Tackling health inequalities: a blueprint for Solihull 2022-2025

Contents

What the strategy sets out

This Strategy sets out Solihull's plan of action to reduce health inequalities over the next three years. It draws on strategies where work to address health inequalities has already started, including the Council Plan 2020-2025, Health and Well-being Strategy 2021-23 (update) and emerging Birmingham and Solihull Integrated Care System Health Inequalities Programme.

It comes at a time of renewed focus on health inequalities nationally.

On 1st October 2021 The Office for Health Improvement and Disparities (OHID) was founded and tasked with tackling unacceptable health disparities, also called health inequalities, across the UK.

The new Government department will co-ordinate an ambitious programme of work across central and local government, the NHS and wider society, drawing on expert advice, analysis and evidence, to drive improvements in the public's health. Policy papers are expected in the near future.

What do we mean by health inequalities?

Health inequalities are defined as systematic, unfair and avoidable differences in health between different people within society[1].

The terms "health inequalities" and "health disparities" are sometimes used interchangeably although they are different. Health disparities simply means health differences; whereas health inequalities points specifically to health disparities that are unfair and avoidable – that we can do something about. For simplicity and consistency, we will use the term health inequalities throughout this Strategy.

There are many kinds of health inequality, and many ways in which the term is used, so it is useful to be clear about what measure is unequally distributed, and between whom.

Inequalities of what?

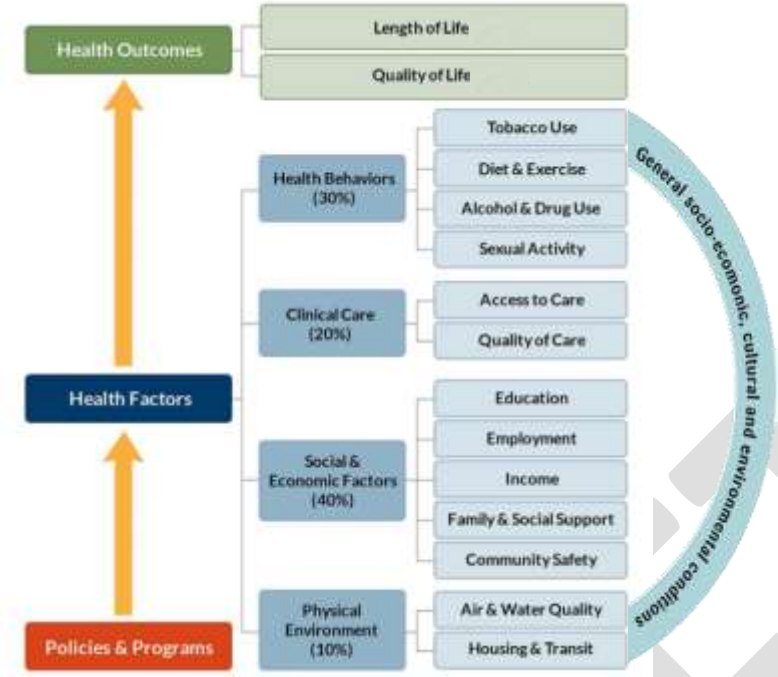
Health inequalities can include differences in:

- **health status** (e.g. length of life, quality of life, prevalence of disease)
- **access to care** (e.g. availability of treatments or other vital public services)
- **quality and experience of care** (e.g. outcomes following treatment or care, patient satisfaction of it)
- **health behaviours** (e.g. harmful tobacco, alcohol or drug use)
- **wider determinants of health** (e.g. family support, income, education, housing quality)

Figure 1 shows how these elements, and more, work together as a system to cause systematic differences in health outcomes. General social, economic, cultural and environmental conditions, for example, set the context in which policies and programmes are selected, that in turn, affects a wide range of "health factors" that ultimately causes systematic differences in length of life and quality of life.

[1] https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/#health-inequalities

Figure 1 What causes systematic differences in health outcomes?



Source: Adapted from the County Health Ranking Model. Note: % figures are estimates and averages, the relative contribution for an individual's life will be unique to them

In Figure 1, clinical care - such as healthcare provided by General Practitioners (GPs) and in Hospitals – contributes roughly 20% to differences in health outcomes, meaning 80% is explained elsewhere, by things like the physical environment, social and economic factors, and health behaviours.

Figure 1 is illustrative only. Estimates of the different contributors do vary. But there is consensus that factors outside of clinical care, known collectively as the "wider determinants of health", play the largest role in contributing to health inequalities overall.

