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Appendix 1: Marmot Indicators of Health Inequalities: Descriptions .......................... 19
Wolverhampton is a city and metropolitan borough in the West Midlands in England. It is also one of the local authorities within the Black Country and West Birmingham Sustainability and Transformation Plan (STP).

1. Local Area
Wolverhampton consists of 20 wards and has an estimated population of 254,406 in 2015. The ward with the lowest population is Tettenhall Wightwick (10,922) and the ward with the highest population is Bushbury South and Low Hill (15,752). The population density of the city is 36.6 people per hectare – far above the England average of 4.2 people per hectare. The ward with the highest population density is Graiseley (55.2) and the lowest is Bushbury North (24.7).

The social composition of Wolverhampton tends to be predominantly working-class, when examined using Experian’s Mosaic classification system updated in early 2016. The largest proportion of households in the city are the Family Basics group (18,585 or 17.8%) who are described by Experian as “families with limited resources who have to budget to make ends meet”. The second most common household type is Transient Renters (15,798 or 15.2%), households comprised of “single people privately renting low cost homes for the short term”. The third most common household is Modest Traditions (13,188 or 12.7%), who are “mature homeowners of value homes enjoying stable lifestyles”.

2. Population
According to the 2015 mid-year population estimates, there are 254,406 people in Wolverhampton which is an increase of nearly 5000 from the number of residents in 2011 census when it was recorded as 249,470 people. There are 49.4% males and 50.6% females in Wolverhampton, which is very similar to the gender distribution in England (49.3% males and 50.7% females). However, the age distribution of the population in
Wolverhampton is different compared to England. In Wolverhampton, there are more children (20.4%) and fewer older people (16.8%) compared to England (19% and 17.7% respectively).

Overall, the population in Wolverhampton has increased since 2002. Considering births, deaths and internal as well as international migration, the increase in population in the last 5 years is higher compared to earlier years. In 2015, the net change in population was 1419 compared to 393 in 2002. The net population change increased to a high of 1555 in 2011 and reduced thereafter before increasing again in 2014.

Births

In Wolverhampton, the number of live births has been variable. In 1986, there were 3,433 live births in Wolverhampton and fell to an all-time low of 2,832 in 2002. Since then, the live births have increased and there were 3396 live births in 2015.

The number of live births are higher in areas of most deprivation but have slightly decreased since 2009 from 2,174 (64.7%) to 2,165 (63.8%) in 2015. These figures are substantially lower in areas of least deprivation but have slightly increased since 2009 from 29 (0.9%) to 38 (1.1%) in 2015.
2.1 Migrant Population

90.2% of the resident population lived in Wolverhampton one year prior to the Census, with 9.0% of residents having moved to Wolverhampton from elsewhere in the UK, and 0.8% of the population were people new to the UK between 2010 and 2011. The areas with the highest influx of overseas migrants were the city centre and the Whitmore Reans (Newhampton Road, Waterloo Road) part of St Peter’s, consistent with those migrants being students.

2.2 Population with disability

At the time of the Census, one in five residents (51,258 people or 20.5 per cent) was disabled or had a long term health problem that limits their day-to-day activities to some degree. Rates of disability were higher for females, for people aged 50-64, for people aged 65+, and for White people, compared to the population as a whole. Additionally, at the time of the Census, 7.2% of residents had “bad” or “very bad” health, compared to 5.4% for England.

Considering non-Census data about the population, 3.5 per 1000 residents were known to the local authority to have a learning impairment in 2014, compared to 3.7 per 1000 for England. The latest data about children with learning disabilities known to schools, estimated that 65.9 per 1000 pupils had a learning disability in 2014, compared to 33.7 per 1,000 for England.
2.3 Marital Status

Wolverhampton had a higher proportion of its 16+ population who had never married (37.1%) than England as a whole (34.6%). 43.6% of the adult population was married, 7.9% widowed, and 10.2% separated or divorced, all of which were lower than their England equivalents. 319 residents (0.2%) reporting living in a same-sex civil partnership, the same proportion as for England.

