Health and Wellbeing Together
21 June 2023

Time 10.00 am **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 3 - 3rd Floor - Civic Centre

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Adults and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country ICB
Professor Farzad Amirabdollahian	University of Wolverhampton
Emma Bennett	Executive Director of Families
Councillor Ian Brookfield	Leader of the Council
Councillor Chris Burden	Cabinet Member for Children, Young People and Education
Ian Darch	Wolverhampton Voluntary and Community Action
John Denley	Director of Public Health
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police and Wolverhampton Safeguarding Together Independent Chair
Marsha Foster	Chief Executive, Black Country Healthcare NHS Foundation Trust
Sheila Gill	Healthwatch Wolverhampton
Lynsey Kelly	Head of Communities
Jenny Lewington	Deputy Director of City Housing
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Samantha Samuels	Group Commander Operations North, West Midlands Fire Service
Laura Thomas	Third Sector Partnership
Siân Thomas	OneWolverhampton Representative
Councillor Wendy Thompson	Opposition Leader
Becky Wilkinson	Director of Adult Social Services

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

1 **Apologies for absence**

2 **Notification of substitute members**

3 **Declarations of interest**

4 **Minutes of the previous meeting** (Pages 5 - 10)
[To approve the minutes of the previous meeting as a correct record.]

5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]

6 **Health and Wellbeing Together Forward Plan 2023 - 2024** (Pages 11 - 16)
[To receive the Health and Wellbeing Together Forward Plan 2023 - 2024.]

ITEMS FOR DISCUSSION OR DECISION- PART 2

7 **Wolverhampton Joint Local Health and Wellbeing Strategy 2023- 2028** (Pages 17 - 56)
[To approve the Wolverhampton Joint Local Health and Wellbeing Strategy 2023-2028.]

8 **Development of the Wolverhampton Integrated Commissioning Committee** (Pages 57 - 64)
[To receive the Terms of Reference for the Wolverhampton Integrated Commissioning Committee.]

9 **Family Hubs and Start for Life Programme** (Pages 65 - 80)
[To receive a presentation providing an overview of the Start for Life Offer.]

10 **Physical Inactivity Needs Assessment**
[To receive a presentation outlining the outcomes from the Physical Inactivity Needs Assessment.]

11 **Adult Mental Health Joint Strategic Needs Assessment Update** (Pages 81 - 152)
[To receive an overview of the findings of the Adult Mental Health Joint Strategic Needs Assessment.]

12 **Other Urgent Business**
[To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.]

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Agenda Item No: 4

Health and Wellbeing Together
Minutes - 26 April 2023

Attendance

Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Adults and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country ICB
Professor Farzad Amirabdollahian	University of Wolverhampton
Emma Bennett	Executive Director of Families
Laura Brookes	Black Country Healthcare Partnership Foundation Trust
John Denley	Director of Public Health
Chief Superintendent Richard Fisher	West Midlands Police
Sheila Gill	Healthwatch Wolverhampton
Lynsey Kelly [v]	Head of Communities (Public Health)
Councillor Linda Leach [v]	Cabinet Member for Adults
Professor David Loughton CBE [v]	Royal Wolverhampton NHS Trust
Councillor Wendy Thompson [v]	Opposition Leader
Julie Winpenny	West Midlands Fire Service

In Attendance

Dr Jamie Annakin	Principal Public Health Specialist
Madeleine Freewood	Public Health Partnership and Governance Lead
Shelley Humphries	Democratic Services Officer
Chief Superintendent Kim Madill	West Midlands Police
Dr Kate Warren	Consultant in Public Health

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence**
Apologies were received from Councillor Ian Brookfield, Councillor Beverley Momenabadi, Marsha Foster, Becky Wilkinson and Group Commander Samantha Samuels.

2 **Notification of substitute members**
Laura Brookes attended for Marsha Foster, Julie Winpenny attended for Group Commander Samantha Samuels and Madeleine Freewood attended in person for Lynsey Kelly.

Stephen Dodd attended remotely for Ian Darch.

3 **Declarations of interest**

There were no declarations of interest.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 18 January 2023 be approved as a correct record.

5 **Matters arising**

There were no matters arising from the minutes of the previous meeting.

6 **Health and Wellbeing Together Forward Plan 2023 - 2024**

Madeleine Freewood, Public Health Partnership and Governance Lead presented the Health and Wellbeing Together Forward Plan 2023 – 2024 and highlighted future agenda items.

Board members were invited to suggest items for presentation at future meetings by contacting either the Chair, Madeleine Freewood or Democratic Services.

Paul Tulley, Black Country ICB reported that engagement was ongoing for the ICB's draft Joint Forward Plan however the next full Board meeting of Health and Wellbeing Together was scheduled for after the NHS submission deadline. It was therefore proposed that Board members would be contacted shortly for feedback on the ICB Joint Forward Plan.

It was suggested than an item be explored around how Health and Wellbeing Together fitted around the NHS in terms of placed-based arrangements.

Sheila Gill, Healthwatch Wolverhampton offered a reminder that the Healthwatch Annual Report was in the pipeline to be scheduled when ready.

Resolved:

That the Health and Wellbeing Together Forward Plan 2023 – 2024 be noted and requested items scheduled.

7 **Health Inequalities Dashboard Deep Dive: RWT Health Inequalities Steering Group Update**

Dr Kate Warren, Consultant in Public Health delivered the presentation for the Health Inequalities Dashboard Deep Dive: Royal Wolverhampton NHS Trust Health Inequalities Steering Group Update. The presentation outlined the work and aims of the group to identify and address health inequalities and barriers to accessing healthcare within the City.

A special mention was made of the Learning Disability Nurses team and the Equality, Diversity and Inclusion (EDI) Midwife for their work to provide support to vulnerable groups who would otherwise struggle to access the healthcare they needed.

It was highlighted that many residents, particularly ethnic groups or generally younger groups, were at risk of not attending appointments (known as DNA or 'did not attend'). A scheme for identifying and removing possible barriers preventing people from attending was being piloted within the ophthalmology service and it was proposed that outcomes from this be provided to Health and Wellbeing Together once available.

It was acknowledged that it had been a number of years since Consultant in Public Health, Dr Kate Warren had begun working closely with the Royal Wolverhampton NHS Trust (RWT) and that the partnership had been successful; thanks were extended to John Denley, Director of Public Health for the support of his team. Thanks were reciprocated for the partnership work of the RWT, as well as initiatives introduced by Professor David Loughton CBE to support RWT staff in response to the ongoing cost of living crisis.

In response to a query around Royal Wolverhampton NHS Trust Board meetings, it was confirmed that meetings were accessible to the public and public questions were welcomed. Meetings were still being held remotely but discussions were ongoing on how to return to face to face, hopefully for the June 2023 meeting.

Resolved:

1. That the Health Inequalities Dashboard Deep Dive: RWT Health Inequalities Steering Group Update be received.
2. That an update on the progress of the Ophthalmology pilot scheme for addressing appointment non-attendance be scheduled on the Health and Wellbeing Together Forward Plan.

8 **Draft Proposal for the Prevention Concordat for Better Mental Health**

Dr Jamie Annakin, Principal Public Health Specialist delivered the presentation outlining the Draft Proposal for the Prevention Concordat for Better Mental Health, which included an overview of the benefits, commitments and other implications of becoming a signatory.

It was outlined that signing the national Prevention Concordat for Better Mental Health was a commitment from system leaders to work to prevent mental health problems and promote good mental health and wellbeing.

It was outlined that, to be recognised as a signatory, applicants were also required to agree to the Prevention Concordat Consensus Statement as well as committing to producing a five-domain action plan.

Laura Brookes, Black Country Healthcare Foundation Trust expressed support for the proposals as the priorities aligned with those of the Trust as the Black Country's lead mental health service provider. This support was echoed by several other Board members attending.

The purpose of the Concordat was queried as partners already worked well together. The already strong partnerships forged within the City were acknowledged, however it was felt that joining the Concordat would cement this further with a focus on addressing mental health together.

It was noted that there had been some good joint work during the Better Mental Health Programme 2021-2022, specifically around suicide prevention awareness and training, and support for groups disproportionately impacted by COVID-19 however concerns were raised over delays reported by residents in accessing mental health services. It was noted that the work being undertaken around the Mental Health Joint Strategic Needs Assessment sought to better understand challenges around accessing mental health support.

In response to a query around how to organise delivery, it was deliberated whether this could be done via OneWolverhampton.

Partners were encouraged to consider what signing the Concordat would mean for them. In response to a query about whether partners were expected to sign separately, it was confirmed Health and Wellbeing Together would be signing as a collective although partners would also be agreeing to adopt and embed priorities within their individual organisations.

It was agreed to progress the expression of interest for Health and Wellbeing Together to become a signatory.

Resolved:

That Health and Wellbeing Together agree to progress an expression of interest in becoming a signatory of the national Prevention Concordat for Better Mental Health.

9 **Right Care, Right Person - West Midlands Police Local Context**

Chief Superintendent Kim Madill, West Midlands Police delivered the presentation outlining Right Care, Right Person - West Midlands Police Local Context. The presentation sought to inform Health and Wellbeing Together of the plans being developed to adopt the ‘Right Care, Right Person’ approach.

It was reported that police had been responding to many calls where they found they could not assist due to not having the specific skill set or the appropriate legal powers to act. This also led to officers being detained from incidents where police intervention was necessary.

It was outlined that the ambition for the proposed approach was to provide emergency call handlers with skills to assess a situation and determine the most appropriate response or signpost callers to other services and partner organisations.

A discussion followed during which partners made a number of suggestions and observations.

It was recognised that it took time to embed change and to consider what would be in place to avoid residents being placed at risk whilst training and communications on the new approach were being rolled out.

Stephen Dodd, Wolverhampton Voluntary and Community Action offered support in terms of identifying volunteer and social prescribing services to signpost non-urgent calls to.

The point was raised to consider what would happen if a participating partner did not have sufficient resources to respond or if they disagreed that a matter was within their scope.

It was suggested the scheme would need governance setting out details of responsibilities and expectations and how stakeholder responses would be coordinated.

It was considered how to address patient confidentiality being a potential barrier to accessing necessary information about the people involved in certain situations, which may lead to misinterpretation of events.

Professor Farzad Amirabdollahian, University of Wolverhampton suggested the appliance of machine learning to matching callers with the right services by analysing existing call and response data and offered to assist with this.

It was suggested to be mindful of what legal powers were available to participating partners in relation to right of entry to properties or detaining people under the mental health act, as well as under what circumstances they could be exercised.

It was noted that further development and consultation was planned, and the Board was thanked for its input.

Resolved:

That the Right Care, Right Person - West Midlands Police Local Context be received.

10 **Board Governance Review: Updated Terms of Reference**

Madeleine Freewood, Public Health Partnership and Governance Lead presented the Board Governance Review: Updated Terms of Reference for Health and Wellbeing Together and highlighted key points.

The report provided Health and Wellbeing Together with an updated Terms of Reference for approval following the creation of the Black Country Integrated Care System.

It was highlighted that in addition to the existing membership, it was proposed to invite representatives from the Better Homes Board and OneWolverhampton as members as well as extending invitations to representatives from the Local Pharmaceutical Committee and West Midlands Care Association as observers.

A query was raised around the Primary Care Trust and it was reported that, at present, there was an established link via the Primary Care Delivery Group which reported to OneWolverhampton.

It was suggested that the first meeting of the municipal year was to be extended to accommodate the annual workshop which would focus on the relationships between Health and Wellbeing Together and OneWolverhampton as well as incorporating discussions on the physical inactivity priority.

Resolved:

That the updated Terms of Reference for the Health and Wellbeing Together Board be approved.

11 **Other Urgent Business**

There was no other urgent business.

Agenda Item No: 6

Health and Wellbeing Together
21 June 2023

Report title	Health and Wellbeing Together Forward Plan 2023 - 2024
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Adults and Wellbeing
Wards affected	All wards
Accountable director	John Denley, Director of Public Health
Originating service	Governance
Accountable employee	Shelley Humphries — Democratic Services Officer Tel — 01902 554070 Email — shelley.humphries@wolverhampton.gov.uk

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Recommendation for noting:

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2023 – 2024.

1.0 Purpose

1.1 To present the Forward Plan to Health and Wellbeing Together for comment and discussion in order to jointly plan and prioritise future agenda items for the Executive Group and Full Board.

1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Health and Wellbeing Together Full Board and Executive Group – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

2.0 Background

2.1 As agreed at the meeting of the Full Board in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of items for partners to manage.

3.0 Financial implications

3.1 There are no direct financial implications arising from this report.

4.0 Legal implications

4.1 There are no direct legal implications arising from this report.

5.0 Equalities implications

5.1 None arising directly from this report.

6.0 All other implications

Health and Wellbeing implications

6.1 The health and wellbeing implications of each matter will be detailed in each individual report submitted to the Group.

7.0 Schedule of background papers

7.1 Minutes of previous meetings of the Health and Wellbeing Together Full Board and Executive Group regarding the forward planning of agenda items.

7.2 Agenda Item Request Forms.

Health and Wellbeing Together: Forward Plan

Last updated: June 2023

Health and Wellbeing Together is comprised of a Full Board and an Executive group.

Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

KEY

Items in red are new or amended from the previous version.

Items in **bold** are regular or standing items.

[E] Executive

[FB] Full Board meeting

Date	Title	Partner Org/Author	Format	Notes/Comments
FB: 21 June 2023	Wolverhampton Joint Local Health and Wellbeing Strategy 2023-2028	Madeleine Freewood, CWC	Strategy	
	Development of the Wolverhampton Integrated Commissioning Committee	Becky Wilkinson, CWC	Report	
	Starting and Growing Well: Family Hubs and Start for Life Programme	Alison Hinds and Nicola Harris, CWC	Update	
	Wolverhampton Moving More: Physical Inactivity Needs Assessment	Richard Welch, CWC and Hettie Pigott, CWC	Presentation	
	Adult Mental Health and Suicide Prevention Needs Assessment	Dr Jamie Annakin, CWC and Parpinder Singh, CWC	Findings and Recommendations	
E: 27 July 2023	West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
	Safer Wolverhampton Partnership Strategy Consultation	Ruth Worsey, CWC		
	Bilston Health and Wellbeing Facility	Julia Nock, CWC	Presentation	

Date	Title	Partner Org/Author	Format	Notes/Comments
FB:13 Sep 2023	Domestic Abuse Strategy	Clare Reardon / Emily Rowley, CWC	Stakeholder Engagement	
E: 23 October 2023	West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
FB: 7 Dec 2023				
E: 29 Jan 2024	West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
FB: 13 March 2024				
E: 22 April 2024	West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item

Date	Title	Partner Org/Author	Format	Notes/Comments
	Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
To be Scheduled	Joint Public Mental Health and Wellbeing Strategy	Dr Jamie Annakin, CWC		[Sept/ October 2023]
	Suicide Prevention Strategy	Parpinder Singh, CWC		[Sept/ October 2023]
	Getting Wolverhampton Moving More Strategy	Richard Welch, CWC	Strategy	
	Healthwatch Annual Report	TBC, Healthwatch Wolverhampton	Annual Report	
	Public Health Annual Report	John Denley, CWC	Annual Report	

Agenda Item No: 7

Health and Wellbeing Together

21 June 2023

Report title	Wolverhampton Joint Local Health and Wellbeing Strategy 2023 - 2028
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Adults and Wellbeing
Wards affected	All wards
Accountable director	John Denley, Director of Public Health
Originating service	Public Health
Accountable employee	Madeleine Freewood — Partnership and Governance Lead Email — madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	Strategic Executive Board — 30 May 2023 OneWolverhampton Executive — 05 June 2023 Wolverhampton Place Development Senior Management Team Meeting — 07 June 2023

Recommendations for decision:

Health and Wellbeing Together is recommended to:

1. Approve the Wolverhampton Joint Local Health and Wellbeing Strategy 2023 - 2028.
2. Endorse the proposal to hold a Board development session to support strategy implementation.

1.0 Purpose

1.1 To present Health and Wellbeing Together with the Joint Local Health and Wellbeing Strategy 2023-2028 for approval. This will set the strategic direction for the Board over the next five years.

2.0 Background

2.1 Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to work collectively to reduce health inequalities, support the development of improved and joined up health and social care services and set the strategic direction to improve the health and wellbeing of the local population. It is the name given to the City of Wolverhampton Health and Wellbeing Board, a statutory board established under the Health and Social Care Act 2012.

2.2 The Board is responsible for publishing a Joint Local Health and Wellbeing Strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of the local population and how identified needs in the Joint Strategic Needs Assessment and other needs assessments will be addressed.

3.0 Joint Local Health and Wellbeing Strategy 2023-2028

3.1 The JLHWS for 2023-2028 is a partnership strategy. Public consultation through a range of activities including the City Lifestyle Survey, Health Related Behaviour Survey, Safety of Women and Girls Survey, and Mental Health and Wellbeing Survey, alongside local intelligence and other community data and feedback has helped shape and define the priority areas in the strategy. These are starting and growing well, reducing addiction harm and getting Wolverhampton moving. The Board's role as system leaders in coordinating and maintaining strategic oversight of activity to improve quality and access of care and promoting mental health and wellbeing is also detailed. A collective commitment to address health inequalities is presented throughout the document.

3.2 Following strategy launch it is proposed to hold a Health and Wellbeing Together development session to support strategy implementation.

4.0 Financial implications

4.1 There are no direct financial implications as funding for activity will be met from existing budgets.
[JM/07062023/L]

5.0 Legal implications

5.1 Health and Wellbeing Boards have a duty to publish and implement at Joint Local Health and Wellbeing Strategy for their locality in line with the Health and Social Care Act 2012 and subsequent national guidance.
[TC/12062023/C]

6.0 Equalities implications

6.1 The Board has adopted a set of guiding principles to support a joined-up approach to tackling health inequalities and these are detailed in the Strategy.

7.0 Health and Wellbeing implications

7.1 A range of different factors shape health and wellbeing, for example, where people live, education, income, job role, lifestyles, access to green spaces, and connections with other people. The JLHWS sets out the role of the Board in addressing these wider determinants of health and coordinating a shared approach to prevention and healthy place-shaping.

8.0 Appendices

8.1 Appendix 1: Joint Local Health and Wellbeing Strategy 2023-2028.

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City of Wolverhampton
Health & Wellbeing Together

Wolverhampton Joint Local **Health and Wellbeing Strategy** 2023–2028

Appendix 1

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- Reducing addiction harm 21
- Getting Wolverhampton moving more 24

Public mental health and wellbeing:
our role as system leaders 27

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Foreword

Being healthy and feeling good, is about more than simply not being ill. Lots of different factors shape our health and wellbeing; where we live, our education, income, and the type of job we do, our lifestyles, access to green spaces, and the connections we have with other people.

Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to work collectively to reduce health inequalities, support the development of improved and joined up health and social care services and set the strategic direction to improve the health and wellbeing of the local population.

Together we want to help create an environment where local people can live longer, healthier, and more active lives, and where every child in the city has the best start in life.

We will do this by working in partnership across the Council, health and social care partners, the voluntary sector, faith, and community groups, and by listening to local people, understanding their experiences, and making decisions informed by a population health approach.

We recognise that the Covid-19 pandemic has had a negative and lasting impact on many people, which has been made worse by the rising cost of living. We also understand the current pressures on the NHS and social care.

As a Board we have come together to identify where we can make the best contribution to these challenges. We believe we have a particular role to play in addressing health inequalities and coordinating a shared approach to prevention and healthy place-shaping.

Just under 7,000 people responded to our 2022-23 City Lifestyle survey. This, alongside local intelligence and other community data and feedback, has also helped us identify our core priority areas, where we can collectively make an impact, and hold each other to account.

We look forward to working together, guided by this strategy, to make a positive difference to our city and the lives of local people.

Councillor Jasbir Jaspal

Cabinet Member for Adults and Wellbeing

Chair of Health and Wellbeing Together

Paul Tulley

Wolverhampton Managing Director, Black Country Integrated Care Board

Vice-chair of Health and Wellbeing Together

What you told us

Throughout 2022 and 2023 we have been listening to local people. Our strategy is informed by insight from our local communities and partners.

WHAT WE DID

Children and Young People's Health Related Behaviour Survey (2022)

7,959
responses

WHAT WE HEARD

More primary pupils report receiving useful information about growing up from both school lessons and from parents and carers. They are also more likely to feel happy about growing up than in previous years.

The number of pupils in primary and secondary schools with a high wellbeing score has declined since 2018, as have the numbers that feel 'happy' with their life at the moment.

Parental smoking of cigarettes has declined and more parents in 2022 are using e-cigarettes than in previous years.

Girls are reporting poorer levels of emotional health and wellbeing than boys and those young people identifying as lesbian, gay, bisexual, and transgender or have special educational needs and a disability are more likely still to be experiencing behaviour suggestive of clinical emotional difficulty.

Online bullying has increased in both primary and secondary schools. Both primary and secondary pupils are less likely to say their school deals well with bullying. There is also a downward trend for secondary pupils reporting that their school challenges racism and racist bullying. More lesbian, gay, bisexual, and transgender pupils report being bullied than other groups.

The pandemic is likely to have impacted physical activity opportunities. For example, less pupils take part in regular physical activity and fewer report being able to swim in 2022 than in previous years.

Fewer pupils are smoking, contributing to a downward trend. However, pupils who live in homes with smokers have links with other health-risk behaviours.

The proportion of young people who have tried alcohol has continued to decline over time for both primary and secondary pupils.

More pupils had never visited the dentist.

WHAT WE DID

City Lifestyle Survey preliminary findings (2022/2023)

6,000+
responses

WHAT WE HEARD

Money worries are one of the biggest factors impacting on wellbeing.

Where people already used recreational drugs, many increased usage during the period of Covid-19 restrictions.

Of the people who use e-cigarettes, a majority are using them to help stop smoking.

Local parks and streets are the sites where residents are most likely to be physically active.

Where people are already gambling, family breakdown, job related stress, depression or loneliness often act as triggers to increase gambling habits.

WHAT WE DID

Safety of Women and Girls survey (2022)

2,000+
responses

WHAT WE HEARD

The majority of respondents feel safe when using sport, retail, and entertainment facilities, however parks and green spaces are areas where perceptions of safety could be improved.

WHAT WE DID

Mental health and wellbeing survey and co-creation activities

996
responses

141
beneficiaries

WHAT WE HEARD

Levels of self-reported wellbeing were significantly lower than that of the general population possibly because some of the people contributing were known to have been disproportionately impacted by the Covid-19 pandemic.

Being able to 'get out and do more things', 'having time for oneself', 'more money', and 'someone to talk to' were factors highlighted as important in improving wellbeing going forward. Better physical and mental healthcare support and better working environments also featured as likely to positively impact on future wellbeing.

Where support services were concerned, people highlighted the need for flexibility in service models to meet different people's needs. The stigma of mental health problems, awareness of locally available support services, access issues and waiting times were all discussed as continuing challenges.

WHAT WE DID

Moving More focus groups (2023)

80
participants from under-represented groups

WHAT WE HEARD

People want to be more active in their local area, including parks, green spaces, and community venues.

People want advice about how to have a healthy lifestyle, but not necessarily just from a health professional, trusted sources also included respected people in the community.

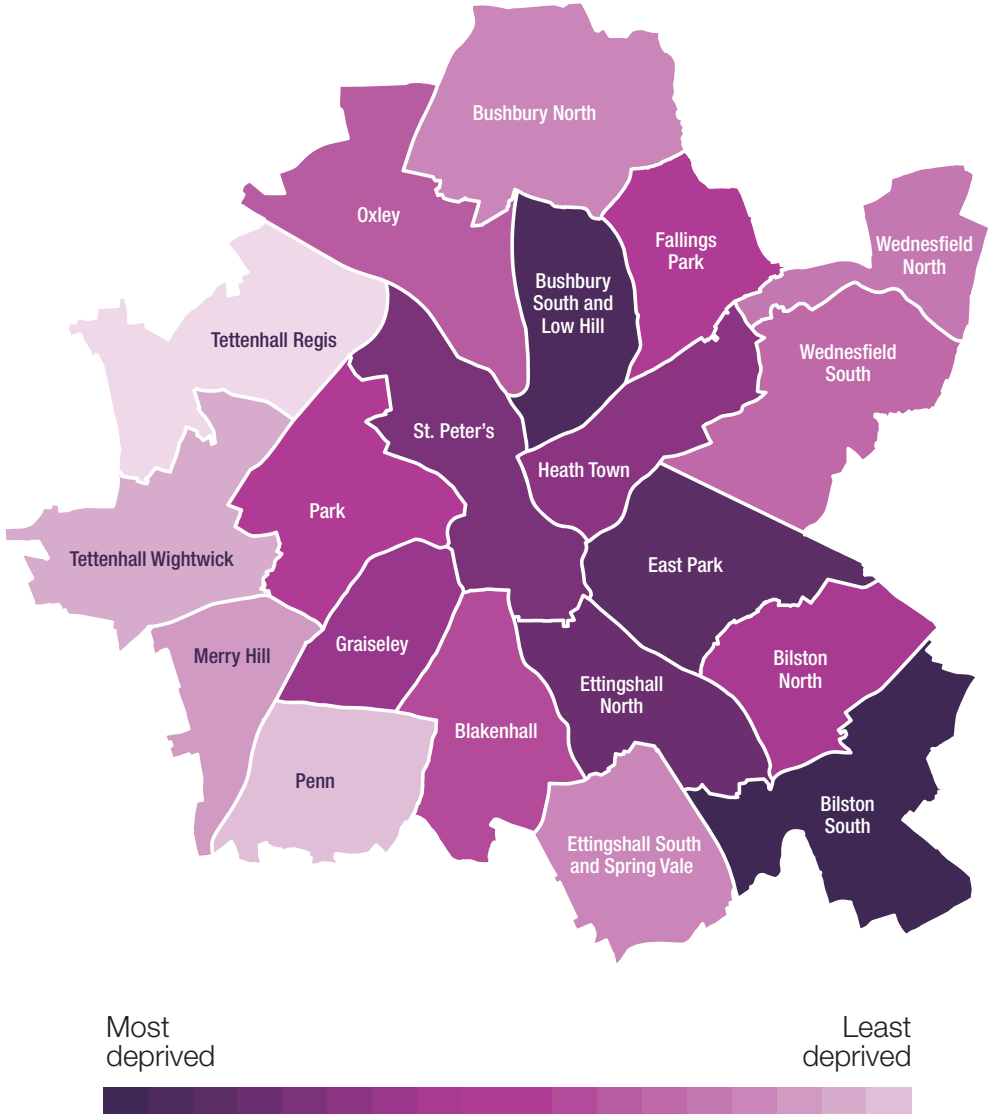
Our city profile

In addition to what local people have told us, our strategy is informed by what we know about our city. Health and Wellbeing Together has a responsibility to assess the health and wellbeing needs of the population and publish a joint strategic needs assessment (JSNA)[1]. This helps us understand our current health challenges in the city and the factors driving these. The JSNA informs the priority areas in this strategy.

WHAT DO WE KNOW?

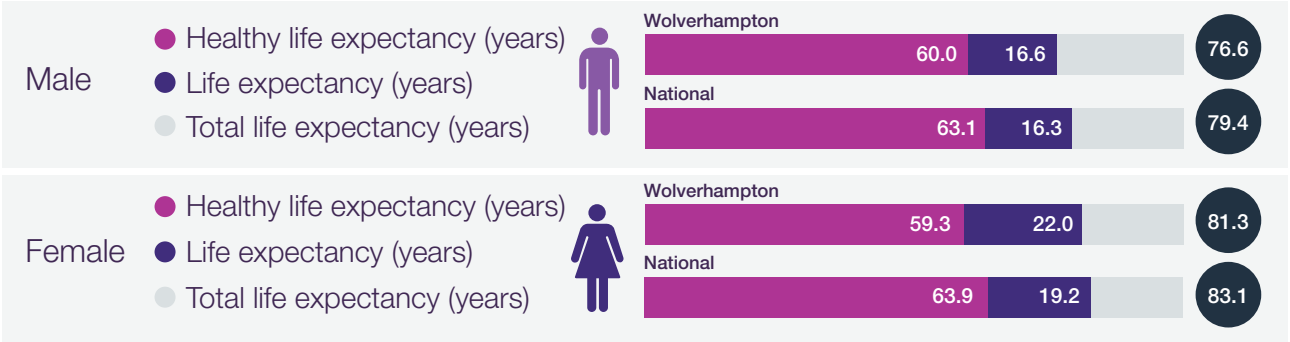
The population of the city has been growing recently and is now over 260,000, with 45% of residents from an ethnic minority group and a fifth of the population classed as disabled. The population is projected to continue to rise up to 296,102 by 2043, this is a 13% increase from 2018. While Wolverhampton has a younger population than the English average, the 65+ age group is expected to rise faster than younger cohorts.

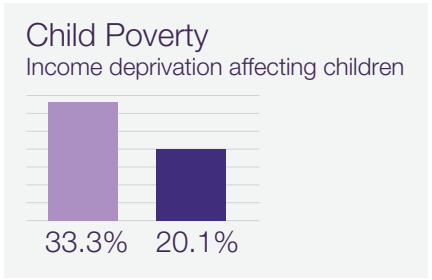
Levels of deprivation have also increased in recent years; the key components of deprivation are income, employment, health, education, crime, the living environment and barriers to housing and services.

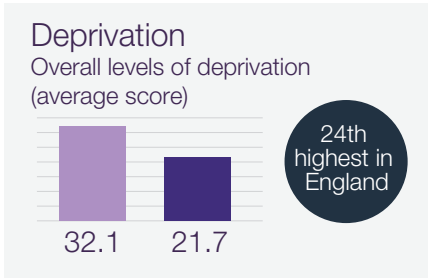


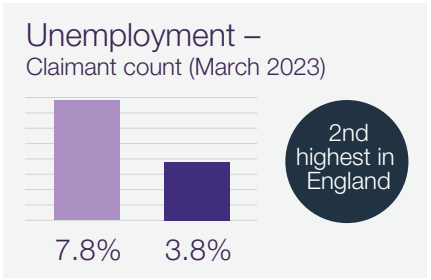
[1] https://insight.wolverhampton.gov.uk/Help/JSNA

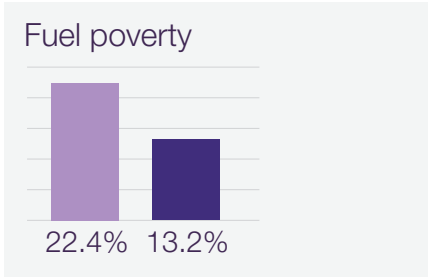
Life expectancy, alongside how much time people spend living in good health, are key measures of a population's health status. We already know there is a large difference in life expectancy in our city, driven in part by deprivation. Healthy life expectancy in Wolverhampton for both men and women is also worse than the national average. This means people in the city are likely to spend less years of their life in a state of 'good' general health in comparison to the rest of the country. This has significant implications for people's quality of life and demand on local health and social care services. We want to close this gap between different wards in the city, different populations in the city and between England and the city as a whole.

