



THE STORY OF SOLIHULL

2026



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Introduction

This document describes the current population, economy, health, social care, environment and infrastructure in Solihull. This information supports the Solihull Council Plan and other key strategies and informs our commissioning priorities. The Story of Solihull forms a key part of our Joint Strategic Needs Assessment (JSNA), which is an ongoing process to identify the current and future needs in Solihull. The Story of Solihull is further supported by a wide range of data and intelligence which offers greater detail on the Solihull population, health and economy. The full JSNA suite of resources can be found at: <https://www.solihull.gov.uk/About-Solihull/JSNA>.

Solihull is a growing borough, with a population of around 221,000 that is projected to increase and age significantly over the next 20 years. While the area performs well on many indicators, there are substantial inequalities between communities.

Economically, Solihull is strong, with high productivity, wages above the national average, and one of the largest economies outside London. Employment is high, and educational attainment is generally good. Most residents report high satisfaction with their local area, strong community cohesion, and good access to green space and infrastructure.

However, these overall positives mask significant challenges. Around 36,000 residents live in the most deprived areas, and there is a life expectancy gap of around 13 years between the most and least deprived communities. Child poverty and low-income households are concentrated in certain northern wards, alongside poorer outcomes in education, health, and employment.

Health trends are mixed. Smoking has declined and stillbirth rates have improved, but chronic conditions are increasing. Mortality from respiratory disease and dementia is rising, and healthy life expectancy has not improved, meaning people live longer but in poorer health. Mental health issues, including self-harm and suicidal thoughts, are also increasing.

Outcomes for children are generally good and rates of children in care have fallen but inequalities persist. Obesity and vaccination rates, whilst generally good show a worsening trend. An ageing population will increase pressure on health and social care services.

Overall, Solihull is a high performing borough with strong economic and community assets- but faces growing inequalities, an ageing population, and worsening long-term health and social challenges, especially in its most deprived areas. Some key strengths and challenges can be found in the next section.

Strengths and Challenges

Population & Community

- **Strength:** Solihull is a growing borough with around 221,000 residents, high levels of community cohesion, strong neighbourhood belonging, and high resident satisfaction with the local area.
- **Challenge:** Population growth is increasingly concentrated in older age groups, creating future pressures on health, social care and support services. The population aged 90+ is projected to increase significantly.

Economy & Employment

- **Strength:** Solihull has one of the strongest local economies in the UK outside London and the South East, with high productivity, wages above national average, strong business growth and high employment levels.
- **Challenge:** Despite economic success, productivity has been declining in real terms since the pandemic, economic growth remains fragile, and pockets of unemployment and economic inactivity persist, particularly in more deprived communities.

Education & Skills

- **Strength:** Educational attainment is generally high, with GCSE achievement and qualification levels exceeding regional and national averages. Most young people progress into education, employment or training.
- **Challenge:** Significant attainment gaps remain between disadvantaged and non-disadvantaged pupils. Apprenticeship starts have fallen sharply, school absence remains elevated, and vulnerable young people¹ are much more likely to be NEET.

Health and Wellbeing

- **Strength:** Smoking prevalence has reduced over time, stillbirth rates have improved significantly, happiness levels are higher than regional and national averages, and child development outcomes compare favourably to England.
- **Challenge:** Mental health needs are increasing, alongside rising self-harm and suicidal thoughts. Mortality from respiratory disease, dementia and some cancers is increasing, while healthy life expectancy is declining, meaning many residents are living longer but spending more years in poor health.

Inequalities and Poverty

- **Strength:** Most residents live in areas that are relatively less deprived nationally, and overall outcomes compare favourably with many parts of England.
- **Challenge:** Significant inequalities persist. More than 36,000 residents live in the most deprived areas nationally, child poverty remains concentrated in North Solihull, and there is a 13-year life expectancy gap between the most and least deprived communities.

¹ Vulnerable Group includes young people who are Looked after/in care, Refugee/Asylum Seekers, Carers (not own child), disclosed substance misuse, care leavers, supervised by youth offending team, parent not caring for own child, alternative provision

Children and Families

- **Strength:** Numbers of children in need, child protection plans and referrals into children's social care have reduced, indicating improvement in some safeguarding measures.
- **Challenge:** Childhood obesity is increasing, vaccination uptake is declining, A&E attendance rates among young children remain high, and substantial inequalities in child development and educational outcomes remain.

Housing and Living Conditions

- **Strength:** Solihull is a desirable place to live, and levels of homelessness remain below the national average.
- **Challenge:** House prices remain high, rough sleeping has increased, and housing delivery (net additions) has slowed over recent years due to changes in local plan processes.

Environment and Transport

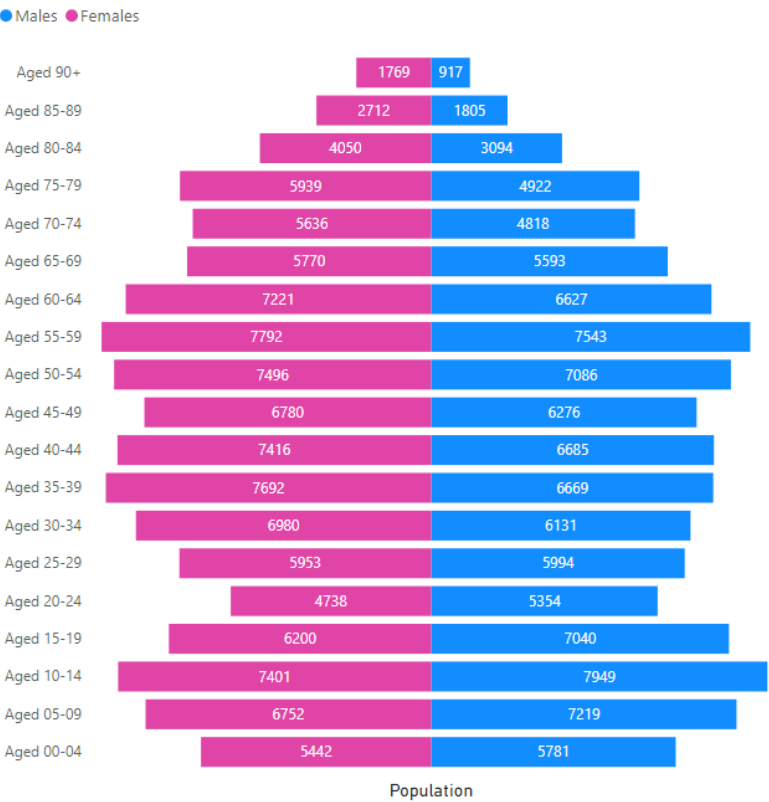
- **Strength:** Greenhouse gas emissions have fallen substantially, residents benefit from strong digital connectivity, extensive green spaces, good rail access and higher-than-average electric vehicle charging provision. Future HS2 investment presents major opportunities.
- **Challenge:** Transport remains heavily car-dependent, transport emissions remain the largest contributor to local carbon emissions, and some communities report poor access to public transport.

Community Safety

- **Strength:** Crime levels remain slightly below the England average and most residents feel safe during the day.
- **Challenge:** Feelings of safety fall significantly after dark, particularly in North Solihull, while concerns remain around anti-social behaviour, drug dealing, vehicle nuisance and domestic abuse.

The Solihull Population

Population pyramid, Solihull residents



An estimated 221,242 people live in Solihull

A quarter of residents are aged 40-59 years (57,074, 25.8%), slightly higher than the proportion aged 0-19 years (53,784, 24.3%).

A fifth of the population are aged 60-79 years (46,526, 21%) and 49,511 (22.4%) are aged between 20-39 years.

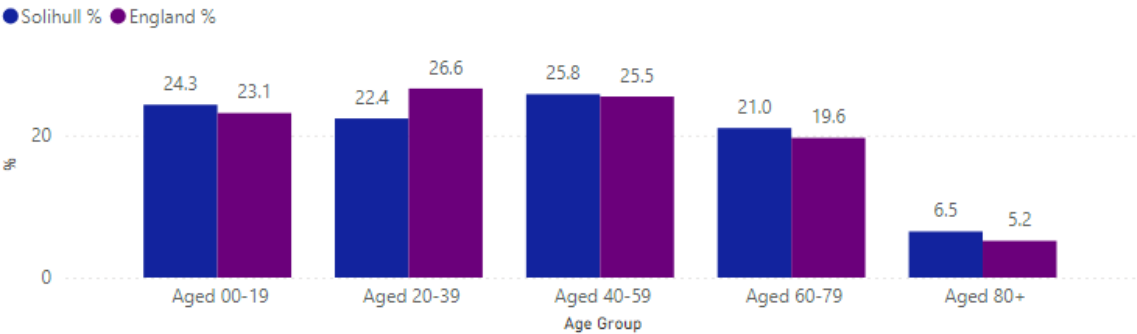
Compared with England Solihull has proportionately fewer adults aged 20-39 years and a similar proportion of 40 to 59 year olds. There are slightly more 0 to 19 years olds, and people aged 60+ when compared to England.

The age distribution differs considerably between wards, almost 1 in 3 residents of Smith’s Wood are aged 0-19 years (3,924, 30.4%) compared to 1 in 5 in Castle Bromwich (21.5%, 2,503). Nearly 1 in 10 residents are aged 80 years or over in Knowle (1,071, 9.6%) compared to just 1 in 33 in Smith’s Wood (3.1%, 400).

The Solihull population is set to increase by more than 10,000 over the next 20 years. The largest increases are expected in the older age groups as people live longer. It is estimated that those aged 90 years or older will increase by 63% - an additional 1,700 nonagenarians.

Age Group	Males	Females	Total
0 -4	5,781	5,442	11,223
5-9	7,219	6,752	13,971
10-14	7,949	7,401	15,350
15-19	7,040	6,200	13,240
20-24	5,354	4,738	10,092
25-29	5,994	5,953	11,947
30-34	6,131	6,980	13,111
35-39	6,669	7,692	14,361
40-44	6,685	7,416	14,101
45-49	6,276	6,780	13,056
50-54	7,086	7,496	14,582
55-59	7,543	7,792	15,335
60-64	6,627	7,221	13,848
65-69	5,593	5,770	11,363
70-74	4,818	5,636	10,454
75-79	4,922	5,939	10,861
80-84	3,094	4,050	7,144
85-89	1,805	2,712	4,517
90+	917	1,769	2,686
Total	107,503	113,739	221,242

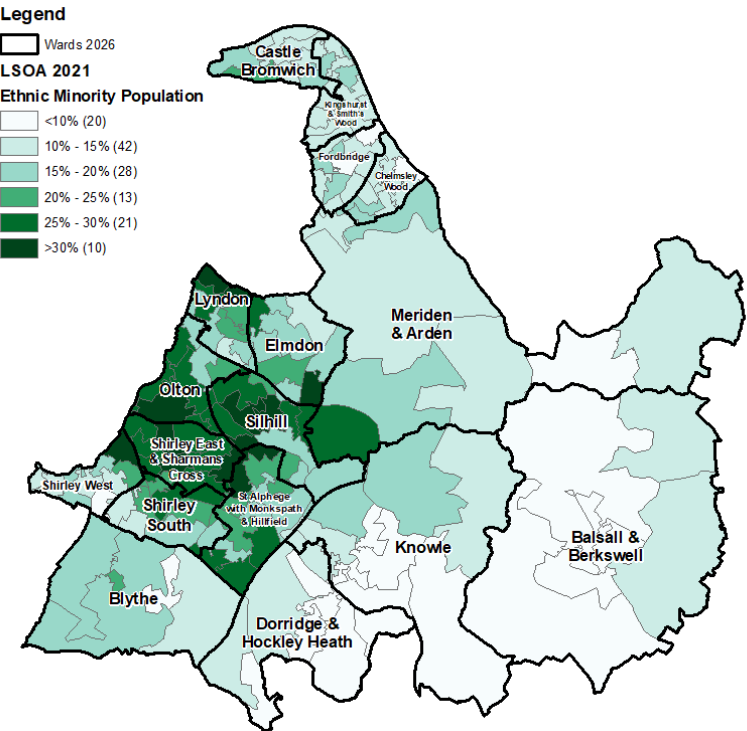
Age distribution, Solihull vs England



Further information on the changing population of Solihull and the differences between wards are available in the report Solihull Population Pyramids (forthcoming).

Data Source: ONS Population Estimates 2024 and ONS Population Projections 2022.

Diversity in Solihull



Almost 18% of the Solihull population are from an ethnic minority background (excluding white minorities). This is lower than in England (19.0%) and the West Midlands (23.0%). Since the 2021 census Solihull has welcomed an estimated 4,500 people from Hong Kong.

By ward the ethnic minority population (excluding white minorities) ranges from 7.7% in Dorridge and Hockley Heath to 29.2% in Shirley East. More information can be found in the [Solihull Ward Profiles](#).

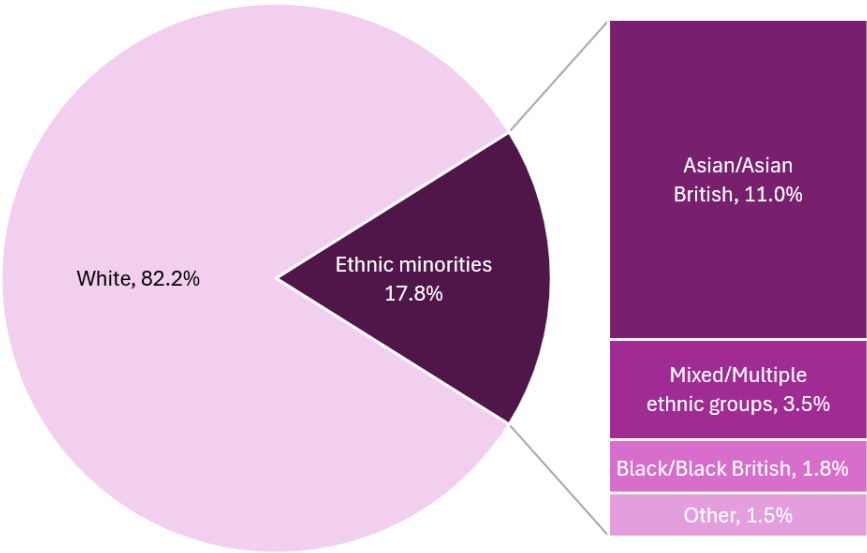
Across Solihull schools almost 1 in 3 pupils are from an ethnic minority background.

In 94.5% of Solihull households all adults living in the household have English as a main language compared with 89.4% in the West Midlands and 89.3% in England. A further 2.6% of Solihull households have at least one (but not all adults) in the household using English as a main language. Just 2.1% of Solihull households don't have English as a main language (Census 2021). Across the resident population aged 3 year or older, 95.5% use English as their main language.

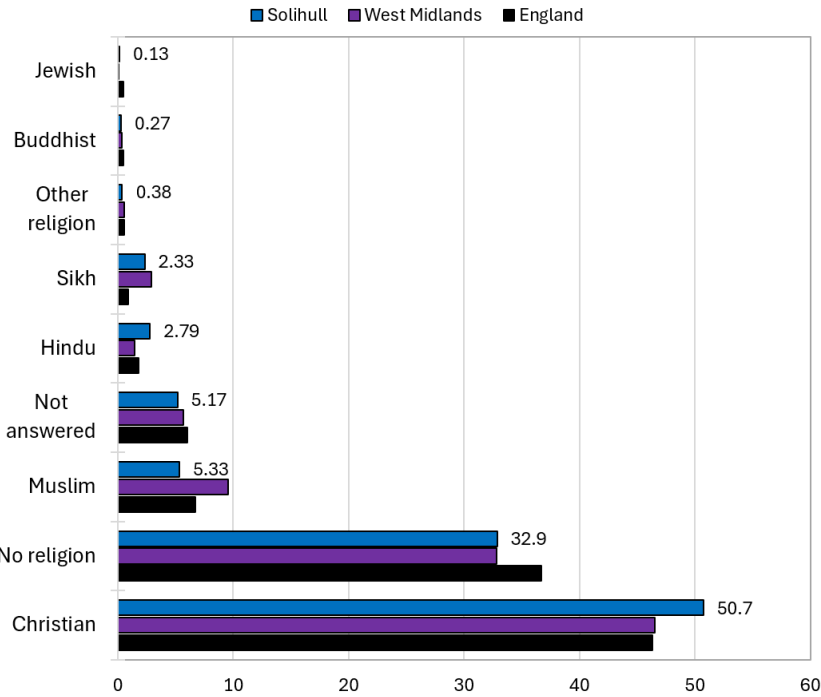
Over 90% (90.7%) of Solihull residents were born in the UK and a further 6.9% have lived in the UK for more than 10 years (Census 2021). At the time of the 2021 census, 93.9% of Solihull residents described their national identity as a UK identity (English, British, Welsh or other UK identity) compared with 89.8% in the West Midlands and 88% in England. Less than 5% of the population had a non-UK identity (4.7%), in England 1 in 10 (10%) had a non-UK identity.

