

# Public Health Annual Report 2021-22

Creating a healthier city together

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CITY OF  
WOLVERHAMPTON  
COUNCIL



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**Front cover:** Yo! February 2022 half term activities

**Left:** East Park, Park Run

# Foreword

We are pleased to present our Director of Public Health Report for 2021/22.

This report outlines the achievements that have taken place over the last 12 months to safeguard the health and wellbeing of our residents and acknowledges how Covid-19 has worsened pre-existing inequalities.

It sets out our approach to creating a healthier city together in the wake of the pandemic, recognising the negative impacts of Covid-19 have fallen disproportionately on more deprived, disadvantaged and excluded groups and individuals<sup>1</sup>, leaving a toll on the mental and physical health and wellbeing of local people – now further compounded by the financial hardship many of our residents are experiencing<sup>2</sup>.

The year 2022 marks ten years of Public Health in Local Government, a move which reaffirmed the key role councils can play in addressing the wider determinants of health. This is more pertinent than ever in the light of changes being introduced by the Health and Social Care Bill 2022, and in the face of the ongoing pressures on our health and social care system as a result of the pandemic.

In Wolverhampton, the health and wellbeing of Wulfrunians is located at the heart of our Corporate Plan, truly underscoring our recognition of the positive contribution we can make.



John Denley  
Director of  
Public Health



Councillor  
Jasbir Jaspal  
Cabinet Member for  
Public Health and Wellbeing

We understand that to realise our ambition that ‘Wulfrunians live longer, healthier lives’ goes beyond focusing on individual behaviours and requires a continued emphasis on addressing systematic, avoidable differences in outcomes, particularly by ethnicity and deprivation.

Achieving this will require an even greater focus on partnership working rooted in place, informed by the lived experience of local people and building on the strong foundations of joint working fostered during the response to the pandemic. By working together to create a healthier city we can shape an environment that enables all our residents to have an equal chance of having the best start in life and the opportunities to reach their full potential afforded by a quality education, employment and housing in safe, inclusive and connected neighbourhoods.

At the same time this will necessarily need to be accompanied by a continued partnership response to ensure all residents can appropriately access high quality health and care services in a changing health and social care landscape.

This report sets out our Public Health contribution to meeting this collective challenge.

<sup>1</sup><http://wellbeingwolves.co.uk/document/Wolverhampton%20Health%20Inequalities%20Strategy%202021-2023.pdf>

<sup>2</sup><https://www.wolverhampton.gov.uk/community/cost-of-living-help>

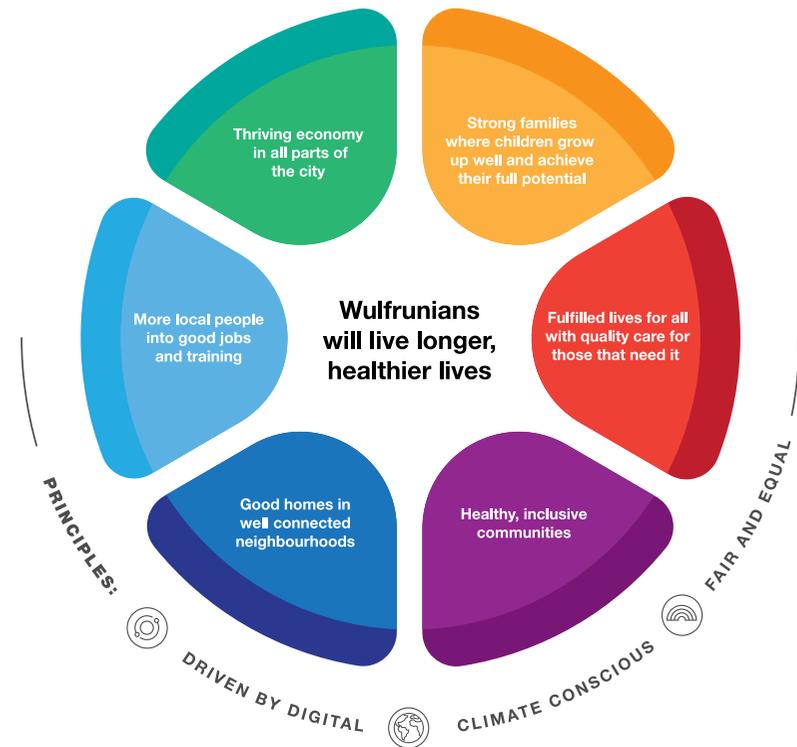
# Introduction

The City of Wolverhampton Council published 'Our City: Our Plan' in March 2022. It sets out how the Council will continue to work alongside its local, regional, and national partners to improve outcomes for local people.

At the centre of the Plan is our collective ambition that 'Wulfrunians will live longer, healthier lives'. This is supported by six overarching priorities that are underpinned by a real understanding of our city and a robust evidence base.

Our City: Our Plan is our strategic framework for Levelling Up<sup>3</sup>, built on the recognition of the intrinsic links between health, education, jobs and skills and the wider economy. With a strong focus on the wider determinants of health it also provides a delivery mechanism to support the Levelling Up mission to narrow the gap in healthy life expectancy between local areas.

The need to tackle this 'healthy life expectancy challenge' in Wolverhampton was previously articulated in our pre-pandemic 'Public Health Vision for 2030'<sup>4</sup>. Covid-19 has acted to both intensify this challenge and shine a light on the urgency required to address health inequalities. In recognition of this, the Wolverhampton Health and Wellbeing Board, known locally as Health and Wellbeing Together, published a Health Inequalities Strategy at the end of 2021 which outlined a set of guiding principles and an agreed approach to tackling health inequalities. These principles provide the foundations on which we seek to create a healthier city.



We understand that to deliver on this ambition requires a stepped approach and investment in early intervention and prevention supported by a continued willingness to be innovative and embrace new ways of working. The Health and Care Bill has afforded new opportunities to support and embed integration through the creation of Integrated Care Systems. To maximise the benefits of integration at system level requires strong local leadership that can clearly articulate the needs, strengths and assets available at place level.

<sup>3</sup> <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>

<sup>4</sup> [https://www.wolverhampton.gov.uk/sites/default/files/pdf/The\\_vision\\_for\\_Public\\_Health\\_2030.pdf](https://www.wolverhampton.gov.uk/sites/default/files/pdf/The_vision_for_Public_Health_2030.pdf)

The aim of this report therefore is two-fold. Firstly, to mark the achievements that have taken place in the city over the last 12 months to continue to safeguard the health and wellbeing of city residents. Secondly, to outline our response to the impact of Covid-19 going forward with a focus on tackling health inequalities, which in many cases the pandemic, now coupled with the pressures associated with a rise in the cost of living, has exacerbated.

**Our specific objectives for this report are to:**

- Assess the current public health challenge faced by our residents
- Define our immediate priorities
- Set the strategic direction for creating a healthier city together in the wake of the pandemic



Yo! February 2022 half term activities

This Annual Report should be read in conjunction with the City of Wolverhampton's Our City, Our Plan.<sup>5</sup>

<sup>5</sup> <https://www.wolverhampton.gov.uk/sites/default/files/2022-04/Our%20City%20Our%20Plan%20FINAL%20Cabinet%2023%20Feb.pdf>

## On-going impact and legacy of Covid-19

### **Our Public Health Annual Report for 2020-21 captured how Covid-19 affected Wolverhampton and detailed our joint partnership response to the immediate impact of the pandemic and associated lockdowns.**

Since its publication, Wolverhampton experienced a rise in Covid-19 cases associated with the Omicron variant during the winter of 2021-22. Spring 2022 then saw a period of transition driven by national policy landscape predicated on increasingly learning to live safely with Coronavirus.

From summer 2021 to spring 2022, Public Health therefore worked with a wide range of partners to continue to safeguard city residents throughout a time of rapid change. This included:

### **Contribution to the NHS-led vaccination programme**

- Supporting delivery of the vaccination booster programme across all city Care Homes.
- Supporting delivery of two phases of the school-age vaccination programme in autumn 2021 and spring 2022 across all secondary phase educational settings providing first, second and booster vaccines to consenting 12–15-year-olds, 16–17-year-olds and educational staff.
- Implementing the Community Vaccine Fund targeting voluntary and community sector groups in low uptake areas to develop initiatives and projects to support residents in their communities to access the vaccine.

- Delivering pop-up clinics to respond to the Government's Booster campaign, offering vaccines in local community centres, sports venues and in shopping centres.
- Continuing to work with communities to understand the complexity behind low uptake in certain parts of the city and among certain community groups.

### **Surveillance and outbreak management**

- Responding to incidents and outbreaks in educational settings, providing rapid risk assessments and offering tailored infection prevention and control guidance with the aim of slowing transmission whilst prioritising face to face education.
- Supporting the University of Wolverhampton in monitoring and responding to Covid-19 case and outbreak management and maintaining Covid-19 secure student accommodation.
- Managing outbreaks in care settings, alongside other winter infections including flu and norovirus via our dedicated Covid-19 Infection Prevention and Control team; holding weekly meetings with the UK Health Security Agency and other key partners to manage the outbreak response.
- Responding to incidents and outbreaks in workplace settings and holding Incident Management Team meetings (IMTs) with UK Health and Security Agency to manage and support with risk assessments and business advice, alongside our dedicated Environmental Health Business Support Team.

- Continuing to support Environment Health Business Support Team to deliver sector specific support to businesses across the city as Covid-19 Regulations were eased and people learn to work with 'Living with Covid-19' in the workplace. During the 2021-22 period, over 1900 business premises were visited, with over 800 applications for the Covid-19 Compliance Grant fund.
- Distributing 15,000 home test kits to individual residents and key partners, including West Midlands Fire Service, Domiciliary Care, Passenger Transport Services and Waste Services during December and January when the Omicron variant was at a peak to ensure frontline and key services were able to continue to deliver.

### Education, advice and support

- Supporting care homes to understand and implement changes in Government guidance as a result of the gradual abolition of Covid-19 regulations, including changes to visitor restrictions, testing regimen, mandatory vaccine requirements and isolation periods.
- Facilitating a 'stay safe over festive break' and follow-up 'safe return to campus' campaign for University of Wolverhampton students, during which we conducted a student wellbeing survey on campus to identify student concerns around wellbeing and safety, distributed face coverings, lateral flow tests and provided an on-site vaccination clinic for both staff and students.

- Providing food parcels for those who were self-isolating or experiencing financial difficulties, supported by the Welfare Rights team.
- Referring residents who were alone, worried or in need of additional non-financial support to the social prescribing team.
- Continuing to identify and support under-represented groups to register with a GP through Community Champion engagement and support.

Much of the guidance that enabled the above activity has recently been subject to change. Over the course of the pandemic, our collective commitment to preparedness, outlining how we will work together to prevent, contain and manage outbreaks of Covid-19 has been driven by the Wolverhampton Outbreak Control Plan. This continues to be the case and the Public Health Annual Report 2021-2022 should be read in conjunction with our Outbreak Control Plan. It outlines how we will continue to help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover. It also provides detail of our approach going forward, one where our outbreak management response is proportionate to the threat level at any given time and can be scaled up as required, for example in response to a new variant of concern or increasing hospitalisations.

In our Public Health Vision 2030 document, published pre-pandemic, we outlined a commitment to improve both life expectancy and healthy life expectancy for the people living in our city. We remain committed to this ambition. Wolverhampton residents continue to have lower life and healthy life expectancy than national comparisons. This challenge is illustrated in the table below.

Indicator	Period	Wolverhampton	Region	England	
Healthy life expectancy at birth (Male)	2018-20	60.0yrs	61.9yrs	63.1yrs	●
Healthy life expectancy at birth (Female)	2018-20	59.3yrs	62.6yrs	63.9yrs	●
Life expectancy at birth (Male, 3 year range)	2018-20	76.6yrs	78.5yrs	79.4yrs	●
Life expectancy at birth (Female, 3 year range)	2018-20	81.3yrs	82.5yrs	83.1yrs	●
Life expectancy at birth (Male, 1 year range)	2020	75.4yrs	77.6yrs	78.7yrs	●
Life expectancy at birth (Female, 1 year range)	2020	80.0yrs	81.8yrs	82.6yrs	●
Disability-free life expectancy at birth (Male)	2018-20	60.8yrs	61.6yrs	62.4yrs	●
Disability-free life expectancy at birth (Female)	2018-20	57.8yrs	59.9yrs	60.9yrs	●

National average ⋮ Compared to national average: ● Worse ● Similar ● Better

Cardiovascular Disease (CVD) and cancer remain the biggest killers overall, with the biggest causes of premature mortality being CVD, infant mortality and alcohol specific causes.

For example, alcohol related mortality in Wolverhampton was the second highest in the West Midlands in 2020, with a rate of 57.6 per 100,000. This figure is significantly higher than England and West Midlands figures. Similarly, drug-misuse deaths in Wolverhampton are also higher than national and regional rates and have significantly risen from 3.5 in 2017-19 to 5.9 per 100,000 in 2018-20.

In addition, under-75 coronary heart disease mortality in Wolverhampton was the second highest in the Midlands NHS Region in 2017-19, with a rate of 64.2 per 100,000. This figure is significantly higher than England figure of 37.5 per 100,000.

Alongside the personal choices that we make, the conditions in which people are born, live and work all contribute to the above, with deprivation a key factor. The causes of poor quality of life also vary by age and ethnicity, these include poor mental health, long term conditions, the impact of falls and sensory impairment, musculoskeletal conditions and pain.

Furthermore, it is likely that Covid-19 will have had a negative impact on all these indicators, compounded by the influence the pandemic wrought on healthcare systems, including the pause in routine screening, changed priorities in terms of medical and surgical procedures, altered patterns of access, as well as public fear.

Our collective response to Covid-19 demonstrated that the health and wider system can come together to address shared priorities both innovatively and at pace. Our challenge going forward is to harness this learning to address the wider health challenges in the city.

## Meeting the challenge

Good health and wellbeing is comprised of a range of factors, these include our genetics, access and quality of health service provision, lifestyle choices and socio-economic factors. With the exception of our genetics, Covid-19 has impacted on all of these inter-related components.

Creating a resilient and healthy city will necessarily involve an on-going, flexible and sustained partnership commitment. To meet this challenge will require a whole city focus that spans the life-course and is informed by the lived experience of city residents. This includes ensuring the city provides the right environment for children to have the best start to life where they can be supported to recover from the negative impacts and disruption of the pandemic, alongside targeted interventions to meet the needs of people at critical periods throughout their lifetime and a continued emphasis on working with partners and communities to understand and then address the legacy of Covid-19.

As we strive to meet this challenge, this chapter of the Annual Report outlines the focus of our immediate priorities, which will set the strategic direction for Public Health in the coming year.



Councillor Jasbir Jaspal and John Denley preparing for the Drop-in Health Check at Newhampton Arts Centre

## Best start in life and growing well

### Why is this important to us?

Giving children the best start in life is a fundamental part of improving health and reducing health inequalities. Individual behaviour plays an important role in determining how healthy or unhealthy people are. Inequalities in children's development originate in multiple disadvantages, which compound to affect children's long-term outcomes and undermine the development of human potential so that children from disadvantaged families can quickly fall behind.



