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CITY OF
WOLVERHAMPTON
COUNCIL

Vibrant and Sustainable City Scrutiny Panel Meeting

Thursday, 28 February 2019

Dear Councillor

VIBRANT AND SUSTAINABLE CITY SCRUTINY PANEL - THURSDAY, 28TH FEBRUARY, 2019

I am now able to enclose, for consideration at next Thursday, 28th February, 2019 meeting of the Vibrant and Sustainable City Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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6	<u>Active Travel Needs Assessment</u> (Pages 3 - 16)
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[To receive the Active Travel Needs Assessment Report]

[Report is marked: To Follow]

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Vibrant and Sustainable City Scrutiny Panel

28 Feb 2019

Report title	Active Travel Needs Assessment for Wolverhampton	
Cabinet member with lead responsibility	Councillor Steve Evans City Environment Councillor Hazel Malcolm Health and Wellbeing	
Wards affected	All	
Accountable director	Ross Cook, City Environment John Denley, Public Health	
Originating service	City Environment; Public Health	
Accountable employee(s)	Lina Martino Tel Email	Consultant in Public Health 01902 553420 Lina.Martino@wolverhampton.gov.uk
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Report to be/has been considered by	Public Health Leadership Team City Environment Leadership Team Vibrant and Sustainable City Scrutiny Panel	19 February 2019 19 February 2019 28 February 2019

Recommendation(s) for action or decision:

The Scrutiny Panel is recommended to:

1. Review the Active Travel Needs Assessment and comment on the proposed approach for developing an updated framework for benchmarking and measuring progress, based on new data and emerging outcome metrics.
2. Advise on direction in terms of aspirations and priorities, and embedding active travel through leadership across the Council.

Recommendations for noting:

The Scrutiny Panel is asked to note:

1. The recommendations from the Active Travel Strategy in its current form will be broadly carried forward into the updated strategy. The current strategy sets out plans to influence activity throughout the Council to create an environment that promotes and normalises the use of active travel. This requires changes to infrastructure and culture over the longer term.

1.0 Purpose

- 1.1 The purpose of this report is to provide a brief needs assessment to inform the updating of City of Wolverhampton Council's Active Travel Strategy, published in 2016. Active travel is the choice of travel modes requiring physical activity for all or part of a journey in preference to motor transport. Typically, these modes are walking, wheelchair use and cycling, whether as sole modes of travel or elements of a longer journey.
- 1.2 Active travel can play an important part in a healthy lifestyle, but levels of walking and cycling have generally declined in recent years while use of motor transport, particularly private vehicles, has grown steadily.
- 1.3 Not only are the health benefits of active travel not being realised, but growth in motor traffic contributes to population health problems, as well as traffic congestion and noise. It is therefore timely to consider Wolverhampton's needs in terms of active travel and how they might be met.

2.0 Background

- 2.1 By 2014 it was already known that obesity and air quality were growing national public health problems which were influenced in part by travel choices. The 2013-14 Annual Report of Wolverhampton's Director of Public Health highlighted obesity as the key public health issue for the city to tackle, citing data demonstrating that Wolverhampton's population had disproportionately high levels of excess weight compared to both national and regional figures.
- 2.2 A report published by Public Health England (PHE) in 2014¹ highlighted the increase in mortality risk associated with long term exposure to particulate air pollution and estimated the Local Mortality Burden of fine particulate matter (PM2.5) in all local authority areas. In 2010 there were 665 deaths attributable to exposure to particulate matter across the four Black Country authorities and approximately 7,016 associated life years lost.
- 2.3 *Working Together to Promote Active Travel: A briefing for local authorities* was published in May 2016 by PHE. It outlines the importance of physical activity to human health (Table 1, Appendix 1) and the adverse links between road transport and health (Figure 1, Appendix 1), including road transport's negative effect on the public realm, inequalities, children's health, and mental health and wellbeing. The report then outlines the role active travel can play in everyday life and their health, economic and environmental benefits (Table 2, Appendix 1).
- 2.4 The Department for Transport's *Cycling and Walking Investment Strategy* (2017) contains the ambition to make cycling and walking the natural choices for shorter journeys, or as part of longer journeys (para 1.1).
- 2.5 HM Government's *Clean Growth Strategy* (October 2017) recognises the role of walking and cycling in clean growth and seeks to make it an easier and natural choice for shorter journeys (pp. 85-86). It also recognises the benefits of active travel for climate change, air quality and health and wellbeing (p.140).

