



# Health and Wellbeing Together

Wednesday, 16 October 2019

Dear Councillor

## HEALTH AND WELLBEING TOGETHER - WEDNESDAY, 16TH OCTOBER, 2019

I am now able to enclose, for consideration at next Wednesday, 16 October, 2019 meeting of the Health and Wellbeing Together, the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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8	<b><u>Public Health Annual Report 2019 (Pages 3 - 82)</u></b>
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[To receive the Public Health Annual Report 2019.]

If you have any queries about this meeting, please contact the democratic services team:

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	<h1>Health and Wellbeing Together</h1> <p>16 October 2019</p>
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<b>Report title</b>	Public Health Annual Report 2018 - 2019	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Public Health and Wellbeing	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employee</b>	John Denley	Director of Public Health
	Tel	07912301095
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<b>Report has been considered by</b>	Cabinet Member for Public Health and Wellbeing	03 October 2019
	Public Health Leadership Team	08 October 2019
	Strategic Executive Board	08 October 2019
	Housing Leadership Team	09 October 2019
	Adult Services Leadership Team	15 October 2019
	Cabinet Member for Housing	15 October 2019
<b>Report to be considered by</b>	Children and Education Leadership Team	17 October 2019
	Cabinet Member for Children	21 October 2019
	Cabinet Member for Education	21 October 2019
	Cabinet Member for Adults	23 October 2019
	Wolverhampton CCG Senior Management Team	30 October 2019
	Health Scrutiny	07 November 2019
	Cabinet	13 November 2019

## Recommendation for decision:

Health and Wellbeing Together is recommended to:

1. Approve the publication of the Director of Public Health Annual Report for the period 2018 - 2019.

## **1.0 Purpose**

- 1.1 To present the Annual Report from the Director of Public Health (DPH) for the period 2018 – 2019 for approval.

## **2.0 Background**

- 2.1 The Director of Public Health Annual Report is a statutory requirement. It is the DPH's professional statement about the health and wellbeing of their local communities.
- 2.2 The annual report aims to inform professionals and members of the public about key issues in the City, identify current priorities and highlight required action for the improvement and protection of the health of the local population.

## **3.0 Director of Public Health Annual Report 2018 - 2019**

- 3.1 The Director of Public Health Annual Report 2018 - 2019 is the second annual report to follow the publication of the Public Health Vision 2030.
- 3.2 The report celebrates the commitment set out in the City of Wolverhampton Council Plan for Wulfrunians to live longer, healthier and more fulfilling lives, and recognises the commitment made to embed Public Health values and principles at the heart of the Council.
- 3.3 The report reflects on progress made to date towards the population and system level priorities set out in last year's Vision 2030. It goes on to outline additional steps we collectively need to take in the coming year which will continue to contribute to improving the health and wellbeing of local residents in the longer term.
- 3.4 Place-based efforts at ward level are new to the annual report this year and are a commitment to drive forward the recent work of the Leader of the Council and the Chief Executive that aims to work with communities, build on existing local assets and address concerns at a neighbourhood level.
- 3.5 Continued from last year are the popular ward profiles which outline the state of health 'where you live' and informs the work of the place-based programme outlined in 3.4.

## **4.0 Financial implications**

- 4.1 Funding for Public Health is provided to the Council by the Department of Health and Social Care in the form of a ring-fenced grant.
- 4.2 The final grant allocation for financial year 2018 - 2019 was £20,769,000.
- 4.3 There are no direct financial implications arising from this report.  
[MI/07102019/G]

## **5.0 Legal implications**

- 5.1 There are no direct legal implications arising from this report.  
[TC/07102019/X]

## **6.0 Equalities implications**

- 6.1 Equality is promoted through the Public Health Vision 2030 and throughout local Public Health programmes, functions and services. This is to ensure that they advance equality and tackle inequalities relating to health outcomes and wider social determinants of health among groups that share protected characteristics.

## **7.0 Climate change and environmental implications**

- 7.1 There are no direct climate change and environmental implications arising from this report.

## **8.0 Human resources implications**

- 8.1 There are no direct human resource implications arising from this report.

## **9.0 Corporate Landlord implications**

- 9.1 There are no direct Corporate Landlord implications arising from this report.

## **10.0 Health and wellbeing implications**

- 10.1 This report highlights health and wellbeing inequalities across the City. These inequalities are recognised and are addressed through the priorities outlined in the Annual Report.
- 10.2 Commissioned services funded by the Public Health Grant maintain a key focus on the reduction of these inequalities
- 10.3 In addition, and to affect the scale of change required, joint working with key strategic partners from across the broad health and wellbeing economy continues.

## **11.0 Schedule of background papers**

- 11.1 There are no background papers associated with this report.

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# Public Health Annual Report 2018-19

Health in the City of Wolverhampton

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[wolverhampton.gov.uk](http://wolverhampton.gov.uk)

CITY OF  
WOLVERHAMPTON  
COUNCIL





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**Cover:** Intergenerational dementia event  
at Swanmore Centre, Bradmore

**Left:** WV Active Bilston - Bert Williams  
Disney Swim Sessions



## Foreword



John Denley  
Director of  
Public Health



Councillor  
Jasbir Jaspal  
Cabinet Member for  
Public Health and Wellbeing

We are pleased to introduce the Director of Public Health Annual Report for 2018/19.

Last year we outlined the need to rethink our approach to improving health and, in doing so, set out our Vision for Public Health 2030 – Longer, Healthier Lives. This is our commitment to helping local people stay healthy as long as possible, maintain a good quality of life, and live for longer.

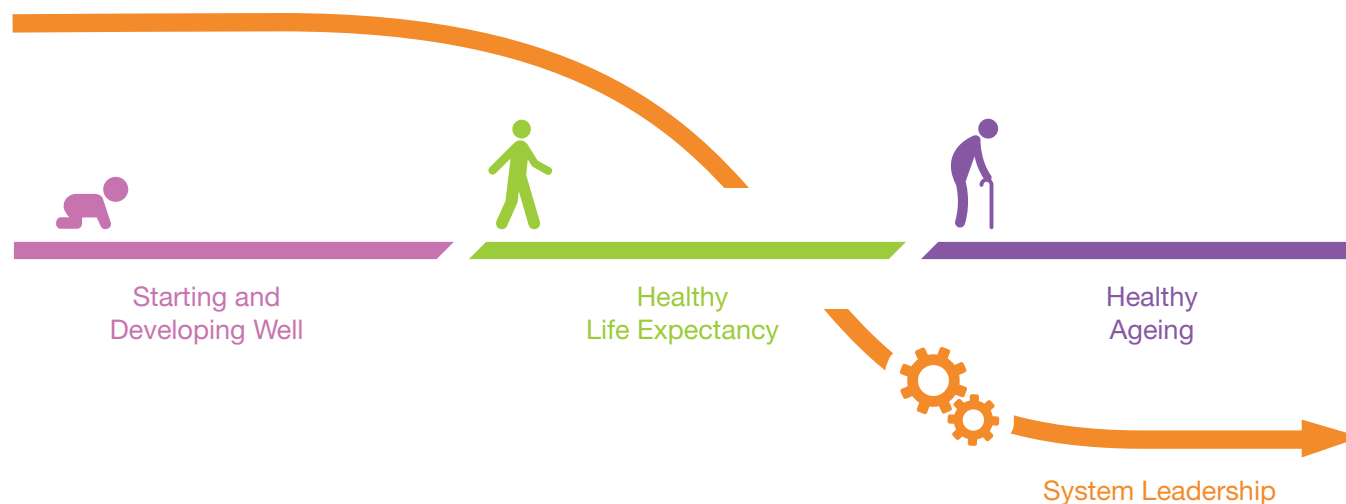
Improving health and wellbeing for the population of Wolverhampton cannot be achieved by solely focusing on individual behaviours. The complex interactions between social factors such as housing, employment, education and the environment also play a critical role in the health of our city. That's why our new approach has concentrated on getting the basics right for everyone. This means ensuring all of our residents have an equal chance of having the best start in life, an excellent education, a stable, rewarding job, and a decent home in a thriving, safe community. It also means having access to high quality health and care services.

This year we have welcomed the renewed Health and Wellbeing Together Strategy 2018 – 2023 which supports our approach to addressing the needs of local people holistically, also recognising the role of family, life opportunities, and communities as impacting on health and wellbeing. We have also welcomed the new City of Wolverhampton Council Plan 2019 - 2024, and celebrated its commitment to Wulfrunians living healthier, longer, more fulfilling lives, reflecting a real sense of Public Health values at the very heart of our city.

The Public Health Vision 2030, the Council Plan and the Health and Wellbeing Together Strategy are rightly ambitious in their commitments. The improvements we want to make will take time to achieve and we know we cannot be successful alone. Key strategic and local partners from across the health and social care economy and beyond are critical to affect positive change in our city. We have enjoyed a successful year of partnership working and look forward to building on this success in the coming year, continuing to work together to improve the health and wellbeing of the people of Wolverhampton.

## Living longer lives locally

In the Public Health Vision 2030, we outlined our commitment to making a difference to the factors that influence healthy life expectancy at a population level. These commitments travel throughout the life course from pre-conception to older adulthood – and are underpinned by system leadership, the vehicle by which we will create change.



By focusing on making sure that children have the best start to life and targeting the needs of people at critical periods throughout their lifetime we help to ensure that people can live healthier, longer lives, no matter where they are born, live or work.

This annual report sets out the progress we have made over the last year and celebrates some of our key successes. The common theme throughout these achievements is how we have worked in partnership to make change happen. Some of these successes also show how, by working together with innovative ideas, entrenched issues in our society really can be tackled and improved.

To be a healthier, happier city, we must sustain the progress we have made this year whilst further strengthening our collective efforts to improve health outcomes and reduce inequalities for particular areas and groups.

In some instances, this will require continued improvements at a system or service level. Other times, the most appropriate response will be placed based – a very localised action with our neighbourhoods or communities. One of the ways we will do this is by building on the place-based initiatives that have commenced in recent months with the Leader of the Council and the Chief Executive.

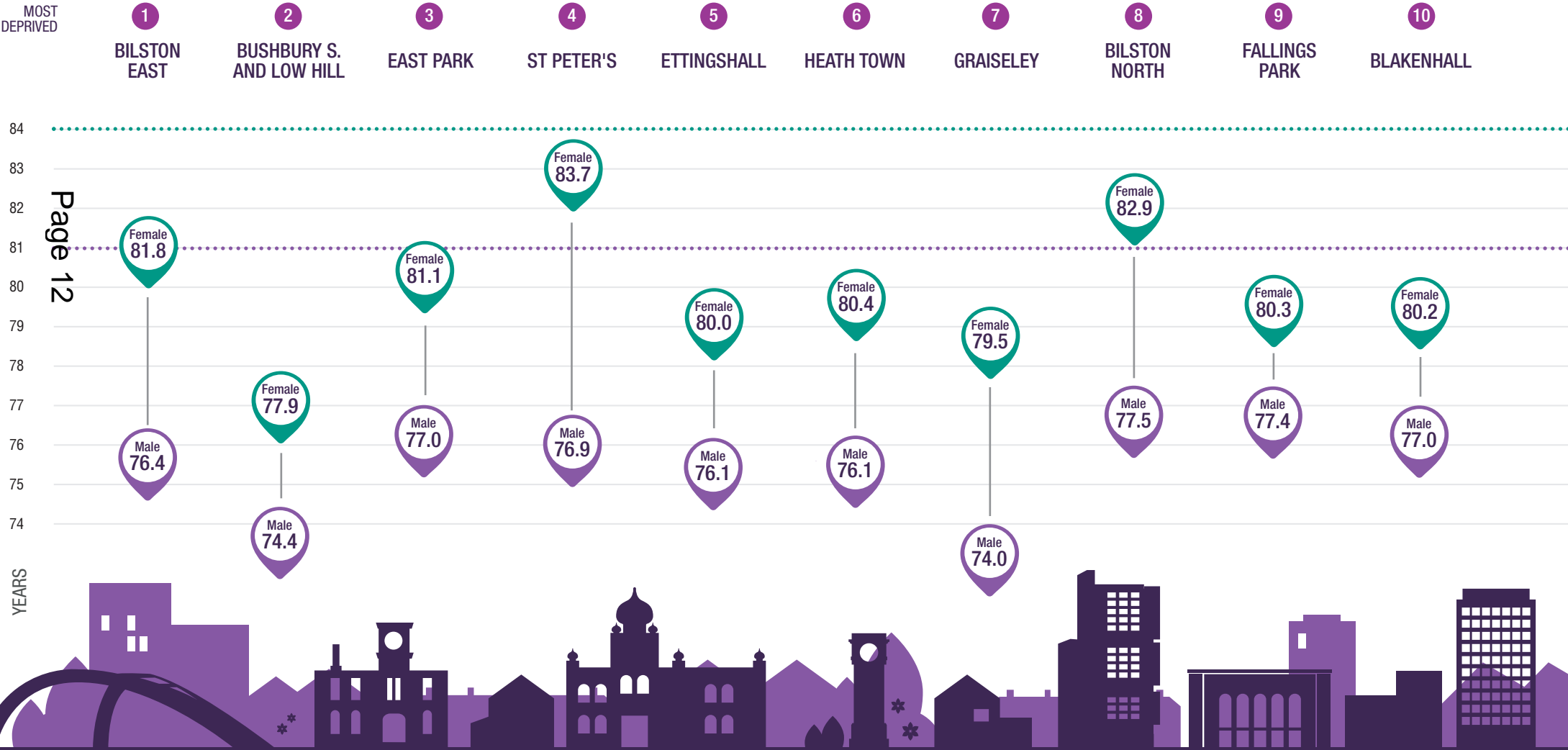


For further information and sources visit:  
[www.wolverhampton.gov.uk/public-health-vision](http://www.wolverhampton.gov.uk/public-health-vision)

# Life expectancy at birth

There is a large difference in life expectancy in our city and people who live in less affluent areas are still more likely to die earlier. Across the city, women in Busbury South and Low Hill live on average 7 years less than women in Tettenhall Wightwick. For men, a similar gap

of 7.5 years exists between Graiseley and Tettenhall Wightwick. Women have always lived longer than men but in some areas of the city, this gender difference is particularly prominent. In St Peters, women live on average 6.8 years longer than men in the same area.





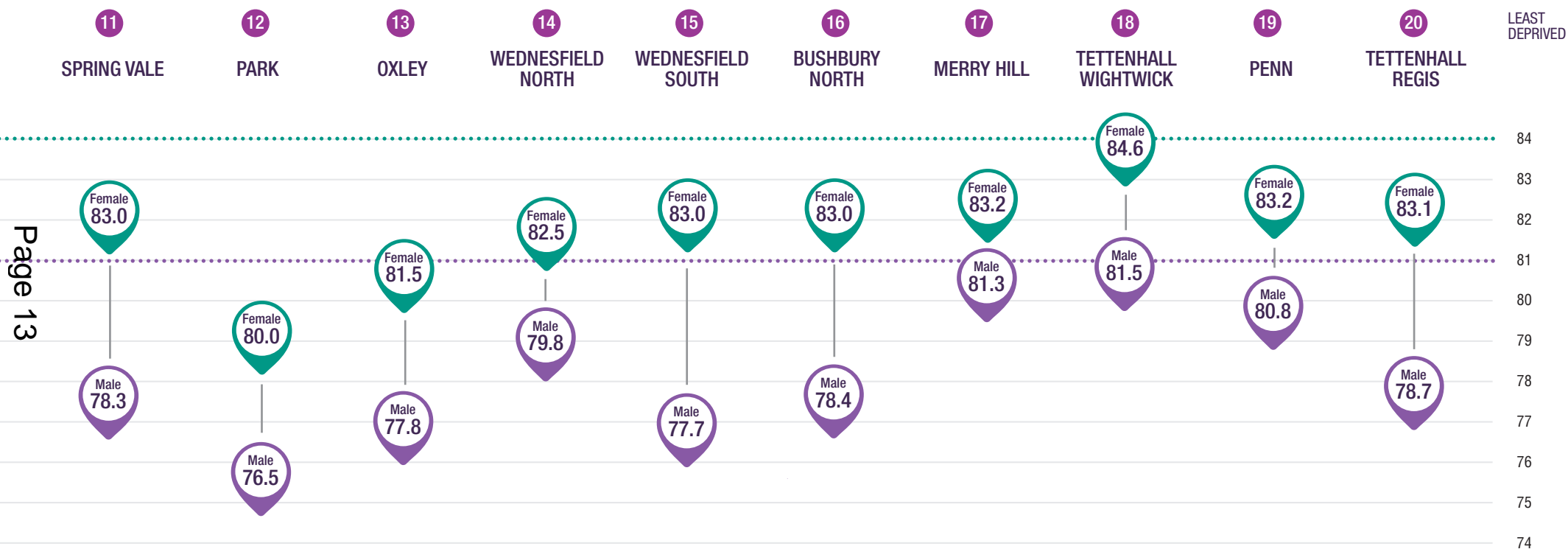
It is vital that we address such significant variation across the city as the effect of this can be seen at all stages of life, starting in childhood.

### 2030 vision for life expectancy

- ..... Female (84 years)
- ..... Male (81 years)

### City deprivation ranking

- 1 Most deprived
- 20 Least deprived





# Starting and Developing Well

## Why is this important to us?

To have the best possible start to life, a baby's mother needs to be healthy before, during and after pregnancy.

A child's experiences in their early years have the potential to significantly impact their physical and emotional health, as well as their life chances, as children and as adults.

## What do we know?

- In the past decade, the number of babies born in Wolverhampton has **increased by 6%**, to 3,537 in 2017.
- There are now an estimated **83,434 children and young people** aged 0 – 24 years living in Wolverhampton.
- Nearly a third of local children aged 0 – 15 years are **living in poverty** (31.3%).
- There are considerably more babies born to **mothers under the age of 20** in the city (23.2 per 1,000 women) than in England (13.5).
- There are **380 homeless families** in the city – equivalent to 3.6 families per 1,000 households.
- **One in six** local children and young people aged 0 - 24 have Special Educational Needs and Disabilities (SEND) (17.0%).
- There are more **children in the care of the council** in the city (110.6 per 10,000) than in England (62.0).

**Left:** Rocket Pool Strengthening Families Hub

## Starting and Developing Well

*Fewer babies are dying before their first birthday*

Our infant mortality rate is **5.8 per 1,000 live births**, lower than the regional rate for the first time, but still higher than we aim to be. (5.9/1,000).

**Our response:** We have developed and piloted a preventative pre-conception education package for young people aged 16-18, focusing on key messages essential for a healthy pregnancy. 'Choose Healthy, Choose You' will be rolled out to all secondary schools next year.

*Health Visitors are supporting more families*



To make sure children are ready for school, we need to identify and address their health needs. Locally, **61.5% of children receive a health review at age 2 - 2.5 years.**

**Our response:** We have supported the digital transformation of the Healthy Child Programme 0-19 service, enabling Health Visitors and School Nurses to spend more time with families, giving us a better understanding of the needs of children, while Public Health Associates have been introduced to increase the number of families that receive universal health reviews.

**27.6% of children in Reception are overweight or obese. By Year 6, this rises to 42.9%.**

**Our response:** We have created data profiles for all schools illustrating key public health outcomes. Making better use of the data available to us has highlighted healthy growth as a priority and has resulted in the initiation of a system wide response.

**Almost one in five new mothers are smokers at the time of delivery (17.7%).**

**Our response:** We have delivered training to maternity staff to enable them to better support women to quit smoking while pregnant.





- Good progress made in recent years in reducing under 18 conceptions is beginning to slow. There are **28.1 conceptions per 1,000 females aged 15-17** in the city – the second highest rate the region.

**Our response:** We are working with School Nurses, Embrace Sexual Health Service and the Care Leavers' Transition Team to help young people in or leaving care – who are typically at increased risk of becoming young parents – to prevent unplanned pregnancy and develop healthy, positive relationships.