Playing out in Whitmore Reans

### What do we know

Similar to adults, life in lockdown has had significant implications for babies and children. Whilst health services for families worked hard to continue to provide support for pregnant women, babies, children and families it cannot be ignored that some issues could not be dealt with in the usual way.

The limited opportunities for children of all ages to play and socialise with children and adults outside of their close family is expected to have implications for speech and language development, play and social skills and behaviour when preparing to start school. There is concern that what would have been considered minor delay in development may have been missed in some children potentially creating the need for greater support and possibly additional service pressures.

The implications of the emotional cost of giving birth alone may not have shown its impact as yet, but as with other adults who have struggled with restrictions we may see the mental health effect in years to come leading to an increase in demand for specialist services.

Prior to Covid-19, childhood obesity was already a national and local concern. National levels of childhood obesity have increased substantially between 2019-20 and 2020-21 among both reception and year six age children, accelerating a trend which has continued for at least the previous 15 years.

The 2019-20 National Child Measurement Programme (NCMP) data for Wolverhampton shows 28.6% of children in reception are obese or overweight, however by year six this rises to 42%. There is significant variation, in levels of childhood obesity across the different wards in the city which is closely associated with levels of deprivation (see ward profiles at the back of this document). Despite this variation by year six, 19 of the 20 city wards have prevalence levels higher than England highlighting the scale of the obesity challenge locally.

Although the NCMP was undertaken in 2020-21, only a representative sample of 10% of the population was conducted locally so no Wolverhampton data is available. However nationally, unprecedented increases were seen in the prevalence of obesity of 4.7% in Reception boys, 4.4% in Reception girls, 5.6% in Year six boys and 3.3% in Year six girls. More data is needed to know whether this is a long-term increase in prevalence following the pandemic.

The inequalities in childhood obesity have also widened. Nationally the largest increases in the prevalence of obesity have occurred in the most deprived areas of England and disparities in obesity prevalence between ethnic groups have also increased with the ethnic groups that previously had the highest obesity prevalence, in the main, experiencing the largest increases.

## Our response

Public Health has access to a huge breadth of local and national health and wellbeing data that highlights the needs of children and young people and their families in our local communities. Some data comes directly from young people themselves through surveys such as the local Health Related Behaviour Survey (HRBS) and some from national data sources such as NCMP.

For many professionals accessing and interpreting this data in a meaningful way can be challenging and therefore the School Data Profiles were produced to depict some of this key data in an easy-to-read way to key stakeholders.

Since 2018 School Data Profiles have been produced and disseminated locally every year to all the city's educational settings. The profiles are intended to be used by the School Nursing service, local authority personal, social, health and economic (PSHE) advisors and by Wolverhampton schools, particularly senior leadership teams and PSHE co-ordinators, to shape and deliver provision for children and young people according to local needs.

School responses and projects as a result of the Data Profiles also provide evidence for Ofsted inspections, particularly in relation to how the school is using a data led approach to promoting the personal development, behaviour and welfare of pupils.



Warstones Platinum Jubilee Celebrations

The information on the School Data Profile captures a range of Public Health indicators that are a priority for Wolverhampton – covering the broad topics of healthy lifestyles; relationships and sexual health; substances; emotional health and wellbeing. Based on this data, the Profile also identifies the three top priorities for the school's local area and suggests a range of resources available to the school.

We are committed to providing access to these data profiles for our partners yearly to ensure they have access to the most recent data and intelligence, relevant to children and young people, to ensure services and interventions meets their needs.

We will look to expand the provision of these data profiles into the early years/pre-school phase to support the work around the first 1001 days and children having the best start in life.

## What we are going to do next

The building blocks of life start before conception and once conceived the child undergoes physical and mental development at an incredible rate during those early days and months. The experience of pregnancy is important in ensuring that a healthy child is delivered to a healthy woman. How children are nurtured and cared for after birth and up to the age of two has a major impact on how they grow and develop thereafter. Hence the focus on the importance of the first 1001 days of life being highlighted by government and is the purpose of recent announcements of the creation and ongoing development of Family Hubs. Wolverhampton has been identified as one of 75 areas that will receive funding to support this development.

Public Health has acted in advance of this development to identify key areas for investment that will address fundamental aspects to ensure healthy pregnancy, improve parent and child relationships and discover more ways of tackling childhood obesity and supporting parents to protect their children from harmful disease during their early years.

Healthy Pregnancy plans include working directly with Maternity Services to further enhance their work with women and their families around key lifestyle behaviours of smoking and being overweight. Both of these lifestyles create risks for women, children and their families. These patterns of behaviour are easily learned but difficult to change without concerted and continued help especially for those women and families who are under stress such as those on low income, in poor housing and with other needs, for example language and understanding.

Public Health will provide investment to ensure that women who are most vulnerable can receive ongoing support and information to enable them to be smokefree and maintain a healthy weight throughout pregnancy and beyond.

Public Health will also support work to improve uptake of childhood immunisation. Uptake of childhood immunisation in Wolverhampton has always been below the target level of 95%. Whilst there are areas of good uptake across the city, there are areas where uptake is as low as 55%. These create concern especially as the diseases which immunisation protects from are serious and infection could result in life changing outcomes. Of particular concern at the moment is measles where outbreaks have been reported in Europe and falling herd immunity is a worry. Public Health will be working with partners to better understand the factors that prevent parents from getting their child immunised. Other areas of work will be to examine the process for inviting parents for their child's appointment and to check the accuracy and timeliness of record keeping so that we can be confident that our figures are up to date. We will also explore whether additional capacity is needed to extend the immunisation offer to key communities or localities and making immunising children as easy as possible.

A major area of development is to introduce the Five to Thrive philosophy to the work of practitioners in early years, social care, education and young people's support. This model describes a sequence of relational activities (Respond, Engage, Relax, Play, Talk) that build healthy brains in young children and maintain healthy brain function throughout life.



Yo! Easter Activity

## Spotlight on Oral Health

Tooth decay starts early in life and in around half of children who experience decay it starts before age three. However, most oral diseases can be prevented or managed by 'healthy behaviours' such as enjoying a healthy balanced diet and cleaning teeth and gums effectively.

Poor dental health impacts children's health and wellbeing and is an important aspect of a child's overall health status and of their school readiness. Additionally, children who have high levels of disease in primary teeth have an increased risk of disease in their permanent teeth leading to long term maintenance throughout life.

In Wolverhampton one in four children aged five show visible signs of tooth decay with significant variation in levels of tooth decay between the most and least deprived areas of the city.

According to research by the General Dentist Council access to dental services has been severely impacted due to Covid-19, affecting the ability of patients to access dental services and those without a dentist to register with one. During the pandemic those from ethnic minority backgrounds were less likely to visit a dentist, which is of concern given Wolverhampton's culturally diverse population.

Oral health education targeting the prevention of early childhood decay on low-income families is deemed to be an effective intervention. Therefore, Public Health in partnership with The Royal Wolverhampton NHS Trust (RWT), are aiming to provide oral health

interventions for children and families under the age of five, targeting areas of the city with significant levels of tooth decay.

Interventions provided locally include delivering educational workshops to parents and children within Early Year settings. This is supported by providing key information to Early Years professionals, School Nurses and Health Visitors, enabling them to provide dental packs and guidance to all 12 month and three-year-old children in the city through Health Visitors and Early Years Settings.

A multi-agency approach to National Smile month was a successful focal point for the project taking place between 16th May - 16th June 2022 providing an opportunity to champion the benefits of good oral health and promote the value of a healthy smile.

A comprehensive behaviour change evaluation is being carried out to demonstrate the impact of the interventions, guide the implementation of future projects and secure funding for future projects.



## Health Checks

### Why is this important to us?

The NHS Health Check is a health check-up for adults in England aged 40 to 74. It's the national screening programme for cardiovascular disease (CVD), designed to spot early signs of stroke, kidney disease, heart disease, type two diabetes and dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk. Restarting the NHS Health Checks programme is fundamentally important to us in addressing a significant public health risk, by detecting the problem early, improving access to primary care, preventing health conditions from getting worse, and supporting our residents with reducing their risk of CVD.

### What do we know

CVD is responsible for one in four premature deaths in the UK and continues to be the cause of the largest gap in healthy life expectancy. The most effective way to manage CVD is early screening, detection and treatment: including management of preventable risk factors such as poor diet, physical inactivity, smoking, stress and harmful alcohol consumption. Wolverhampton has higher than average adult obesity rates, physical inactivity rates and more current smokers than both the regional and national averages, contributing to CVD being the leading cause of years of life lost in the city.

There are underlying health inequalities seen with CVD, with those in the most deprived 10% of the population being almost twice as likely to die as a result of CVD than those in the least deprived 10%

of the population. Wolverhampton is ranked 24th most deprived local authority in England and therefore a large proportion of the city's population are at increased risk of premature mortality from CVD.

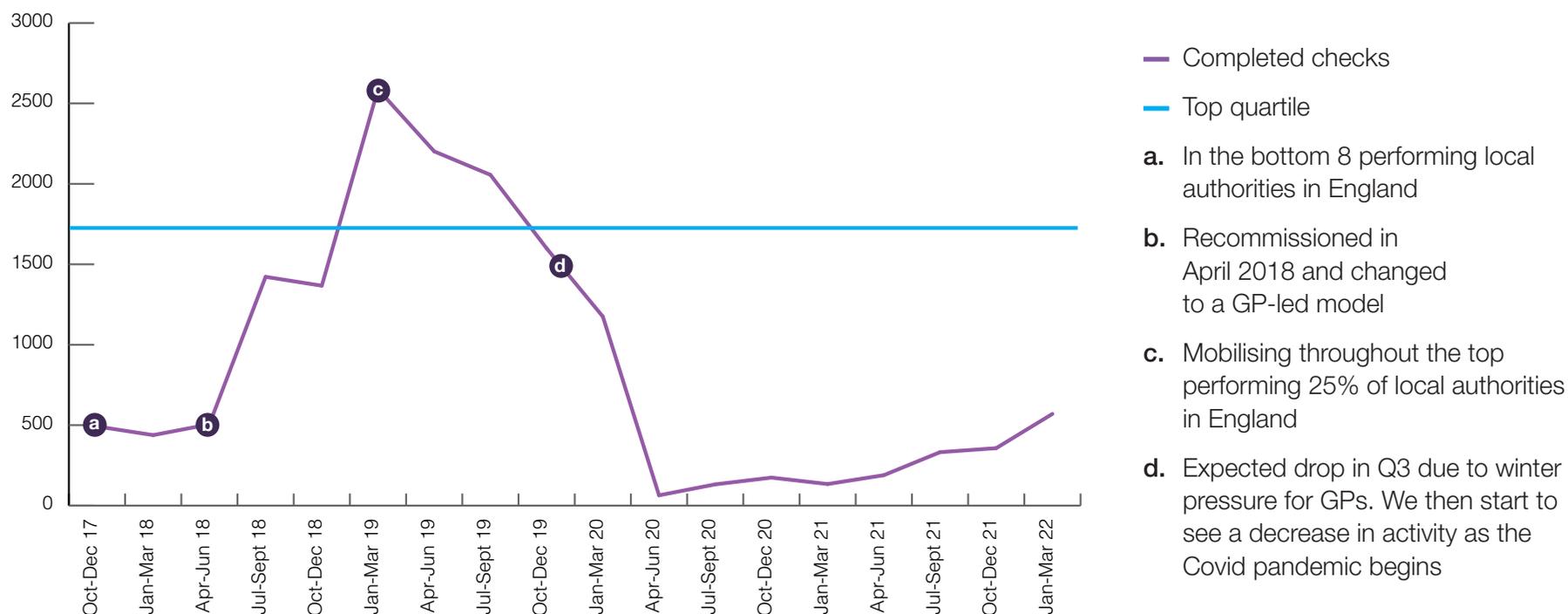
NHS Health Checks offer an invaluable opportunity to detect risk of CVD at an earlier stage and put into place support to help people live longer, healthier lives. Whilst this has always been the case, it is now more important than ever due to the impact of the pandemic. Reprioritisation of NHS services and changes to public behaviour in accessing health care during this time, means that it is likely there is an increase in undiagnosed CVD and related conditions, and a worsening of existing conditions in the local population.

In Wolverhampton, the City of Wolverhampton Council fund the NHS Health Check programme via a primary care led model, meaning the eligible population are invited for their health check every five years by their GP.

The graph overleaf details the trend in health check activity over recent years and outlines a 97% decrease in activity due to Covid-19 from the previous year.

In quarter one 2020-21, when the first Covid-19 lockdown occurred, the proportion of the entire eligible population who have had an NHS Health Check fell from 1.7% to 0.1% in Wolverhampton. Similar drops in activity were seen nationally due to the reprioritisation of services offered by GPs in response to the Covid-19 emergency, as well as changes in public behaviour and government restrictions to control the spread of the virus.

## NHS Health Checks activity October 2017 – March 2022



Although GPs have restarted the NHS health check programme, Wolverhampton, along with many other Local Authorities in England, is yet to return to pre-pandemic levels of activity. The slowdown in uptake rate is also likely to disproportionately impact people living in the more deprived areas of the city in the long run. The unique circumstances caused by the pandemic must now be tackled to restart the programme locally and ensure that prevention is at the heart of recovery in tackling existing health inequalities. This certainly provides a fresh challenge, but a similar challenge to one which we have met before.

In 2017-2018, Wolverhampton was one of the lowest performing authorities in England. By 2019, after a change to a GP led model and through improved partnership working with local GPs and other health partners, the city moved to the top 25% of performing authorities in England. Learning from these previous experiences, we can once again improve access, reduce inequality and increase completion rates of NHS health checks to benefit of the health of Wulfrunians.

## Our response

We will prioritise recovery from the impact of the Covid-19 pandemic by aiming to increase NHS Health Check activity to pre-pandemic levels and ensure that activity is representative of the population it is serving, by undertaking regular equity audits of programme delivery.

To achieve this, we will recommission the service with a new improved model to increase efficiency, including improved intelligence and data, establish a community offer of NHS Health Checks and a risk stratification approach to invitation, appropriately meeting the needs of the population.

We will work collaboratively with primary care to reenergise the programme with an increased return of face-to-face activities in practices and offering refresher training to healthcare professionals across the city to support them in restarting.

We will promote the offer of free NHS Health Checks widely within our communities so that eligible people can access services and get support earlier. Working with communities to coproduce solutions for outreach models to meet the need of the population, targeting areas of low uptake and high prevalence.

## What we are going to do next

In collaboration with primary care and Black Country & West Birmingham Clinical Commissioning Group (BCWBCCG), we will set up community health promotion events in areas of highest need, engaging with and coproducing the offer with residents to provide lasting provision/engagement. This is part of our ambition to increase coverage and access across the city, particularly those from areas of low uptake. Aiming to pro-actively tackle health inequalities by improving detection and treatment of CVD in the most deprived areas within Wolverhampton.

To support this, we will monitor activity by key demographics to ensure that the offer is representative of the population and use shared care data insights to gain a greater understanding of the impact the local NHS Health Check programme has on population health.

