

Meeting date: 14th June 2022

Report to: Health & Wellbeing Board

Subject/report title: Tackling health inequalities: a blueprint for Solihull 2022-2025

Report from: Ruth Tennant, Director of Public Health

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Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood |
 Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle |
 Lyndon | Meriden | Olton | Shirley East | Shirley South |
 Shirley West | Silhill | Smith's Wood | St Alphege
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Public/private report: Public

Exempt by virtue of paragraph: Not applicable.

1. Purpose of Report

- 1.1 To present Solihull's Health Inequalities Strategy, called, "Tackling health inequalities: a blueprint for Solihull 2022-2025" for content sign-off.

2. Decision(s) recommended

- 2.1 Board to sign-off the Strategy content ahead of further design work and publishing on the SMBC website.

3. Matters for Consideration

- 3.1 "Tackling health inequalities: a blueprint for Solihull 2022-2025" is a short Strategy document describing Solihull's ambitions to reduce health inequalities over the next three years.
- 3.2 It is a call to action to residents, community groups and local organisations to partner with the Council and NHS, to create a Solihull where more people have a fairer chance to be healthier, happier, safer, and more prosperous.

3.3 The Strategy sets out our overall aim, guiding principles, and initial priorities for reducing health inequalities across our Borough.

3.4 The Strategy is attached separately for content sign-off in Appendix 12.1

4. Strategy scope

4.1 The Strategy focusses on what we can achieve and progress in next 1-3 years, in line with our [Health and Well-being Strategy 2021-23 \(update\)](#) priorities as they are today, and the best available evidence on what works nationally.

4.2 Any Strategy must be selective and ours cannot reference or address all inequalities in Solihull in one document.

4.3 The Strategy instead ensures there is consistent thinking about health inequalities, a clear goal, clear principles, and a framework for taking action across a range of partners.

4.4 It also paves the way to new and better evidence to develop the Strategy further over the coming years: for example, by applying health equity assessment tools to drive new insights and change, an approach also endorsed by the West Midlands Combined Authority and Integrated Care System Health Inequalities Programme.

5. Strategy development

5.1 Strategy development adopted a four-step-process:

- Step 1: Understand where we are now: our strengths, weaknesses, threats and opportunities
- Step 2: Establish where Solihull wants to be: a collective understanding, leading to priority setting
- Step 3: Plan how we will get there: developing a shared action plan
- Step 4: Public consultation and revision

5.2 Step 1 was an evidence-gathering process to establish what we know about health inequalities in our area today. This drew on relevant national, regional and local data, before and during COVID-19. For example, our Joint Strategic Needs Assessment, a local impact of COVID-19 on inequalities report, and relevant service data.

5.3 This also included insights from what communities were telling us was important to them, for example, through our existing community champion networks and regional engagement activities around the differential impact of COVID on Black, Asian and other minority ethnic groups - led by the West Midlands Combined Authority.

5.4 Step 2. Having reviewed the available evidence, we proposed an overriding aim, supporting principles to guide our system action, and produced a long list of 9 potential action areas. We brought partners together to prioritise a smaller number, resulting in 4 priorities and 3 enablers being agreed, with identified leads for each.

5.5 Step 3. With priorities agreed we sought pledges for action against each, forming a

shared action plan. This aimed to build on what was already in train, but accelerate priority programmes and maximise their impact on reducing health inequalities.

5.6 Steps 1 to 3 have been presented at previous Health and Wellbeing Boards as progress updates.

5.7 **Step 4: Public Consultation and Revision**

5.8 An online public consultation on an earlier draft of this Strategy ran for 3 weeks from 17th Jan to 7th Feb 2022. It was heavily publicised through professional, community and voluntary networks.