2.4 Population Projections

As well as population estimates, the Office of National Statistics (ONS) produce bi-annual population projections for the next 25 years, based on births and deaths and other aspects of population change. The latest estimate, for 2014, was 252,987 residents with further growth projections of 13.8 per cent by 2039, which would take the resident population to 288,041, an increase of circa 35,000 people. Wolverhampton’s projected growth of 13.8% is lower than the projected growth for England of 16.5% over the same time period. Over the same time period, this is projected to lead to an increase from 104,000 households in 2014 to 121,000 households in 2039.

For context, the greatest number of residents in the city’s history was 272,000 in the early 1970s, which would be easily surpassed if these projections prove accurate. Much of the projected population growth up to 2039 is expected to be in the older age bands, as the bar chart demonstrates. Wolverhampton is projected to have a 15.0% increase in the number of children (aged 0-15), a 5.7% increase in the working-age population (16-64), and a 42.7% increase in the older people population (65+).
3. Ethnicity and Culture

**Ethnicity** - Wolverhampton’s Black & Minority Ethnic (BME) population is increasing. At the time of the 2001 census, 22% of our city’s population (52,541 people) were from a BME background which increased to 32% (79,788 people) by 2011 census. The largest BME group in Wolverhampton, according to the 2011 census, is Indian (32,162 people, or 12.9%), the second-largest group is Black Caribbean (9,507, or 3.8%), and the third-largest group is Mixed White & Black Caribbean (8,495 or 3.4%).

According to age, there has been a 72% increase in BME group for those aged 35-59 years, nearly 50% in BME group for those aged 16-34 years and 40% increase in BME group for those aged 0-15 years in 2011 compared to 2001 in Wolverhampton.

**Children by Ethnicity** – Wolverhampton’s BME population for children has also increased from 30% (18,676) in 2001 census to 41% (25,827) in 2011 census. The highest increase in the percentage of BME children has been in the age group 0-4 years and 5-7 years (14% each) and the least increase has been in the age group 18-19 (5%).

Compared to 2001, there has been an increase in the percentage of children identified as Asian, mixed, black as well as other ethnicity across all age groups from 0-19 with the exception of Asian for those aged 16-17 years and 18-19 years in Wolverhampton. The highest increase has been for children identified with ‘mixed ethnicity’ (4%) in 2011 compared to 2001 in Wolverhampton.
Religion - A fifth of residents stated that they had no religion in response to the 2011 census, with a further 6.4% of residents leaving the question blank. The largest religious group is Christian at 55.5%, Sikh is the second-biggest group at 9.1%, and Hindu and Muslim are third and fourth with 3.7% and 3.6% respectively. In terms of trends since 2001, there has been a local decline in Christianity since 2001 (a 10 percentage-point decrease), and an increase in ‘no religion’ (from 11% to 20%), other groups tend to be static or show slight increases.

Language - For just over 1 to 10 residents (26,302 or 11.0 per cent) aged over three years, English is not their main language. Punjabi (or Panjabi) is the most widely spoken main language in the city after English, with 11,055 (4.6%) using it as their preferred language. The second most-commonly spoken main language is Polish, with 2,458 (1.0%) using it as their preferred language. On a separate but related point, the Census stated that 6,221 households (out of the 102,177 total) had no adult who spoke English, 6.1% of all households in the city.

Country of birth - The 2011 Census estimated that 83.6 per cent of our city’s usual residents were born in the UK and 16.4 per cent were non-UK born; this compares to 13.8% of England’s residents being non-UK born. The 16.4% of residents being non-UK born equates to 40,888 people; and it is important to note that overseas migration to Wolverhampton has been a longstanding facet of the city: over half (54.8%) of our non-UK born residents arrived in the UK prior to 2001. Of the 40,888 Wolverhampton residents born outside the UK, there is some information about their country of birth in terms of region of the world they were born in. The top region was “Southern Asia” (18,151 people), the next biggest region was “EU Accession countries April 2001 to March 2011” (5,262 people), and the third-biggest region was “North America and the Caribbean” (4,437 people).
4. Economy

Size of economy and rate of growth

The size of economy and rate of growth is most commonly measured using the Gross Value Added (GVA) figures for the city. GVA measures the value of the goods and services produced in an area or sector of the economy. It monitors the performance and the overall economic well-being of an area. Between 2006 and 2014, the GVA for Wolverhampton rose by £580 million; alternatively, the GVA rose by 14.2% for Wolverhampton compared to 30.0% for England over the same time period. GVA per head for Wolverhampton rose from £16,789 in 2006 to £18,410 in 2014, a 9.7% rise compared to a 22.0% rise in England.