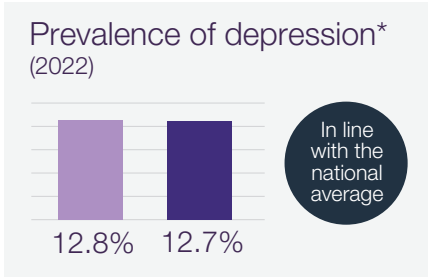












Comorbidities

30.7% of our population aged 18+ have **1-2 long-term health conditions** (approx. 71,200 residents).

An additional **7.2%** have at least **3 long-term health conditions** (16,600 residents).

Wolverhampton
National average

*Higher than previous years and the highest since 2013/14.

POSITIVE AND NEGATIVE INFLUENCES ACROSS THE LIFE COURSE[2]

The conditions in which people born, grow and live, alongside behavioural risk factors, can impact their health status throughout their lives:

Protective factors:

- having a healthy and balanced diet
- an environment that enables physical activity
- good educational attainment
- being in stable employment with a good income
- living in good quality housing
- having networks of support including friends and family

Risk factors:

- smoking
- adverse childhood experiences
- crime and violence
- drug and alcohol misuse
- poor educational attainment
- poor mental health
- social isolation
- poverty
- socially excluded

Giving children and young people the best start in life and providing a joined-up partnership response that enables people to stay well, get the right help when they need it and manage their own health and wellbeing are therefore key to improving the health of our local population.

[2] www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

The power of partnership: Charlie's story

MEET CHARLIE, AGED 52…

following a successful career in the Army serving in the UK and abroad, his drinking gradually increased until he was no longer able to undertake his role effectively and was medically discharged. Before he could plan a career change however, he was convicted for drink driving and lost his licence for two years, was fined and given a Community Payback order and a probation period. Unable to find work he became more isolated, living alone, neglecting any self-care including personal hygiene and diet. During the pandemic he slipped into a pattern of drink, sleep, repeat.

At this point Charlie is at risk of things escalating - he could go into debt, putting his home at risk, be unable to find new employment and experience further deterioration of his physical and mental health, making it more likely that he may eventually need emergency health care. There are lots of different partners that could help Charlie, to be effective they need to provide a coordinated and appropriate response, at the right time and place.

*This is an anonymised account based on the lived experience of a local person.

HOW DID CHARLIE TURN THINGS AROUND?

He realised his life had become unmanageable and sought help. He was referred into a detox and rehabilitation programme and started a daily routine of readings, journaling, group therapy sessions, one to one sessions with a keyworker and written work which allowed him to examine how he had become dependent on alcohol. He learned to stay sober supported by Alcoholics Anonymous. He was then able to get the right help to address his physical and mental health. He says, “accepting I had a problem with alcohol enabled me to get my life back.” Two years on he has completed a Level 4 Diploma and after undertaking volunteering he is now in full-time employment.

This partnership approach provided Charlie with the opportunity to get the right help and change his life. Enabling people to seek help even earlier or prevent things from escalating in the first place will help even more people like Charlie.

This strategy identifies priority areas for the city across the life course to help facilitate and embed a joined up approach. The benefits of this extend beyond the experience of Charlie. Increasing join-up between health and social care benefits older people[3]. Family Hubs will enable a 'one stop shop' for children and their families. This approach to integrated care recognises the importance of the wider contexts of people's lives in improving care.

[3] www.kingsfund.org.uk/audio-video/joined-care-sams-story

Closing the inequalities gap

Health inequalities are systematic, unfair, and preventable differences in health across the population, and between different groups within society. Our collective vision is based on an understanding that health inequalities are not inevitable, and that taking action requires improving the lives of those with the worst health outcomes, fastest. The Board previously agreed to adopt a set of guiding principles to support a joined-up approach to tackling health inequalities. These are outlined later in this document, see 'our guiding principles for strategy delivery'.

Health inequalities can be a result of people's different social and economic experiences and realities, where they live and level of deprivation they experience, the differences in their characteristics such as age, race, sexual orientation and if they come from a socially excluded group.

Examples of population groups that may experience disadvantage include:

- ethnic minority groups
- people who are socially excluded and typically experiencing multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma, for example people experiencing homelessness or asylum seekers
- people with a learning disability and autistic people
- people with multi-morbidities
- protected characteristic groups
- young carers, children and young people in care and care leavers
- people in contact with the justice system.

Health inequalities can also lead to differences in the care that people receive and the opportunities that they have to lead healthy lives. The Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. In addition to the population groups above, it identifies five focus clinical areas requiring accelerated improvement for both children and adults. It demonstrates the link between health inequalities and health status and provides a framework to address this. Further information is available in the supporting documents section of this strategy.

The Core20PLUS5 NHS clinical priority areas align with our Black Country priorities. The Black Country has a higher prevalence of hypertension, diabetes, chronic kidney disease, chronic heart disease, cancers, respiratory illnesses, depression, and dementia than the national average. We also have a higher rate of infant mortality[4]. For people under 75 living in Wolverhampton cancer and cardiovascular disease are of the top two biggest contributors to preventable early death and share common risk factors, for example smoking and obesity.

To close these different inequalities gaps requires having a focus on prevention and early intervention, including screening and health education, clinical conditions considered preventable and supporting people to manage long-term or multiple conditions. As the example of Charlie shows, achieving this therefore also requires action to address the 'causes of the causes', that is the wider environmental, social, and economic contexts of people's lives.

For example, households living in fuel poverty are more likely to be exposed to the risk of cold housing in winter exacerbating long-term conditions. Temporary and inadequate housing negatively impacts mental and physical health. High levels of child poverty and deprivation in the city are associated with poorer health outcomes, including childhood obesity, tooth decay, poor mental health, and higher rates of children's emergency hospital admissions.

[4] https://blackcountryics.org.uk/application/files/8216/7544/0961/Black_Country_ICP_Initial_Integrated_Care_Strategy_2023-25_V5.5.pdf

Quality and access of care: our role as system leaders

Care is delivered by lots of different professionals in a range of different places. Alongside hospital settings, much care takes place in your home or local community. For example, being delivered by a GP, pharmacist, nurse, optometrist, dentist or an allied health professional, including those working in social care, such as care workers, social prescribers, domiciliary support, and more.

WHAT DO WE KNOW?

Just as health inequalities mean some groups and communities are more likely to experience poorer health than the general population, these groups are also more likely to experience challenges in accessing care.

The reasons for this are complex and may include:

- the availability of services in their local area
- service opening times
- access to transport
- access to childcare
- language (spoken and written)
- literacy
- poor experiences in the past
- misinformation
- fear[5]

In addition, Covid-19 brought into sharp relief and exacerbated inequalities that were already well established, and in turn the pandemic changed the nature of demand leading to increased backlogs and workload. As well as experiencing worse outcomes during the pandemic, deprived communities are also experiencing disadvantage as part of recovery for example, people living in more deprived areas are waiting longer for elective care compared to people in the least deprived areas.[6]

Locally the Integrated Care Board has made improving access and quality of services a priority to be delivered by addressing waiting times, access to services, improving patient choice and joining up care. Health and Wellbeing Together as part of the wider system can also play a part in supporting this priority. In Wolverhampton the experience of the pandemic demonstrated that more deprived, disadvantaged and excluded groups and individuals were disproportionately negatively impacted. It also illustrated the benefits of working closely with faith, community, voluntary and grass roots groups and champions to identify barriers to accessing services and share health promotion messages. New and innovative ways of delivering services were piloted as a result. By building on these foundations the Board can support the wider health and care system to improve quality and access of care for our local population, with the OneWolverhampton place-based partnership acting as the delivery vehicle.

[5] www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/
[6] www.kingsfund.org.uk/publications/unpicking-inequalities-elective-backlogs-england

The Board is also responsible for signing off Better Care Fund Plans. These plans support health and social care integration by allowing the Local Authority and the NHS to work together to pool budgets and integrate spending plans. Our strategy will inform the continuing development of joint commissioning arrangements in the best interests of local people.

REDUCING INEQUALITIES

- Understanding whether there is unwarranted variation across specific groups in access to care.
- Understanding how services are organised to help address inequalities in access.
- Empowering local people to be more pro-active in understanding their own health needs by providing a range of opportunities in different settings, including community venues.
- Contributing to city action to address digital exclusion so everyone can benefit from digitally enabled services.
- Working in partnership to protect the most vulnerable people at risk of harm and exploitation.

LEADERSHIP

- Health and Wellbeing Together strategic oversight.
- OneWolverhampton delivery vehicle.

NEEDS ASSESSMENT

- Quantitative and qualitative data, including being informed by lived experience and taking into account the impact of the Covid-19 pandemic.
- Embedding a population health approach.

WORKING TOGETHER

- Support the development of improved and joined up health and social care services at place, including statutory duty to sign off the Better Care Fund.
- Aligning local priorities with system priorities: ICB Joint Forward Plan and Black Country Integrated Care Strategy.

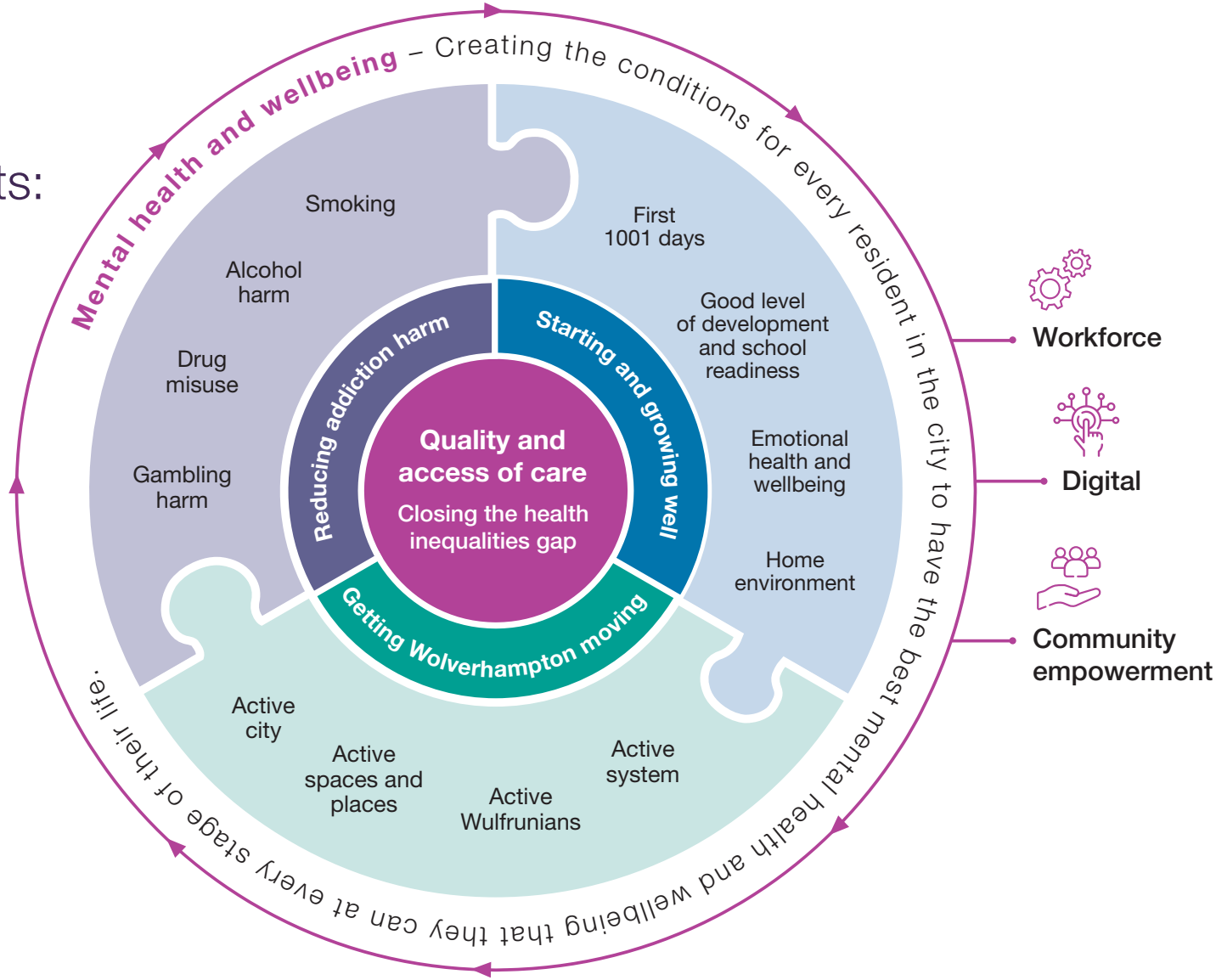
TAKING ACTION

- Work to identify and understand barriers to access, including piloting, testing and learning from innovative prevention and delivery models.
- Ensure reasonable adjustments are in place so that services are accessible to everyone, including carers and people with disabilities and learning difficulties.

DEFINING SUCCESS

- Performance against Joint Local Health and Wellbeing strategy priorities with strategic oversight of OneWolverhampton delivery and outcomes.
- Work collaboratively and iteratively with the Integrated Care Partnership.
- Local oversight of the Black Country Integrated Care Board Joint Forward Plan.

Where we will focus our efforts: priorities on a page



Strategic enablers

WORKFORCE

- Investing in the infrastructure to develop, attract, and retain high quality staff, including allied health professionals e.g., nurse prescribers, pharmacists, and a wider range of social care provision such as social prescribers, and domiciliary support.
- Providing increased opportunities for local people to access roles in the health and care sector through apprenticeships and training.
- Working together to join up different parts of the system to ensure patients receive the right care when they are ready to leave hospital and support them to return home.

DIGITAL

- Working in partnership to ensure all residents have the access to devices, connectivity, and skills to take advantage of what digital has to offer.
- Piloting and investing in digital technology to enable people to be more independent and lead healthier lives in their own homes.
- Identifying opportunities to utilise digital innovation to benefit health and wellbeing, for example digital supported Health Checks.

COMMUNITY EMPOWERMENT

- Developing a partnership approach to community engagement, consultation, and co-production.
- Identifying shared opportunities to listen to local people, including through the development of the Love Your Community initiative.
- Continuing to develop and embed bespoke opportunities for health inclusion and other vulnerable groups to share their lived experience and shape service delivery, for example people with a mental health condition, refugees or people experiencing homelessness.
- Supporting community capacity and resilience through networks and champions.
- Recognising and supporting the role of unpaid carers in the community, including young carers.
- Supporting ongoing activity to grow and stabilise the voluntary and community sector to support people to thrive in their communities.
- Maximising people's independence in the community through joining up and enhancing our Early Help and Prevention offer.

OUR HIGH-LEVEL AMBITIONS

Starting and growing well

Giving children the best start in life is a fundamental part of improving health and reducing health inequalities. Inequalities in children's development lead to multiple disadvantages, which can affect children's long-term outcomes and undermine the development of their potential.

WHAT DO WE KNOW:

The foundations for brain, emotional and physical development are established within the first 1001 days from conception to the age of two years.

Having a healthy pregnancy sets up the unborn baby for a healthy life. The mental and physical wellbeing of the mother is also important for the baby's healthy development as well as for the mother in her own right.

A higher proportion of babies are born in Wolverhampton with a low birth weight than the English average. This increases the risk of childhood mortality and of developmental problems for the child. More pregnant women are smoking in pregnancy than the national average. This in turn can lead to an increased risk of a low birth weight.

The proportion of 'new birth visits' and 'six-eight-week checks' by a health visitor that take place within the target time period are currently slightly higher compared to the West Midlands and England providing a strong foundation to build on. However, the proportion of 12-month reviews taking place within the target period is slightly below the West Midlands and England averages, although it is on an upward trend. The proportion of 2-2.5 year checks taking place within the target period in the city has increased over the last three years and is now above regional and national averages.

There are many ways parents can actively improve their child's health including through helping them brush their teeth and ensuring they receive their childhood vaccinations. Poor oral health and uptake of vaccines is often related to health inequalities.

A safe and secure home environment is also important for child development. Too many families are currently living in temporary accommodation in the city. Fuel poverty means some children are living in cold and damp homes which can lead to respiratory conditions. In addition, some families face more challenges than others. In 2022, the rate of Children in Need was higher than the West Midlands and England average.

Creating an environment where every child can flourish from conception to the first 1001 days is a shared priority involving lots of different partners. The Children and Families Together Board leads on the strategic oversight of this priority area on behalf of the wider Board.

5.2 Infant mortality rate

per 1,000

- higher than England average of **3.9 per 1,000**
- improved in recent years
- **7th highest** of our 15 nearest neigbours

17.1% Smoking in pregnancy

- Higher than England average of **12.8%**
- **9th highest** of our 15 nearest neigbours

61.9% Good level of development

(end of Reception)

- Lower than England average of **65.2%**
- Decrease in Wolverhampton larger than the decrease seen nationally

23.4% Oral health

Decayed, missing and filled teeth

- compared to England average of **23.7%**

85% MMR vaccine uptake

- Lower than England average of **89.2%** for one dose (2 years)

worst (16th) among the statistical neighbours

also lower than England average of **85.7%** for two doses (5 years)

Young carers

141 young carers in July 2019, **rising by 91%** (128 young carers) to **269 young carers** in December 2021

Our priority areas for collective action

FIRST 1001 DAYS, INCLUDING SUPPORT FOR PARENTS, AND MATERNAL MENTAL AND PHYSICAL HEALTH

- Improving timely access to quality antenatal and maternity care.
- Providing appropriate support and treatment pathways in pregnancy, including reducing tobacco, alcohol and substance use.
- Utilising the newly commissioned Healthy Pregnancy service to address the importance of physical and mental health during pregnancy.
- Maintaining the above average position for health visitor new birth and six-to-eight-week visits, focusing on the physical health, development and wellbeing of the child and mental wellbeing of parents.
- Working together, and with families, to improve uptake of breast feeding.
- Improving children's oral health and access to dental services so they experience less decay, missing, filled teeth and avoidable hospital extractions.
- Halting the decline in childhood vaccination rates and returning to pre-pandemic levels.
- Improving perinatal mental health support, including developments funded through the Family Hubs programme.
- Embedding the 'Five to thrive' approach and other strength-based ways of working to support positive infant parent relationships.

EMOTIONAL HEALTH AND WELLBEING

- Undertaking and implementing the findings from our jointly commissioned children's emotional health needs assessment, including meeting the needs of vulnerable groups e.g. children with additional needs.
- Embedding the 'i-thrive' approach to support children's emotional wellbeing.
- Improving the pathways for children, young people, and families to access mental health support and increase appropriate uptake of services at earliest point.
- Supporting the seamless transition between children and adult's mental health services.

GOOD LEVEL OF DEVELOPMENT AND SCHOOL READINESS

- Maintaining the above average position for 2-2 ½ - year development reviews.
- Developing a coordinated and consistent approach to improving speech, language, and communication needs.
- Increasing awareness and access to free childcare, particularly for families with children with additional needs, children in care and families from disadvantaged communities.

HOME ENVIRONMENT

- Driving forward multi-agency action to prevent families from entering temporary accommodation and supporting families living in temporary accommodation into secure housing.
- Addressing food and fuel poverty and maximising benefit uptake through a coordinated approach to achieving a financially inclusive city.
- Working in partnership to improve housing conditions including addressing damp and mould.
- Working in partnership to identify domestic abuse within families at the earliest possible point and ensuring that families experiencing domestic abuse can access specialist support.

Place delivery
Lead:
Children and Families Together Board

Contributing:
Family Hubs Strategic Working Group
One Wolverhampton
Better Homes Board
Financial Wellbeing Partnership Board
Safeguarding Together
Safer Wolverhampton Partnership
Early Years Steering Group
CYP Emotional Health and Wellbeing Partnership Board

OUR HIGH-LEVEL AMBITIONS

Reducing addiction harm

Damaging lifestyle behaviours create dependence and cause serious health and social problems. They disproportionately impact disadvantaged people and communities further widening health inequality, life and healthy life expectancy.

WHAT DO WE KNOW:

Smoking is the single biggest cause of preventable death and illness in England. Just over 13% of adults in the city are smokers and nearly a third of adults with a long-term mental health condition self-report as smokers. People in the city continue to die from causes that can be related to smoking at a higher rate than the national average.

Too many people in the city are drinking at harmful levels. Nationally, alcohol is one of the leading causes for house fires and car accidents. Misuse of alcohol is often an influencing factor in other crime types, for example domestic abuse, acquisitive crime, and anti-social behaviour.

During 2020, Wolverhampton had the worst alcohol-specific mortality rate in the England, and it is estimated that only one in five people who experience alcohol harm are engaged with alcohol treatment support services. This means there is an unmet need of 82% in the population. However, for those who are engaged in treatment and support, their recovery outcomes are positive, nearly 45% exit treatment successfully and do not re-present, and since 2015 the Wolverhampton treatment completions rate has been consistently higher than the national average.

Despite improvement in recent data the city has historically high rates of death from drug misuse compared to other West Midlands and nationally.

Gambling is defined in two ways, remote (using technology and includes gaming) and non-remote (in a premises). The Gambling Commission defines problem gambling as gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. Gambling behaviours changed during the Covid-19 pandemic and during lock-down and there is some evidence to suggest there has been an increase in those vulnerable to gambling harm.

13.6% of adults smoke

- Higher than the England average of **13%**
- On a long term downward trend

21.5 per 1,000 Alcohol mortality

- Higher than England average of **13.9 per 100,000**

742 per 1,000 Hospital admissions for alcohol related conditions

- Higher than England average of **494 per 100,000**

44% Alcohol successful completions

- Higher than the England average of **36.6%**

Drugs successful completions (opiate)

- **5.5% higher** than the England average of **5%**

Drugs successful completions (non opiate)

- **32.5% lower** than the England average of **34.3%**

101.2 per 1,000 Drug hospital admission rates

- Higher than England average of **87.2 per 100,000**

45 per 1,000 Drugs deaths

- **9 times** the England average of **5 per 100,000**

28.9 per 1,000 Under 75 mortality rate for liver disease

- Higher than England average of **21.2 per 100,000**

23.8 per 1,000 Preventable liver related deaths

- Higher than England average of **18.9 per 100,000**

Our priority areas for collective action

SMOKING

- Increasing provision and types of intervention to support people to stop smoking, including supporting adult smokers to vape as a harm reduction approach.
- Increasing training for primary care staff.
- Targeting support for key groups to stop smoking, for example young people, pregnant mothers and people with mental health difficulties.
- Limiting access to tobacco through regulation.

ALCOHOL HARM

- Reducing the number of alcohol specific deaths in the city.
- Increasing the number and types of interventions available.
- Increasing the number of treatment places.
- Reducing the number of licensed premises per kilometre in Wolverhampton.

DRUG MISUSE

- Reducing the number of drug-related deaths.
- Increasing the number of people accessing in-patient detox and residential rehabilitation.
- Engaging with individuals leaving prison with a treatment need.
- Increasing provision of nasal naloxone across frontline services.

- Reducing the of people who would benefit from, but are not currently receiving treatment or interventions, by identifying more people at risk of harm.
- Increasing the number of people gaining employment whilst in treatment.
- Improving the availability of easy to access, high quality support for people with co-existing substance misuse and mental health problems.

GAMBLING HARM

- Improving understanding of prevalence of gambling related harm in the city informed by lived experience case studies.
- Increasing the number and types of interventions and treatment services available.
- Improving education for professionals (including in schools) to understand gambling related harm, aiding early identification.
- Reviewing Licence Conditions and Codes of Practice.

Place delivery

Leads:
City drug and alcohol strategic partnership

Local multi-disciplinary Gambling Harm Strategic Partnership Group

Public Health

Contributing:
OneWolverhampton

Safer Wolverhampton Partnership

OUR HIGH-LEVEL AMBITIONS

Getting Wolverhampton moving more

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

WHAT DO WE KNOW:

Physical inactivity rates in Wolverhampton are higher than regional and national averages for both adults and children.

They also vary by ward with those living in the more deprived areas less physically active.

79% of residents that completed the City Lifestyle Survey wanted to be more active.

There are many benefits to moving more for both children and adults. For children and young people being more active is associated with improved learning and attainment, better mental and emotional wellbeing, and contributes to healthy weight status.

For adults being active provides a protective effect across a range of chronic conditions such as coronary heart disease, obesity, and type 2 diabetes, as well as supporting positive mental health and reducing social isolation.

Health and Wellbeing Together will continue to prioritise creating a city where people can be more physically active, including overseeing a dedicated strategy setting out our ambitions and expected outcomes.

Percentage of physically inactive adults

30.5%

Higher than England average of **22.3%**

Percentage of less active children and young people

42.5%

Higher than England average of **30.1%**

Active travel to school

43%

of pupils in the city walk to school once a week or more, with pupils form the most deprived parts of the city more likely to walk to school

Adults active travel

11.1%

of adults in the city walk for travel at least three days a week.

Lower than the West Midlands average of **12.6%** and the England average of **15.1%**

Adult obesity

30.5%

of adults are classified as obese

Higher than England average of **25.3%**

Childhood obesity – year 6

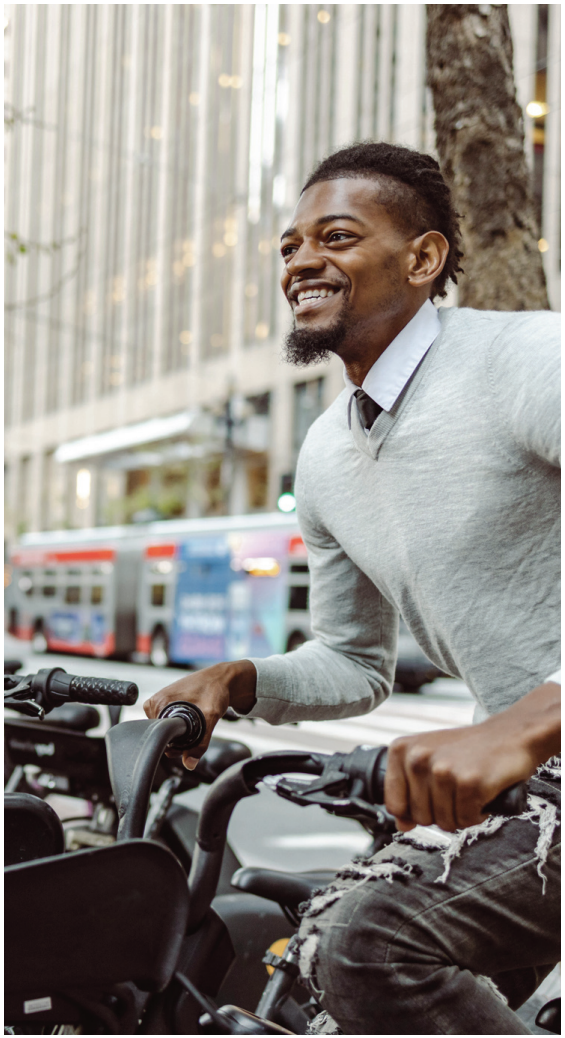
48%

of year six children are classified as obese

Higher than England average of **37.8%**

Higher than previous years

2nd highest of our 15 nearest neighbours



Our priority areas for collective action

ACTIVE SYSTEM

- Co-producing, designing, and embedding leadership, governance and partnerships models that promote physical activity across all sectors.
- Implementing our city physical inactivity strategy to drive our partnership response.
- Using data and evidence to develop tools and dashboards to inform decision making and inform interventions.
- Increasing the percentage of health referrals for physical activity.

ACTIVE WULFRUNIANS

- Working with residents and stakeholders to fully understand the barriers to moving more and how to overcome them.
- Testing, applying, and evaluating behavioural change approaches.

ACTIVE SPACES AND PLACES

- Increasing the amount of investment into physical activity in the city, including ensuring facilities are fit for the future.
- Increasing number of WVActive members, including increasing the percentage from under-represented groups.
- Increasing access to leisure activities for children and young people, including by removing financial barriers to participation.
- Making the most of parks and open spaces.

ACTIVE CITY

- Creating and promoting suitable activities and programmes to enable regular physical activity.
- Increasing the percentage of adults walking and/or cycling for travel each week.
- Supporting our community clubs and groups to thrive.
- Reducing the percentage of less active children and young people.
- Reducing the percentage of physically inactive adults, including older adults.

Place delivery

Lead:

Health and Wellbeing Together Physical Inactivity Steering Group

Contributing:

OneWolverhampton

Safer Wolverhampton Partnership

Public mental health and wellbeing: our role as system leaders

Mental health and wellbeing influence every aspect of people's lives. Mental health problems are unevenly distributed across society and half of all mental health problems have been established by the age of 14, rising to 75% by age 24. Poor mental health is both a cause and consequence of overall health inequalities due to its associations with physical health, employment, housing and lifestyle factors. Creating the conditions for every resident in the city to have the best mental health and wellbeing that they can at every stage of their life underpins delivery of our collective priorities.

WHAT DO WE KNOW:

Self-reported wellbeing in Wolverhampton has historically been worse than the West Midlands and England for Happiness, feeling life is Worthwhile and Life Satisfaction. Anxiety in the city was previously reported to be much lower compared to regional and national levels, but the recent trend shows levels of anxiety are increasing. All four areas of self-reported wellbeing were worse amongst groups at increased risk of poor mental health.

Approximately one in four adults in England will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any given time, with depression and anxiety being the most common.

In England, people with a severe mental illness (SMI) die on average 15-20 years earlier, often due to preventable causes. Wolverhampton is worse than England overall for premature mortality in adults with SMI. To address this, adults with SMI should receive an annual physical health check. Available data for 2022-2023 indicates the number of completed health checks in Wolverhampton and the Black Country was below the national target.

Nationally, over 40% of people with a severe mental illness are estimated to smoke. As part of the NHS Long Term Plan, there are ambitions to develop tobacco dependence pathways for people using secondary care mental health services.

Smoking, levels of physical in-activity, being overweight or obese, alcohol and drug misuse are all factors that are inter-linked with mental health and wellbeing.

