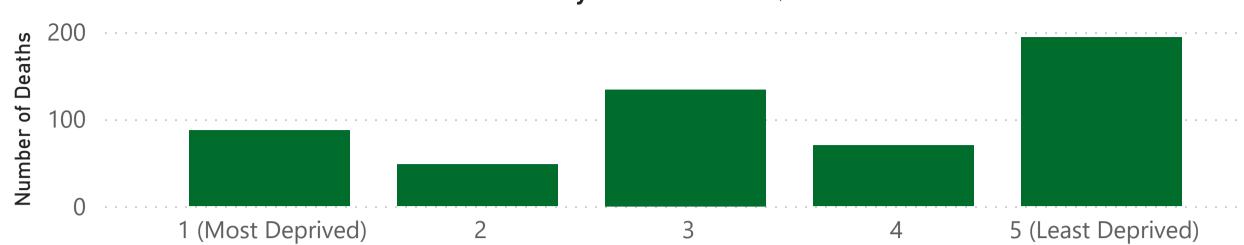




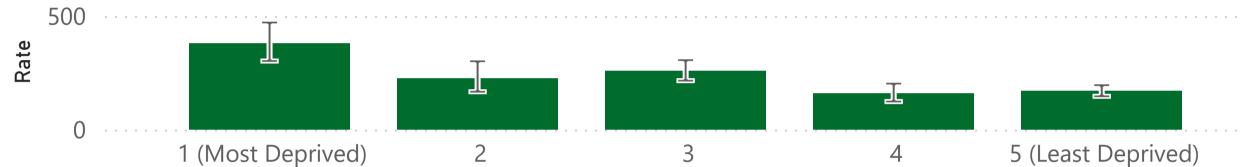
Cardiovascular Disease Mortality Rate in most and least deprived, Directly standardised Rate per 100,000, Solihull



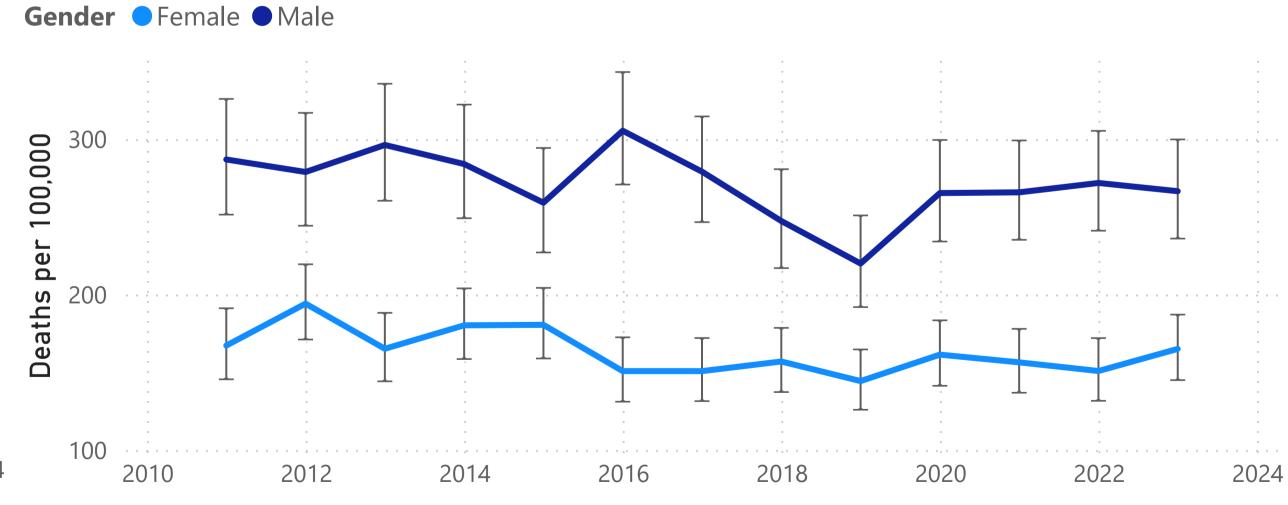
Deaths from cardiovascular disease by IMD Quintile, 2023



Directly standardised mortality rates from cardiovascular disease by IMD Quintile, Solihull, 2023