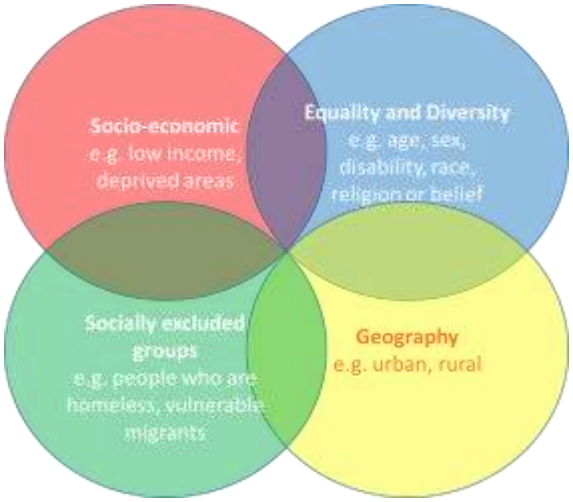
Inequalities between whom?

The above section describes what things are unequally distributed to create health inequalities and this section describes between whom. Health inequalities between groups can usefully be described across four main domains (Figure 2):

- **socio-economic groups** (e.g. those on low incomes, unemployed, living in deprived areas)
- **geographic groups** (e.g. Solihull localities (North, West, East) urban or rural)
- **equality and diversity groups:** including nine protected in law (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (which includes traveller communities), religion or belief, sex, and sexual orientation)
- **socially excluded groups:** (e.g. people experiencing homelessness, children who have experienced care, vulnerable migrants).

People experience different combinations of these groupings and they can interact, called intersectionality. For example, the interconnected nature of social categorisations such as race, class, and gender, can create overlapping and interdependent systems of discrimination or disadvantage that are greater than the sum of their parts.

Figure 2 Four overlapping dimensions of health inequalities



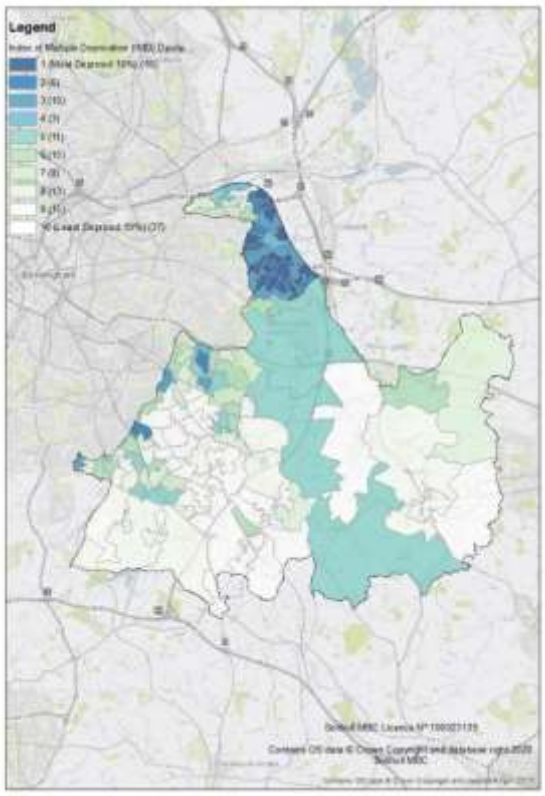
Where we are starting from

The Story of Solihull 2020 is a collection of data informing the Council Plan. It shows inequality in life expectancy in Solihull is the one of the highest in the country. On average, men in the most deprived 10% of Solihull can expect to live around 11 years less than those in the least deprived, compared with a gap of nine years across England, and spend nearly 18 years longer in ill health.

Having a shorter life, with more time spent in ill health, is strongly correlated with socioeconomic deprivation, where healthy choices are more restricted.

In Solihull, deprivation is concentrated in pockets of the West of the Borough and in the North (Figure 3).

Figure 3 Index of Multiple Deprivation 2019, Solihull Local Authority



While relatively affluent overall, 16 neighbourhoods in Solihull rank in the most deprived 10% of England, with unemployment, lower incomes and poorer education and skills being the main drivers. This affects around 24,000 residents.

Trends in socioeconomic deprivation from 2007 to 2019, show our poorer areas are actually falling further behind the rest of England overall, and the gap is also widening between them and the rest of Solihull.

However, there are reasons for optimism. Across deprivation dimensions of education, skills and training, crime and disorder, income affecting older people and living environment, our poorest areas became relatively *less* deprived compared to England. This shows positive change is possible.

Alongside deprivation, our health outcomes vary by equality and diversity characteristics, including age, sex, race and disability. For example, a Public Health England report on disparities in the risks and outcomes of COVID-19 showed that the highest rates of

COVID infection and death were among older people, men, Black, Asian and Minority Ethnic groups, those living in care homes, people from deprived areas and those with pre-existing health conditions like diabetes.