Over half of the Solihull population identify as Christian (50.7%), more than in England (46.3%) and the West Midlands (46.6%). A third (32.9%) of Solihull residents have no religion. Almost 82% of Solihull residents believe that, in their local area, people from different backgrounds get on well together. Data sources: Census 2021, DfE Schools, Pupils & their characteristics 2024/25, SMBC Solihull resident perception survey 2026.

Ethnicity in Solihull, Census 2021



Religion, Census 2021

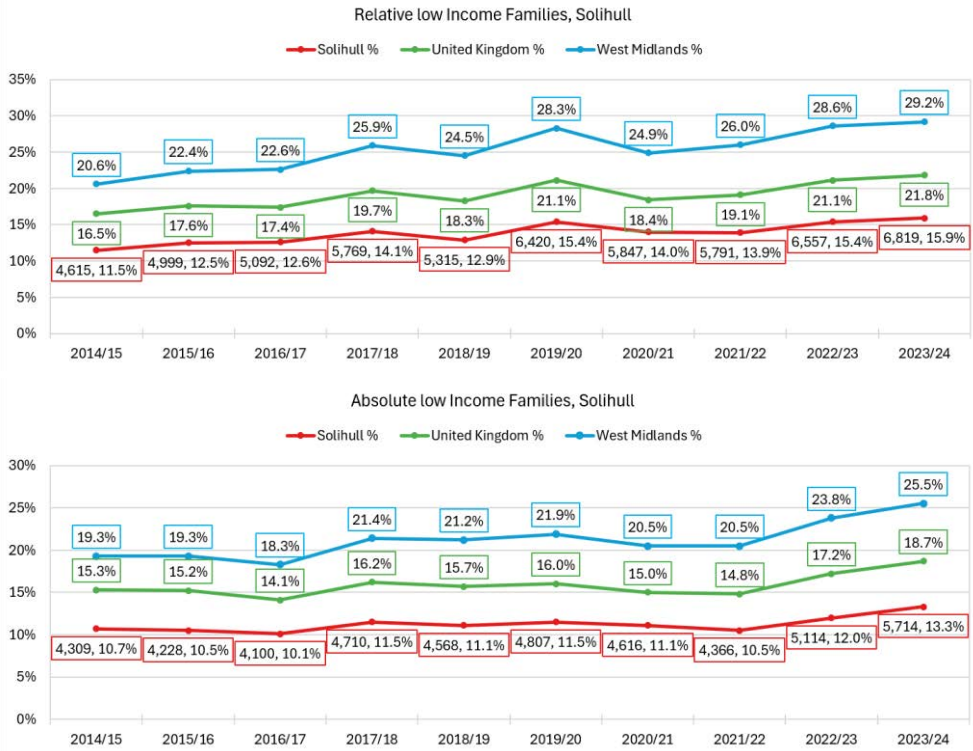
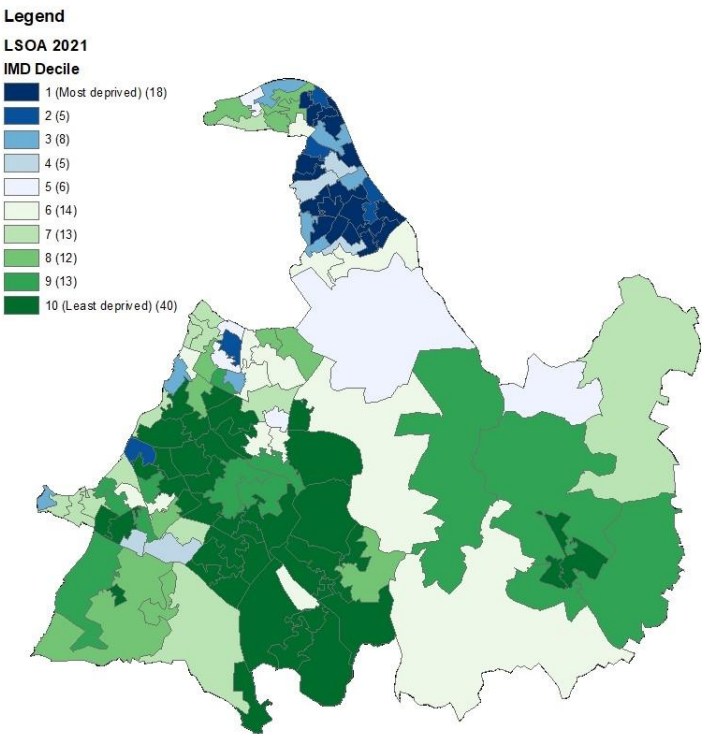


Deprivation and Poverty in Solihull

Over 36,000 people in Solihull are living in an area amongst the 20% most deprived nationally.

The index of multiple deprivation 2025 measures relative levels of deprivation in 33,755 neighbourhoods called Lower-layer Super Output Areas (LSOAs) in England. In Solihull there are 134 neighbourhoods (LSOAs) of which 18 (13.4%) are within the 10% most deprived areas in England. An estimated 28,134 Solihull residents live in this most deprived decile, almost a quarter (23.9%) of these residents are aged under 15 years. A further 8,029 residents live within an area amongst the 10-20% most deprived areas of England, a fifth (20.3%) are children aged under 15 years. Forty of Solihull’s neighbourhoods are within the 10% least deprived areas of England, housing 63,258 residents, 29% of the Solihull population. Almost 70% of the Solihull population (154,250 people) live in areas among the 50% least deprived areas of England. The index of multiple deprivation is not a measure of affluence, and it cannot be assumed that those living in the least deprived areas are wealthy. The Solihull residents’ perception survey found that a third (35%) of respondents were just managing to make ends meet when asked about their current financial situation.

In 2023/24 there were an estimated 6,819 children (aged under 16 or aged 16-19 and in full-time education) living in Relative low-income families and 5,714 living in absolute low-income families. The relative measure fluctuates with the economy and measures the extent to which households are left behind as the rest of society progresses. The Absolute measure provides a better measure of progress on poverty reduction over the long



term as it shows if people can afford more over time. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income. At ward level the proportion of absolute low-income families ranges from 4.5% in Knowle and St Alphege to 29.4% in Chelmsley Wood (2023/24). The proportion of families in Relative low-income ranges from 4.7% in St Alphege to 35.6% in Chelmsley Wood. Across both measures the wards of Smith’s Wood, Kingshurst and Fordbridge and Chelmsley Wood have a higher proportion of low-income families than the UK and the West Midlands.

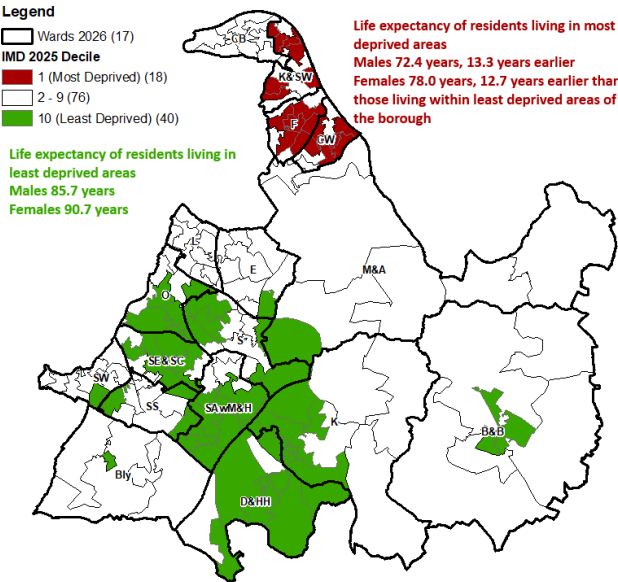
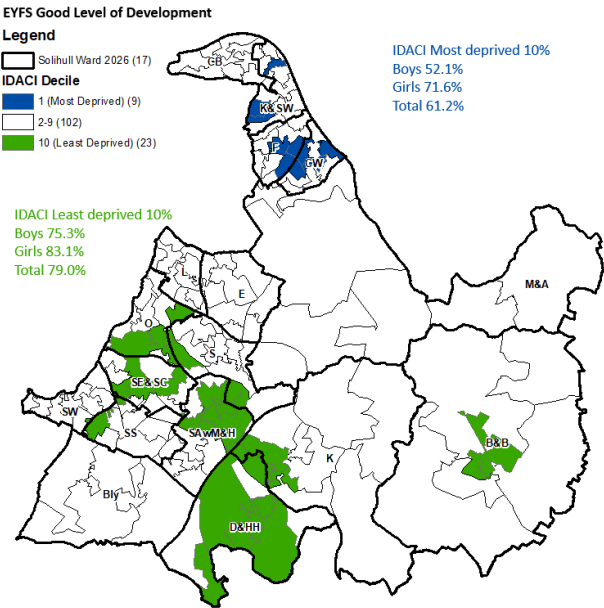
Fuel poverty relates to households that must spend a high proportion of their household income to keep their home at a reasonable temperature, it is affected by three factors: a household’s income, their fuel costs, and their energy consumption. It is estimated that in 2024 8.9% of Solihull households were in fuel poverty, this is slightly lower than the national average of 9.9% and lower than the West Midlands (12.1%). In some areas of Solihull it is estimated that as many as 14% of households could be fuel poor.

Data sources: English Indices of Deprivation 2025, MHCLG; Sub-regional fuel poverty in England 2026 report (2024 data), DESNZ; and Children in low-income families, DWP.

Inequality in Solihull

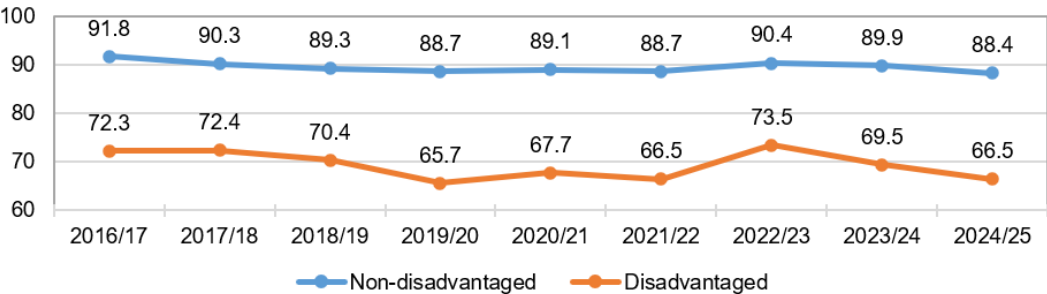
Solihull residents living within the most deprived areas are estimated to die 13 years earlier than those living within the least deprived areas of the borough. In 2022-2024 the inequality widened with life expectancy falling in both males and females living in the most deprived areas (Females -0.3 years, Males -0.3 years) and increasing in those living within the least deprived areas (Females +1.6 years, Males +0.8 years). The 12.7 year gap in life expectancy for females is the highest recorded since 2011-13 and the 13.3 year gap in males is the second highest (13.5 year gap in 2014-2016).

In Solihull in 2024/25 there were over 200 children in their reception year of school that were growing up within an area that is amongst the 10% most deprived areas on the Income Affecting Children Index (IDACI). The IDACI measures the proportion of all children aged 0 to 15 living in income deprived families. Just 61.2% of these reception children achieved a good level of development in 2024/25, 17.8 percentage points lower than those children living within the 10% least deprived IDACI areas. This gap in early years foundation stage is more pronounced in boys where just over 50% of reception boys living within the 10% most deprived IDACI areas achieved a good level of development in Solihull (52.1%, 2024/25) compared to 75.3% in boys living within the 10% least deprived IDACI areas.

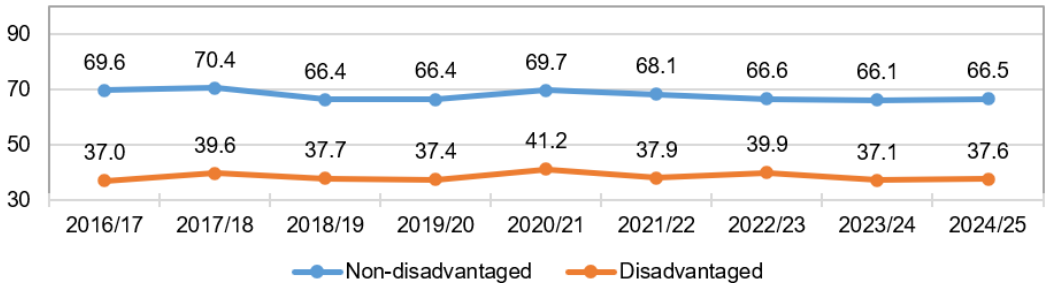


There is an attainment gap of over 21 percentage points between disadvantaged² and non-disadvantaged pupils by age 19 in Solihull at level 2 (5 GCSEs grades 9-4 or an equivalent). Just 66.5% of disadvantaged pupils achieved level 2 compared to 88.4% of non-disadvantaged pupils, 2024/25. Overall, 80.2% of 19 years olds had achieved full level 2 attainment in Solihull, this is slightly lower than the national average where 85.3% of 19 years olds achieved level 2. At level 3 (2 A levels or equivalent) the attainment gap increases to 28.9 percentage points between disadvantage and non-disadvantage pupils. Two-thirds (66.5%) of non-disadvantaged 19 year olds achieved 2 A levels or equivalent in Solihull compared to just over a third (37.6%) of disadvantaged pupils. Data sources: English Indices of Deprivation 2025, DfE EYFS 2025/26.

Level 2 attainment at age 19 years, Solihull



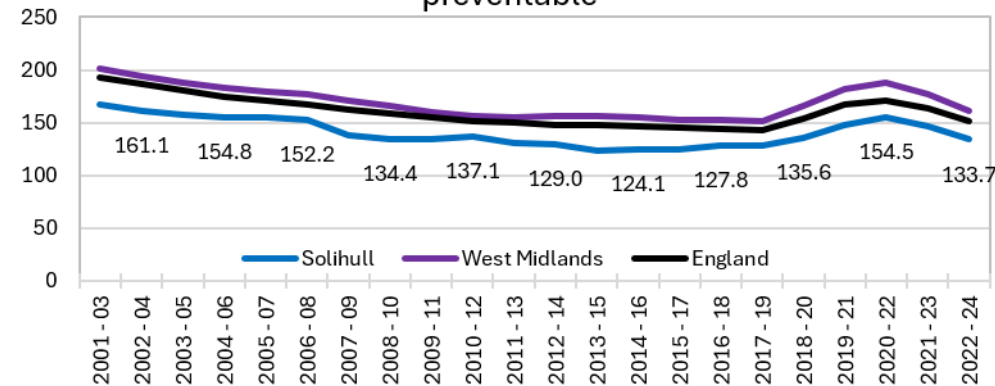
Level 3 attainment at age 19 years, Solihull



² Disadvantaged pupils are those who were eligible for free school meals in the last 6 years or are looked after by the LA for a day or more or who have been adopted from care.

Premature Mortality and the Burden of Disease

Under 75 mortality rate from causes considered preventable



number of deaths from colorectal cancer (all ages) have increased by 44.5%; the mortality rate in Solihull is now significantly higher than the England rate. Deaths from pancreatic cancers (all ages) have also increased, rising by 23% since 2019-2021.