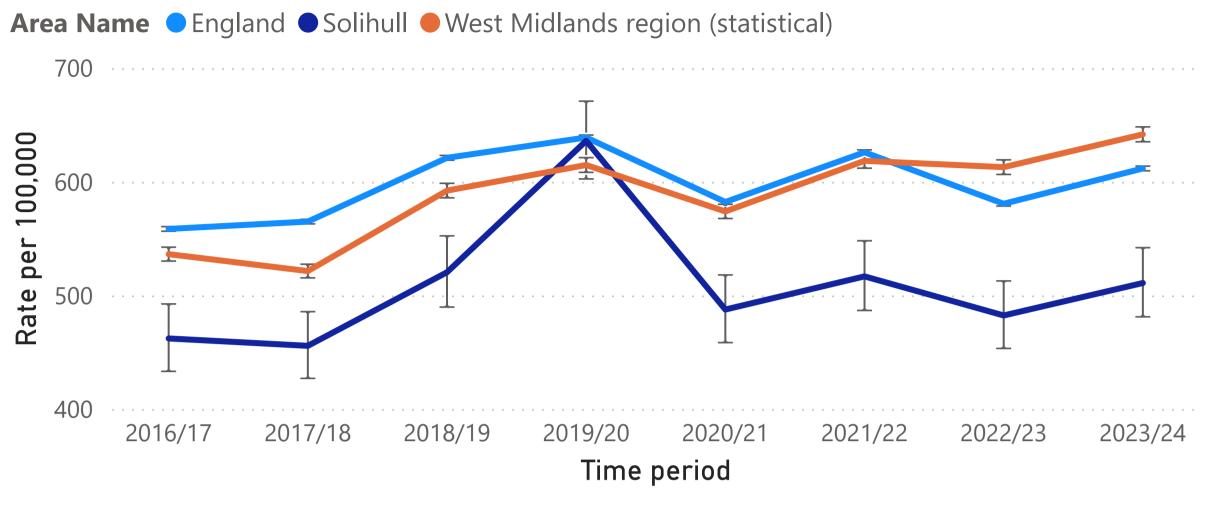
Directly standardised mortality rate by Gender, Solihull, 2011-23 (Rates per 100,000)



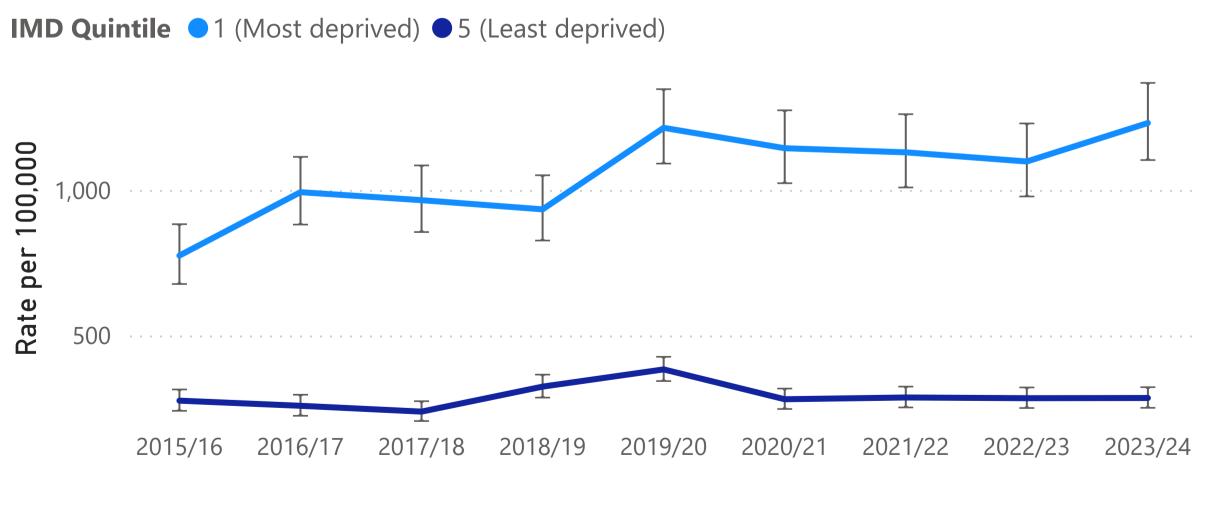
The standardised mortality rate from circulatory disease increased in 2023 although remains lower than the rate observed between 2011 and 2016. Men have a higher mortality rate than females. The mortality rate of those living within the 20% most deprived areas are higher than those living in the least deprived areas, the gap between the most and least deprived increased in 2023.