The Board already plays a strategic role maintaining oversight of the Wolverhampton Joint Public Mental Health and Wellbeing Strategy and the Suicide Prevention Strategy and oversaw the implementation of the Prevention and Promotion Programme for Better Mental health in 2021-2022.

Findings from the Prevention and Promotion Programme for Better Mental Health 2021-2022[1]

WOLVERHAMPTON BETTER MENTAL HEALTH

73% of people engaging in mental health support interventions lived in the **30% most deprived lower super output areas** (LSOAs) in England, **18% disclosed having a disability**, and **39% of people were from ethnic minority backgrounds**

357 people who attended suicide prevention awareness training are now able to support someone experiencing suicidal ideation

The '**Look out for Wolverhampton**' suicide awareness and prevention campaign was spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum helping people learn more about the campaign and where they can seek support for suicide

61 people facing complex barriers to work benefited from targeted skills and learning support to improve access to employment

150 people engaged in face-to-face interactions to help end loneliness and provide supportive social contacts

996 adults completed our in-depth **#WolvesWellbeingandMe** survey

141 people belonging to some of the groups disadvantaged by COVID-19 pandemic took part in co-creation programmes to improve mental wellbeing

205 people facing complex life challenges supported by the Head4Health pilot programme offering wellbeing sessions, social contact, physical activity, 'Walk and Talk' and 'Extra Time' initiatives

400+ hours of 1-1 counselling provided to people with more complex wellbeing needs

50 people became Mental Health First Aid (MHFA) qualified champions

400+ people are estimated to have been supported by MHFA Champions to improve their mental health and wellbeing through engagement activities using evidence based approaches

[1] www.wellbeingwolves.co.uk - Better Mental Health Programme

To enhance this system leadership role Health and Wellbeing Together has agreed to sign up to the Prevention Concordat for Better Mental Health. This is our commitment as system leaders to work to prevent mental health problems and promote mental health and wellbeing.

The Concordat is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.

It promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach is enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

REDUCING INEQUALITIES

Taking action to address:

- the social and economic disadvantages that underlie mental health inequalities,
- discrimination, racism and exclusion faced by particular local communities,
- mental health stigma.

LEADERSHIP

- Accountability and governance.
- Senior Mental Health Champions.

NEEDS ASSESSMENT

- Quantitative and Qualitive data e.g. JSNA and wellbeing impact assessments/asset mapping.
- Co-produced and taking account of the impact of COVID19.

WORKING TOGETHER

- Health and Wellbeing Together, Local Authority and ICS - aligning plans with health and social care, VCSE sector, education, criminal justice, emergency services.

TAKING ACTION

- Evidence based universal and targeted interventions.
- Primary, secondary and tertiary prevention and promotion.

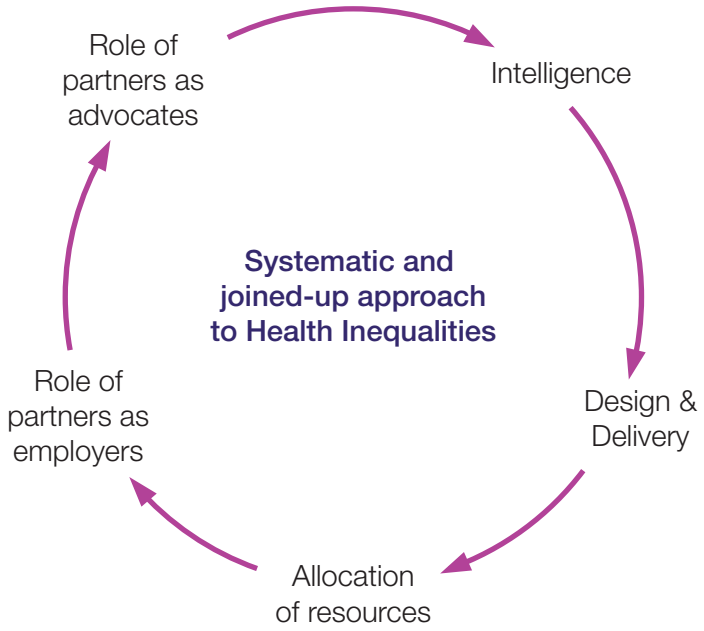
DEFINING SUCCESS

- Outcome framework; monitoring and evaluation; measuring impact through wellbeing metrics.

By working together through the Concordat, it will provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across Local Authorities, Integrated Care Systems, NHS, Social Care, public, private and voluntary and community enterprise sector, educational settings, employers, emergency services, justice systems.

Our guiding principles for strategy delivery

Effectively addressing health inequalities involves a shared way of working as well as agreed areas for action. Board partners have committed to the following systematic and joined-up approach.



DECISION MAKING AND USE OF INTELLIGENCE:

- Adopting an agreed approach to data capture, linkage and sharing across the system to understand and respond to population need.
- Using a framework approach with common tools and resources to provide a systematic assessment of health inequalities across the system, for example, the Health Equity Assessment Tool (HEAT).
- Collectively identifying gaps and areas of alignment and to use this intelligence to inform action.

DESIGN AND DELIVERY OF SERVICES:

- Exploring the impact of decisions on health inequalities early in the decision-making process and actively consider how the design of a service may increase inequalities or disproportionately disadvantage certain people.
- Using linked data to understand and address equity of access to services and design services that are easy to navigate.
- Creating a culture that promotes and enables communities to be actively involved in shaping and coproducing activity to reduce health inequalities.
- Working collaboratively to promote and enhance digital inclusion.
- Being innovative and ambitious, with a firm view that health inequalities are not inevitable.

ALLOCATION OF RESOURCES:

- Committing to needs-based commissioning, allocating health and care resources proportionate to need.
- Collectively taking pro-active action across the life course to reduce health inequalities including investing in prevention, the wider determinants and giving every child the best start in life.
- Embedding measures that promote and enable an inclusive economy, for example working in partnership with anchor network groups so that wealth is not extracted but broadly held and is generative.
- Exploring opportunities to re-shape procurement frameworks aligned to the Wolverhampton Pound initiative.
- Using our collective assets to create economic and social value in the local community.

AS EMPLOYERS:

- By valuing staff through parity of recruitment, promotion and employment, with a commitment to build a workforce representative of the local area.
- Supporting career opportunities for local residents and under-represented groups, including through the use of apprenticeships.
- Embedding workforce wellbeing initiatives to promote work-life balance.

AS ADVOCATES:

- Considering the impact on the environment and climate change of our policy decisions including raising environmental awareness, reducing carbon emissions and increasing sustainability.
- Pro-actively identifying opportunities to have a positive impact on the wider determinants of health, for example, through planning, licensing and housing functions, use of assets and green space, and provision of facilities for usage by community groups.

COLLECTIVELY, AS A STRATEGIC BOARD:

- Through delivery of our strategic plans and a commitment to hold ourselves and each other to account.
- Working together to identify opportunities to develop and implement a 'health in all policies' approach.

Accountability and governance relationships

Health and Wellbeing Boards have played a key role in promoting integration since they were established in 2013.

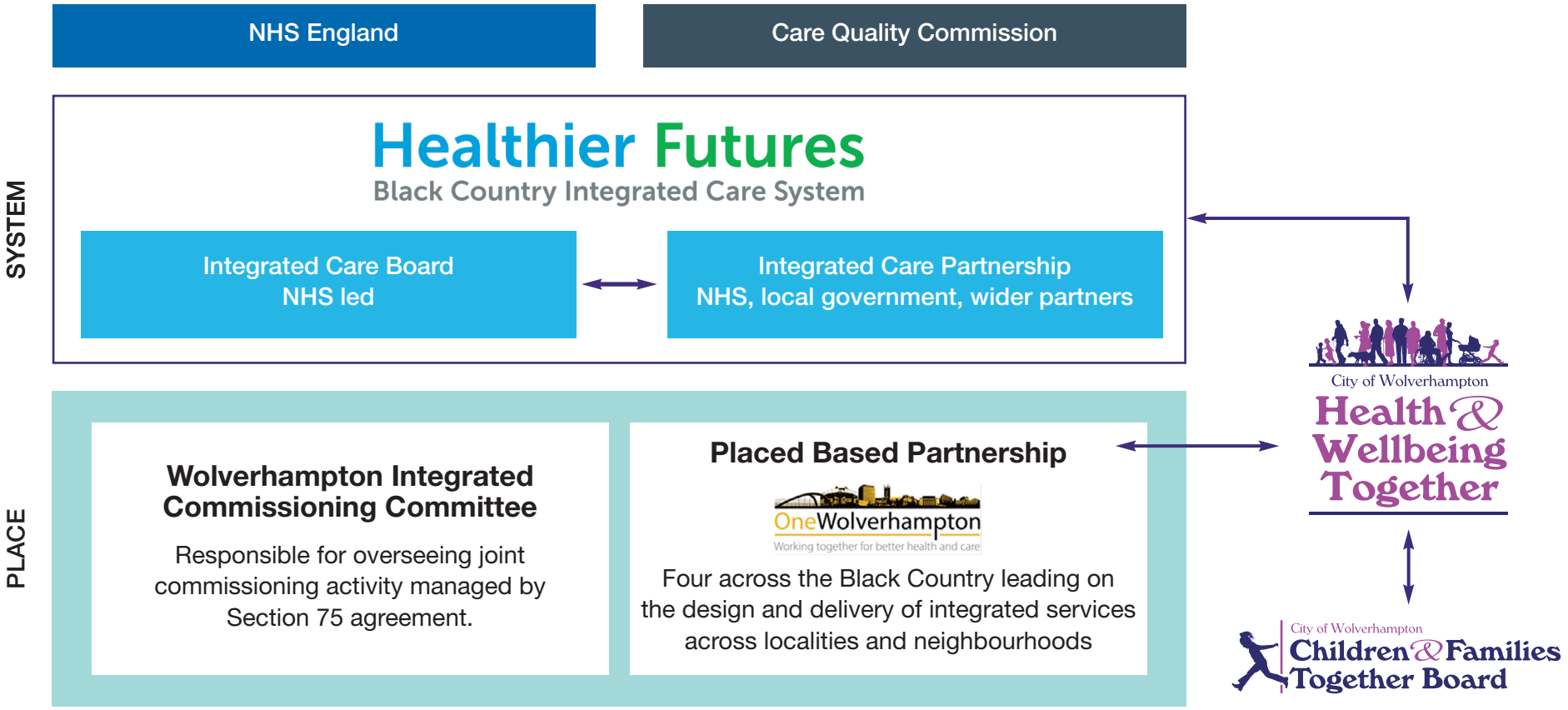
In Wolverhampton the joint response to the pandemic strengthened this partnership working, providing new and innovative ways for health and social care partners, education settings, the voluntary sector, faith groups, grass roots organisations and communities to work together.

Recent legislation[7] has acted to change the way health and care is organised, meaning Wolverhampton is now part of the Black Country Integrated Care System. Government guidance[8] reiterates the importance of Health and Wellbeing Boards in this new arrangement and says they should continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration between the NHS, public health and local government.

Our strategy considers these changes and builds on the strong foundations of established partnership working. Our local priorities are shaped by what we know about our city through our Joint Strategic Needs Assessment[9], what local people have told us and the Black Country Integrated Care Strategy priorities.[10] Health and Wellbeing Together will oversee this strategy and receive updates on its progress against outcomes.

Collectively we will be a strong voice for local people in Wolverhampton, working closely with our Place Based Partnership, OneWolverhampton, and the Integrated Care Partnership in the Black Country.

[7] www.legislation.gov.uk/ukpga/2022/31/contents/enacted
[8] www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance
[9] https://insight.wolverhampton.gov.uk/Help/JSNA
[10] https://blackcountryics.org.uk



To make sure our strategy stays relevant and focussed, progress will be reviewed annually, and strategic lines of enquiry related to our core themes will be regularly updated.

Working better together

Health and Wellbeing Together is made up of representatives from the following partners:

- City of Wolverhampton Council
- Black Country Integrated Care Board (Wolverhampton place)
- Black Country Healthcare NHS Foundation Trust
- Healthwatch Wolverhampton
- OneWolverhampton
- Royal Wolverhampton NHS Trust
- Safer Wolverhampton Partnership
- University of Wolverhampton
- Wolverhampton Safeguarding Together
- Wolverhampton VCSE Alliance
- Wolverhampton Voluntary Community Action
- West Midlands Fire Service
- West Midlands Police
- Better Homes Board
- Local Pharmaceutical Committee (observer status)
- West Midlands Care Association (observer status)

Find out more about the Board at **www.wellbeingwolves.co.uk**

Supporting documents

Black Country Integrated Care System:
https://blackcountryics.org.uk/about-us

Black Country Integrated Care Strategy:
https://blackcountryics.org.uk/our-plan

Core20PLUS5 for children:
www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp

Core20PLUS5 for adults:
www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5

Joint Strategic Needs Assessment for Wolverhampton:
https://insight.wolverhampton.gov.uk/Help/JSNA

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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City of Wolverhampton Council, Civic Centre, St. Peter's Square,
Wolverhampton WV1 1SH

WCC 1659 09/21

Agenda Item No: 8

Health and Wellbeing Together
21 June 2023

Report title	Development of the Wolverhampton Integrated Commissioning Committee
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Adults and Wellbeing
Wards affected	All wards
Accountable director	Becky Wilkinson, Director of Adult Services
Originating service	Adult Services
Accountable employee	Madeleine Freewood — Partnership and Governance Lead Email — madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	System Development Committee — 18 May 2023

Recommendations for action:

The Health and Wellbeing Together Board is recommended to:

1. Receive the Terms of Reference for the Wolverhampton Integrated Commissioning Committee.

1.0 Purpose

1.1 Health and Wellbeing Together is asked to note the development of an Integrated Commissioning Committee for the City, including the Integrated Commissioning Committee's Terms of Reference (Appendix 1).

1.2 The Integrated Commissioning Committee will have joint accountability to the Black Country Integrated Care Board, the City of Wolverhampton Council and Wolverhampton's Health and Wellbeing Together Board to monitor performance against agreed strategies and mandates.

2.0 Background

2.1 Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to work collectively to reduce health inequalities, support the development of improved and joined up health and social care services and set the strategic direction to improve the health and wellbeing of the local population. It is the name given to the City of Wolverhampton's Health and Wellbeing Board, a statutory board established under the Health and Social Care Act 2012.

2.2 Health and Wellbeing Together has a responsibility to promote the integration of health and social care services through the coordination of joint commissioning to meet local need in line with section 75 of the National Health Service Act 2006. This includes oversight of the Better Card Fund.

2.3 The development of the Wolverhampton Integrated Commissioning Committee will support the development of strategies and integration between health and care services, the Black Country Integrated Care Board and the City of Wolverhampton Council. The Committee will also act as a forum for joint high-level strategic discussions for the development of commissioning activity that remains the formal responsibility of the individual partners to support collective approaches to tackling inequalities, and meeting needs across the borough.

3.0 Integrated Commissioning Committee and Health and Wellbeing Together governance relationship

3.1 The work of the Integrated Commissioning Committee will act to support and develop integrated commissioning intentions to progress shared priorities including those outlined in the Health and Wellbeing Together Joint Local Health and Wellbeing Strategy 2023-2028.

3.2 The Committee will have responsibility for overseeing operational commissioning activity, including managing pooled budgets established under Section 75 arrangements (including the Better Care Fund). It will update the Health and Wellbeing Together Executive and Full Board on progress to support joint commissioning arrangements as part of its assurance process and will make recommendations to the Board, Cabinet and the Integrated Care Board for further action as required.

4.0 Financial implications

4.1 The Committee will have responsibility for managing pooled budgets established under Section 75 of the National Health Service Act 2006.
[JM/07062023/M]

5.0 Legal implications

5.1 Section 75 of the National Health Service Act 2006 allows budgets to be pooled between local health and social care organisations and authorities to facilitate a strategic and efficient approach to commissioning local services across organisations.
[TC/12062023/D]

6.0 Equalities implications

6.1 The ICC will have due regard to local government's priorities under the Equality Act and NHS actions in line with Core20PLUS5.

7.0 Appendices

7.1 Appendix 1 - Wolverhampton Integrated Commissioning Committee Terms of Reference.

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CITY OF WOLVERHAMPTON COUNCIL

NHS Black Country Integrated Care Board

Wolverhampton Integrated Commissioning Committee

Terms of Reference

1. Introduction and purpose

1.1 To support the development of strategies and integration between health and care services the Black Country Integrated Care Board (ICB) and the City of Wolverhampton Council (CWC) have established the Wolverhampton Integrated Commissioning Committee (WICC). to provide a space to support collaboration and joint commissioning activity across Wolverhampton.

1.2 In addition to overseeing Joint Commissioning activity managed by existing Section 75 Agreements, the Committee will act as a forum for joint high-level strategic discussions for the development of commissioning activity that remains the formal responsibility of the individual partners to support collective approaches to tackling inequalities, and meeting needs across the borough.

2. Remit, duties, and responsibilities

2.1 The WICC will be responsible for overseeing the delivery of the NHS BC ICB Commissioning functions and activity at a Place level and agreed health and wellbeing Council commissioning functions. This will include acting as the partnership forum for managing pooled funds under Section 75 Agreements and supporting the relevant Responsible Officers in exercising agreed delegated authority from Council and Black Country ICB for approval and decision-making.

2.2 WICC will have accountability to the BC ICB, Council cabinet and Health and Wellbeing Board to monitor performance against agreed strategies and mandates. The Committee will:

- Plan and develop integrated commissioning intentions to work towards agreed integrated priorities which should include the Health and Wellbeing Board strategy.
- Discuss and develop place based strategic commissioning activity in relation to in scope service and budgets as per approved finance schedules.
- Promote integration of both health services with other health services and/or health-related and social care services where the Committee considers that this would improve the quality of services or reduce inequalities.
- Review and recommend arrangements for risk sharing and or risk pooling with other organisations for services commissioned at Place, including amendments to existing s.75 agreements in place between the ICB and Council.
- Oversee One Wolverhampton Partnership development and delivery and provide oversight and management of actions to reduce health inequalities, including population health management.
- Oversee in scope budgets and joint arrangements, including management of pooled budgets covered by s.75 arrangements.
- Provide assurance through relevant agreed governance routes

3 Membership & Voting Arrangements

3.1 The Committee will hold a total of six members across the ICB and the Council.

- ICB Wolverhampton Managing Director
- CWC Director of Adult Social Services
- CWC Director of Public Health
- CWC Deputy Director, Families, Commissioning and Transformation
- ICB Wolverhampton lead GP
- ICB Wolverhampton Head of Primary Care and Place Commissioning

The Committee will jointly Chaired by the ICB Wolverhampton Managing Director and the CWC Director of Adult Social Services who will agree between them the arrangements for rotating the Chairing arrangements for meetings.

The Committee will aim to reach consensus decision-making wherever possible. Where it is not possible, having exhausted every effort to reach consensus, a vote will be taken, each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, with the Chair of the meeting having a second and deciding vote if required.

3.2 Participating Attendees

The One Wolverhampton Partnership Director will be invited to attend and participate as a of the Committee. The Committee may extend invitations to members of the ICB Place and Council Teams supporting the work of the Committee including commissioning, finance, performance, and quality and safety agreed by the Joint Chairs.

The Committee may also invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate.

3.3 Nominated Deputies

Members may from time to time nominate a deputy to attend the group in their place. The deputy will have full authority to act or make decisions on behalf of the membership. The member must appropriately brief the deputy of all matters arising.

If neither of the joint Chairs are able to preside (for example due to declared conflicts of interest) then the WICC will agree which of the members present will preside.

4. Delegated authority

4.1 The WICC will be authorised to act as the joint forum for the management of pooled funds under the purview of relevant Section 75 agreements.

4.2 The WICC will make recommendations relating to its other responsibilities in line with the ICB and Council Schemes of Delegation. For the ICB this will usually be to the Managing Director or escalated to the Strategic Commissioning Committee or Board, and for the Council, via the Director of Adult Social Services and Cabinet.

5. Designated Officer

5.1 A Designated Officer will be responsible for supporting the Chair in the management of the Board's business and for drawing members' attention to best practice, national guidance, and other relevant documents as appropriate.

6. Quorum

6.1 A quorum shall be 50% of the total membership and must include one voting member from the ICB and one voting member from the Council as a minimum. Attendance via video/telephone conferencing arrangements will be counted towards the quorum.

7. Frequency and structure

7.1 The Committee will normally meet on a monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one-week' notice of the date.

7.2 The agenda and supporting papers will be circulated by admin support to all members at least five working days before the date the meeting.

8. Governance

8.1 In line with agreed governance, The WICC will report to the Health and Wellbeing Board, Council Cabinet and Black Country ICB Strategic Commissioning Committee. Further reporting mechanisms may require oversight as governance at ICB level is developed.

9. Risk management

9.1 WICC has a responsibility to manage and escalate any risks identified that affects its integrated role, leading on commissioning activity. The Committee will actively manage all risks until the residual risk is deemed tolerable to be closed.

9.2 Appropriate communication of risks and their management will be made to the ICB, Council and Place based Partnership in line with each organisation's risk management policy.

10. Managing conflicts of interest

10.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of health and care. The WICC is required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from himself or herself or a member of the meeting.

10.2 It is imperative that core members of WICC ensure complete transparency in any decision-making processes through robust record keeping. If conflicts of interest are declared, or arise during the meeting, the Chair must ensure the following information is recorded in the minutes:

- Who has declared the interest?
- The nature of the interest and why it gives rise to a conflict
- The items on the agenda to which the interest relates
- How management of the conflict was agreed, with evidence that the conflict has been managed as intended.

10.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

11. Review

11.1 Review of these Terms of Reference will take place on an annually by WICC as an integrated committee.

11.2 The assigned support officer will attend to record the meeting, take minutes and maintain a log by financial year to ensure a clear record of decisions taken, approvals and strategic discussions. Circulation of minutes will take place within 14 days of the meeting.

12. Confidentiality

12.1 Papers that are marked ‘in confidence, not for publication or dissemination’ shall remain confidential to the members of the Committee unless the Chair indicates otherwise.

12.2 Members, representatives, or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting, which may take place on such papers.

CITY OF WOLVERHAMPTON COUNCIL

Family Hubs and Start for Life Programme

Health and Wellbeing Together

21 June 2023

Project Overview

The programme will:

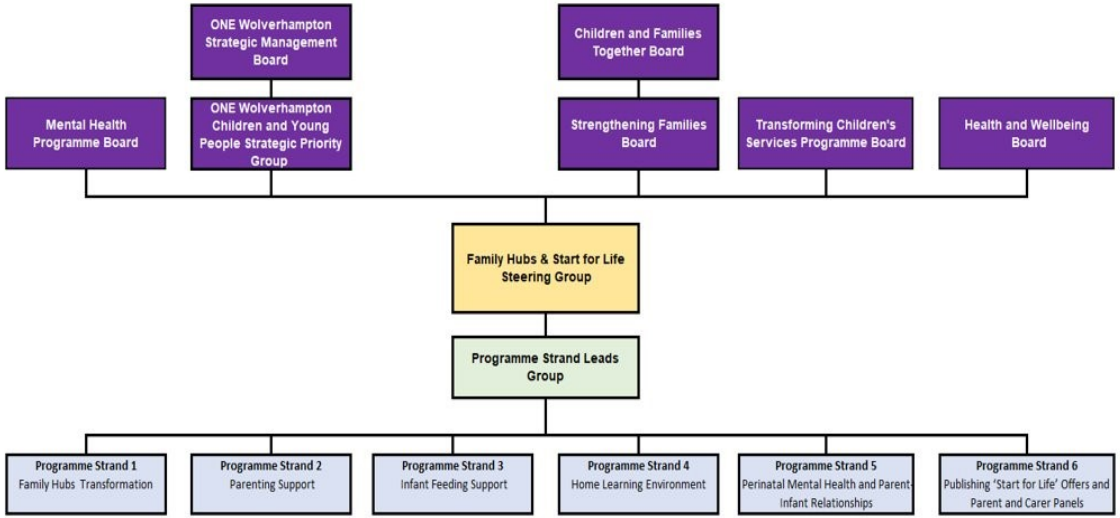
- provide support to parents and carers so they can nurture their babies and children, improving health and education outcomes for all
- contribute to a reduction in inequalities in health and education outcomes by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it
- build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts

This will be achieved through:

- developing a family hub model supporting children of all ages
- improving how local services share information and work together to provide holistic support.
- ensuring the Start for Life Offer is clear, accessible and seamless and voices of parents and carers are sought to influence the continuous improvement of the offer.
- providing tailored support for vulnerable communities
- increasing workforce capacity and capability
- understanding what works and sharing best practice

Governance

- Overarching Multi-agency Partnership Board in place reporting to Transforming Children's Services Board and externally Children & Families Together Board.



Finance

Government's investment in the Family Hubs and Start for Life to the City over the life of the programme amounts to 3.6 – 3.7million pounds (lower/ upper range)

Funding Strand	% of Total Funding	Year 1	Year 2		Year 3		Total (Y1-Y3)	
			Lower Range	Upper Range	Lower Range	Upper Range	Lower Range	Upper Range
Family Hubs Programme Spend	19.6%	£177,576	£287,532	£303,604	£240,688	£253,428	£705,796	£734,608
Family Hubs Capital Spend	4.9%	£43,941	£71,150	£75,127	£59,558	£62,711	£174,649	£181,778
Parenting Support	15.7%	£142,242	£230,319	£243,193	£192,796	£203,001	£565,357	£588,436
Home Learning Environment	9.1%	£81,993	£132,764	£140,185	£111,134	£117,017	£325,891	£339,194
Parent-Infant Relationships and Perinatal Mental Health	31.1%	£281,766	£456,237	£481,739	£381,908	£402,123	£1,119,911	£1,165,628
Infant Feeding Support	16.2%	£146,772	£237,654	£250,938	£198,936	£209,466	£583,362	£607,176
Publishing Start for Life Offers and Parent Carer Panels	3.5%	£31,710	£51,345	£54,215	£42,980	£45,255	£126,035	£131,180
Total		£906,000	£1,467,000	£1,549,000	£1,228,000	£1,293,000	£3,601,000	£3,748,000

Family Hubs Delivery

As one of 75 areas in England benefiting from the Government's investment in the Family Hubs and Start for Life programme, Wolverhampton is establishing eight Family Hubs across the city, at the locations of the existing Strengthening Families Hubs, moving from Targeted and Specialist Support Hubs to places of integration for local partners who can develop a shared, approach to working with families and their children aged 0–19 years (up to 25 for SEND) – where families can access a range of non-stigmatising, connected services in the community.

Core services offered from the Hubs incorporate a first 1001 days pathway- to improve coordination of interdisciplinary services to promote timely access to support for the most vulnerable families. Via Partnership Agreements the following services have started to be provided; Antenatal/Postnatal Care & Support, New Birth Registrations, Infant Feeding, Child Development Clinics & Support, Perinatal Mental Health Support, Stay & Play Sessions, Parenting Programmes.

Additionally, Housing Services, Benefits & Welfare Rights Advice, Positive Activities, Targeted and Specialist Support, Domestic Abuse Support, Adult Education, Financial Wellbeing Services, Young Carer Support and Child Protection Case Conferences will be part of an enhanced offer.

Revised opening hours and the development of outreach sites and a virtual offer will increase access and availability outside of traditional delivery patterns and bring the voluntary sector in as equal partners.

All 8 family hubs will be operational by end of July 2023

Launch as Family Hubs Site **9 May 2023**:

7. **Low Hill Strengthening Families Hub**
   26-28 Fourth Avenue, Low Hill, Wolverhampton, WV10 9LZ
   Serving: Low Hill & The Scotlands
6. **Dove Strengthening Families Hub**
   Grangefield Close, Ryefield, Wolverhampton, WV8 1XF
   Serving: Bushbury, Oxley & Pendeford
   *To be incorporated into Oxley Health and Wellbeing Hub by **2025***

Launch as Family Hubs Site **22 May 2023**:

4. **Bingley Strengthening Families Hub**
   Norfolk Road, Pennfields, Wolverhampton, WV3 0JE
   Serving: Penn, Merry Hill & Penn Fields

Launch as Family Hubs Site by **June 2023:**

2. **Rocket Pool Strengthening Families Hub**
   25a Rocket Pool Drive, Bilston, Wolverhampton, WV14 8BH
   Serving: Bilston, Bradley & Ettingshall
   *To be incorporated into Bilston Health and Wellbeing Hub by **2026***

Launch as Family Hubs Site by **July 2023**:

1. **Eastfield, Eastfield Strengthening Families Hub**
   Colliery Road, Wolverhampton Postcode: WV1 2QY
   Serving: East Park, Eastfield & Portobello
3. **Graiseley Strengthening Families Hub**
   Pool Street, Blakenhall, Wolverhampton, WV2 4NE
   Serving: Blakenhall, Springvale & All Saints
5. **Whitmore Reans Strengthening Families Hub**
   Lansdowne Road, Whitmore Reans, Wolverhampton, WV1 4AL
   Serving: Tettenhall, Whitmore Reans & Dunstall
8. **The Children's Village Strengthening Families Hub**
   Graiseley Lane, Wednesfield, Wolverhampton, WV11 1PE
   Serving: Wednesfield, Heath Town & Ashmore

Branding

Wolverhampton Family Hubs

Bringing Communities Together to Build A Brighter Future

Services provided from within the Family Hub, include:

- Midwives & Health Visitors
- Infant Feeding Support
- Emotional Health & Wellbeing
- Stay and Play Sessions
- Parenting Support
- Housing Support
- Benefits & Welfare Rights Advice
- Employment & Training
- Special Educational Needs and/or Disabilities (SEND) Support
- Out Of School Activities
- Birth Registrations
- Adult Education

Family Hubs Delivery

Locality Partnership Boards have been established consisting of senior representatives from all local partners – both statutory and the voluntary and community sector (VCS) and will identify priorities for the communities underpinned by locality JSNA and intelligence, develop the local offer and evaluate the impact of early help services on outcomes for children and young people.

Integrated Leadership Teams (ILT) are being developed consisting of operational managers from all key local partner agencies working with families and will operate each of the hubs with the aim of streamlining and developing joint plans and evidence-based practice in response to their understanding of local need.

Forums for each family hub have been developed where parents and carers, young people and other community members provide feedback on design and development of services to help improve their lives and their community. Parents and carers will be an integral part of each ILT.