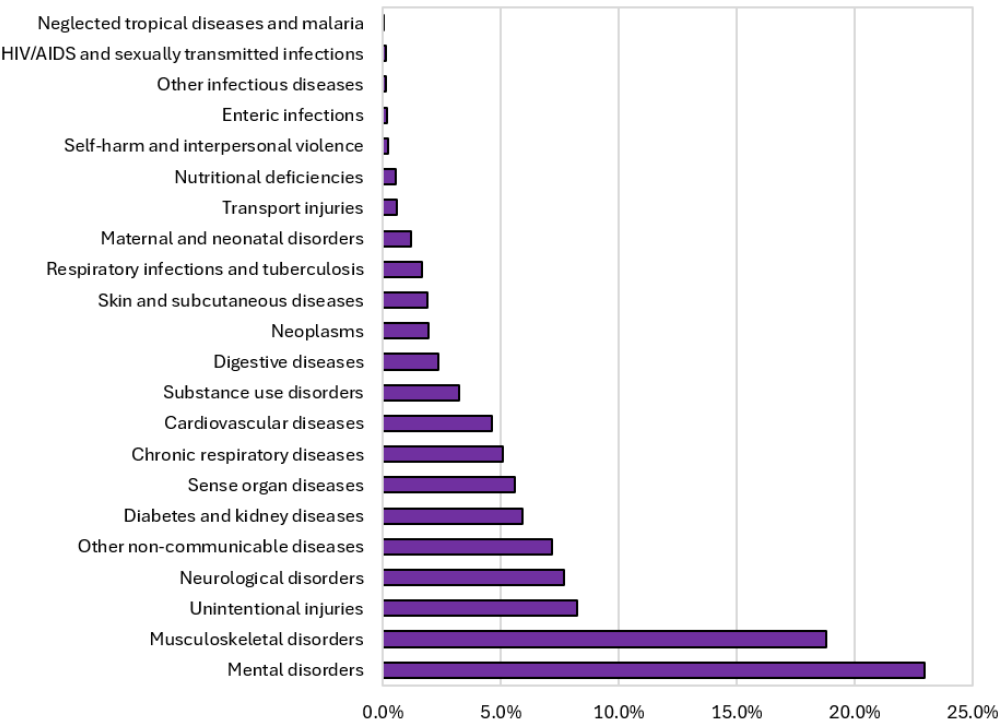
The stillbirth rate has decreased significantly in Solihull, in 2022-2024 there were 13 stillbirths, down from 42 in 2001-2003, the rate is now significantly lower than the England rate and has been since 2019-2021. Mortality from dementia (all ages) has been increasing in Solihull as well as nationally. In 2001 there were 92 deaths from dementia and Alzheimer’s disease, this has now increased to 305, increasing the rate per 100,000 from 60.5 in 2001 to 110.6 in 2025.

Healthy life expectancy, the years a person can expect to live in good health, has decreased slightly over the past 10 years. Current estimates suggest males in Solihull can expect to live to 63.2 years in good health and females 62.9 years. In England, females that live within the most deprived 10% of areas live to just 48.2 years in good health – over 20 years lower than those living in the least deprived areas (68.5 years). Males living in the most deprived areas live to 49.8 years in good health, 19.4 years lower than the 10% least deprived (69.2 years). We can assume that similar inequalities in healthy life expectancy will exist in Solihull. In the West Midlands, 23% of the total years lived with disability³ (YLD) are caused by mental disorders; mostly anxiety (8.96%) and depression (8.68%). Musculoskeletal disorders cause 18.8% of the total years lived with disability, mostly back pain (9%), osteoarthritis (3.16%) and neck pain (2.76%). Data sources: OHID Fingertips, Global Burden of Disease 2026.

In Solihull there are approximately 134 deaths per 100,000 population that are considered preventable each year. Preventable mortality refers to deaths in people aged under 75 that could have been avoided through timely, effective healthcare or broader public health interventions.

In 2025 there were approximately 2,300 deaths in Solihull residents (all ages), 608 (26.4%) were from cancer, 464 (20.2%) were as a result of cardiovascular disease, 13.4% (305) were caused by dementia and Alzheimer’s disease and 347 (15.1%) were from respiratory disease. The mortality rate from respiratory disease increased from 111.4 per 100,000 to 131.7 in Solihull and is now statistically significantly higher than England. Mortality from cancer has been decreasing in Solihull, mirroring the national trend. However, deaths from colorectal cancer have been increasing. Since 2013-2015 the

Contribution to Years Lived with Disability by cause, West Midlands, 2023



³ Measures the impact an illness has on quality of life before it resolves or leads to death

Adult Lifestyles Drivers of Poor Health

In Solihull, 1 in 10 adults (aged 18+) currently smoke (Annual Population Survey, 2024) although there are GP practices in the north of the borough where as many as 1 in 4 patients currently smoke (QOF 2024/25). The number of mothers smoking at the time of delivery has decreased significantly over the past decade however, more than 100 mothers (5.4%) each year are known to be smoking at the time of delivery (2024/25) in Solihull. England’s official smoke-free target is to reduce adult smoking prevalence to 5% or less by 2030, there would need to be approximately 14,000 fewer smokers in Solihull to reach target.

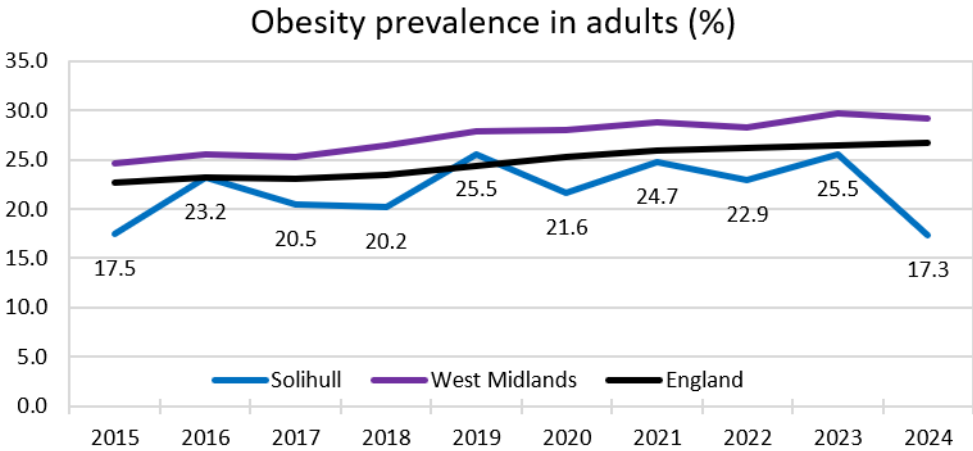
Estimates on obesity prevalence in Solihull adults have fluctuated over the past 10 years from around 17% (2015 & 2024); approximately 1 in 6 adults, to 25.5% (2019 & 2023); roughly 1 in 4 adults. Nationally and regionally the proportion of adults considered obese has been increasing year on year. Roughly two-thirds of adults in Solihull achieve at least 150 minutes of moderate physical activity per week, despite a recent decrease, the rate has not changed significantly since records began in 2015/16 and the long-term trend is showing a slight improvement.



AUDIT score ²	Age Group	England %	Solihull Number
Hazardous drinking (8-15)	16-24	16.1	3,294
	25-34	16.9	4,237
	35-44	13.3	3,788
	45-54	16.3	4,509
	55-64	18.8	5,481
	65-74	14.1	3,073
	75+	9.2	2,329
Harmful drinking (16-19)	All adults	1.8	3,480
Probable dependence (20+)	All adults	0.9	1,744
Hazardous or above (8+)	All adults	18.0	32,027
Harmful or above (16)	All adults	2.7	4,857

Nationally it is estimated that 18% of the adult population drink at hazardous levels or above, men were twice as likely as women (Adult Psychiatric Morbidity Survey 2023/24). It is estimated that 1.8% drink at harmful levels and 0.9% are probably alcohol dependent. Trends in drinking at hazardous levels or above varied markedly by age group. Prevalence among 16-24 year olds halved between 2000 (40.7%) and 2023/24 (18.1%). The prevalence in 25-34- and 35-44 year olds has also fallen since 2000. In contrast, the proportion of adults aged 45 to 54, 55 to 64 and 65 to 74 drinking to hazardous levels did not change. The prevalence in those aged 75 and over increased from 6% in 2000 to 10.2% in 2023/24. In England, 1 in 9 adults (10.6%) reported using illicit drugs in the past year, this mostly comprised of cannabis (Adult Psychiatric Morbidity Survey, 2023/24). Drug use was highest in those aged 16 to 24 (18.1%) and 25 to 34 (19.2%). Signs of dependence on illicit drugs increased from 3.8% of 16 to 64

year olds in 2014 to 6.7% in 2023/24, this mostly related to adults reporting signs of dependence on cannabis. In Solihull, this would equate to approximately 13,860 16-64 years olds using illicit drugs in the past year, 3,688 aged 16 to 24 and 4,805 aged 25-34 years. It could mean as many as 8,819 adults aged 16-64 years are dependent on drugs in Solihull⁵. Data sources: OHID Fingertips, Adult Psychiatric Morbidity Survey 2023/24, Annual Population Survey, 2024, QOF 2024/25.



⁴ The Alcohol Use Disorders Identification Test (AUDIT), AUDIT scores below 8 indicate no or low risk; 8-15 hazardous suggesting need of brief intervention (e.g. in primary care); 16-19 harmful drinking which may warrant an extended brief intervention and referral to specialist treatment for those who don’t respond to the initial intervention (stepped care); and 20+ probable dependence indicating a need for referral to specialist services for further assessment and treatment. Solihull figures estimated from national prevalence & ONS population estimates 2024.

⁵ Equivalent figures in Solihull estimated from national prevalence and ONS population estimates 2024.

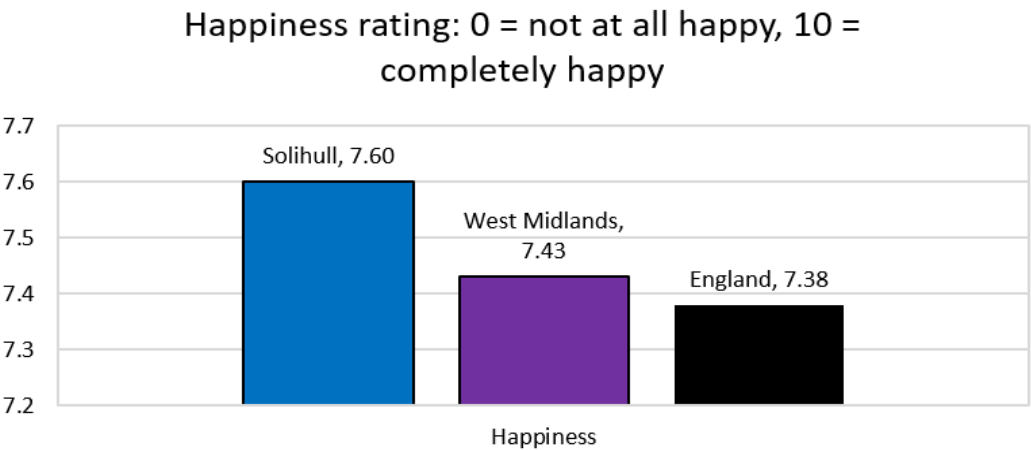
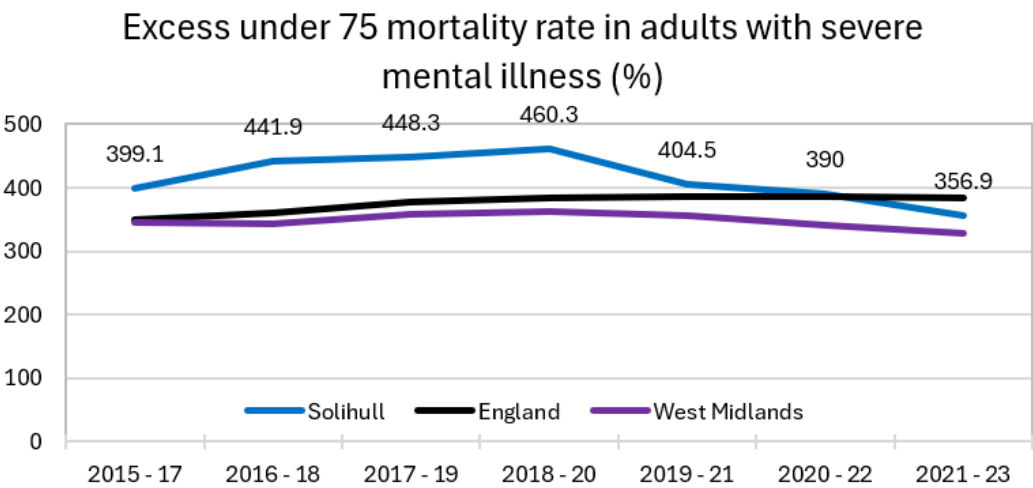
Mental Health and Wellbeing

In England, the proportion of 16 to 74 year olds reporting suicidal thoughts in the past year increased from 3.8% in 2000 to 6.7% in 2023/24. The proportion having made a suicide attempt in the past year also appears to have risen from 0.5% in 2000 to 1.0% in 2023/24 (Adult Psychiatric Morbidity Survey 2023/24). Applying current Solihull population estimates to national prevalence would suggest there may be as many as 10,256 residents aged 16 to 74 years who experienced suicidal thoughts in the past 12 months and 1,526 that have made a suicide attempt in the past year. Prevalence of self-harm increased to 10.3% in 2023/24 (from 2.4% in 2000) among 16 to 74 year olds, this would equate to 15,697 people in Solihull. Nationally, younger people, those of White British or ‘Mixed, multiple or other’ ethnicity, and those in problem debt or who were unemployed or economically inactive, were more likely to report lifetime suicidal thoughts, suicide attempts and self-harm (Adult Psychiatric Morbidity Survey 2023/24).

One in five (20.2%) adults in England have a common mental health condition⁶ (CMHC), this would equate to approximately 35,886 people in Solihull. Prevalence is higher in the most deprived fifth of areas (26.2%) than in the least deprived (16.0%). People with problem debt were twice as likely to have a CMHC (39.0%) as those with no problem debt (18.4%). Among working age adults, unemployed (40%) and economically inactive (38.8%) people were more likely to have a CMHC than those in employment (18.3%). Physical and mental health are strongly linked, 32.9% of people with a physical health condition that limited their activities had a CMHC, compared with 12.6% of those without a limiting physical health condition (Adult Psychiatric Morbidity Survey 2023/24).

Premature mortality rates among adults with severe mental illness (SMI) are 4.6 times higher than adults without severe mental illness. This is a slightly lower risk than in England but higher than that in the West Midlands. People with SMI often experience poor physical health as well as poor mental health, they frequently develop chronic physical health conditions at a younger age than those without SMI. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with SMI are at increased risk of developing more than one of these chronic conditions (OHID Fingertips).

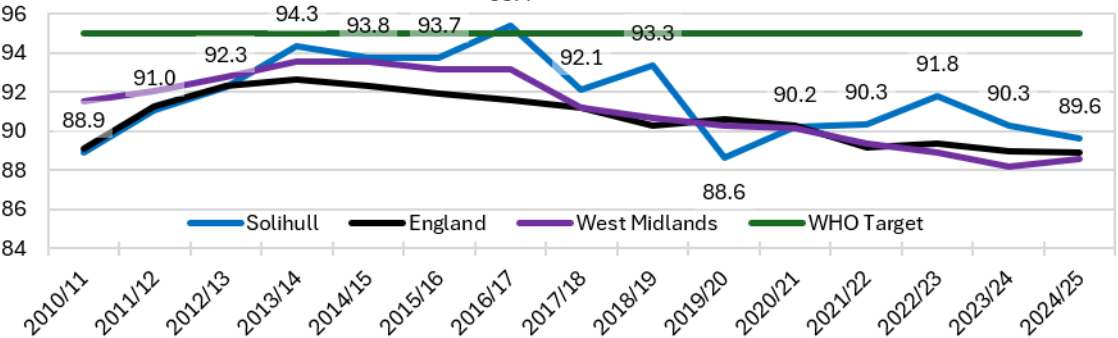
In Solihull, on average adults rated their happiness yesterday as 7.6 out of 10 (10 = completely happy), this is higher than both the West Midlands and England average (ONS Local Indicators, 2026).