In 2014, there were estimated to 120,000 total jobs in Wolverhampton. These 120,000 jobs equate to a job density of rate of 0.75, compared to a job density for England of 0.83. Job density is calculated as a ratio: a ratio of 1.0 would mean that there is one job for every resident aged 16-64.

As of 2016, there were 8,385 businesses (local units) in Wolverhampton. The vast majority (6,725 or 80.2%) were micro businesses, employing up to 9 people.

Economic Activity

The economic activity rate for Wolverhampton for the most recent year period (Jul 2015-Jun 2016) was 73.0%, compared to 78.1% for England. The employment rate, which is a subset of the economic activity rate, was 65.2%, compared to 74.0% in England.

In total, there were 119,500 economically active people, of whom 107,000 were in employment. The converse of economic activity is economic inactivity, and there were 42,900 working-age residents classed as economically inactive. The 3 largest segments of economically inactive people were those who were looking after family / home (14,000), the long-term sick (10,500), and students (9,400). Of the 42,900 people who were economically inactive, 35,800 (83.6%) did not want a job, and 7,000 (16.4%) did want a job.

Benefits

While the Annual Population Survey data around employment and unemployment is important, another aspect for consideration is the rate of people claiming key out of work benefits: Wolverhampton has a much higher rate of out-of-work benefit claims than the national rate. The key out-of-work benefit claims are defined by ONS as “job seekers, ESA and incapacity benefits, lone parents and others on income related benefits”. In February 2016, 22,670 residents (14.2% of residents aged 16 to 64) were claiming key out of work benefits compared to 8.7% for England. Of those 22,670, the biggest proportion (13,000) were claiming for “ESA and incapacity benefits”, reinforcing the high levels of economic inactivity from the Annual Population Survey data.
**Occupation**

The three biggest sectors in Wolverhampton, by occupation, are Wholesale and retail trade (18,000 or 18%), Manufacturing (14,000 people, or 14%), and Human health and social work activities (15,000 people, or 15%) are the biggest industries. Nearly half (47%) of employment is in one or other of these sectors. The size of the manufacturing sector, reflecting the area’s industrial past, is more than half as big again as its size nationally (14.0% of employee jobs in Wolverhampton, compared to 8.2% in England).

Skills levels of residents have an impact on the employment of residents: in 2015, 19.0% of residents had no qualifications (against 8.4% for England), and 23.9% of residents had Level 4 / degree-level qualifications (against 36.8% for England). Partly as a reflection of the skills base of residents, the biggest individual sector which employs Wolverhampton residents is Elementary Occupations, at 15,300 or 14.3% of all occupations. Elementary Occupations have been defined by the University of Warwick’s Institute for Employment Research (IER) as jobs which “consist mainly of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort”: examples are cleaners, labourers and refuse collectors. At the other end of the scale, 30.2% of Wolverhampton’s residents who are employed have jobs in groups 1-3 (Managers, Directors And Senior Officials; Professional Occupations; Associate Professional & Technical), compared to 45.2% for England. This is noteworthy because those roles are the most highly-skilled in the economy, often being filled by graduate-level workers, and requiring knowledge and expertise.

**Average Income**

The full-time median wage of Wolverhampton residents is lower than the full-time median wage of people working in the city. In 2015, while the median weekly gross pay of city residents who work full-time was £434.20, but the median weekly gross pay of an employee working in Wolverhampton was £26 higher at £460.40. The fact that the salaries earned by Wolverhampton residents are lower than the city’s workplace population perhaps reflects the influence of low skills levels amongst Wolverhampton’s working-age residents, and evidences to some extent that many of the more highly-paid roles are filled by commuters from elsewhere.
5. Poverty and Deprivation

Indices of deprivation

In the 2015 Indices of Deprivation, Wolverhampton was ranked as the 17th most deprived of England’s 326 local authorities, when ordered by “rank of average score”. In the deprivation data, Wolverhampton is split into 158 Lower Super Output Areas (LSOAs), and the table below shows that, although the number of deprived areas is almost unchanged, the comparative position of Wolverhampton’s LSOAs improved between 2010 and 2015, with 1 less LSOA in the top 1% most deprived, and 6 fewer LSOAs in the top 5% most deprived.