*Improved access to Sexual Health services*

- There are **2,165 cases of chlamydia per 100,000 young people aged 15-24** in Wolverhampton.

**Our response:** We have worked closely with Public Health England and Embrace Sexual Health Service to improve the chlamydia detection in young people, with our detection rate going from one of the worst in the region to second best in 12 months.

- Too many of our children who achieved their expected level at the end of Primary School are not then achieving the national expectations at GCSE.
- Early identification of young people who are at risk of offending is a priority so we can help prevent them from carrying bladed weapons and committing violent acts.

**Our response:** We have undertaken our third assessment of the education attainment gap for secondary school pupils. The key recommendation has been to strengthen the coming together of Public health and the School improvement team. This will be to pool knowledge and skills going forward to jointly work on strategies to support children and their educational attainment.

**Our response:** Young people who are at high risk of offending and particularly those involved in serious and violent offending are often highly vulnerable, with complex needs. Identifying and helping these young people as early as possible is a priority.

## What are we going to do next?

- Work with colleagues in Education to ensure all schools are ready for **Personal, Social, Health Education (PSHE)** to become a mandatory part of the curriculum in September 2020.
- Work in partnership with Royal Wolverhampton NHS Trust to encourage system transformation, secure workforce stability and strengthen our joint focus on improving outcomes for our local residents through the **Healthy Child Programme** and **Sexual Health** services.
- Work closely with colleagues in Housing to **improve accommodation outcomes for the most vulnerable people in our city**. This will include improving the quality of private rented homes, continuing to reduce rough sleeping, and addressing the increase in homeless families in the city.
- Develop a strategic, system-wide response across the city to ensure children and young people can grow healthily. Work with West Midlands Combined Authority on progressing the regional focus on obesity prevention, to support us in our **Healthy Growth** agenda.
- Lead the implementation of the new **Black Country Child Death Overview Panel** across Wolverhampton, Dudley, Sandwell and Walsall to review child deaths and apply learning across the area. This will include hosting the Black Country Child Death Coordinator.

**Focus on...****Real time information**

In January, the Healthy Child Programme (HCP) changed from a paper-based system of organising and recording work with families to an electronic system which allows staff to input and retrieve data in real time. This begins to paint a picture of every child's development in the city and we will be able to monitor the impact of any extra help they may receive. As our knowledge improves of how our children are developing and the extra help they need, we can be more systematic in what is provided, meaning more children should receive the help they need in a timely way. Over time, we will be able to track their early development into achievements in school and assess what support helped and if there are gaps.

Another big benefit of being digital is the potential to link aspects of maternity and HCP records so that any concerns about child safety can be shared and acted on. This will help to safeguard our children.

**Focus on...****Chlamydia diagnosis improvement**

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15 to 24. The chlamydia detection rate in Wolverhampton in 2016 was 1,747 per 100,000 - lower than the regional and England average.

By working in partnership with the Embrace Service, we undertook a review of the chlamydia care pathway. We jointly identified where improvements could be made. The focus was put on increasing uptake in specialist services and community settings and on improving systems that capture activity.

As a result, we have significantly improved the detection rate to 2,165 per 100,000 in 2018. This is higher than the England average, and Wolverhampton has the second highest detection rate in the region.







# Healthy Life Expectancy

## Why is this important to us?

As we continue to both work and live longer, how long we spend in good health becomes increasingly important.

A rise in life expectancy does not automatically lead to a similar rise in years spent in reasonable health. Addressing lifestyles and giving people the right support to stay healthy and independent is crucial to improving healthy life expectancy.

## What do we know?

- Life expectancy varies greatly across Wolverhampton – from the West to the East, a distance of some seven miles, **life expectancy falls by around seven years**.
- Cardiovascular disease (CVD), along with cancer and respiratory disease, **are the top three causes of death** in Wolverhampton.
- **People who sleep out on the streets** often experience barriers to accessing quality health and care services and experience poor outcomes.
- Alcohol has a significant effect on life expectancy and mortality. Our **alcohol specific mortality rate of 20.6 per 100,000** is almost double the rate seen nationally (10.6).
- **Mental health is integral to our overall health** and is fundamental to growth, development, learning and resilience. The conditions in which we live, grow, work and age all affect our mental health and wellbeing.

**Left:** Walk for Health Group at Bantock Park

## Healthy Life Expectancy



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Wolverhampton has the lowest physical activity rates in the West Midlands. **More than a third (37.1%) of our adult population are doing less than 30 minutes activity per week.** Low physical activity is one of the top 10 causes of disease and disability in England.

**Our response:** We have worked with national governing bodies of sport to develop accessible community spaces for competitive sport and informal physical activity. This has included attracting external funding and developer contributions to deliver projects such as new football pitches, walking tracks, and a three-lane cricket facility in the city.

Strengthened community relationships by increasing opportunities for meaningful interaction and engagement.

New family hub to improve engagement with drug and alcohol treatment and recovery services.

Our alcohol specific hospital admissions for adults and drug prevalence estimates are higher than the national average.

**Our response:** Recovery Near You have helped 902 people to successfully complete treatment for alcohol dependence and 492 people for drug dependence. 85 people were helped to gain employment and 129 people had a housing problem resolved by the end of their treatment.



In recent years the uptake of the local **NHS Health Check programme** has declined, placing Wolverhampton in the 15 Authorities in the country with the lowest results.

**Our response:** This year 11,000 residents were invited for a check, 7,000 more than the previous year, and nearly 6,000 residents had it, compared to 3,500 in 2017. We are now one of the top performing authorities in the country.

People who sleep rough on the streets have significantly poorer health outcomes and have an average life expectancy of 47 years old. Earlier this year, the number of people sleeping rough in the city peaked at 33.

**Our response:** The multi-agency Rough Sleeper Operational Group, chaired by the Director of Public Health, has been established and meets frequently. It takes a person-centred approach to working with and accommodating people who are sleeping rough in the city.

Domestic abuse seriously impacts individuals, their children and families, as well as the wider community. It is estimated that more than **51,000 people in our city will experience domestic abuse** in their lifetime.

**Our response:** This year's Tackling Interpersonal Violence and Abuse including Violence against Women and Girls Strategy 2019 -22 has a stronger emphasis on prevention. It focuses on limiting the impact of domestic abuse by identifying and responding to people who experience domestic abuse at the earliest opportunity, as well as strengthening the criminal justice response to offenders.

Wolverhampton on average has **11.0 premises licensed to sell alcohol per square kilometre**. This density of alcohol outlets is the highest across the West Midlands and significantly higher than England average (1.3). We know that the availability of alcohol impacts on consumption levels.

**Our response:** We have developed an interactive tool that provides a comprehensive picture of alcohol density and alcohol related harm, enabling informed, evidence-based responses to alcohol licence applications.

Coordinated the multi agency city-wide strategy to improve suicide prevention

During the last year WV Active leisure centre membership and usage levels have **risen to their highest levels**, thanks to a new membership strategy which has helped reduce barriers to entry including cost.

**Our response:** We've broadened the leisure offer to encourage a wider age of customers, from free swimming for under 17s to Aqua and Pilates classes for the older population groups. Working with national governing bodies, we've increased levels of physical activity in the city, including the number of children learning to swim.

The council and CCG **Joint Public Mental Health & Wellbeing Strategy 2018-2021** sets out a shared vision for every resident to have the best mental health that they possibly can at every stage of their lives, and how work to improve mental health and wellbeing extends beyond service provision and into wider public service and community settings.

**Our response:** We have developed a framework for working more effectively in partnership to act on the social, environmental and economic determinants of health to create mentally healthy places and keep people well, to increase access to employment for people with mental health problems, and to work on suicide prevention.

## What are we going to do next?

- Ensure that our leisure provider, **WV Active**, has an offer that meets the diverse needs of our residents, particularly looking at branching out from leisure centres to other parts of the community, and reaching out to engage more people who are currently inactive.
- Enhance future delivery of the WV Active model and the broader leisure infrastructure to include our parks, community centres & wider networks.
- Conduct an equity audit of **NHS Health Checks** to make sure that all parts of the population are taking up the offer for cardiovascular screening, and ensure that the services we commission are accessible to all regardless of ethnicity, sex, and geographical area.
- Following the development of the **Black Country Reducing Reoffending Strategy** there will now be a focus on developing a sub-regional model to support its implementation. An analysis will be completed to identify any gaps in service and a business case will be developed for regional resources to meet identified need.
- Recognising that the harms caused by substance misuse cannot be tackled in isolation, the newly formed **Substance Misuse Partnership** will bring together a wide range of agencies to address key issues affecting local people. This will include a focus on the co-existence of alcohol, drug and mental health problems which remains a significant and complex challenge.



**Focus on...****NHS Health Checks**

The NHS Health Check Programme is commissioned by Public Health and offers a fantastic opportunity to help people live longer, healthier lives.

Our poor uptake over the past 5 years meant that less than 1 in 5 eligible residents had their health check. This led to a change in delivery of the programme to a GP only model, allowing us to work more efficiently and effectively. We worked with local GPs to develop new ways of delivering health checks, ensuring that the right systems are in place to increase numbers of people being invited for and attending their health check appointments. This work includes building templates into the GP computer system, providing “point-of-care” finger-prick blood testing for instant test results, and providing GPs with regular feedback on progress.

Of those who had their Health Check this year, it is estimated that almost 1,000 people were identified as having a high risk of developing a heart attack or stroke over the next 10 years, 200 were diagnosed with high blood pressure and 75 were diagnosed with undetected type 2 diabetes.

**Focus on...****Rough sleeping**

The Rough Sleeper Operational Group was established to proactively address the rising number of people sleeping rough in the city. This multiagency collaboration between Housing, Public Health, and wider partners has led to a significant reduction in rough sleeping locally.

The offer of holistic, person-centred support for some of our most vulnerable people has led to positive improvements in accommodation, health and employment outcomes along with increased engagement with support services.

There have also been Days of Action where partners undertake co-ordinated rapid response outreach work, and raise public awareness of the Wolverhampton Alternative Giving Campaign.

Contributing to the priorities of the Wolverhampton Homelessness Prevention Strategy 2018 – 2022, the partnership has won the Association for Public Service Excellence (APSE) Award for Best Collaborative Working Initiative with other Public or Third Sector Organisations. We have also been highly commended for two Municipal Journal awards - Delivering Better Outcomes and Transforming Lives.







# Healthy Ageing

## Why is this important to us?

Living well physically and mentally is just as important in older age as it is in any stage of our life. Older age can provide us with opportunities to re-connect with family and friends, old and new hobbies, and the wider community.

We want to help shape Wolverhampton into a city that truly embraces ageing, with a health and care system that is proactive and forward thinking, supporting older adults and carers alike to meet their health and wellbeing needs in the community.

## What do we know?

- **The ageing population in Wolverhampton is growing.**

There are 44,000 people over the age of 65 - nearly 17% of our total population. Projections tell us that this will grow to around 52,000 by 2030.

- An estimated 10,000 over 65s have **moderate or severe frailty**, with over 2,500 being defined as severe. Frailty affects this age group in terms of both physical and mental wellbeing.

- As of December 2018, **4.81% of over 65s, 2171 individuals, were diagnosed with dementia in Wolverhampton**. This is higher than both England (4.33%) and West Midlands (4.14%) averages. In 2018-19, 817 per 100,000 of over 65s had permanent placements in residential or nursing care.
- Over **10% of over 65s** also report feeling a lower than average level of wellbeing.
- Only **31% of adult carers** who are over 65 have as much social contact as they would like, compared to 38% nationally.

**Left:** Wolverhampton Patient Advisory Cancer Team (WPACT)

## Healthy Ageing



Established  
Carer Action  
Group

Informal carers, often family and friends, provide fantastic support for older people. This can be rewarding but also very challenging; mentally, socially and financially.

**Our response:** A citywide Carer Action Group has been established to deliver a public health approach to carer wellbeing. This group is made up of key stakeholders such as Wolverhampton CCG, Adult Education Service and local voluntary sector organisations. This forms a key part of the city's strategy for strong, resilient communities.

Co-produced new  
Wolverhampton  
Dementia Strategy

With more older people in the city, it is important to diagnose and respond to frailty to help them live well for longer.

**Our response:** We have produced an integrated, proactive community model to improve health and wellbeing for people living with frailty – demonstrating key partnership working with an aim to meet the needs of the population.

Historically there has been poor uptake of the flu vaccination (including over 65's, under 65's at risk, children and pregnant women) placing Wolverhampton below the England averages.

**Our response:** Despite recent vaccine shortages we have managed to maintain uptake in the over 65 group.

We have worked with the Royal Wolverhampton NHS Trust and Wolverhampton CCG to provide more opportunities for pregnant women to be vaccinated.

We were also the most improved local authority for school aged flu vaccinations in the West Midlands last year, thanks to our Flu Fighters campaign.

## What are we going to do next?

- In the coming year, we will be working with local and regional NHS providers to improve access to **cancer screening** in Wolverhampton, engaging the public in system redesign and development, and striving to recognise and remove barriers. Cancer remains one of the biggest causes of early death in the city, and we are keen that we help restore as many of these life years as we can with screening systems that are as accessible as possible.
- We are also keen to further support the implementation of the **local Frailty Strategy**, and will play a leading role in bringing together the council, NHS, Voluntary Sector and wider society to meet the needs of frail adults to help keep them living well for longer.
- We will be widening access to **flu vaccinations** through our partners in NHS and Pharmacy Sector.
- We will work with colleagues in Adult Social Care to co-produce the new **Carers Strategy**.



**Focus on...****Flu Fighters**

Flu remains a serious health concern for the population, specifically those at higher risk of complications.

Improving vaccination amongst children is vital, as generally this age group will have poor hand and respiratory hygiene which increases the risk of contagion, particularly in the most vulnerable groups including the over 65s.

Consequently, a successful campaign was carried out to increase flu vaccine uptake within school children. The campaign, badged Flu-Fighters, produced a child friendly booklet using comical characters to convey key messages around the risks and preventative action we can take against flu. Forging positive relationships with schools and education sector partners, 28,000 Flu Fighters booklets were delivered and distributed across all primary schools in the city. This led to improved uptake of flu vaccination across all school age groups, with an overall increase of uptake by approximately 3,700.

Flu Fighters has been recognised as good practice and subsequently rolled out across the Black Country. Other local authorities have also shown an interest in running the campaign in their areas. We hope to widen the reach of the campaign in the coming years.

**Focus on...****Strategic vision for frailty**

More and more people across the city will become severely frail unless we can delay or reverse the onset and progression of frailty at an earlier stage.

Our leadership in the development of a new strategic vision for frailty has enabled us to embed a population approach to preventing frailty and intervening early when risk factors are detected. This will support people to live well for longer.

We have worked collaboratively with stakeholders to shape the role of frailty co-ordinators who will work closely across newly configured Primary Care Networks (PCNs). These co-ordinators will support care teams to work collaboratively to meet the outcomes most important to patients. We have also developed a holistic measure for patient outcomes based on patients' preferences including improving independence, increasing levels of social contact, ensuring dignity in the way their care is delivered to improve people's quality of life.



# System Leadership

## Why is this important to us?

System leadership is about supporting the public health team, the council and the wider integrated care alliance across the city to improve health outcomes for our residents. This year we have made a significant start in this area by setting up a joint population health unit with the Royal Wolverhampton Trust.

We work across organisations to help influence our partners' ability to work together to plan care delivery, promote health and assess the impact of behaviour change initiatives using innovative approaches and technology. From the 2030 Public Health vision there are three key domains of system leadership which will frame the direction of our work over the coming year.

## Embedding Public Health

Public health provides insight into local people's health needs as well as designing practical ways of working that enable organizations to maximize their role in promoting the wellbeing of the local population. Our work this year has included:

- Helping organisations understand their role in promoting health and wellbeing
- Enhancing the way services and care are provided to maximise health impact
- Using existing data systems to capture changes in health behaviours
- Measuring system wide progress to improve health and reduce health inequalities across the city

## Embedding self-help strategies for behaviour change

We know from our lifestyle survey in 2016 that smokers who want to quit would prefer to do so using convenient and easy to access self-help tools. We developed a solution which has enabled GP's to provide self-help prescriptions to smokers bringing together a range of on-line resources and quit tools, making it easier for people to go smoke free.



## Joint Intelligence

There are a growing number of people with complex medical conditions who rely on care and support from different agencies. Helping organisations use data across various care settings to direct population prevention initiatives and care delivery requires a change in the way the PH intelligence resource is utilised. Our response has been to develop a joint intelligence unit between the local authority and the local NHS Trust helping decision makers to think more clearly how services can wrap around a person effectively to meet their complex needs.

Our highly skilled team are positioned to:

- Provide population health analysis of integrated care data to shape decision making
- Help organisations tackle some of the big strategic questions
  - Are the right people receiving services at the right time or can we intervene earlier?
  - Are there groups within Wolverhampton who experience poorer outcomes?
  - Have the changes we made resulted in any difference?
  - What would happen if we invested more of our budget in a different part of the pathway?

The answers to these questions will help to improve the decisions that are made about health and care provision across the city in years to come, laying the foundations for better population health outcomes in the future, by working better together.

## Working together to improve health outcomes

No agency or organisation in isolation will be able to tackle the causes of poor health and inequalities in our city. The Health and Wellbeing Board brings together partners including NHS, police, university, voluntary sector and others. It's their job to set priorities for collective action across the city to improve health and wellbeing. Public health system leadership brings a distinct contribution to the board's ability to improve population health outcomes through its broad focus on all aspects of health and wellbeing, including the social and economic determinants of health.

- Public Health has led the publication of the new Joint Health and Wellbeing Strategy (JHWS) for the city this year: This included using insight from the Joint Strategic Needs Assessment which summarises what the data tells us, guidance from interviews with board members, and priorities from national and local strategies.
- The priorities were tested out through a public consultation which attracted over 1,200 responses: We provided local people with a chance to have their say about the things that would help to keep them well and healthy. People told us the kind of things that improve their health and wellbeing are feeling safe, access to green spaces, work, good housing. This aligns with the approach we set out last year in the Public Health vision which strengthens our resolve to embed system wide approaches to improve the wider determinants of health.

## What are we going to do next?

In the coming year we will look to further diffuse system leadership approaches across care sectors to improve population health outcomes and reduce health inequalities. Areas of key focus will include:

- **Facilitating a ‘cultural shift’ in the way tobacco use is perceived across the Royal Wolverhampton NHS Trust:** By supporting our strategic partners ambitions to create a smoke free environment for staff, patients and visitors to the hospital site we can help reduce exposure to second hand smoke and reduce tobacco related inequalities in health across the city.
- **Mapping End of Life care across the city:** We will be leading innovative work that links data from different parts of the system to consider the birds eye view of care provided in the last year of life and patterns of health and social care usage to maximise resources and improve care design.





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## Place Based Public Health

In recent months, there has been a real focus on working with local communities, building on the assets that they already have, and addressing concerns raised in and about their neighbourhoods.

The Leader of the Council and the Chief Executive have championed a place-based approach to doing this and we have allocated funding for each ward in the city to support this way of working.

To use these funds most effectively, local partners are being called to action to bring about co-ordinated and sustainable change. This way of working is being developed in partnership with a range of key stakeholders including Wolverhampton for Everyone, a social movement to create positive change.

An update on this work will be part of next year's annual report.



**WOLVERHAMPTON  
FOR EVERYONE**

**Left:** Community litter pick in Fordhouses with equipment provided by City of Wolverhampton Council

**Above right:** Wolfie at a community event in the Avion Centre

**Focus on...****Avion Centre**

The Avion Centre is a shopping precinct in Whitmore Reans which experienced an increase in anti-social behaviour over the summer of 2018. Concerns about community safety were raised by local residents, business and councillors, and reinforced by findings from the bi-annual health related behaviour survey which captures the view of local school children. In response, a Public Health led Task and Finish Group was established bringing together stakeholders from the council, West Midlands Police, voluntary and housing

sector. Through collective action, this group has successfully used enforcement powers to tackle fly-tipping and improve the physical environment, worked in partnership with local business to make changes to the way licensed premises sell high strength alcohol, secured funding to close, infill and re-landscape the subway and installed CCTV.