⁶ Common mental health conditions comprise different types of depression and anxiety disorder. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.

Child Health and Development

Population vaccination coverage (%): MMR for one dose (2 years old)



Most Solihull families continue to take up routine vaccinations but coverage has fallen over the past 10 years. Uptake of MMR (1st dose at age 2 years) that protects against measles, mumps and rubella has decreased from 95.4% in 2016/17 to 89.6% (NHS England COVER, 2024/25). Population vaccination coverage has declined nationally and sits well below the 95% target needed for strong community protection. As a result, cases of vaccine preventable diseases are increasing. Nationally, confirmed cases of measles have increased from 91 cases and 0 deaths in 2015⁷ when population coverage was high, to 2,911 confirmed cases and 5 deaths in 2024. Prior to the introduction of the MMR vaccine there was 390,848 cases of measles each year in England, 136,800 resulted in hospital admission, and there were approximately 100 deaths each year (UKHSA, Historic Measles Cases).

Low birth weight is a major factor in infant mortality and has serious consequences for health later in life. In Solihull, 8% of babies born in 2023

had a low birth weight (birth weight under 2500g), this is higher than (but statistically similar to) England. Since 2010 there has been an increase in the proportion of babies born with low birth weight in Solihull, nationally the figure has remained stable at around 7.4% (OHID, Fingertips).

Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. In Solihull, 85.2% of children achieve a good level of development at the 2-2.5 year Healthy Child Programme development review (2024/25), this is higher than in England (81.4%) and the West Midlands (78.0%) (OHID, Fingertips).

The proportion of children aged 10-11 (Year 6) classified as overweight (including obese) has increased in Solihull from 28% in 2007/08 to 32.3% in 2024/25. England and the West Midlands have seen similar increases and both have slightly higher prevalence than Solihull. The prevalence of obesity in Solihull reception children (4-5 year olds) is 22.2% (2024/25), similar to that observed in 2007/08 (22.5%) – the highest recorded in Solihull. In Solihull, 76.6% of the children identified as being overweight in reception remained overweight in year 6, slightly lower than England (77.1%, 2021/22-2023/24), 19% of children moved from a healthy weight in reception to overweight in year 6 (21.5% in England, 2021/22-2023/24) (OHID, Fingertips).

9,815 A&E attendances in 0-4 year olds, 2024/25



874.5 attendances per 1,000 children under 5 years, significantly higher than England (787.2)

A&E attendances in children aged under 5 years are often preventable and commonly caused by accidental injury or by minor illnesses which could have been treated elsewhere. In Solihull, 9,815 children attended A&E in 2024/25, equivalent to 874.5 attendances per 1,000 children aged 0-4 years, statistically significantly higher than the England rate (787.2 per 1,000) and West Midlands (844.6 per 1,000) (OHID, Fingertips).

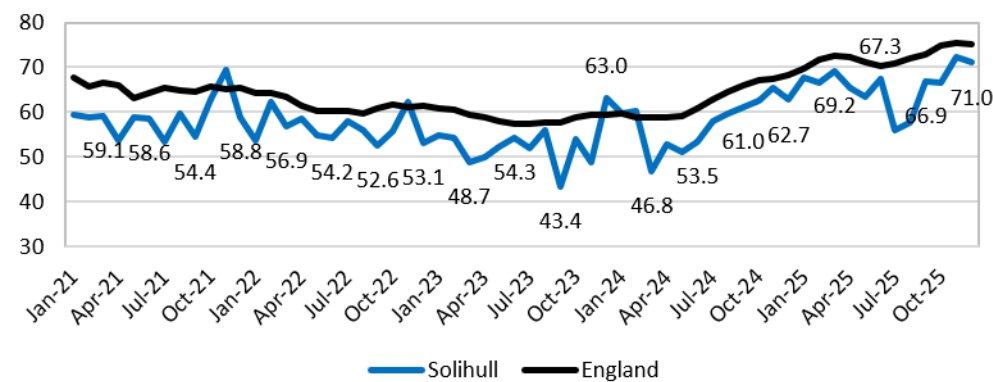
⁷ National coverage of 2 doses of MMR peaked at 91.5% in 2014/15.

Maternal Health

The average age of mothers who give birth is increasing, in Solihull 27.5% of deliveries in 2024/25 were in women aged 35 and above, this is higher than in England (25.2%) and a significant increase from 2012/13 (20.2%) (OHID, Fingertips). Older mothers are much more likely to start breastfeeding and to continue for six months or more. They are however more at risk of miscarriage, still birth, chromosomal abnormalities, gestational diabetes, preeclampsia and the need for a caesarean section. They are also more likely to give birth prematurely, have multiple births and their babies may have lower birth weights. Children born to teenage mothers have 60% higher mortality and are also at increased risk of low birthweight. Teenage mothers are also 3 times more likely to suffer from post-natal depression and experience poor mental health for up to 3 years after the birth. In Solihull just 0.6% of deliveries (10 deliveries, 2024/25) are in girls aged 12-17 years, this is marginally higher than the England average (0.5%) but much lower than that observed in 2010/11 (1.4%, 32). Just 51% of babies are breastfed at 6-8 weeks in Solihull (2024/25), significantly lower than in England (55.6%). Breast milk provides the ideal nutrition for infants in the first stages of life and has many health benefits such as lowering levels of gastro-intestinal and respiratory infections (OHID, Fingertips).

Folic acid is very important for the development of a healthy foetus, as it aids brain and nerve development preventing brain and spine damage. Taking folic acid prior to pregnancy is important. Fewer women are taking folic acid prior to pregnancy, in 2019/20 just 1 in 5 (21.4%) women in Solihull took folic acid before pregnancy, this has now dropped to 15.3% (2023/24). England and the West Midlands have a similar trend with England falling from 25.7% in 2019/20 to 19.7% in 2023/24 and the West Midlands decreasing from 13.5% to just 8% over the same time period (OHID, Fingertips).

Prenatal pertussis vaccine coverage

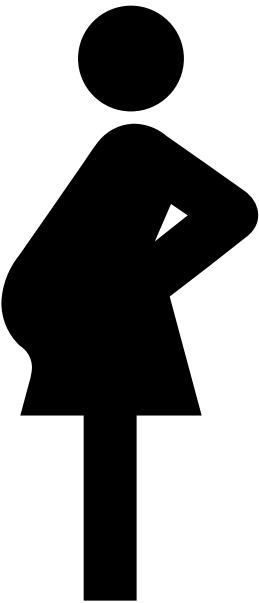


Some vaccines are recommended in pregnancy to protect the health of the mother and the baby. The flu vaccine is offered to pregnant women as the immune system is weakened during pregnancy which can mean mothers are less able to fight off infections such as flu. Nationally just 38.4% of pregnant women were vaccinated against flu in 2025/26, this is higher than in Solihull where just 32.5% were vaccinated. Whooping cough (pertussis) can be a very serious infection and young babies are most at risk. Receiving the whooping cough vaccine in pregnancy produces antibodies which pass to your baby, giving them high levels of protection until they can receive their vaccination at 8 weeks.

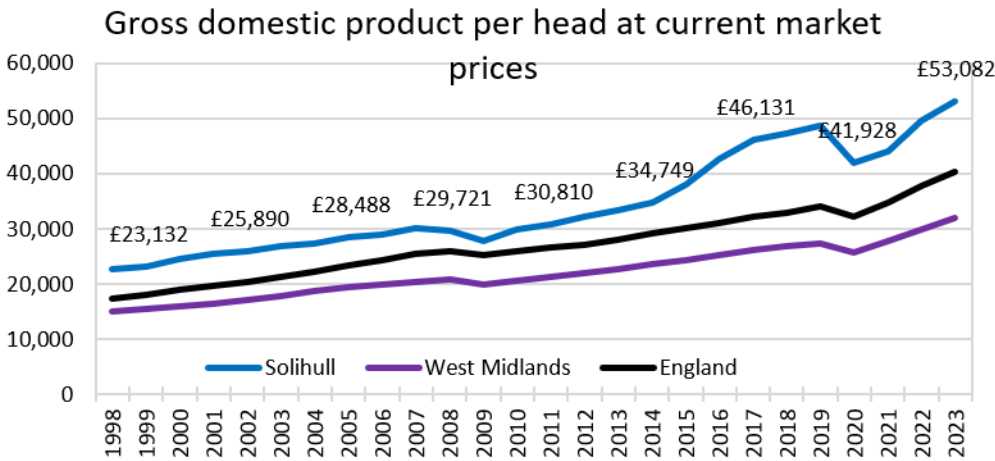
Approximately 71% of pregnant

women received a vaccination against whooping cough in December 2025, this is lower than in England (75.1%) but coverage has been increasing in recent years. Respiratory syncytial virus (RSV) is a common virus that causes coughs and colds which can be serious for babies. Receiving the RSV vaccine in pregnancy protects the baby for the first 6 months after they're born. Approximately 52.6% of pregnant women in Solihull received the RSV vaccine in January 2026, fewer than in England (63%). Nationally, coverage is lower in those from a Black or Black British or Pakistani background (UKHSA, Immunisation in pregnancy).

In 2023/24, 200 (10%) Solihull women were smoking in early pregnancy and 465 (25.21%) pregnant women were obese. Modifiable risk factors in pregnancy, such as smoking and obesity, can have health impacts on both mother and child (OHID, Fingertips).



Economy



Income and health are strongly associated, many physical and mental health outcomes improve incrementally as income rises. The UK is in a low growth economic environment with factors such as rising costs, US tariffs and war in the Middle East creating headwinds. The consequence is weak productivity and wage growth, trends which are evident in Solihull too.

Gross domestic product (GDP) and gross value added (GVA) measure the value of goods and services produced in an area. GVA measures output but excludes taxes and includes subsidies on products. GDP estimates the size of and growth in the economy by taking the total GVA plus taxes on products and subtracting subsidies.

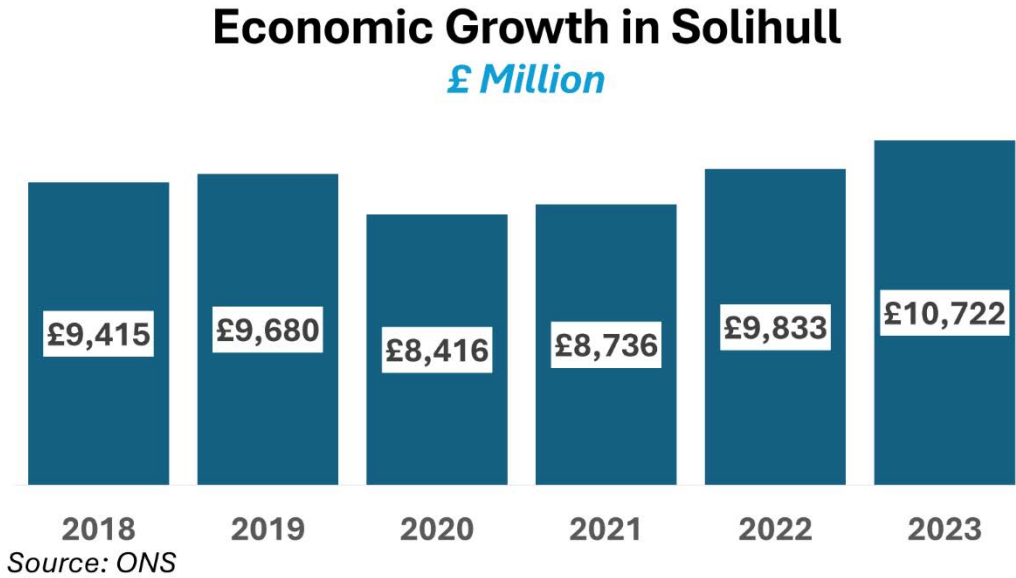
GDP in Solihull has grown to £53,082 per head, higher than both England and the West Midlands.

Solihull is the 5th largest economy in the UK outside of London and the South-East. GVA per head in Solihull in 2023 was £49,007, 34% higher than the England average (£36,632).

The Solihull economy grew by 9% between 2022 and 2023 (+£889 million). The recovery from the economic shock impact of Covid-19 in Solihull has been broadly in-line with the national average (+27% 2020-2023 vs +29% for England). Adjusted for inflation, the Solihull economy is still smaller than it was before the onset of the Covid-19 pandemic in 2020, this follows a sharp fall in real terms of economic output in 2020 of -14%.

Weak productivity in the UK has contributed to depressed wage growth and high levels of government borrowing over the last decade. Solihull is one of the more productive economic areas in the UK outside London and the South East. For instance, GVA per filled job in Solihull was ranked 34th out of 182 UK economic areas, the highest in the West Midlands region. However, in recent years there has been a downward trend in productivity in real terms in Solihull, with inflation adjusted output per filled job in Solihull falling by -7% 2020-2023 (England -4%, WMCA -6%).

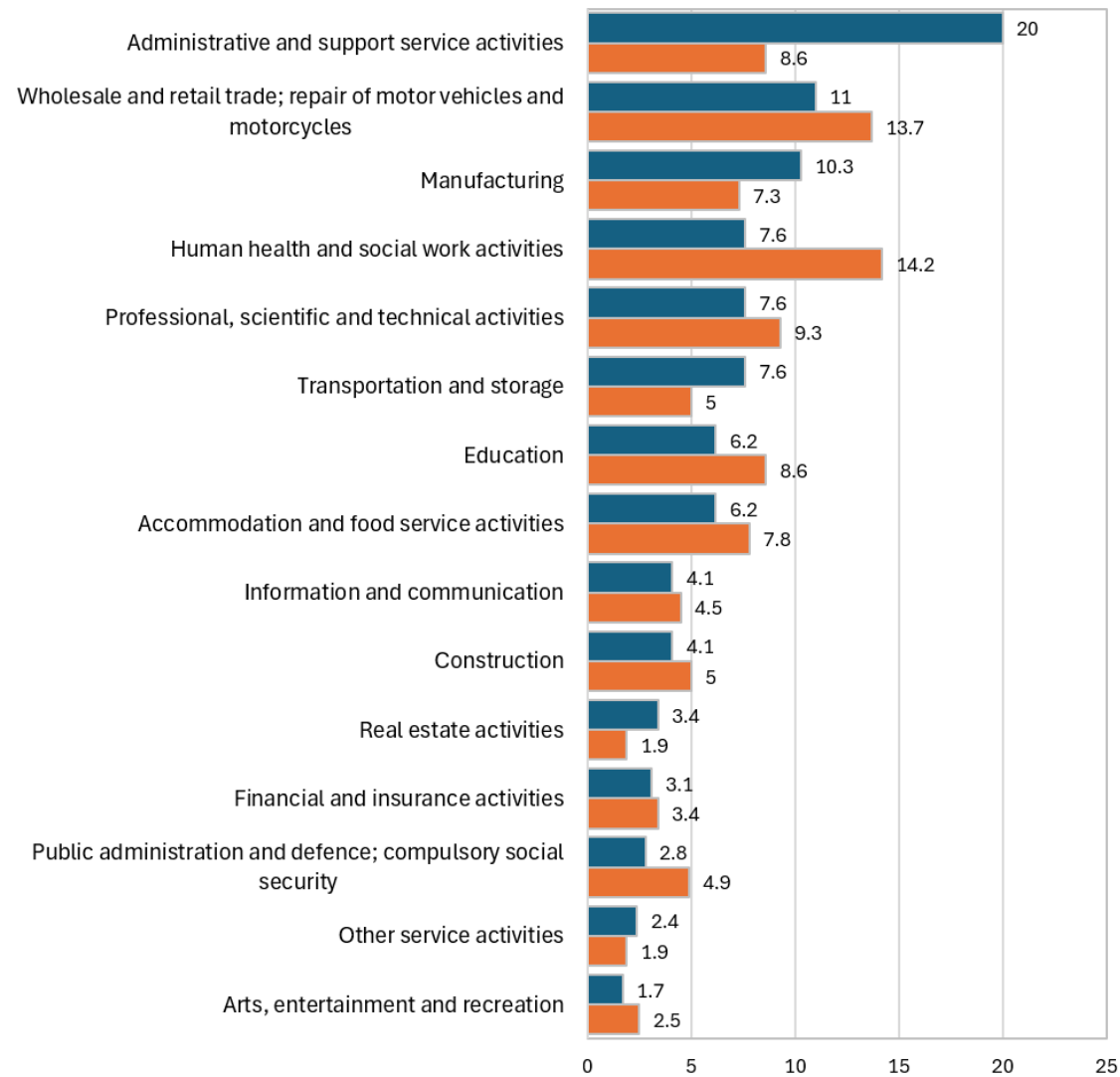
The average full-time wage for a Solihull based job is 8% higher than the England average. Solihull wages are the highest in the West Midlands. From 2020 to 2025 Solihull wages increased by 37% in nominal terms, higher than the averages for England (+24%) or the West Midlands (+25%). Nationally wages have struggled to keep pace with inflation. When adjusted for inflation, average wages across England remained largely unchanged between 2020 and 2025 (£31,800 in 2020 vs £31,000 in 2025) (SMBC Solihull Economy & Business Environment, 2026).