An Organisational Development Lead is working across the partnership to coordinate delivery of a multi-agency, graduated training offer that encompasses an I Thrive approach from signposting though to delivery of research-based programmes and ensures there is a consistent relational approach embedded across all sectors working with children and families.

Opportunities to link services offered to families through family hubs with supporting families programme

Key Links & Dependencies

The project supports the **Council Plan** objectives:

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

This project also supports the following **TCSP Outcomes:**

- Improved approach to working with children, young people and their families across the whole system
- Increased engagement with the workforce during transformation of services
- Improved opportunities for target CYP cohorts (for example young offenders, care leavers, children with SEND and children in care)
- Increased resilience and emotional wellbeing amongst children, young people and families

The project spans and is inclusive of several initiatives including:

- Financial Wellbeing
- Families Front Door
- Supporting Families
- SEND Local Offer
- Digital Wolverhampton
- There is also alignment with the **Health and Wellbeing Board** priorities.

Links to the Joint Local Health and Wellbeing Strategy (Starting and Growing Well Theme):

First 1001 days, including support for parents, and maternal mental and physical health

- Start for Life Offer published on Wolverhampton Information Network
- Additional Clinical rooms established in Family Hubs to provide antenatal, maternity and child development clinics.
- Child development clinics operating.
- Multidisciplinary infant feeding strategy produced.
- Recruit additional 3 Infant Feeding Support roles
- Creation of breastfeeding friendly environments in each of the Hubs and breastfeeding support groups at 4 hubs (to be extended to all 8).
- Expanded infant feeding peer support service including a Peer Support Co-ordination role and training, travel, phone and other expenses for volunteers.
- All frontline staff to be provided with mental health first aid training.
- Use of 5 ways to wellbeing tool to be embedded in service delivery.
- Perinatal Mental Health Project Manager and recruitment to 3 perinatal mental health support posts..
- Parenting support team established in hubs and delivering evidence-based training programmes including Reducing Parental Conflict, Journey of Change and Circle of Security, as well as offering train the trainer to support to partner agencies.

Links to the Joint Local Health and Wellbeing Strategy (Starting and Growing Well Theme):

Emotional health and wellbeing of children and young people

- Solihull Approach being embedded across programmes of work
- Parenting support team established in hubs and delivering evidence-based training programmes including Reducing Parental Conflict, Journey Of Change and Circle of Security as well as offering train the trainer across the partnership.
- Train family facing staff to understand Wolverhampton's 5 school readiness themes and how to support families to achieve these
- Creation of universal service practitioner posts to provide targeted support for parents around nurture and the home learning environment.
- Engagement materials for fathers, in development, Dads Pad App to be procured as universal offer.
- Embed the Graduated Response to Educational Needs & Disabilities
- Independent Advice & Support Service presence within Hubs
- Links to school emotional health & wellbeing services; Reflexions Service to provide drop-in support during school holidays

Links to the Joint Local Health and Wellbeing Strategy (Starting and Growing Well Theme)

Good level of development and school readiness

- Additional Clinical rooms to provide antenatal, postnatal and child development clinics
- Extended opening times to facilitate weekend child development clinics to enable working parents to access Health Visitor advice.
- A range of pre-school, Stay & Play family engagement sessions, including communication, language, interactions and independence, both antenatal and postnatal delivered from Hubs
- Work with SLT Services to produce improved speech, language and communication pathways and join up across Start for Life services to ensure support is available and tailored when needed for families
- Delivery of Early Talk Boost and the REAL project online and face to face to provide information and activities for families to improve school readiness.
- All Family Hub staff trained to complete free childcare offer eligibility checks and signpost to provision
- Family Learning provided by Adult Education; ICT, numeracy, literacy, ESOL, vocational training

Links to the Joint Local Health and Wellbeing Strategy (Starting and Growing Well Theme): Home Environment

- Delivery of Domestic Abuse Programmes; Freedom programme and Respect Perpetrator Programme being delivered by Family Hub Staff. The Haven to provide Clinics, counselling and support groups within Family Hubs.
- Wolves Online- All hubs designated trusted partners for digital inclusion; provision of free devices and data for community use
- Adult Education delivering short 'Planning For the Pinch' courses from Hubs. Taster sessions in numeracy, literacy, ICT, ESOL and vocational courses to be delivered over the summer.
- Wolverhampton Homes hybrid offer; based in Family Hubs, with a virtual connection to a duty system , including access to Money Smart Team for tenants.
- Financial Wellbeing Co-ordinators to be based in Family Hubs offering advice and support to family hub staff.
- Family Hubs linked to community shops, mobile pantry and Community Chef programme.
- Citizens Advice to provide financial wellbeing surgeries.
- Supporting Families advisors to provide pathways to work surgeries within Family Hubs.
- Welfare rights providing training to universal practitioners in Hubs, virtual link to duty system for support with benefit appeals. Newly created Benefits Calculation Form to be utilised in Hubs and linked to Early Help Assessment form.
- Registration point for HAF with some activities running within Family Hubs sites.

Measuring Impact

	Benefit	How measure to show the benefit has been delivered?	How are you going to measure the benefit?
001	Increased accessibility for families to more of the services they need, through a single point of access	Family usage of Family Hubs and digital/virtual offer	Capture of attendance usage through systems which will be recorded in MI return
002	Increased awareness and uptake of family hub services, including by disadvantaged and vulnerable groups	Recording of EDI data on registration/ evaluation	Capture of attendance usage through systems which will be recorded in MI return
003	Improved experience for families of navigating services and reduced need for families to 'tell their story' more than once	Family surveys to demonstrate experience	Analysis of data collected through family surveys
004	Increased efficiency for professionals and services and more effective collaboration, leading to improved support for families	Outcomes Data	Analysis of data collected through referral, throughput & outcomes data. Dip samples & observation.
005	Increased consideration of a whole family's needs, leading to more appropriate and timely support	Family surveys to demonstrate experience	Analysis of outcomes data and qualitative feedback from family
006	Strengthened relationships within families and between them and professionals	Family & workforce surveys to demonstrate experience	Analysis of data collected through family surveys

Performance Monitoring

There will be three elements of reporting:

- programme delivery returns
- financial returns
- management information

Taken together, these reporting expectations will provide us with the data we need to:

- monitor programme delivery
- develop the evidence base
- understand what good delivery looks like
- identify areas where additional support is required

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Briefing Note

Title: Adult Mental Health Joint Strategic Needs Assessment Update **Date:** 5 June 2023

Prepared by: Jamie Annakin – Principal Public Health Specialist
Nicola Palin – Senior Public Health Specialist

Intended Audience: Internal ☒ Partner organisation ☒ Public ☒ Confidential ☐

1.0 Aims

1.1 To provide Health and Wellbeing Together with an update on the findings of the Wolverhampton Adult Mental Health Joint Strategic Needs Assessment (JSNA).

1.2 To outline Adult Mental Health JSNA recommendations and areas of priority focus to improve adult mental health and wellbeing in Wolverhampton, as well as next steps in relation to work required to inform activities to address priority areas.

2.0 Background: Mental Health Policy Context

2.1 The Department of Health and Social Care (DHSC) will be publishing a Major Conditions Strategy and a separate Suicide Prevention Strategy 2023-2024. There will no longer be a standalone mental health strategy as in previous years as mental health will form part of the new 'Major Conditions Strategy' alongside diseases such as cancers; cardiovascular disease (including stroke and diabetes); chronic respiratory diseases; dementia; and musculoskeletal conditions. The Wolverhampton Joint Public Mental Health and Wellbeing Strategy (2018-2021) set out the strategic vision for every resident in the City of Wolverhampton to have the best mental health that they can at every stage of their life.

3.0 Adult Mental Health and Wellbeing in Wolverhampton

3.1 Wellbeing in Wolverhampton has historically been worse than in the West Midlands and England for happiness, feeling life is worthwhile and life satisfaction. Anxiety in Wolverhampton was previously reported to be much lower compared to regional and national levels, but the recent trend shows that self-reported levels of anxiety are increasing.

3.2 The Prevention and Promotion Programme for Better Mental Health 2021-2022 was a single year initiative overseen by the Office of Health Improvement and Disparities (OHID) designed to mitigate mental health impacts arising from the COVID-19 pandemic and reduce widening mental health inequalities by targeting at-risk and vulnerable groups. Several universal and targeted prevention and promotion interventions were delivered in Wolverhampton to improve mental health and wellbeing outcomes in 2021-2022. Information on programme outputs is available at http://www.bettermentalhealthwolves.co.uk/

3.3 The #WolvesWellbeingandMe City-wide survey of mental health and wellbeing 2021-2022 report highlighted that 'being mentally well' for people in Wolverhampton included: feeling

emotionally balanced; resilient and able to bounce back or cope with life challenges; feeling optimistic about the future, having good social connections and being able to access support when needed.

3.4 The #WolvesWellbeingandMe evidence review identified sub-groups of the population in Wolverhampton for whom COVID-19 was likely to have increased their risk of poor mental health across the life course, which included: children; children with Special Educational Needs and Disabilities (SEND) and their parents/carers; young, unemployed people; refugees and migrants; ethnic minorities; women; critical workers; older people with long-term physical health conditions or disabilities, and older people with a pre-existing mental health condition. Targeted engagement activities were undertaken with groups representative of those identified in the evidence review to improve mental wellbeing, as well as understanding risk and protective factors for mental health in Wolverhampton.

4.0 Mental Health Joint Strategic Needs Assessment (JSNA) Frameworks

4.1 OHID provide a set of JSNA frameworks for mental health which cover Environmental Factors, Population Factors and have sub-population JSNA activities on 'Perinatal Mental Health' and 'Children and Young People's Mental Health', along with 'Working Age Adults', 'Living Well in Older Years', and 'Suicide Prevention'.

4.2 This update focuses on the JSNA for Adults (Working Age Adults, Living Well in Older Years).

4.3 Alternative JSNAs and reviews are currently being completed in Wolverhampton for Children and Young People, and Perinatal Mental Health.

4.4 A Suicide Prevention JSNA is currently being undertaken to refresh the Wolverhampton Suicide Prevention Strategy. The JSNA is overseen by a Task and Finish Group which is a sub-group of Wolverhampton Suicide Prevention Stakeholder Forum (SPSF). A refreshed national suicide prevention strategy is expected to be published late 2023 with the Wolverhampton strategy to follow.

4.5 The One Wolverhampton Adult Mental Health Strategic Working Group (AMHSWG) has provided oversight of completion of the Adult Mental Health JSNA whilst receiving periodic updates on progress.

4.6 A multi-agency Adult Mental Health JSNA Task and Finish Group operated from October 2022 to May 2023 to collate and consider available data / information relevant to the Adult JSNA framework / data set. Membership of the Task and Finish group included the following organisations:

- Adult Social Care - City of Wolverhampton Council
- Wolverhampton Voluntary and Community Action (WVCA)
- Black Country Healthcare NHS Foundation Trust
- NHS Black Country Integrated Care Board
- One Wolverhampton
- Healthwatch Wolverhampton
- Royal Wolverhampton NHS Trust
- University of Wolverhampton

- West Midlands Police

4.7 During the Adult Mental Health JSNA process, several engagement sessions have taken place with community organisations to iteratively sense-check the appropriateness of the JSNA framework being used in Wolverhampton, JSNA preliminary findings, and any additional considerations needed locally to capture specific issues related to mental health in Wolverhampton. Consultation for the JSNA has taken place at local forums including:

- Wolverhampton Suicide Prevention Stakeholder Forum (SPSF)
- Wolverhampton Mental Health Stakeholder Forum (MHSF)

4.8 The JSNA has also drawn on a previous mental health survey, evidence review and engagement and consultation activities completed during the Better Mental Health 2021-2022 programme.

5.0 Adult Mental Health JSNA: Findings and Recommendations

5.1 Wellbeing

Key findings	Recommendations:
• Levels of self-reported happiness, feeling life is worthwhile, and life satisfaction have been worse in Wolverhampton compared to regional/national. • Self-reported levels of anxiety historically lower in Wolverhampton, but recent trend increasing. • All four areas of self-reported wellbeing are worse amongst groups at higher risk of poor mental health.	Improve mental health and wellbeing and awareness by: • Promoting mental health and wellbeing self-care resources, campaigns, and awareness of local, regional, and national support. • Making mental health and wellbeing training available to help reduce mental health stigma. • Increasing knowledge of how and where to access wellbeing support and reducing barriers to access. • Improving opportunities for social connections and access to green spaces.

5.2 Understanding Place

Key findings	Recommendations:
• Challenges to social factors which influence mental health include: - Poor quality housing - Homelessness - Unemployment or unstable/unrewarding employment - Financial insecurity and debt - Crime - Deprivation - Lack of access to green spaces - Social isolation	Improve the social factors which influence mental health by: • Becoming a Prevention Concordat for Better Mental Health signatory and developing a cross sector action plan to promote protective factors and reduce risk factors (including poverty, cold homes, domestic abuse, and unemployment). • Using evidence-based prevention and promotion approaches across universal, targeted and specialist areas to strengthen

• Other risk factors known to impact mental health include smoking, obesity, physical inactivity, problematic drug and alcohol use.	opportunities for health promotion and reduce demand on acute services. • Reduce the prevalence of other risk factors known to impact mental health.

5.3 Understanding People

Key findings	Recommendations
• Some population groups are more likely to experience challenges that can affect equitable access to healthcare and overall mental and physical health. • Need for mental health service provision to flex to meet different people's needs.	Reduce knowledge gaps identified around inequalities in the Mental Health JSNA by: • Understanding how the national picture of mental health race inequalities are experienced in Wolverhampton. • Better understanding of mental health needs and assets of people who identify as LGBT+ and disabled people. • Learning more about supportive transition pathways between Mental Health services.

5.4 Healthy Adults

Key findings	Recommendations
• People with a severe mental illness (SMI) die on average 15 to 20 years earlier, often due to preventable causes. • Wolverhampton is worse than England overall for premature mortality in adults with SMI.	Reduce premature mortality and improving the quality of life in people with severe mental illness (SMI) by: • Improving uptake of and outcome from an annual SMI Physical Health Check. • Ensuring people with SMI access cancer screening in line with national targets. • Supporting development of tobacco dependence pathways for people using mental health services. • Ensuring equitable access to welfare rights, benefits and finance for people with SMI and their families/ carers.

5.5 Healthy Ageing

Key findings	Recommendations
• Identified risk factors that can result in a decline in independence and wellbeing in older people. • Priority areas to focus on in the prevention of mental health problems in older people include loneliness and social isolation, frailty and falls, and carers.	Support the mental health of people with long-term conditions, reduce isolation and strengthen opportunities for social connections by: • Ensuring physical health services consider the need to promote mental health and wellbeing. • Improving universal opportunities for social connectedness, reducing isolation across

• Older people with mental health problems often present with physical health problems, which can result in unmet mental health needs.	the life-course with a focus on those people using social care services and carers.

5.6 **Services**

Key findings	Recommendations
• Engagement with co-creation groups identified challenges with access and ongoing mental health support	Ensure implementation of community mental health service transformation to: • Place people at the heart of service design to ensure flexibility in terms of when, where and how services can be accessed • Ensure availability of culturally appropriate services including access to interpreters, ease of booking and reduced waiting times. • Ensure that a range of voices of experts by experience are central to the design and delivery of services. • Provide targeted support for people with co-existing substance misuse and mental health problems.

6.0 Next steps: Mental Health Priority Activity Workshops

6.1 Mental Health Priority Activity Workshops will be coordinated with local stakeholders via the Wolverhampton MHSF. Workshops will discuss gaps in knowledge identified by the JSNA, how to mobilise action to progress against priority areas, what systems or services we have currently, what stakeholders feel will work to improve priority outcomes, what does not work currently, challenges that are likely to be encountered regarding priority area improvements, and any partnership approaches/ activities which may need to be collectively mobilised.

7.0 MHSF Governance Arrangements

7.1 In partnership with Black Country Healthcare NHS Foundation Trust (BCHT), City of Wolverhampton Council (CWC) have secured an external facilitator from the Centre for Mental Health to work with MHSF members to strengthen existing forum governance arrangements, chairing, ways of working and relations between partner organisations**.** These facilitated activities will enable the MHSF member organisations to galvanise collective momentum in making an impactful contribution towards ideas for addressing local mental health priorities.

8.0 Prevention Concordat for Better Mental Health

8.1 Health and Wellbeing Together has committed to becoming a Prevention Concordat signatory and developing a cross sector action plan to facilitate local action to prevent mental health problems and promote good mental health and wellbeing. Completion of various Mental Health JSNAs will support Concordat application and provide an overarching framework for approaches to improve mental health and wellbeing within Wolverhampton.

9.0 Mental Health Strategy for Wolverhampton

9.1 DHSC intends to publish an interim report on the major conditions strategy in the summer of 2023 including outcomes following consultation on the Mental health and wellbeing plan: discussion paper and call for evidence - results - GOV.UK (www.gov.uk). This will provide an indication for the new national framework to improve population mental health and wellbeing and will underpin the knowledge realised by the Adult Mental Health JSNA to inform local strategy development.

10.0 Recommendations

10.1 That Health and Wellbeing Together note the Adult Mental Health JSNA findings and future areas of priority focus.

10.2 That Health and Wellbeing Together note the proposals to work with local partner organisations, including statutory and voluntary sector groups, to determine activities and interventions required to address priority areas for mental health identified by the Adult Mental Health JSNA.

11.0 Appendices

11.1 Appendix 1 – Wolverhampton Joint Strategic Needs Assessment: Adult Mental Health Needs Assessment 2023.

Wolverhampton Joint Strategic Needs Assessment

Adult Mental Health Needs Assessment

2023

Acknowledgements

The undertaking of the adult mental health needs assessment was a significant challenge that could not have been achieved without the goodwill and partnership working of all involved.

City of Wolverhampton Public Health would like to thank everyone who contributed to the needs assessment, including the membership of the needs assessment steering group, and the following organisations and forums:

Adult Social Care City of Wolverhampton Council
Wolverhampton Voluntary & Community Action
Black Country Healthcare NHS Foundation Trust
NHS Black Country Integrated Care Board
One Wolverhampton
Healthwatch
Royal Wolverhampton NHS Trust
University of Wolverhampton
West Midlands Police
Wolverhampton Mental Health Stakeholder Forum
Wolverhampton Suicide Prevention Stakeholder Forum

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Executive Summary

Aims and objectives

This needs assessment focuses on adult mental health in Wolverhampton, and its purpose is to:

- provide a picture of mental health and wellbeing for working-age adults (age 18-64) and older adults (age 65+) in the city, using a nationally validated framework.
- identify where there are gaps that need to be addressed to improve the mental health and wellbeing of local people.

Local Wolverhampton profile

Although Wolverhampton currently has a younger population than the English average, it still has challenges from an ageing population, with the 65 years and above age group expected to rise faster than younger groups. On average, people in Wolverhampton live shorter lives compared to England, and people in Wolverhampton spend fewer years living in good health.

Wellbeing

- Wellbeing in Wolverhampton has historically been worse than in the West Midlands and England for Happiness, feeling life is Worthwhile and Life Satisfaction
- Anxiety in Wolverhampton was previously reported to be much lower compared to regional and national levels, but the recent trend shows that levels of anxiety are increasing.
- All four areas of self-reported wellbeing were worse amongst groups at higher risk of poor mental health.
- 'Being mentally well' for people in Wolverhampton includes feeling emotionally balanced, resilient, and able to bounce back, or cope with life challenges, feeling optimistic about the future, having good social connections and being able to access support when needed.
- 'What would support wellbeing' within the city: being able to get out and do more things was the most frequent choice among respondents, along with having time for oneself, more money and someone to talk to, better physical and mental healthcare support and a better working environment.
- An evidence review identified sub-groups for whom COVID-19 increased their risk of poor mental health across the life course, which included: Children; Children with Special Educational Needs and Disabilities (SEND) and their parents/carers; Young, unemployed people; Refugees and migrants; Ethnic minorities; Women; Critical workers; Older people with long-term physical health conditions or disabilities; Older people with a pre-existing mental health condition.
- Findings from co-creation engagement activities with the above groups told us:
    - There are challenges with mental health support – access and ongoing – one size does not fit all, and the approach needs to flex to meet different people's needs, access to appointments, waiting times, and lack of understanding about options/health care system.
    - People are also concerned about the impacts of access to quality housing, public transport, access and availability of things to do to improve wellbeing, and cost of living, as well as the need to reduce mental health stigma and create a more inclusive society.

Understanding Place

- 30% of Wolverhampton neighbourhoods are in the top 10% most deprived nationally.
- Low income and debt are risk factors for poor mental health and wellbeing. Poverty can be both a cause and a consequence of mental ill health.
- An estimated 22.4% of Wolverhampton households are affected by fuel poverty. Cold homes are linked to an increased risk of social isolation, depression and anxiety.
- Stable and rewarding employment is a protective factor for mental health and improving recovery. Unemployment and unstable employment are risk factors for mental health problems and suicide. Wolverhampton is 4th highest in England for unemployment.
- Approximately 5% of Wolverhampton adults residents are estimated to have experienced domestic abuse in the year ending March 2022
- 48% of adults who use social care services in the city felt that they had as much social contact as they would like – better than regional and national averages.
- Over 29% of adult carers supported by social care services felt that they had as much social contact as they would like – similar to regional and national averages.

Understanding People

Equity of access and vulnerable groups:

- People from ethnic minority groups living in the UK often face challenges that can affect access to healthcare and overall mental and physical health, including racism and discrimination; social and economic inequalities; mental health stigma, disparities in the use of Mental Health Assessments and Community Treatment Orders; and migration.
- Equity and equality challenges to healthcare are also more likely for people with disabilities, and people who identify as LGBT+

Health risk behaviours:

- An estimated 28% of adults in our city do less than 30 minutes of physical activity a week
- Over 68% of adults in Wolverhampton are estimated to be overweight or obese.
- Smoking is England's single biggest cause of preventable death and illness. Approximately 13% of adults in the city are self-reported smokers. In Wolverhampton, nearly a third of adults with a long-term mental health condition report as smokers. Nationally, over 40% of people with a severe mental illness are estimated to smoke.
- In Wolverhampton, an estimated 8 in 10 people drinking at levels that are harmful to health are not in touch with treatment services. Half of people experiencing problematic use of drugs are not in touch with treatment services.
- Mental and physical health are closely linked. The numbers of people in Wolverhampton living with one or more long-term conditions are higher than the national average.

Healthy Adults

Common mental health conditions:

- Approximately one in four adults in England will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any given time, with depression and anxiety being the most common.

- 13.6% of adults registered with a Wolverhampton GP were estimated to be smokers, according to GP practice records in 2021/22
- Antidepressant prescribing locally has increased yearly, similarly to the national trend.
- People referred to eating disorders services for Wolverhampton residents during 2018-2022 were predominately female, and aged between 25-44
- Top reasons for accessing social prescribing in October 2022 were mental health, social isolation and benefits advice.
- National Targets for Talking Therapies (IAPT) in Wolverhampton were met during April-December 2022

Severe mental illness (SMI):

- In England, people with SMI die on average 15 to 20 years earlier, often due to preventable causes.
- Wolverhampton is worse than England overall for premature mortality in adults with SMI.
- To address this, adults with SMI should receive an annual physical health check. As of 2022/23, the number of completed health checks in Wolverhampton and the Black Country is below the national target.

Healthy Ageing

- Older people who have experienced any of the following are at a greater risk of a decline in their independence and wellbeing: their partner died in the past 2 years; being a carer; living alone; recently separated or divorced; recently retired; low income; aged over 80; have a disability; have dementia; been subject to abuse.
- Older people often present with physical health problems, which can result in unmet mental health needs.
- Priority areas to focus on in the prevention of mental health problems in older people include loneliness and social isolation, frailty and falls, and carers.

Consultation and Engagement

In addition to the input from the needs assessment steering group, the needs assessment has incorporated input from consultation via the #WolvesWellbeingAndMe survey, co-creation activities with targeted groups and engagement with Wolverhampton Mental Health Stakeholder Forum.

Recommendations

Future Mental Health and Wellbeing priorities should consider the need to:

WELLBEING: Improve mental health and wellbeing and awareness by:

- Promoting mental health and wellbeing self-care resources, campaigns, and awareness of local, regional, and national support
- Making mental health and wellbeing training available to help reduce mental health stigma
- Increasing knowledge of how and where to access support and reducing barriers to access
- Improving opportunities for social connections and access to green spaces

PLACE: Improve the social factors which influence mental health by:

- Becoming a Prevention Concordat signatory and developing a cross sector action plan to promote protective factors and reduce risk factors (including poverty, cold homes, domestic abuse, and unemployment)
- Using evidence-based prevention and promotion approaches across universal, targeted and specialist areas to strengthen opportunities for health promotion and reduce demand on acute services
- Reduce the prevalence of risk factors known to impact mental health (smoking, obesity, inactivity, alcohol and drug use)

PEOPLE: Reduce knowledge gaps identified in MH JSNA around inequalities by:

- Understanding how the national picture of mental health race inequalities are experienced in Wolverhampton.
- Better understanding of mental health needs and assets for people who identify as LGBT+, and disabled people.
- Learning more about supportive transition pathways between MH services.

HEALTHY ADULTS: Reduce premature mortality and improving the quality of life in people with severe mental illness (SMI) by:

- Improving uptake of and outcome from annual SMI Physical Health Check.
- Ensuring people with SMI access cancer screening in line with national targets.
- Supporting development of tobacco dependence pathways for people using mental health services.
- Ensuring equitable access to welfare rights , benefits, and finance for people with SMI and their families/ carers.

HEALTHY AGEING: Support the mental health of people with long-term conditions, reduce isolation and strengthen opportunities for social connections by:

- Ensuring physical health services consider the need to promote mental health and wellbeing

- Improving universal opportunities for social connectedness, reducing isolation across the life-course with a focus on those people using social care services and carers

SERVICES: Ensure implementation of community mental health service transformation to:

- Place people at the heart of service design to ensure flexibility in terms of when, where and how services can be accessed
- Availability of culturally appropriate services including access to interpreters, ease of booking, reduced waiting times
- Ensure that a range of voices of experts by experience are central to the design and delivery of services
- Provide targeted support for people with co-existing substance misuse and mental health problems

Background and context to this needs assessment

Aims and objectives

This needs assessment focuses on adult mental health in Wolverhampton, and its purpose is to:

- provide a picture of mental health and wellbeing for working-age adults (age 18-64) and older adults (age 65+) in the city, using a nationally validated framework.
- identify where there are gaps that need to be addressed to improve the mental health and wellbeing of local people.

It sits alongside other needs assessments that are related to mental health:

- Suicide prevention rapid needs assessment
- Perinatal mental health rapid needs assessment
- Children and Young People's emotional mental health and wellbeing needs assessment.

The findings from these needs assessments will help to inform and shape future approaches to improve population mental health and wellbeing.

National policies and drivers

National policies have focused on making prevention a priority for mental health, improving mental health outcomes, reducing inequalities, and reforming mental health services. These include:

- **NHS Long Term Plan**[1] builds on the **Five Year Forward View for Mental Health**[2] and sets out a vision to achieve parity between mental and physical health and transformation of the mental health system. The plan also outlines measures for the NHS to improve mental health support for working-age adults and older adults with a range of needs across all mental and physical health services and settings.

- **Reforming the Mental Health Act white paper**[3] - which sets out proposed changes to the **Mental Health Act 1983**[4] and wider reforms of policy and practices around it.

- **Prevention Concordat for Better Mental Health**[5] aims to facilitate local and national action around preventing mental health problems and promoting good mental health.

- **Core20PLUS6**[6] offers a way of improving health outcomes and reducing health inequalities by targeting prevention work. One of the key '6' clinical areas of focus includes Severe Mental Illness, with a target to ensure that at least 60% of people living with severe mental illness receive a physical health check every year.

Local priorities

Our City: Our Plan[7] and **The City of Wolverhampton Public Health Vision 2030**[8] sets out how the Council and Public Health will work alongside local, regional, and national partners to improve outcomes for local people so that they can live longer, healthier lives. The key areas, shown in the diagram below are very similar to the building blocks of health that help to promote good mental health and wellbeing.

Joint Public Mental Health and Wellbeing Strategy[9] 2018-2021 which sets out the following aims:

- Focus on mental health promotion, mental illness prevention and recovery throughout the life course.
- Promote resilience in individuals, families and communities through asset-based working and the wider social determinants of health.
- Deliver timely, person-centred, effective services that align health and social care outcomes to provide integrated, responsive services and care.
- Improve people's experiences of mental health and social care services.
- Reduce inequalities in mental health and wellbeing and access to care and support.
- Challenge stigma and discrimination related to mental health problems.

This Strategy will be refreshed in 2023 and will be shaped by the recommendations of all of the mental health and suicide prevention needs assessments.

Health & Wellbeing Together Wolverhampton Joint Health & Wellbeing Strategy[10] 2018-2023 which sets out the following themes and priorities:

- **Theme 1 - Growing Well**
  - Priority 1 - Early Years
  - Priority 2 - Children & young people's mental wellbeing and resilience
- **Theme 2 - Living Well**
  - Priority 3 – Workforce
  - Priority 4 - City Centre
  - Priority 5 - Embedding prevention across the system

- **Theme 3 - Ageing Well**
    - Priority 6 - Integrated Care; Frailty and End of Life
    - Priority 7 - Dementia friendly city

Black Country Healthcare NHS Foundation Trust strategies[11], which describe how the Trust works in partnership with staff, patients, carers, partners and other groups to deliver care to the communities it serves. Key strategies include **Clinical strategy**, **People strategy, Communications strategy, Digital strategy** and the **Service User and Carer strategy.**

Key local strategic groups for adult mental health

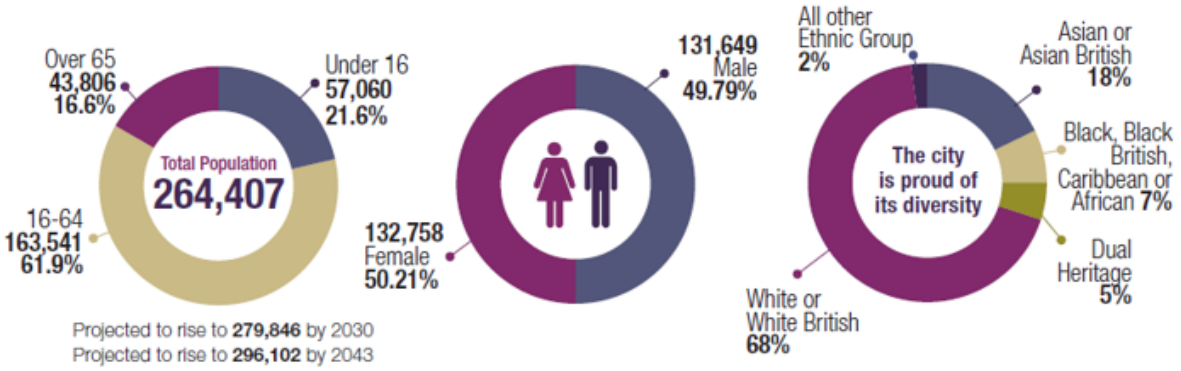
- Health and Wellbeing Together
- One Wolverhampton Adult Mental Health Strategic Working Group (SWG)
- Wolverhampton Mental Health Stakeholder Forum
- Wolverhampton Suicide Prevention stakeholder forum

Local Wolverhampton profile

Our city is a diverse place, and it is important to recognise what makes people unique, such as age, culture, religion, gender and sexuality.