Working with local community and faith groups, two highly successful events have taken place at the precinct,

bringing local people together. Public Health funding has been used to run a series of events at the Whitmore Reans Library including an arts programme, delivered by the Newhampton Arts Centre, to increase local participation in the Summer Reading Challenge. Future events are being planned, including a partnership event to celebrate the positive contribution of local people to the community.

## Ward profiles

To be effective as system leaders, affecting change across the life course, and with our place based efforts, it is important to understand the key differences in health, care and social factors across the city.

The next section includes a profile of each ward in the city. Each profile provides rich information about the health benefits and challenges that are experienced by people living in the area.

These profiles inform our place based public health work described in the previous section.

*The next section includes a range of indicators by ward which inform the ward based work that has been described above.*



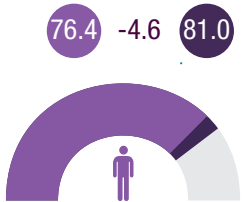
For further information and sources visit:  
<https://insight.wolverhampton.gov.uk>

Your ward at a glance:  
Bilston East



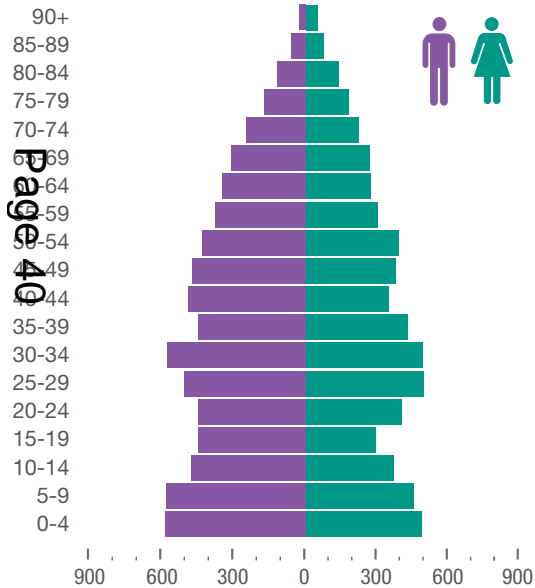
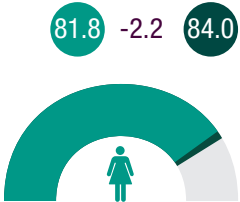
Male

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

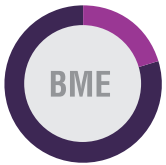


Female

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



Total population  
**14,542**



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

What is life like in your ward?

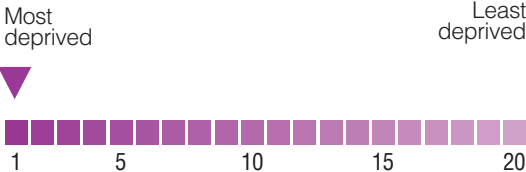


Under 18 conception rate per 1,000  
Infant mortality rate per 1,000  
Oral health-mean dmft in children aged 5  
Children & young people in care rate per 10,000  
% Obese year 6  
% achieving a 9-5 English and Maths GCSE  
% Unemployed – those claiming benefits



**30.8%**  
Children living in poverty

City deprivation ranking:



**4.0%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**68.2%**Satisfied or fairly satisfied with **neighbourhood**

● This is better than the city average

**16.2%**of households are **private rented**

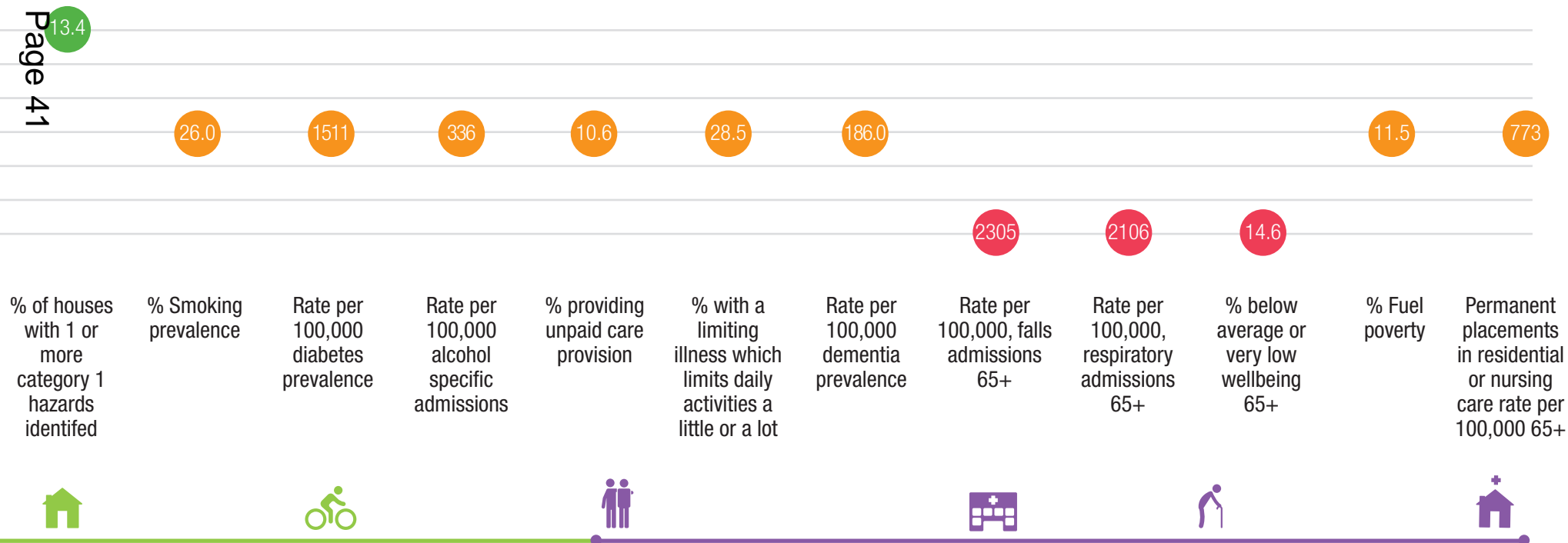
● This is close to the city average

**58.1%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

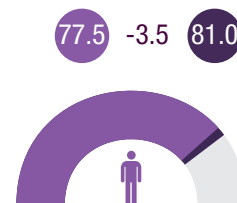
Key: Compared to city average ● Worse ● Similar ● Better

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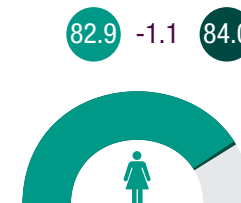


Your ward at a glance:  
**Bilston North****Male**

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

**Female**

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

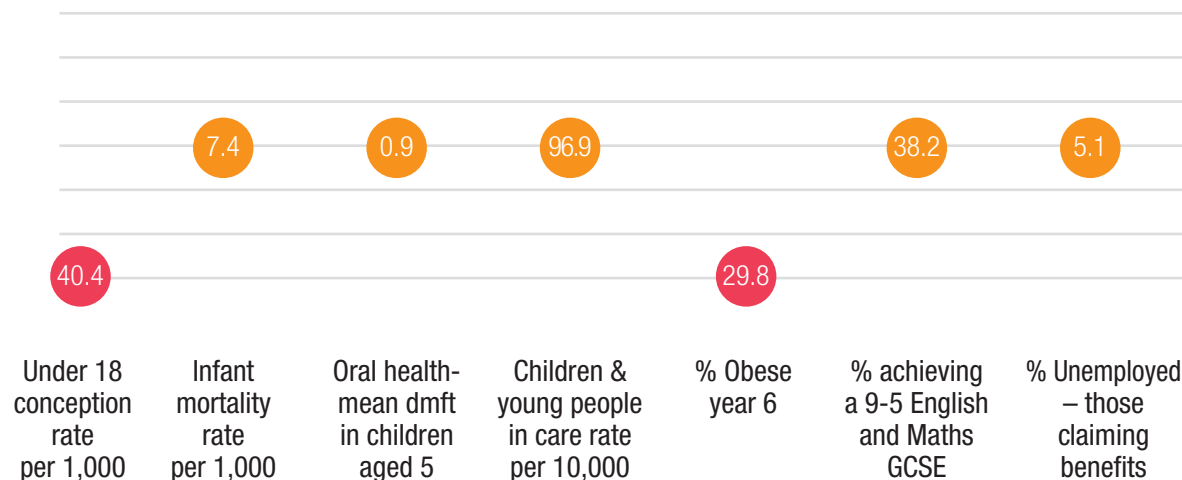


Total  
population  
**12,297**

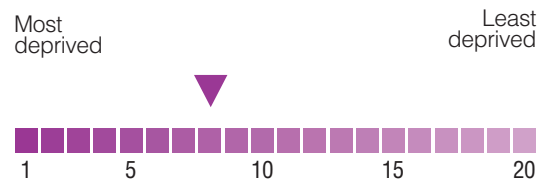


of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**26.4%**  
**Children  
living in  
poverty**

**City deprivation ranking**



**4.0%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**72.6%**Satisfied or fairly satisfied with **neighbourhood**

● This is better than the city average

**7.9%**of households are **private rented**

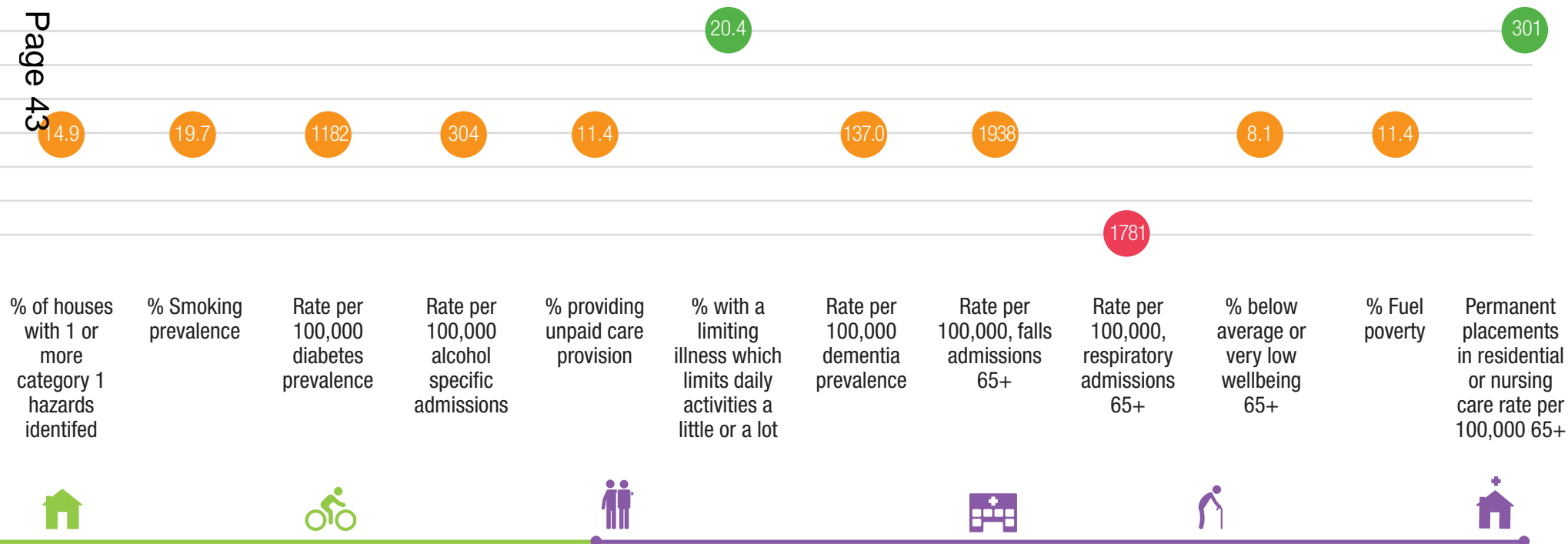
● This is better than the city average

**55.3%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

Page 43

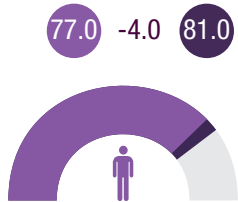


Your ward at a glance:  
**Blakenhall**



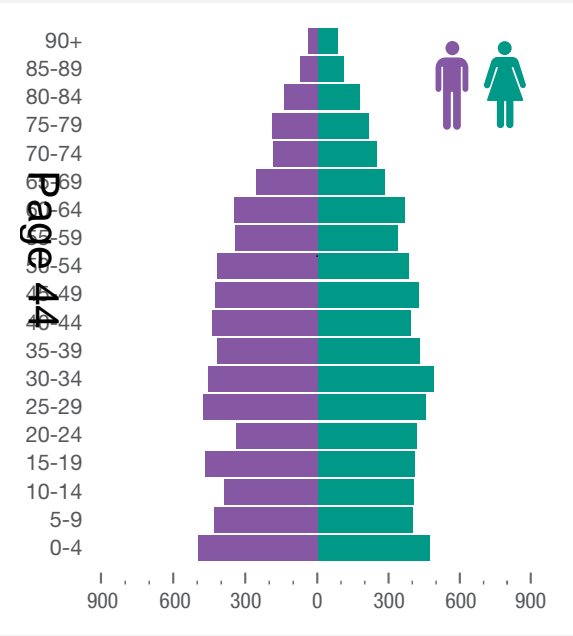
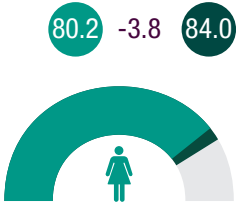
**Male**

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

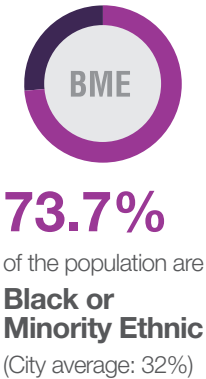


**Female**

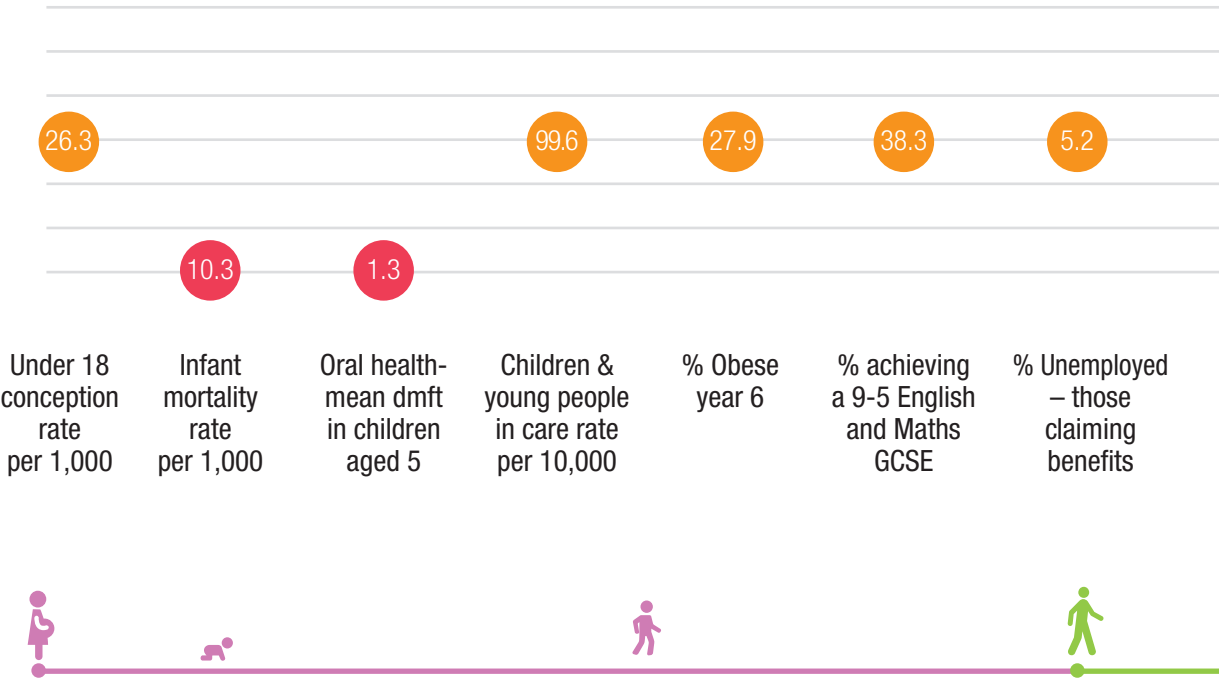
- Life expectancy (years)
- Vision 2030 (years)



Total population  
**12,790**

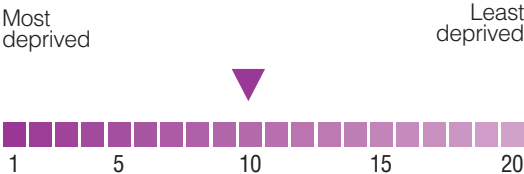


What is life like in your ward?