¹ Public Health England. Gowers, AM. Miller, BG and Stedman, JR. (2014) Estimating Local Mortality Burdens Associated with Particulate Air Pollution, pp.1 & 13
(Extract from "Black Country Air Quality - Strategic Planning Document 2016")

- 2.6 The Government's *25 Year Environment Plan* (January 2018) demonstrates support for walking and cycling as key elements in how we build new homes (p.37) and as part of programmes to encourage physical activity (p.73). It outlines investment through the *Cycling and Walking Investment Strategy* (pp.14 and 90) and seeks to place the UK as a world leader in the future of mobility and low carbon transport (p.98).
- 2.7 The Government's *National Planning Policy Framework* (July 2018) contains policy support for active travel. Section 8 on *Promoting healthy and safe communities* states (para 91) that 'planning policies and decisions should aim to achieve healthy, inclusive and safe places which ... enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs – for example through ... layouts that encourage walking and cycling'. It also states (para 104) that 'Planning policies should ... provide for high quality walking and cycling networks.'
- 2.8 A recent report by Bike Life, *Transforming cities – the potential of everyday cycling* (January 2018) analysed cycling in seven UK cities, including Birmingham. It estimated that increasing cycling rates in these cities could increase the economic benefits of cycling from £300 million in 2017 to £2 billion in 2040. In addition, it estimated that additional cycling trips would avert 34,000 long term health conditions between 2017 and 2040, saving the NHS £319 million; by 2040 this would equate to over 242 million hours of physical activity and prevent 628 early deaths per annum.

3.0 Wolverhampton's Active Travel Strategy

- 3.1 It was recognised in 2014 that active travel was an important issue for Wolverhampton and so an Active Travel Strategy (ATS) was commissioned, published in 2016. The ATS contained an analysis of existing data, the results of a dedicated public consultation, and an audit of existing active travel infrastructure. These were used to inform development of strategies for walking, cycling, and public engagement.
- 3.2 The ATS identified three distinct target groups within the population:
1. Those who undertook little or no physical activity and for whom there were considerable barriers to uptake of active travel, generally resident in areas of high deprivation;
 2. Those who were disposed to an active lifestyle and might extend this into travel under the right circumstances, generally resident in the more affluent west of the city; and
 3. Vulnerable road users such as children and people with disabilities, located throughout the city.
- 3.3 The consultation found that key barriers to walking were mainly related to its practicality for utility journeys. Respondents said it was too slow, with many journeys being too long to walk; also that it was impractical for transporting children or luggage (e.g. shopping), and prone to personal safety concerns and poor weather. Recommendations to make walking attractive included addressing personal and road safety concerns and creating more leisure walking opportunities.
- 3.4 Barriers identified to cycling were mainly concerned with the inadequacy of current provision for safe cycling; unsurprisingly most of the recommendations were for improving infrastructure.

- 3.5 The strategy developed for walking as part of the ATS focused on ensuring consistency and improving quality in provision of a walking network to make it safe, attractive and well connected. These matters are addressed partly by maintenance of the network and partly by planning of new developments and regeneration of existing areas.
- 3.6 The strategy for cycling by contrast focused on creating a network that was safe, consistent and route-based. While some elements of a network exist, the emphasis should be on a “hub and spoke” approach using key corridors radiating out from the city centre and concentric links enabling cycling between the different urban centres and residential areas of the city. This requires a dedicated programme of activity to identify options, develop designs, and secure resources to deliver the network.
- 3.7 The ATS also provided a marketing and engagement strategy which included promoting walking and cycling as normal activities, and particularly in respect of cycling, offering training and information and enabling access to bicycles.