Although Wolverhampton currently has a younger population than the English average, it still has challenges from an ageing population, with the 65 years and above age group expected to rise faster than younger groups[12,13].

Key facts about the city's population



27,136 carers in Wolverhampton

(just over 10% of the population)

68.9% are in employment,

compared with the England average of 75.1%

(percentage of 16-64 population)

One of the **20%** most deprived districts/unitary authorities in England

37 is the average age of the population

43% of residents are married.

0.2% of residents are in a **same-sex civil partnership.**

3.1% of the population, which equates to 6428 residents aged 16+ define as LGB or other

6,428

0.007% of the UK population has a **gender reassignment** certificate

18

residents within Wolverhampton

37% of residents have a ***religion***.

56% Christian

9% Sikh

4% Muslim

4% Hindu

21% of residents have a ***disability***.

61% of 65+ have a disability compared to 10% of 16-49

Life expectancy

Life expectancy is the average number of years that an individual is expected to live. On average, people in Wolverhampton live shorter lives compared to England. Male life expectancy is lower than female life expectancy.

Indicator	Period	Wolves			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male, 1 year range) New data	2021	–	-	76.3	77.9	78.7	72.3		83.8
Life expectancy at birth (Male, 3 year range) New data	2018 - 20	–	-	76.6	78.5	79.4	74.1		84.7
Life expectancy at birth (Female, 1 year range) New data	2021	–	-	80.3	82.1	82.8	78.6		86.2
Life expectancy at birth (Female, 3 year range) New data	2018 - 20	–	-	81.3	82.5	83.1	79.0		87.9
Life expectancy at 65 (Male, 1 year range) New data	2021	–	-	16.6	18.1	18.4	15.6		21.6
Life expectancy at 65 (Male, 3 year range) New data	2018 - 20	–	-	16.9	18.3	18.7	16.0		23.1
Life expectancy at 65 (Female, 1 year range) New data	2021	–	-	18.8	20.7	21.0	17.8		23.5
Life expectancy at 65 (Female, 3 year range) New data	2018 - 20	–	-	19.7	20.8	21.1	18.6		25.4

Source: Fingertips

Healthy life expectancy is the average number of years that a person can expect to live in good health. In Wolverhampton healthy life expectancy is worse than the national average, meaning that people in the city spend fewer years living with good or very good health.

Indicator	Period	Wolves			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Healthy life expectancy at birth (Male, All ages)	2018 - 20	–	-	60.0	61.9	63.1	53.5		74.7
Healthy life expectancy at birth (Female, All ages)	2018 - 20	–	-	59.3	62.6	63.9	54.3		71.2
Healthy life expectancy at 65 (Male, 65)	2018 - 20	–	-	8.2	10.2	10.5	5.9		16.1
Healthy life expectancy at 65 (Female, 65)	2018 - 20	–	-	9.0	10.9	11.3	6.9		17.2
Disability-free life expectancy at 65 (Male, 65)	2018 - 20	–	-	8.4	9.4	9.8	6.2		14.6
Disability-free life expectancy at 65 (Female, 65)	2018 - 20	–	-	7.4	9.2	9.9	6.4		15.5

Source: Fingertips

Mental Health: Wellbeing

Introduction

Wellbeing is about “how we’re doing” as individuals, feeling good and functioning well[14]. We all need good wellbeing – it's essential to living happy and healthy lives and can help us sleep better, feel better, do the things we want to do, and have more positive relationships. It can also help us deal with difficult times in the future.

Good mental wellbeing doesn't mean you're always happy or unaffected by your experiences, but poor mental wellbeing can make it more difficult to cope with daily life.

Wolverhampton has historically reported lower levels of happiness, lower levels of feeling life is worthwhile and lower levels of life satisfaction compared with the West Midlands and England.

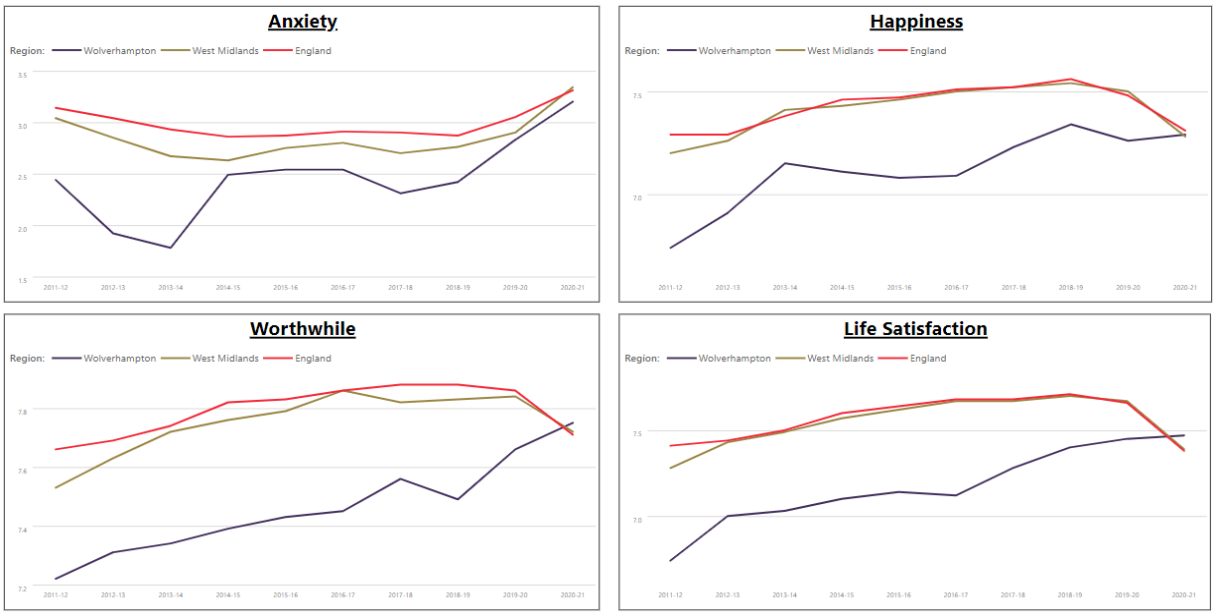
Levels of reported anxiety have previously been much lower in Wolverhampton than in the West Midlands and England, but more recently, reported levels of anxiety have increased in the city.

ONS measures of personal wellbeing

A measure of Wellbeing is the ONS Annual Population Survey, which asks people the following on a scale of 0-10 (where 0 is not at all, and 10 is completely):

- Overall, how **satisfied are you with your life** nowadays?
- Overall, to what extent do you feel the things you do in your life are **worthwhile**?
- Overall, how **happy** did you feel yesterday?
- Overall, how **anxious** did you feel yesterday?

The four charts below show the average of responses to each of the four questions from 2011-2012 to 2020-2021[15],[16]:



Source: ONS

Additional local data capture including the targeting of groups of people known to be at increased risk of mental health problems in Wolverhampton showed that when compared to benchmarking data, anxiety was considerably higher, and current satisfaction, feeling that life is worthwhile and happiness were all lower.

The data from Fingertips shows data for the percentage of those scoring 0-4 (the lowest marks) for levels of life satisfaction, worthwhile and happiness, and the percentage of those scoring 6-10 (the highest marks) for anxiety:

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Self reported wellbeing: people with a low satisfaction score New data	2021/22	–	-	5.4%	5.2%	5.0%	9.8%		2.1%
Self reported wellbeing: people with a low worthwhile score New data	2021/22	–	-	5.1%	4.2%	4.0%	9.4%		1.3%
Self reported wellbeing: people with a low happiness score New data	2021/22	–	-	7.3%	8.4%	8.4%	14.8%		4.0%
Self reported wellbeing: people with a high anxiety score New data	2021/22	–	-	23.1%	21.3%	22.6%	31.7%		14.6%

Source: Fingertips

Improving Life Satisfaction

ONS guidance recommends actions to increase employment and improve health outcomes. Building social networks helps to meet people's needs for social contact and improve their confidence, which can help to mitigate the negative impacts of unemployment or ill health. Wider community wellbeing can be supported through the design of housing and the built environment, having a thriving high street, having good employment opportunities, reducing crime and the fear of crime, and promoting volunteering to build community spirit and promote a sense of belonging.

The impact of COVID-19 on mental health and wellbeing

A review of available evidence confirmed that people who were experiencing disadvantages before the COVID-19 pandemic were subject to further challenges because of COVID-19, and this had a negative impact on the mental health of these population groups[17]. These groups included but were not limited to ethnic minorities; people living with disabilities; and refugees and migrants. Economic and social factors related to COVID-19 lockdowns placed additional pressure on these groups. Children and young people (0-25), those living in poverty, women, and critical workers also faced significant additional stressors because of the COVID-19 pandemic.

The review also provided key data specific to Wolverhampton and the West Midlands region, to make sense of the impact of COVID-19 in a local and regional context. After London, the West Midlands is the most ethnically diverse region in England and, after London, suffered the highest number of hospitalisations and deaths among ethnic minority people during the first wave of the COVID-19 pandemic. Wolverhampton is ranked the 24th most deprived Local Authority in England, and 21% of people living in Wolverhampton live in the top 10% of most deprived areas of the country. Issues of ethnicity, poverty, and their relationship to poor mental health during the COVID-19 crisis are therefore particularly relevant to the City of Wolverhampton.

The sub-groups for whom COVID-19 increased their risk of poor mental health across the life course included:

1. Children
2. Children with Special Educational Needs and Disabilities (SEND) and their parents/carers
3. Young, unemployed people
4. Refugees and migrants
5. Ethnic minorities
6. Women
7. Critical workers

8. Older people with long-term physical health conditions or disabilities
9. Older people with a pre-existing mental health condition.

A series of co-creation activities were deployed amongst the above population groups to empower communities with the skills, knowledge, and confidence to collect stories about their members' unique experiences of the pandemic; to help understand the challenges, but also what has/will help people be well and how can they secure more of these capacity building resources moving forwards[18]. The evidence review and outcomes are available here: evidence review and report. A summary of the discussions from co-creation activities is included in the consultation section of this needs assessment.

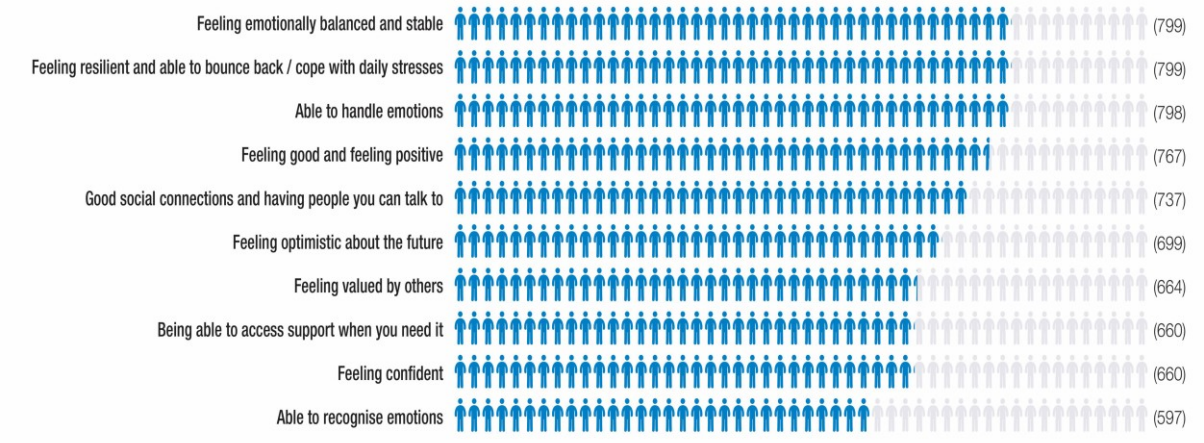
#WolvesWellbeingandMe Survey

The #WolvesWellbeingandMe survey of personal wellbeing was completed between 22 March 2022 and 20 May 2022, to find out more about the things people in our city have found challenging during the pandemic and the good things that people have found important in helping them stay well[18].

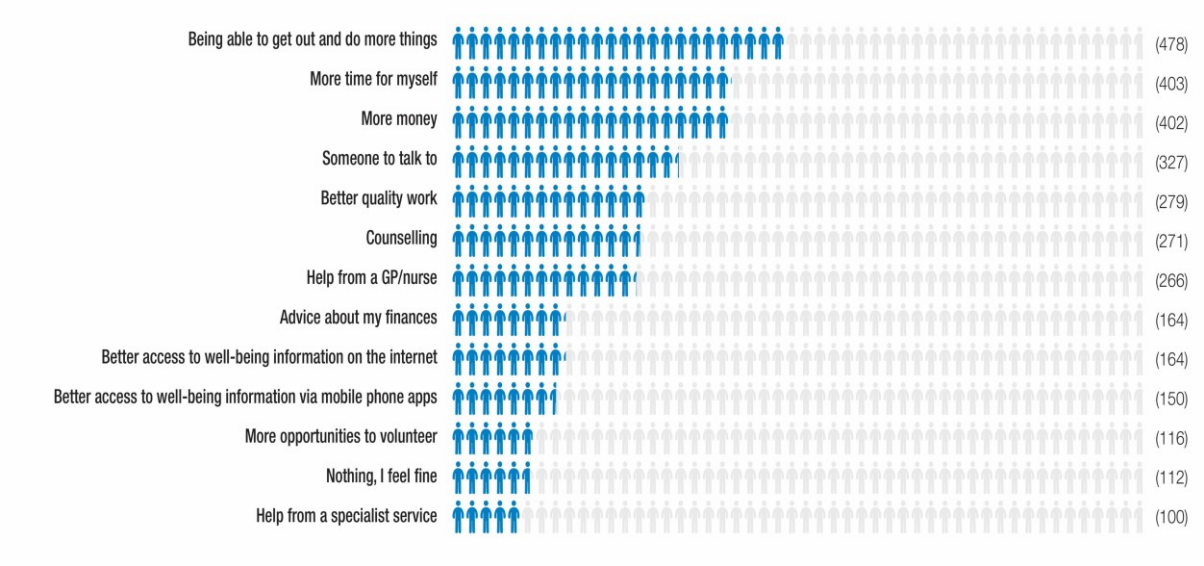
Wellbeing was measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), a 14-question self-completion measure of wellbeing[19]. Each question is scored on a 5-point scale ranging from 'none of the time' to 'all of the time'. The range of possible scores is 14 to 70, with higher scores meaning better subjective wellbeing. The WEMWBS is a widely used questionnaire and has demonstrated good validity and reliability[20].

The results showed that in comparison to benchmarking data, the wellbeing of a sample of people in Wolverhampton was significantly lower than that of the general population with scores indicative of possible mild depression.

It should be noted that the national surveys used as comparators have far larger sample sizes than the survey results reported here. Despite concerted efforts, the #WolvesWellbeingAndMe survey sample was not fully representative of the local population in the city. Some groups specifically known to be at higher risk of mental health problems due to their disproportionate exposure to a range of social factors were targeted for survey completion.



Aspects of what people felt that 'being mentally well' meant for them included feeling emotionally balanced, resilient, and able to bounce back, or cope with life challenges. Feeling optimistic about the future, having good social connections, and being able to access support when needed were also features of the responses.



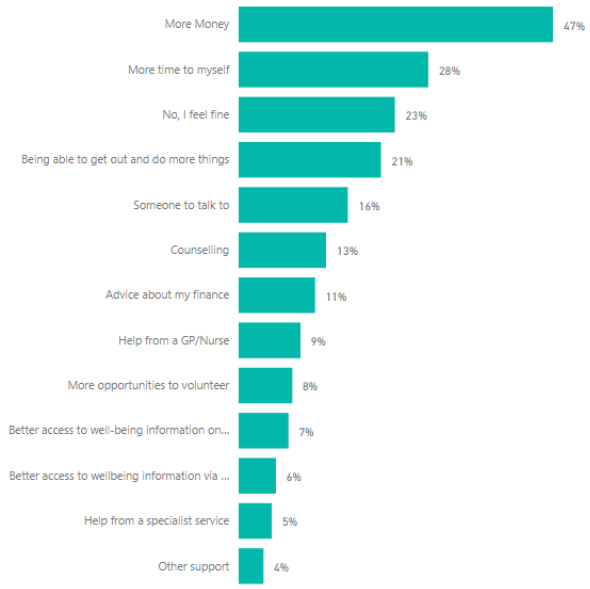
In response to the question of 'what would support wellbeing' within the city moving forward; being able to get out and do more things was the most frequent choice among respondents, along with having time for oneself, more money, and someone to talk to. Better physical and mental healthcare support and better working environments are also featured as factors likely to positively impact future wellbeing.

City Lifestyle Survey

The City Lifestyle Survey in Wolverhampton was conducted between October 2022 and February 2022 to find out about the health and wellbeing of people living in Wolverhampton. There were 6021 respondents.

Data for all responses shows that the top three answers to the question "Is there anything that would help you to increase your wellbeing/satisfaction with life?" were 1. More money (47%), 2. More time to myself (28%) and 3. No, I feel fine (23%).

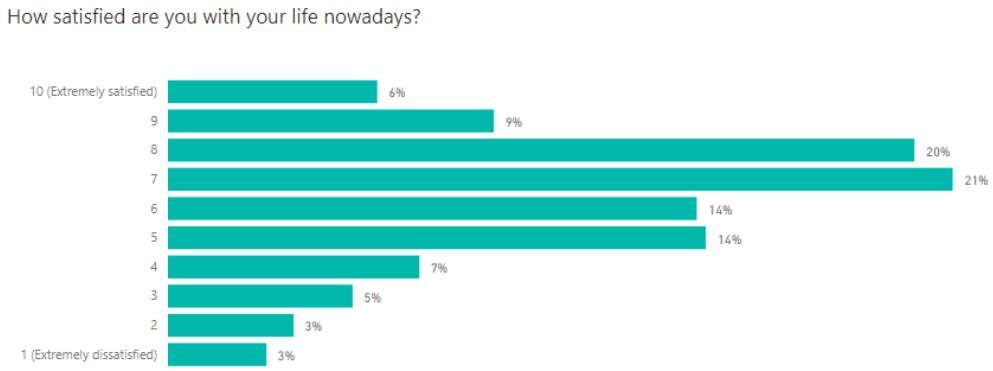
Whilst this needs assessment outlines challenges experienced by some population groups in securing the amount of social contact they would like; local survey responses highlight the importance people in Wolverhampton place on having "more time alone" as a means of improving mental health and wellbeing. A small proportion of respondents who valued "more time alone" provided additional information about what would help their mental health and wellbeing, of which two prominent themes were: 1. having more support to manage family/caring responsibilities, and 2. a better work/life balance.



Notable differences by demographics included:

- Among people aged 65 or over, the most common response was No, I feel fine (42%)
- People with a disability were less likely to say that they felt fine (16%), with the top three responses being 1. More money (44%), 2. Being able to get out and do more things (29%), and 3. More time to myself (22%).
- The top three responses for people from a Black, Black British, Caribbean, or African ethnic group were the same as the top three responses for the #WolvesWellbeingAndMe survey, but in a different order: 1. More money (53%), 2. More time to myself (25%), and 3. Being able to get out and do more things (24%).

Data for all responses shows that the most common responses to the question about life satisfaction were 7 or 8 on a scale of 1-10 (where 1 is extremely dissatisfied and 10 is extremely satisfied).



Mental Health: Understanding Place

Introduction

This chapter looks at the social "place" factors related to the promotion of mental wellbeing and the prevention of mental health problems. These include employment, crime, safety, housing, having enough money, and feeling part of a community. This chapter also considers the determinants which lead to unfair and avoidable differences in health within and between populations.

Understanding these social factors in a local area can help to quantify levels of risk, protection and resilience within a community. It can help to identify vulnerable groups and consider what interventions could help to reduce vulnerability and develop resilient communities. Greater community resilience has the potential to:

- reduce the prevalence of mental health problems
- increase the prevalence of good mental health
- improve recovery and support

Deprivation and inequality

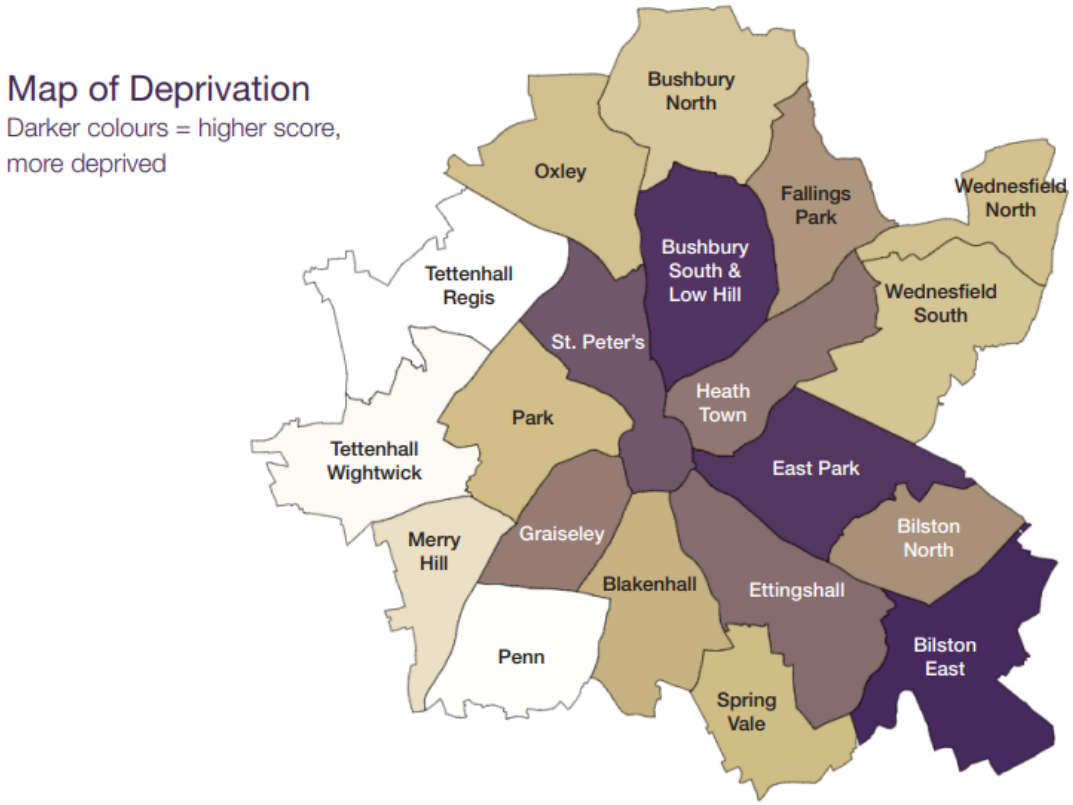
Deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly fewer resources than others) is associated with poorer health, including mental health[21,22].

Wolverhampton has seen increasing levels of deprivation in recent years. Deprivation is affected by health, employment, income, education, crime, living environment, and barriers to housing and services. Evidence shows that people living in more deprived areas face worse healthcare inequalities in relation to healthcare access, experience and outcomes.

Wolverhampton is ranked 24th out of 317 authorities in England for deprivation, based on the Index of Multiple Deprivation average score. 29.75% of Wolverhampton neighbourhoods are in the 10% most deprived nationally.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2019)	2019	–	-	32.1	25.3	21.7	45.0		5.8

Source: Fingertips



Source: WVInsight

Poverty and financial insecurity

Low income and debt are risk factors for poor mental health and wellbeing. Personal and family financial security is a protective factor for good mental health and wellbeing. Poverty can be both a cause and a consequence of mental ill health[23].

Our finances affect all our lives, from the homes we live in, what we can afford on a day-to-day basis, how we cope with unexpected costs and how we socialise and keep in touch with loved ones.

Living in poverty is known to increase the risk of developing mental health problems. People living in the poorest 20% of households are twice as likely to have mental health problems as those in the 20% highest-earning households. This is important for Wolverhampton, where, on average, rates of poverty are higher than the national average.

National evidence suggests that these are challenging times for people's mental health and wellbeing, brought about by the cost-of-living crisis on top of those from the pandemic and years of austerity in public services[24].

Experiencing a mental health problem can adversely impact income in several ways[25]:

- Less than half of people with mental health problems in the UK are in employment.
- Those who are in work are more likely to work part-time and be in low-paying roles.
- People with mental health problems are more likely to receive benefits, which provide low financial support.
- Symptoms of mental health problems including low mood, increased impulsivity and reduced concentration can make it more difficult to budget and manage money effectively.

- People with poor mental health are 3.5 times more likely to be in debt compared with the general population.
- 1 in 5 people with poor mental health are in problem debt.

People with poor mental health are twice as likely to have relied on credit or borrowing to cover everyday spending during the COVID-19 pandemic, compared to those without mental health problems. A household is classified as being in fuel poverty if their disposable income (after housing and fuel costs) is below the poverty line and their home has a poor energy efficiency rating. Wolverhampton has the highest percentage of households (22.4%) living in fuel poverty in England.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Fuel poverty (low income, low energy efficiency methodology)	2020	–	24,722	22.4%	17.8%	13.2%	22.4%		4.4%

Source: Fingertips

Wolverhampton has the second-highest rank in England for the Cost-of-Living Vulnerability Index, with a value of 1,612. The Cost-of-Living Vulnerability Index is the total of multiple poverty-based vulnerability and work-based vulnerability indicator rankings for each local authority. Higher scores indicate an area's relative risk of more people being pulled into poverty and the relative risk of those who were already hard up being pushed into destitution. In 2021, an estimated 14.28% of Wolverhampton households were experiencing struggle with food poverty, higher than the England average of 12.83%.

Housing and homelessness

Poor quality housing and homelessness are risk factors for mental health problems[26]. Stable, Good-quality, safe housing is a protective factor for mental health and can be a vital part of recovery[27].

Insecure, poor quality and overcrowded housing causes stress, anxiety and depression and can make existing mental health conditions worse[28]. Cold and damp housing conditions can impact mental and physical health[29]. Living in a cold home and having a constant worry about affordability and damage to possessions because of insufficient heating have been associated with poorer health, social isolation, and stigma[30].

Homelessness and rough sleeping can make people feel more isolated and experience poor mental wellbeing, particularly among people caught in the “revolving door” between hostels, prisons, hospitals, and the streets[31]. Homelessness often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

People experiencing homelessness are 9 times more likely to die by suicide and find it more difficult to access health services including mental health care[32].

People in Wolverhampton who experience mental health difficulties can receive care and support in their homes, including help to manage their tenancy, via Adult Social Care. For some people, however, a more supportive environment will be required, where their own home is part of a bigger setting with some shared spaces and support workers present in the building.

As well as Extra Care Housing for all people over 55 years, the City of Wolverhampton Council commissions six supported living settings for people living with mental health difficulties:

- Two settings provide accommodation plus a concierge service, which means there will be a staff member available at certain times to help with activities such as applying for welfare benefits, making appointments, and managing the tenancy. Additional care and support from community agencies can be arranged if needed.
- One of the settings has a support worker present during the week, with telephone support available at weekends if needed.
- Two of the settings have a member of staff present 24 hours a day, with additional support workers when needed on an individual basis.
- One setting has two members of staff present at all times.

The variety of accommodation options provided allows people to live somewhere as independently as possible, whilst feeling reassured that support is available at the level they require when needed.

The Homelessness Reduction Act in 2018 introduced new prevention and relief duties that are owed to all eligible households who are homeless or threatened with becoming homeless[33]. In Wolverhampton, the number of households owed a duty under the Homelessness Reduction Act and are therefore at risk of homelessness, is worse than the national average.

In 2022/23 Q2, a total of 549 households in Wolverhampton were identified as being owed a prevention or relief duty, of which 383 households were assessed as homeless and 162 as threatened with homelessness[34].

In 2022/23 Q2, there were a total of 33 households in temporary accommodation in Wolverhampton. This equals a rate of 0.30 households per 1,000 households, which is lower than the England rate of 1.88.

Based on average earnings and average house prices, homes are more affordable in Wolverhampton compared to the West Midlands and England averages.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Homelessness: households in temporary accommodation	2021/22	–	-	*	2.2	4.0	47.8		0.1
Homelessness: households owed a duty under the Homelessness Reduction Act	2021/22	–	3,068	28.3	10.9	11.7	29.9		4.4
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs) (Persons, 16-24 yrs)	2021/22	–	776	7.2	2.5	2.4	7.2		0.7
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs) (Persons, 55+ yrs)	2021/22	–	214	4.7	2.1	2.8	12.5		1.0
Affordability of home ownership (Persons, All ages)	2021	–	174,995	6.4	7.6	9.1	24.8		4.4

Source: Fingertips

There were 11,650 housing benefit recipients in Wolverhampton in Nov 2022, 10.75% of all households in the city.

The estimated number of rough sleepers in Wolverhampton during a single night in November 2022 was 11. The numbers of people observed to be sleeping rough were November 2022 (2), December (1), January 2023 (1), February 2023 (2).

Census 2021 data shows that almost all homes in Wolverhampton are single-family households and that 1.8% of homes have no central heating.

Household composition		
	Households	
	Wolverhampton Local Authority	
	count	%
All households	105,141	100.0
One-person household	32,468	30.9
Single-family household	64,872	61.7
Other household types	7,801	7.4

Source: ONS - 2021 Census (TS003)

To protect against disclosure e of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Education and lifelong learning

Education is an important determinant of later health and wellbeing. It improves people's life chances, increases their ability to access health services and enables people to live healthier lives[35].