**23.4%**  
Children living in poverty

**City deprivation ranking**



**2.3%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**64.9%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**21.0%**of households are **private rented**

● This is close to the city average

**32.8%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is worse than the city average

Key: Compared to city average ● Worse ● Similar ● Better

Page 45

13.0

21.4

1880

340

10.3

1817

12.8

20.9

2270

454

290.6

16.4

% of houses with 1 or more category 1 hazards identified

% Smoking prevalence

Rate per 100,000 diabetes prevalence

Rate per 100,000 alcohol specific admissions

% providing unpaid care provision

% with a limiting illness which limits daily activities a little or a lot

Rate per 100,000 dementia prevalence

Rate per 100,000, falls admissions 65+

Rate per 100,000, respiratory admissions 65+

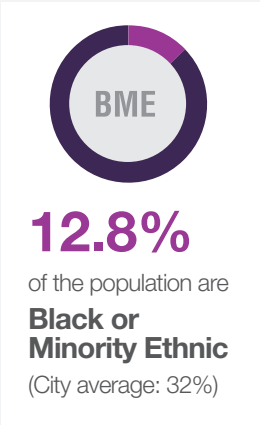
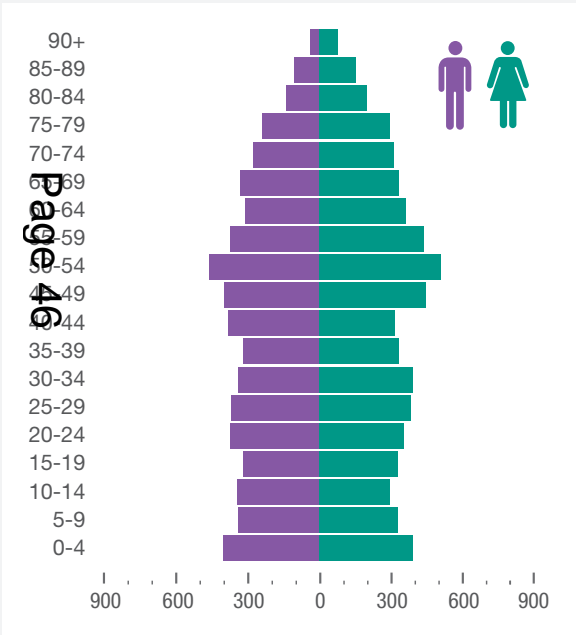
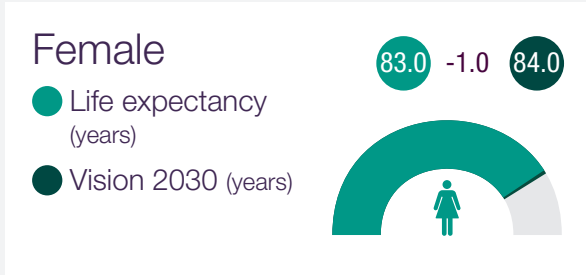
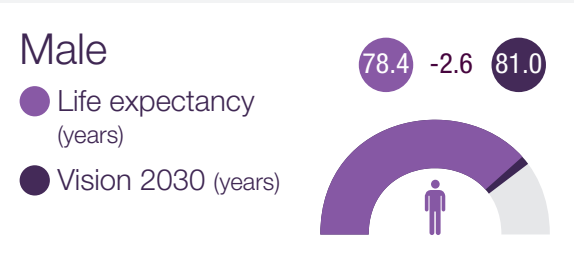
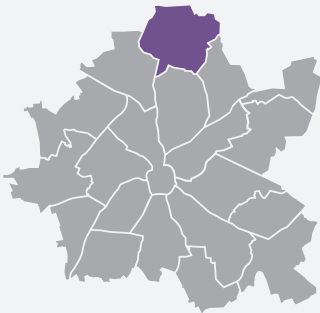
% below average or very low wellbeing 65+

% Fuel poverty

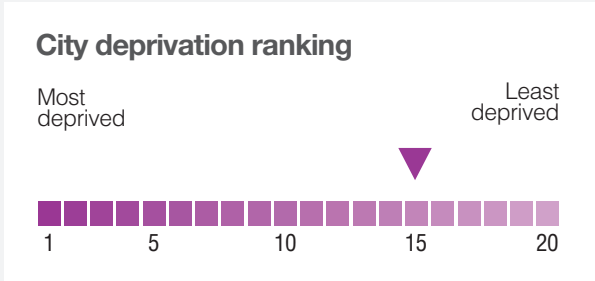
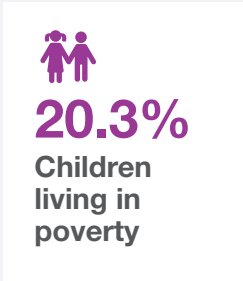
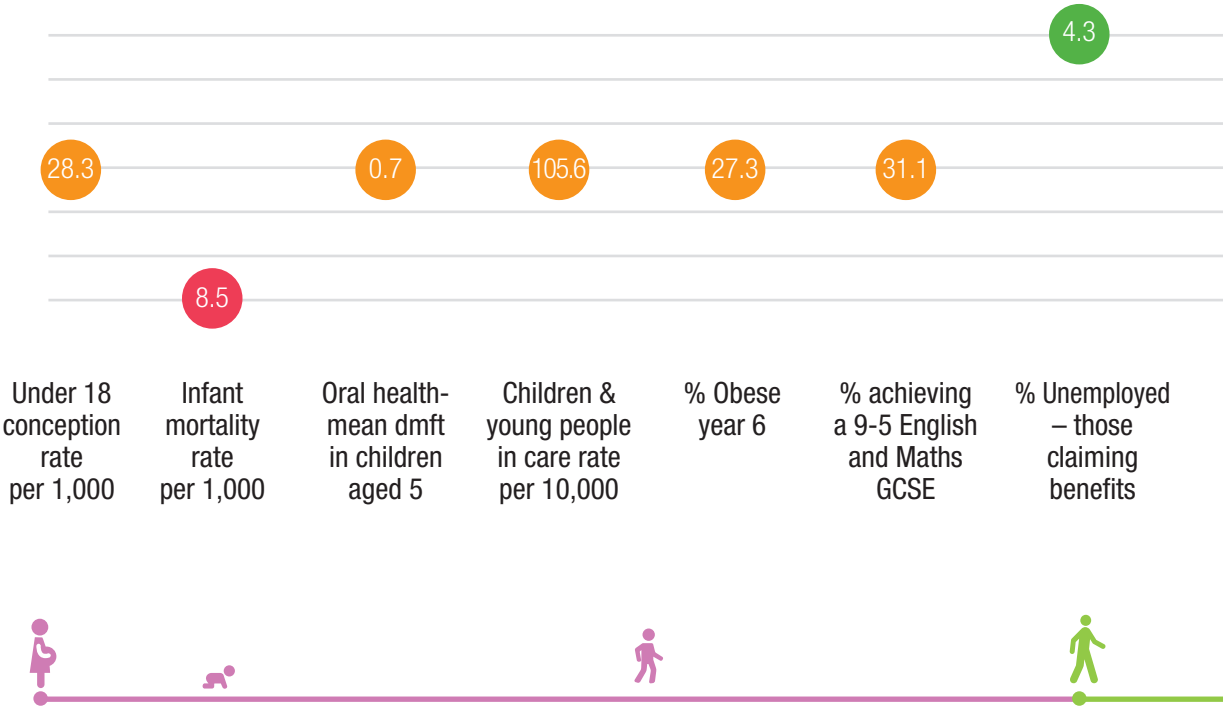
Permanent placements in residential or nursing care rate per 100,000 65+



Your ward at a glance:  
**Bushbury North**



What is life like in your ward?



**2.2%**16/17 yrs **not in employment, education or training** or status unknown

● This is better than the city average

**66.6%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**9.0%**of households are **private rented**

● This is close to the city average

**73.0%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is better than the city average

Key: Compared to city average ● Worse ● Similar ● Better

Page 47

14.5

18.3

1352

236

12.2

22.6

126.6

1911

1796

8.3

10.7

649

% of houses with 1 or more category 1 hazards identified



% Smoking prevalence



Rate per 100,000 diabetes prevalence

Rate per 100,000 alcohol specific admissions

% providing unpaid care provision



% with a limiting illness which limits daily activities a little or a lot

Rate per 100,000 dementia prevalence

Rate per 100,000, falls admissions 65+



Rate per 100,000, respiratory admissions 65+

% below average or very low wellbeing 65+



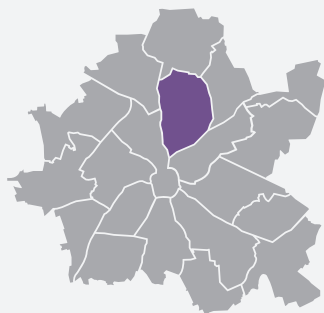
% Fuel poverty

Permanent placements in residential or nursing care rate per 100,000 65+



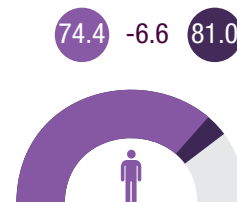


## Your ward at a glance: Bushbury South and Low Hill



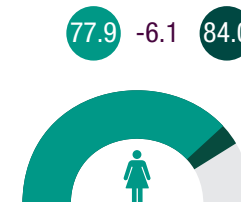
### Male

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



### Female

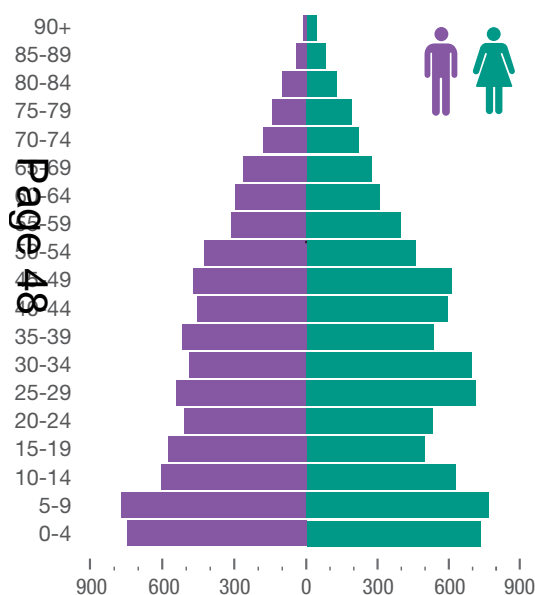
- Life expectancy (years)
- Vision 2030 (years)



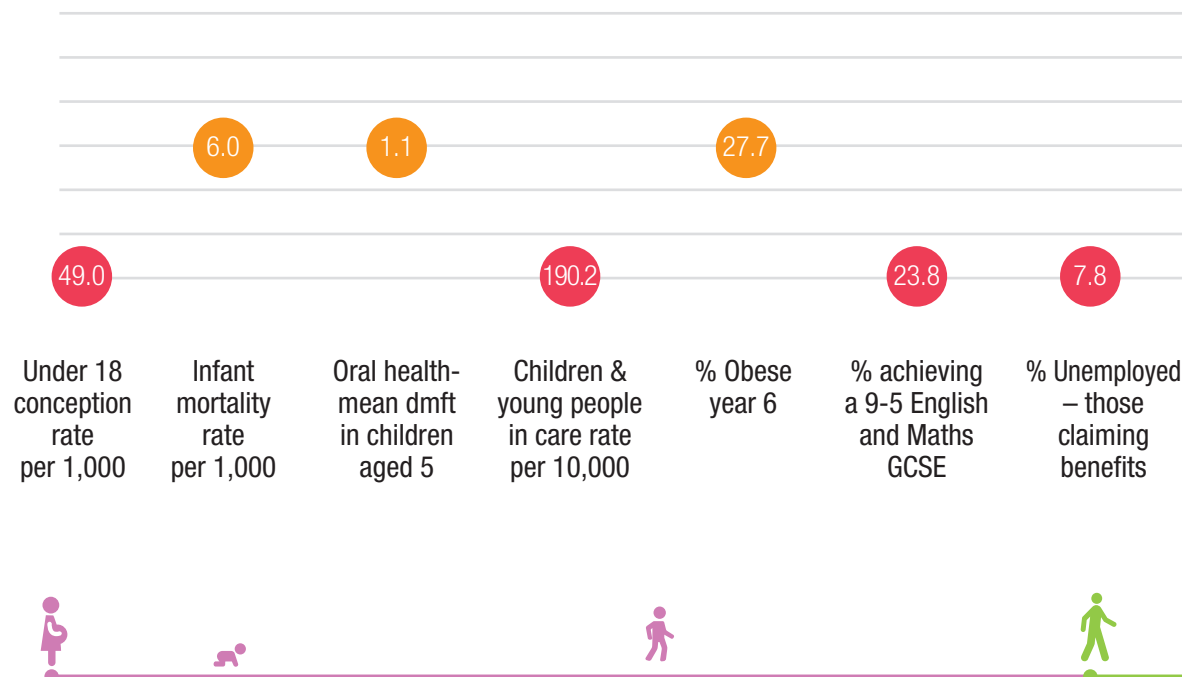
Total  
population  
**15,853**



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

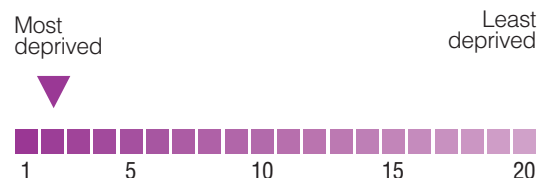


## What is life like in your ward?



**36.3%**  
**Children  
living in  
poverty**

### City deprivation ranking



4.7%

16/17 yrs **not in employment, education or training** or status unknown



● This is close to the city average

66.1%

Satisfied or fairly satisfied with **neighbourhood**



● This is close to the city average

22.7%

of households are **private rented**



● This is close to the city average

62.5%

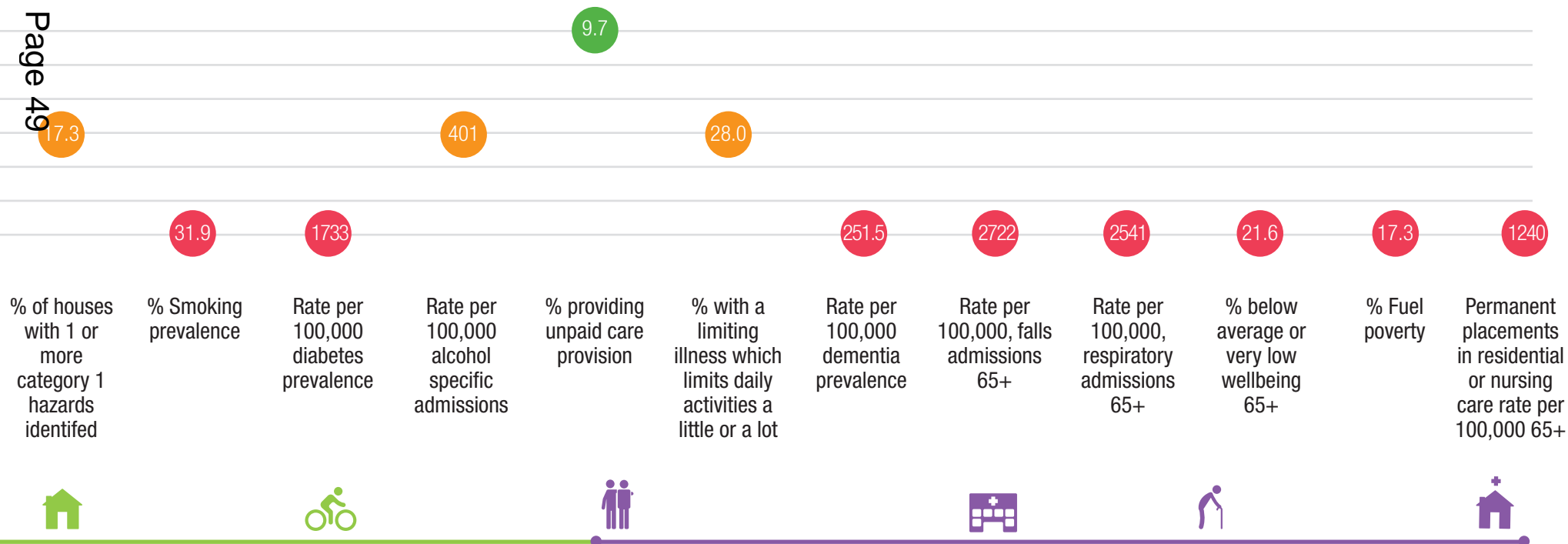
5 yr annualised uptake of **cardiovascular disease health check** of those eligible



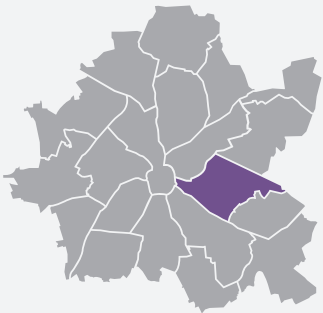
● This is better than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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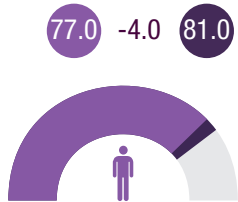


Your ward at a glance:  
**East Park**



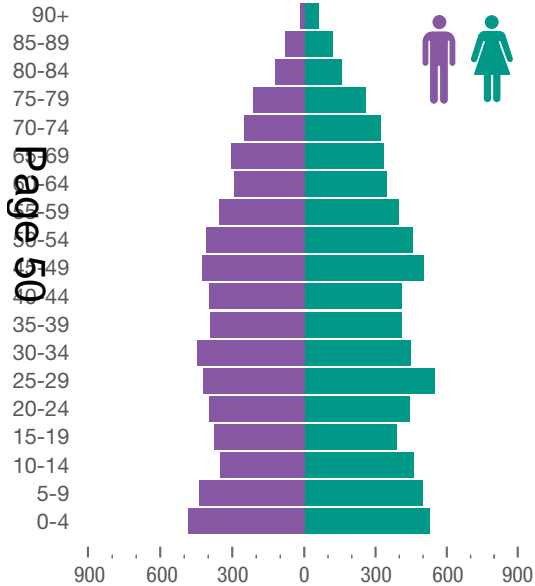
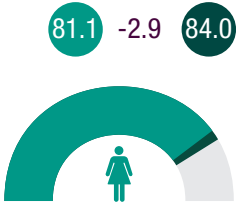
**Male**

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



**Female**

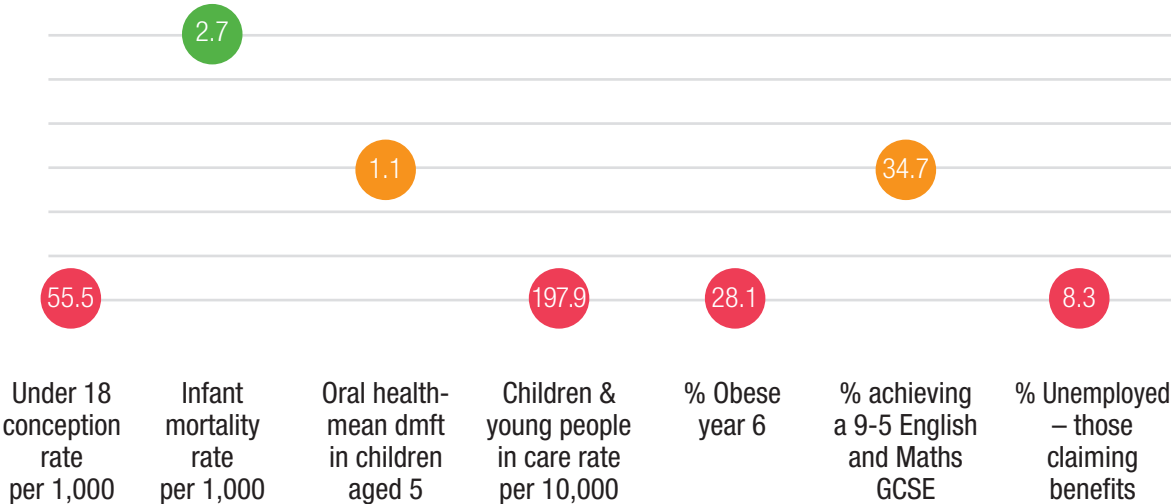
- Life expectancy (years)
- Vision 2030 (years)



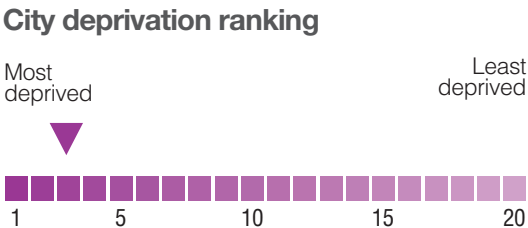
Total  
population  
**12,892**

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

What is life like in your ward?