Improving the health of working age adults: Hospital Admissions for Alcohol Specific Conditions

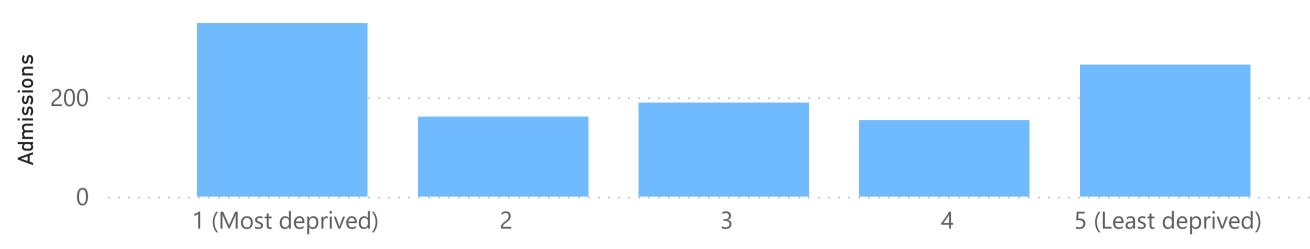




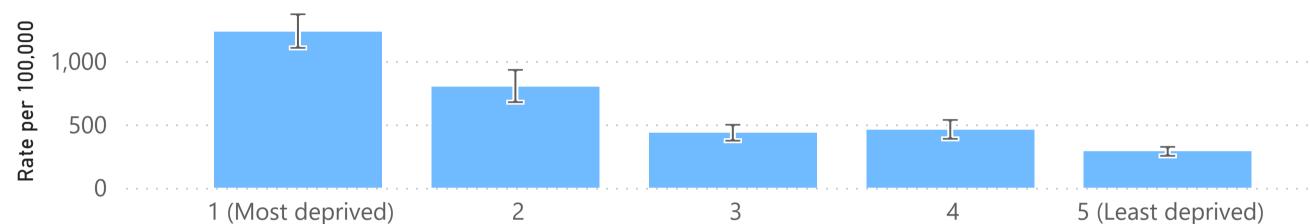
Admissions among Least and Most Deprived Quintiles (Rates per 100,000 People)



Admissions by IMD Quintile, 2023/24



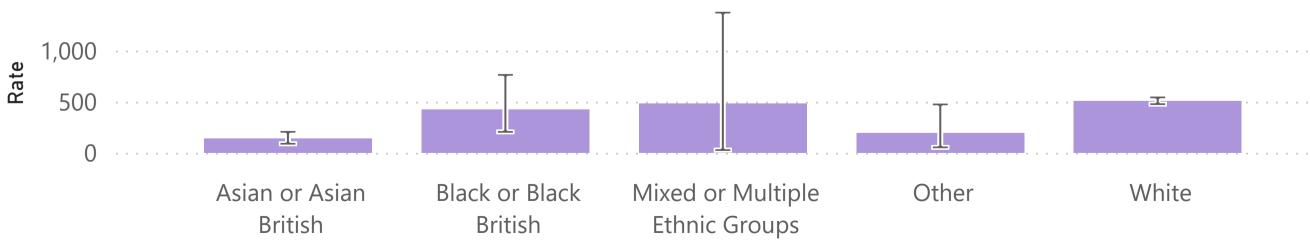
Directly standardised admission rate by IMD Quintile, 2023/24



