

# Tackling health inequalities: a blueprint for Solihull 2022-2025

## HAVE YOUR SAY



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

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

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

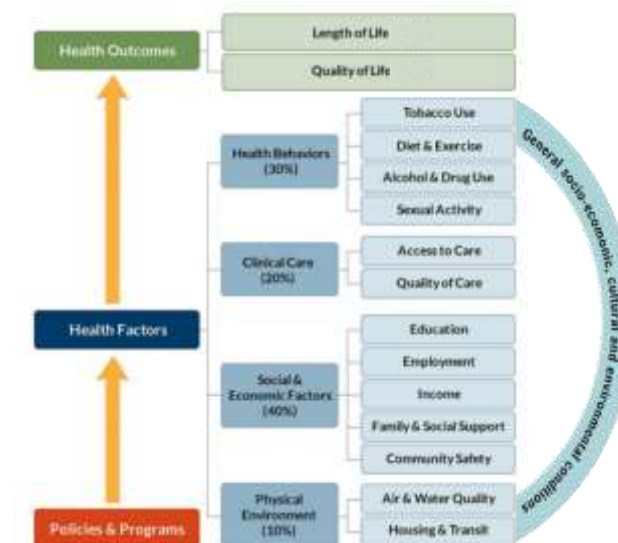
The Strategy sets out our overall aim, guiding principles, and initial priorities for reducing health inequalities across our Borough.

Have your say, to help us focus on the areas that matter most to you.

### You have a role to play

Does your work influence health in any of the areas shown below? Or perhaps in a different way? If so, we want to hear from you.

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



Source: “What influences Health”. Adapted from the County Health Ranking Model. For illustrative purposes only.

### Inequalities of what?

Health inequalities are unfair and avoidable differences in:

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

### Inequalities between whom?

Health inequalities exist between:

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

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

## Our aim and guiding principles

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

To achieve this, we will adopt seven principles that will shape our collective action. Find out more on the [consultation website](#).

## Our priorities

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

Our initial focus will be.

- **1 Maternity and Early Years**
  - Develop a socially inclusive early years' service
- **2 Adulthood and Work**
  - Support those furthest from work into employment
- **3 Supporting higher-risk groups**
  - Support carers so they can maintain their own well-being and those they care for
- **4 Healthy Places**
  - Help large-scale planning, housing and transport initiatives to consider how their work could benefit those experiencing most disadvantage

## Our enablers

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

- **1 Equality, Diversity and Inclusion**
  - Routinely and systematically assess health inequalities across significant new and existing work using simple tools
- **2 Place-based leadership**
  - Enable key organisations (e.g. NHS, Council, Voluntary sector) to develop a shared understanding of health inequalities in their populations and act to reduce them at the most appropriate geography (e.g. neighbourhood, locality or Borough)
- **3 Facilitating strong, inclusive and resilient communities**
  - Work with our communities to better understand and build on the strengths and resilience-factors that allow people to thrive.

## Why is this different?

We have been improving opportunities for people to flourish in Solihull for decades, with many successes.

But unjust differences in health between groups remain nationally and locally, and COVID has revealed many of them afresh.

What is different today, is that there is more understanding of health inequalities now, than ever before. And more will do things differently to reduce them.

## How to have your say

We would like to hear from local organisations and community groups working to improve health and wellbeing in Solihull, as well as any resident with an interest in how the strategy affects them and their community.

Please visit our [website](#) where you can access the full draft strategy to find out more about the aim, guiding principles, priorities and proposed actions.

The [website](#) includes an anonymous survey that is open for three weeks from **17th January 2022** until **07 February 2022**. Don't miss the chance to have your say at:

<https://www.solihull.gov.uk/consultations>

To request a paper copy, or if you have any questions about the strategy, please email [publichealth@solihull.gov.uk](mailto:publichealth@solihull.gov.uk)