**35.1%**  
Children  
living in  
poverty



**6.8%**16/17 yrs **not in employment, education or training** or status unknown

● This is worse than the city average

**64.7%**Satisfied or fairly satisfied with **neighbourhood**

● This is better than the city average

**12.9%**of households are **private rented**

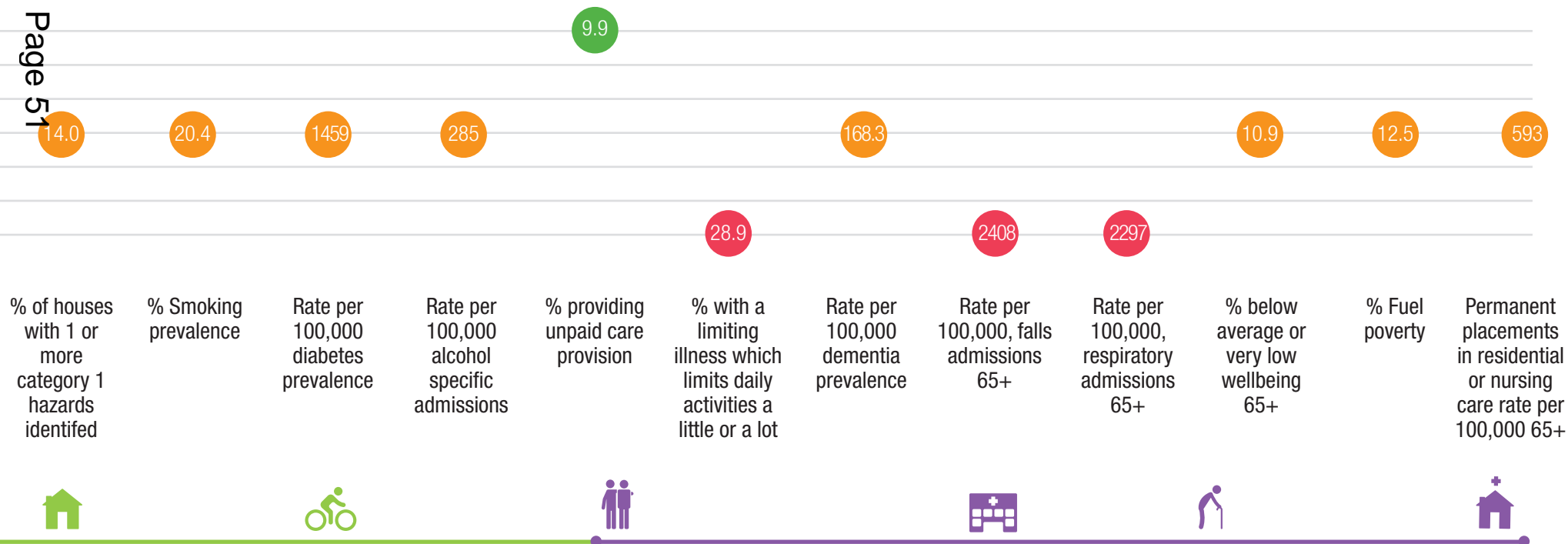
● This is close to the city average

**79.7%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is better than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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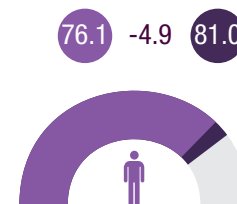


## Your ward at a glance: Ettingshall



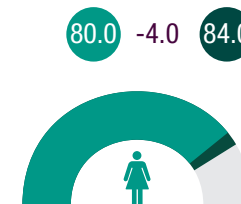
### Male

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

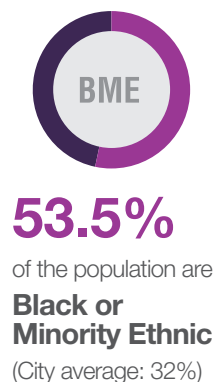


### Female

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



Total  
population  
**15,245**



## What is life like in your ward?

34.2

6.2

26.9

31.3

1.5

189.6

7.1

Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits

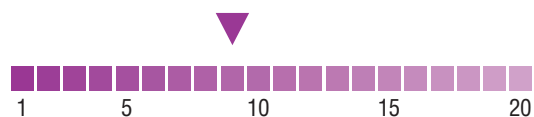


**32.3%**  
Children  
living in  
poverty

### City deprivation ranking

Most  
deprived

Least  
deprived





**4.2%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**74.2%**Satisfied or fairly satisfied with **neighbourhood**

● This is better than the city average

**25.6%**of households are **private rented**

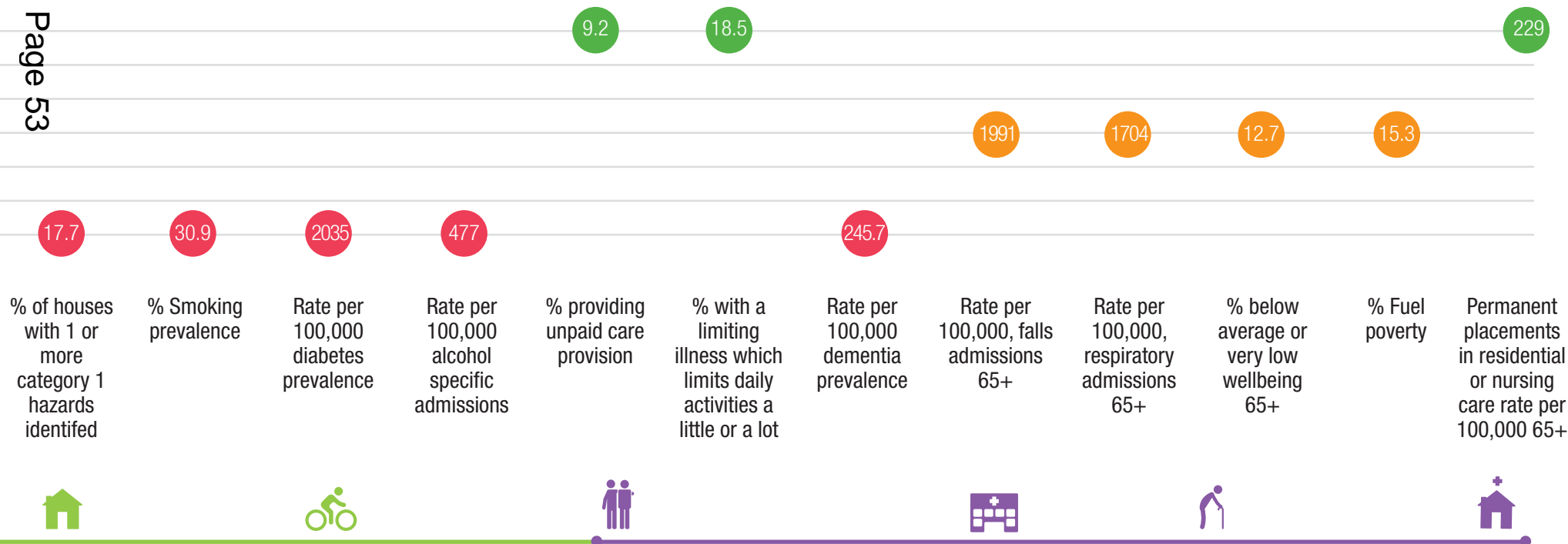
● This is worse than the city average

**51.6%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

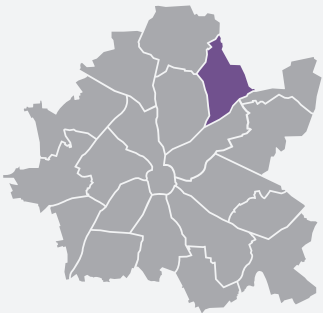
● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

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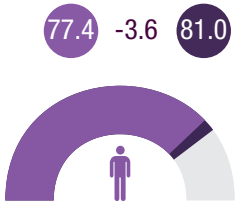


Your ward at a glance:  
**Fallings Park**



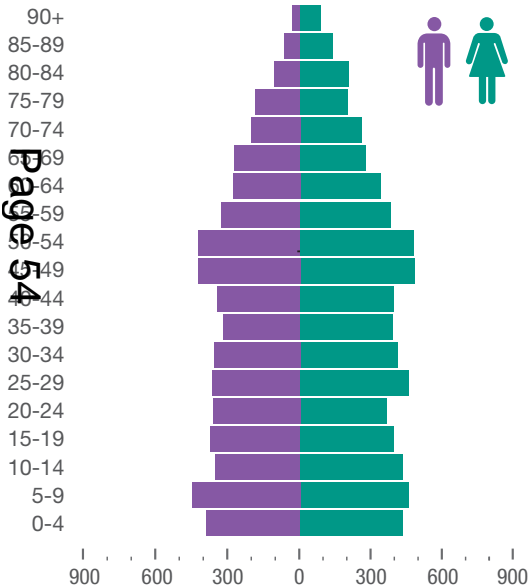
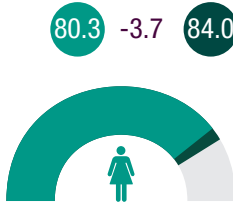
**Male**

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

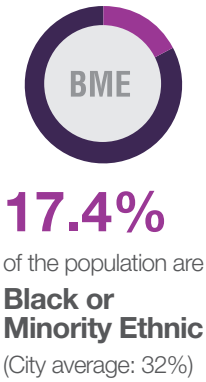


**Female**

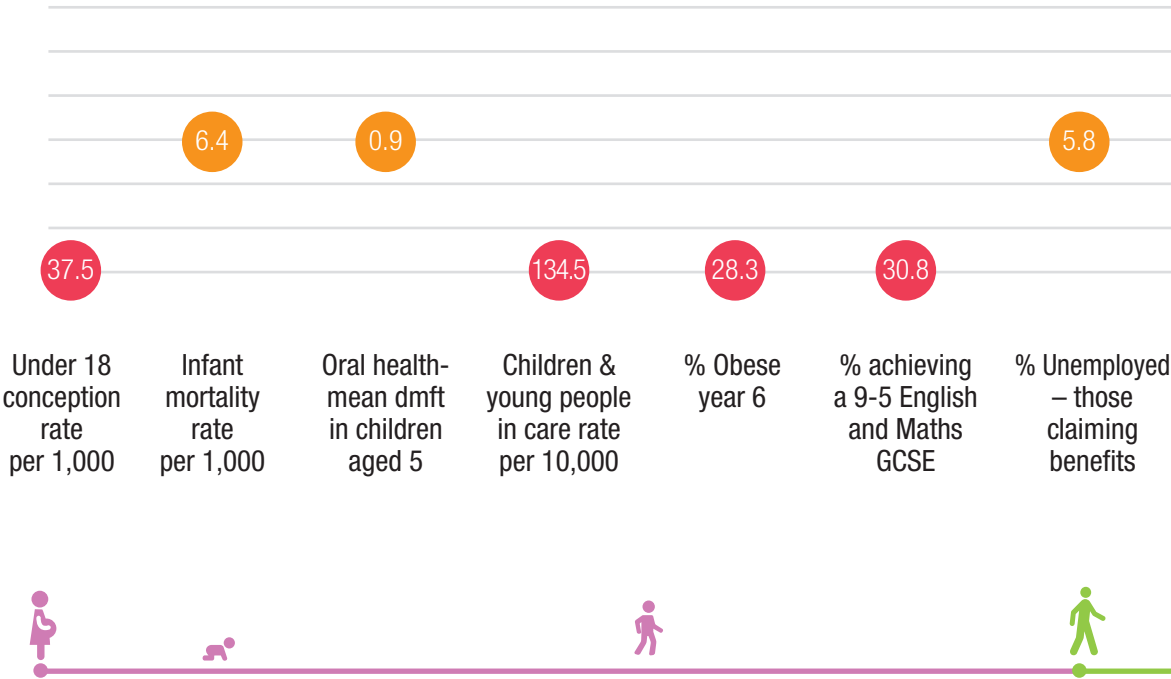
- Life expectancy (years)
- Vision 2030 (years)



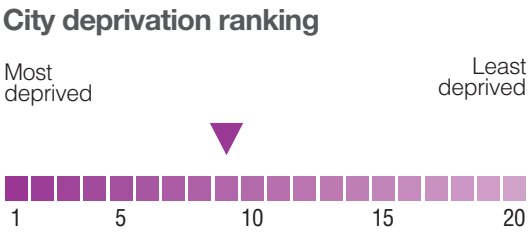
Total population  
**12,199**



What is life like in your ward?



**28.0%**  
Children living in poverty



**5.8%**16/17 yrs **not in employment, education or training** or status unknown

● This is worse than the city average

**62.4%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**8.1%**of households are **private rented**

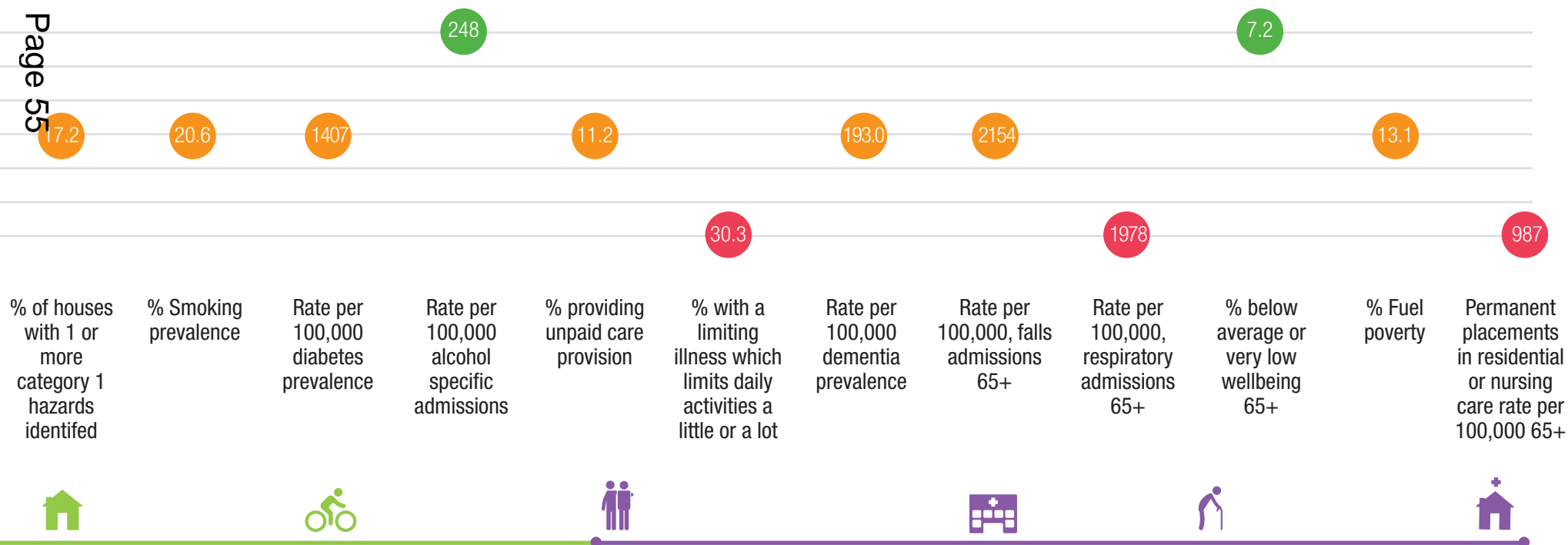
● This is better than the city average

**30.0%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

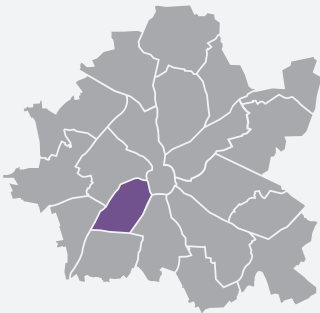
● This is worse than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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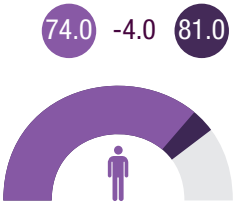


Your ward at a glance:  
Graiseley



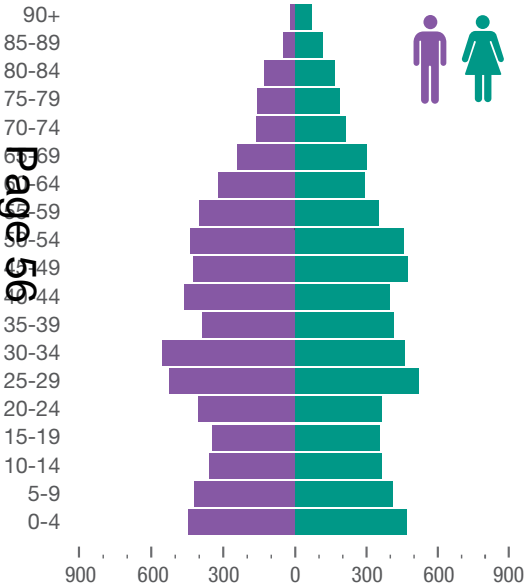
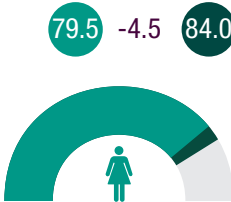
Male

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

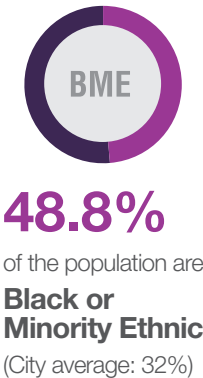


Female

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

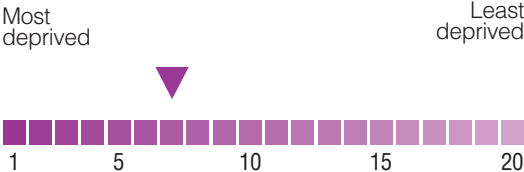


Total  
population  
**12,607**

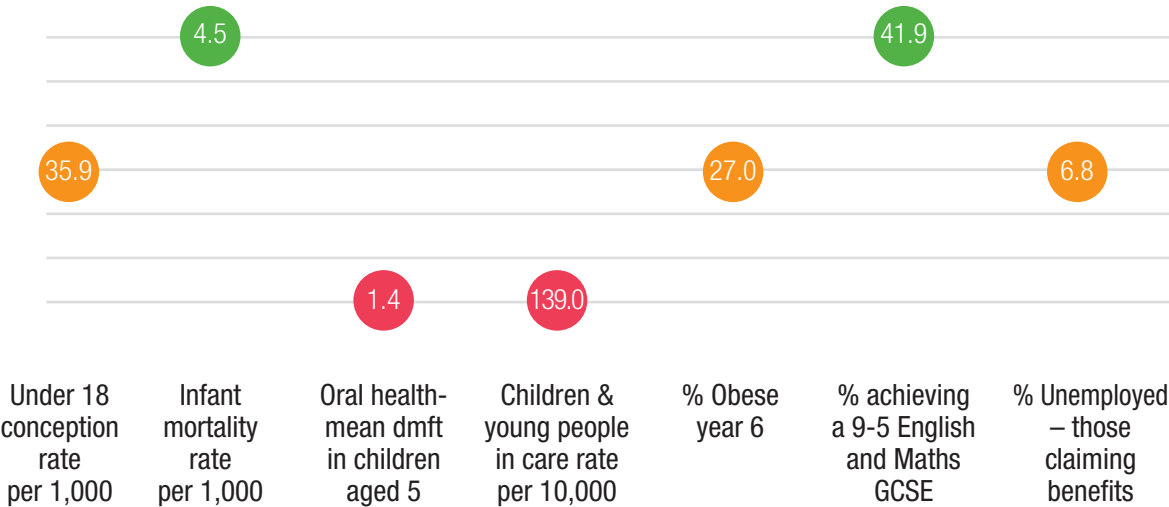


**24.7%**  
Children  
living in  
poverty

City deprivation ranking



What is life like in your ward?