Admissions from Alcohol specific conditions by ethnicity, 2023/24



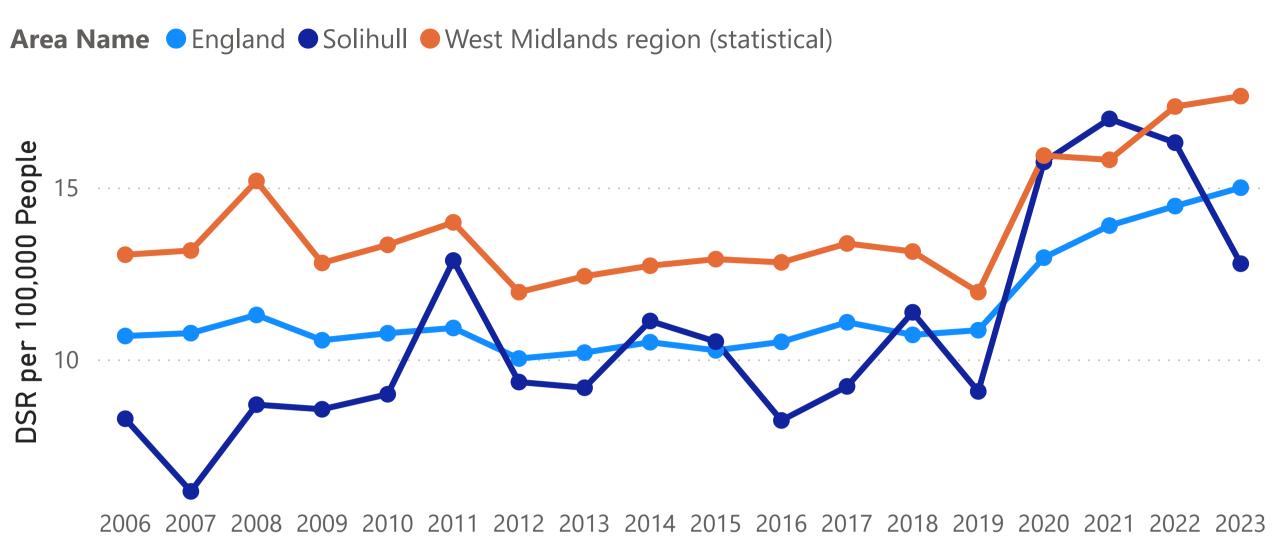
Patient Ethnicity2023/24 (Directly Standardised Rates per 100,000 People)



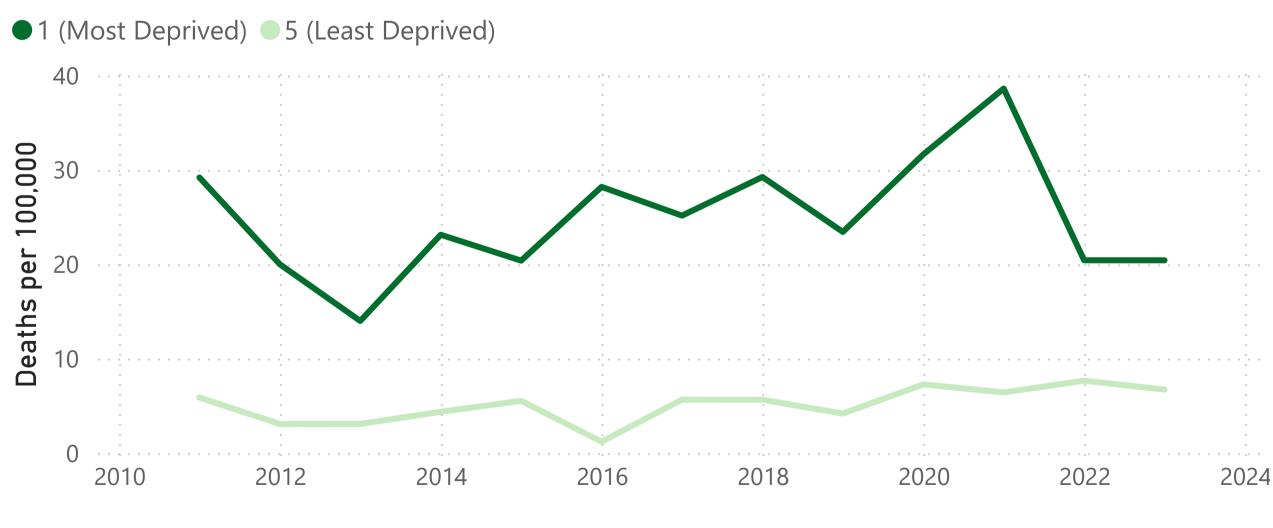
Admissions from alcohol specific conditions increased from 2017/18 to 2019/20 but have since fallen. The rate in Solihull is currently lower than the England average. Those living within the most deprived areas of Solihull have the highest rates of admission, there is a large gap in the admission rates between the most and least deprived, the gap increased in 2023/24. The White ethnic group have rates of alcohol specific emergency admission significantly higher than Asian or Asian British residents.