Jobs and Businesses

Employee Jobs by Industry (%), Solihull & Great Britain

Solihull Great Britain

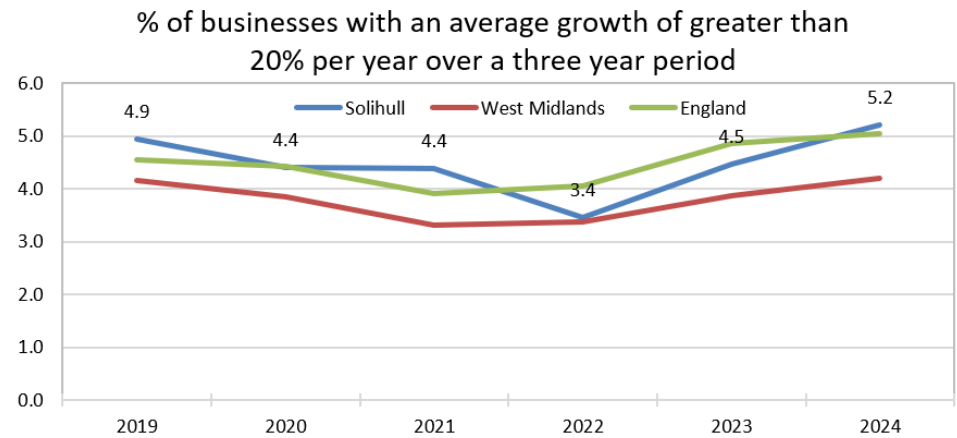


A strong local economy provides sufficient quantity and quality of employment opportunities for the population. On the whole, work is good for mental and physical health. In addition to the health benefits associated with an adequate wage, work can provide valuable social interactions, a place to develop and practice skills and a sense of social participation and contribution to society.

There is a greater jobs density⁸ in Solihull compared with the West Midlands (0.79) and Great Britain (0.85) with 1.19 jobs per population aged 16-64 years. 1 in 5 residents in Solihull are employed in the administrative and support service activities, more than in any other industry. 1 in 10 are employed in the wholesale and retail trade; repair of motor vehicles and motorcycles and another 10% are employed in manufacturing.

Just over 40% of Solihull businesses started in 2019 were still active 5 years later, this is higher than England (38.3%) and the West Midlands region (30.6%) but lower than in 2016 when 45% of business starts were still in operation after 5 years. The pandemic is likely to have exacerbated closures in their critical first five years because of lockdowns and subsequent inflation.

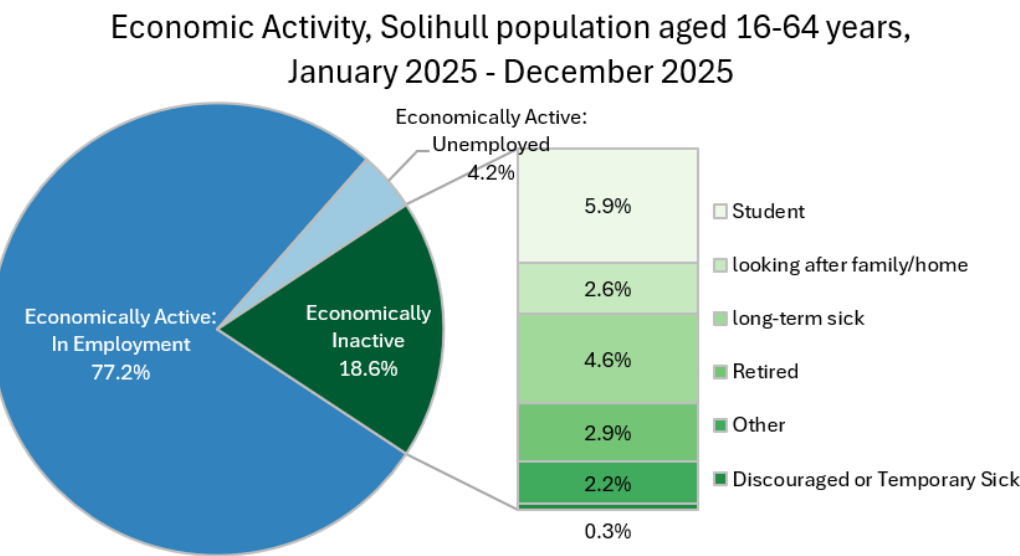
There are an estimated 8,935 active⁹ businesses in Solihull (2024), this is a slight decrease (-1.22%) on the previous year. In 2024, 5.2% of Solihull businesses were high growth – averaging more than 20% growth per year over a three year period. This is the highest rate since 2019 and is greater than England (5%) and the West Midlands (4.2%) (ONS Local Indicators, 2026, SMBC Solihull Economy & Business Environment, 2026).



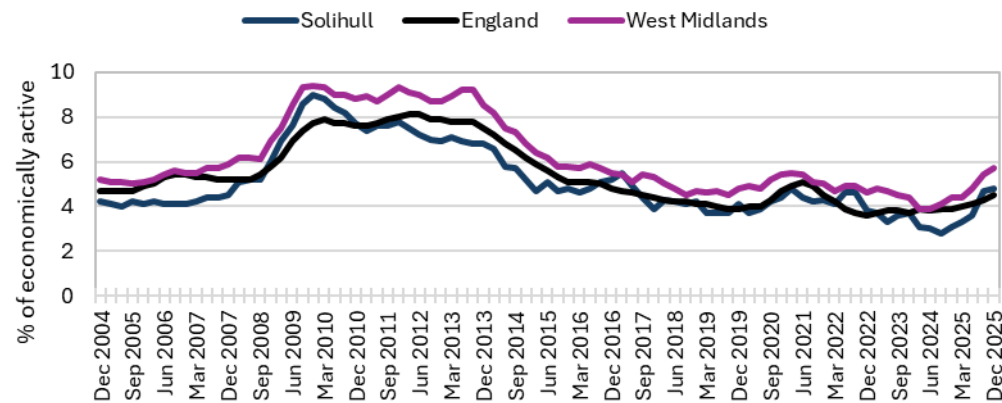
⁸ A jobs density of 1 would mean that there is 1 job for every resident aged 16-64 years.

⁹ Businesses with turnover or employment in year

Employment and Unemployment



Unemployment Rate, Solihull, West Midlands & England, 12-month rolling rates, January 2004 - December 2025



A person's employment status has both an associative and a causal relationship with a range of health outcomes. While not working will be the right option for some people, staying out of work longer term may contribute to a worsening of health outcomes for others. Unemployment does not just affect working age people. Children growing up in workless households are almost twice as likely not to reach expected attainment at all stages of education compared with children growing up in working families.

In Solihull, 81.4% (109,700 residents) of the working age population (Aged 16-64 years) are economically active¹⁰, made up of 104,100 in employment and 5,600 unemployed (without a job but were available to start work and are actively seeking employment). Almost 1 in 5 working age residents (24,000 people aged 16-64 years) are economically inactive, almost a third of these are students (7,500 residents) and a quarter (6,000) are long-term sick. Of the 24,000 economically inactive, the majority (79.9%, 19,200) do not want a job – are neither in employment nor unemployed (seeking work). Just 4,800 of the economically inactive want a job, these are residents who want a job but are not classed as unemployed because they have either not sought work in the last 4 weeks or are not available to start work.

The Unemployment rate (model-based) is the unemployed¹¹ as a percentage of the economically active population. In Solihull, 4.8% of the economically active population are unemployed, this is higher than the England rate (4.5%) but lower than the West Midlands average (5.7%). Workless households are where no-one aged 16 or over is in employment; they may be unemployed or economically inactive. In Solihull, 11.9% of households are workless (January – December 2023) compared to 13.5% in the West Midlands and 13.9% in Great Britain. In April 2026, 3.6% of the Solihull population aged 16+ were claiming out of work benefits (claimant count¹²) compared to 5.3% in the West Midlands and 4% in Great Britain. At ward level, claimants are highest in the wards of Chelmsley Wood (8.3%), Kingshurst and Fordbridge (7.3%) and Smith's Wood (6.6%). All other wards have a claimant count similar to or below the Solihull average. Dorridge and Hockley Heath has the lowest claimant count at just 1.3%. Data sources: ONS NOMIS, SMBC Solihull Labour Market and Skills 2025).

¹⁰ Economically active refers to people who are employed or actively seeking and available to work, making them part of the labour force. Economically inactive refers to working-age individuals who are out of work and not actively looking or available for employment.

¹¹ Unemployed refers to people without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained.

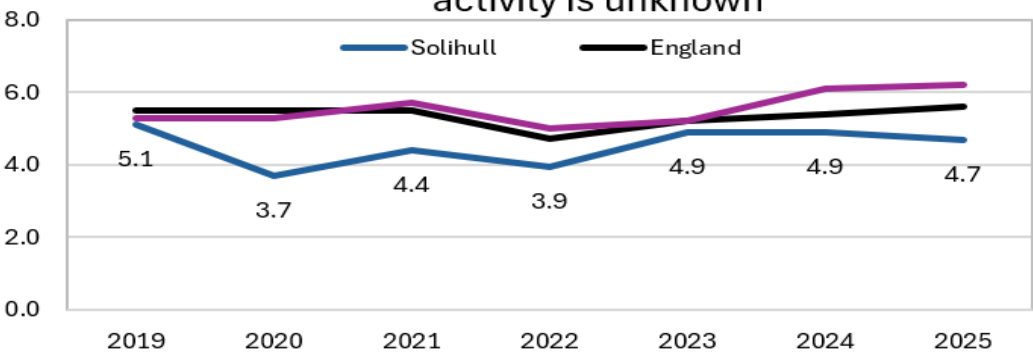
¹² The Claimant Count is the number of people claiming benefit principally for the reason of being unemployed.

Youth Unemployment and Training

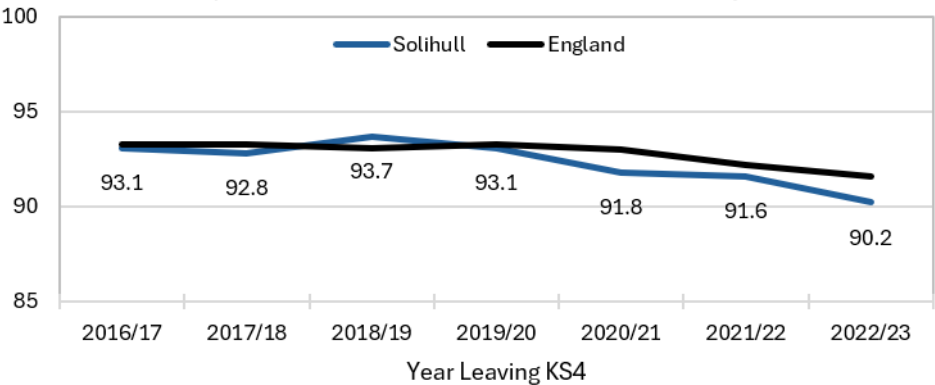
In Solihull, 90.2% of pupils leaving state-funded mainstream schools continued into education, employment or apprenticeships¹³, this is the lowest proportion since 2016/17 and is lower than the England average (91.6%). The proportion of pupils that are not recorded at a sustained destination¹⁴ or have no activity recorded has grown in Solihull from 6.3% in 2018/19 to 9.8% in 2022/23. Disadvantaged¹⁵ pupils are less likely to have a sustained destination (80.7%, Solihull 2022/23) than all other pupils (93.8%, Solihull 2022/23). Pupils from an Asian or Asian British background were most likely to have a sustained destination in 2022/23 (95.1%, Solihull), pupils from a mixed dual background and white background were least likely to have a sustained destination (87.7% and 89.5% respectively, Solihull, 2022/23, DfE Destination Measures, 2025).

The proportion of 16-17 year olds not in education, employment or training (NEET) or activity not known in Solihull was 4.7% (264 NEET or activity not known), a slight decrease on the previous year and below that of the West Midlands and England. However, the proportion of NEET in vulnerable¹⁶ 16-17 year olds is much higher at 46.2% (62 NEET or activity unknown out of 135 vulnerable 16-17 year olds), surpassing both the West Midlands (29.4%) and England (28.2%) figure. In 2024/25 there were 890 apprenticeship starts in Solihull, this is a 37% decrease on the previous year when apprenticeship starts peaked at 1410. Approximately 5.7% of the 16–24-year population in Solihull claim out of work benefits, the figure is higher in males (6.6%) than females (4.6%). There is wide variation across the borough with more than 11% of 16-24 years olds in Chelmsley Wood and Kingshurst and Fordbridge and 10.5% in Smith's Wood claiming out of work benefits compared with 2.1% in Knowle and 1.8% in St Alphege (ONS Nomis, DfE NEET 2026).

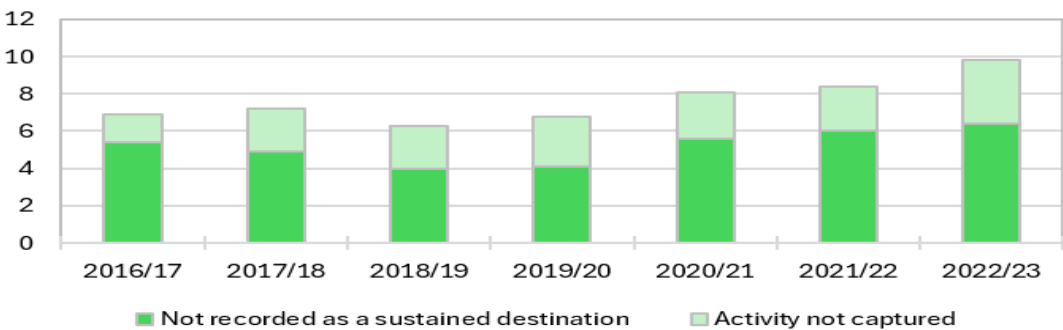
Proportion of 16-17 year olds not in Education, Employment or Traning (NEET) or whose activity is unknown



School Leavers Destination: % sustained education, employment & apprenticeships, Solihull & England (State-Funded Mainstream Schools)



School Leavers Destination: % not recorded as a sustained destination or activity not captured , Solihull state-funded mainstream schools



¹³ Key stage 4 destination measures follows pupils who were at the end of key stage 4 study (GCSE and equivalent) and reports their destinations in the following academic year.
¹⁴ ‘Not recorded as a sustained destination’ includes pupils who were captured in the source data and had some participation in the academic year but did not complete the required 6 months sustained participation. Activity not being captured means student was not found to have any participation in education, apprenticeship or employment.
¹⁵ Disadvantaged pupils include pupils known to be eligible for free school meals at any point in the last 6 years, had been looked after by the local authority, or had been adopted from care.
¹⁶ Vulnerable Group includes young people who are Looked after/in care, Refugee/Asylum Seekers, Carers (not own child), disclosed substance misuse, care leavers, supervised by youth offending team, parent not caring for own child, alternative provision.