<table>
<thead>
<tr>
<th>Overall Dep. (Cumulative)</th>
<th>2015 LSOAs</th>
<th>2010 LSOAs</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 1% deprived</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>Top 5% deprived</td>
<td>16</td>
<td>22</td>
<td>-6</td>
</tr>
<tr>
<td>Top 10% deprived</td>
<td>41</td>
<td>42</td>
<td>-1</td>
</tr>
<tr>
<td>Top 20% deprived</td>
<td>81</td>
<td>82</td>
<td>-1</td>
</tr>
<tr>
<td>% LSOAs in Top 20% deprived</td>
<td>51.3%</td>
<td>51.9%</td>
<td>-0.6%</td>
</tr>
</tbody>
</table>

Indices of deprivation relevant for children in poverty

Deprivation is multifaceted: alongside the regular Indices of Deprivation, there is a supplementary index released concerning Income Deprivation Affecting Children (IDACI). This had markedly worsened between 2010 and 2015 releases, as the table below shows:

<table>
<thead>
<tr>
<th>IDACI Dep. (Cumulative)</th>
<th>2015 LSOAs</th>
<th>2010 LSOAs</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 1% deprived</td>
<td>4</td>
<td>2</td>
<td>+2</td>
</tr>
<tr>
<td>Top 5% deprived</td>
<td>23</td>
<td>16</td>
<td>+7</td>
</tr>
<tr>
<td>Top 10% deprived</td>
<td>39</td>
<td>38</td>
<td>+1</td>
</tr>
<tr>
<td>Top 20% deprived</td>
<td>82</td>
<td>70</td>
<td>+12</td>
</tr>
<tr>
<td>% LSOAs in Top 20% deprived</td>
<td>51.9%</td>
<td>44.3%</td>
<td>+7.6%</td>
</tr>
</tbody>
</table>
There are other sources which complement the IDACI figures, in giving an insight into the situation for children. At the time of the most recent ‘Children in low-income families’ release, covering 2014, 30.2% of our city’s dependent children were living in poverty, which is some way in excess of the national average (19.9%). According to the 2015 Annual Population Survey household estimates (those containing at least one resident of working-age), there were 76,800 households fitting the criteria in Wolverhampton, of which 18,700 households were workless, meaning 24.4% of all households were workless. However, 12,300 of those 18,700 workless households had dependent children in them, meaning 65.7% of the workless households had resident dependent children.

**Household income**

Household income figures for the city show a persistent gap between Wolverhampton and England. The main measure used nationally is about Gross Disposable Household Income (GDHI), defined by ONS as “the amount of money that all of the individuals in the household sector have available for spending or saving after income distribution measures (for example, taxes, social contributions and benefits) have taken effect”. The latest release, covering 2014, shows that Wolverhampton had a ‘GDHI per head of population’ of £13,414, compared to £18,315 for England, and the gap grew wider between 2013 and 2014. Wolverhampton’s GDHI of £13,414, for context, places it in 127th of 133 NUTS3 regions in England, with 1st being the area with the most GDHI per head.

**6. Housing**

**Household Composition** - 32.2% of our households (32,876) comprise only one person, compared to 30.1% nationally. This is driven by the relatively high proportion of single person households where the occupant is aged under 65 (19,710, or 19.3%), and the proportion of lone pensioner (65+) households (13,166, or 12.9%). Wolverhampton has a smaller proportion of households which are ‘couple only’ (13,357, or 13.0%) compared to the English average of 17.6%. Wolverhampton does, however, have a greater proportion of households which are ‘lone parent and dependent children’ (9,634, or 9.4%) compared to England (7.1%).

**Household size** - There are currently over 102,000 households in Wolverhampton with an average household size of 2.4 people\(^1\), which is identical to England. Aside from the single-person households, there were 31,053 households with 2 people in them, 16,224 households with 3 people in them, 13,054 households with 4 people in them, and 8,970 households with 5 or more people in the household. The size of household does not necessarily mean a household is overcrowded: 5,995 (5.9%) households in the city are defined as overcrowded, having fewer bedrooms than needed by the occupants.