Improving the health of working age adults: Mortality from Alcohol Specific Conditions

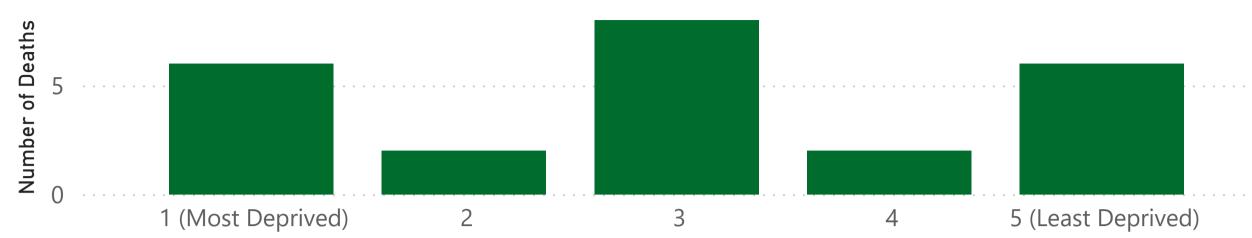
Age-Standardised Alcohol Specific Mortality (Rates per 100,000 people)



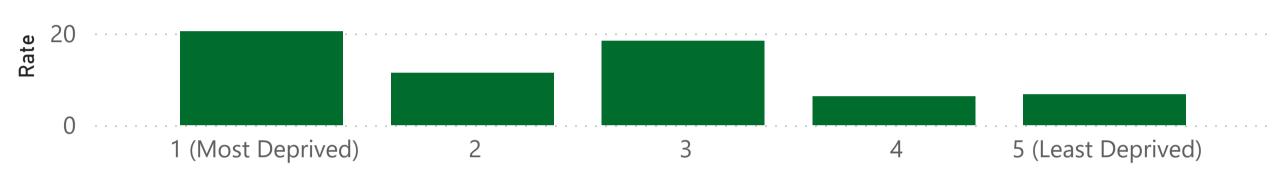
Alcohol Specific Mortality, People living in 20% Least and Most Deprived Areas, Solihull (Directly Standardised Rates per 100,000 People)



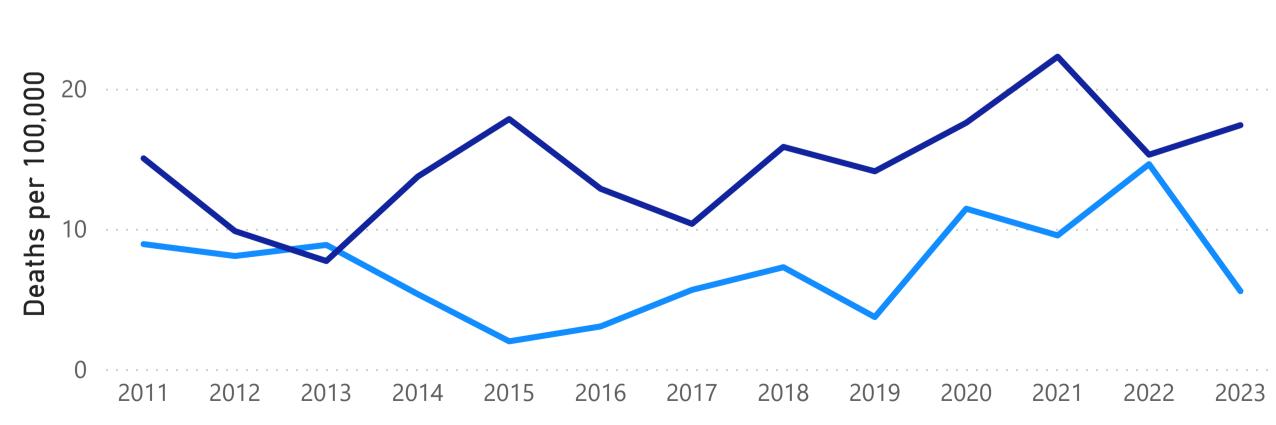
Alcohol Specific Conditions Mortality by IMD Quintile, 2023



Alcohol Specific Conditions Mortality by IMD Quintile, Directly Standardised Rates, 2023



Alcohol Specific Mortality by gender, 2011-23 (Directly Standardised Rates per 100,000)