Our aim is to increase detection and management of CVD risk and in doing so contribute to improving life expectancy and closing the gap between the least and most deprived wards in the city.

## Spotlight on St. Peter's ward community health check event

In June 2022, we undertook a pilot of a community health check event employing a place-based approach to CVD prevention. Applying the learning from our response to Covid-19 where vaccination rollout was informed by community engagement, coproduction opportunities and taking services into local venues. We identified St. Peter's ward as an area of need which would benefit from a targeted outreach offer. The goal being to promote CVD screening, identify any unmet need and gain a better understanding of access barriers to primary care in the local community.

We worked in partnership with local GPs, community champions, and the Black Country and West Birmingham Clinical Commissioning Group (BCWBCCG) to facilitate the event. We identified community champions from around the area to support the event and undertake health checks, inform their peers of risky behaviours and promote sustained healthy behaviour change in the local community. In partnership with BCWB CCG, the community champions were trained and signed off as competent to take blood pressure, height, weight, BMI and waist measurements. Local GPs provided staff and equipment to complete health checks on the day and we ensured that data captured was fed back into GP clinical systems so that patients were followed up as required.

Promotion of the event was informed by place based approach reaching out to local residents through conversations in school playgrounds, household leaflet drops, speaking to local business owners, organisations, faith groups and Pharmacies.

On the day over 100 people from the local community attended the event. The event was well received with positive comments captured about the importance of the health check and the fact people could access these services in their local community. The majority of people had not visited their GP practice recently, and over half of those who received an NHS Health Check were identified as being at risk and referred back to their GP for follow up. In the future we will take the learning from this event to establish a community outreach model for CVD checks, hoping to pick up undiagnosed conditions and link people into treatment and prevention pathways provided by the local NHS.

*Come along for your...*  
**FREE HEALTH CHECK**  
**Wednesday 8th June 2022**  
 Newhampton Arts Centre,  
 Dunkley Street, Wolverhampton, WV1 4AN

**Drop-in between 3pm - 8pm**  
 Open to anyone 18+ and living in the St Peter's area.  
 30 minutes for a confidential health check and advice  
 Plus, free entry into a raffle to win various prizes.

**NHS**  
 Black Country and  
 West Birmingham  
 Clinical Commissioning Group

**CITY OF  
 WOLVERHAMPTON  
 COUNCIL**

Free Health check event at  
 Newhampton Arts Centre

## Public mental health and wellbeing

### Why is this important to us?

Although mental health and wellbeing can mean different things to us all, common themes include feeling good, functioning well, and having the skills, capacity and resources to navigate positively the difficulties we can all face in life. Evidence suggests that activities such as physical activity, being connected with other people, learning new skills, giving to others, and taking time out to understand ourselves, can all help to improve our mental wellbeing. Helping people know how to access the right support at the right time for them is also crucial in keeping people well, preventing mental illness and supporting recovery.

### What do we know?

Covid-19 has affected all our lives over the last two years. The virus itself, and required measures to contain its spread, have triggered feelings of worry, distress, or loneliness for many of us. People who were experiencing disadvantage prior to the Covid-19 pandemic were subject to further challenges because of Covid-19, and this is likely to have had a negative impact on the mental health of these population groups. Those who had the highest risk of mental ill-health before Covid-19, including those living with pre-existing conditions, may have been adversely affected. Despite minor changes, long term trends for aspects of personal wellbeing for

adults aged 16 years and over in the city such as how happy we are, how worthwhile we feel life is, and our overall satisfaction with our lives continue to score poorly, with reported levels of anxiety increasing.

For children and young people, mental health problems often develop early in childhood, half before the age of 14 and three quarters before the age of 24.

Prior to the Covid-19 pandemic, rates of child and adolescent mental health difficulties in England were of growing concern and evidence suggests that some children and young people's mental health and wellbeing has been substantially impacted during the pandemic. Research shows that in England 1.5 million children and young people under 18 will need new or additional mental health support and the rates of mental disorder in children and young people have increased between 2017-2021 from one in nine children in 2017 to one in six in 2021.

Groups who have been most significantly impacted by the pandemic include girls (who reported consistently lower wellbeing than boys at secondary age) young people, those with Special educational needs and disability (SEND), those of an ethnic minority and those eligible for Free School Meals.

## Our response

### Learning more from local people and communities

In efforts to hear local views we completed a city-wide survey of adults 16+ providing insight into what mental health means to people in our city, aspects of the pandemic people found most challenging, their impacts, along with the many coping strategies and resources people used to stay well. Alongside this, an evidence review has been completed to identify some of the groups likely to have been disproportionately impacted by the Covid-19 pandemic.

These groups have been engaged in a series of co-creation activities to provide understanding of communities' unique experiences over the last two years including both risk and protective factors for mental health and wellbeing and the many ways people came together to support each other. Importantly these workstreams will help us understand more of what keeps people well, providing a focus for future system wide approaches to support communities to flourish.

### Acting now for better mental health in our city

A series of initiatives to rapidly address the wider impacts of the Covid-19 pandemic on mental health and wellbeing in our city have been mobilised with a range of partners. These better mental health activities have included:

- Structured six-week programmes of skills development and training to support people back into employment with a focus on young people (16-25), people with physical and mental health conditions, and women facing a range of complex life circumstances including domestic abuse and substance misuse.
- Over 400 1-1 counselling sessions have been provided to people in our city in need of additional support to help navigate difficult circumstances they are currently experiencing.
- Community champions from across the city have been provided with Mental Health First Aid training to help them support local people's health and wellbeing needs using evidence-based approaches. This includes the many ways in which people can look after their own mental health and wellbeing as well as how to seek more structured support at an earlier stage if required, helping to reduce the stigma of mental ill health.
- A programme of suicide prevention awareness training has been delivered to GPs and primary care teams, people who provide personal services such as barbers, hairdressers, and nail technicians and people working in a range of roles and settings across the city including voluntary sector and community groups. The training has provided people with the skills and knowledge to have more open conversations with others in distress, listen empathetically and guide to further help and support.
- A local awareness campaign spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum will aim to raise awareness of suicide and the role communities can play in supporting each other.

## Spotlight on Head4Health Physical Activity and Wellbeing Programme

Wolves Foundation has worked in partnership with City of Wolverhampton Council to deliver a pilot of mental wellbeing support initiatives to over 200 local people facing a range of complex life challenges impacting on their mental health and wellbeing.

The Head4Health programme is available to all adults (18+), runs over eight weeks and offers a gentle introduction to being more physically active including walking, golf, boxercise and much more, offering opportunities for people to talk with others about what is going on in their lives, hear from organisations that can provide guidance and support, as well as providing access to more structured support such as free 1-1 counselling services if required.

The Foundation has worked with partners across the city to reach a wide variety of groups including female asylum seekers and refugees and parents and carers of young people with additional support and learning needs.

A short self help guide with tips and activities that can aid mental health and wellbeing has been developed during the programme in conjunction with the Mental Health Foundation.



**Above:** Head 4 Health – Match of the Day Filming



**Left:** Walk and Talk in West Park

## Spotlight on Mental Health Awareness week: Lift someone out of loneliness campaign

This year's Mental Health Awareness campaign (9th-15th May) focused on the topic of loneliness. The campaign encouraged people to talk about their experiences of loneliness and highlighted how we can support ourselves and others when feeling lonely.

During the week, our local 'lift someone out of loneliness campaign' included a vibrant and engaging pop-up exhibition in the Mander Centre where local organisations with a remit for supporting mental health and wellbeing were in attendance.

Our partners from Black County Healthcare NHS Foundation Trust, City of Wolverhampton Council services for carers and community support, and voluntary sector providers met with residents to share experiences and offer advice and support.

Wellbeing engagement activities were also delivered across our libraries and tea and toast sessions were organised to encourage people to connect. A social media campaign encouraging people to talk about their experiences of loneliness, using the hashtag #Ivebeenthere, as a way of reaching others who may be experiencing loneliness put a spotlight on how we can all feel lonely and things that can help.



Mander Centre Community Inclusion event

## Children and young people's mental health and wellbeing

As we move forward, given the potential long-term nature of impacts, it is important to prioritise mental health support for school-aged children and young people. This will require significant focus of resources and activity through a holistic city-wide approach that builds capacity within and between sectors to promote mental health and provide both early help in school and community settings alongside targeted support. The implementation of the i-Thrive framework locally will be key to achieving this. This way of working replaces a tier-based system with a whole system approach based on the identified needs of children, young people and their families; and advocates the effective use of data to inform delivery and meet needs.

A joint emotional health and wellbeing needs assessment is due to be conducted across the city to provide further detailed analysis and understanding of the local situation to ensure effective commissioning, coordination and alignment of local services.

## What we are going to do next

Findings from better mental health projects, recent engagement activities and the city-wide mental health and wellbeing survey will shape our understanding of the resources people have told us they need to stay mentally healthy.

This learning will provide a baseline for further work with strategic partners to assess the emerging mental health needs of priority population groups as well as how and where more structured mental health support services are made available, and any changes required to continue to make sure people get the right support at the right time.

This will help us work with partners from across the city to develop a new Public Mental Health strategy for Wolverhampton outlining our collective vision for mental health and wellbeing and actions we will all take together to make sure local people can feel good and function well in our communities.

Going forward we will continue to work in partnership with University of Wolverhampton to support delivery of commitments outlined in the new Student Mental Health and Wellbeing strategy which recognises the connection between physical, social and mental wellbeing, and is underpinned by a desire for students to feel empowered individually and collectively, to achieve their full potential.

## Physical inactivity

### Why is this important to us?

Physical inactivity is responsible for one in six UK deaths, this is equal to smoking. It is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).<sup>6</sup> Physical inactivity in Wolverhampton remains consistently higher than the regional and national averages with current levels of inactivity in adults at 28%, below the 25th percentile<sup>7</sup>, and for children, 28.7% are less active<sup>8</sup>.

The detrimental impact of physical inactivity touch on many aspects of current activity in Public Health, as can be seen from the other priorities featured in this report.

### What do we know?

Being inactive increases the likelihood of depression, some cancers, diabetes, and dementia, conversely by getting people who are inactive to increase their physical activity levels, 1 in 10 cases of stroke and heart disease and up to 40% of long-term health conditions could be prevented. It is important to recognise that even small differences in people's physical activity levels can make a difference and so we are focused on getting everyone to do at least 30 minutes of physical activity per week.

Even at the height of the pandemic, during the strictest lockdown conditions, residents were permitted to leave the house once a day for physical activity. Research carried out by Active Black Country found that the people most likely to increase their activity levels during lockdown were those who were previously inactive. The circumstances led to many people starting to consider their personal health more seriously.

Sport England have however cited that the Covid-19 pandemic has had detrimental effect on to people's levels of physical activity, with some groups being affected disproportionately including women, young people, people living with disabilities, people living with long term health conditions and people from Black and Asian backgrounds.

We know that the experience of lockdown was not uniform and there is increasing evidence that limited access to greenspace and the ability to play outside the home affected both physical and mental wellbeing.

<sup>6</sup> Physical activity: applying All Our Health

<sup>7</sup> Public Health Outcomes Framework 20/21

<sup>8</sup> Active Lives: Children and Young People Activity Data 18/19

## Our response

To help our residents have longer, healthier lives, our aim is to get every resident taking part in at least 30 minutes of physical activity a week to start to tackle health inequalities caused by inactivity.

Through increasing physical activity within the city, we can:

- Reduce in the risk of development a range of non-communicable diseases, through including physical activity as part of the care pathway, support better management of long-term health conditions such as diabetes, improve outcome in surgery/treatments and, support good health both before and after surgery and after chronic illness.
- Improve community capacity and cohesion by creating a range of voluntary opportunities and pathways into employment.
- Reduce the carbon footprint of the city through enhanced active travel.
- Be a source of early help and provide wider support circles to enhance resilience through life disturbances.
- Offer opportunities to reduce anti-social behaviour through diversionary activities.

- Enhance community safety, through the promotion of Crimestoppers to encourage residents to report concerns or issues of anti-social behaviour anonymously to enhance safe access to local green spaces and encourage more families and residents to take part in outdoor activity in their locality.
- Improve the number of years people are living in good health and independently thus reducing need for statutory services intervention and risk of accidents such as falls through reduced levels of frailty.



Hugh Porter – ‘80 for 80’ – 80 laps of Aldersley Stadium track aged 80



Kabaddi Launch at Wolverhampton Art Gallery

Our Health and Wellbeing Together Board, known locally as Health and Wellbeing Together, has identified tackling health inequalities as a system priority and committed to work together to build on the foundations in place in Wolverhampton and take a coordinated approach to physical activity. Working with the board we have identified stakeholders from the Local Authority, community sector, health and wellbeing, education, and other interested parties to tackle inactivity and, in turn, impact on long term health inequalities in the area. A subgroup of the board has been established that will have responsibility for defining priorities and programmes to tackle inactivity.

## What we are going to do next

As a city, we are committed to ensuring there are opportunities for all residents to be active for them to experience the health and wellbeing benefits that being active offers. We will develop and launch our new 'Healthier, Happier Active City' plan which will outline capital development priorities alongside how we will tackle the physical inactivity challenge in the city.

The plan will aim to help create an inclusive physical activity offer to get children, young people and families moving, support older people to remain independent and active and support the improvement of the SEND leisure offer. It will also recognise the need to maximise our investment in our green spaces and council leisure and community facilities to increase usage and ensure our residents have access to first class facilities.

Ultimately, we will create more opportunities to enable people to be active in a local, safe, and accessible way. One example of this is supporting the launch of the Government's pilot Better Health: Rewards programme which utilises digital technology and a rewards programme to change behaviours around physical activity and healthy eating.

### Spotlight on WV Gets Active (WVGA)

City of Wolverhampton Council, in partnership with Active Black Country, The Behaviouralist and Local Government Association delivered a physical activity intervention with a goal to increase activity levels to at least 30 minutes a week for low socio-economic and inactive residents. An app based six-week behaviour change intervention was delivered with individuals linking their own fitness trackers. The app offered localised routes and nudges reminding residents to be active and increase step counts. WVGA increased step counts from 5000 to 7000 steps and residents were more positive throughout the programme. WVGA findings will feed within the Office of Health Improvement and Disparities' Better Health:Rewards programme which Wolverhampton is hosting. This pilot aims to increase physical activity and improve healthy eating through using an app whilst receiving rewards.

### Spotlight on tackling physical inactivity in Wolverhampton

Through Health and Wellbeing Together the city is embarking on a system wide approach to reducing levels of physical inactivity. Through the Health and Wellbeing board a system redesign model is being undertaken which has four key stages, discover, define, develop, and deliver. The discovery phase (winter 2021-spring 2022) has taken a deep dive into physical inactivity to really understand where we are now, so that we can truly define the priority areas. An innovative new group has been formed, the Physical Inactivity Steering Group, to drive the work forward and further move through the system redesign and ultimately reduce levels of physical inactivity in the city.