COVID containment measures have also highlighted a disproportionate impact on already marginalised groups; including people with a disability, carers, isolated older people, vulnerable children; lesbian, gay, bisexual and trans communities, traveller communities, and those living in overcrowded housing.

The Public Health England report also confirmed that the impact of COVID has replicated existing health inequalities and, in some cases, has widened them.

What we want to do

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

This is our overall aim and will move us toward a future where more Solihull residents have a fairer opportunity to be healthier, happier, safer and more prosperous.

To achieve this aim, as a system, we will adopt seven principles that will shape our collective actions:

1. Adopt "proportionate universalism". This means providing services for all, but modifying them so that those with the greater needs get greater support.
2. Routinely and systematically consider all four dimensions of health inequalities (Figure 2), including where they overlap to create multiple disadvantage (intersectionality).
3. Explicitly take action to reduce health inequalities in response to, and while living with, COVID
4. Invest in prevention and early intervention where possible. This is where return on investment is highest and impact can be greatest.
5. Enable all willing partners to systematically self-assess how their work influences health inequalities and what they can do to reduce them.
6. Advocate that reducing health inequalities is mainstream activity that is core to, and not peripheral to, the work of the NHS, Council, and wider public, private and voluntary sectors
7. Ensure approaches to addressing inequalities are evidence-based with a realistic prospects of change

What works

The largest evidence base on health inequalities in England, The Marmot Review (2010) and follow up report 10 Years On (2020), recommended six policy objectives for reducing health inequalities long term:

- giving every child the best start in life
- enabling all people to maximise their capabilities and have control over their lives
- ensuring a healthy standard of living for all
- creating fair employment and good work for all
- creating and developing healthy and sustainable places and communities
- strengthening the role and impact of ill health prevention

Giving every child the best start in life is a priority for Solihull and work is well under way. Through our 0 to 19 Healthy Child Programme, all new families are supported by a health visitor or school nurse. Starting before birth, and progressing to a mid-teen review, up to eight checks focus on 10

high impact areas of well-being, including: maternal mental health, weight, healthy child development and school readiness. Families with more complex needs are offered more frequent home visits and more specialist and long-term support (Case Study 1).

Case Study 1: "I'm always trying to do my best"

Background

Jenny* became pregnant at 17 and struggled with her mental health, including health related anxiety. She lost her mum when she was 15 and became "Mum of the House" supporting her Dad through grief, daily living and has successfully managed adult responsibilities for a long time.

Support

Our Family Nurse Partnership provides home visits for first-time young mums and worked with Jenny throughout pregnancy, infancy and now toddlerhood to maximise her health and wellbeing, and that of her son Charlie*.

Impact

- Charlie, now aged two, was fully breastfed, fully immunised, and is happy, sociable, with good levels of development and school readiness.
- Jenny's social network has grown. She's accessed peer parenting support and local walk and talk groups.
- She has started her own business via the Prince's Trust, has a contract with a charity to provide support in pregnancy and childbirth to others, and plans to become a midwife

*names have been changed to maintain anonymity

This is a strong foundation to build on, but we want to do more. For example, we want to accelerate work to improve support in the first 1001 days of life, from pregnancy through to age two, and reduce the number of children in care through earlier intervention.

For many Solihull residents, fair employment and good quality work is not yet a reality and this restricts their ability to make healthy choices. Excellent employment and skills support is available to all, but we want to do more to communicate this to residents who are not currently accessing it and advocate for more tailored support for those with the greatest needs (Case Study 2).

This would help more people exercise greater control over their lives and maintain a healthy standard of living.

Case study 2: "They took every opportunity to help me"

Background

Ben* visited Solihull's Recruitment and Training Centre after a severe road traffic accident left him partially paralysed and in a wheelchair for the first time.

Previously self-employed, Ben was looking for a new role with disability confident employers, within a reasonable distance of travel and with easy access for his wheelchair.

Support

The Training Centre helped Ben condense and update his CV for the change of role, and helped support him to find and apply for jobs in banking, vehicle finance and accident sectors, via a weekly "job shop".

Impact

Ben successfully found a job in Solihull in a role he enjoys. Both the company and Ben are taking part in an event to promote Disability Confident Employment through his success story.

*names have been changed to maintain anonymity

As Solihull's proportion of residents from Black, Asian and Minority Ethnic groups is projected to rise to around 23% by 2034, we are committed to maintaining an inclusive borough. This means recognising the increasingly diverse needs of our residents across all nine protected characteristics.