4.0 Population health and inequalities in Wolverhampton

- 4.1 Wolverhampton consists of 20 wards and has an estimated population of 256,600. The ward with the lowest population is Tettenhall Wightwick (10,946) and the ward with the highest population is Bushbury South and Low Hill (15,853). The overall population density of the city is 3,743 people per square kilometre – far above the England average of 427.
- 4.2 32% of the population is Black or Minority Ethnic (BME), ranging from 8.0% in Wednesfield North to 73.3% in Blakenhall.
- 4.3 Wolverhampton is one of the 20% most deprived districts/unitary authorities in England and approximately 1 in 3 children live in low-income families. Life expectancy, and health life expectancy, are lower than the national average for both men and women. The gap in life expectancy between the richest and poorest wards is 11.3 years for men and 9.5 years for women. Furthermore, Wolverhampton men live 21.0 years in poorer health, and women 21.9 years (Figure 2, Appendix 1).
- 4.4 Causes linked to physical inactivity are major contributors to these inequalities. Low physical activity is one of the top 10 causes of disease and disability in England; enabling inactive people (those doing less than 30 minutes per week) to become more active could prevent 1 in 6 deaths from any cause. In addition, people living in the most deprived areas are twice as likely to be physically inactive as those living in the most affluent areas.²
- 4.5 In 2016/17, approximately two thirds (65.8%) of adults in Wolverhampton were classified as overweight or obese, which is higher than both the West Midlands (63.6%) and England average (61.3%).³
- 4.6 Wolverhampton also has a high prevalence of child excess weight, including obesity. 27.8% of children enter Reception (age 4-5) as overweight/obese, with this figure increasing to 43.2% by Year 6 (age 10-11). At both points this is significantly higher than the national average (22.6% and 34.2% respectively). The prevalence of childhood obesity is generally highest in the most deprived wards in the city and lowest in the least deprived.

² <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>

³ Source: Public Health Outcomes Framework - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

However, even in the most affluent areas, approximately 1 in 5 children in Year 6 are obese.

- 4.7 It is estimated that 1 in 10 cases of stroke and heart disease in the UK are due to physical inactivity. Increasing participation in physical activity across the whole population could reduce the incidence of cardiovascular disease by up to a third.² The under-75 mortality rate from cardiovascular diseases, including those considered preventable, is higher in Wolverhampton than both the England and West Midlands average. In 2015-17 this equated to 620 deaths, 389 of which were preventable.³
- 4.8 An estimated 14.5% of the Wolverhampton population registered with a GP has hypertension – this is the same as the West Midlands average, but higher than the England average (13.9%). Of these patients, 23.6% have very high blood pressure (>150/90mm/Hg) compared with 20% regionally and 20.9% nationally.⁴
- 4.9 In 2017/18, the recorded prevalence of diabetes among the Wolverhampton population aged 17+ was 8.3%. This is higher than the West Midlands average of 7.8%, and the England average of 6.8%.⁴
- 4.10 Around 1% of cancers in the UK (approximately 3,400 cases per year) are attributable to inadequate physical activity. The under-75 mortality rate from cancer, including those considered preventable, is higher in Wolverhampton than both the England and West Midlands average. In 2015-17 this equated to 931 deaths, 531 of which were preventable.³
- 4.11 The benefits of physical activity extend beyond weight management and preventing physical illnesses. Being physically active has both direct benefits for mental wellbeing, and also indirect effects through increasing opportunities to connect socially. Regular physical activity may reduce the risk of depression and dementia by up to 30%.² In 2016/17, 10% of adults registered with a GP in Wolverhampton had a recorded diagnosis of depression.⁵

5.0 Physical activity and active travel in Wolverhampton

- 5.1 The UK Chief Medical Officers recommend that adults aged 19-64 should aim for at least 150 minutes of moderate physical activity, in bouts of 10 minutes or more, per week. This can also be achieved through 75 minutes of vigorous activity, or a mix of moderate and vigorous. Time spent sedentary (sitting for extended periods) should also be kept to a minimum. According to Active Lives data (Sport England's annual research on participation levels), 33% of adults in Wolverhampton are inactive. This means that a third of our population are doing less than 30 mins of physical activity per week.
- 5.2 These figures are supported by the data collected through the 9,048 doorstep interviews completed as part of the Public Health healthy lifestyles survey in 2016. Headline results from the healthy lifestyles survey (2016) said 58% of adults would like to be more active, 67% of young people wanted to increase their activity levels and 32% of adults said that they would like help to be more active.

⁴ Source: PHE Profiles – Cardiovascular disease, diabetes and kidney disease - <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease>

⁵ Source: PHE Profiles – Mental health, dementia and neurology - <https://fingertips.phe.org.uk/profile-group/mental-health>

- 5.3 However, in terms of using outdoor space for exercise or health reasons, Wolverhampton is a positive outlier for the West Midlands region – 27.6% of the population compared with 17.7% regionally and 17.9% nationally.
- 5.4 Just under three-quarters (73.4%) of adults in Wolverhampton walk at least once a week. This is lower than both the West Midlands (78.2%) and England (80.6%) average. Less than half (42.6%) walk five times or more per week, which is again lower than both the regional (48.0%) and national (50.6%) average.⁶
- 5.5 Just 8.4% of adults in Wolverhampton cycle at least once a month. Again, this is lower than both the West Midlands (12.6%) and England (14.7%) average. Only a small minority (2.3%) cycle three times or more per week, which is lower than both the regional (3.3%) and national (4.4%) average.⁷