Schools and Education

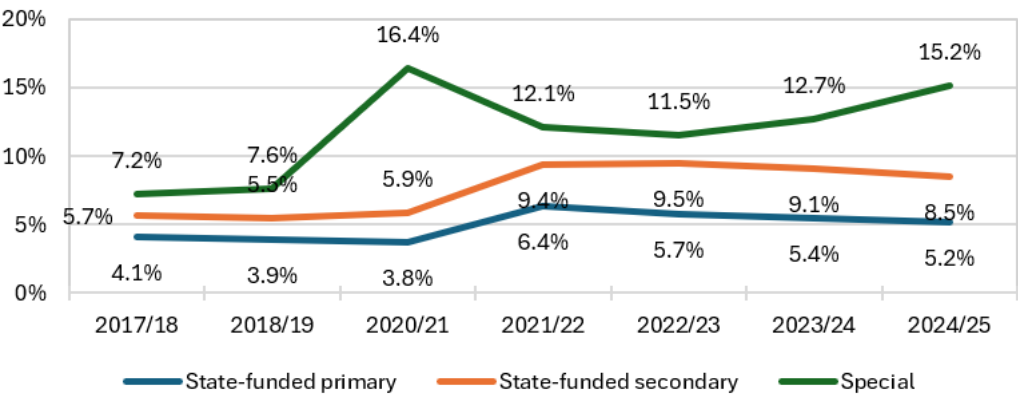
Within the Solihull boundary there are a total of 59 primary schools, 15 secondary schools, 2 colleges, 4 Independent Schools, 10 Special or alternative provision schools, 1 Pupil Referral Unit and 8 children’s centres (2024/25 academic year). Over 80% of Solihull school pupils are also resident in the borough but it does vary between settings with 87.8% of primary children living within the borough, but just 73.2% of Secondary schools.

One out of every 4 pupils in Solihull state-funded schools are eligible for free school meals (FSM) however just 1 in 5 receive FSM (2024/25). Across state-funded primary schools there are known to be 133 young carers, 0.64% of the school population, this figure increases to 1.33% of secondary school pupils (238 pupils). Over 85% of Solihull school pupils have English as their first language, just 14% are believed to have a first language other than English. Two thirds (67%) of Solihull School Pupils are White, 18.5% of pupils are Asian or Asian British and almost 10% are from a mixed ethnic background.

Residency of Solihull School Pupils

	Resident in Solihull	Out of borough
Primary	87.8%	12.2%
Secondary	73.2%	26.8%
Special School	83.3%	16.7%
Total	81.1%	18.9%
Source: DFE, 2024/25		

Overall absence rate, Solihull



In 2024/25, the overall absence rate in Solihull schools was 6.97%, higher than both the West Midlands (6.85%) and England (6.78%). Absence rates are highest amongst special schools and has risen from 11.5% in 2022/23 to 15.2% in 2024/25 in contrast the overall absence rates in primary and secondary schools have fallen during the same period. Persistent absentees are pupils that have missed 10% or more sessions, the persistent absence rate has fallen each year since 2021/22 but remains higher than pre-pandemic figures. Suspensions are highest amongst secondary pupils (5.72) compared to 4.56 in special schools and 0.92 in primary schools.

Educational attainment is strongly linked with health behaviours and outcomes. Better educated individuals are less likely to suffer from long term diseases, to report themselves in poor health, or to suffer from mental conditions such as depression or anxiety. Educational attainment is high in Solihull 74.9% of 19 year olds achieved GCSE English and Maths in Solihull (2024), higher than in England (73.2%) and the West Midlands (70.6%). Approximately two thirds (67.7%) of adults aged 16 to 64 years have a level 3¹⁷ qualification or higher in Solihull, more than in England and the West Midlands (67.4% and 63.6% respectively, 2023). Data sources: DfE, Explore Education Statistics, 2026).

Persistent Absence Rate, 2018/19 & 2024/25

	2018/19	2024/25
State-funded primary	7.35%	12.46%
State-funded secondary	12.94%	23.18%
Special	19.96%	43.30%
Total	10.25%	18.31%

¹⁷ A level 3 qualification is a post-16 academic or vocational credential broadly equivalent in standard to an A level.

Children’s Social Care, Welfare and Safeguarding

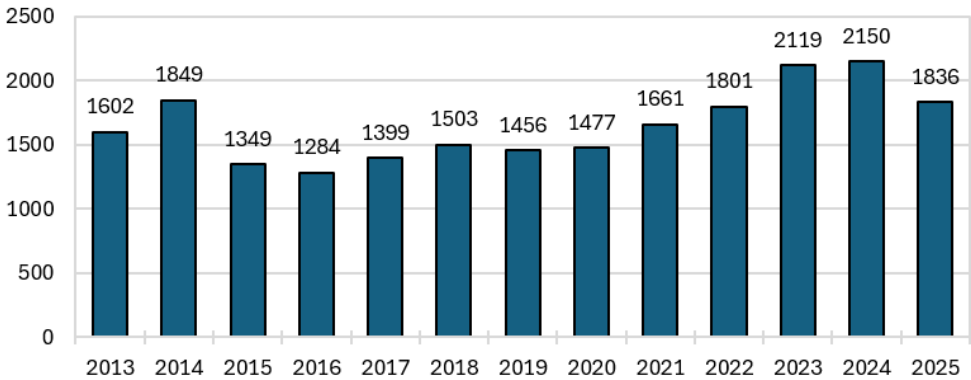
If a child is assessed as a child in need, the local authority will give the family appropriate support to promote the child’s welfare. If there is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm, it will carry out an assessment to determine if it needs to take steps to safeguard and promote the welfare of the child. If the child is judged to be at risk of harm, and it is felt to be appropriate to outcomes, then an initial child protection conference (ICPC) should be convened. A child becomes the subject of a child protection plan if they are assessed as being at risk of harm at an ICPC.

The number of referrals into children’s social care reduced by almost 21% in 2025, 3,022 referrals down from 3,815 in 2024. When a child is referred to children’s social care services, an assessment is carried out to identify if the child is in need of services. These services can include, for example, family support, leaving care support, adoption support or disabled children’s services (including social care or education and health provision). Exactly 3,000 assessments were completed in Solihull in 2025, down 20.6% on the previous year. The average (median) duration of an assessment slightly increased in 2025 from 41 to 42 days, the England average is just 33 days.

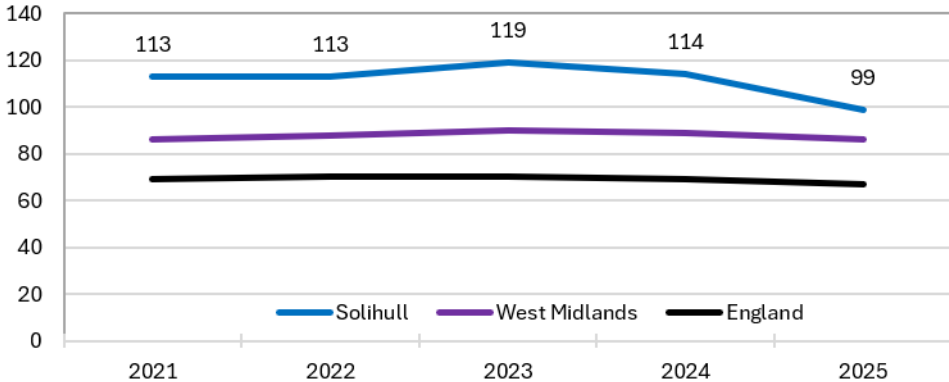
There are 1,836 children in need¹⁸ in Solihull (2025), a 15% reduction on the previous year when numbers were at an all-time high (2,150 in 2024). This equates to 373 children in need per 10,000 children, this is higher than the England rate (330.3 per 10,000). A social worker determines the child’s primary need at their first assessment. Only one primary need can be reported at this point. In circumstances where multiple needs are identified, the highest need is reported. Almost two thirds (62.1%) of children in need in 2025 had abuse or neglect as their primary need at assessment in Solihull. This is higher than in England where 58% had abuse or neglect as their primary need. Family dysfunction was the primary need in 10.6% of children in need, 10.1% were as a result of family in acute stress and 9.5% were from absent parenting.

There were 177 children on child protection plans¹⁹, down 8% on previous year, a rate of 36 per 10,000 children, this is lower than in England (40.6 on child protection plans per 10,000). If a family is unable to safely provide for a child’s needs the child can be made the subject of a legal order and be placed into the care of the local authority, or some children are cared for voluntarily with consent of the parent²⁰. The Children We Care For (CWCF)²¹ can live in a variety of care arrangements from staying with their parent(s), wider family members, cared for by foster carers or in residential homes. At the end of March 2025, Solihull were caring for 489 children equating to 99 per 10,000 children under 18. This is a 13% decrease on the previous year but remains higher than the West Midlands (86 per 10,000) and England rates (67 per 10,000). Data Sources: DfE Explore Education Statistics, 2026.

Children in need, Solihull



Children we care for rate per 10,000, 2021 - 2025



¹⁸ Number of children as at 31 March 2025 assessed as needing help and protection as a result of risks to their development or health.

¹⁹ Number of children as at 31 March 2025 assessed as being at risk of harm and becoming the subject of a child protection plan.

²⁰ Children Act 1989

²¹ Referred to Children Looked After (CLA) in the national framework but in Solihull we use the term Children We Care For (CWCF)

Adult Social Care

In 2024/25 Solihull adult social care received 895 requests for support from adults aged 18-64, this equates to 715 requests per 100,000 people, half the rate of the West Midlands (1,825 per 100,000) and England (1,875 per 100,000). There were an additional 4,000 requests for support from adults aged over 65 and represented 81.7% of all requests into adult social care. This is equivalent to 8,505 requests per 100,000 population aged 65 and over. In England and the West Midlands the rates are much higher at 11,855 and 12,915 requests per 100,000 respectively.

There were 1,935 episodes of Short-Term Support to Maximise Independence (ST-Max) for new adult social care clients in Solihull. This equates to a rate of 1,125 episodes of ST-Max per 100,000 adults; this is double the rate in the West Midlands (595 per 100,000) and England (525 per 100,000). ST-Max is a time-limited intervention, its primary goal is to help adults regain physical and rehabilitative independence. Following an ST-Max episode, the vast majority of clients have no further action (69.8%). In Solihull, almost 14% are admitted to hospital and just over 15% received long-term support.

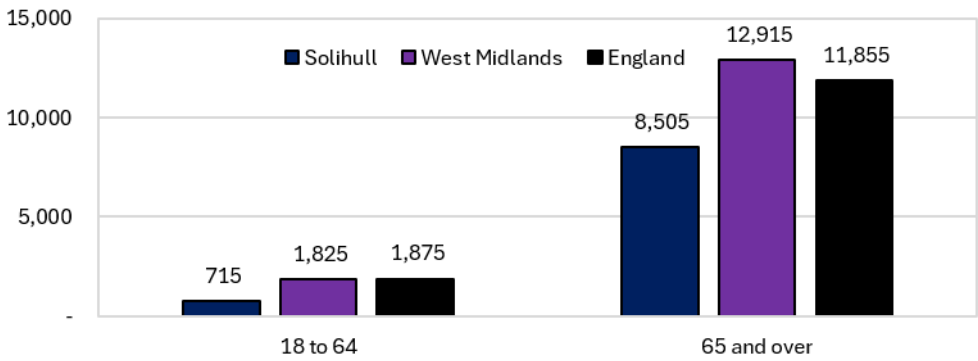
At the end of 2024/25 there were 2,540 clients accessing long term support in Solihull. More than half of clients aged 18 to 64 years receiving long-term support had a learning disability (570, 55.3%). Two-thirds (66.7%, 1220) of those aged 65 and over receiving long-term support primarily needed support with their personal care.

Most residents receiving long-term support from adult social care are living in the community. Almost 85% of those aged 18 to 64, and 60.6% of those aged over 65 received support in the community in 2024/25. This is similar to England where 86% of 18 to 64 year olds and 61% of over 65s were supported in community settings.

Residential and nursing settings are more prevalent for those aged 65 and over compared to people aged 18 to 64; almost a third (31%) of those aged 65 and over receiving long-term support were in a residential care setting, 1 in 4 (25.7%) were in nursing care settings.

Of the 460 adults receiving residential care, 70.7% of them are aged 65 years or over, and of those receiving nursing care in Solihull, 93% are aged 65 and over. Data Sources: DHSC, Adult Social Care Activity report, LG Inform).

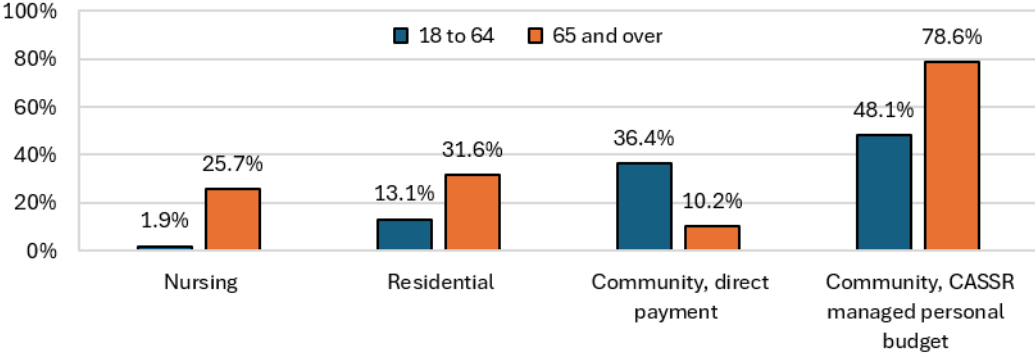
Requests for adult social care support per 100,000 population, 2024/25



Outcomes following ST-Max episode, 2024/25	England	West Midlands	Solihull
Admitted to hospital	5.4%	6.5%	13.7%
Long term support	16.5%	19.8%	15.5%
No further action	73.6%	67.7%	69.8%
Short term support	4.4%	6.0%	0.5%

Source: Adult social care activity report, DHSC

% of people in long-term support at the end of the year by age group and support setting, 2024/25



Care Needs of Older Adults

Estimated care needs of older adults	2025	2045	difference
Living Alone	14,717	17,674	+2957
Care Home	789	1,069	+280
Providing unpaid care	4,821	5,431	+610
Require help with at least one domestic task	13,055	15,957	+2902
Unmet need for at least one domestic task	7,564	9,218	+1654
Need help with at least one self-care activity	13,125	15,794	+2669
Unmet need for at least one self-care activity	11,378	13,775	+2397
Day-to-day activities limited a little	8,549	10,013	+1464
Day-to-day activities limited a lot	7,638	9,394	+1756
Predicted to have dementia	3,620	4,818	+1198
Predicted to have any cardiovascular disease	15,306	17,834	+2528
Predicted to have a longstanding health condition caused by bronchitis and emphysema	797	915	+118
Predicted to have a fall	12,851	15,432	+2581
Predicted number of hospital admissions due to falls	1,580	2,028	+448
Predicted to have a bladder problem less than once a week	1,553	1,854	+301
Predicted to have a bladder problem at least once a week	7,912	9,392	+1480
Predicted to have a moderate or severe visual impairment	4,382	5,209	+827
Some hearing loss	29,608	35,679	+6071
Severe hearing loss	4,011	5,295	+1284
Unable to manage at least one activity on their own	9,107	11,436	+2329
Diabetes	7,314	8,484	+1170
Source: POPPI, Institute of Public Care (IPC) and ONS			

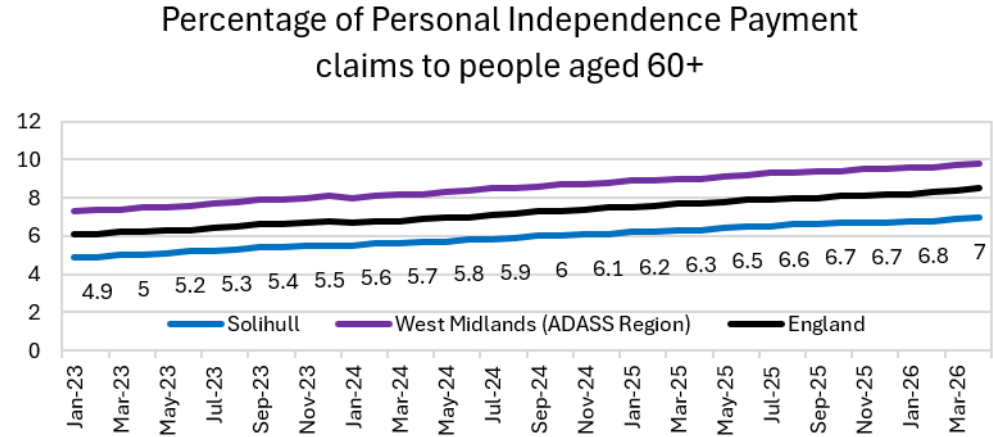
There are over 47,000 residents in Solihull aged 65 and over and the figure is estimated to grow by a further 7,000 over the next 20 years. With this increase there is likely to be increased demand across health and social care.