Both the NHS, Council and other partners have recently refreshed, or are developing, their Equality, Diversity and Inclusion Strategies to advance this ambition specifically.

COVID-19 restrictions have accelerated a shift towards more digital working, including seeing a GP online rather than in person. And while welcomed by many, patient voice groups have expressed concern that this has excluded those who are not online, or able to use such technology, which can be those in more marginalised groups to begin with.

The NHS is committed to restoring services inclusively, and develop digitally enabled care pathways in ways that increase inclusion, rather than reduce it. This will be crucial as the NHS tackles the long waiting lists built up through COVID.

Working with others

The Birmingham and Solihull Integrated Care System (ICS) is a key partner in shaping and implementing this Strategy.

It will deliver eight urgent-actions the NHS has set itself nationally to address health inequalities (see below) as well as developing its own programme areas in response to local needs.

1. Protect the most vulnerable from COVID-19
2. Restore NHS services inclusively
3. Develop digitally enabled care pathways in ways which increase inclusion
4. Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
5. Particularly support those who suffer mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivering action

As part of its national work it will also support a "Core 20 plus 5" ambition. This focusses NHS health inequality activity towards the 20% most deprived areas of the population and five clinical areas driving health inequalities: cardiovascular disease, cancer, chronic respiratory diseases, maternity care and the health of those with severe mental health illness.

Emerging local priorities include a healthy start in life, developing the role of the NHS as an anchor institution, and digital inclusion. Addressing health inequalities have been designed into the fabric of the Integrated Care System which has already formed a network of health inequalities champions representing primary care networks. Primary care networks are a key part of the new health and care structures, as shown in Figure 4.

Figure 4 Birmingham and Solihull Integrated Health System Structure

The Integrated Care System will work in collaboration with Health and Well-being Boards to deliver high-quality health and care services in Birmingham and Solihull. It has established a number of boards to support the achievement of the objectives set out in the NHS Long Term Plan. This includes addressing inequalities and embedding prevention (Figure 5).

Figure 5 Birmingham and Solihull Integrated Health System Boards

Governance, ownership and measuring performance

Solihull Together will be the forum to co-ordinate local delivery of this Strategy, alongside the Health and Well-being Strategy and delivery of the Integrated Care System ambitions that are best delivered at Solihull Borough level.

Solihull Together will co-ordinate and set up multi-agency, collaborative working groups as needed, to deliver these priorities.

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.

A progress report will be presented to each Solihull Health and Well-being Board meeting from Solihull Together, to demonstrate the progress of the collaborative work to deliver the agreed priority areas.

Working with and through Solihull Together to directly engage the public on what is and is not working will be critical to strong mutual accountability and embedding improvement and learning into future strategy development.

Tools for the job

To understand and reduce health inequalities requires a systematic approach supported by evidence. This includes data, expertise and experience of health inequalities and the success of any interventions to address them.

There is a wealth of existing guidance and evidence that partners can use. Through this Strategy we invite partners to sign-up and commit to using these tools, and in particular the Health Equity Assessment Tool (HEAT).

The HEAT is a practical framework that helps multiple audiences to systematically embed action on health inequalities and equalities in their work programme or service. The resources consist of:

- Health Equity Assessment Tool Homepage
- HEAT executive summary
- HEAT tool – full version
- HEAT tool – simplified version
- case studies demonstrating practical application of the tool and the main benefits of applying it in different work areas.

A West Midlands Inequalities Toolkit has also been developed and a national and regional Health Inequalities Dashboard are in development. These will provide additional resources to help partners assess and act on health inequalities in the near future.

Our priorities

The first three priorities of this Strategy align directly with the three life stages and priorities of the Health and Well-being Strategy 2021-23 (update). Our forth, "Healthy Places", recognises that addressing health inequalities needs to take account of the places in which people are born, grow, live, work and age.

Our remaining three "enablers" aim to facilitate more widespread system change, including better recognition and reduction in health inequalities.

Priority 1: Maternity and Early Years

The groundwork for a healthy life occurs in the first 1001 days - encompassing pregnancy and the first two years of life. Facilitating a secure attachment between child and caregiver in childhood is the most significant resilience factor for later life. The first 1001 days is also the period when interventions to disrupt inequalities are most effective and most cost-effective.

A society that delivers this for its children creates a strong foundation for almost every aspect of its future. A society that fails to deliver generates problems for the future in terms of social disruption, inequality, mental and physical health problems, and cost. At its starkest, preventing adverse childhood experiences could reduce hard drug use by 59%, incarceration by 53%, violence by 51% and unplanned teen pregnancies by 38% (Building Great Britons 2015).