5.9 Who took part?

- 539 people took part in the consultation, which involved filling in a short survey
- 187 completed the survey in full, answering every question
- 352 partially completed it, choosing not to answer one or more questions
- We received 433 free text comments

5.10 Who responded?

- 77.3% answered as Solihull residents, 18.2% as professionals, 4.5% as “other”
- 68.9% female
- Mostly 35 and older, no under 25s.
- 86.3% white
- 25% with a disability

5.11 The feedback showed overwhelming support (“agree or strongly agree”) for the strategy aims, principles and priorities. On the specifics, Solihull residents told us they:

- wanted to know how children’s mental health needs would be addressed
- wanted better access to health and wellbeing facilities, including GP and NHS services, and made suggestions for new services, like drop-in wellbeing clinics in GP surgeries.
- experience significant transport barriers for work, leisure, and health or wellbeing appointments
- wanted inequalities in mental ill-health, housing, and digital connectedness to be included
- thought inequalities affecting people with physical and learning disabilities should feature more strongly
- wanted to see continued input and oversight from Solihull residents to shape this work
- wanted to know how success would be measured
- wanted the language in the Strategy to be simplified so more people could understand it

5.12 **How we responded**

5.13 We revised the final Strategy wording in response to feedback. Specifically this included:

- Including reference to work to support the mental health needs of children and young people (Priority 1)
- Highlighting the central role our Integrated Care System is playing in driving improvements in health services, and how it has put reducing health inequalities at the core of its current activity and plans (Enabler 2)
- Including more specific reference to planned work on improving transport poverty, housing quality and affordability (Priority 4)
- Ensuring our “supporting higher-risk groups” area explicitly included mental ill-health and disabilities (Priority 3)
- Re-thinking how we maximise our existing links to Solihull residents and community groups so they can continue to shape the implementation and future direction of this work (Enabler 3)
- Being clearer on our aspirations to develop an outcomes framework to measure our progress (Enabler 2)
- Limiting jargon and complexity in this document so it strikes a better balance between a professional and public audience.

6. Governance

- 6.1 Under Solihull Together we have established a Health Inequalities Strategy Implementation Group to oversee and co-ordinate delivery of this Strategy and its linked Action Plan.
- 6.2 The implementation group will maintain overall accountability for progress on the Strategy and will work via delegated multi-agency groups (some new, some established) to deliver it.
- 6.3 Synergies between the Integrated Care System programme and Solihull Health Inequalities Strategy will be further developed, including developing shared outcomes frameworks that measure progress towards reducing specific inequalities.
- 6.4 The long-term aim is narrowing the average gap in life expectancy (11 years) and healthy life expectancy (18 years) between people living in Solihull, and where relevant, between those in Solihull and the rest of England.
- 6.5 There are many short and medium-term measures, linked to our priorities, that can show us if we are on track. For example, closing inequality gaps in early child development, readiness for school, the number of children going to good or outstanding schools; tracking jobs, skills or training uptake in young people about to leave school, helping adults into work and tracking carer wellbeing.
- 6.6 These, and other medium-term measures, will add up to an overall reduction in inequalities in different groups over time.

7. Progress reporting

- 7.1 Progress on delivering actions in the Strategy will be reported at each Health and Wellbeing Board as part of the broader Solihull Together Update standing item.

7.2 A first-year progress update is scheduled to go to Health & Adult Social Care Scrutiny Board in the winter of 2022.

8. Next steps

Activity	Timeline	Status
Draft Strategy Document	22 Oct 2021 (Fri)	Complete
Draft circulated to priority and enabler leads for comments and feedback	29 Oct 2021 (Fri)	Complete
Health & Adult Social Care Scrutiny Board for comments and feedback	09 Nov 2021 (Thu)	Complete
Health and Wellbeing Board for comments and feedback	16 Nov 2021 (Tue)	Complete
Online public consultation on Strategy	Jan and Feb 2022	Complete
Feedback from consultation, Health and Wellbeing Board and Scrutiny incorporated into final strategy and updated action plans	Mar to May 2022	Complete
Finalised content to Health and Wellbeing for sign-off (June 14 th)	14 June 2022	Planned
Signed off Strategy to corporate publishers for design work	20 June 2022	Planned
Strategy implementation group second meeting (finalise Terms of Reference, further develop action plans, map milestones, key deliverables, links to delivery groups)	29 June 2022	Planned
Signed-off and corporately designed Strategy published on SMBC website	05 July 2022	Planned