By 2045 it is estimated that there will be an additional 280 older adults requiring a care home, a further 2,902 requiring help with domestic tasks and an additional 2,397 requiring help with at least one self-care activity.

The number of older adults providing unpaid care to others will increase to 5,431 from the current estimate of 4,821 (+610 older adults). It is estimated that 9.8% of the Solihull population aged over 5 provide unpaid care, more than in England (8.9%) and the West Midlands (9.6%).

There could be an additional 1,198 older adults living with dementia. There is also likely to be large increases in the number of people with cardiovascular disease (+2,328) and increases in the number of people predicted to have a fall (+2581).

The number of older adults experiencing hearing loss could exceed 35,000 (+6,071) by 2045, a further 1,284 could experience severe hearing loss. Those that require additional support from health and social care services may be accessing various means and non-means tested benefits. Data on these benefits²² can give insight into how many adults aged over 65 are disabled and how many are taking care of someone else with a disability. Currently, 2.4% of the Solihull population aged 65 and over are eligible for Disability Living Allowance (DLA), this equates to 1,148 older adults (Q3 2025/26). Similarly, 1140 older adults are entitled to carers allowance (Q3 2025/26). There are 4,236 adults aged 60 and over claiming personal independence payments, this figure has been increasing in Solihull in line with the West Midlands and England. Data Sources: LG Inform, POPPI (Projecting Older People Population information).



²² Many older adults in Solihull may not be eligible for the benefits so real numbers are likely higher, DLA provides financial support for those who need help with their care or mobility needs, and carers allowance is paid to people providing eligible care for at least 35 hours a week.

Community and Place

Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to make to health and wellbeing. These community level determinants build control and resilience and can help buffer against disease and influence health related behaviour.

More than 75% of Solihull residents are satisfied with their local area as a place to live (Residents Perception Survey, 2025) and the vast majority (88%) strongly feel they belong in their neighbourhood. 9 out of every 10 residents feel they can easily access green space to spend time in (outside of their own home or garden) and most (77%) are satisfied with the green and natural spaces in their local area. There is evidence to suggest that access to green spaces has a beneficial effect on physical and mental wellbeing through both physical access and use.

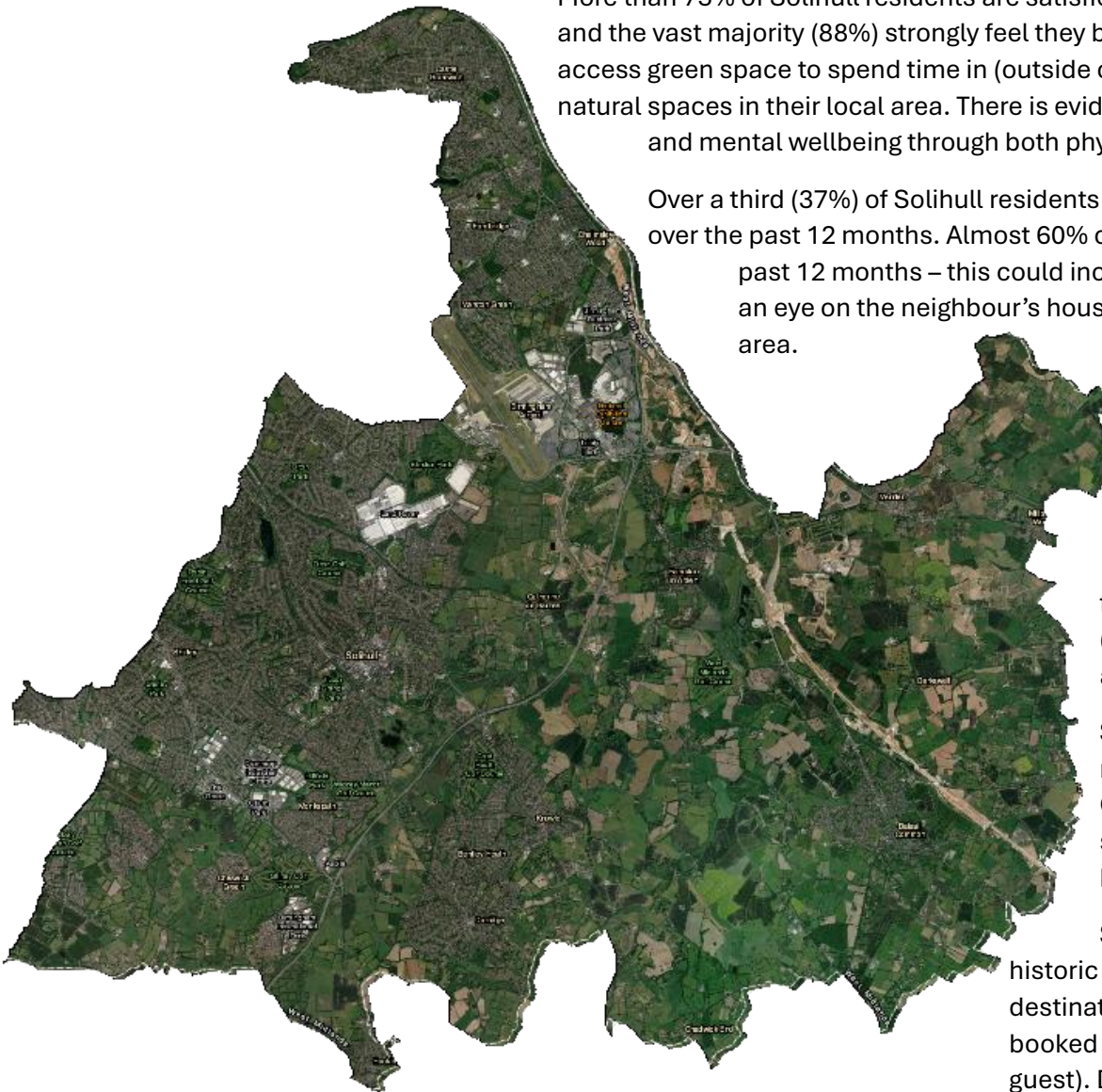
Over a third (37%) of Solihull residents have volunteered or given unpaid help to a formal group, club or organisation over the past 12 months. Almost 60% of Solihull residents have given unpaid help to someone that is not a relative in past 12 months – this could include regularly helping an elderly or disabled neighbour, keeping an eye on the neighbour's house while they're away, giving lifts or regularly picking up litter or tidying the local area.

In Solihull, 87% of residents live within a 30 minute walk of their nearest library; however, just 22% of adults reported visiting a library in the last 12 months, less than in the West Midlands (23%) and England (25%).

There are 20 sports facilities per 10,000 people in Solihull, higher than both the West Midlands (16.3) and England (17.1) averages. There are fewer museums with just 1.4 per 100,000 people, less than in the West Midlands (3.8 per 100,000) and England (4.5 per 100,000). In 2023 just 35% of Solihull adults reported visiting a museum or gallery in the last 12 months.

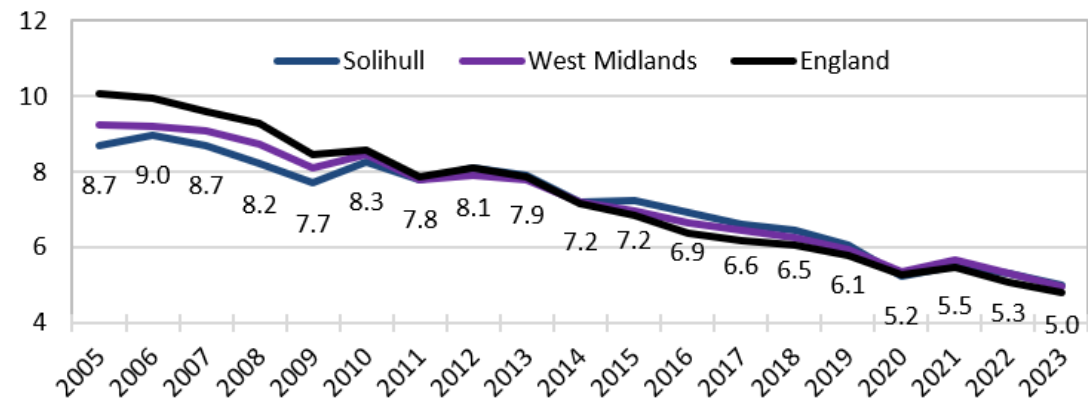
Solihull is well connected. All of Solihull has 5G coverage from at least one mobile network provider. Across England 87.6% of the area has 5G coverage. Over 95% of premises have broadband coverage capable of a gigabit download speeds compared with 88.4% in England. Just 1.1% of premises in Solihull do not have access to internet speeds above 30Mbps compared with 1.9% in England.

Solihull is home to large entertainment venues, excellent shopping facilities, historic villages and picturesque green spaces and is proving to be an attractive tourist destination. Between April and June 2025, there were 11,210 nights of short-term lets booked in Solihull, totalling 32,690 guest nights (sum of the number of nights for each guest). Data Sources: ONS Local Indicators, 2026, SMBC Solihull Residents Perception Survey, 2026.



Environment

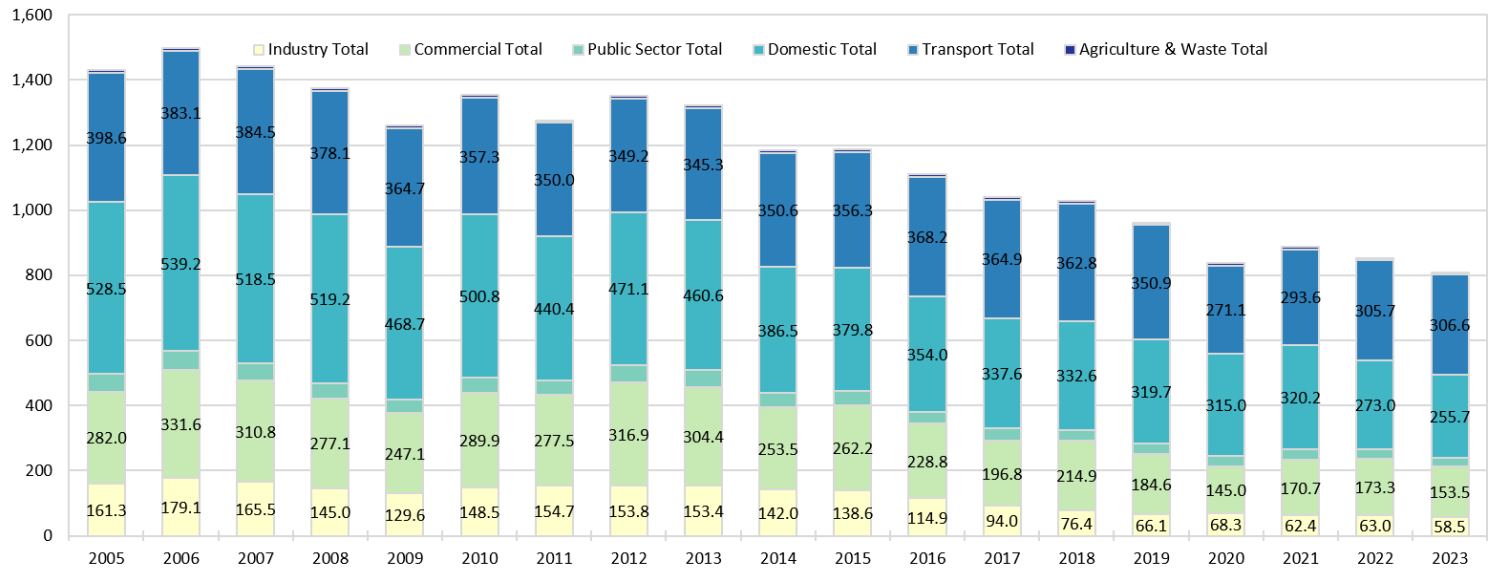
Greenhouse gas emissions per capita (tCO2e)



Greenhouse gas emissions have decreased by 43% in Solihull since 2005, this is similar to England which saw a 46% reduction over the same time period. Whilst emissions have decreased over time, there have been periods of fluctuation, with emissions increasing between 2009 and 2010 (largely due to exceptionally cold weather in 2010 and low emissions in 2009 as a consequence of economic factors), between 2011 and 2012 (largely due to variations in temperature) and between 2020 and 2021 (largely due to the easing of COVID-19 restrictions and variations in temperature). All local authorities saw a decrease in their greenhouse gas emissions between 2005 and 2023, largely driven by reductions in emissions from power stations²³ and industrial combustion.

In 2023 there were an estimated 807.7 kilotonnes of carbon dioxide equivalent (ktCO2e) emissions in Solihull within the scope of influence of the local authority. A large proportion of this is from Transport (306.6, 38% - A roads and Minor roads (excludes motorways)). A third (32%, 255.7 kilotonnes) were from domestic gas and electricity. Solihull MBC has set the aspiration of reducing the borough's CO2 emissions to net zero by 2041.

Carbon dioxide (CO2) emissions estimates within the scope of influence of local authorities Solihull 2005 - 2023



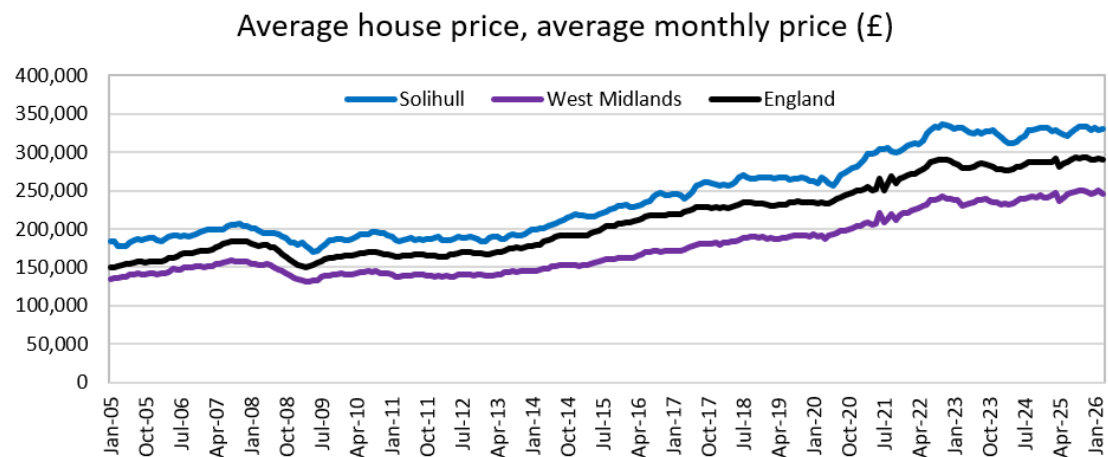
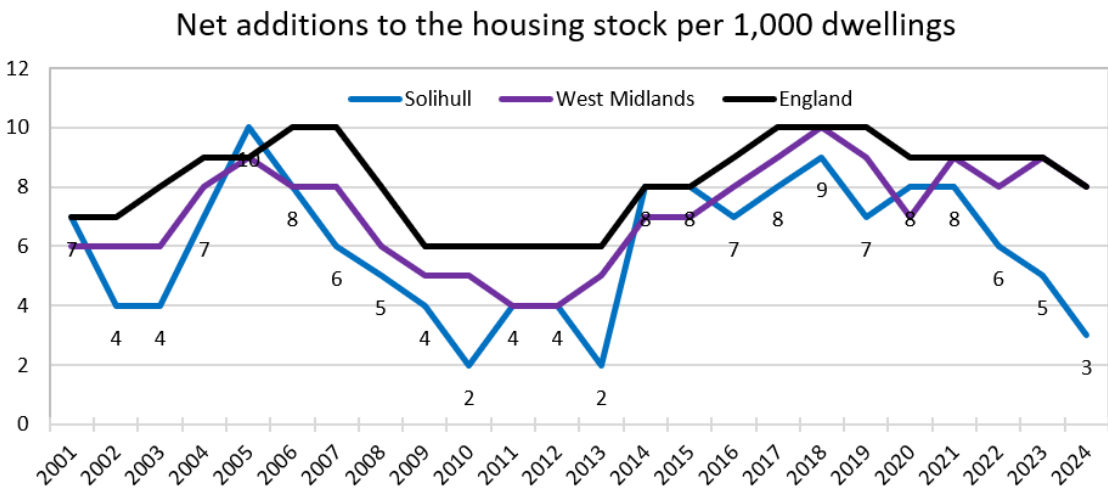
The median domestic electricity consumption per household in Solihull (2024) is higher than both the West Midlands and England: 2710.4kWh compared to 2547.1kWh and 2491.9kWh respectively. Similarly, the domestic gas consumption is higher in Solihull at 11/355.7kWh than in the West Midlands (10,157.4kWh) and England (9881.4 kWh).