6.0 What does 'good' look like?

- 6.1 Successful development and implementation of an ATS would be evidenced by:
- Delivery of infrastructure and services that support active travel, with consideration of the needs of all groups;
 - Active travel being seen as normal, and embedded in the culture of the city;
 - More people travelling by active modes; and
 - More people meeting Government targets for physical activity, and fewer being physically inactive.
- 6.2 In 2016 the Department for Transport (DfT) published a series of case studies featuring schemes of work aimed at improving provision for cyclists and pedestrians. These can be viewed on <https://www.gov.uk/government/collections/cycling#cycling-infrastructure> and show the results that can be achieved in increasing walking and cycling by considered design.
- 6.3 In January 2017 DfT also published *Typical Costs of Cycling Interventions*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742451/typical-costings-for-ambitious-cycling-schemes.pdf
This details common interventions to assist cyclists and gives an impression of cost for each.
- 6.4 Transport for London (TfL) has for some time been developing a cycling infrastructure. In 2016 it published a review of parts of its infrastructure (*Update on the implementation of the Quietways and Cycle Superhighways programmes*): <http://content.tfl.gov.uk/pic-161130-07-cycle-quietways.pdf>
- 6.5 In 2016 the West Midlands adopted a Cycle Charter <https://www.tfwm.org.uk/media/1067/cycle-charter.pdf> and Action Plan https://www.tfwm.org.uk/media/3279/nov18-894609635757255-cycling-charter-action-plan_v6.pdf which set out steps to be taken to make better provision for cycling. These include adopting common standards for cycle route provision. <https://www.tfwm.org.uk/media/2713/west-midlands-cycling-design-guidance.pdf>
- 6.6 *The Strategic Network and the Local Cycling and Walking Infrastructure Plan* (LCWIP): With Government support the West Midlands Combined Authority has developed a strategic plan for investment in cycling and walking infrastructure (the LCWIP):

⁶ Source: PHE Profiles – Physical Activity - <https://fingertips.phe.org.uk/profile/physical-activity>

⁷ Source: PHE Profiles – Physical Activity - <https://fingertips.phe.org.uk/profile/physical-activity>

<https://governance.wmca.org.uk/documents/s2574/Report.pdf> This focuses on strategic routes within and between authorities where a regional cycle route network could be developed. It also envisages the potential for improvements for walking at urban centres across the region. The LCWIP envisages a programme of investment over 10 years to develop the required infrastructure.

6.7 Alongside the LCWIP Wolverhampton Council has been developing plans for multi-modal improvements to key routes including A4123 Birmingham New Road, A454 City Gateway East and A449 City Gateway North. Plans for these have taken account of the need to provide suitable infrastructure for walking, cycling and public transport as well as private motor vehicles.

7.0 Local developments

7.1 At a local level, development opportunities arise where walking and cycling can be embedded in communities. The Bilston Urban Village for example has been designed to be permeable by both cyclists and pedestrians. Further developments such as Westside Link may see substantial improvement in the environment for cyclists and pedestrians in the city centre.

7.2 Beyond the city centre the Council carries out highways improvements in residential areas, which often include works to manage speed of traffic. This can bring about communities where people are more confident to cycle and walk. Where appropriate the maintenance programme for footways can be used as an opportunity to deliver shared use routes.

7.3 Where planning applications propose new developments which may attract large numbers of journeys, an opportunity is presented to seek contributions through Section 106 agreements to make provision for a proportion of journeys to take place by active travel.

8.0 Development of active travel options

8.1 The limitations of walking in terms of speed and distance mean that for journeys over 2km walking should be seen primarily as a means of accessing other forms of transport. Work is currently in progress to extend the Midland Metro to the Wolverhampton rail station to create an integrated transport system. In addition, preparations are being made to reintroduce direct rail services between Wolverhampton and Walsall, with new stations at Willenhall and Darlaston and direct services connecting these to Birmingham.

8.2 **Bikeshare:** West Midlands Combined Authority is now working in partnership with Nextbike to deliver the single largest cycle hire scheme in Britain across the West Midlands region. This will make available hire bikes throughout the region to attract people with a propensity to cycle to experiment and consider how cycling could fit with their lifestyles. The scheme will also be attractive to people who need a first/last mile option to access journeys made by other forms of transport. The Bikeshare scheme offers a unique opportunity to learn about interest in cycling.