No section of society is immune. Deprivation may lead to a greater concentration of affected families, but more affluent mothers can be just as prone to perinatal mental health problems. Certain groups, such as the families of armed services personnel, families with physical, learning or developmental disabilities, mental health problems, or those with extra caring duties, may need tailored support to flourish.

The provision and quality of early learning, care and development for a young child is vital to their immediate and long-term health, well-being and achievement. A secure foundation is essential if children are to be ready for school and to narrow the development and attainment gaps that exist between more disadvantaged children and their peers. This is particularly so in the areas of speech, interaction and writing. Take up of early years support, during a critical point in child development, has fallen in the COVID pandemic and there has been a rise in children taken into care.

Around 95% of Early Years settings in Solihull are judged to be at least good by Ofsted and this has been consistently high. However, Solihull is among the local authorities where fewer children from low income families reach the expected level of development. In 2019 the percentage of children eligible for free school meals who achieved a good level of development at the end of their reception year was 56% - a decline of 6% on the previous year. Further, the inequality gap for Solihull is 35.5 and ranks us 108th nationally, with fewer settings rated outstanding in the most deprived areas.

Achievement gaps between the performance of disadvantaged pupils and their peers remain stubbornly wide at all Key Stages and the gaps widen as pupils move through the school system. Although there has been some narrowing of the gaps for some cohorts, the achievement of disadvantaged pupils must be a priority for the borough.

What we will do

Our aim is to develop a socially inclusive early years offer for those aged zero to five years, focussed on improving the lives of those with the worst outcomes, the fastest.

Led by Solihull Council's Children's Services, in collaboration with wider partners, we will:

- Ensuring a healthy pregnancy – supporting antenatal parenting with a particular focus on vulnerable and/or isolated women
- Increase the reach of parenting education and peer support
- Provide support for families with more complex needs through new family hubs
- Provide inclusive mental health support for children in early years' settings through the provision of trained psychologists
- Support children with additional needs earlier and more effectively,

prioritising resources towards prevention and early intervention where possible

- Improve inclusiveness of mainstream services to support children with a broad range of additional needs, including disabilities
- Improve school readiness, focussing on those furthest behind.
- Increase the proportion of children in good or outstanding schools – with a focus on areas where this is currently lowest
- Ensuring effective working with services for parents at risk of mental health issues and the provision of specialist parent & infant mental health midwives and health visitors

Priority 2: Adulthood and Work

Inclusive growth describes how we make sure that everyone has a fair and equal opportunity to contribute to, and benefit from, economic growth across the borough.

Solihull has one of the strongest economies in the UK with unprecedented prospects for accelerated economic growth, new employment opportunities and further inward investment through the delivery of High Speed 2 and UK Central.

The challenge is to ensure that this growth provides opportunities across the whole Borough, so that all can contribute and benefit from it.

Good health supports good work, and good work supports good health. Both physical and mental.

Through better education, skills and employment, people are able to take more control over their lives and we see this result in better quality of life and length of life over time.

When people have good work and incomes they tend to be less socially isolated, smoke less, drink alcohol at less harmful levels, exercise more and have diets lower in high calorie foods. This all reduces their risk of common diseases like cardiovascular disease, cancer and dementia.

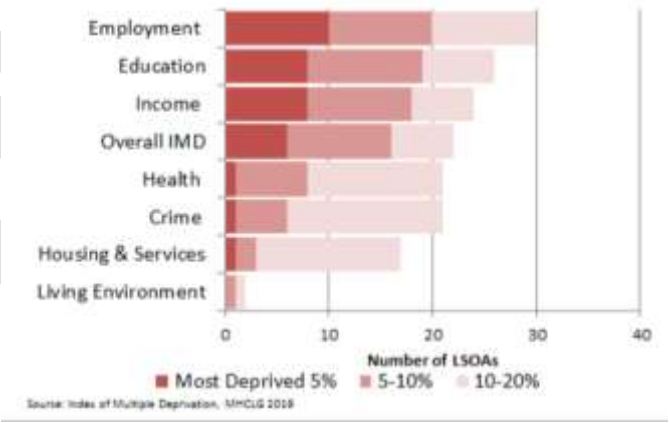
Neighbourhoods in Solihull in the most deprived 5% of England are deprived in domains of employment, education and income (Figure 6). They must remain a focus if we are serious about improving the health of those with the worst health outcomes the fastest.

Already a council priority, Inclusive Growth recognises that the long-term improvements to healthy life expectancy happen by the factors that influence it - such as the environment, jobs and skills and access to services - are a key part of successful growth.