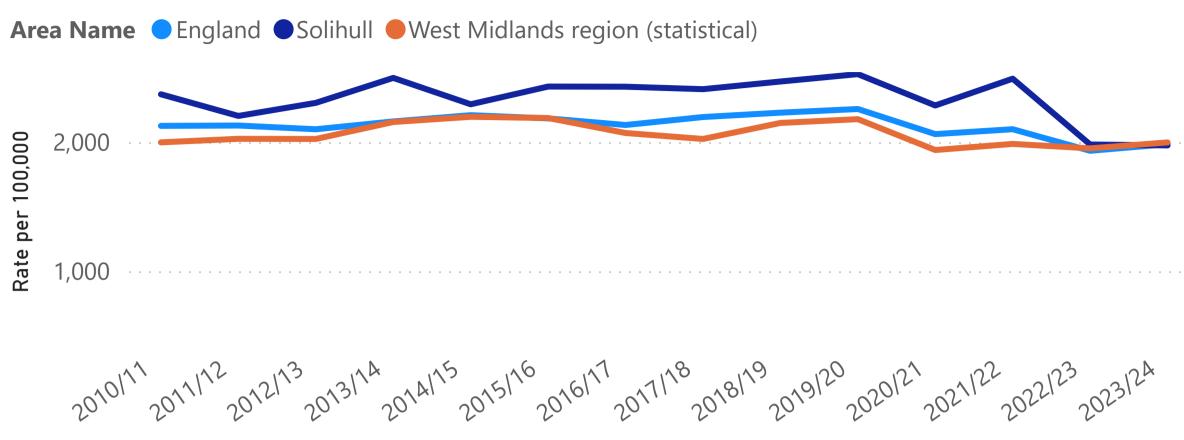


The mortality rate from alcohol specific conditions rose between 2019 and 2021 but has since fallen slightly. Those living in the most deprived areas of Solihull have the highest mortality although the gap between the most and least deprived did narrow in 2023.