The average number of rooms per household in Wolverhampton is low, with the City ranking in the bottom 40% of districts nationally. In 2011, the average number of rooms per household was 5.3, compared with the England average of 5.4 rooms per household\(^2\).

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\(^1\) Office of National Statistics (2011): Census

\(^2\) Grant Thornton (2016) District Profile: An Economic, Social and Environmental Summary Profile of Wolverhampton
**Housing Tenure** - Housing tenure in the city is different to the national picture. 56.6% (57,812) of households were owner-occupied, compared to 63.4% for England, and 13.2% (13,455) of households who were private renters, lower than England’s 16.8%. Wolverhampton’s housing stock differs most from England in the proportion of housing stock which is social rented: 28.0% (28,648) of households were social renters, compared to 17.7% for England. Of the social renters in Wolverhampton, 79.6% rented from the Council rather than other sources such as Housing Associations.

**Homelessness and Temporary Accommodation** - On average, each year between 2,500-3,000 households approach the Council and are interviewed as at risk of homelessness by the Housing Options Team. The vast majority of these households are assisted via some form of housing advice and therefore do not require a homeless application. As the number of Homeless applications has decreased, so has the number of households who have been accepted and therefore given some form of housing duty. On average 40% of all accepted homeless applications are given a full homelessness duty due to their vulnerability (dependent children, pregnant female, victims of violence) in line with homelessness legislation.

There were 196 cases of tenants being placed in temporary accommodation from January 1, 2015 to December 31, 2015. A total of 50 of these cases were repeat stays, with many of these cases having to stay in temporary accommodation for up to a 12-month period.

**7. Transport**

At the time of the 2011 census, car and van ownership was relatively low nationally, with one-third of households (33.6%) not owning a car or van, compared to 25.8% in England. The proportion of households without a car/van in the city fell between the 2001 and 2011 censuses, because it was 35.2% in 2001. Almost 6 in 10 Wolverhampton residents (57.9 per cent) drove a car to work at the time of the 2011 census. The second most popular method of travel to work was by “Bus, minibus or coach” and the third most popular method was “on foot”.

**8. Population-level - Place-based Health determinants**

There are a number of characteristics of Wolverhampton as a place that affect health and social need, and that impact on health inequalities between Wolverhampton and the rest of England, and inequalities within the City:

**Housing**

- There are an estimated 17,913 category 1 hazards in Wolverhampton’s private sector stock, of which 5,018 are within the privately rented sector
- It is estimated that poor housing conditions are responsible for over 814 harmful events requiring medical treatment every year.

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4 Housing Options Team
The estimated cost to the NHS of treating accidents and ill-health caused by these hazards is £3.2 million each year. If the wider costs to society are considered, the total costs are estimated to be £30.3 million.

If these hazards are mitigated then the total annual savings to society are estimated to be £30.3 million, including £3 million of savings to the NHS.

Poor housing in Wolverhampton is estimated to cost around 325 quality-adjusted life-years (QALYs).

Physical environment

Provision of publically-accessible green space is variable across the City: there is currently 2.93ha of open space per 1,000 residents, which is above the England average of 2.4ha per 1,000 people, however in the Central & South, North, Tettenhall and Wednesfield districts natural green space is below the England average, and provision for young people is slightly below the England average in Central & South, North and Tettenhall districts. The total amount of open space in the City is 1,111.6 ha.  

Around 5% of the population are exposed to high noise levels from transport during the daytime. This is above the average for the West Midlands but slightly below the England average.

Air Quality

In common with much of the West Midlands conurbation, Wolverhampton suffers from poor air quality. An estimated 139 deaths per year, equivalent to 5% of mortality, is attributed to long-term exposure to fine particulates (PM10/PM2.5) and Nitrogen Dioxide (NO2) emissions, borne mainly from diesel vehicles.

The World Health Organisation’s mean annual limit for PM10 is 50μg/m³; the Council decided in January 2016 to continue to monitor the levels of this pollutant for a further twelve months prior to considering what action to take with respect to this pollutant. However, findings from the European Community’s Seventh Framework Programme suggest that even low air concentrations of fine particulate matter seem to be associated with mortality, and recommended that Local Authorities must look to reduce PM10/PM2.5 as much as practically possible.