The shared ambition is to provide high-quality, real and lasting jobs with career routes and ongoing education and development for residents, focusing in particular on those disadvantaged within the employment market.

As Anchor Institutions, large public sector partners can lever their unique contribution by securing social value through procurement; using their role as employers to offer opportunities to those with specific barriers to employment, for example, those with learning disabilities; and championing this approach with other major employers and procurers.

Figure 6 Deprivation in Solihull by Index of Multiple Deprivation Domain 2019.



What we will do

Our aim is to support those furthest from work into employment and better understand 'what works'.

Led by Solihull Council's Inclusive Growth Team, in collaboration with wider partners, we will:

- Support residents who are furthest from the labour market, and may have multiple barriers, to progress into work.
- Focus outreach work in North Solihull through a Recruitment and Training

Centre, but also extending out into smaller pockets of employment and skills deprivation in the West of Solihull.

- Analyse the impact of increased investment into supporting residents with learning disabilities or poor mental health into work to identify 'what works'.
- Increase the number of Solihull businesses who are Disability Confident Employers
- Develop a comprehensive engagement strategy that increases community awareness and take up of services. Monitor the impact of this strategy on key equality and inclusion dimensions including age, ethnicity, gender and disability.

Priority 3: Supporting higher-risk groups

Health inequalities exist between different groups as well as places**.**

Many groups are at a much higher-than-average risk of poor health, including socially excluded groups, like those experiencing homelessness, traveller communities or vulnerable migrants, as well as some with learning disabilities, victims of domestic violence, or those at risk of exploitation.

Enabler 1 of this Strategy aims to improve support to these, and other higher-risk groups, by engineering more inclusive services, informed by better health equity assessments.

Priority 3 is narrower, and aims to accelerate work on supporting unpaid carers (all age) in recognition that they support the most vulnerable members of society, suffer worse health themselves as a consequence, and are an already large group (at least 24,000) that is expected to grow.

Ageing well and improving the health and care for older people remains a priority of the current Health and Wellbeing Strategy and unpaid carers represent a significant higher-risk group within that.

Thankfully, better healthcare and living standards mean more people are living longer.

For example, the Solihull 65 and over population is projected to increase by over 6,200 people (14%) in the 10 years from 2017 to 2027, and includes sharp projected rises in people aged 74 to 85 (34%) and those aged 85 and over (21%).

With a rise in the proportion of older adults comes a rise in the number of people providing informal care.

Unpaid carers provide critical support for people with health and social care needs in Solihull, but their own health often suffers.

A 2021 rapid evidence review by Public Health England showed that carers of older people experience poor mental health, including anxiety and depression, and lower quality of life. They also experience a higher risk of musculoskeletal conditions, cardiovascular disease, generalised cognitive deterioration and function, and poor sleep.

A 2017 Review found that younger carers often find benefit in their care-giving experience, but it is also link to poorer health. They are twice as likely as other young people to report a mental health condition, like stress, anxiety or depression, feel more socially isolated and report physical illness such as hair loss and asthma.

Pre-COVID, over 90% of Solihull carers reported that their own health had been negatively affected by their caring role in the last year, this is likely to have grown during the COVID pandemic.

The Better Care Fund encourages pooled budgeting and action within local systems to achieve better health outcomes for people and carers. A local system challenge will be to ensure our Better Care Fund improves the lives of those with the worst health outcomes, the fastest. Applying Health Equity Assessment Tools to planned spend and activity is one way to ensure this becomes a reality.

What we will do

Our aim is to support carers so they can maintain their own well-being and those they care for.

Led by Solihull Council's Adult Social Care Team, in collaboration with wider partners, we will:

- Increase options for carers to have a break
- Increase awareness of financial support available to carers
- Better understand barriers to accessing existing support
- Better understand additional support needs that are unmet
- Refresh and implement Solihull's Carers' Strategy
- Apply the Health Equity Assessment Tool to the Carers Strategy implementation to spot and close inequality gaps
- Support carers to understand their eligibility to access vaccines, including the COVID vaccine, and wider health support.

Priority 4: Healthy Places

Alongside the three priorities which relate to the Health and Wellbeing strategy, addressing health inequalities needs to take account of the places in which people live, play, work, study and socialise.

As showed in Figure 1, the factors outside of clinical care play a significant role in determining whether people grow well, live well and age well.

There is a lot of work in the pipeline to develop Solihull in ways that improve health and wellbeing.