9. What options have been considered and what is the evidence telling us about them?

9.1 Not applicable

10. Reasons for recommending preferred option

10.1 Not applicable

11. Implications and Considerations

11.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
Economy: 1. Revitalising our towns and local centres.	This Strategy advocates self-assessment tools for ensuring economic developments

Priority:	Contribution:
2. Deliver UK Central (UKC) and maximise the opportunities of HS2. 3. Increase the supply, quality and energy efficiency of housing, especially affordable and social housing.	are inclusive and benefit those who are currently most disadvantaged
Environment: 4. Enhance Solihull's natural and physical environment. 5. Improve Solihull's air quality. 6. Reduce Solihull's net carbon emissions.	Strategy Priority 4: "Healthy Places", advocates self-assessment tools for ensuring environmental developments are inclusive and benefit those who are currently most disadvantaged
People and Communities: 7. Take action to improve life chances and health outcomes in our most disadvantaged communities. 8. Enable communities to thrive. 9. Sustainable, quality care and support for adults & children with complex needs.	The Strategy's primary aim is to improve the lives of those with the worst health outcomes the fastest (7.) Strategy Enabler 3 –accelerates work to facilitate stronger, inclusive and resilient communities (8.) Strategy Priority 1 – accelerates work to support families with complex needs (9.)
10.Promote employee wellbeing	This Strategy aligns to the SMBC Equality, Diversity and Inclusion Strategy, which includes promoting diversity and inclusion in the workplace to promote employee wellbeing.

11.2 Consultation and Scrutiny:

11.3 The Draft Strategy went to Health & Adult Social Care Scrutiny Board 09 Nov 2021 and received detailed constructive engagement and feedback.

11.3.1 Online public consultation on the Draft Strategy ran for 3 weeks from 17th Jan to 7th Feb 2022 with over 500 respondents (Details above). Feedback has been collated and incorporated into the final Strategy.

11.3.2 Regional public engagement, for example in compiling the [WMCA Health of the Region Report 2020](#) and [West Midlands Enquiry into COVID-19 Fatalities in the BAME Community](#) has influenced the strategy.

11.3.3 The West Midlands Enquiry included a strong emphasis on multiple disadvantage and intersectionality linked to race, which links to our "Equality, Diversity and Inclusion" enabling priority.

11.3.4 Similarly, feedback on the impact of COVID raised access to NHS services, including GPs and mental health services, as important issues for people. This links to the part of the Strategy our local ICS is leading on (Enabler 2), including restoring NHS

services inclusively, enabling digital inclusion and supporting those with serious mental health illness.

11.4 Financial implications:

11.4.1 The Strategy does not come with a budget. Actions are expected to shape and improve services to reduce inequalities within existing budgets. Where new spend is identified, this will need to be approved through local partners' usual financial authorisation processes.

11.5 Legal implications:

11.5.1 None.

11.6 Risk implications:

11.6.1 None.

11.7 Equality implications:

11.7.1 The Strategy advocates self-assessment tools that include consideration of the 9 protected considerations outlined in the Equality Act 2010 and how to reduce inequalities that may affect people with one or more of these characteristics.

12. List of appendices referred to

12.1 "Tackling health inequalities: a blueprint for Solihull 2022-2025" attached as separate document

13. Background papers used to compile this report

13.1 None.

14. List of other relevant documents

14.1 [Council Plan 2020-2025 \(2022/23 update\)](#)

14.2 [Health and Well-being Strategy 2019-23 \(2021 update\)](#)

14.3 [Solihull Local Plan](#)

14.4 [The Marmot Review \(2010\)](#)

14.5 [Ten Years On \(2020\)](#)

14.6 [Building Back Fairer: The COVID-19 Marmot Review \(2020\)](#)

14.7 [WMCA Health of the Region 2020](#)

14.8 [West Midlands Regional Impact of COVID-19 Task and Finish Group](#)

14.9 [West Midlands Enquiry into COVID-19 Fatalities in the BAME Community](#)

14.10 NHS Confederation: [Health Inequalities Time to Act 2020](#)

14.11 [8 national NHS actions on health inequalities](#)

14.12 [Public Health England Health Equity Assessment Tool](#) (HEAT),