All at the start for the Park Run at East Park

## Healthy, inclusive communities

### Why is this important to us?

Wolverhampton is a proudly super-diverse, culturally rich city – home to individuals, groups and communities of many different backgrounds, birth places and beliefs.

There is much to celebrate yet there is still a long way to go to tackle the impact deprivation and inequalities have on a significant proportion of our population. Where people are born, live, go to school or work, should not determine life chances or health outcomes yet, exacerbated by the pandemic, poverty and inequalities are continuing to hold many people back.

To create a healthy, inclusive city, there is a continued need to be systematic and co-ordinated in our place-based approach, working with local people, groups and communities to tackle these challenges, so that everyone feels welcome, safe, supported and settled. This will be further supported by our contribution to the Wolverhampton 'Our Rainbow City'<sup>9</sup> commitments which reinforce the importance of equal access to services, free of any judgment or discrimination.

### What do we know?

People's experience of the pandemic and the associated national lockdowns was not consistent. Experiences differed depending on ethnicity, age, type of job or accommodation, health status and / or vulnerability to exploitation or harm.

Housing conditions, for example, such as overcrowding and high density were associated with greater spread of Covid-19. Access to

private open space, such as a garden or terrace and security of tenure also had a substantial impact on pandemic experience and individual wellbeing<sup>10</sup>.

With an increasing population and a decreasing social housing stock, the Private Rented Sector is becoming more important in providing affordable housing for residents. It is expected this sector will experience significant growth over the next few years; in Wolverhampton, it is estimated the Private Rented Sector will grow to account for more than 25% of the local housing stock. Access to a secure home, that is good quality and suitable is central to the health and wellbeing of our residents as we come out of the pandemic, and this means working in partnership with all the different Landlord types in the city.

Restrictions introduced to curb the spread of Covid-19 were particularly challenging for people vulnerable to exploitation or harm; including victims of domestic abuse, especially those living with their perpetrators. Nationally recorded domestic abuse related crimes increased by 6% in 2021/22 compared to the year before; equating to 18% of all offences recorded by the Police. Locally, these offences equated to 22% of the total recorded crime; an increase of 33.3% during the same period. Due to the often-hidden nature of domestic abuse, there continues to be a concerted effort to encourage reporting of these incidents and so an increase can be viewed to some extent positive. In addition to this, the Home Office have changed the way in which police record crimes, meaning that multiple domestic abuse keywords can be added to one callout,

<sup>9</sup> <https://wolverhampton.moderngov.co.uk/documents/s199558/Appendix%201%20-%20Rainbow%20City%20Commitment%20Document.pdf>

<sup>10</sup> [Place-Alliance-Homes-and-Covid-Report\\_2020.pdf](https://placealliance.org.uk/Place-Alliance-Homes-and-Covid-Report_2020.pdf) (placealliance.org.uk)

this has resulted in increased recording of domestic abuse crimes. However, we know that despite increased reporting and recording of domestic abuse crimes it is still underreported and victims are still at significant risk of harm and so we must double down our efforts to improve the safety of our residents.

Hate crime can spread fear within and between communities. Hate crime is centrally monitored across five themes: race or ethnicity, religion or belief, sexual orientation, disability, and transgender identity. In 2021/22, hate crime increased by 9% on the previous year. This increase has been in part due to improved crime recording, a greater willingness of people who have witnessed hate crime to report it, a better identification of what constitutes hate crime, and an actual increase in the crime itself. This is important not just because of the crimes themselves, but because by spreading fear, these crimes stop people fully participating in community life.

Feeling safe and able to participate in community life is key. Wolverhampton is a City of Sanctuary. It is a place of welcome and support for people fleeing persecution or humanitarian crisis, and who settle in the city for a short time or permanently. In 2021/22, Wolverhampton welcomed over 2000 people seeking asylum or refuge. With ongoing conflicts across the world leading to displacement and migration of people, it is expected that the number of people seeking sanctuary will only increase further.

### Our response

Given the importance of housing as a wider determinant of health, private housing is an integral part of the city commitment to 'Better

Homes for All'. This means supporting a vibrant and fit for purpose Private Rented Sector as part of our city housing offer; ensuring this is a viable tenure of choice rather than last resort. To achieve this, we have needed to be able to distinguish between reputable Landlords offering suitable accommodation and tenancies, and those who are exploiting vulnerable people.

The Rent with Confidence scheme has and continues to be a vital part of this overall objective. It is a multi-faceted response focusing on accreditation for registered Private Sector Landlords, improving conditions in the sector, and improving working relationships between the Council and Private Sector Landlords in the city. It also includes supporting better professional relationships between private Landlords and tenants.

Despite victims of domestic abuse being exempt from the legal restrictions imposed by national lockdowns, they faced increased challenges during this period. They also experienced less opportunity to report abuse and increased social isolation as their usual means of support were reduced. In response specialist support provision was maintained as a priority and locally commissioned, and non-commissioned organisations experienced increased demand over this period. Public Health and Safer Wolverhampton Partnership worked closely with the Haven Wolverhampton and other key partners to ensure victims of domestic abuse and their children could continue to access vital support and safety measures, both within refuge and out in the community.

In spring 2021, Wolverhampton became part of the national

Department of Health and Social Care pilot introducing home testing to underrepresented groups. This meant bringing testing within refuge provision, ensuring that women and children were protected against Covid-19 whilst maintaining the security of refuge. This successful pilot was welcomed by staff and residents and was the first of its kind in the country.

In August 2021 Wolverhampton LGBT+ was awarded a grant jointly with Wolverhampton CCG to deliver counselling sessions to the local LGBTQ community. The offer included one to one counselling, group interventions and group activities to promote cohesion and reduce isolation. The service is run by more than 20 trained counsellors and they are able to deliver a seven day turnaround from referral to counselling starting.

Established during the pandemic, the Faith Leaders forum became a critical partnership between Public Health and different faith communities in the city. As well as sharing key intelligence, ideas, and challenges, this has and continues to be a key connecting forum for and with communities. Working with communities to ensure they feel confident to be who they are without fear of judgement or abuse, is one example of how we have been working to create a culture where discriminatory behaviour will not be tolerated and is challenged.

Alongside our commitment to City of Sanctuary, we have led the partnership response to welcoming and supporting people newly arriving in the city through schemes such as the Afghan Relocation and Resettlement Programme, and Afghan Citizens Resettlement Scheme. We have also, along with key city partners such as Black

Country and West Birmingham Clinical Commissioning Group, Wolverhampton Refugee and Migrant Centre, and Royal Wolverhampton NHS Trust, supported people who are seeking asylum and temporarily accommodated in the city by the Home Office.

### What are we going to do next?

We will further develop and implement our Rent with Confidence scheme to focus on those landlords that are most in need, and at the same time recognise and reward those who are providing much needed quality housing in Wolverhampton. This will include educating Landlords, offering free access to accredited and certified training. We will also develop a bespoke Landlord database to support compliance, with a view to preventing retaliatory evictions, reducing homelessness, creating sustainable tenancies; ultimately improving health outcomes and quality of life for residents.

We will adopt a preventative approach to dealing with rough sleeping via supporting people to remain and sustain accommodation via addressing not just housing issues but also general vulnerabilities. We will be utilising funding received from Central Government to provide a new multi-agency rough sleeper service, a new supported accommodation project and the continuation of the Housing First Programme.

Tackling domestic abuse continues to be a strategic priority for the city; recognised within the Council Plan 2022 to protect vulnerable people in communities at risk of exploitation or harm, and underpinned by the introduction of the Domestic Abuse Act 2021.

We will build on our strong links with statutory, specialist and community organisations to work together to safeguard victims and their families and ensure that perpetrators are effectively managed.

This work will be consolidated by a refreshed Tackling Interpersonal Violence and Abuse Strategy (including violence against women and girls), overseen by the newly established Interpersonal Violence Board. To inform the strategy, our ongoing response to domestic abuse, and the commencement of the recommissioning of domestic abuse services later this year, we are committed to extensive engagement with partners, victims and survivors of abuse and specialist providers. This is to ensure that there is city-wide coordination in our response and that the voices of victims, survivors and families are at the heart of all decision making.

In addition to this, we will respond robustly to the statutory duties introduced by Part 4 of the Domestic Abuse Act 2021, to ensure that victims of domestic abuse and their children receive the support that they need within safe accommodation.

Working in partnership with West Midlands Police, Wolverhampton Hate Crime Leads, and the Hate Crime Partnership we will continue to improve the level of service and support for all victims of hate crime, including increasing awareness and knowledge of support services and pathways as well as highlighting the importance of reporting further offences. In addition, together we will increase understanding and awareness of the impact of hate crime on individuals and communities, increase the opportunities for prevention and early intervention of hate crime behaviour with potential offenders, seek to reduce the number of hate crime

offences and increase the number of positive restorative justice outcomes.

To contribute to this, we will also be working closely with local partners and organisations to undertake a 'Rainbow City' Joint Strategic Needs Assessment focused on local LGBT+ communities, to better understand current and future need, along with the effectiveness of current service provision in meeting their needs. We will also be incorporating a review of the evidence that looks at the factors that can support members of the LGBT+ community to maintain their health and wellbeing. This will support the city to achieve its Rainbow City ambitions.

We will strengthen our commitment to being a City of Sanctuary by working with key strategic partners to introduce a Community Integration and Cohesion Strategy. In addition, we will continue to work to support people newly arriving in the city, alongside our more established communities, to ensure all residents have fair and equitable access to services, support, opportunities, and a safe and secure place to live.

In recognition of the challenges facing residents and communities and the impact on the wider determinants of health, exacerbated particularly in certain areas in the city, we are continuing to co-produce, implement and embed our place-based approach to tackle these challenges through a shared system and community-owned approach.

## Spotlight on community cohesion in action

In the winter of 2021 to 2022, 12 community tree planting events took place at sites across the city, predominantly in areas of the city with limited access to open space and lower tree cover. These events involved a range of individuals, faith groups, community organisations and schools. At one event, through the City of Sanctuary, asylum seekers from Cote D'Ivoire and El Salvador attended, giving them an opportunity to take part in a positive activity, mix with other people and access nature.

Some of these trees were funded by the Woodland Trust and others by Severn Trent Water, who sponsored five 'Tiny Forests', in the council's parks and open spaces (as well as five more in schools and nurseries).



Children from Moseley Park Academy, Bilston, planting a Tiny Forest in the snow.



Volunteers from the Sant Zora Singh Charitable Trust and Sri Sathya Sai Organisation at Stowheath Lane

In addition to taking part in the planting, 'Tiny Forests' provide further opportunities for schools and the community to take part in managing and 'citizen science' monitoring of the Forests, measuring the contribution they make to tackling climate change and promoting biodiversity. Tree planting also contributes more widely to health and wellbeing through encouraging physical activity and enhancing mental health.

These events were part of a broader activity in which the city has planted around 30,000 trees in the winter of 2021 to 2022, our biggest tree planting programme since the Millennium Forest over 20 years ago.



## Looking ahead

The pandemic strengthened partnership working, providing new and innovative ways for health and social care partners, education settings, including the University of Wolverhampton, the voluntary sector, faith groups, grass roots organisations and communities to work together. Going forward we are in a unique position to build on these strong foundations.

One aspect that supported this joint working included specific legislation put in place by Government to allow the health system to tackle the Coronavirus pandemic by enabling the sharing of data and information to best meet the health needs of our residents.

Health and wellbeing data and information sharing between partners supports a thorough understanding of the families and communities we serve, allowing us to recognise where alternative or more intensive approaches are necessary and evaluate their success.

As Covid-19 legislation expires, and at the same time new arrangements come into force as a result of the Health and Care Bill, we will continue to need to find innovative solutions to ensure opportunities for integration are not lost, particularly as we seek to prioritise tackling health inequalities. In doing so, we will continue to apply behavioural science and draw from psychological evidence to help our residents make positive changes and lead healthier lives.

In Wolverhampton the Health and Care Bill is leading to the formation of a Black Country Integrated Care System, this will cover the four Black Country Local Authority areas. Partnership working and a shared vision will be key to ensuring its success, especially given the number of stakeholders involved. The role of local Health

and Wellbeing Boards will be central in representing the views and perspective of the city and local people. Our own board is well placed to rise to this challenge, building on the greater partnership working forged during the pandemic and underpinned by its joint commitment to addressing health inequalities in the city.

Multi-layered, multi-agency partnership working will be equally crucial in driving local priorities to reduce drug and alcohol harm. Following significant additional investment, implementation of the ambitions contained within the government's new national drug strategy 'From Harm to Hope: a 10-year drugs plan to cut crime and save lives' will be overseen by a new drug and alcohol strategic partnership.

Similarly, the opportunities afforded by Wolverhampton being designated an adult social care reform trailblazer allow us to work with our colleagues and the Department for Health and Social Care to provide early learning, monitor progress and inform decision points during the national roll-out.

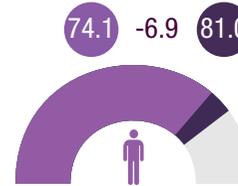
The 2021-2022 Annual Report demonstrates that while Covid-19 has not gone away and we are ready to respond to any resurgence of the virus, the negative impact of the pandemic has had far reaching and unequal consequences. Creating a healthier city requires both an immediate response to address issues related to access, pent up need and mental wellbeing, alongside longer term cultural change that learns the lessons of what approaches worked well in response to the pandemic and seeks to challenge systematic, avoidable differences in health outcomes for our residents.