The European Union’s mean annual limit for NO2 is 40μg/m³; the major source of this pollutant is road traffic and there are a number of roads within the city where the air quality objective for NO2 is currently being exceeded. These are primarily urban street canyons within the city centre which have high levels of bus traffic.

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5 Wolverhampton Open Space Strategy and Action Plan, February 2014
6 PH Outcomes (2016): 1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime
7 PH Outcomes (2016): 3.01 - Fraction of mortality attributable to particulate air pollution
8 Health Protection Agency for the Committee on the Medical Effects of Air Pollutants (2010) The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom.
9 City of Wolverhampton (2015) Air Quality Updating and Screening Assessment for: Wolverhampton City Council
• The City is declared as an Air Quality Management Area and the Council has a programme that regularly assesses air quality for the following pollutants: carbon monoxide, benzene, 1,3-butadiene, lead, nitrogen dioxide, sulphur dioxide and particulates (PM10 and PM 2.5).\textsuperscript{10}

**Shops and Businesses**

• In 2017 a count of fast food outlets in the A5 premise use class was carried out by Public Health England; Wolverhampton was found to have 242 outlets which equates to 95.7 outlets per 100,000 of the population, one of the highest in the West Midlands.\textsuperscript{11}

• A study of the spatial distribution of fast food outlets has found concentrations of premises in the City Centre, Chapel Ash, Bilston, Blakenhall, Cannock Road (Scotlands), Stafford Road (Three Tuns), Bushbury Lane and Wednesfield areas.\textsuperscript{12}

• There are around 25 betting shops in the City, generally concentrated in areas of high deprivation.\textsuperscript{13}

• In 2015, Royal Society of Public Health (RSPH) research explored how the cumulative impact of the concentration of businesses on the high street can impact the health of the public. It ranked Wolverhampton as having the 6th unhealthiest high streets in the UK.\textsuperscript{14}

**9. Marmot Indicators of Health Inequalities**

*Fair Society, Healthy Lives:* The Marmot Review report was published in February 2010, presenting the recommendations of the Strategic Review of Health Inequalities in England post-2010. In February 2011, the first Marmot Indicators for local authorities were released, providing information to support monitoring of the overall strategic direction in reducing health inequalities.

In 2014, a revised set of indicators were developed by UCL's Institute of Health Equity, in collaboration with Public Health England. They are indicators of the social determinants of health, health outcomes and social inequality, which broadly correspond to the policy recommendations proposed in Fair Society, Healthy Lives.

In total, there are 18 Marmot Indicators of Health Inequalities, divided into 5 categories and Wolverhampton is worse compared to England for 12 indicators and better compared to England for 2 of these 18 indicators. The indicators are detailed below. The definitions of all indicators are available in Appendix 1.

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\textsuperscript{10} City of Wolverhampton (2006) Air Quality Action Plan
\textsuperscript{11} Public Health England (2017) Fast Food Outlet Density Map
\textsuperscript{12} City of Wolverhampton Council, Public Health Team
\textsuperscript{13} City of Wolverhampton Council, Licensing Team
### 1. Healthy Outcomes Indicators

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Latest data refresh year</th>
<th>Wolverhampton figure (Latest data)</th>
<th>England figure (Latest data)</th>
<th>Wolverhampton better or worse compared to England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Life Expectancy at birth - Male (Years)</td>
<td>2013/15</td>
<td>56.4 years</td>
<td>63.4 years</td>
<td>Down</td>
</tr>
<tr>
<td>Healthy Life Expectancy at birth - Female (Years)</td>
<td>2013/15</td>
<td>59.5 years</td>
<td>64.1 years</td>
<td>Down</td>
</tr>
<tr>
<td>Life Expectancy at birth - Male (Years)</td>
<td>2013/15</td>
<td>77.4 years</td>
<td>79.5 years</td>
<td>Down</td>
</tr>
<tr>
<td>Life Expectancy at birth - Female (Years)</td>
<td>2013/15</td>
<td>81.4 years</td>
<td>83.1 years</td>
<td>Down</td>
</tr>
<tr>
<td>Inequality in life expectancy at birth - Male (Years)</td>
<td>2012/14</td>
<td>8</td>
<td>-</td>
<td>NA</td>
</tr>
<tr>
<td>Inequality in life expectancy at birth - Female (Years)</td>
<td>2012/14</td>
<td>7.1</td>
<td>-</td>
<td>NA</td>
</tr>
<tr>
<td>People reporting low life satisfaction (%)</td>
<td>2015/16</td>
<td>7.6</td>
<td>4.6</td>
<td>Up</td>
</tr>
</tbody>
</table>