For example, the basis of the Solihull Local Plan is that economic development, environmental sustainability and health and wellbeing must move forward together. And there needs to be opportunities for all. The plan sets out to:

- Improve public transport links and access by walking and cycling so that people in more deprived areas have easier access to services, facilities and jobs
- Promote development that enables people to pursue an active lifestyle and make healthier choices
- Ensure development promotes positive outcomes for physical and mental health and wellbeing through its location, layout and design; inclusion of appropriate levels of open space; sporting facilities; safe cycling routes and the protection and improvement of air quality.

The Net Zero Action Plan (NZAP) explains what Solihull will need to consider and do to meet its ambition of a net zero Borough by 2041. The plan sets out to:

- Improve the energy efficiency of domestic buildings
- Develop infrastructure designed to facilitate cycling and walking
- Maintain and enhance green space

A new Solihull Housing Strategy is in development. A key plank of this strategy will be to consider how the Council can intervene in, and influence the local housing market to, make sure it is accessible to everyone at different points of need and at different life stages.

What we will do

Our aim is to support these large-scale initiatives to understand whether populations who experience disadvantage are being supported to benefit in the best possible way. This is in keeping with the strategy's aim to improve the lives of those with the worst health outcomes, the fastest.

Led by Solihull Council's Public Health Place Lead, in collaboration with wider partners, we will:

- Ensure these major development programmes capture data to enable monitoring of inequalities
- Ensure careful application of the Health Equity Assessment Tool to major developments
- Promote effective engagement with communities to understand their views and learn whether these programmes of work are benefiting them and if so, in which ways.

Enabler 1: Equality, Diversity and Inclusion

'Build Back Better' has become a popular mantra. But it would be a missed opportunity to build back the same drivers of inequalities that existed before, and the same gaps in knowledge about inclusivity. We want to Build Back Fairer.

For example, experiences of discrimination and racism act as barriers to accessing NHS and other public services, a key theme identified nationally and locally through community engagement activities in the region.

The Diversity in Solihull, Understanding Population Change (2019) report showed Solihull is becoming a more diverse Borough across ethnicity, religion and language. The marginalising experience of some people with a disability during COVID shows another equality perspective. Taken together, it supports why we want to create a culture where everyone feels valued and respected, and there is equity in service access and delivery.

This has rightly prompted the NHS and Council to further explore their ability and ambition to improve equality of opportunity for all our residents and staff, whatever their background, beliefs or characteristics, through new or refreshed Equality, Diversity and Inclusion Strategies.

In practice, this means we need to continually examine and reshape services and policies to ensure that they are accessible to all.

Accessible not only across all nine protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race - including traveller communities, religion or belief, sex, and sexual orientation) but inclusive of previously underserved groups, like people experiencing homelessness, vulnerable migrants and others.

We have tools to do this, but they are not widely adopted. Routinely and systematically assessing health inequalities with Equality and Diversity at their core, will be a fundamental culture change and performance driver for our public services, and is our primary ambition for the future.

This is not about treating everyone the same, but about making sure that people have equal access to opportunities and there is demonstrable advancement of fairness.

Because society starts unequal, in practice, this means making a larger effort to include and support those who are already experiencing the worst outcomes, so they have the opportunity to level up.

Our efforts need to be proportionate to need, and actively inclusive.

What we will do

Our aim is to routinely and systematically assess health inequality across significant new and existing work using a simple tool.

Led by Solihull Council's Equality and Diversity Lead and Public Health Team, in collaboration with wider partners, we will:

- Ensure key services are requesting and analysing user data across a number of protected characteristics and the other three dimensions of health inequalities, to ensure better data quality to inform change.
- Advocate the routine assessment of health inequalities across all significant Council work using Public Health England's Health and Equity Assessment Tool (HEAT) – which covers elements of the Equality Act 2010

- Identify Health Inequity leads across the five Council directorates
- Advocate HEAT (or equivalent) for NHS and community partners
- Generate new evidence and insights around health inequalities as a result of using these tools.

Enabler 2: Place-based leadership

Reducing health inequalities will require action and coordination across many important organisations affecting Solihull residents.

Most patient engagement throughout the pandemic has highlighted concerns and disparities in access to good quality healthcare, especially for poorly managed conditions in vulnerable groups. COVID has had a huge impact on the NHS, leaving it with record backlogs of non-COVID related illness.

Without focussed action, it is likely that the effect of this will widen existing health inequalities, for example, through avoidable cancer deaths as a result of diagnostic delays, or delayed access to mental health services.

Pre-COVID, differences in access and quality of health care were clear. For example, GP surgeries in North Solihull had 34% more patients per GP than those in the rest of the borough (2,326 patients per full time equivalent GP vs. 1,737); a trend that mirrors national inequities.