8.3 **WM Bikelife report:** In 2018 Sustrans published a series of BikeLife reports for major cities including Birmingham (See 2.8). The report researched attitudes amongst all social groups about cycling and concluded there is strong support for cycling and the development of a cycling network. Work has now begun on a BikeLife report to cover the whole West

Midlands which will assess similar attitudes. This will provide additional evidence for action to improve the cycling infrastructure in future.

9.0 Progress against previous Active Travel Strategy

- 9.1 **Infrastructure** – We delivered the Managing Short Trips programme which involved extensive surfacing of canal towpaths to provide good quality route from i54 and Bentley Bridge to the City Centre and onward to Bilston and Birmingham. It also included a package of city centre improvements including conversion of ring road footpaths to shared use and dedicated cycle route along St George's Parade connecting to the existing city centre route. The i54 to Science Park route was also completed as part of this programme.
- 9.2 With the regeneration of the Springfield Brewery site as a University Campus and Technical College, we have worked closely with the developers to provide a safe route for pedestrians and cyclists coming from the Transport Interchange and high-quality public space outside the premises.
- 9.3 We have worked closely with the developers of the Metro extension and new Rail Station building to ensure provision is made particularly for cyclists.
- 9.4 We have worked with Transport for West Midlands to procure a cycle hire scheme for the region. This has led to the installation of the first five operational cycle hire docks in Wolverhampton, with a further 50 anticipated here and similar numbers across the whole of the West Midlands.
- 9.5 Public Health Wolverhampton commissioned the Active Travel project Beat the Street, held in Wolverhampton over two 6-week periods. This project encouraged people to try walking and cycling by making it a game in which points could be collected and teams could compete to walk or cycle the farthest.
- 9.6 With Government grant support, we continue to train over 1,000 young cyclists every year to Bikeability level 2 standard and a growing number now go on to achieve level 3 standard. We also work with British Cycling to support the establishment of community cycling clubs.
- 9.7 We have worked with Transport for West Midlands to develop the West Midlands Cycle Charter and LCWIP to provide strategic direction for walking and cycling in the West Midlands.

10.0 Monitoring and benchmarking

- 10.1 Wolverhampton Council has historically collected data on cycling rates through the biennial Cordon Survey and the deployment of automatic counters to key locations. This information has been used to contribute to both local and regional monitoring along with recording of the extent of new cycling infrastructure installed year on year. Contractual changes and technological advancement in monitoring have now resulted in a review of data gathering across the West Midlands with the aim of developing a more effective and consistent system of regional monitoring.
- 10.2 In the meantime, Living Streets are currently funded by the Government to engage with schools particularly on the Walk Once a Week initiative, and through this they carry out surveys of children's travel to school modes.
- 10.3 As an additional option for monitoring, the DfT conducts an annual travel survey which collects data on active travel habits. Data is categorised by Local Authority area so in

principle comparisons can be made between data for Wolverhampton, the rest of the West Midlands, and other similar urban areas. However, caution is advised regarding comparisons made using this data as it is based on relatively small survey numbers for each area.

- 10.4 Transport for West Midlands are leading engagement with Sustrans to produce a Bikelife Report for the West Midlands. The purpose of this is to gauge public opinion on the role of cycling as a transport option and the appetite for development of dedicated infrastructure. This report aims to compile data on infrastructure provision and cycle usage across the region which may provide a basis for comparison between different areas. The report is due for completion in 2021.

11.0 Questions for Scrutiny to consider

- 11.1 What are Scrutiny's aspirations and priorities on what we should aim to achieve through updating the Active Travel Strategy?
- 11.2 What measures are Scrutiny prepared to support in order to make available the space necessary for a full network of continuous unimpeded pedestrian and cycling routes to be implemented (e.g. greater enforcement against pavement parking)?
- 11.3 How could the various Council Leadership teams help embed active travel into their cultures and strategic priorities?

12.0 Financial implications

- 12.1 There are no direct financial implications associated with this report. [MI/19022019/C]

13.0 Legal implications

- 13.1 There are no direct legal implications of this needs assessment. A full assessment of legal implications will be undertaken as part of the development of an updated active travel framework. [TS/18022019/Q]

14.0 Equalities implications

- 14.1 An outline of the equalities issues around active travel is included in the needs assessment. A full assessment of equalities implications will be undertaken as part of the development of an updated active travel framework.