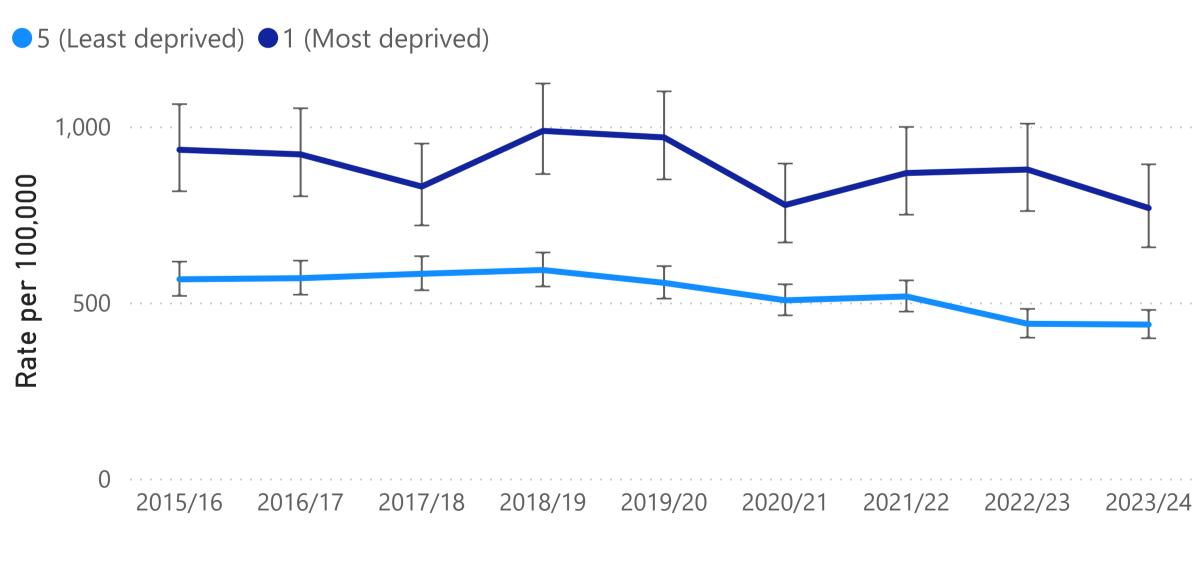
Gender • Female • Male

Improving the health of older people: Hospital Admissions for Falls

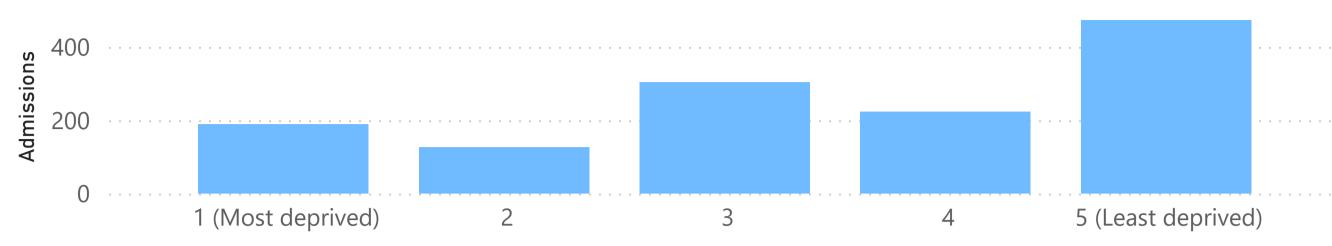




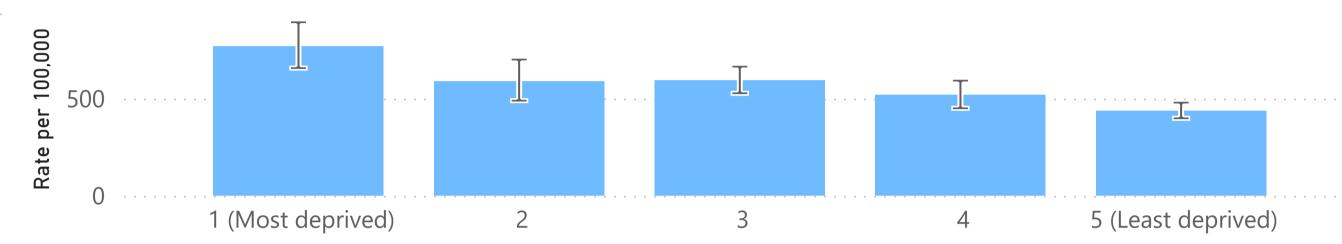
Admissions among Least and Most Deprived Quintiles (Standardised rates per 100,000 People)



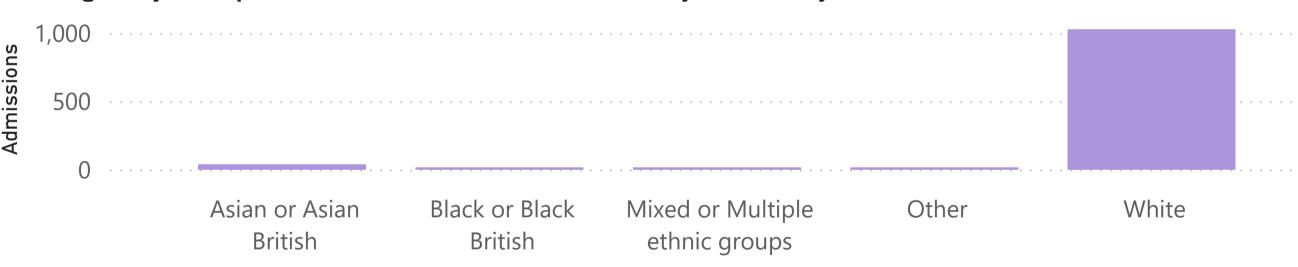
Falls Admissions by IMD Quintile, 2023/24



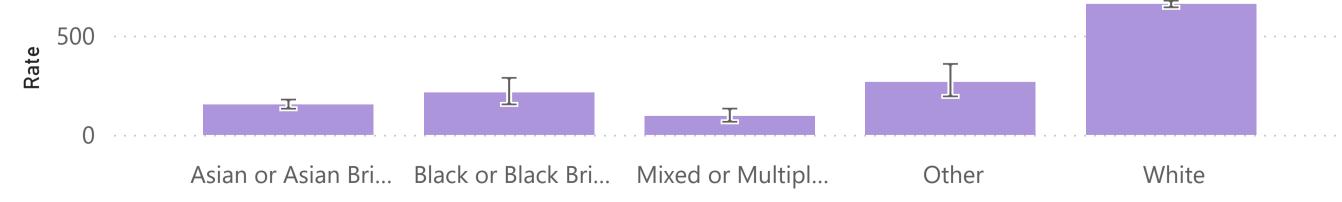
Falls admission standardised rate by IMD Quintile, 2023/24



Emergency Hospital admissions due to falls by ethnicity, Solihull, 2023/24



Emergency hospital admissions by patient Ethnicity 2019/20-2023/24 (Crude rates per 100,000 People)



The emergency admission rate from falls have reduced significantly since 2015/16. The current rate of admission is similar to England. Those living within the 20% most deprived areas in Solihull have significantly higher admission rates than those living within the least deprived areas.