NHS COVID "recovery" presents an opportunity for a radical rethink of the ways in which people access health and care services.

Primary care services could be much better integrated within local neighbourhoods with clinics, pharmacies, housing officers, voluntary and community groups working together.

We need to exploit the opportunities created by the switch to virtual consultations and ramp up digital screening services. But in doing so, place a big focus on supporting those who do not have digital devices, good connectivity, or the confidence and skills, to make the most of virtual health services.

New NHS Integrated Care Systems (ICS) are adopting population health, prevention and health inequalities as priority areas and are setting ambitious goals and objectives for improvement. They aim to facilitate stronger partnerships between NHS providers, local government, primary care, public health specialists, the not-for-profit sector and local communities.

Reducing health inequalities requires action and intervention across multiple partners, which creates complexity for delivery, but also for ensuring clear and effective lines of accountability, and responsibility, which transcend organisational independence.

Solihull Together – our local partnership board - has many of the key relationships and partnerships already in place to make this vision a reality.

What we will do

Our aim is to reinvigorate place-based working to enable partners to develop a shared understanding of health inequalities in their populations and act at the appropriate geography.

Led by Birmingham and Solihull ICS Place Development Director, in collaboration with wider partners, we will:

- Ensure tackling Health Inequalities are at the heart of the Integrated Care System priorities as it establishes locally
- Develop the integrated health and community hub at Kingshurst Village Centre as a flagship project, bringing together a range of services to tackle health inequalities and develop new forms of collaboration across the health and community systems.
- Ensure ICS outcomes frameworks have explicit inequalities elements

built in. So they are core to, not additional to, mainstream activity.

- Facilitate delivery of the eight Heath Inequality urgent actions from the National NHS Phase 3 guidance
- Apply Health Equity Assessment (HEAT or equivalent) to programme development, new and current spend. The NHS Long Term Plan describes the major programmes which should be the priority for Health Equity Assessment.
- Support ICS partners in their ambition to use their role as Anchor Institutions to tackle the jobs, skills and area investment drivers of inequalities. This includes leveraging recruitment and procurement processes, sharing estates and working to empower and develop local communities.
- Support ICS national Core 20 + 5 ambition – this focusses NHS health inequality activity towards the 20% most deprived of the population and five clinical areas driving health inequalities: cardiovascular disease, cancer, respiratory illness, maternity and mental health.

Enabler 3: Facilitating strong, inclusive and resilient communities

The Solihull Place Survey 2020 showed that the majority of Solihull residents are satisfied with their local area as a place to live (89%), a figure higher than the England average (76%).

However, this masks important differences between parts of Solihull with very high satisfaction: 95% in East Solihull and 92% in West Solihull; and those that were lower, 80% in North Solihull.

Scratching further below the surface, compared with other areas, people who live in North Solihull are more likely to tell us their area has got worse over the last 2 years, 52% vs 26% England average, and more likely to identify the following areas as in need of definite improvement: things for young people to do (46%), level of crime (43%), things for older people to do (39%) and road and pavement repairs (33%).

How we perceive our physical and social surroundings matters, as they profoundly influence our opportunities for health.

However, area affluence can also hide deep inequalities. Poorer households living in less deprived areas can experience worse outcomes than comparable households in deprived areas. This has been the case with readiness for school and GCSE performance measures, where low-income students eligible for free school meals performed better in more deprived than in less deprived areas (10 Years On (2020))

What we will do

Our aim is to engage and work with our communities to better understand and build on the strengths and resilience-factors that allow people to thrive.

Led by Solihull Council's Head of Stronger Communities, in collaboration with wider partners, we will:

- Proactively work with, and engage, the public and community networks - building on the new links and relationships that have been established during COVID e.g. community champion network
- Take an evidence-based approach and work with communities to identify the roots of inequalities and their potential solutions, including identifying what matters most to them
- Develop a strengths- and assets-based approach and way of working across statutory and voluntary sector workforces, which promotes collaboration with communities to develop local solutions which can address inequalities
- Better understand the distribution, resourcing and focus of tangible and intangible community based assets in the Borough
- Provide better information about, "places to go, things to do and people to talk to and listen" across the Borough's neighbourhoods, via My Solihull Maps
- Develop a purposeful approach to community development that works alongside statutory services to invest in prevention and communities
- Support and invest in locality arrangements for East, North and West to promote multi-agency

working that can promote early help and intervention

- Identify and work with individuals who have defied the odds to understand and develop investment in the factors and opportunities that can overcome disadvantage and inequalities