15.0 Environmental implications

- 15.1 Active travel is by its nature low carbon and generates less noise and air pollution than motorised transport. It also reduces the dominance of the highway network and other civic spaces by motorised transport, creating a higher quality public realm.

16.0 Corporate landlord implications

16.1 There are no direct corporate landlord implications of this needs assessment. Any implications for individual properties in the Council's property portfolio will be identified and addressed as part of the development of an updated active travel framework.

17.0 Schedule of background papers

17.1 Active Travel Strategy

<https://wolverhampton.moderngov.co.uk/documents/s14929/Draft%20Active%20Travel%20Strategy%20final.pdf>

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Active Travel Needs Assessment

Appendix 1

Table 1. Summary of the relationship between physical activity and health

Health topic	Evidence of the effect of physical activity	Strength of evidence
Overall death rate	Approximately 30% risk reduction for the most active compared with the least active	Strong
Cardiovascular health	20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke	Strong
Metabolic health	30% to 40% lower risk of type 2 diabetes in at least moderately active people compared with those who are sedentary.	Strong
Musculo-skeletal health	36% to 68% risk reduction of hip fracture at the highest level of physical activity.	Moderate
Falls	Older adults who participate in regular physical activity have an approximately 30% lower risk of falls	Strong
Cancer	Approximately 30% lower risk of colon cancer and 20% lower risk of breast cancer for adults participating in daily physical activity	Strong
Mental health	Approximately 20% to 30% lower risk for depression and dementia for adults participating in daily physical activity.	Strong

Source: Department of Health, 2011 Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers. London: DH (Table 1, adapted from work by the US Department of Health and Human Services)

Figure 1. Key adverse links between motorised road transport and health

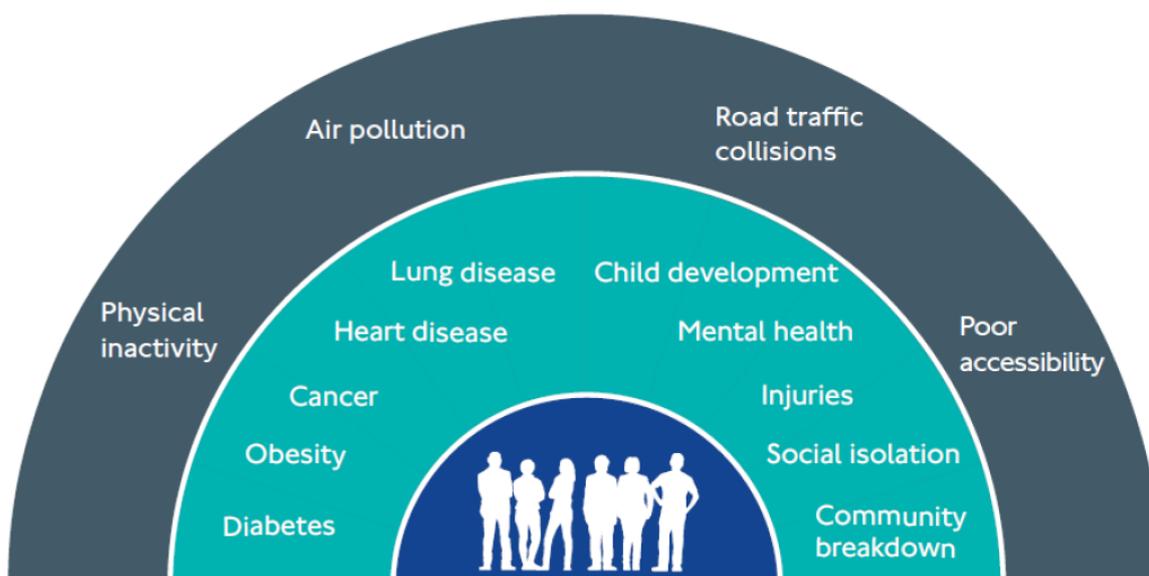


Table 2: The wider benefits to society associated with increased walking and cycling

Issue	Impact of active travel
Traffic congestion	Reduces ↓
Local air quality	Improves ↑
Carbon emissions	Reduces ↓
Road casualties	Reduces ↓
Social cohesion	Improves ↑
Public realm	Improves ↑
Quality of life	Improves ↑

Source: Revised from NOO, 2013 A Briefing for Local Authority Elected Members

Figure 2: Life expectancy and healthy life expectancy for men and women, Wolverhampton and England