Participation in adult learning can help encourage wellbeing and protect against age-related cognitive decline in older adults[36]. Community-based adult education programmes can be a form of social prescribing for mild to moderate anxiety and depression and have been found to reduce symptoms by offering access to social networks and activities[37].

Education can also improve levels of health literacy[38]. This can be defined as 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health'.

People with low health literacy experience a range of poorer health outcomes and are more likely to engage in behaviours that risk their health[39]. Practitioners can increase levels of health literacy by improving people's access to health information, for example by using accessible language[27].

In Wolverhampton, there are typically over 2100 adult learners enrolling on courses at Adult Education each academic year.

Highest level of qualification		
	Persons	
	Wolverhampton Local Authority	
	count	%
All residents aged 16 years and over	208,441	100.0
No qualifications	52,803	25.3
Level 1 and entry-level qualifications	22,947	11.0
Level 2 qualifications	28,741	13.8
Apprenticeship	10,241	4.9
Level 3 qualifications	31,391	15.1
Level 4 qualifications or above	54,712	26.2
Other qualifications	7,606	3.6

Source: ONS - 2021 Census (TS067)

To protect against disclosure e of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Employment and working conditions

Wolverhampton is 4th highest in England for unemployment (8% locally compared with 4.4% national average). Wolverhampton has an employment rate of 68.9%, which is below the England figure of 75.7%[40].

The proportion of Wolverhampton residents claiming unemployment-related benefits in February 2023 was 7.6%[40].

37,765 people in Wolverhampton were claiming Universal Credit in February 2023. 23,855 of these claimants were not in employment, whilst 13,411 were in employment[40].

Additional data related to employment are shown in the table below:

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate (Persons, 18-64 yrs)	2021/22	–	-	67.2	70.4	70.6	80.9		
Sickness absence: the percentage of employees who had at least one day off in the previous week (Persons, 16+ yrs)	2019 - 21	–	-	1.5%	1.6%	1.8%	4.0%		)%
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population (Persons, 16-64 yrs)	2018	↑	5,600	35.2*	29.9*	27.3*	64.0		10.7
Employment deprivation: score	2019	–	-	0.154	-	0.099	0.209		.019
Economic inactivity rate (Persons, 16-64 yrs)	2021/22	↓	37,300	22.9%	22.5%	21.2%	31.6%		%
Employment and Support Allowance claimants (Persons, 16-64 yrs)	2018	↓	11,830	7.3%	5.9%	5.4%	12.0%		0.7%
Average weekly earnings (Persons, 16+ yrs)	2021	–	-	£460.0	£476.5	£496.0	£394.2		
Job density	2020	–	-	0.72	0.80	0.85	0.39		
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) (Persons, 16-64 yrs)	2021/22	–	-	58.5%	64.8%	65.5%	45.2%		.5%
The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64) (Persons, 18-64 yrs)	2021/22	–	-	5.1%	3.3%	4.8%	0.3%		

Source: Fingertips

Stable and rewarding employment is a protective factor for mental health and can be a vital element of recovery from mental health problems[27]. Unemployment and unstable employment are risk factors for mental health problems and suicide[27].

Being in work is beneficial to health and wellbeing. The workplace can encourage wellbeing and support people to build resilience, develop social networks and develop their social capital[41].

However, it is important to distinguish between 'good work' (fair treatment, autonomy, security, and reward), and 'bad work' (feeling unsupported, undervalued, and demotivated). Zero-hours contracts can lead to financial insecurity, anxiety, and stress[27].

Challenges remain for people with mental health problems in gaining and maintaining employment, sometimes because of negative attitudes and stigma, and concerns from employers who know little about mental health[27]. Access to individual placement and support (also called IPS) can enable people with severe mental illness to find and retain employment.

Data for Wolverhampton's total access during 2022-23 shows that 205 people were out of work and seeking employment. 104 people were in employment but were absent or at risk of losing their jobs and therefore sought retention support to stay in work[42].

IPS Out of Work Outcomes:

- Referrals received within a financial year: 209.
- Individuals opting into the service in a year: 122 (58% opt-inn rate)
- Individuals supported into work in a year: 52 (43% supported into work rate versus opt-in)
- Individuals supported to sustain employment for 3 months: 38 (73% versus supported into work)
- Individuals supported to sustain employment for 6 months: 28 (54% versus supported into work)

IPS Retention Outcomes:

- Referrals received within a financial year: 81.
- Individuals opting into the service in a year: 63 (78% opt-in rate)
- Individuals supported to return to work: 19 (30% returned to work rate versus opt-in)
- Individuals supported to leave employment with dignity: 10 (16% versus opt-in)

Mental health problems also have a significant effect on employers. Nearly 1 in 6 of the workforce is affected by a mental health condition and mental health-related absences cost UK employers an estimated £26 billion per year[43,44].

Employers have a responsibility to provide a healthy workplace[45]. This can be achieved through providing a culture of participation, equality, and fairness, and making the promotion of good mental health and wellbeing everyone's business[46,47].

Economic activity	Persons	
	Wolverhampton Local Authority	
	count	%
All residents aged 16 years and over	208,444	100.0
Economically active (excluding full-time students)	117,395	56.3
In employment	107,523	51.6
Unemployed	9,872	4.7
Economically active and a full-time student	5,595	2.7
In employment	3,788	1.8
Unemployed	1,807	0.9
Economically inactive	85,454	41.0
Retired	39,930	19.2
Student	12,134	5.8
Looking after home or family	13,784	6.6
Long-term sick or disabled	10,986	5.3
Other	8,620	4.1

Source: ONS - 2021 Census (TS066)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Crime, safety and violence

Being a victim of crime, or exposure to violent or unsafe environments can increase the risk of developing a mental health problem[27].

The relationship between crime and mental health problems is complex. It can also be controversial, as public perception of the relationship can contribute to stigma, discrimination and social exclusion[27]. The number of recorded violent offences and domestic abuse offences is higher in Wolverhampton, compared to England.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Violent crime - hospital admissions for violence (including sexual violence) (Persons, All ages)	2018/19 - 20/21	–	415	50.1	37.7	41.9	116.8		12.0
Violent crime - sexual offences per 1,000 population (Persons, All ages)	2021/22	↑	1,035	3.9	3.2*	3.0*	1.4		9.4
Violent crime - violence offences per 1,000 population (Persons, All ages)	2021/22	↑	16,164	61.1	41.6*	34.9*	8.6		98.4
First time offenders (Persons, 10+ yrs)	2021	↓	416	183	148	166	95		352
Domestic abuse related incidents and crimes (Persons, 16+ yrs)	2021/22	–	-	40.6*	34.8	30.8	12.3		45.2
Crime deprivation: score	2019	–	-	0.07	-	0.01	1.21		-1.66

Source: Fingertips

- Based on data from the Crime Survey for England and Wales, an estimated 5% of the adult population experienced domestic abuse in the year ending March 2022.
- The survey also estimated that in England and Wales approximately 70.8% of domestic abuse victims were female and 29.2% were male.
- Nationally and locally, demand has increased for services supporting people experiencing domestic abuse.

Community wellbeing and social capital

Social capital and strong social support systems are critical to the wellbeing of communities. Good mental health and wellbeing is an important health outcome in its own right[48].

Mental wellbeing is more than the absence of mental illness. It is linked with an individual's emotional, physical and social wellbeing and the wider social, economic, cultural and environmental conditions in which they live[14]. Mental wellbeing is a combination of an individual's experience (such as happiness and satisfaction) and their ability to function as both an individual and as a member of society[14].

Social capital is the extent and nature of our connections with others, and the collective attitudes and behaviours between people that support a well-functioning, close-knit society.

The benefits of social capital can be felt at an individual level (such as family support) or a wider collective level (such as through volunteering)[27].

Whilst people in communities experiencing multiple inequalities are more likely to have higher health needs, they may also have assets within the community that can help to protect and improve wellbeing[27]. Community assets include physical assets such as public green space, play areas and community buildings and social assets such as volunteer and charity groups, social networks and the knowledge and experiences of local residents[27].

Although linked, loneliness and social isolation are not the same. People can be isolated yet not feel lonely, equally, they can be surrounded by others and feel lonely.

Loneliness is a subjective state defined as a 'negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want'. Social isolation is an objective state defined as the 'quantity of social relationships and contacts between individuals, across groups and communities.

More adults in Wolverhampton accessing social care services feel that they have as much social contact as they would like, compared with the West Midlands and England average. For adult carers, the reported amount of social contact is similar in Wolverhampton to the West Midlands and England.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) New data	2021/22	–	-	48.9%	41.6%	40.6%	24.3%		2.5%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs) New data	2021/22	→	-	48.4%	37.6%	37.3%	13.6%		4.5%
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) New data	2021/22	–	130	29.3%	29.4%	28.0%	16.0%		
Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs) New data	2021/22	–	65	29.8%	30.3%	28.8%	14.4%		

Source: Fingertips

Environment and access to outside spaces

Being in outdoor spaces promotes good mental health and wellbeing. Access to green and blue spaces can promote healthy behaviours such as physical activity, social contact and connectivity, foster a sense of belonging and encourage restorative connections to nature[49].

Green spaces include parks, gardens, playing fields, allotments, woods, and other natural areas.

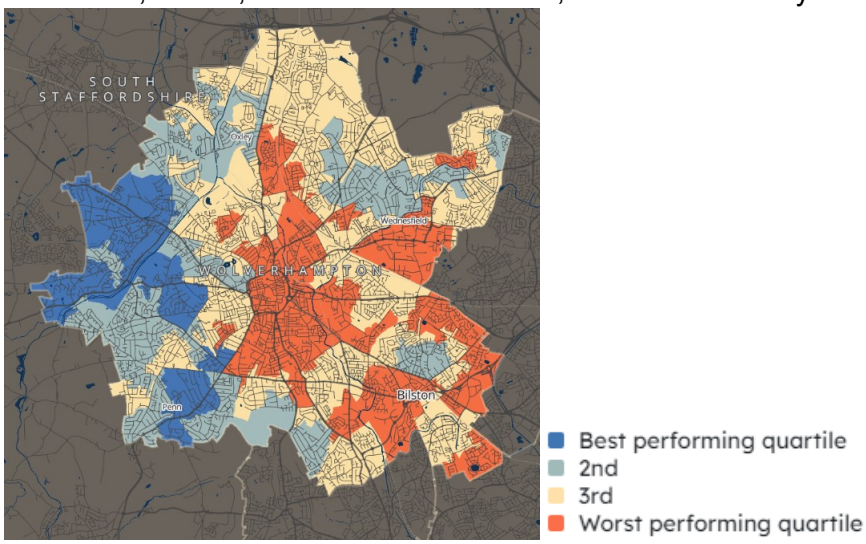
Blue spaces include outdoor spaces that feature water such as rivers, lakes, and ponds.

Inequalities in mental health are narrowed for socioeconomically disadvantaged groups living near green spaces. Living in urban areas with more green space in the UK is associated with both lower mental distress and higher wellbeing.

People in socioeconomically disadvantaged groups generally have less access to good quality green space and visit the natural environment less often than their less deprived peers. However, for those in deprived groups with good access to green and blue spaces, the inequality in mental wellbeing is narrower, compared to those with less access[50].

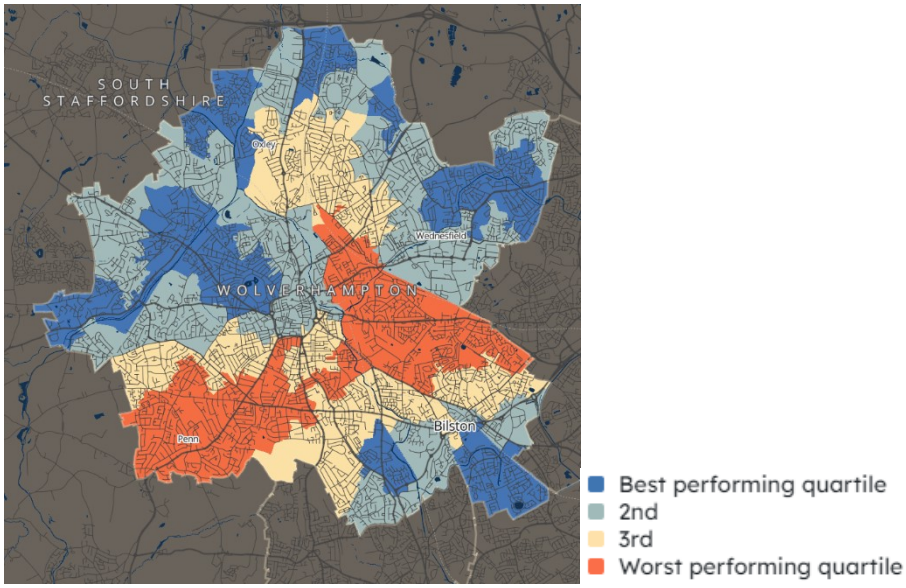
Local data

Green Spaces – areas of the city in blue or green have more parks, gardens, playing fields, allotments, woods, and other natural areas, than the red and yellow areas of the city.



Source: Consumer Data Research Centre

Blue Spaces - areas of the city in blue or green have more outdoor spaces that feature water such as rivers, lakes and ponds, than the red and yellow areas of the city.



Source: Consumer Data Research Centre

Mental Health: Understanding People

Introduction

This chapter looks at the population "people" factors related to the promotion of mental wellbeing and the prevention of mental health problems. To identify inequalities in prevalence of mental health problems, access to services and outcomes it can be helpful to look at differences by gender, ethnicity and other 'protected characteristics' as defined by the Equality Act 2010[51,52].

Alongside mental health across the life course, there are important causes and consequences of mental health problems. These include health behaviours such as smoking, physical activity and problematic use of drugs and alcohol. The inter-relationship between mental and physical health is important. Poor physical health increases the risk of developing mental health problems, and vice versa[51].

People with mental health problems, particularly those who do not access treatment early and with more severe conditions, experience poorer physical health and reduced life expectancy[51]. One measure of local population vulnerability is the level of self-harm across the life course. While not mental health outcomes in themselves, suicide and self-harm are closely related to factors associated with mental health[51].

Population demographics and vulnerable groups

Avoidable, systematic inequalities between groups are unfair. Some groups of the population are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. Nationally, the following groups are identified as being at high risk of mental health problems[30,53]:

- Minority ethnic groups
- people living with physical disabilities
- people living with learning disabilities
- people with alcohol and/or drug dependence
- prison population, offenders and victims of crime
- people who identify as LGBT+ (lesbian, gay, bi, transgender or anyone that defines under the umbrella of LGBT+)
- carers
- people with sensory impairment
- homeless people
- refugees, asylum seekers and stateless person

In addition, national evidence shows that some groups of the population can be vulnerable to developing mental health problems. These include the LGBT+ community, veterans, carers and young adults transitioning from children to adult mental health services[51].

The transition from Children and Young Peoples' mental health services to Adult mental health services can be a time of upheaval for young people[54]. There are significant risks of young people disengaging or being lost in the transition process. This can result in young adults presenting again in crisis or with greater severity of need later in life. Transitions for vulnerable groups, such as those within the criminal justice system, can be particularly problematic[54].

The NHS Long-Term plan includes a clear national direction to develop an offer to support young people aged 18-25 accessing mental health support[1]. The structure of mental health

services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services.

A 2022 Healthwatch report into the Black Country Children's Mental Health collected feedback from young people and their parents/carers about their experiences of transitioning from child to adult mental health services[55]. Common themes included barriers and challenges with communication between services, and how long the process of transitioning takes.

The report makes the following recommendations about the transition from children to adult mental health services:

- Consider the age of the transition from children to adult services as this varies across the Black Country and needs to be more consistent.
- Consider more training in adult services around the conditions that children are diagnosed with.
- Consider how health passports used in children's services could follow through into adult services.

Evidence suggests that being a veteran of the Armed Forces does not increase the risk of mental health problems, but the community can experience difficulties with stigma and readjusting to civilian life, and disadvantages including access to healthcare and continuity of care, housing issues, social isolation and alcohol-related issues[14,56].

Equity and equality of access

Inequalities in health exist when there are avoidable, unfair and systematic differences in health across the population and between different groups of people within society.

Equality ensures that everyone is given the same opportunities, while equity aims to give everyone what they need in order to have equal access to those opportunities. Equity has been often overlooked as an important part of addressing societal challenges.

Ethnicity

People from ethnic minority groups living in the UK often face individual and societal challenges that can affect access to healthcare and overall mental and physical health. Some evidence suggests that people from some ethnic minority groups may struggle to access services in ways meaningful for them, due to the ways that many services are culturally designed.

There are a number of factors that can influence mental health which include[57,58,59,60]:

- **Racism and discrimination** – research suggests that experiencing racism is highly stressful and has a negative impact on mental health.
- **Social and economic inequalities** – people from ethnic minority backgrounds are more likely to experience poverty, have poorer educational outcomes and have higher unemployment.
- **Mental health stigma** – in some communities' mental health problems are rarely spoken about and can be seen in a negative light. This can discourage people within those communities from talking about their mental health and may be a barrier to engagement with services.
- **Interaction with the criminal justice system** – national evidence suggests that there are unmet mental health needs among people from some minority ethnic

backgrounds within the criminal justice system, particularly in the youth justice system. A disproportionate number of people from ethnic minority backgrounds are detained under the Mental Health Act. Rates of detention for Black or Black British groups are over 4 times those of White groups. Community Treatment Orders for Black or Black British groups are over 10 times those of White groups.

- **Migration** – mental health needs are common as a result of the trauma that can be experienced as an asylum seeker or refugee (forced migration), but also the stress of going through immigration procedures (whether refugee/asylum seeker or voluntary migration) and lack of social networks s in a new country.

Disabilities

Evidence suggests that individuals with a disability are more likely to experience mental ill-health and poor wellbeing. Risk factors include physical ill-health, poor social relationships, stress, poverty and unemployment[61].

According to the Census 2021, 19.4% of people in Wolverhampton reported having a disability.

Long-term health problems or disability	Persons	
	Wolverhampton Local Authority	
	count	%
All residents	263,727	100.0
Disabled under the Equality Act: Day-to-day activities are limited a lot	22,149	8.4
Disabled under the Equality Act: Day-to-day activities are limited a little	25,830	9.8
Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited	13,905	5.3
Not disabled under the Equality Act: No long-term physical or mental health conditions	201,843	76.5

Source: ONS - 2021 Census (TS038)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Sexual orientation and gender identity

Orientation is an umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). These terms refer to a person's sense of identity based on their attractions, or lack thereof. Orientations include but are not limited to, lesbian, gay, bi, ace and straight.

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.

People who identify as LGBT+ (lesbian, gay, bi, transgender or anyone that defines under the umbrella of LGBT+) have higher rates of common mental health problems and lower wellbeing than heterosexual people[62]. The gap is greater for older adults over the age of 55, and people under the age of 35[62].

Being part of the LGBT+ community can mean having more confidence, a sense of belonging, feelings of relief and self-acceptance, and better relationships with friends and family. However, LGBT+ people can be affected by discrimination, homophobia or

transphobia, social isolation, rejection, and difficult experiences of coming out, all of which can negatively affect mental health and wellbeing[14].

In 2017 Stonewall surveyed over 5,000 LGBT people across England, Scotland and Wales to understand their experiences of mental health[63]:

- 52% of respondents said they had experienced depression in the previous year. The rate was higher for people who are trans (67%) and non-binary (70%).
- One in eight LGBT people aged 18-24 (13%) said they had attempted to take their own life in the previous year.
- 41% of non-binary people said they had harmed themselves in the previous year compared to 20% of LGBT women and 12% of GBT men.
- One in eight LGBT people (13%) had experienced some form of unequal treatment from healthcare staff because they are LGBT.
- Almost one in four LGBT people (23%) had witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the previous year, 6% of LGBT people – including 20% of trans people – had witnessed these remarks.

Sexual Orientation	Persons	
	Wolverhampton Local Authority	
	count	%
All residents aged 16 and over	208,442	100.0
Straight or Heterosexual	185,921	89.2
Gay or Lesbian	2,262	1.1
Bisexual	2,161	1.0
Pansexual	555	0.3
Asexual	89	0.0
Queer	19	0.0
All other sexual orientations	72	0.0
Not answered	17,363	8.3

Source: ONS - 2021 Census (TS079)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Gender Identity	Persons	
	Wolverhampton Local Authority	
	count	%
All residents aged 16 and over	208,442	100.0
Gender identity the same as the sex registered at birth	191,659	91.9
Gender identity is different from sex registered at birth, but no specific identity is given	829	0.4
Trans woman	309	0.1
Trans man	393	0.2
Non-binary	72	0.0
All other gender identities	70	0.0
Not answered	15,110	7.2

Source: ONS - 2021 Census (TS070)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Health risk behaviours

Positive health behaviours, such as not smoking, eating healthy food, and engaging in physical activity, can encourage psychological wellbeing, improve physical health, prevent mental health problems, and support recovery[51].

Smoking

Smoking remains the single biggest cause of preventable death and illness in England[64]. Smoking rates among people with a mental health condition are significantly higher than in the general population and there is a strong association between smoking and mental health conditions[64]. This association becomes stronger relative to the severity of the mental health condition, with the highest levels of smoking found in psychiatric inpatients. It is estimated that around 30% of smokers in the UK have a mental health condition, and more than 40% of adults with a serious mental illness smoke[64].

People with mental health conditions smoke significantly more, have increased levels of nicotine dependency, and are therefore at even greater risk of smoking-related harm[64].

Smoking among those with a mental health condition has changed little over the past 20 years, in contrast to the marked decline in smoking prevalence in the general population[51]. Social deprivation contributes to and reinforces smoking, and smoking intensifies disadvantage[64].

Partly a result of high smoking rates, people with a mental health condition die sooner compared to the general population. Therefore, quitting smoking is particularly important as smoking is the single largest contributor to reduced life expectancy[64].

People with a mental health condition who smoke are more likely than members of the general population to anticipate difficulty in quitting and are less likely to succeed. However, smokers with mental health conditions are frequently motivated to quit and are generally able to do so provided they are given evidence-based support[64].

The NHS Long Term Plan outlines a universal smoking cessation offer, which will be available as part of specialist mental health services[1].

13.6% of adults in Wolverhampton are estimated to be smokers, according to the Annual Population Survey in 2021. This is similar to the regional (13.8%) and national average (13.0%). Nearly a third of adults with a long-term mental health condition in Wolverhampton are estimated to be smokers (30.9%).

However, self-reported estimates should be interpreted with caution. According to Wolverhampton GP Practice records in 2021/22, 17.3% of residents aged 15 and over are smokers, 30.1% of people on a register for depression are smokers, and 37.6% of people with a severe mental illness smoke.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Smokers that have successfully quit at 4 weeks	2019/20	–	-	*	1,154*	1,808	19		
Smokers that have successfully quit at 4 weeks (CO validated)	2019/20	–	-	*	805*	1,113	11		
Smoking prevalence in adults (15+) - current smokers (QOF) New data	2021/22	↓	41,229	17.3%	15.7%	15.4%	23.9%		4%
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	–	-	7.6%	7.0%	8.2%	14.9%		3.4%
Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	–	-	5.9%	4.9%	5.5%	11.1%		1.3%
Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	–	-	1.7%	2.0%	2.7%	7.6%		0.6%
Smokers setting a quit date	2019/20	–	-	*	2,221*	3,512	48		
Percentage with 3 or more risky behaviours at age 15	2014/15	–	-	10.7%	13.2%	15.9%	23.8%		
Smoking prevalence in adults (18+) - current smokers (GPPS) New data	2020/21	–	-	16.5%	14.6%	14.4%	23.5%		8.0%
Smoking prevalence in adults (18+) - ex smoker (GPPS) New data	2020/21	–	-	23.0%	25.7%	27.1%	15.2%		
Smoking prevalence in adults (18+) - never smoked (GPPS) New data	2020/21	–	-	60.6%	59.6%	58.5%	46.7%		
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	–	-	13.6%	13.8%	13.0%	22.0%		6.6%
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2020	–	-	19.0%	24.8%	24.5%	42.1%		
Smoking Prevalence in adults (18+) - ex smokers (APS)	2021	–	-	19.8%	23.7%	25.7%	13.4%		4.2%
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	–	901	40.6%	39.6%	40.5%	52.3%		
Smoking Prevalence in adults (18+) - never smoked (APS)	2021	–	-	66.6%	62.5%	61.3%	45.1%		
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) New data	2020/21	–	-	30.9%	26.9%	26.3%	47.3%		15.7%
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	–	-	25.5%	24.6%	25.8%	36.3%		
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	–	172	5.9%*	-	5.4%*	11.1%		
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	–	220	7.6%*	-	8.2%*	14.9%		
Rate of prescriptions for nicotine replacement products per 100,000 smokers	2018	→	3,343	9,949	8,625	11,781	690		
Smoking in early pregnancy	2018/19	–	-	17.1%	14.5%	12.8%	29.1%		2.1%

Source: Fingertips

Obesity

An estimated 68.5% of adults aged 18+ in Wolverhampton are classified as overweight or obese in 2020/21. This is higher than the West Midlands (66.8%) and England (63.5%).

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of adults (aged 18+) classified as obese (Persons, 18+ yrs)	2020/21	–	-	30.5%	28.1%	25.3%	40.3%		10.5%
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)	2020/21	–	-	68.5%	66.8%	63.5%	76.3%		44.0%

Source: Fingertips

Physical inactivity

28.0% of Wolverhampton adults are estimated to be physically inactive, which is significantly worse than in the West Midlands and England.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of physically inactive adults	2020/21	–	-	28.0%	25.6%	23.4%	38.1%		9.7%

Source: Fingertips

Substance Misuse

Problematic use of alcohol or drugs often contributes to or co-exists with mental health problems and leads to poorer outcomes. When people have co-existing conditions it is important that they access relevant treatment in line with NICE and other national guidance[65]. People should not be excluded from support based on mental health or alcohol/drug use conditions that they may have (known as the 'no wrong door' principle)[65].

More detail is included in the Wolverhampton Substance Misuse needs assessment, but key findings include:

- Alcohol-specific mortality is worse in Wolverhampton than England
- Wolverhampton is a regional outlier for alcohol-related mortality and alcohol-related hospital admissions.
- In Wolverhampton, 8 in 10 people drinking at levels that are harmful to health are not in touch with treatment services. Half of people experiencing problematic use of drugs are not in touch with treatment services.
- Successful completion of drug and alcohol treatment is better in Wolverhampton than the national average.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-related mortality (Persons, All ages) New data	2021	–	120	50.7	41.9	38.5	77.5		23.0
Alcohol-related mortality (Female, All ages) New data	2021	–	32	26.4	23.1	21.3	37.0		10.1
Alcohol-related mortality (Male, All ages) New data	2021	–	88	78.7	63.4	58.3	124.0		37.0
Alcohol-specific mortality (Persons, All ages, 1 year range) New data	2021	–	52	21.5	15.8	13.9	33.7		4.6
Alcohol-specific mortality (Persons, All ages, 3 year range) New data	2017 - 19	–	141	20.1	12.9	10.9	27.3		3.9
Admission episodes for alcohol-specific conditions (Persons, All ages) New data	2021/22	–	2,125	865	619	626	2,514		255
Admission episodes for alcohol-specific conditions (Female, All ages) New data	2021/22	–	565	449	366	390	1,360		148
Admission episodes for alcohol-specific conditions (Male, All ages) New data	2021/22	–	1,560	1,306	885	879	3,758		300
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Persons, All ages) New data	2021/22	–	1,189	479	382	404	2,110		142
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Male, All ages) New data	2021/22	–	896	743	565	587	3,210		202
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Female, All ages) New data	2021/22	–	293	230	209	233	1,097		86
Successful completion of alcohol treatment (Persons, 18+ yrs)	2020	→	228	43.2%	34.9%	35.3%	18.4%		
The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. (Persons, 18+ yrs)	2020/21	–	207	82.1%	80.4%	80.4%	55.8%		96.4%
Successful completion of drug treatment: opiate users (Persons, 18+ yrs)	2021	→	49	5.5%	4.5%	5.0%	1.2%		
Successful completion of drug treatment: non opiate users (Persons, 18+ yrs)	2021	→	82	32.5%	33.5%	34.3%	14.6%		
The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. (Persons, 18+ yrs)	2020/21	–	158	64.0%	67.7%	71.0%	46.5%		3%

Source: Fingertips

There were 496 Wolverhampton residents aged 65+ admitted to hospital for alcohol-related conditions in 2021-2022. Approximately 71% of the admissions were male.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons, 65+ yrs)	2021/22	–	496	1,156	952	810	1,403		510
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Male, 65+ yrs)	2021/22	–	350	1,755	1,490	1,275	2,313		856
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Female, 65+ yrs)	2021/22	–	146	641	486	415	728		196

Source: Fingertips

Comorbidity in mental and physical illness

Mental and physical health are closely linked. There are multiple associations between mental health and chronic physical conditions that can significantly impact a person's quality of life, and their need for health care, and other services[14].

Poor mental health is a risk factor for chronic physical conditions. People with severe mental health conditions are particularly at high risk of experiencing chronic physical conditions such as cardiovascular disease, COPD and diabetes. People with chronic physical conditions are at risk of developing poor mental health[14].

Comorbidity refers to experiencing two or more long-term conditions at the same time. A long-term condition is a health problem that lasts for at least 12 months. Around 4 out of 10 people (36%) with comorbidity are living with a physical and a mental health condition.

By 2025, there will be an estimated 9.1 million people living with one or more long-term conditions in the UK.

People with long-term physical conditions are more likely to have lower wellbeing scores than those without, and evidence suggests that those with specific long-term conditions such as cancer, diabetes, asthma and high blood pressure are more likely to experience a range of mental health problems including depression and anxiety[66].

Mental health conditions can increase the likelihood of developing some musculoskeletal disorders. For example, people with depression are at greater risk of developing back pain. Musculoskeletal conditions can also have a significant impact on mental health as living with a painful condition can lead to anxiety and depression, and depression is 4 times more common among people in persistent pain compared with those without pain[67].