# Your ward at a glance: Bilston East



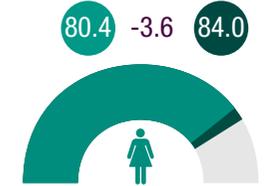
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)

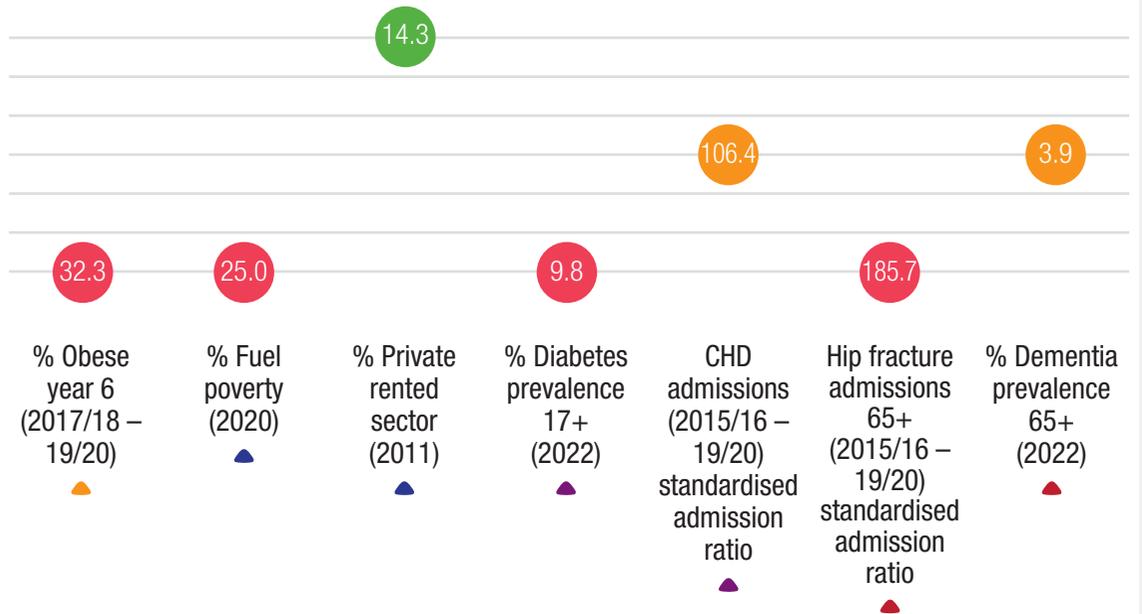


Total population  
**14,933**

**20.5%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

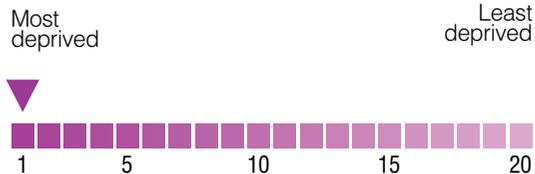
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**33.6%**  
Children living in poverty

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

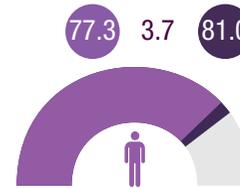
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Bilston North



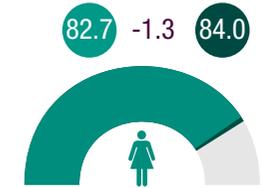
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)

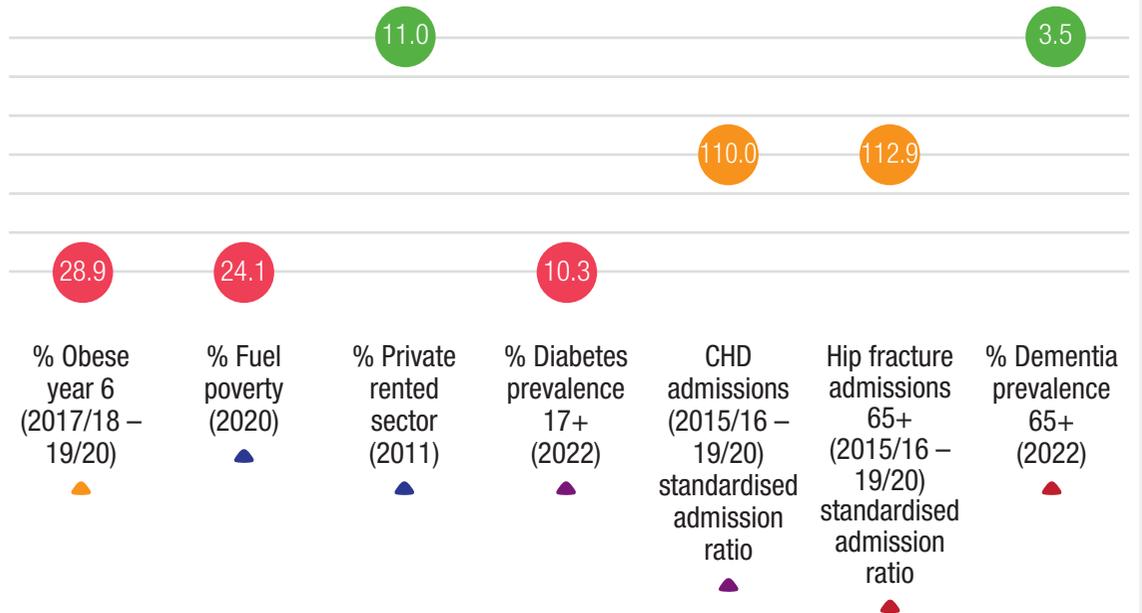


Total population  
**12,469**

**26.8%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

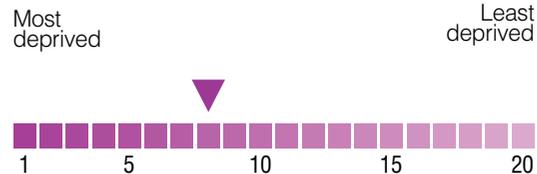
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**29.7%**  
Children living in poverty

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

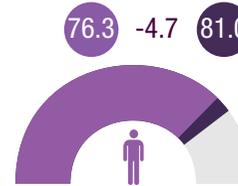
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Blakenhall



## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



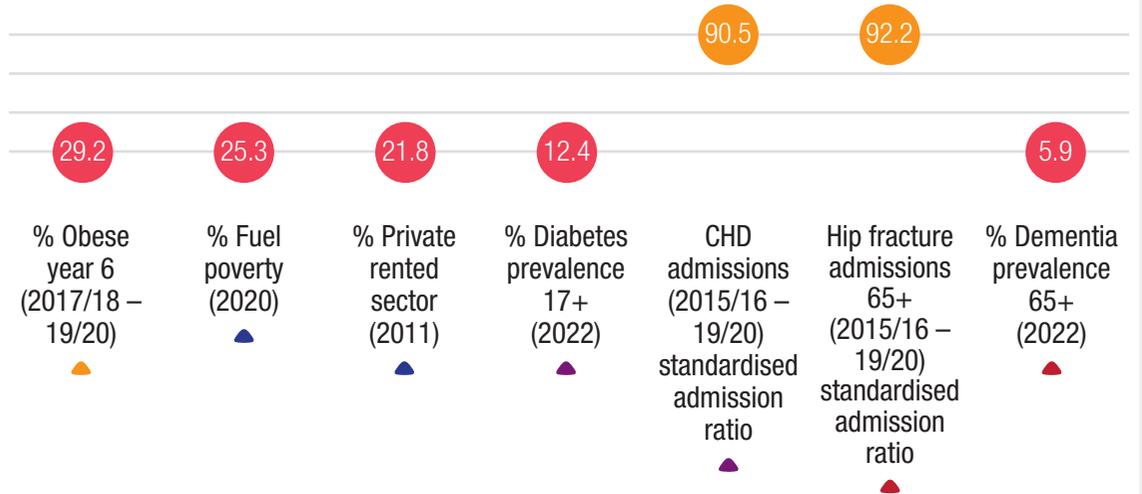
Total population  
**13,320**



**73.7%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

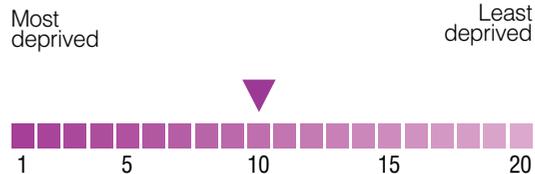
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**28.0%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

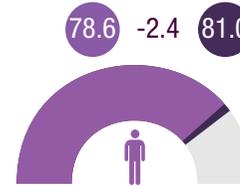
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Bushbury North



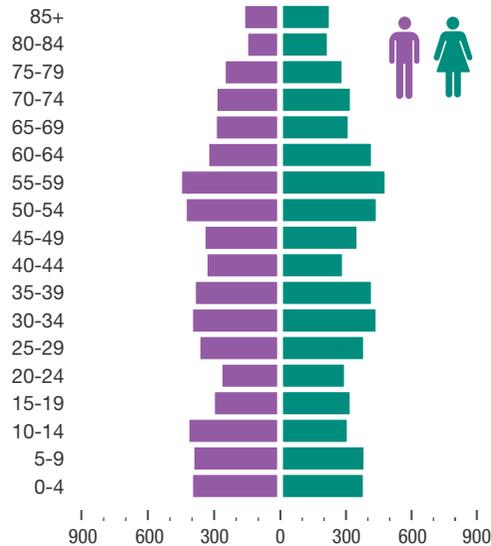
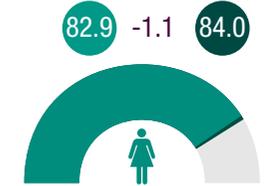
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)

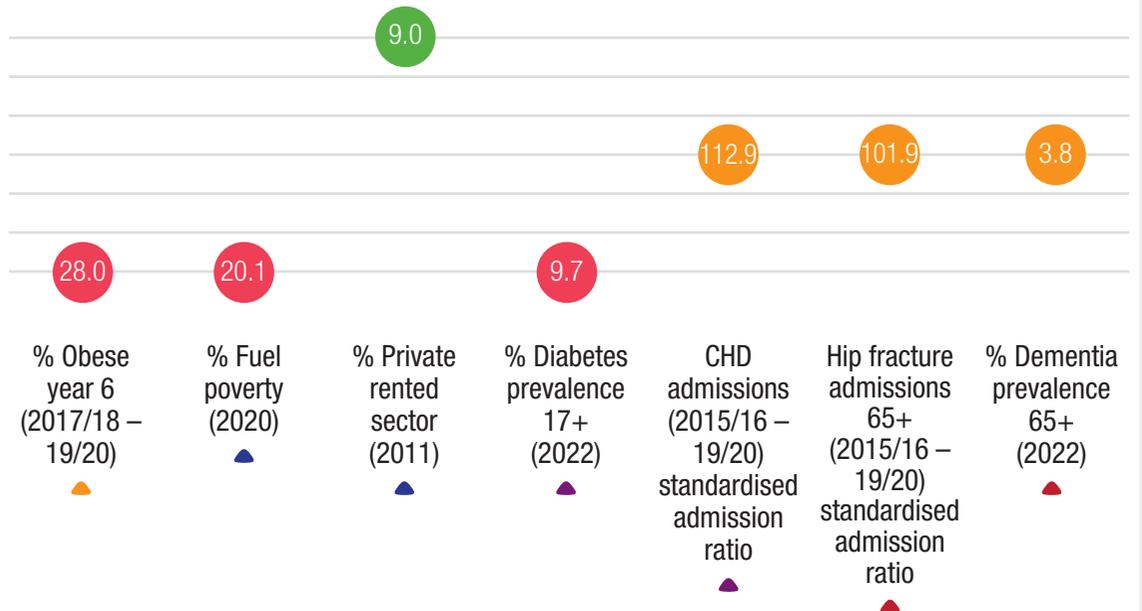


Total population  
**12,130**

**12.8%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

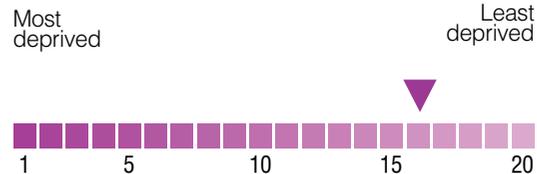
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**26.3%**  
Children living in poverty

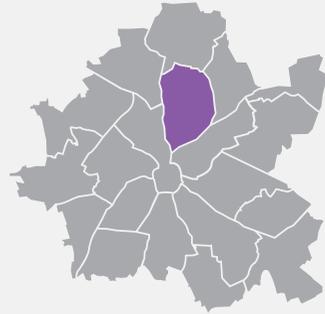
## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

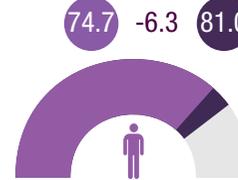
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Bushbury South and Low Hill



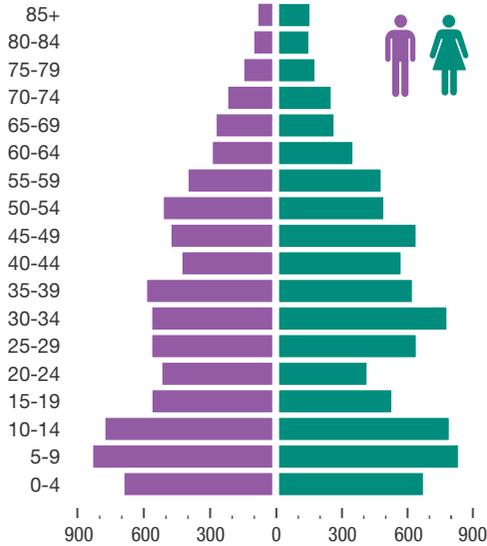
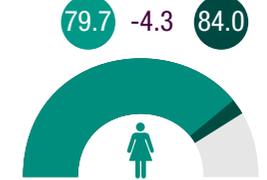
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)

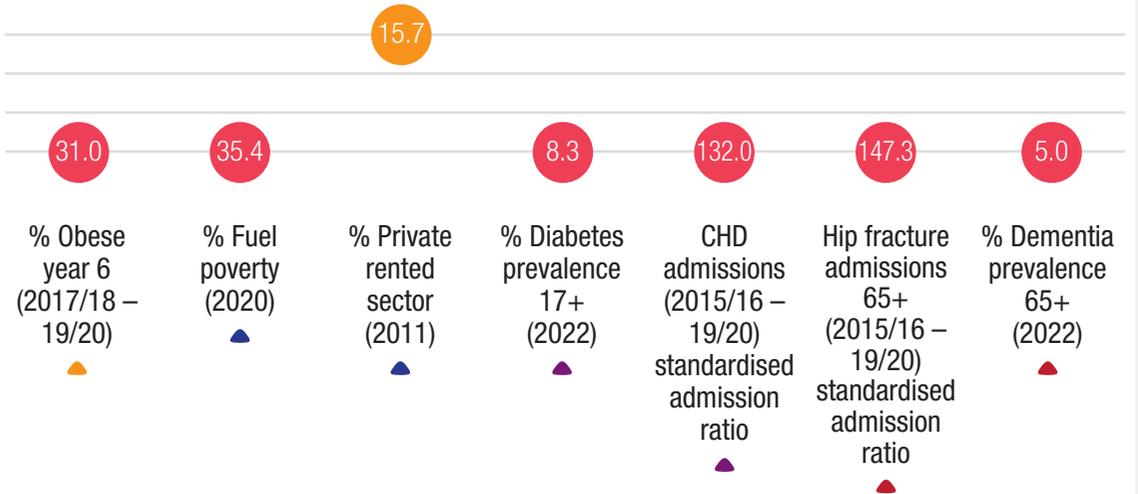


Total population  
**16,938**

**31.6%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

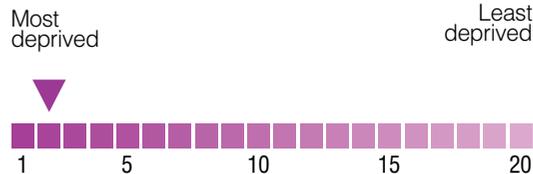
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**34.9%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

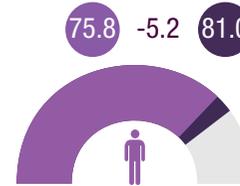
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: East Park



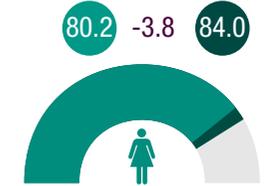
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