### 2. Giving every child the best start in life
3. Enabling all children, young people and adults to maximise their capabilities and have control over their lives

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Latest data refresh year</th>
<th>Wolverhampton figure (Latest data)</th>
<th>England figure (Latest data)</th>
<th>Wolverhampton better or worse compared to England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good level of development at age 5 (%)</td>
<td>2016</td>
<td>57</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Good level of development at age 5 with free school meal status (%)</td>
<td>2016</td>
<td>49</td>
<td>52</td>
<td></td>
</tr>
</tbody>
</table>

4. Creating fair employment and good work for all
5. Ensure a healthy standard of living for all

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Latest data refresh year</th>
<th>Wolverhampton figure (Latest data)</th>
<th>England figure (Latest data)</th>
<th>Wolverhampton better or worse compared to England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment (%) (ONS model-based method)</td>
<td>Jan 2016-Dec 2016</td>
<td>8.4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Claimant Count of Jobseeker's Allowance and unemployment element of Universal Credit as a % of residents working age population</td>
<td>Mar-17</td>
<td>4.4</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Work related illness (rate per 100,000 employed in the last 12 months)</td>
<td>2013/14-2015/16</td>
<td>-</td>
<td>3,980</td>
<td>NA</td>
</tr>
</tbody>
</table>

6. Create and develop healthy and sustainable places and communities

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Latest data refresh year</th>
<th>Wolverhampton figure (Latest data)</th>
<th>England figure (Latest data)</th>
<th>Wolverhampton better or worse compared to England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households not reaching minimum Income Standard (%)</td>
<td>2015</td>
<td>-</td>
<td>27%</td>
<td>NA</td>
</tr>
<tr>
<td>Fuel Poverty for high fuel cost households (%)</td>
<td>2014</td>
<td>13.1</td>
<td>10.6</td>
<td></td>
</tr>
<tr>
<td>Utilisation of outdoor space for exercise/ health reasons (%)</td>
<td>Mar 2014 - Feb 2015</td>
<td>35.4</td>
<td>17.9</td>
<td></td>
</tr>
</tbody>
</table>
10. Satisfaction with Wolverhampton and neighbourhood
The Healthy Lifestyle Survey of Wolverhampton undertaken in 2016, 61% of the respondents were fairly or very satisfied with Wolverhampton. 32.3% respondents were very satisfied with their neighbourhood. More females (33%) compared to males (31%) were very satisfied with their neighbourhood. Also, more people from white ethnic background (37%) were very satisfied with their neighbourhood compared to Asians (28%), black (25%) and mixed (26%) ethnic background.

Satisfaction with neighbourhood seemed to increase with age and 45% of people aged 75+ were very satisfied with their neighbourhood. Satisfaction with neighbourhood was also higher in least deprived areas compared to most deprived areas of Wolverhampton. Just more than 20% of people in the most deprived area were satisfied with their neighbourhood compared to nearly 90% people residing in the least deprived areas of Wolverhampton.

11. Vision 2030
The City of Wolverhampton Council recently published its vision for 2030, ‘Our Vision Our City’ highlighting what the City might look and feel like in the future. According to this vision, in 2030 the City of Wolverhampton will be a thriving university city of opportunity where we

1. Celebrate enterprise, education and skills
2. Have a city centre we are proud of
3. Are serious about boosting health and wellbeing
4. Retain more of the value produced by our economy to benefit the whole city
5. Have a buoyant and resilient economy that includes international manufacturing companies with local roots and a strong, vibrant and innovative business base
6. Care and are confident about our diversity
7. Are committed to sustainability for future generations

\textsuperscript{15} City of Wolverhampton Council (2016) Our Vision Our City
8. Have world class public services that continually improve and have collaboration and co-production at their heart
9. All play our part in creating a confident, buzzing city that’s synonymous with ambition, innovation and inclusion
10. Make it easy for businesses and visitors to access the city and are well connected to the wider world through our infrastructure
11. Have a vibrant civic society that’s focused on the future, empowers local communities and is supported by local businesses and institutions

Appendix 1: Marmot Indicators of Health Inequalities: Descriptions

1. Healthy life expectancy at birth – males and females (Source: PHOF)

   The average number of years a male or female would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. For a particular area and time period, it is an estimate of the average number of years a newborn would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period through their life.