In Wolverhampton, the percentage of people with a musculoskeletal problem is higher than the England average. People with a musculoskeletal problem are more likely to also have another long-term condition including those related to mental health.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Odds ratio of reporting a mental health condition among people with and without an MSK condition (Persons, 16+ yrs)	2022	–	-	2.1	1.4	1.4	0.5		
Percentage reporting a long-term Musculoskeletal (MSK) problem (Persons, 16+ yrs)	2022	–	-	17.9%	19.0%	17.6%	26.1%		
Percentage reporting at least two long-term conditions, at least one of which is MSK related (Persons, 16+ yrs)	2021	–	-	13.3%	13.0%	12.1%	20.7%		6.3%

Source: Fingertips

In Wolverhampton, during 2021/2022, the percentage of people with the following long-term conditions is higher than the England average: Chronic Kidney Disease, Depression, Diabetes, Hypertension, Mental Health, Osteoporosis, and Rheumatoid Arthritis.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
CHD: QOF prevalence (all ages) (Persons, All ages)	2021/22	↓	8,669	2.9%	3.1%*	3.0%	1.1%		%
CKD: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	→	9,370	4.1%	4.7%*	4.0%	1.1%		
COPD: QOF prevalence (all ages) (Persons, All ages)	2021/22	↓	5,090	1.7%	1.9%*	1.9%	0.6%		
Depression: QOF incidence (18+ yrs) - new diagnosis (Persons, 18+ yrs)	2021/22	→	4,037	1.8%	1.7%*	1.5%	0.7%		
Depression: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	↑	29,060	12.8%	13.3%*	12.7%	3.8%		%
Diabetes: QOF prevalence (17+ yrs) (Persons, 17+ yrs)	2021/22	↑	20,473	8.8%	8.2%*	7.3%	2.7%		10.2%
Hypertension: QOF prevalence (all ages) (Persons, All ages)	2021/22	↓	41,610	14.1%	14.7%*	14.0%	6.9%		18.4%
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2021/22	→	2,945	1.00%	0.92%*	0.95%	0.25%		%
Osteoporosis: QOF prevalence (50+ yrs) (Persons, 50+ yrs)	2021/22	↑	935	0.9%	0.8%*	0.8%	0.1%		
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (Persons, 16+ yrs)	2021/22	→	2,163	0.9%	0.9%*	0.8%	0.3%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2021/22	→	5,062	1.7%	1.9%*	1.8%	0.7%		

Source: Fingertips

Suicide and self-harm

Every suicide should be seen as preventable. Gaining an understanding of vulnerability in local populations can aid the development of an effective suicide prevention plan. People with a history of self-harm are a high-risk group for suicide.

There is a separate needs assessment for suicide prevention for Wolverhampton, which has included the following key findings:

- During the period June 2019- May 2022 data for incidents of suicide recorded by the Coroner's Office showed:
  - the majority of suicides were in males.
  - 54% of suicide cases were unknown to mental health services.

Key findings for self-harm data during 2018-2022 in Wolverhampton show:

- The number of people being admitted to hospital for self-harm is decreasing.
- People from more deprived areas are more likely to attend A&E for self-harm than people from less deprived areas.
- Just under half of people are discharged home, and a quarter are admitted into hospital.
- Approximately 73% of attendances are White British. 5% of attendances are people from the Indian ethnic group.
- 60.08% of people were female, 39.07% were male. 0.21% were "other" or not recorded.
- 3% of attendees were aged 65 or over.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Emergency Hospital Admissions for Intentional Self-Harm (Persons, All ages)	2021/22	–	450	166.4	151.0	163.9	425.7		47.9

Source: Fingertips

Mental health: Healthy Adults

Introduction

For this needs assessment, the wide range of mental health conditions has been grouped into two broad categories; common mental health conditions and severe mental illness (also called SMI).

Common mental health problems

Common mental health problems include depression and anxiety disorders such as generalised anxiety disorder, social anxiety disorder, health anxiety, panic disorder, agoraphobia, obsessive-compulsive disorder (also known as OCD), phobias and post-traumatic stress disorder (also known as PTSD). Common mental health problems cause distress and interfere with normal life. For working-age adults, parenting, caring, going to work, and socialising can all suffer[68]. The large number of people experiencing these conditions at any one time has a significant cost to society[68].

Prevalence and incidence of common mental health problems

Research suggests that approximately one in four adults in England will experience a mental health problem at some point in their life[69] and one in six adults has a mental health problem at any given time, with depression and anxiety being the most common[70].

Estimates and projections of common mental health problems in Wolverhampton are as follows:

People aged 18-64 predicted to have a mental health problem, projected to 2040:

	2020	2025	2030	2035	2040
Wolverhampton: People aged 18-64 predicted to have a common mental disorder	29,971	30,545	31,055	31,515	31,899
Wolverhampton: People aged 18-64 predicted to have a borderline personality disorder	3,806	3,879	3,944	4,003	4,052
Wolverhampton: People aged 18-64 predicted to have an antisocial personality disorder	5,335	5,444	5,555	5,643	5,718
Wolverhampton: People aged 18-64 predicted to have psychotic disorder	1,112	1,133	1,154	1,171	1,186
Wolverhampton: People aged 18-64 predicted to have two or more psychiatric disorders	11,431	11,653	11,859	12,038	12,188

Source: PANSI

Depression

The proportion of the population (prevalence) of depression (12.8%) and the number of new cases at a defined point in time (incidence) of depression (1.8%) in Wolverhampton are both similar to the national average.

Indicator	Period	Wolverhampton			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Depression: QOF incidence (18+ yrs) - new diagnosis (Persons, 18+ yrs)	2021/22	→	4,037	1.8%*	1.5%	0.8%		
Depression: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	↑	29,060	12.8%*	12.7%	5.8%		
Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator incl. PCAs) (Persons, 18+ yrs)	2021/22	↓	2,173	53.8%*	54.9%	3.2%		71.8%

Source: Fingertips

Antidepressants are a type of medication used to treat clinical depression or prevent it from recurring. It should however be noted that some medications classified as antidepressants are used for non-mental health purposes such as to support pain management. As such, there is a need to be cautious in drawing conclusions. Nationally, antidepressant prescribing has increased substantially in recent years[71].

The Black Country ICB has one of the highest numbers of patients prescribed antidepressants, with a monthly average of 93,580 patients, compared with the ICB national average of 43,406. The data for number of patients is not available at Wolverhampton level.

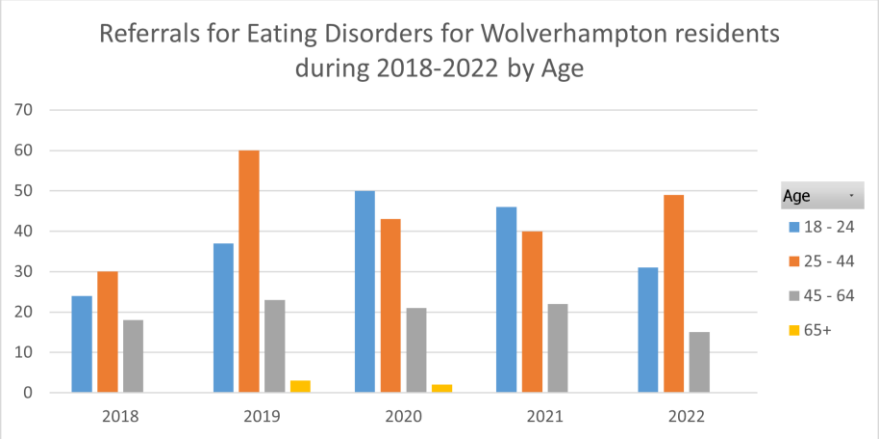
Antidepressant prescribing in Wolverhampton in 2021-2022 averaged 21.26% of all antidepressants prescribed in the Black Country ICB.

Eating disorders

People with eating problems use the control of food to cope with feelings and other situations. The most common eating disorders diagnoses are anorexia, bulimia, and binge eating disorder, but some people have a difficult relationship with food and do not fit the criteria for any specific diagnosis.

Referrals to eating disorders services for Wolverhampton residents aged 18 or over during 2018-2022 show:

- 88% of referrals were female, 10% were male and 2% were not specified.
- The highest numbers of referrals to the eating disorders team by Ethnicity in descending order were White British, Asian, or Asian British – Indian, and mixed White and Black Caribbean
- 25–44-year-olds are most referred, followed by 18-24-year-olds



Black Country Healthcare NHS Foundation Trust Community Transformation

In April 2020 Black Country Partnership NHS Foundation Trust, and Dudley and Walsall Mental Health Partnership Trust merged to become Black Country Healthcare NHS Foundation Trust.

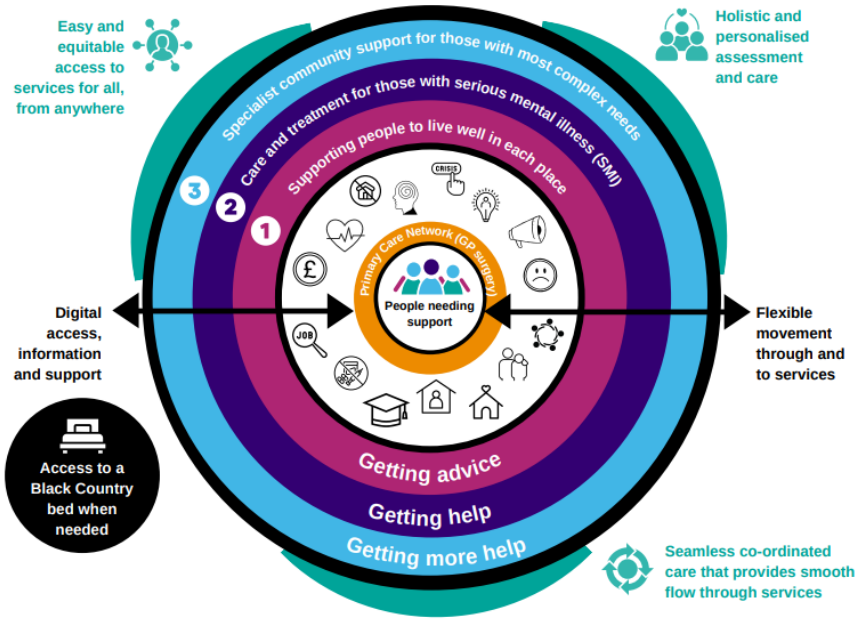
Nationally, the NHS Long Term Plan and NHS Mental Health Implementation Plan 2019/20 – 2023/24 set out that the NHS will develop new and integrated ways of working for primary and community mental health care, for adults and older adults with mental health challenges.

A new community-based way of working will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and substance use.

By 2023/24, this will help at least 370,000 adults and older adults per year nationally to have greater choice and control over their care, and to live well in their communities.

The **Community Mental Health Transformation Programme** is a partnership of NHS organisations, community and voluntary sector organisations, adult social care, service users and people with lived experience coming together to transform how these mental health services are organised and delivered[72].

Timescales for the transformation process run from 2021-2024 based on a geographical approach. Year 1 will focus on Wolverhampton and Dudley (part year) with a focus on the recruitment of mental health link workers who will work within primary care networks (PCNs). Additional activity will include the transformation of community rehabilitation services, eating disorder services, personality disorder pathways and expansion of recovery college services to support service users' recovery journey. Year 2 of the transformation will include transformation work in Dudley and Walsall, with year 3 concluding transformation work in Sandwell.



BCHFT 3-2-1 diagram of how people can access support with their mental health.

Support for younger adults 18-25: A new service has been co-designed with young people and this will 'wrap around' services already offered within healthcare, social care and the voluntary sector. Peer support workers will assist young people to connect with opportunities within their communities and a lived experience trainer to help services appreciate what young people find helpful and how support could be increasingly young person friendly. Having a 'young person panel' within the service will enable regular discussion about what works and how things could be improved from a young adult's point of view, providing flexibility to adapt as needed.

Support for adults: The model will focus on supporting people with mental health problems to live well in communities. The goals of transformation will include the provision of:

- **Easy to access services:** Mental health services wrapped around people providing personalised holistic care in communities.
- **No more gaps:** Seamless ways for people to move between different services, providing continuity of care.
- **Better community support:** Working in partnership with voluntary and community organisations to support patients' and communities' wellbeing.
- **Better re-introduction to services:** Simplified access to services after finishing treatment (if needed) removing the need for people to re-tell their stories.
- **Reduced Waiting Times:** A holistic personalised plan of care within 4 weeks of assessment.

People who have been referred to Black Country Healthcare NHS Foundation Trust services are provided with interim support interventions whilst they are waiting for more specialised care to become available. Whilst it is acknowledged that these interventions may be helpful for some people, for others the inability to access specialised services when required may provide further challenges.

Support for older adults: Enhanced Community Mental Health Teams for Older Adults will have a number of community mental health nurse practitioners who will assess and support patients, working alongside primary care, GPs and Social Care. The teams will also support frailty and target issues such as isolation and loneliness.

Student mental health support

Wolverhampton University has a worldwide student population of 24,825 with 4 campuses the majority of the student population is concentrated at City Campus in Wolverhampton. A large percentage of the student population are local residents within the Black Country who have selected to study and commute locally. The student population is made up of a large percentage of mature students.

The mental health offer from the university provides students access to a Mental Health and Wellbeing Team. The team is comprised of Practitioners from a Multi-Disciplinary background (Mental Health Nurses, Counsellors and Social Workers). The service operates Mon -Fri 9am-5pm and offers one-to-one and group interventions. Liaising and supporting with both internal and external partners, where and when necessary. The offer of the university also includes free access to a digital 24/7 peer and professional mental health support in an online community space (togetherall). The primary remit and focus of the service is to support students in a Higher Education setting.

Around 3% of the student population have accessed Mental Health and Well-being services within the past couple of academic years. The general themes that have been noted as reasons for accessing the service are as follows, stress-related issues, low mood and anxiety. These appear to be the primary reasons disclosed for accessing the service. It is also noted that predominately individuals identifying as female are using the service. These themes appear to be common features of the local population and the student population is a reflection of that.

Social prescribing

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

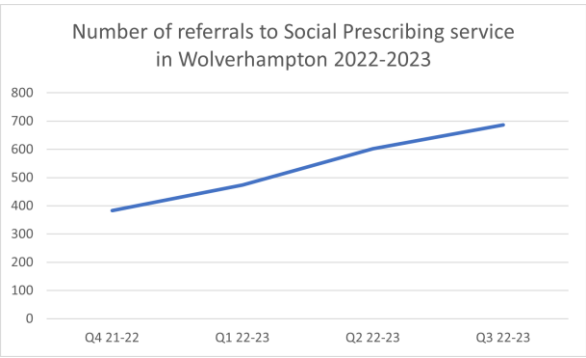
In social prescribing, local agencies such as local charities, social care and health services refer people to a social prescribing link worker. Social prescribing link workers give people time, focusing on 'what matters to me?' to coproduce a simple personalised care and support plan and support people to take control of their health and wellbeing.
Social prescribing link workers also support existing community groups to be accessible and sustainable and help people to start new groups, working collaboratively with all local partners.

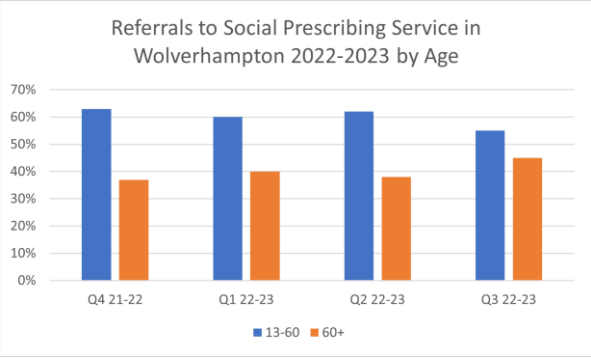
Social prescribing works particularly well for people who:

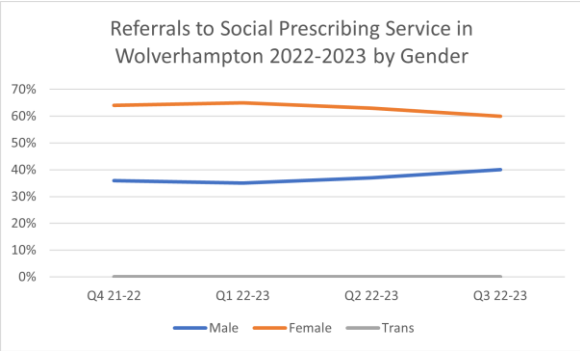
- have one or more long-term conditions.
- who need support with low-level mental health issues.
- who are lonely or isolated.
- who have complex social needs which affect their wellbeing.

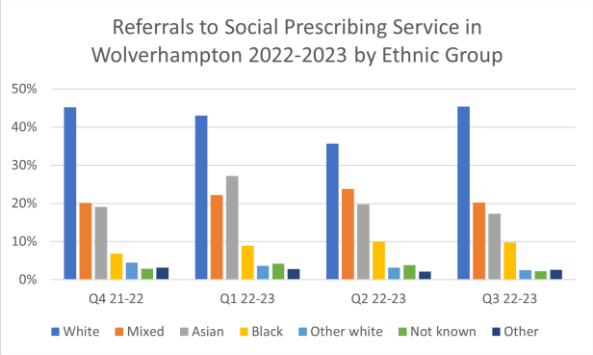
In Wolverhampton, the social prescribing service has 11 link workers and 1 Citizens Advice Bureau worker.

Referrals data for 2022-2023 shows that the number of referrals is increasing each quarter (from 383 Q4 21-22 to 687 Q3 22-23). The proportion of people referred aged 13-60 is higher than for people aged 60+, but the gap is narrowing.

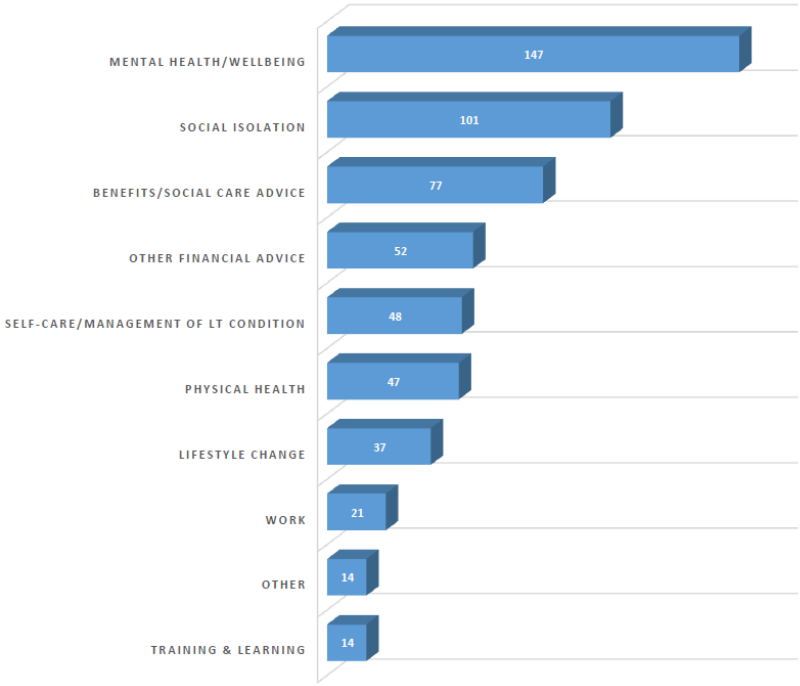








The presenting reasons to Social Prescribing in October 2022 were:



Data from Citizens Advice Referrals via the Social Prescribing Service in Wolverhampton shows that the most common advice issue is for benefits and tax credits. Other common advice issues are Universal Credit and housing. The top benefits issue is personal independence payment advice.

NHS Talking Therapies for Anxiety and Depression (Previously known as Improving Access to Psychological Therapies or IAPT)

The talking therapies service in Wolverhampton is called Healthy Minds, which is part of the Black Country Healthcare NHS Foundation Trust. The service provides NICE-approved, evidence-based psychological therapies for people with depression, stress or anxiety disorders. People living in Wolverhampton can either self-refer to Healthy Minds or they can be referred by their GP.

National data suggests that talking therapies are as effective for older people as for those of working age. However, despite talking therapy services being open to all adults, older people are underrepresented amongst those accessing services. Analysis of national data shows:

- The proportion of older people (65+) referred to IAPT services is lower than the proportion in the general population.
- Once referred, a greater proportion of older adults complete treatment than their working-age counterparts.
- Older people achieve good outcomes from IAPT treatment.

Black Country Healthcare data

During Q3 2021/2022 to Q2 2022/2023, data for the Black Country exceeded the national targets within the reported time period of 75% of people referred to IAPT services starting treatment within 6 weeks and 95% within 18 weeks. However, the target of 50% of people achieving clinical recovery has not been met.

Adult mental health: NHS Talking Therapies, for depression and anxiety (formerly IAPT services)	Black Country and West Birmingham CCG		Black Country ICB	
	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23
NHS Talking Therapies access: number of people entering NHS-funded treatment during the reporting period	6,660	6,620	6,640	5,590
NHS Talking Therapies % of all referrals that are for older people 65+	4.2%	4.5%	5.0%	4.6%
NHS Talking Therapies recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery	48.0%	47.0%	44.0%	43.0%
NHS Talking Therapies recovery rate for Black, Asian or Minority Ethnic groups	49.0%	44.0%	42.0%	42.0%
NHS Talking Therapies % of people receiving first treatment appointment within 6 weeks of referral	83.0%	81.0%	83.0%	88.0%
NHS Talking Therapies % of people receiving first treatment appointment within 18 weeks of referral	97.0%	95.0%	95.0%	98.0%
NHS Talking Therapies % of in-treatment pathway waits over 90 days	25.0%	29.4%	30.3%	28.8%

Wolverhampton data

During 2019-2022, 62% of attendees for talking therapies were aged between 25-44, and 8% of attendees were aged over 60. People who describe themselves as having White British ethnicity had higher access rates than people from other ethnic backgrounds. At the time of this needs assessment, no data was available for gender.

Where recorded, the main presenting reasons for accessing talking therapies in descending order were: Depressive episodes, generalised anxiety disorder, recurrent depressive disorder and post-traumatic stress disorder. Non-clinical presenting reasons were not recorded.

Wolverhampton talking therapies attendees data 2019-2022:

	2019/20	2020/21	2021/22
Total attendees	**7126**	**5565**	**7013**
New attendees	4191	3253	2312
Previously known to service	2935	4469	2544

At the time of producing this needs assessment, performance data specific to Wolverhampton area was only available for the time period April 2022 to December 2022. Wolverhampton exceeded the national targets within the reported time period of 75% of people referred to IAPT services starting treatment within 6 weeks and 95% within 18 weeks. Wolverhampton also exceeded the national target of 50% of people entering IAPT treatments achieving clinical recovery. Wolverhampton data will continue to be collected and analysed after the needs assessment, which will provide further context for the way in which services are provided.

Wolverhampton talking therapies indicators (April 2022 – Dec 2022)	
Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression - Dec 2022	**67%**
IAPT DNAs: % of IAPT appointments (Dec 22)	**12%**
Waiting < 6 weeks to enter IAPT treatment (supporting measure): % of referrals (Dec 22) waiting <6 weeks for first treatment	**90%**
Waiting < 18 weeks to enter IAPT treatment (supporting measure): % of referrals (Dec 22) waiting <18 weeks for first treatment	**100%**
Waiting < 6 weeks for IAPT treatment (standard measure): % of referrals that have finished course of treatment waiting <6 weeks for first treatment	**84%**
Waiting < 18 weeks for IAPT treatment (standard measure): % of referrals that have finished course of treatment waiting <18 weeks for first treatment	**99%**
Average wait to enter IAPT treatment: mean wait for first treatment (days)	**12 days**
IAPT recovery: % of people who have completed IAPT treatment who are "moving to recovery" (18+ yrs)	**52%**
IAPT reliable improvement: % of people who have completed IAPT treatment who achieved "reliable improvement" (18+ yrs)	**70%**

Severe mental illness

Severe Mental illness (also called Serious Mental Illness or SMI) refers to people with psychological problems that are so debilitating that their ability to engage in functional and occupational activities is severely impaired. Severe mental illness includes schizophrenia, bipolar disorder and other psychoses.

In England, people with SMI die on average 15 to 20 years earlier than the general population[2].

People with SMI in England are almost 5 times more likely to die prematurely than those without SMI, with SMI contributing to around 1 in 3 premature deaths.

People living with SMI are particularly vulnerable to experiencing social inequalities driven by complex factors and face a greater burden of physical health conditions, often driven by the inequalities that they face.

According to GP Practice records during 2020-2022, an average of 1.00% of adults aged 18 and over were included on a mental health register for patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses. This is similar to the national average.

Mental Health: QOF prevalence (all ages) **New data** 2021/22 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	587,025	0.95	0.95	0.96
West Midlands region	→	58,980	0.92*	0.91	0.93
Birmingham	→	16,541	1.22	1.21	1.24
Walsall	→	3,053	1.03	0.99	1.06
Wolverhampton	→	2,945	1.00	0.96	1.03
Sandwell	→	3,389	0.96	0.92	0.99
Coventry	→	4,091	0.95	0.92	0.98
Stoke-on-Trent	→	2,744	0.94	0.90	0.97
Telford and Wrekin	→	1,775	0.89	0.85	0.94
Solihull	→	2,004	0.86	0.82	0.89
Dudley	→	2,803	0.85	0.82	0.88
Herefordshire	→	1,551	0.80	0.77	0.85
Shropshire	→	2,538	0.78	0.75	0.81
Warwickshire	→	4,725	0.76	0.74	0.78
Staffordshire	→	6,314	0.73	0.71	0.75
Worcestershire	↓	4,507	0.72	0.70	0.75

Source: Fingertips

Antipsychotics prescribing

Antipsychotic drugs are used for a number of mental health disorders, mainly schizophrenia and bipolar disorder, but may also be used in severe or difficult to treat anxiety or depression, and occasionally for short-term management of dementia. People with a severe mental illness may also be prescribed other medication for their mental health, such as lithium, valproate or antidepressants.

The Black Country ICB is one of the highest areas for prescribing antipsychotic medication. In 2021-22, an average of 27904 antipsychotic items were prescribed each month in the Black Country ICB, of which, an average of 6610 items (23.69%) were prescribed in Wolverhampton.

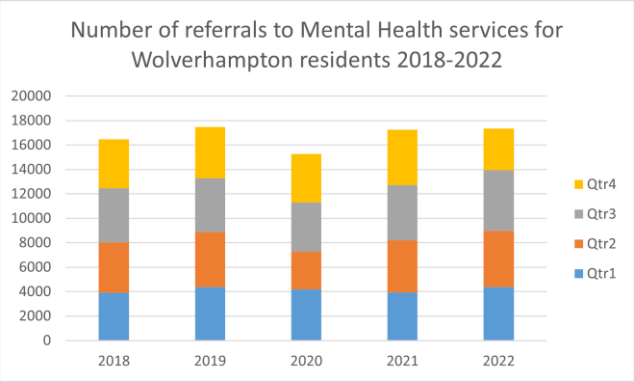
Primary Care Mental Health Practitioners

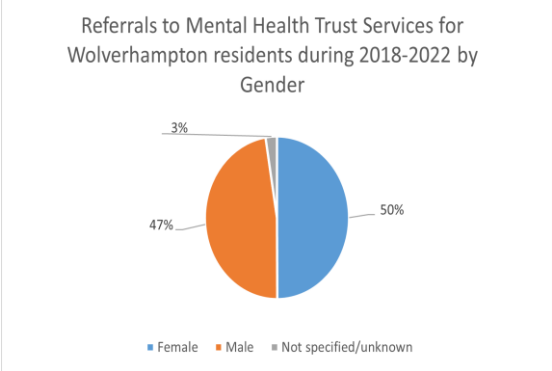
As part of the Additional Roles Reimbursement Scheme (also called “ARRS”), there is support from a mental health practitioner in each of the 7 Primary Care Networks (also called “PCNs”).

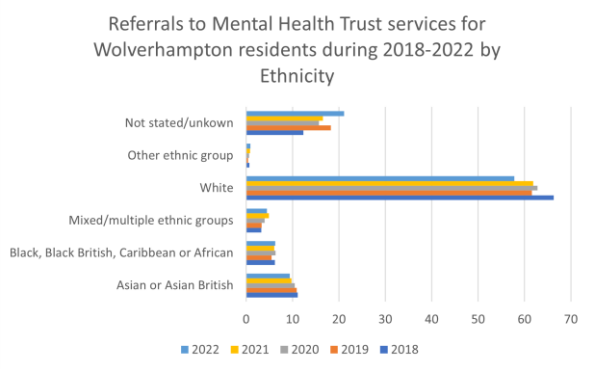
The role of mental health practitioners is to:

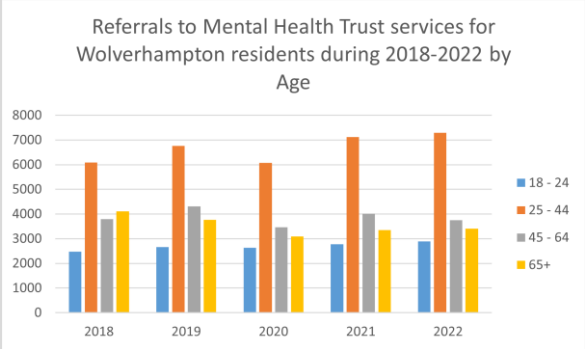
- provide a combined consultation, advice, triage and liaison function, supported by the local community mental health provider.
- work with patients to:
    - support shared decision-making about self-management.
    - facilitate onward access to treatment services.
    - provide brief psychological interventions, where qualified to do so and where appropriate.
- work closely with other healthcare professionals in Primary Care to help address the range of needs of patients with mental health problems. This might include working with clinical pharmacists for medication reviews, and social prescribing link workers for access to community-based support.

Referrals to Secondary Care Mental Health Trust Services









Emergency Department attendances related to mental health

Identification of Mental health, self-harm or suicidal-related A&E attendances are based on a combination of diagnosis codes. Caution, therefore, needs to be applied in the interpretation of the following.

Data collected during 2018-2022 tells us that the most frequent groups attending A&E for their mental health were from more deprived areas and aged 26-44.

Severe Mental Illness annual physical health checks

	Wolverhampton percentage of people with SMI receiving check 2022/23	Black Country percentage of people with SMI receiving check 2022/23
1. Measurement of weight (BMI or BMI + Waist circumference)	80.4%	82.9%
2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)	82.2%	83.2%
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)	71.9%	80.2%
4. blood glucose test (blood glucose or HbA1c measurement)	71.9%	76.8%
5. assessment of alcohol consumption	74.6%	81.6%
6. assessment of the smoking status	82.1%	86.3%
All six physical health checks - note this cannot be greater than the minimum figure reported in 1 to 6 above.	**57.84%**	**66.45%**

As of the end of Q4 for 2022/2023, Wolverhampton has completed 57.84% of all six annual physical health checks, and the Black Country has completed 66.45% of all six annual health checks. The national target for completed health checks is 70%. Due to how data is collected over a 12-month rolling period in Wolverhampton, which is a different method to other areas, joined-up approaches are currently being explored by a range of strategic partners to enable access to more consistent data.