Approximately 82% of Solihull residents rate the air quality either good or very good (Solihull Residents Perception Survey 2026). Just 28% of Solihull residents felt air pollution affects them personally, the proportion rises to 33% (1 in 3 residents) in the north of the borough²⁴. Data Source: ONS Local Indicators, 2026.

²³ The reduction from power stations is driven by change in the fuel mix use for electricity generation with a large reduction in the amount of coal, which is a carbon intensive fuel, and increasing use of renewables.
²⁴ Castle Bromwich, Chelmsley Wood, Kingshurst & Fordbridge, and Smiths Wood wards.

Housing

Many aspects of housing can affect our health. A healthy home is affordable, warm and provides security. It’s somewhere safe that meets the needs of everyone in the household, and helps us connect to community, work and services. If our home doesn’t meet these essential needs, there are direct and indirect effects on our health. Unaffordable housing leaves less money for other essentials that influence health, such as food and heating. Unaffordable housing can also cause chronic stress, as can having to move frequently due to housing instability or insecurity.



The net additions to housing stock fell by 34% in 2024 due to changes in local plan processes. Net additions estimate changes in the size of the dwelling stock due to new house building completions, conversions (e.g. house into flats), changes of use (e.g. shop into house), demolitions and other changes to the dwelling stock.

Solihull average house prices have steadily increased over the past 20 years along with the West Midlands and England averages. Solihull’s average house price is currently £330,181, 34% higher than the West Midlands average and 14% higher than the England average. Despite rising house prices, the affordability of homes has improved. The average house price in Solihull is 7 times the median annual average earnings (affordability ratio, 2025), below England (7.6) and down from 9.2 in 2021. Local authorities have a duty to accommodate people who are homeless through no fault of their own, eligible for assistance, and have a ‘priority need’. This primarily includes those with children or a vulnerability, including disability or mental ill-health. In Solihull there were 2.74 households per 1,000 households assessed as being owed either a prevention or relief duty between July and September 2025. This is slightly lower than the England rate (3.31 per 1,000). Prevention duties include activities aimed at preventing a household threatened with homelessness, relief duties are owed to households that are already homeless and require help to secure settled accommodation. It is estimated that 19 people sleep rough on a single night in Solihull (Autumn 2025), this is a 58% increase on the previous year and represents a rate of 8.6 rough sleepers per 100,000 people, higher than in England (8.2 per 100,000).

Energy performance certificates (EPC) indicate the energy efficiency of a building. Domestic properties are rated A to G where A is the most efficient in terms of likely fuel costs and carbon dioxide emissions. An EPC is required when

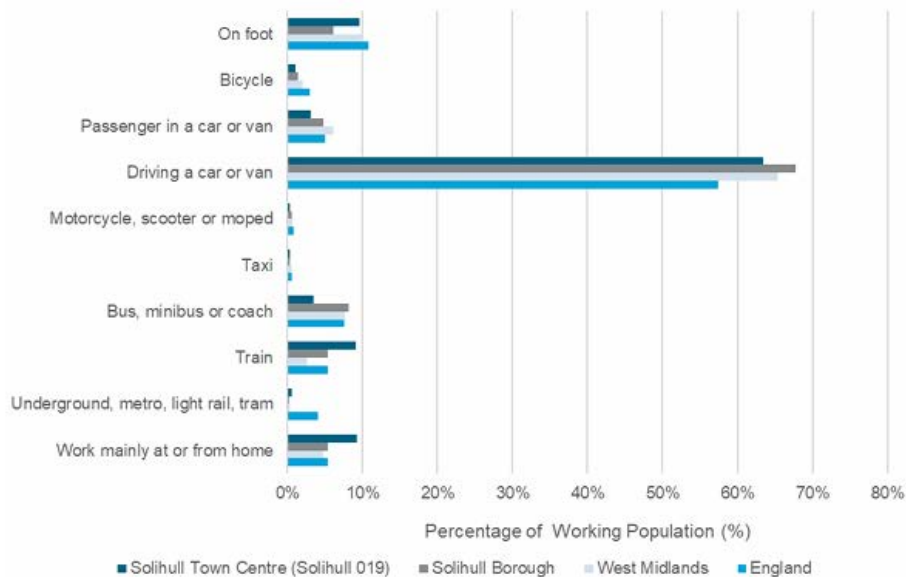
a building is constructed, sold or let. Between January – March 2026, a total of 1,166 EPC certificates were issued in Solihull, just 5.1% were rated A, in England 10% of domestic properties had achieved the highest EPC rating during the same period. Most properties are rated C and D. The energy efficiency rating of homes varies across regions and is largely related to the type and age of the dwelling stock. Nationally, 50% of new dwellings are rated A compared to just 4% of existing dwellings. Data Sources: ONS Local Indicators 2026, MHCLG Homelessness, EPC and Housing Statistics).

Transport

Existing Transport Network



Method of Travel to Work



Good transport systems can help us stay healthy. When transport is well-designed and sustainable, it can; help people get to health and social care services when they need treatment or support, make it easier to stay connected with friends, family, and the community, support physical and mental health and boost local economies by bringing more people to shops and services, especially in towns and cities. Transport can also be harmful to our health. Some parts of the system can cause problems for travellers and for those living nearby. For example, it can: generate pollution that harms cardiovascular and respiratory systems (these relate to our heart and lungs), create noise that affects mental and physical health, contribute to injuries experienced by transport users and pedestrians, increase stress, which can affect mental health, make people feel unsafe, make it harder to connect with others and the community, especially if travel options limit mobility, block access to essential services like healthcare or jobs, add to climate change through greenhouse gas emissions.

Solihull is home to major economic and infrastructure assets and already benefits from high levels of regional and national connectivity. This will be enhanced by the arrival of HS2 in the coming years. The opening of the HS2 Interchange Station could introduce up to 7,500 additional car parking spaces to serve the station, alongside highway changes and new cycling and walking routes. New public transport services are also expected to serve the station.

Just 18% of households within the borough have no access to a car or van. In the northern wards however, almost 1 in 3 households (29%) are without transport. Most of the Solihull working-age population travel to work by car or van. Just 6% of Solihull residents walk to work and less than 1% travel to work by bicycle (Solihull Residents Perception Survey, 2026). Since April 2026, Limes e-bikes have been available to hire across the borough to help people choose cycling as an affordable, cleaner and greener way to get around. The Solihull Connected Transport Strategy sets out a vision for Solihull: “Solihull will have a multi-modal transport system that accesses all parts of the Borough, supports our economy, is safe to use and makes the Borough healthier and fairer for communities, businesses, and visitors”.

Almost 28% of Solihull residents use public transport often (daily or several times a week, Solihull Residents Perception Survey). A high proportion (84%) feel there is suitable public transport in their area. In the east of the borough however, almost 1 in 4 do not feel there is suitable access to public transport. Two-thirds of the borough (66%) live within a 30 minute walk of their nearest train station, this is higher than the West Midlands (48%) and England (58%) averages. Solihull’s electric vehicle strategy has been developed with the central aim of ensuring that when any existing petrol or diesel powered vehicle owned or operated in the borough is sold or scrapped, it

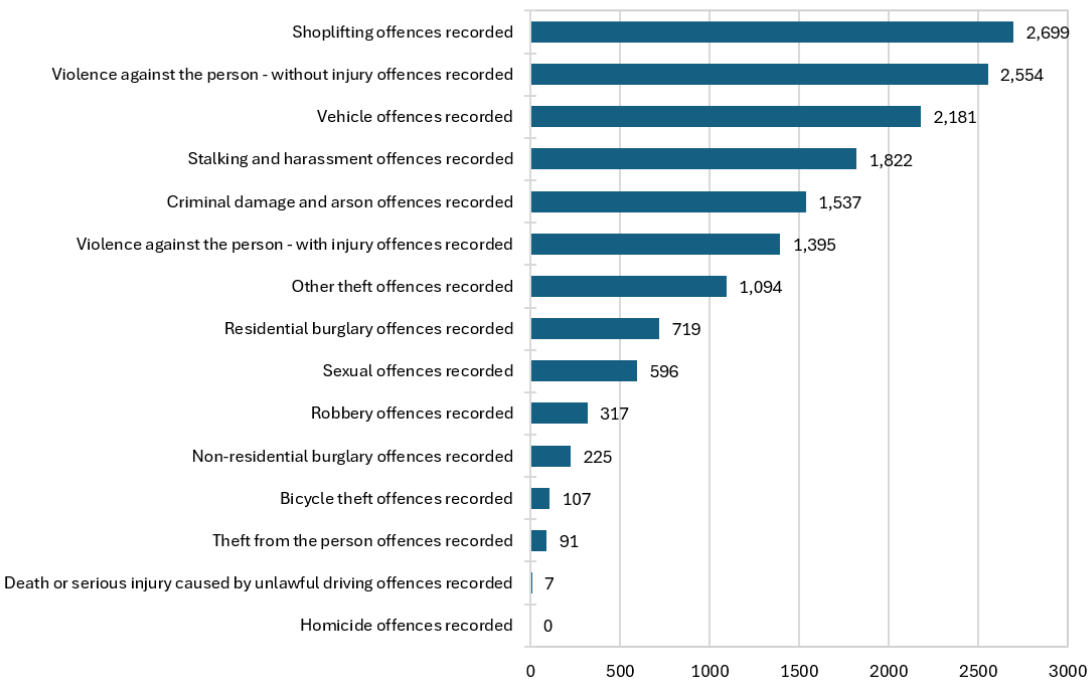
is replaced with an electric vehicle. Currently there are 273.5 public electric vehicle chargers in the borough per 100,000 people, more than in the West Midlands (192) and England (169.8). Data Sources: SMBC Solihull Connected Transport Strategy 2023, Census 2021, Solihull Residents Perception Survey 2026.

Crime and Community Safety

Crime affects health in many ways. Violence against people is the most direct link, while the psychological effects of experiencing and/or fearing crime can also have far reaching consequences (reduce health promoting behaviours such as physical activity and social contact). Furthermore, the economic cost of crime may reduce resources available for health improvement. Perpetrators of crime are also more likely to have worse health across a range of conditions than the general population. In 2025/26 there were approximately 79 crimes per 1,000 residents in Solihull, slightly lower than in England (83.5) but a slight increase on the previous 12 months. There were 15,344 victim-based crimes, 18% (2,699) of the crimes were shoplifting offences, 17% (2,554) were violence against the person without injuries recorded and 14% (2,181) were vehicle offences. There were a further 1,395 crimes of violence against a person with injuries recorded (9%). To compare, in England 18.9% of all victim based crimes were violence against the person without injury, 14.2% were stalking and harassment offences, 11.8% were shoplifting offences and 11.6% were violence against the person with injury, just 7.4% of crimes were vehicle offences. There were 1,822 stalking and harassment offences (11.9% of all victim based crimes) and 596 sexual offences (4%). Across the West Midlands Police Force Area domestic abuse (DA) related incidents and crimes have been increasing; there were 23.6 DA related incidents and crimes per 1,000 in 2015/16 which has increased to 37.5 in 2024/25. According to the Solihull residents’ perception survey 2026, 87% of residents feel safe in their local area during the day, this reduces to just 53% after dark. Over a third (34%) of Solihull residents feel unsafe at night. The perception survey results vary between localities in Solihull. In the North of the borough, the proportion feeling safe after dark is lower than

Solihull Residents Perception Survey 2026	Solihull	Locality		
		North	West	East
How safe do you feel in your local area?				
During the day	87%	79%	90%	88%
After dark	53%	39%	57%	65%
Thinking about this local area how much of a problem do you think each of the following is?				
Discrimination, harassment or intimidation is a problem	15%	18%	14%	12%
Noisy neighbours or loud parties is a problem	12%	17%	9%	13%
Vehicle nuisance, like off-road biking, joyriding, abandoned cars etc. is a problem	37%	50%	31%	34%
Gangs hanging around the streets is a problem	23%	28%	22%	16%
Uncontrolled or dangerous dogs is a problem	6%	10%	4%	6%
People using or dealing drugs is a problem	30%	44%	23%	28%
People being drunk or rowdy in public places is a problem	13%	15%	11%	12%
Vandalism, graffiti and other deliberate damage to property or vehicles is a problem	24%	39%	18%	21%
Litter or rubbish is a problem	45%	61%	34%	52%
How concerned are you about extremist or divisive activity in your local area?				
Not concerned	67%	70%	64%	71%
Are concerned	19%	13%	22%	19%

Victim based crime offences for Solihull, 2025/26



the Solihull average at 39%. When asked about discrimination, harassment or intimidation, 15% of Solihull residents thought this was a problem in their local area, over a third (37%) of residents surveyed thought off-road biking, joyriding and abandoned cars were a problem. Almost 1 in 4 (23%) thought gangs hanging around the streets were a problem and almost a third (30%) were concerned about people dealing drugs in their area. Half (50%) of the respondents in the north of the borough thought vehicle nuisance (off-road biking, joyriding, abandoned cars) was a problem compared with a third (31% in West, 34% East) of residents in other localities. The majority of respondents in the north thought litter was a problem in their area compared to 45% in the rest of the borough, the proportion concerned that drugs were a problem was also higher in the north of the borough than elsewhere. Data Sources: SMBC Solihull Residents Perception Survey 2026, LG Inform Victim Based Crimes.

Further Reading

The Story of Solihull forms part of Solihull MBC's Joint Strategic Needs Assessment (JSNA). The JSNA is used by the local authority and the Integrated Care Board to assess the current and future health, care and wellbeing needs of the local community and inform commissioning priorities that will improve health and wellbeing and reduce inequalities. The JSNA is further supported by a wide range of data and intelligence which offers greater detail on the Solihull population, health and economy. The complete JSNA resource can be accessed at: [Solihull JSNA](#). The JSNA has helped inform our current [Health and Wellbeing strategies and policies](#).

Cite the Story of Solihull

Please cite any use of the Story of Solihull as follows specifying the date of access:

Story of Solihull 2026, Solihull MBC

Data sources

The following websites and data sources have been used to produce the Story of Solihull:

[Fingertips, Office for Health Improvement & Disparities](#)

[Explore education statistics, Department for Education](#)

[Census 2021, NOMIS](#)

[Census 2011, NOMIS](#)

[ONS Population Estimates, NOMIS](#)

[Explore local statistics - ONS](#)

[ONS Business Register and Employment Survey](#)

[Data.Police.UK](#)

[Housing - Office for National Statistics](#)

[Statutory Homelessness, Department for Levelling Up](#)

[Greenhouse gas emissions, Department for Business, Energy and Industrial Strategy](#)

[Projecting Older People Population Information, POPPI](#)

[Adult Social Care Activity and Finance Report, NHS Digital](#)

[Global Burden of Disease, Institute for Health Metrics and Evaluation](#)

[Stat-Xplore, Department for Work and Pensions](#)

[How transport affects our health - Transport and health - Environmental health impacts - Population health - Public Health Scotland](#)

[Housing | The Health Foundation](#)

[Chapter 6: wider determinants of health - GOV.UK](#)

[Solihull Residents' Perception Survey 2026](#)

[Solihull Connected Transport Strategy](#)

[Solihull Labour Market and Skills 2025](#)

[Solihull Economy & Business Environment 2026](#)