2. Life expectancy at birth – males and females (Source: PHOF)

   The average number of years a male or female would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn would survive if he or she experienced the age-specific mortality rates for that area and time period through their life.

3. Inequality in life expectancy at birth – males and females (Source: PHOF)
This indicator measures inequalities in life expectancy within English local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.

4. People reporting low life satisfaction (Source: PHOF)

The percentage of respondents in the ONS Annual Population Survey scoring 0-4 to the question "Overall, how satisfied are you with your life nowadays". Responses are given on a scale of 0-10, where 0 is "not at all satisfied" and 10 is "completely satisfied".

5. Good level of development at age 5 (Source: Department for Education)

Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children. Children are defined as having reached a good level of development at the end of reception if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

6. Good level of development at age 5 with free school meal status (Source: Department for Education)

Children known to be eligible for free school meals defined as having reached a good level of development (at the end of the EYFS as defined above) as a percentage of all children eligible for free school meals.

7. GCSE achieved (A*-C including English & Maths) (Source: Department for Education)

The percentage of all pupils achieving GCSEs at grades A*-C (including English and Maths) or equivalent. Figures are the percentage of pupils at end of Key Stage 4 for schools maintained by the local authority and are based on the local authority in which the school is located.

8. GCSE achieved (A*-C including English & Maths) with free school meal status (Source: Department for Education)

Pupils known to be eligible for free school meals achieving GCSEs at grades A*-C (including English and Maths) or equivalent, as a percentage of all pupils eligible for free school meals.
9. **16-18 year olds who are not in employment, education or training** (Source: Department for Education)

The percentage of 16-18 year olds who are not in employment, education or training data from the Labour Force Survey

10. **Unemployment % (ONS model-based method)** (Source: Office for National Statistics)

The percentage of the economically active population aged 16 and over without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job already obtained. Data for local authorities are based on an ONS model which uses Annual Population Survey estimates of unemployment along with the number of people claiming Jobseekers Allowance (JSA) averaged over 12 months, from Claimant Count data. Estimates for England and English regions are from the Annual Population Survey and are not model-based estimates.

11. **Claimant Count of Jobseeker’s Allowance and unemployment part of Universal Credit** (Source: Office for National Statistics (NOMIS))

The claimant count for Jobseeker’s Allowance and unemployment part of Universal Credit, reported as % of residents aged 16-64 year olds. This indicator can only be taken as a proxy measure of those in long term unemployment. As not all people who are unemployed are eligible for Jobseeker’s Allowance, this indicator may underestimate the number of long term unemployed, but still provides an indicator of inequalities between local authorities.

12. **Work-related illness** (Source: Health and Safety Executive)

The prevalence rate of self-reported illness caused or made worse by work per 100,000 employed, for people working in the last 12 months. It includes the full range of illnesses from long standing to new cases.

13. **Households not reaching Minimum Income Standard** Source: Joseph Rowntree Foundation

The percentage of households not reaching the Minimum Income Standard (MIS), defined by the Joseph Rowntree Foundation as not having enough income to afford a ‘minimum acceptable standard of living’ (not including housing and childcare costs), based on what members of the public think is enough money to live on. The households covered are those comprising either a single adult or a couple, of working age or of pension age, plus up to four dependent children for couples or three for lone parents. The calculations cover about two-thirds of the UK population, around 41 million people.

14. **Fuel poverty for high fuel cost households** (Source: PHOF)
The percentage of households that experience fuel poverty based on the "low income, high cost" methodology, where households are considered to be fuel poor:

1 - If they have required fuel costs that are above average (the national median level)

2 - Were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

15. Percentage of people using outdoor places for exercise/health reasons (Source: PHOF)

The weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors" (e.g. in parks, beaches or the countryside) but not time spent in own garden or routine shopping trips. A visit could be anything from a few minutes to all day and may include time spent close to home or workplace, further afield or while on holiday in England.