**3.6%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**57.8%**Satisfied or fairly satisfied with **neighbourhood**

● This is worse than the city average

**31.5%**of households are **private rented**

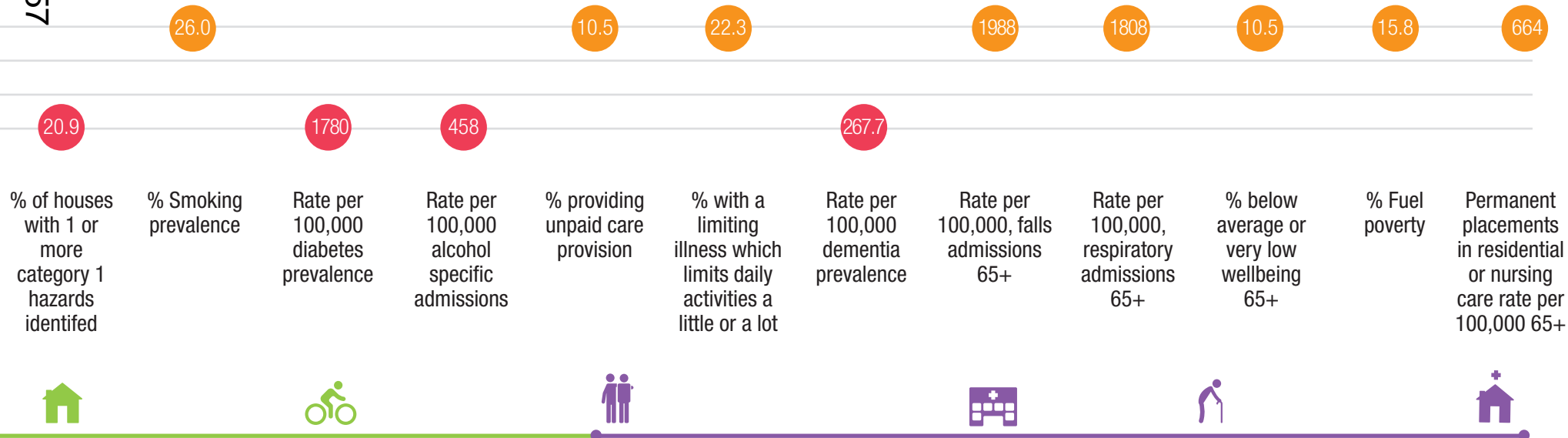
● This is worse than the city average

**39.8%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

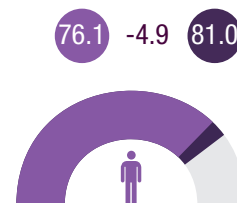
Page 57



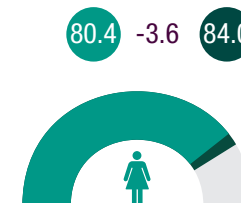


Your ward at a glance:  
**Heath Town****Male**

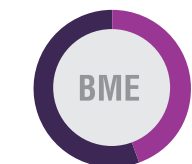
- Life expectancy (years)
- Vision 2030 (years)

**Female**

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

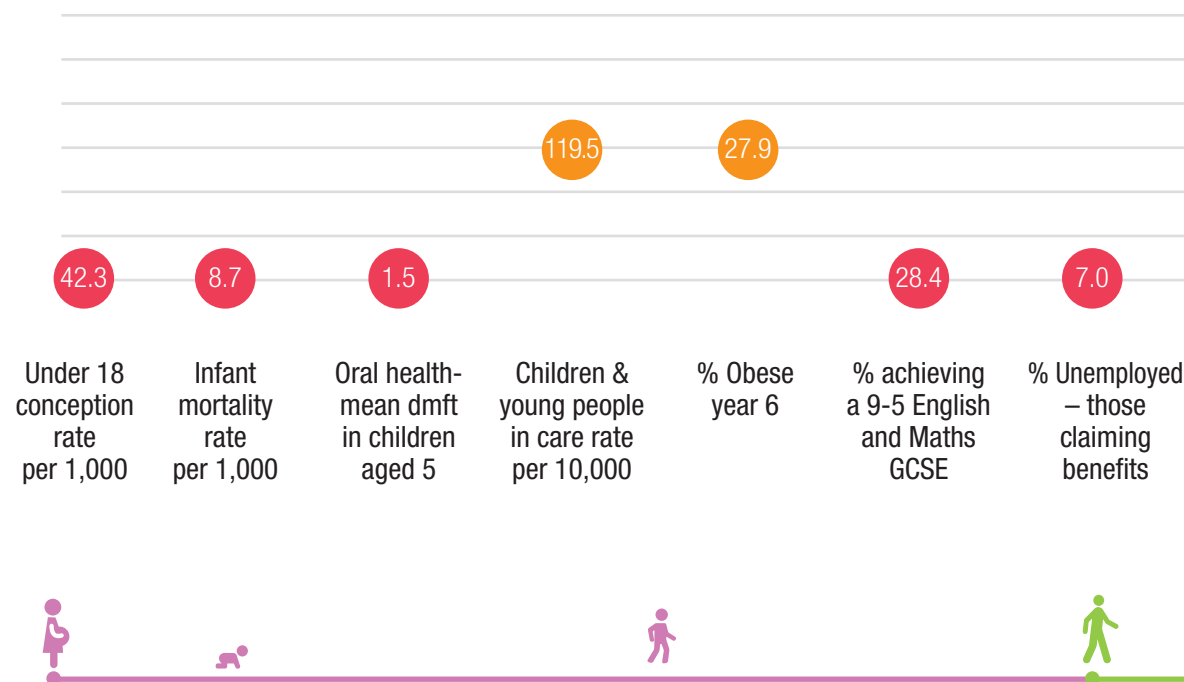


Total  
population  
**15,090**



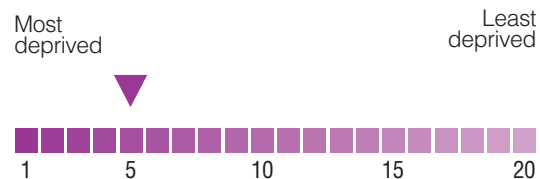
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**32.1%**

**Children  
living in  
poverty**

**City deprivation ranking**

**5.4%**16/17 yrs **not in employment, education or training** or status unknown

● This is worse than the city average

**68.9%**Satisfied or fairly satisfied with **neighbourhood**

● This is better than the city average

**36.5%**of households are **private rented**

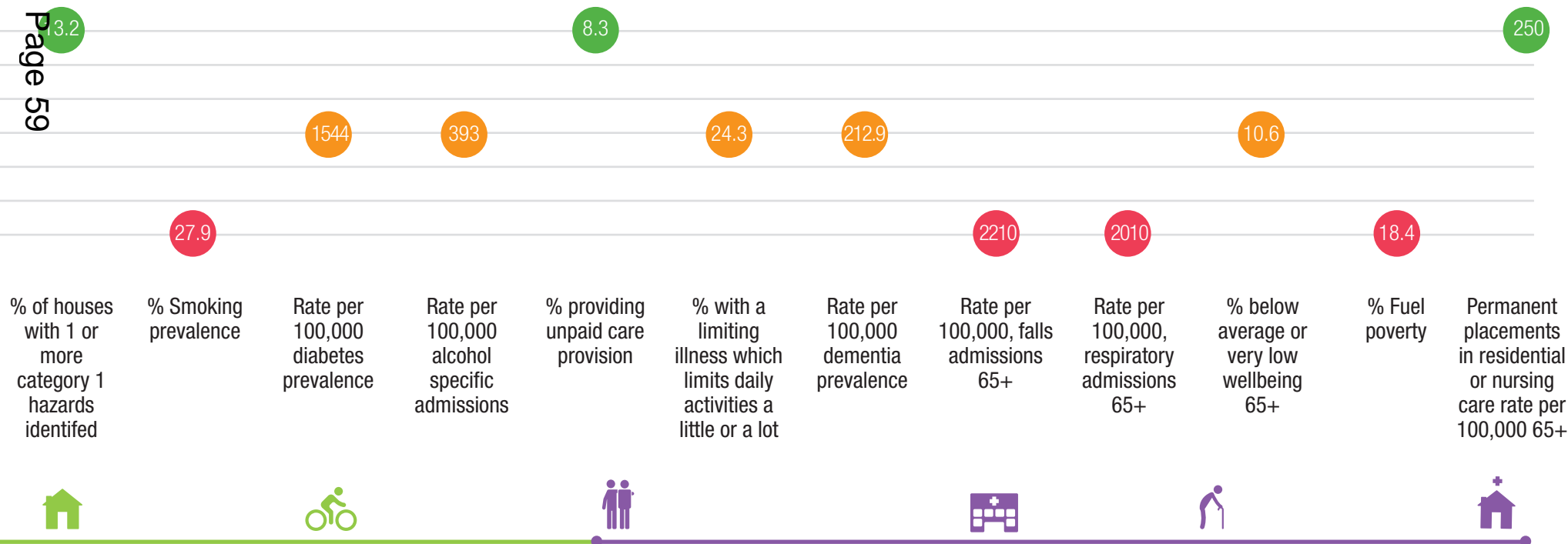
● This is worse than the city average

**19.7%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

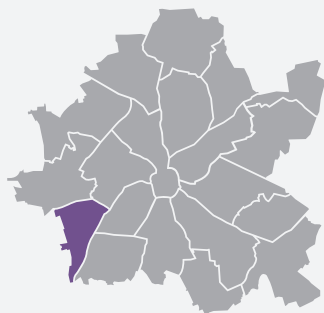
● This is worse than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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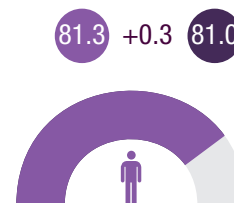


## Your ward at a glance: Merry Hill



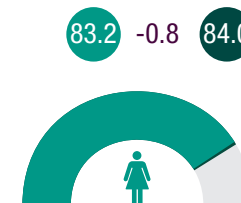
### Male

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

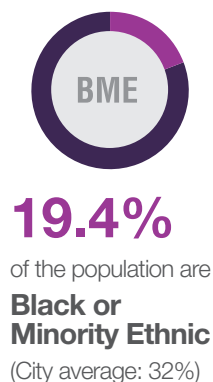


### Female

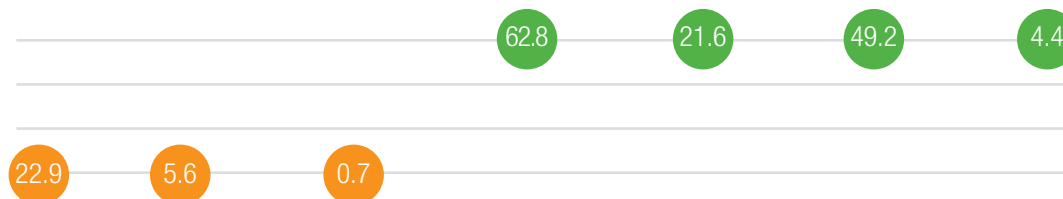
- Life expectancy (years)
- Vision 2030 (years)



Total  
population  
**11,931**



## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

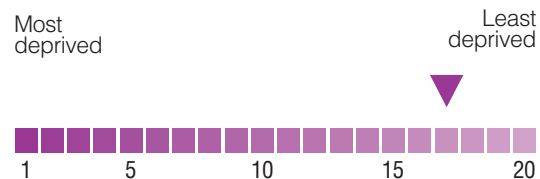
% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits



**17.0%**  
Children  
living in  
poverty

### City deprivation ranking



**2.5%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**61.5%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**6.8%**of households are **private rented**

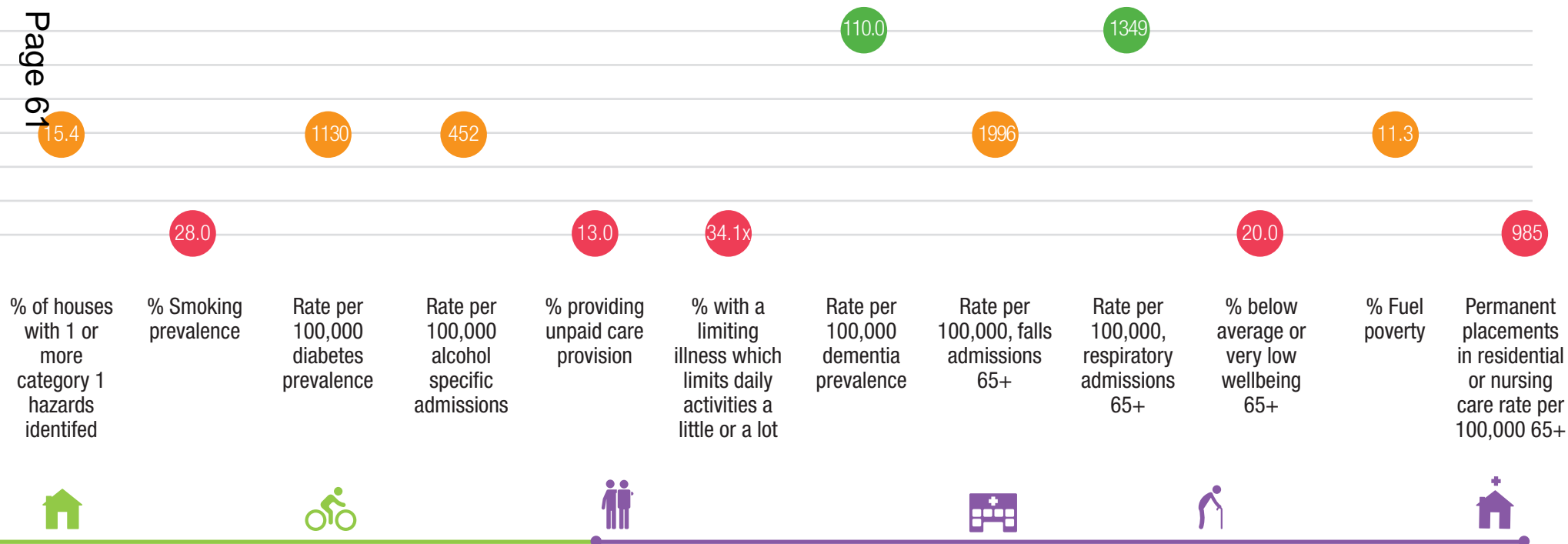
● This is better than the city average

**33.7%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

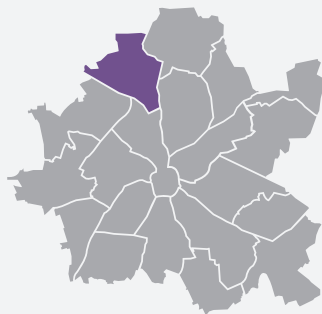
● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

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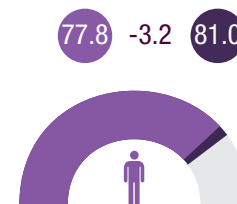


## Your ward at a glance: Oxley



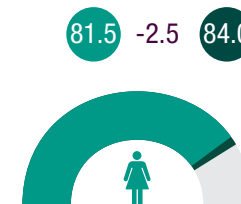
### Male

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



### Female

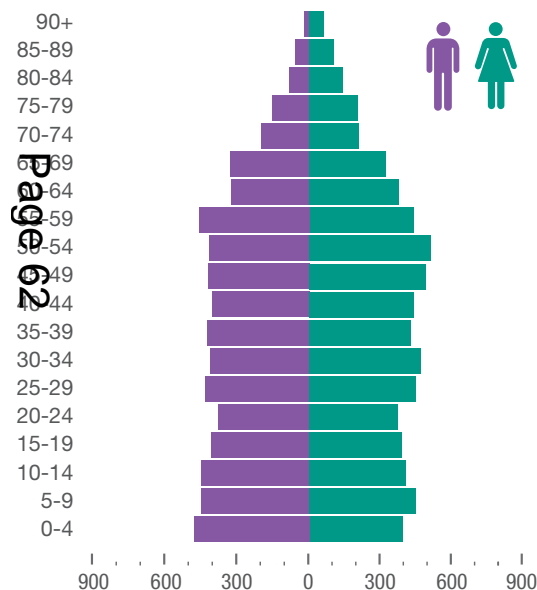
- Life expectancy (years)
- Vision 2030 (years)



Total  
population  
**12,823**



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



## What is life like in your ward?

27.9

0.7

81.5

26.5

5.8

7.5

24.2

Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits

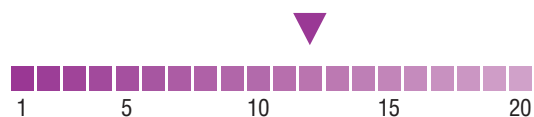


**25.9%**  
Children  
living in  
poverty

### City deprivation ranking

Most  
deprived

Least  
deprived





**2.1%**

16/17 yrs **not in employment, education or training** or status unknown



● This is better than the city average

**53.6%**

Satisfied or fairly satisfied with **neighbourhood**



● This is worse than the city average

**8.9%**

of households are **private rented**



● This is close to the city average

**100.0%**

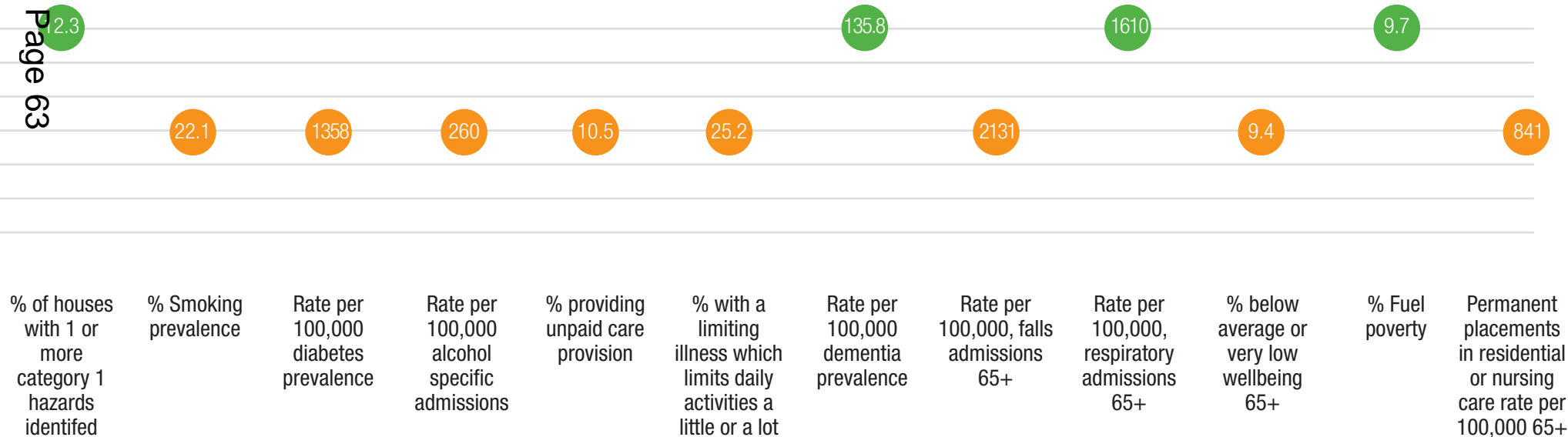
5 yr annualised uptake of **cardiovascular disease health check** of those eligible



● This is better than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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% of houses with 1 or more category 1 hazards identified



% Smoking prevalence



Rate per 100,000 diabetes prevalence

Rate per 100,000 alcohol specific admissions

% providing unpaid care provision



% with a limiting illness which limits daily activities a little or a lot

Rate per 100,000 dementia prevalence



Rate per 100,000 falls admissions 65+

Rate per 100,000, respiratory admissions 65+



% below average or very low wellbeing 65+

% Fuel poverty



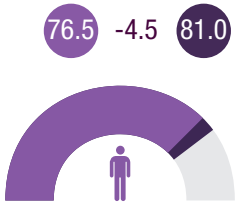
Permanent placements in residential or nursing care rate per 100,000 65+

Your ward at a glance:  
**Park**



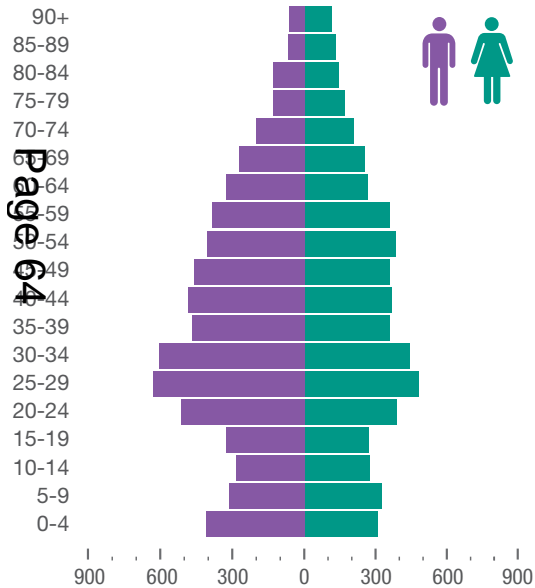
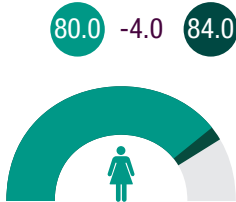
Male

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

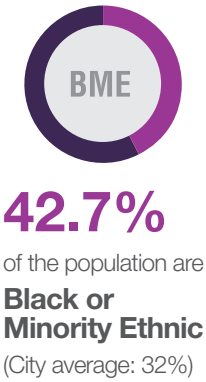


Female

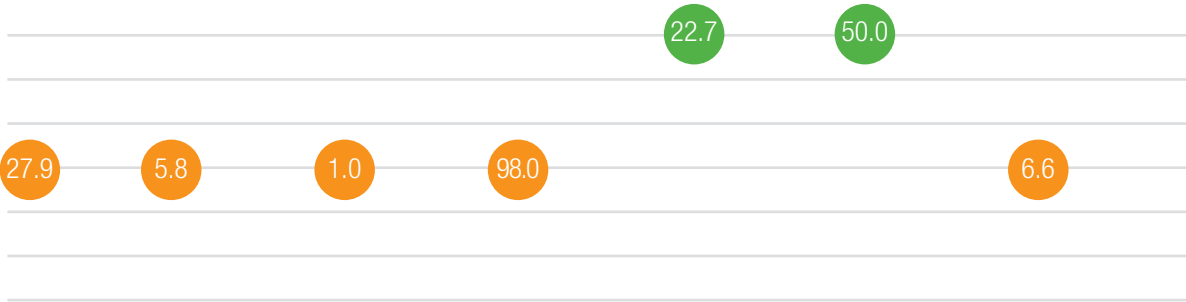
- Life expectancy (years)
- Vision 2030 (years)