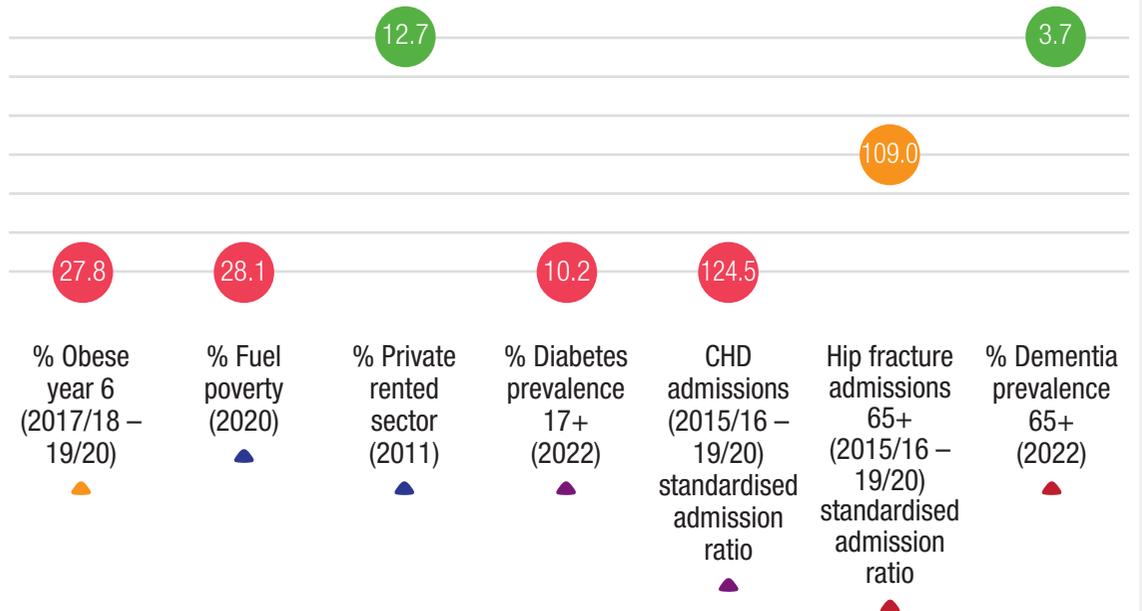
Total population  
**13,217**



**27.4%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

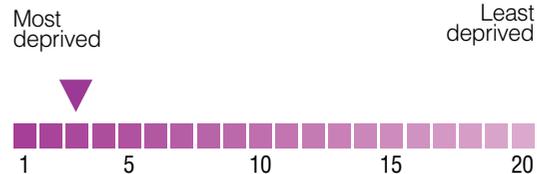
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**34.9%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

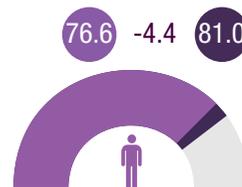
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Ettingshall



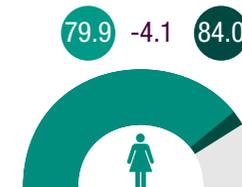
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



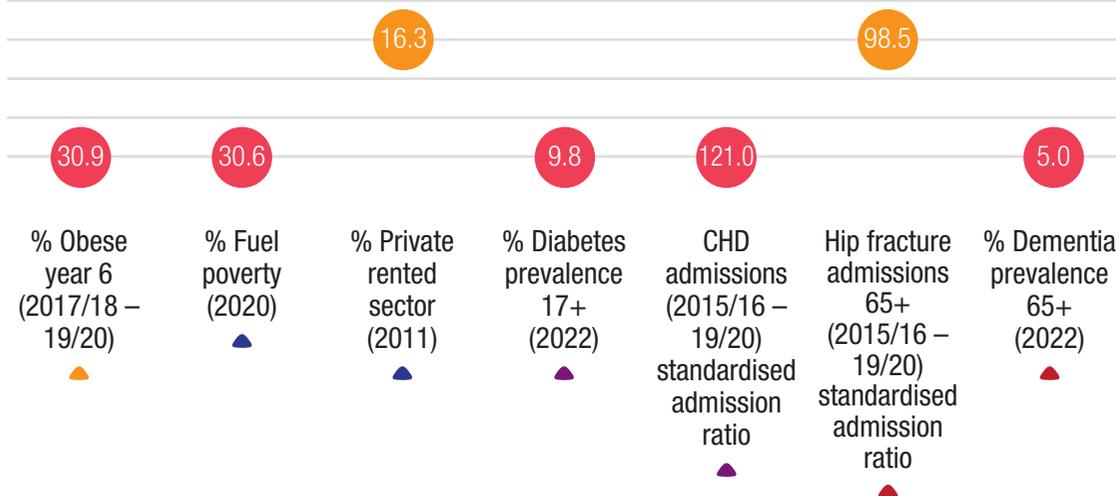
Total population  
**16,774**



**53.5%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

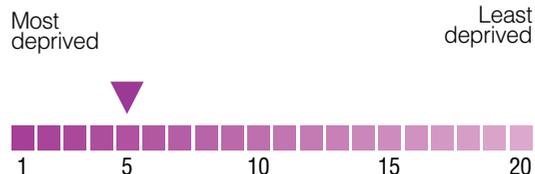
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**32.8%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

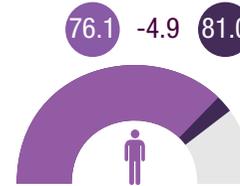
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Fallings Park



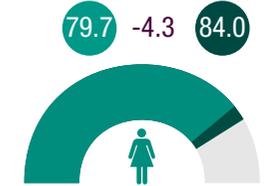
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



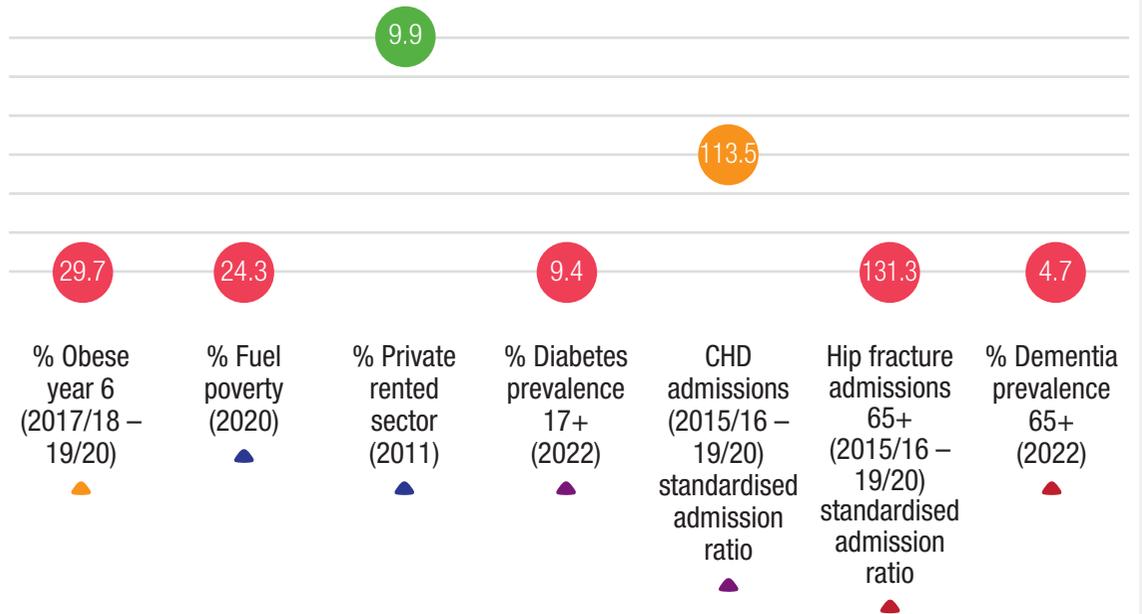
Total population  
**12,043**



**17.4%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

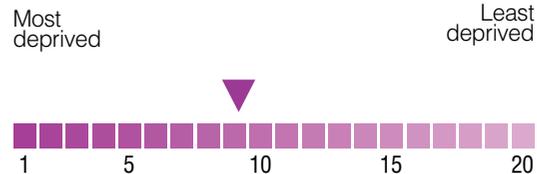
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**27.6%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

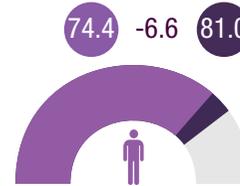
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Graiseley



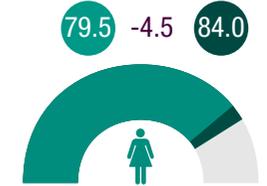
## Male

● Life expectancy (years)  
● Vision 2030 (years)



## Female

● Life expectancy (years)  
● Vision 2030 (years)

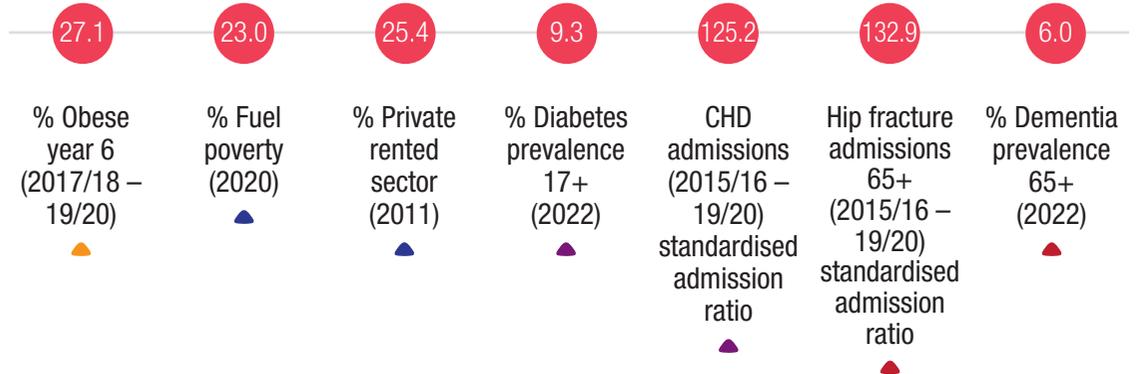


Total population  
**13,434**

**48.8%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

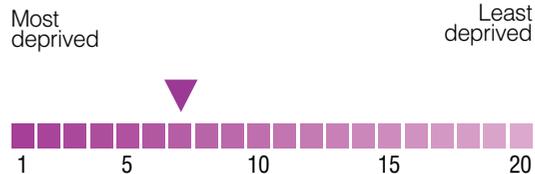
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**33.6%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

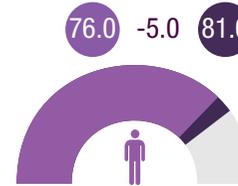
- Strong families where children grow up well and achieve their potential
- Good homes in well connected neighbourhoods
- Fulfilled lives for all with quality care for those that need it
- More local people into good jobs and training
- Healthy, inclusive communities
- Thriving economy in all parts of the city

# Your ward at a glance: Heath Town



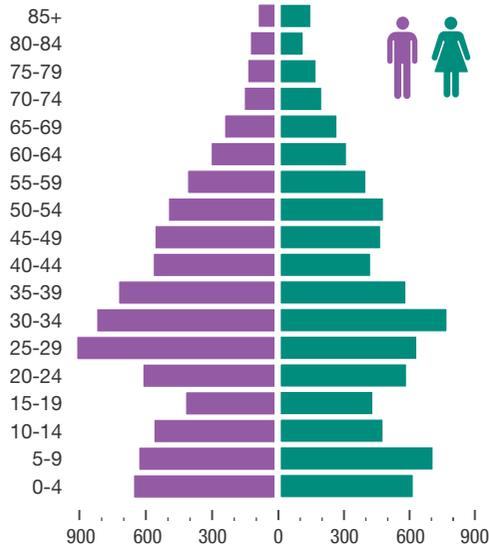
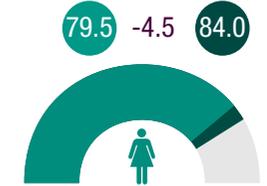
## Male

Life expectancy (years)  
Vision 2030 (years)



## Female

Life expectancy (years)  
Vision 2030 (years)



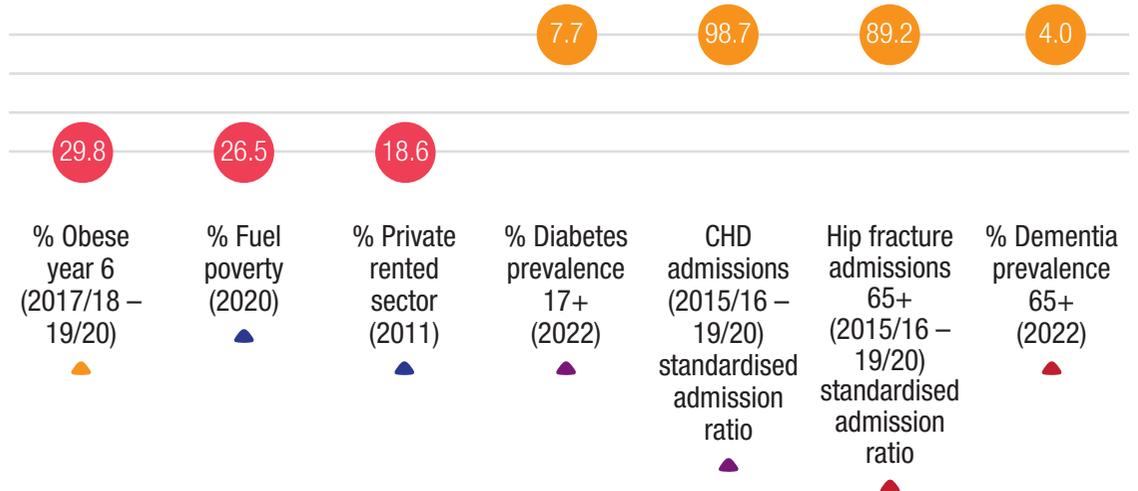
Total population  
**16,260**



**44.5%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

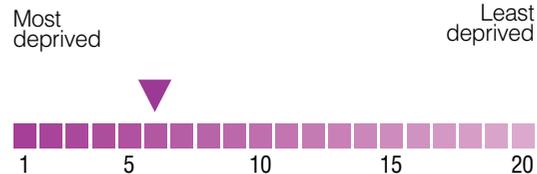
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**30.6%**  
Children living in poverty

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

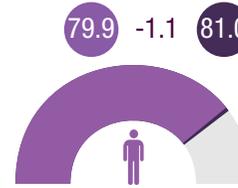
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Merry Hill



## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



## Total population

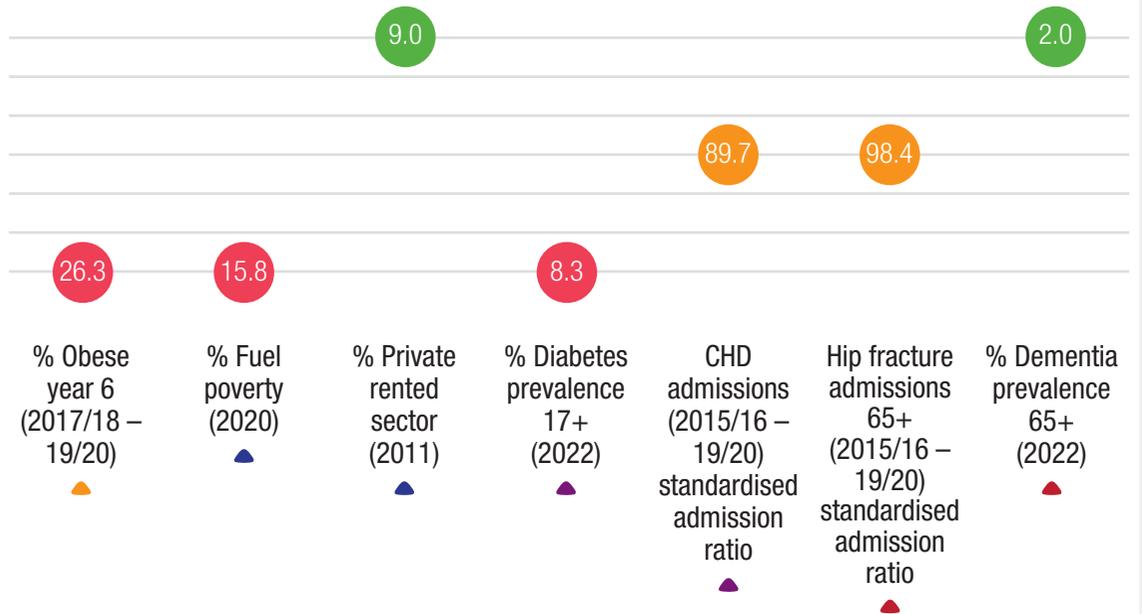
**11,924**



**19.4%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

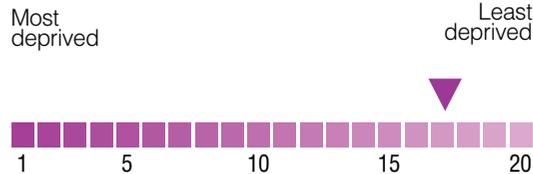
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**20.0%**  
**Children living in poverty**

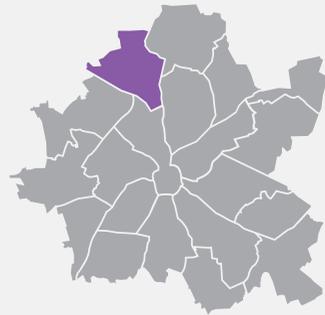
## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

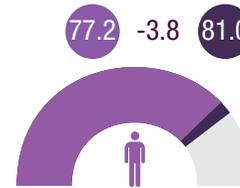
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Oxley



## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)

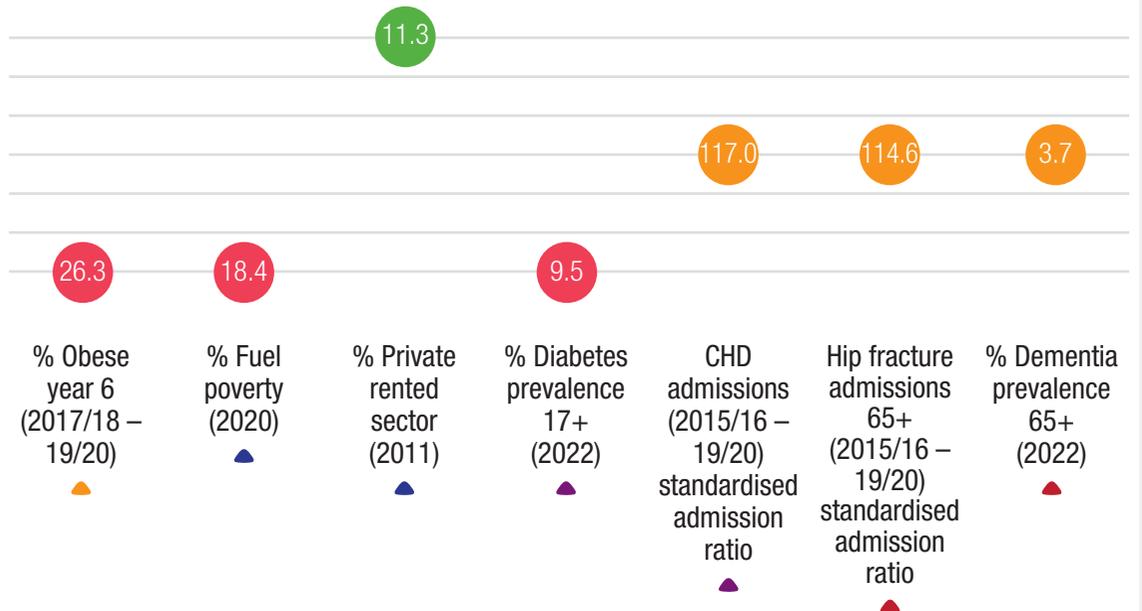


Total population  
**12,863**

**24.5%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

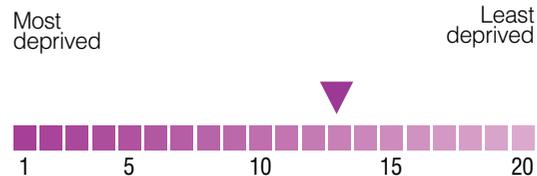
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**28.8%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

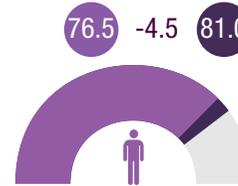
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Park



## Male

- Life expectancy (years)
- Vision 2030 (years)

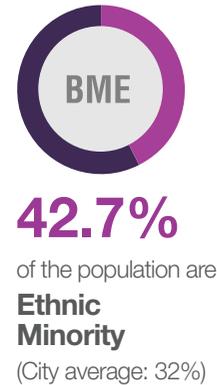


## Female

- Life expectancy (years)
- Vision 2030 (years)

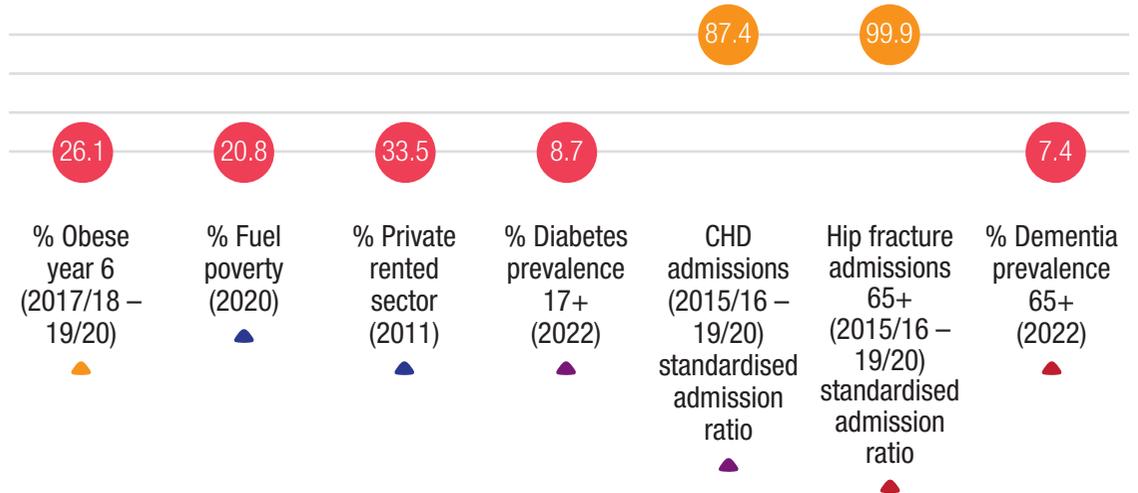


Total population  
**13,076**



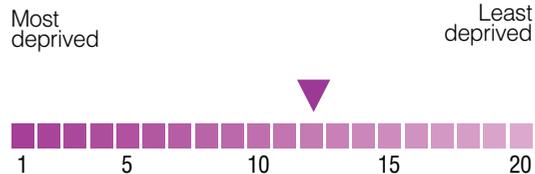
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**26.4%**  
Children living in poverty

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

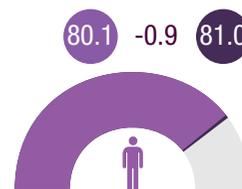
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Penn



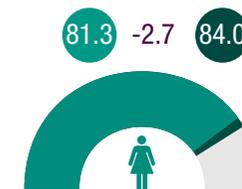
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



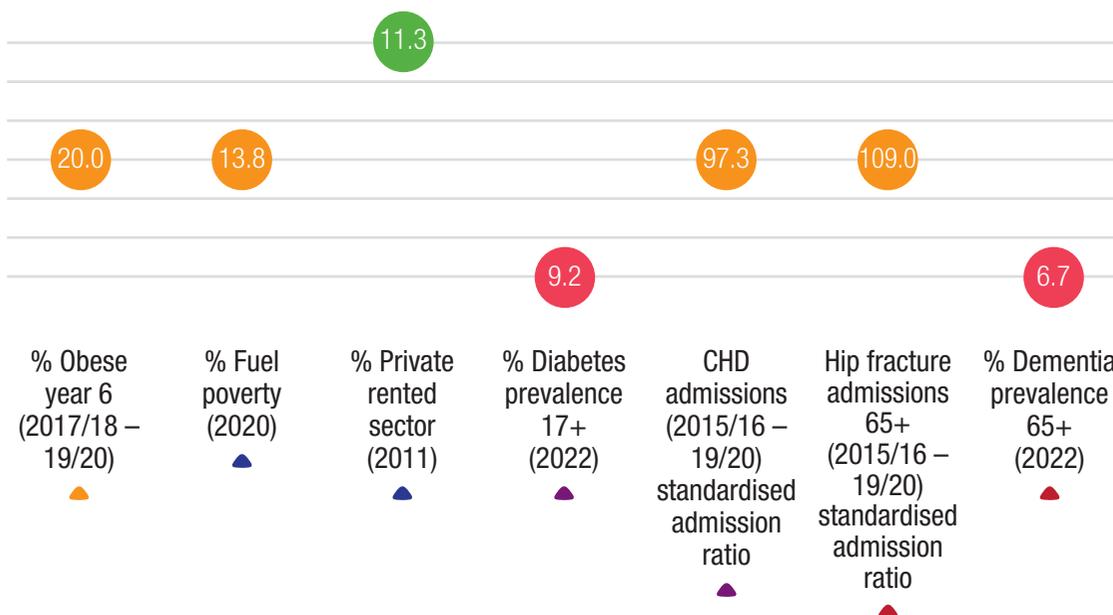
Total population  
**12,263**



**33.0%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

## What is life like in your ward?

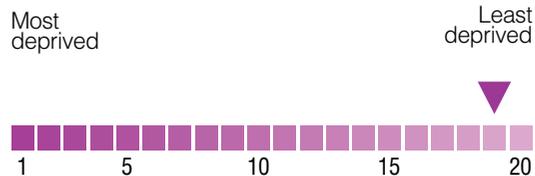
Compared to national average: ● Worse ● Similar ● Better



**15.2%**

**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

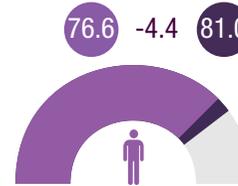
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Spring Vale



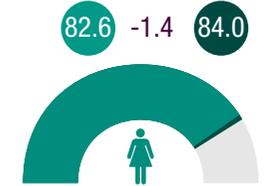
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



## Total population

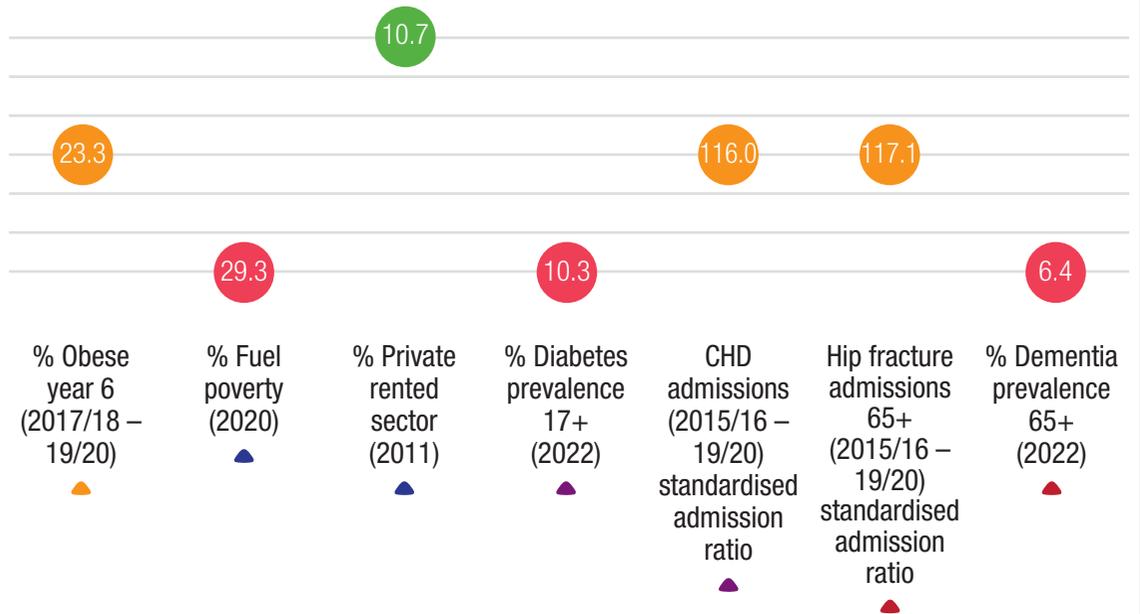
**12,328**



**25.4%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

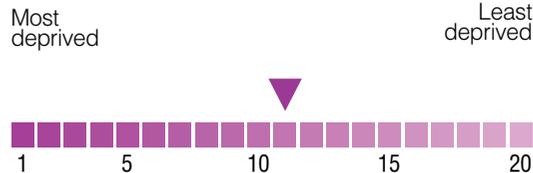
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**27.7%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

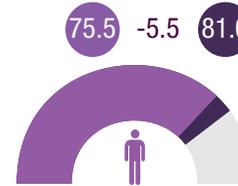
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: St Peter's



## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



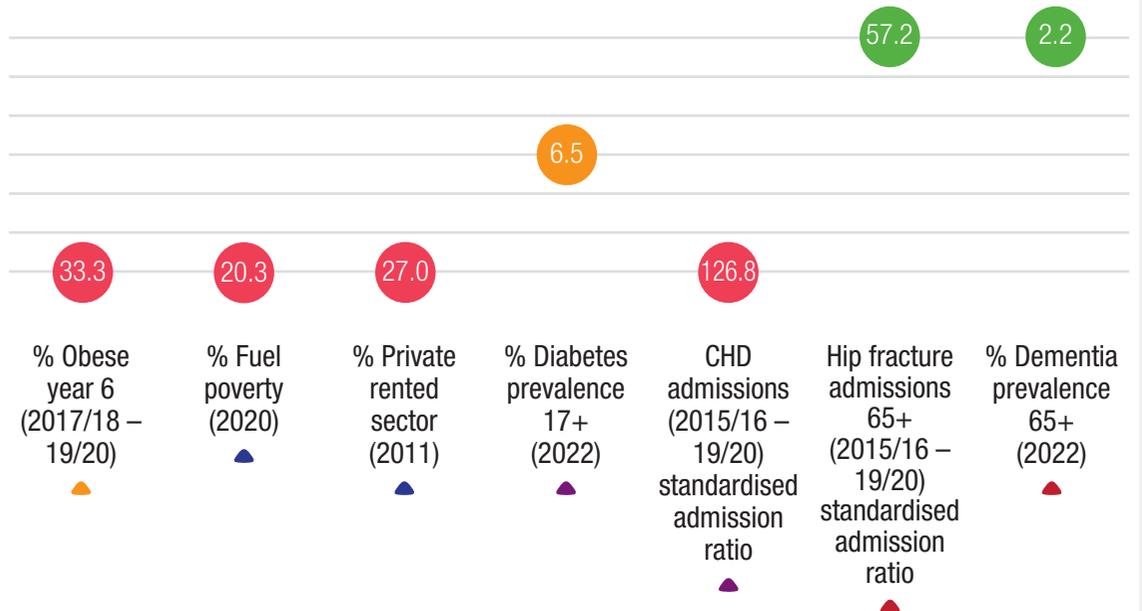
Total population  
**15,510**



**61.6%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

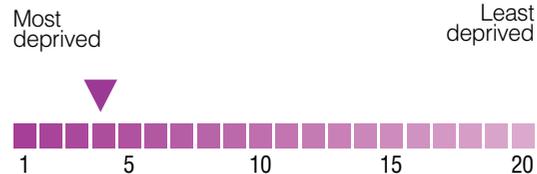
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**42.4%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

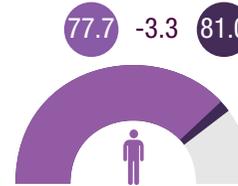
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Tettenhall Regis



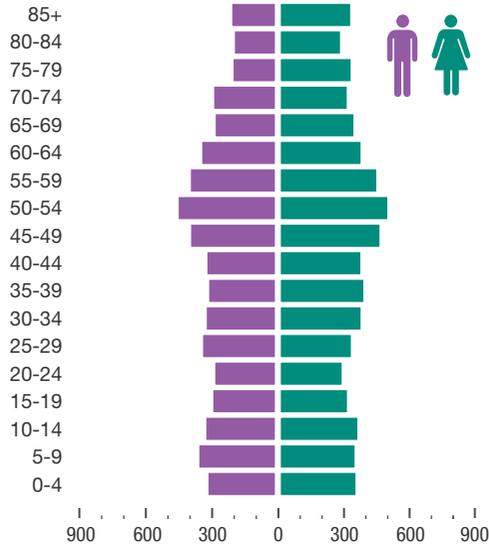
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



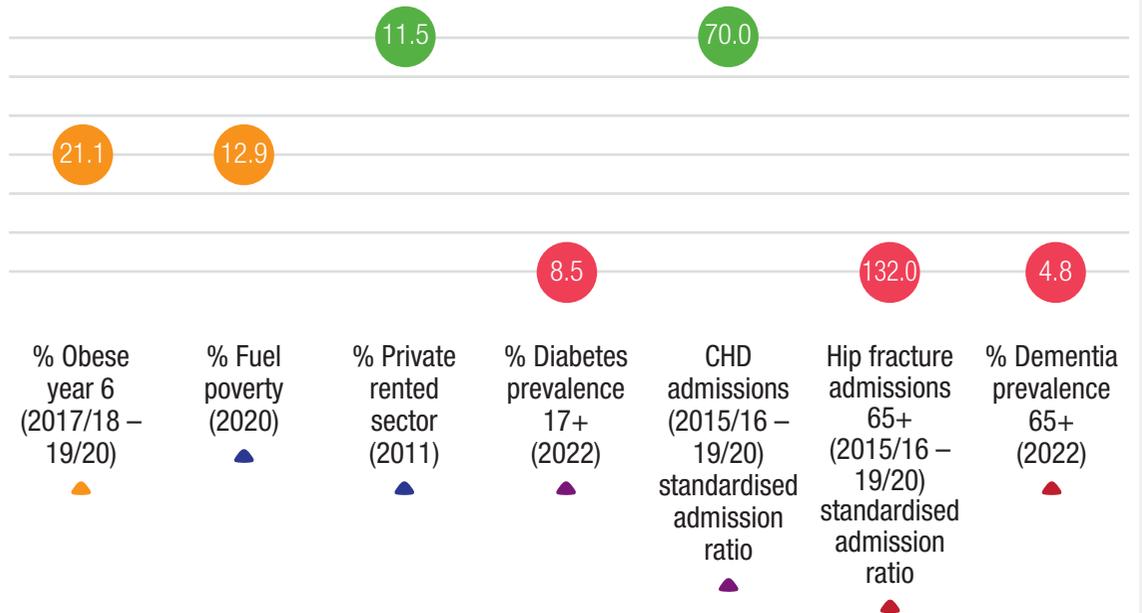
Total population  
**11,853**



**22.2%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

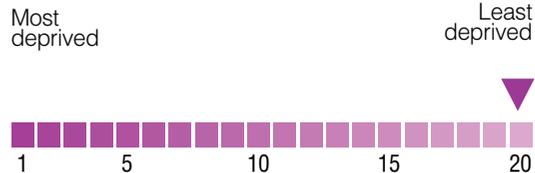
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**15.3%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

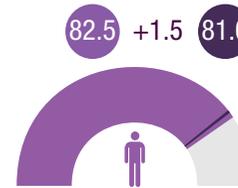
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Tettenhall Wightwick



## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)

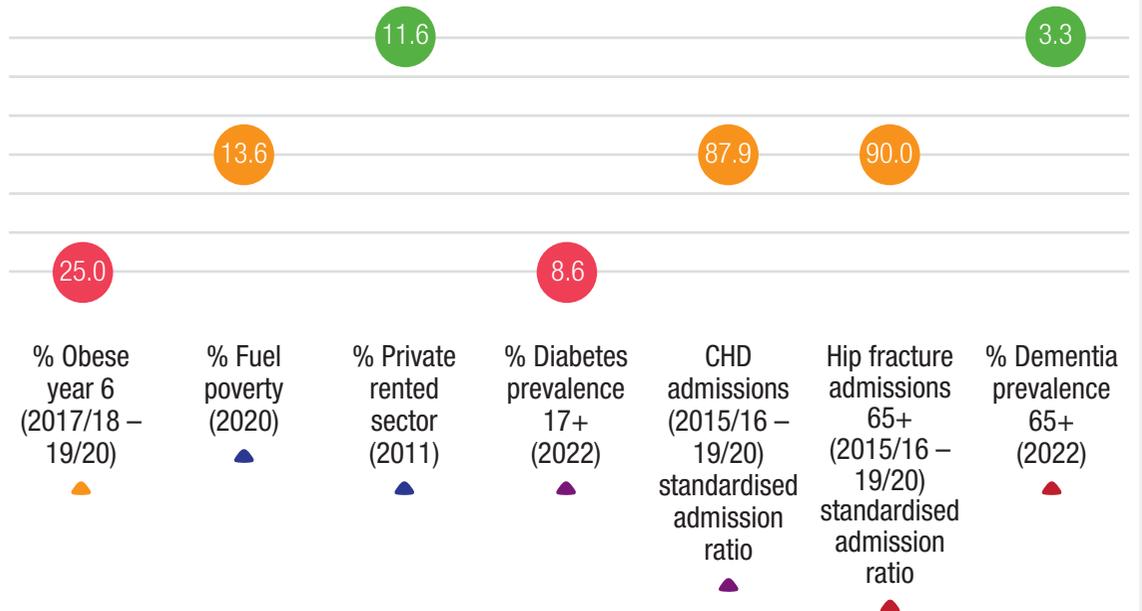


Total population  
**10,820**

**17.6%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

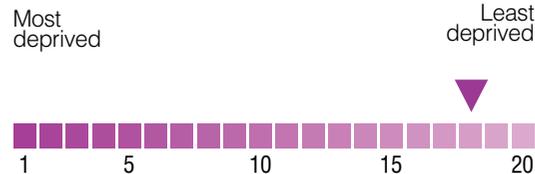
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**15.5%**  
Children living in poverty

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

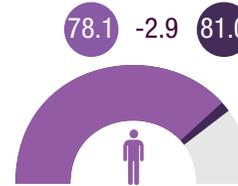
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Wednesfield North



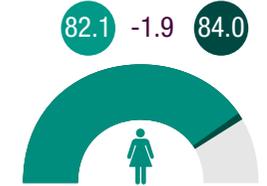
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



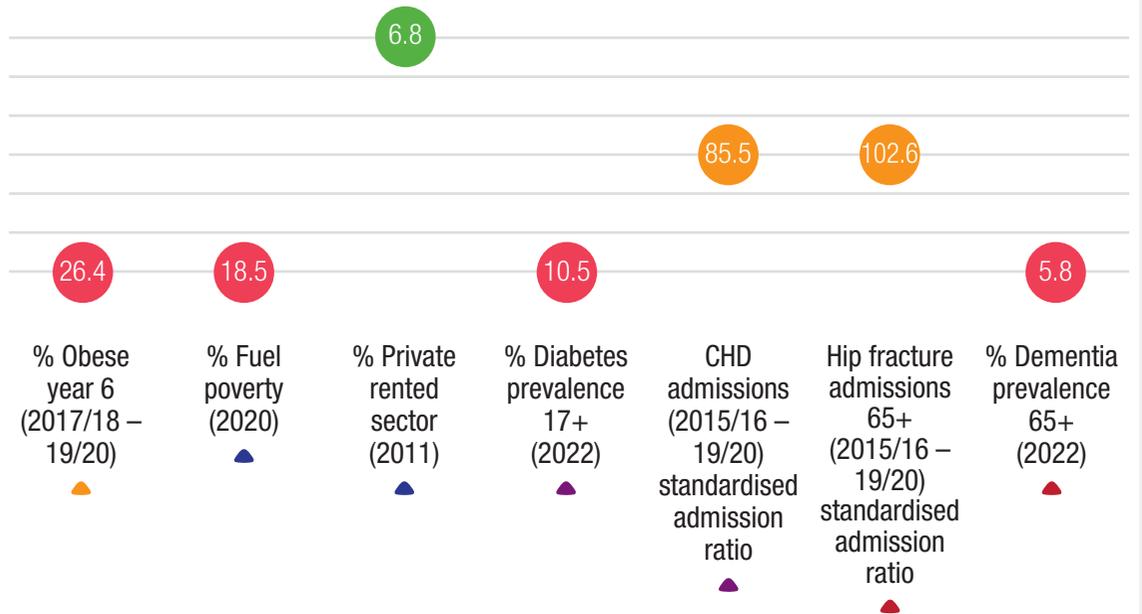
Total population  
**10,749**



**8.0%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

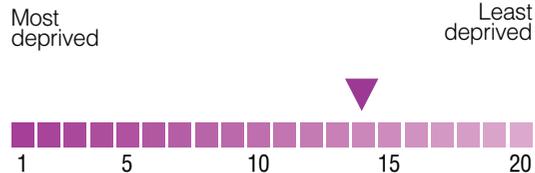
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**24.2%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

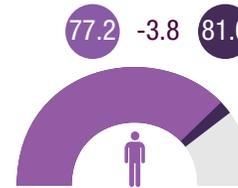
- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

# Your ward at a glance: Wednesfield South



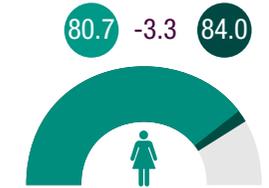
## Male

- Life expectancy (years)
- Vision 2030 (years)



## Female

- Life expectancy (years)
- Vision 2030 (years)



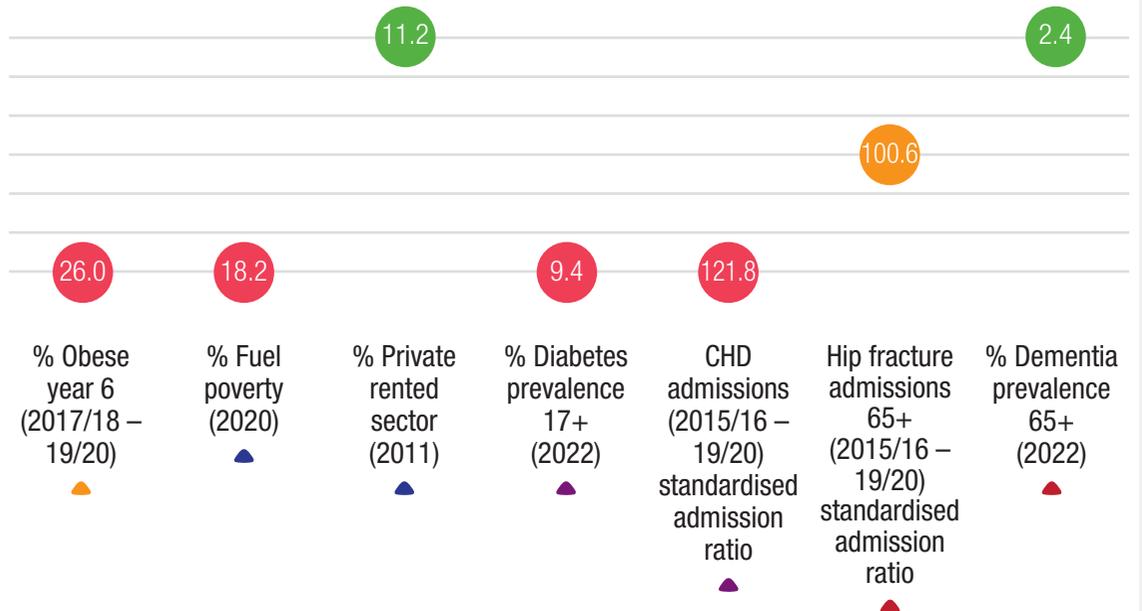
Total population  
**11,683**



**20.7%**  
of the population are  
**Ethnic Minority**  
(City average: 32%)

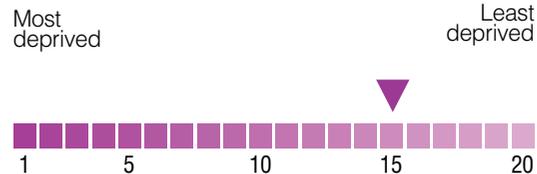
## What is life like in your ward?

Compared to national average: ● Worse ● Similar ● Better



**27.0%**  
**Children living in poverty**

## City deprivation ranking



## Our City: Our Plan – Wulfrunians will live longer, healthier lives

- Strong families where children grow up well and achieve their potential
- Fulfilled lives for all with quality care for those that need it
- Healthy, inclusive communities
- Good homes in well connected neighbourhoods
- More local people into good jobs and training
- Thriving economy in all parts of the city

*This report is dedicated to the memory of*

**Ros Jervis**

*Director of Public Health at the City of Wolverhampton Council*

*from April 2014 to July 2017,*

*who sadly passed away in June 2022.*

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audio or in another language by calling 01902 551155

**wolverhampton.gov.uk 01902 551155**

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