Total population  
**12,480**



What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

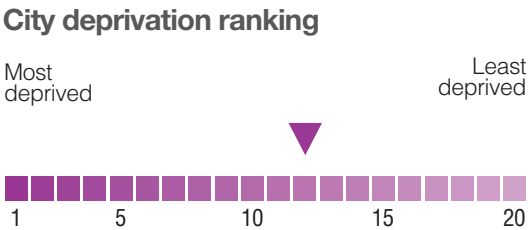
% Obese  
year 6

% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits



**20.2%**  
Children  
living in  
poverty



**4.7%**16/17 yrs **not in employment, education or training** or status unknown

● This is worse than the city average

**58.6%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**37.3%**of households are **private rented**

● This is worse than the city average

**44.1%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

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17.3

18.6

1822

391

1488

10.3

1676

21.9

462

306.6

14.6

16.2

% of houses with 1 or more category 1 hazards identified

% Smoking prevalence

Rate per 100,000 diabetes prevalence

Rate per 100,000 alcohol specific admissions

% providing unpaid care provision

% with a limiting illness which limits daily activities a little or a lot

Rate per 100,000 dementia prevalence

Rate per 100,000, falls admissions 65+

Rate per 100,000, respiratory admissions 65+

% below average or very low wellbeing 65+

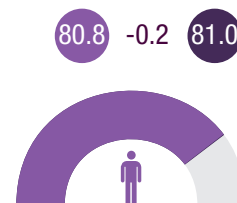
% Fuel poverty

Permanent placements in residential or nursing care rate per 100,000 65+

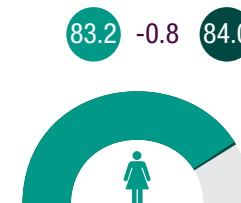


Your ward at a glance:  
**Penn****Male**

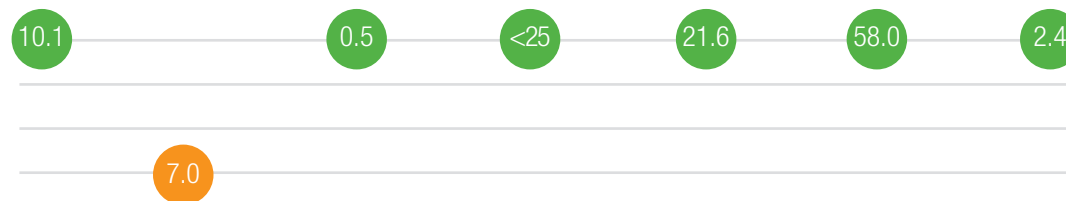
- Life expectancy (years)
- Vision 2030 (years)

**Female**

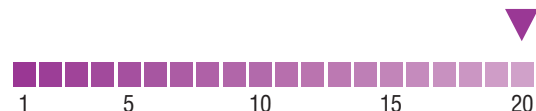
- Life expectancy (years)
- Vision 2030 (years)

**Total population****12,508****33.0%**

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

**What is life like in your ward?**Under 18  
conception  
rate  
per 1,000Infant  
mortality  
rate  
per 1,000Oral health-  
mean dmft  
in children  
aged 5Children &  
young people  
in care rate  
per 10,000% Obese  
year 6% achieving  
a 9-5 English  
and Maths  
GCSE% Unemployed  
– those  
claiming  
benefits**10.4%**

**Children  
living in  
poverty**

**City deprivation ranking**Most  
deprivedLeast  
deprived

1.9%

16/17 yrs **not in employment, education or training** or status unknown



● This is better than the city average



48.1%

Satisfied or fairly satisfied with **neighbourhood**

● This is worse than the city average



7.7%

of households are **private rented**

● This is better than the city average

26.1%

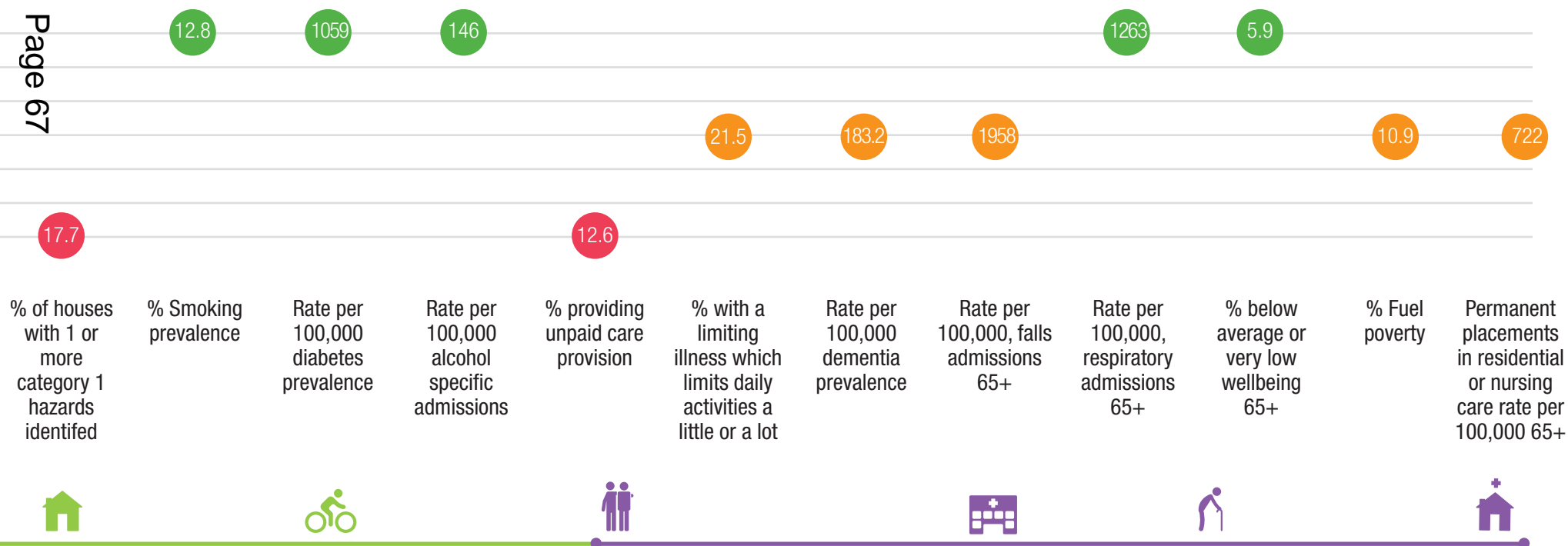
5 yr annualised uptake of **cardiovascular disease health check** of those eligible



● This is worse than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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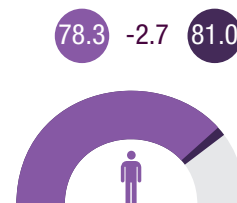


## Your ward at a glance: Spring Vale



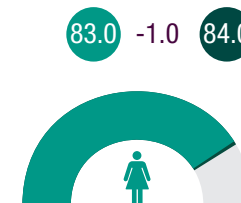
### Male

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



### Female

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

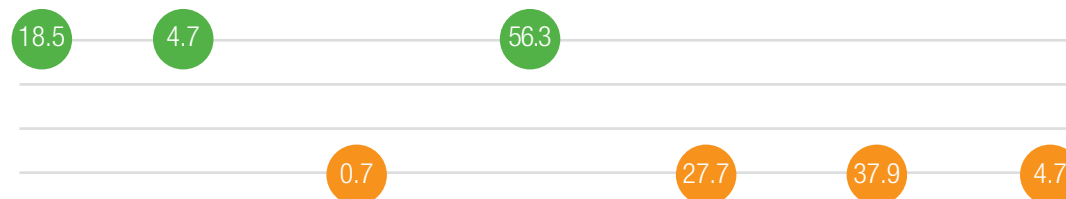


Total  
population  
**12,054**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

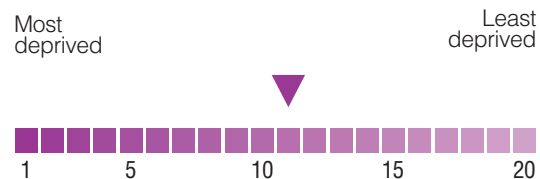
% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits



**22.3%**  
**Children  
living in  
poverty**

### City deprivation ranking



**2.8%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**58.7%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**9.1%**of households are **private rented**

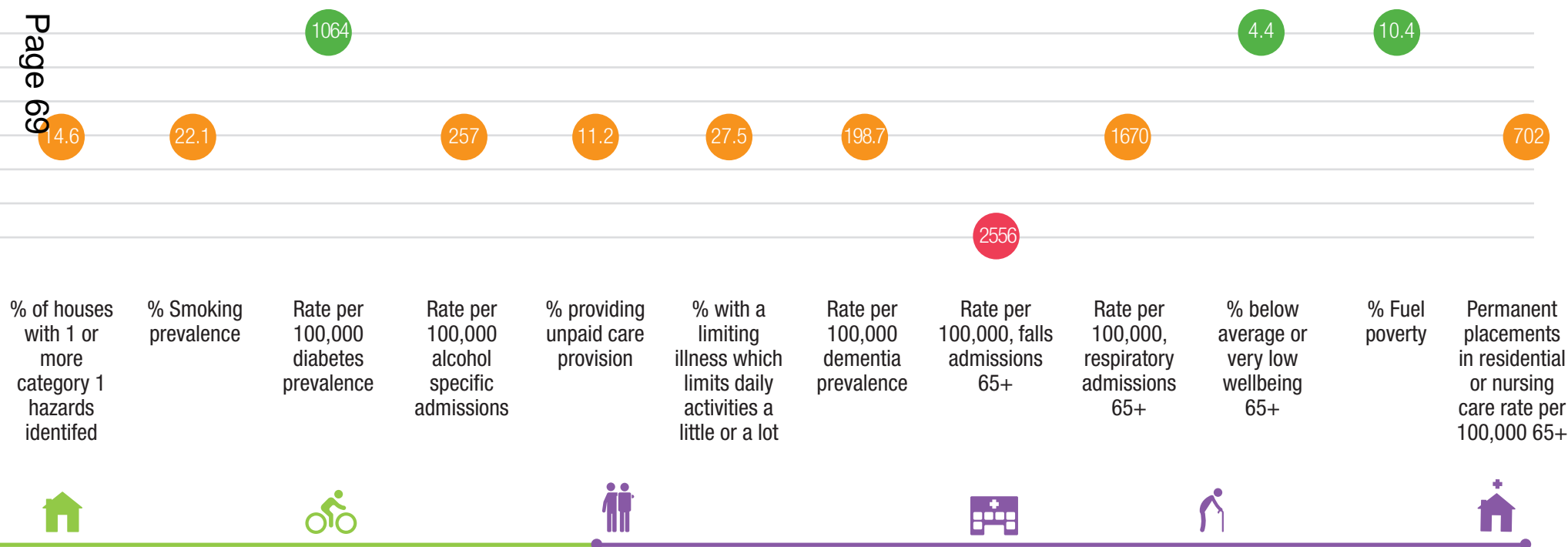
● This is close to the city average

**59.0%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

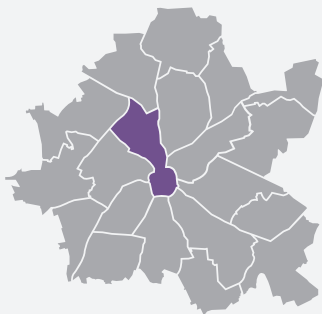
● This is better than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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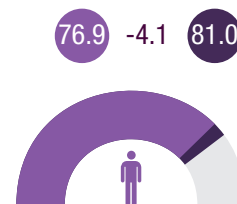


## Your ward at a glance: St Peter's



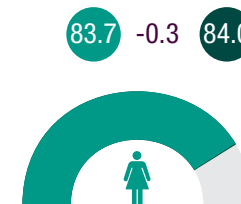
### Male

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



### Female

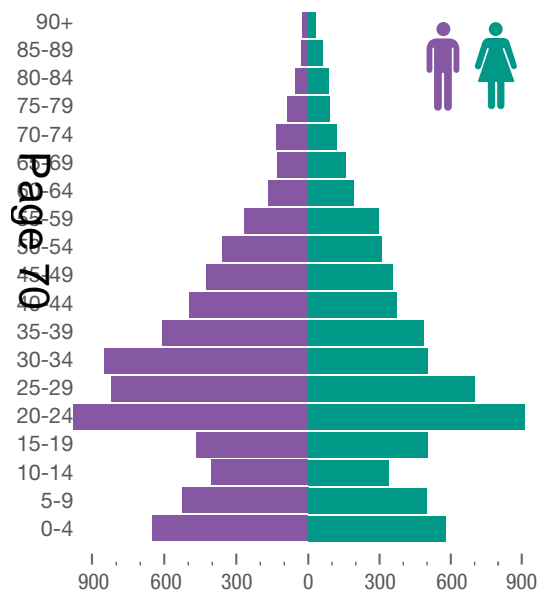
- Life expectancy (years)
- Vision 2030 (years)



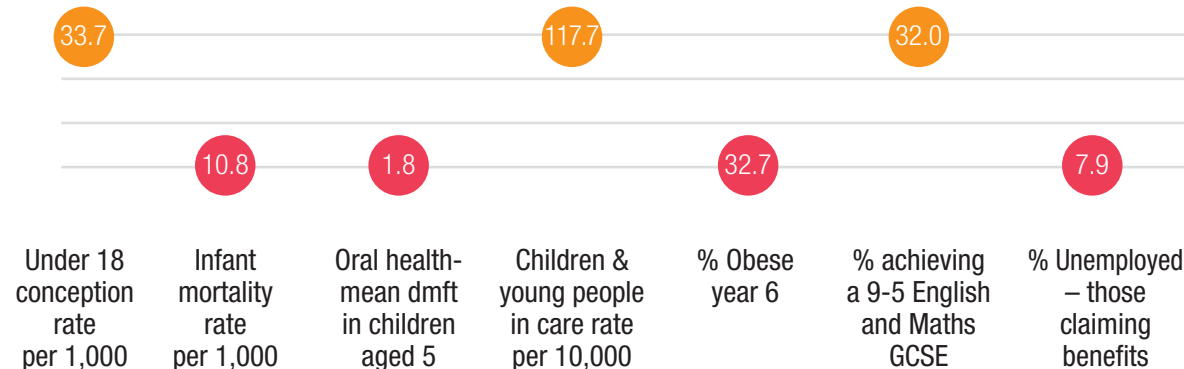
Total  
population  
**14,044**



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

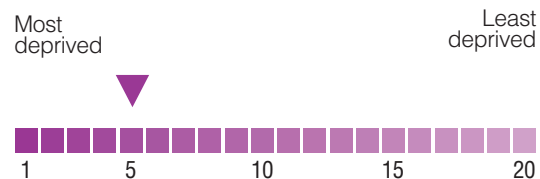


## What is life like in your ward?



**34.0%**  
**Children  
living in  
poverty**

### City deprivation ranking



7.7%

16/17 yrs **not in employment, education or training** or status unknown



● This is worse than the city average



67.8%

Satisfied or fairly satisfied with **neighbourhood**

● This is better than the city average



40.0%

of households are **private rented**

● This is worse than the city average

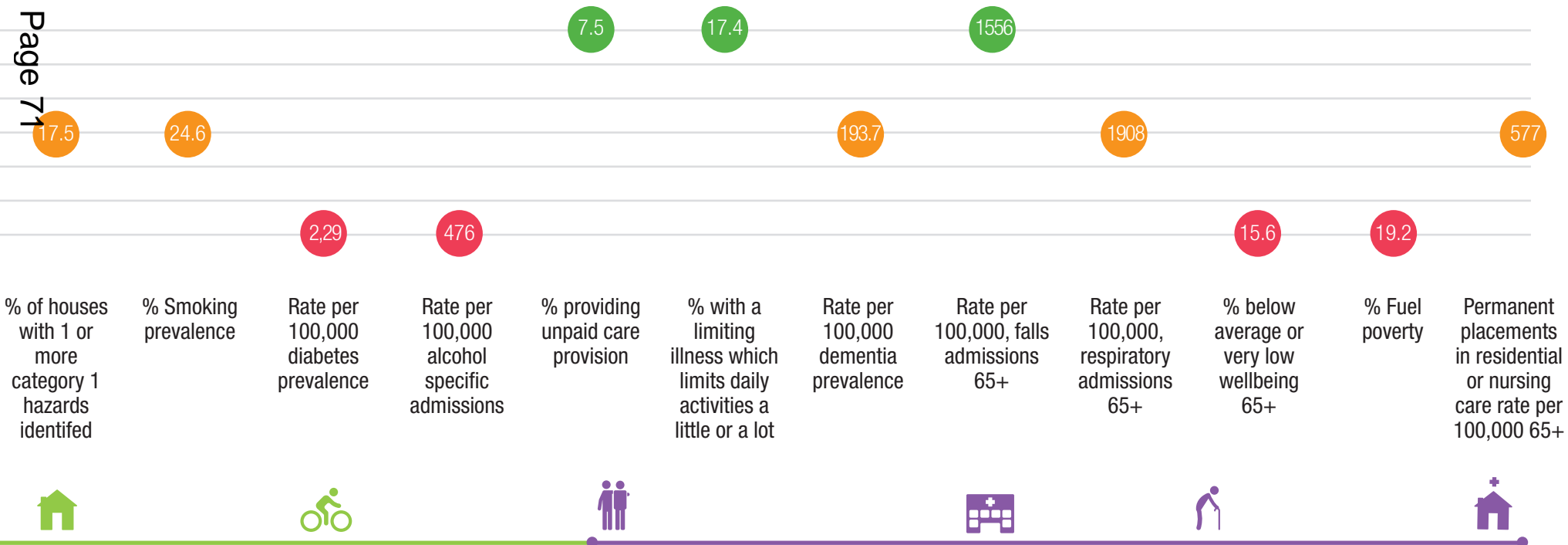
33.3%

5 yr annualised uptake of **cardiovascular disease health check** of those eligible



● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

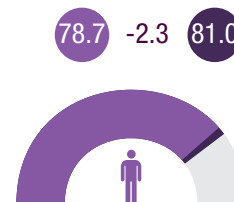


## Your ward at a glance: Tettenhall Regis



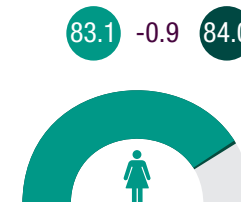
### Male

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



### Female

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

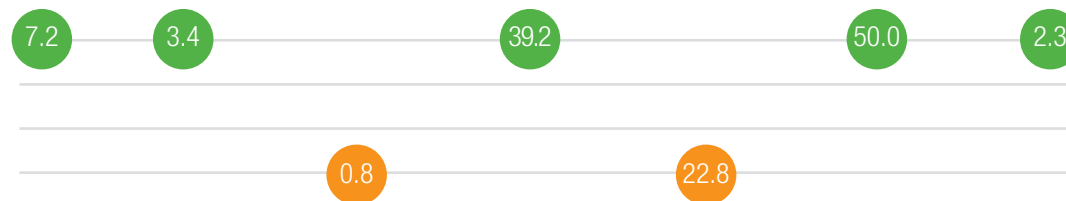


Total  
population  
**11,820**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

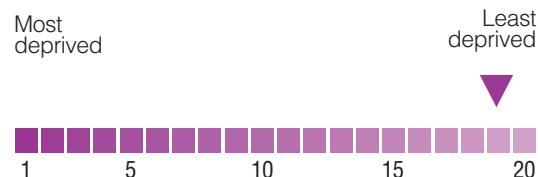
% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits



**10.4%**  
Children  
living in  
poverty

### City deprivation ranking





**0.4%**16/17 yrs **not in employment, education or training** or status unknown

● This is better than the city average

**37.7%**Satisfied or fairly satisfied with **neighbourhood**

● This is worse than the city average

**9.0%**of households are **private rented**

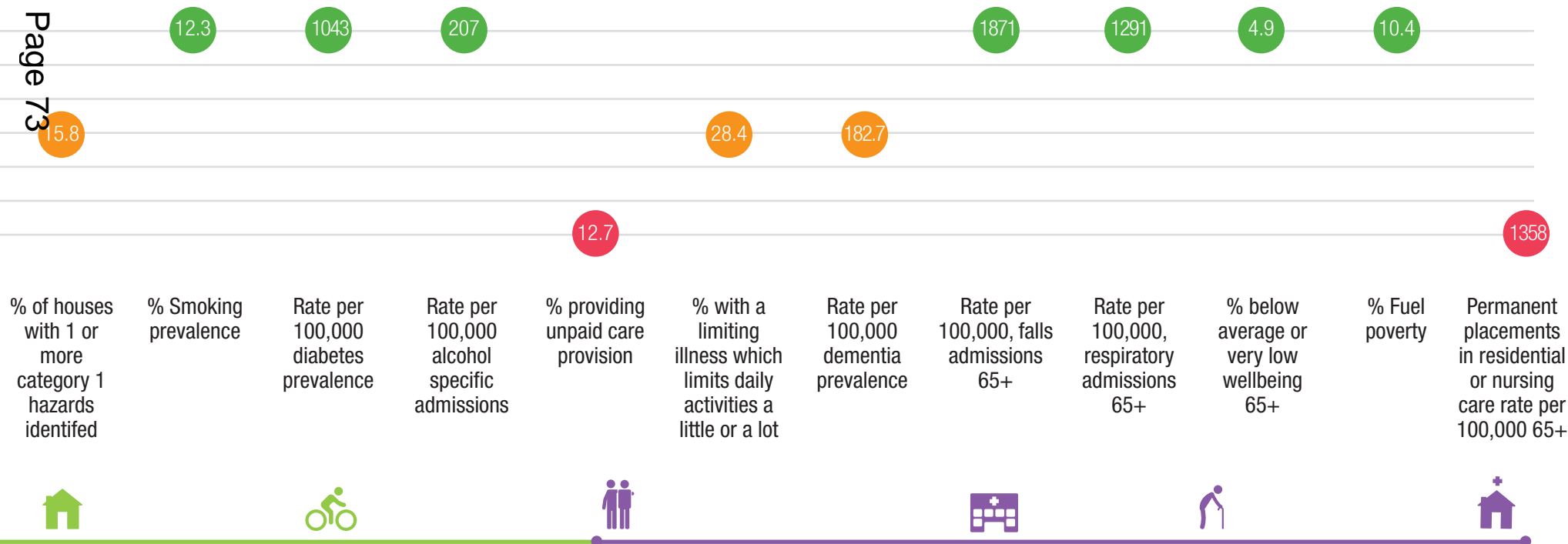
● This is close to the city average

**51.9%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

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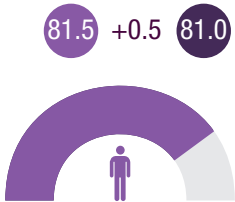


Your ward at a glance:  
**Tettenhall Wightwick**



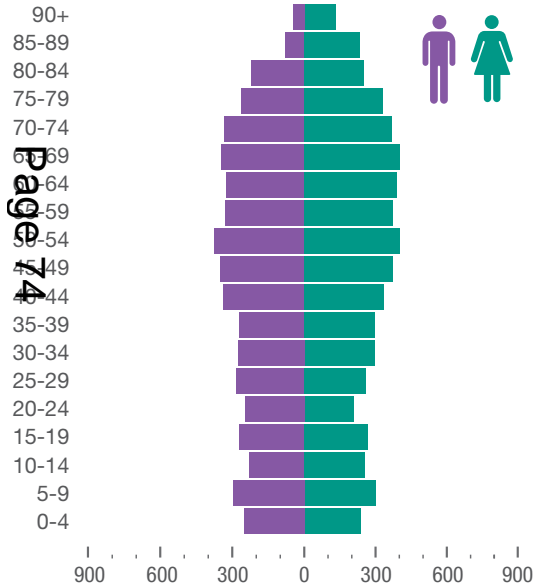
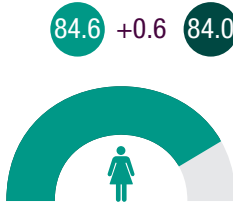
**Male**

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



**Female**

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



Total population  
**10,946**



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

What is life like in your ward?



Under 18 conception rate per 1,000

Infant mortality rate per 1,000

Oral health-mean dmft in children aged 5

Children & young people in care rate per 10,000

% Obese year 6

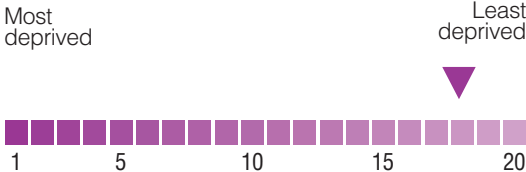
% achieving a 9-5 English and Maths GCSE

% Unemployed – those claiming benefits



**13.0%**  
Children living in poverty

**City deprivation ranking**



**1.8%**16/17 yrs **not in employment, education or training** or status unknown

● This is better than the city average

**50.5%**Satisfied or fairly satisfied with **neighbourhood**

● This is worse than the city average

**10.8%**of households are **private rented**

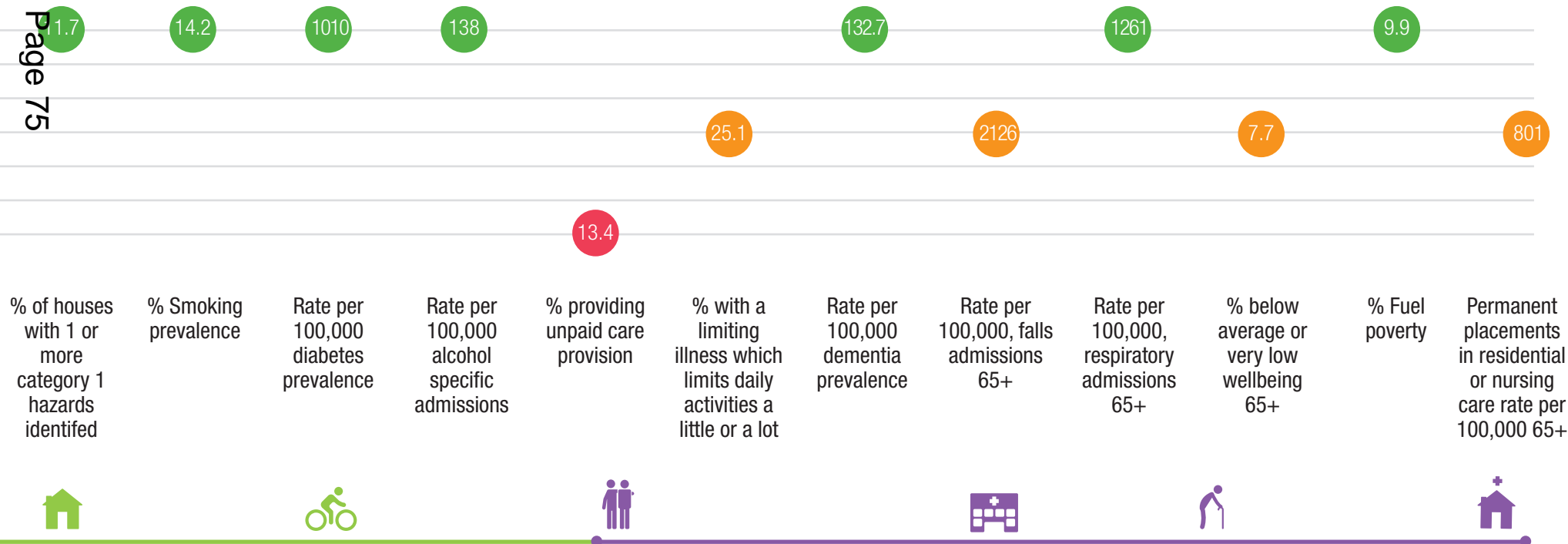
● This is close to the city average

**34.1%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

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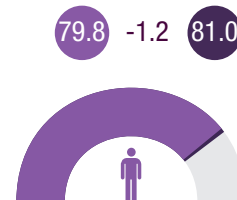


## Your ward at a glance: Wednesfield North



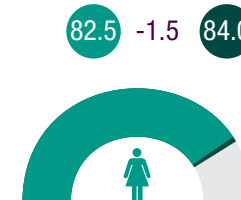
### Male

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

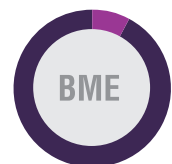


### Female

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

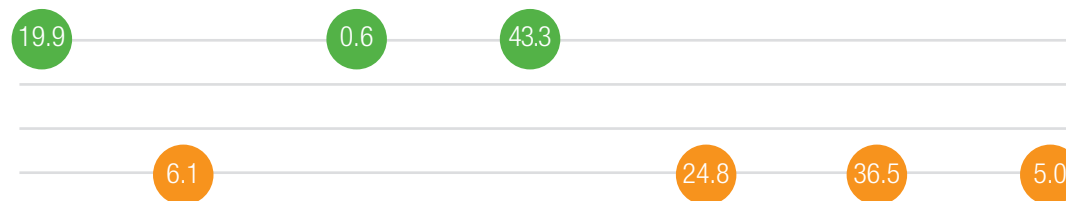


Total population  
**11,019**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

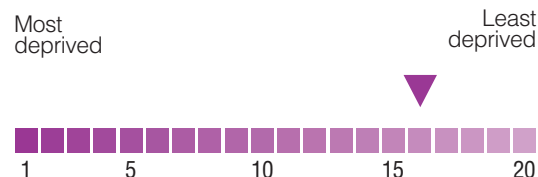
% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits



**18.5%**  
Children  
living in  
poverty

### City deprivation ranking



**3.4%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**64.8%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**6.5%**of households are **private rented**

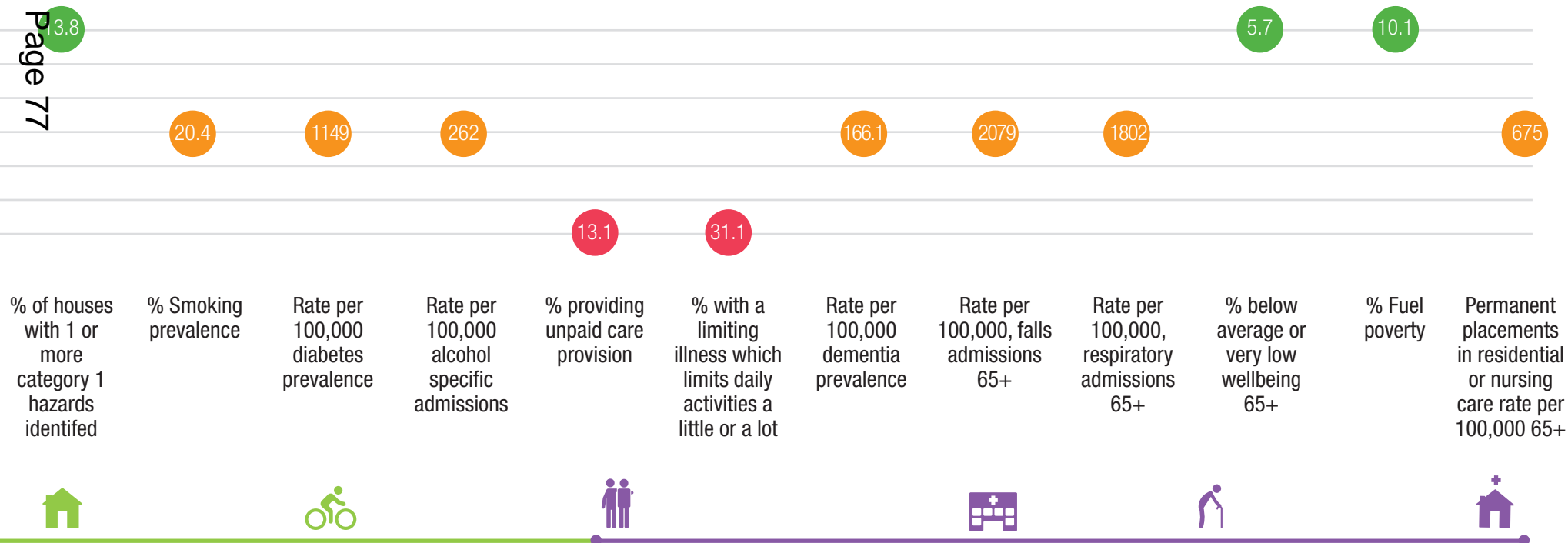
● This is better than the city average

**24.2%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is worse than the city average

Key: Compared to city average ● Worse ● Similar ● Better

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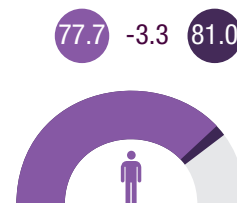


## Your ward at a glance: Wednesfield South



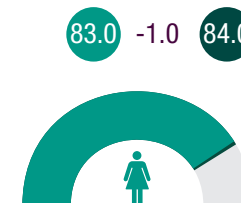
### Male

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



### Female

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

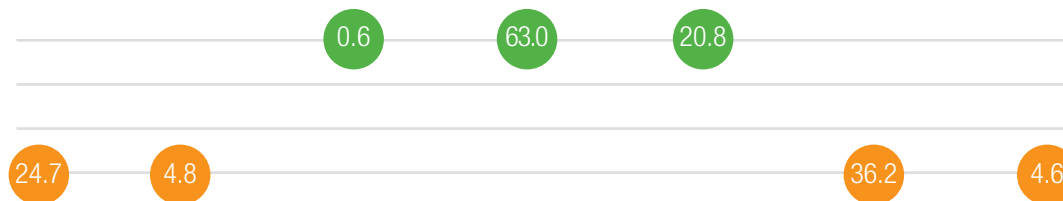


Total  
population  
**11,510**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

Infant  
mortality  
rate  
per 1,000

Oral health-  
mean dmft  
in children  
aged 5

Children &  
young people  
in care rate  
per 10,000

% Obese  
year 6

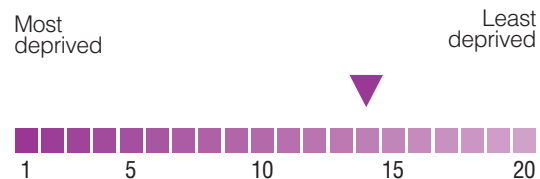
% achieving  
a 9-5 English  
and Maths  
GCSE

% Unemployed  
– those  
claiming  
benefits



**25.2%**  
Children  
living in  
poverty

### City deprivation ranking





**2.7%**16/17 yrs **not in employment, education or training** or status unknown

● This is close to the city average

**61.1%**Satisfied or fairly satisfied with **neighbourhood**

● This is close to the city average

**14.3%**of households are **private rented**

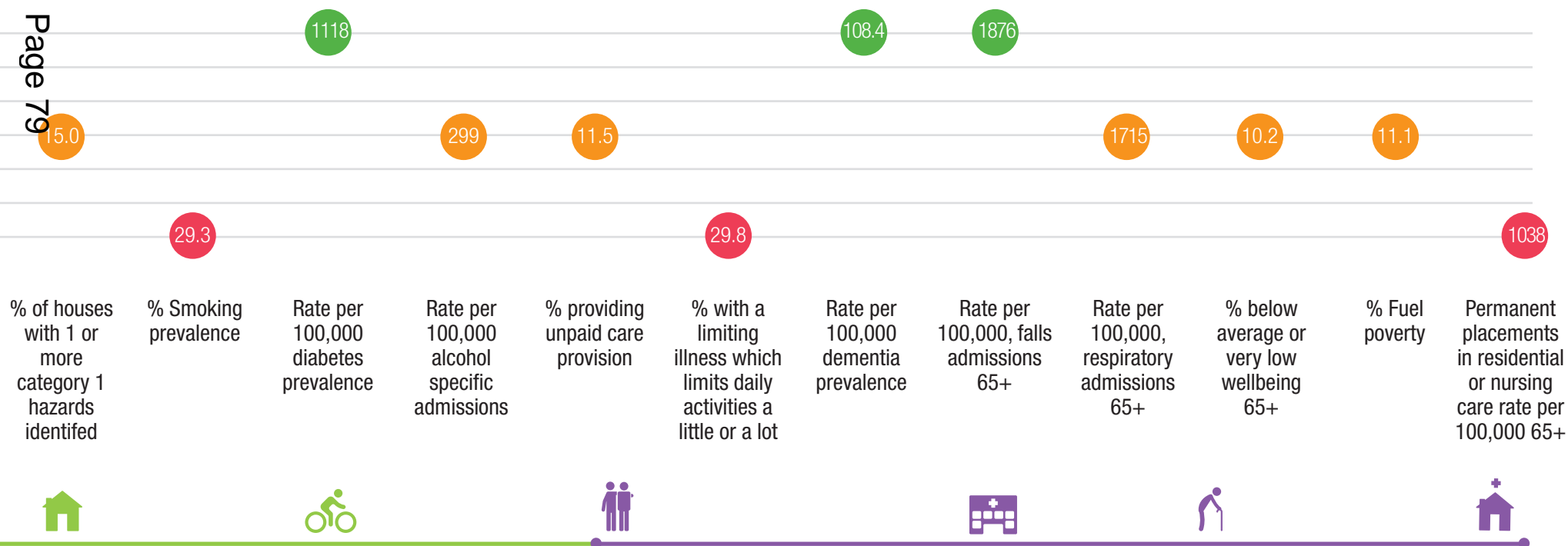
● This is close to the city average

**34.9%**5 yr annualised uptake of **cardiovascular disease health check** of those eligible

● This is close to the city average

Key: Compared to city average ● Worse ● Similar ● Better

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## Conclusion

In the last year we have made significant progress in tackling challenging public health issues by working collaboratively with partners to improve delivery of the Healthy Child Programme, NHS Health Checks and Sexual Health services.

Our innovative approach to system leadership and population health management have also helped to strengthen the strategic focus on keeping people living and aging well in our communities and preventing illness before it occurs.

Embedding health and wellbeing within the new Council Plan has strengthened our ambitions to ensure that everything we do as a Council is orientated towards an inclusive approach to promoting the holistic wellbeing of people living in the City.

Targeting resources where they are needed the most by taking a place-based approach will help us continue to work with communities and empower residents to have the capacity and capability to make a real difference to the neighbourhoods where they and their families live.

Reducing health inequalities will continue to be a driving force behind the work we do with strategic partners to create a fairer society and a City that is vibrant and health promoting.

We know there is much to do, and that many of the challenges to improving the lives of people will require innovation in the way we work with strategic partners and wider stakeholders to make a significant and tangible improvements in health outcomes over the coming year. As a public health Council, we will continue to strive to ensure that everyone in the City lives healthier, longer and more fulfilling lives.

## Further information

For more information visit:

**The vision for Public Health 2030**

[www.wolverhampton.gov.uk/public-health-vision](http://www.wolverhampton.gov.uk/public-health-vision)

**Our Council Plan 2019 – 2024**

[www.wolverhampton.gov.uk/council-plan](http://www.wolverhampton.gov.uk/council-plan)

**Joint Health & Wellbeing Strategy 2018 - 2023**

[www.wolverhampton.gov.uk/wellbeing-strategy](http://www.wolverhampton.gov.uk/wellbeing-strategy)

**Public Health Outcomes Framework**

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

You can get this information in large print, braille,  
audio or in another language by calling 01902 551155

**wolverhampton.gov.uk** 01902 551155

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Wolverhampton WV1 1SH