Cancer screening

People with SMI may experience additional complexities and barriers in accessing screening interventions across national programmes for breast, bowel and cervical cancers[73]. Whilst local data has not been included in this needs assessment, due to concerns about accuracy, cancer screening data will be subject to further investigation to better understand the data for people with SMI and how to improve the uptake of screening in Wolverhampton.

Reducing premature mortality

In England, people with a severe mental illness die on average 15 to 20 years earlier than the general population[2]. People living with a severe mental illness (SMI) are particularly vulnerable to experiencing social inequalities driven by complex factors and face a greater burden of physical health conditions, often driven by the inequalities that they face[2].

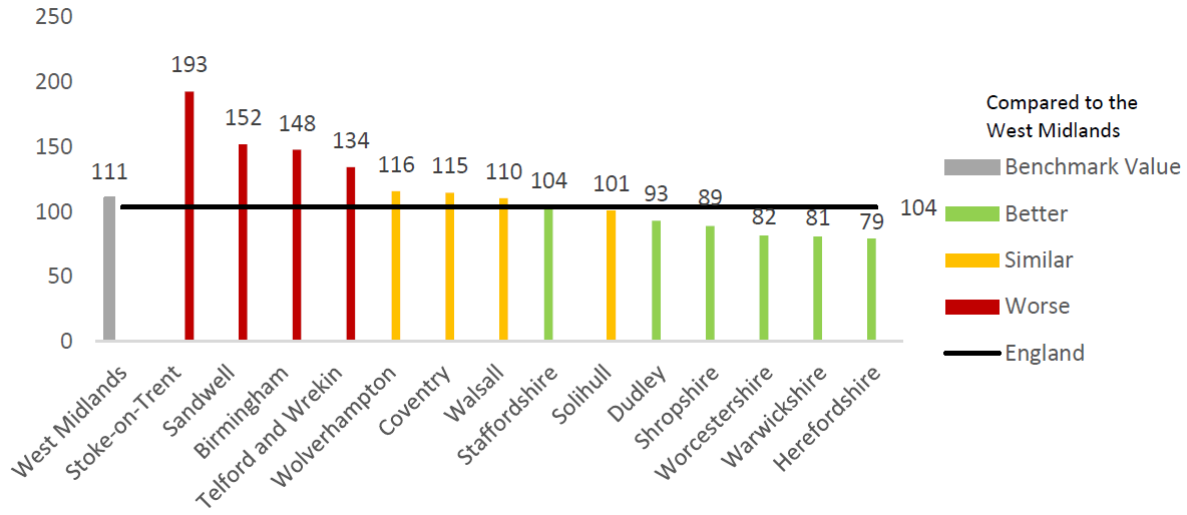
To address the 15–20-year gap in life expectancy between people with SMI and the general population, in 2017 the Government committed to ensuring that by 2020/21, 280,000 adults with SMI would receive an annual physical health check (The Government's response to the Five Year Forward View for Mental Health).

Wolverhampton is worse than England overall for premature mortality in adults with SMI. However, the rate in Wolverhampton is significantly better than England overall for excess

mortality. Excess mortality in adults with SMI measures the difference in mortality in this population compared to adults who do not have SMI.

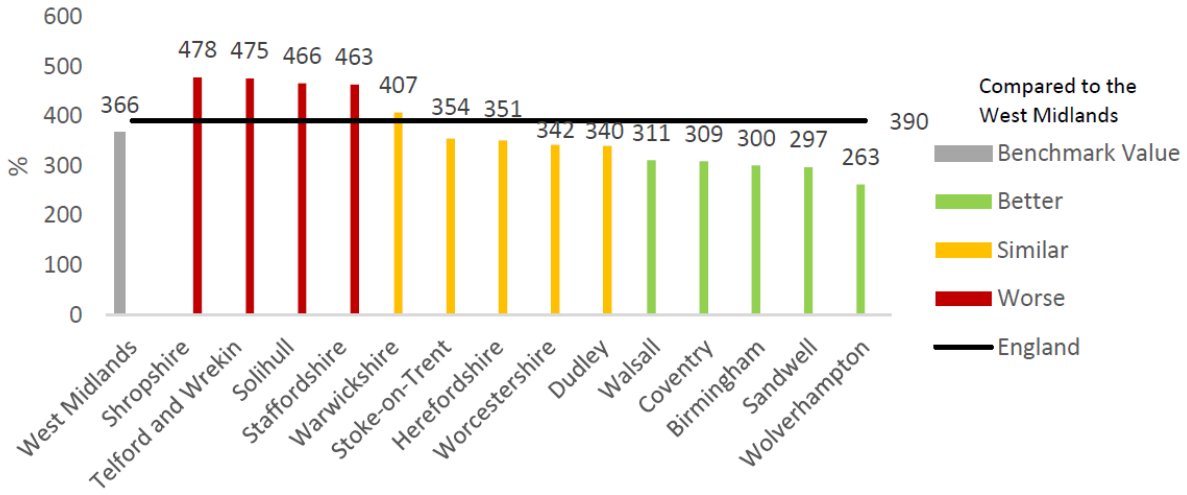
It should however be noted that Wolverhampton has a high overall premature mortality for people who do not have SMI. As such, there is a need to be cautious in drawing conclusions when comparing premature mortality and excess mortality.

Premature mortality in adults aged 18-74 with SMI in the West Midlands and local authorities 2018-20 Directly standardised rate – per 100,000.



Source: Office for Health Improvement and Disparities

Excess under 75 mortality rate in adults with SMI in the West Midlands and local authorities, 2018-2020, Excess risk - %.



Source: Office for Health Improvement and Disparities

The following table outlines premature and excess mortality for people with severe mental illness in Wolverhampton:

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	–	565	115.7	110.7	103.6	212.4		52.2
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018 - 20	–	-	262.5%	365.9%	389.9%	615.1%		
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2018 - 20	–	115	23.9	19.8	18.9	46.9		8.7
Premature mortality due to cancer in adults with severe mental illness (SMI)	2018 - 20	–	95	19.5	22.6	20.2	53.0		10.0
Premature mortality due to liver disease in adults with severe mental illness (SMI)	2018 - 20	–	45	9.1	8.1	7.6	21.0		3.0
Premature mortality due to respiratory disease in adults with severe mental illness (SMI)	2018 - 20	–	70	14.7	12.6	12.2	30.6		4.7
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)	2018 - 20	–	-	181.7%	264.4%	306.6%	548.6%		8.3%
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)	2018 - 20	–	-	68.8%	133.0%	125.8%	302.8%		19.7%
Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)	2018 - 20	–	-	272.8%	462.6%	550.2%	1,323.3%		197.6%
Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)	2018 - 20	–	-	409.9%	502.8%	559.5%	998.2%		1%

Source: Fingertips

Mental health: Healthy Ageing

Introduction

Social perceptions of ageing are gradually changing. People increasingly expect to lead independent and active lives, with good health and wellbeing in their older years. For many people, this includes remaining part of the workforce. Productive healthy ageing includes an active retirement.

Healthy Ageing is about maximising the opportunities for someone's social, physical, and mental health and wellbeing, so that they can enjoy a good quality of life as they grow older. Older age adults are generally considered to be 65 years and above. Although mental health conditions are common in later life, they are not an inevitable part of ageing[74].

Mental health problems in older people are often more apparent in hospital and care home settings. For example, in a 500-bed general hospital on an average day, estimates suggest that 330 beds will be occupied by older people, of whom 220 will have a mental disorder, 100 will have dementia and depression, and 66 will have delirium. Depression affects 4 in 10 people living in care homes, and in nursing homes around 1 in 10 residents have psychotic symptoms such as delusions and hallucinations. A third of people using specialist mental health services are older people, yet they currently only make up 18% of the general population.

By 2035, almost a quarter of the population in England will be over the age of 65 and the number of people aged 85 and over will be almost two-and-a-half-times larger than in 2010[74]. Wolverhampton has an ageing population, which is expected to rise faster than younger cohorts.

The NHS Long Term Plan outlines measures for the NHS to improve the provision of mental health support for older people with a range of needs and diagnoses, including common mental disorders and severe mental illness, across all mental and physical health services and settings[1].

Prevention

Older people who have experienced any of the following are at a greater risk of a decline in their independence and wellbeing[74]:

- their partner died in the past 2 years.
- they are a carer.
- they live alone and have little opportunity to socialise.
- recently separated or divorced.
- recently retired (particularly if involuntarily)
- unemployed in later life
- on low income
- have recently experienced or developed a health problem.
- have had to give up driving.
- have an age-related disability.
- are aged 80 or older.
- if they are subject to different levels of discrimination.
- have dementia – approximately 3100 people in Wolverhampton.
- have delirium.
- they have been subject to abuse.

- they have experienced alcohol and substance misuse.
- if they are taking multiple prescribed medications (polypharmacy).

Some priority areas to focus on in the prevention of mental health problems in older people include loneliness and social isolation, frailty and falls, and carers[74].

Loneliness and social isolation

Loneliness is the distressing feeling of being alone or separated. Social isolation is the lack of social contact and having few people to interact with regularly. Someone can live alone and not feel lonely or socially isolated, and someone can feel lonely while being with other people[14].

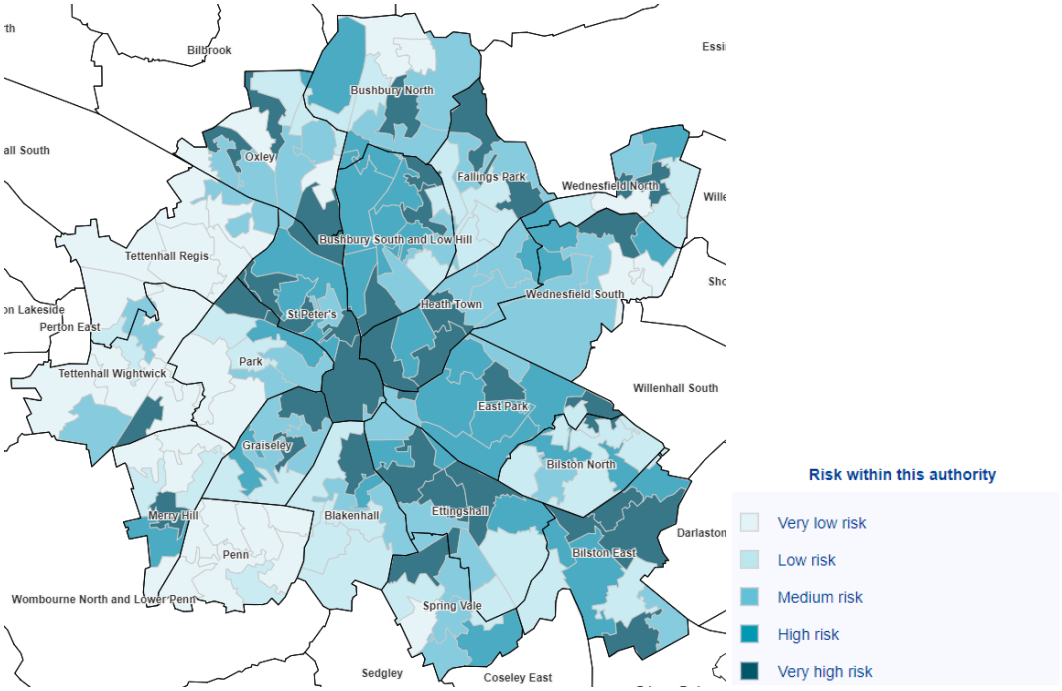
While loneliness and social isolation can affect all ages, older people are especially vulnerable[74]. Over one million older people regularly feel lonely and nearly half of all people over the age of 75 live alone[75]. Loneliness and social isolation can have a significant impact on wellbeing.

Important challenges in addressing loneliness in older people include:

- reaching lonely individuals
- understanding their needs
- supporting lonely individuals in accessing services[76]

A cold home can contribute to social isolation, which may be a particular issue for older people[76].

The darker colours on the city map highlight areas of the city where people aged 65 and over are likely to be at a higher risk of loneliness. These areas are in line with more deprived areas of the city.



Source: Age UK

Examples of interventions to support healthy ageing include[76]:

- community asset-based approaches
- volunteering, which can give people a sense of purpose and self-esteem and assist in meaningful interaction with others.
- age positive approaches which focus on understanding ageing and leading an active lifestyle as well as ending the stigma around old age

In Wolverhampton, there is a Community Support Team which offers weekly wellbeing calls for vulnerable residents to help them feel less isolated. There is also a Compassionate Communities telephone befriending service.

Frailty and falls

Frailty or 'being frail' refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury[77]. Frailty isn't the same as living with multiple long-term health conditions. There is often overlap, but equally so, someone living with frailty may have no other diagnosed health conditions. Frailty is generally characterised by issues like reduced muscle strength and fatigue. Around 10% of people aged over 65 live with frailty[78]. This figure rises to between 25% and a % for those aged over 85[78,79].

People with frailty often present with delirium (acute confusion), falls, incontinence, or worsening of chronic health conditions. Frailty is closely linked with depression, and each condition may be a risk factor for the development of the other[80].

Falls are a common concern in older people, affecting around 1 in 3 people and can negatively affect mental health[81]. Falls can become recurrent and a history of falling significantly increases the risk of future falls[82].

The consequences of falls can be serious, including head injury, fragility fracture, and fear of falling, resulting in reduced mobility and social isolation[82].

In Wolverhampton, the rates of emergency hospital admissions due to falls are higher than in England. Similarly, the rates of hip fractures are also higher in Wolverhampton than in England.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs) New data	2021/22	–	1,085	2,371	1,986	2,100	3,272		1,394
Emergency hospital admissions due to falls in people aged 65 to 79 (Persons, 65-79 yrs) New data	2021/22	–	400	1,303	953	993	1,674		687
Emergency hospital admissions due to falls in people aged 80 plus (Persons, 80+ yrs) New data	2021/22	–	685	5,470	4,983	5,311	8,251		3,354
Hip fractures in people aged 65 and over (Persons, 65+ yrs) New data	2021/22	–	295	634	571	551	741		
Hip fractures in people aged 65 to 79 (Persons, 65-79 yrs) New data	2021/22	–	80	268	240	236	371		22
Hip fractures in people aged 80 and over (Persons, 80+ yrs) New data	2021/22	–	210	1,694	1,531	1,466	1,897		
Percentage of people aged 65 and over offered reablement services following discharge from hospital. (Persons, 65+ yrs) New data	2021/22	↓	394	5.7%	4.0%	2.8%	0.0%		
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services (Persons, 65+ yrs) New data	2021/22	→	296	75.1%	81.2%	81.8%	31.9%		100.0%

Source: Fingertips

Carers

Approximately 10% of Wolverhampton residents are estimated to be carers, which is an estimated 27,136 people.

The mental health of older carers is an important aspect to consider in depression of older people[74]. Older carers are at increased risk of their mental health needs being missed or not given the right attention which can have negative effects on their health and wellbeing[74].

NHS England has developed a Carers toolkit to support health and social care organisations to work together to support carers and their families[83]. In Wolverhampton, **Our Commitment to All Age Carers** sets out the Council's priorities and support for carers[84].

Identification

Around two-thirds of older adults in acute hospital wards have a mental health problem and this is often unrecognised and untreated[85]. Mental health problems in later life are under-identified by health professionals and by older people themselves[74]. This can be when the effects of poor mental health and adversity throughout life become evident.[86]

Older people with depression often present with physical complaints causing fruitless physical investigations, which can result in mental health needs not being addressed. At the same time, many older adults will suffer from physical ill health, and this can lead to mental health problems.[74]

Depression in older people is commonly associated with a caring role or physical illness and frailty. The presence of depression strongly predicts outcomes in physical conditions such as hip fracture, stroke, and myocardial infarction. There is also evidence that depression is a risk factor for heart attacks and strokes.[74]

People aged 65 and over predicted to have depression in Wolverhampton, by age, projected to 2040:

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have depression	990	1,090	1,273	1,318	1,263
People aged 70-74 predicted to have depression	884	884	969	1,128	1,175
People aged 75-79 predicted to have depression	722	789	789	866	1,031
People aged 80-84 predicted to have depression	622	641	707	707	801
People aged 85 and over predicted to have depression	583	609	658	728	787
Total population aged 65 and over predicted to have depression	**3,801**	**4,012**	**4,395**	**4,746**	**5,056**

Source: POPPI

People aged 65 and over predicted to have severe depression, by age, projected to 2040:

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have severe depression	295	323	375	390	373
People aged 70-74 predicted to have severe depression	171	170	187	218	227
People aged 75-79 predicted to have severe depression	298	322	326	357	420
People aged 80-84 predicted to have severe depression	198	201	225	225	252
People aged 85 and over predicted to have severe depression	257	273	296	332	359
Total population aged 65 and over predicted to have severe depression	**1,219**	**1,288**	**1,409**	**1,521**	**1,631**

Source: POPPI

Some priority areas to focus on in the identification of mental health problems in ageing adults include care homes and safeguarding.

Care homes

It is estimated that 14.8% of people aged 85 and over live in care homes[87]. Depression affects an estimated 40% of older people in care homes[88]. Approximately 1800 people live in a residential care home in Wolverhampton.

Consultation and engagement

Key headlines from engagement activities on improving mental health and wellbeing

The following includes input from consultation via the #WolvesWellbeingAndMe survey, co-creation activities with targeted groups and engagement with Wolverhampton Mental Health Stakeholder Forum:

Awareness and Inclusion	Mental health needs to be talked about more openly A more inclusive & understanding society Better understanding of how people stay mentally well Better access to wellbeing information online Better understanding of the diversity of cultural interpretations of mental health
Community	More opportunities to volunteer Someone to talk to Opportunities to get out and do more things Support groups to meet and socialise with others More personal time More physical and creative activities, play facilities which are inclusive for all
Environment	Importance of green spaces and inequalities in access Wanting to feel safer in the city Better quality housing, less overcrowding Better quality work More money Cheaper public transport Advice about finances
Targeted prevention	Earlier prevention support Easier access to mental health support in the community Informal support groups with flexible thresholds Accessible counselling support
Specialist services	Culturally appropriate services Improved understanding of the mental health of ethnic minorities Challenges facing someone with both mental health and substance misuse issues Better awareness of services and availability Shorter waiting times More face-to-face appointments Front-line staff having experience (experts by experience) Help to understand diagnosis and support available for management and recovery

All feedback has been used to produce the final version of this needs assessment. Once approved by Wolverhampton Health and Wellbeing Together, the needs assessment will be published online.

#WolvesWellbeingAndMe: Summary of discussions from co-creation activities

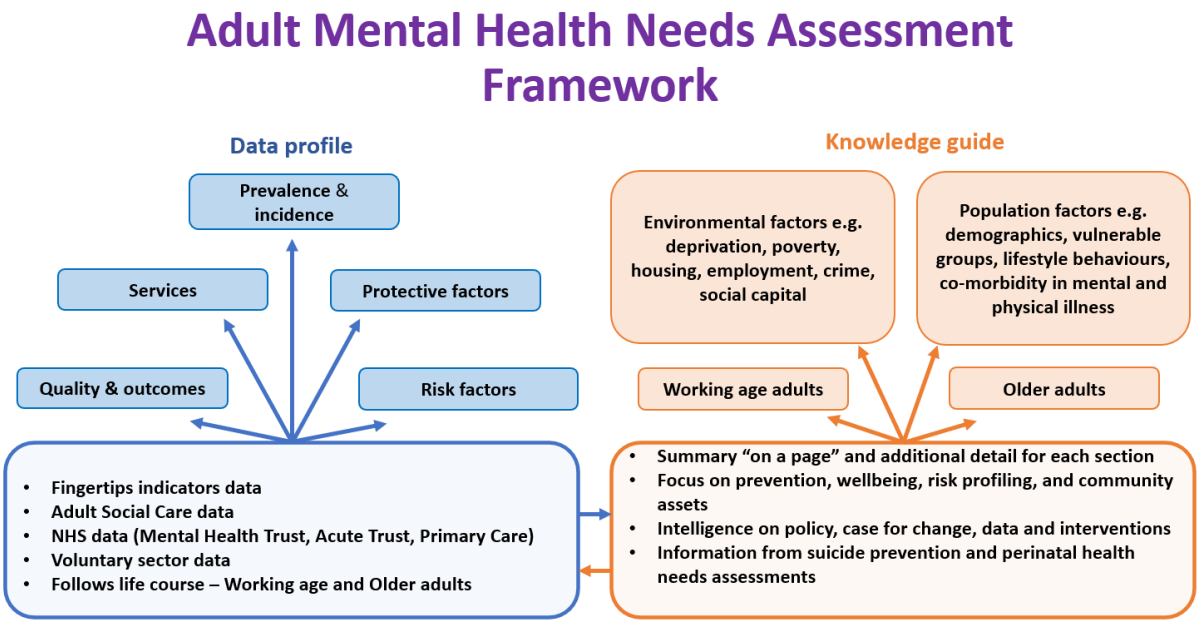
Group	Protective Factors	Challenges Faced	Want/need more
Youth Council *(children and young people)*	• Friends • Technology • Art • Mental health days organised by schools	• Lack of proper connection with friends • Online learning at home less productive	• Accessible counselling • Wellbeing sessions in schools • Physical/art activities • Cheaper public transport
Voice4Parents *(SEND families)*	• Informal support from neighbours, employers and groups such as Voice4Parents (i.e., providing activity packs and laptops) • Personal strength	• School closures & loss of specialist support led to lack of routine for children and no respite for parents • Felt abandoned by services	• Activities & inclusive play spaces for SEND children & families • Earlier prevention/ access to services • An inclusive & understanding society • Support for parents of SEN children
Access2Business *(young unemployed & unemployed with pre-existing mental health conditions)*	• Investing time in interests/hobbies • Technology to stay in touch with family • Pets provided a focus beyond the self	• Withdrawal of 'lifeline' activities • Loss of identity & purpose from unemployment • Decline in access to public services	• Mental health needs to be talked about more openly • Easier access to mental health support/shorter waiting times to avoid problems getting worse

Group	Protective Factors	Challenges Faced	Want/need more
Refugee & Migrant Centre *(refugee & migrants)*	• Friends & neighbours • Faith & churches	• Poor housing quality • No access to legal employment • Lack of awareness of service options & language barriers	• Better awareness of service availability and what they can expect • Better quality housing
Aspiring Futures *(ethnic minorities & women)*	• New hobbies (i.e., baking) • Volunteering to help others • Spending more time with family & children	• Technology & digital exclusion • Limited access to garden/outdoors • Fear of getting COVID • Closing of ESOL	• Outdoor activities for children • IT classes for women to be able to support children
Women of Wolverhampton *(ethnic minorities & women)*	• Continuity of informal support groups such as WoW • Conversations with peers	• Thresholds to mental health support • Holding multiple roles including caring so unable to work • Trauma of loss	• Informal support groups without thresholds to attend or limited number of sessions

Group	Protective Factors	Challenges Faced	Want/need more
Wolves Foundation Head 4 Health *(women)*	• Time to spend with family & children • Technology • Hobbies • Time for self-care	• Loss of support networks & familiar activities • Lack of privacy at home in lockdown	• Support groups to meet and socialise with others
The Crafty Gardener *(older adults with learning disabilities)*	• Friends • Technology to keep in touch with people • Occupy time with activities i.e., Baking/gardening	• Concerns about safety in the city • Unreliability of public transport • Mask wearing made communication harder	• Inclusive spaces & activities for those with learning disabilities • Awareness raising with the general population of LD
TLC College *(older unemployed adults & ethnic minorities)*	• Informal support • Family connection	• Lockdowns and pressure of home-schooling – isolation, loneliness Problems accessing services e.g., GPs & housing	• Clarity of PH messaging • Support for language translation • Frontline staff with lived experience

Appendix 1: Adult Mental Health JSNA framework

The guiding framework for the needs assessment was based on the OHID Mental health and wellbeing: JSNA toolkit. The toolkit links mental health data, policy and knowledge to help planners understand needs within the local population and assess local services.



Appendix 2: Wolverhampton Mental Health Directory and #WolvesWellbeingAndMe reports

Press Ctrl + click to access the following links:

Wolverhampton Mental Health Services Directory 2019-2024

#WolvesWellbeingAndMe evidence review

#WolvesWellbeingAndMe final report

References

1. NHS England (2019) *NHS Long Term Plan*, *NHS Long Term Plan*. NHS. Available at: https://www.longtermplan.nhs.uk/.
2. NHS (2016) *NHS England» the Five Year Forward View for Mental Health*, *www.england.nhs.uk*. Available at: https://www.england.nhs.uk/publication/the-five-year-forward-view-for-mental-health/.
3. Department of Health and Social Care (2021) *Reforming the Mental Health Act*, *GOV.UK*. Available at: https://www.gov.uk/government/consultations/reforming-the-mental-health-act.
4. Mental Health Act (1983) *Mental Health Act 1983*, *Legislation.gov.uk*. Gov.uk. Available at: https://www.legislation.gov.uk/ukpga/1983/20/contents.
5. Office for Health Improvement and Disparities (2023) *Prevention concordat for better mental health*, *GOV.UK*. Available at: https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health.
6. NHS England (2021) *NHS England» Core20PLUS5 – An approach to reducing health inequalities*, *www.england.nhs.uk*. Available at: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/.
7. City of Wolverhampton Council (2022) *Our City: Our Plan*. Available at: https://www.wolverhampton.gov.uk/your-council/our-city-our-plan.
8. City of Wolverhampton Council (2018) *The vision for Public Health 2030: Longer, healthier lives*. Available at: https://www.wolverhampton.gov.uk/sites/default/files/pdf/The_vision_for_Public_Health_2030.pdf
9. City of Wolverhampton Council and NHS Wolverhampton CCG (2018) *Joint Public Mental Health and Wellbeing Strategy 2018-2021*. Available at:https://www.wolverhampton.gov.uk/sites/default/files/2019-02/Joint_PMH_WB_Strategy_12.12.2018.pdf
10. Health & Wellbeing Together (2018) *Wolverhampton Joint Health & Wellbeing Strategy 2018-2023*. Available at: http://wellbeingwolves.co.uk/pdf/Joint%20H&W%20Strategy%202018-23.pdf
11. Black Country Healthcare NHS Foundation Trust (2021) *Our Strategies.* Available at: https://www.blackcountryhealthcare.nhs.uk/about-us/our-strategies
12. City of Wolverhampton Council (2018) *Population - WVInsight*, *Wolverhampton.gov.uk*. Available at: https://insight.wolverhampton.gov.uk/Home/Report/0e1f5524-eb14-49cc-a879-e19fcb734caa.
13. City of Wolverhampton Council (2023) *Adult Social Care Annual Report The Local Account 2021-2022.* Available at: https://www.wolverhampton.gov.uk/sites/default/files/2023-01/asc-local-account-2021-22-final.pdf
14. Brown, J.S., Learmonth, A.M. and Mackereth, C.J. (2015) *Promoting public mental health and well-being : Principles into Practice*. London ; Philadelphia: Jessica Kingsley Publishers.
15. City of Wolverhampton Council (2022) *Health and Wellbeing - WVInsight, Wolverhampton.gov.uk*. Available at: https://insight.wolverhampton.gov.uk/Home/Report/497447d7-fcff-42bd-8fc3-82fab979aa88

16. Office for National Statistics (2022) *Personal well-being in the UK, www.ons.gov.uk*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2021tomarch2022.
17. Spicksley, K., Hopley, R., Rees, J. and Chadwick D. (2022) *Which groups in Wolverhampton were most disadvantaged by the impact of the Covid-19 pandemic?.* Available at: http://www.bettermentalhealthwolves.co.uk/downloads/wolveswellbeingandme-evidence-review-april-2022.pdf
18. Hopley, R. *et al.* (2022) *#WolvesWellbeingAndMe Empowering Communities to understand the mental health needs in Wolverhampton Final Report*. Available at: http://www.bettermentalhealthwolves.co.uk/downloads/wolveswellbeingandme-report-october-2022.pdf
19. Tennant, R. *et al.* (2007) 'The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation', *Health and Quality of Life Outcomes*, 5(1), p. 63. Available at: https://doi.org/10.1186/1477-7525-5-63.
20. Clarke, A. *et al.* (2011) 'Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Validated for teenage school students in England and Scotland. A mixed methods assessment', *BMC Public Health*, 11(1). Available at: https://doi.org/10.1186/1471-2458-11-487.
21. Marmot, M. (2010) *Fair Society, Healthy Lives: A Strategic Review of Inequalities in England*. Available at: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
22. Pickett, K.E. (2006) 'Income inequality and the prevalence of mental illness: a preliminary international analysis', *Journal of Epidemiology & Community Health*, 60(7), pp. 646–647. Available at: https://doi.org/10.1136/jech.2006.046631.
23. Mental Health Foundation (2016) *Tackling poverty for good mental health*. Available at: https://www.mentalhealth.org.uk/explore-mental-health/blogs/tackling-poverty-good-mental-health.
24. Mental Health Foundation (2022) *Cost-of-living and mental health*. Available at: https://www.mentalhealth.org.uk/explore-mental-health/cost-of-living.
25. Bond, N. and Arcy, C. (2021) *The State We're In*. Available at: https://www.moneyandmentalhealth.org/wp-content/uploads/2021/11/The-State-Were-In-Report-Nov21.pdf.
26. CIEH (2016) *Housing and health resource*. Available at: https://www.cieh.org/policy/resources/housing-and-community/#g
27. Public Health England (2019) *Mental health and wellbeing: JSNA toolkit 2. Mental health: environmental factors*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place#housing-and-homelessness.
28. Barnes, M. *et al.* (2013) *People living in bad housing: Numbers and health impacts*, *openaccess.city.ac.uk*. UK. Available at: https://openaccess.city.ac.uk/id/eprint/14445/ (Accessed: 22 December 2021).
29. UK Health Security Agency (2023) *Adverse Weather and Health Plan*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/adverse-weather-and-health-plan (Accessed: 5 May 2023).
30. Department of Health and Social Care (2014) *Chief Medical Officer annual report 2013: public mental health*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health.

31. Cockersell, P. (2011) 'Homelessness and mental health: adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes', *Journal of Public Mental Health*, 10(2), pp. 88–98. Available at: https://doi.org/10.1108/17465721111154284.
32. *Crisis (2011) Homelessness: A Silent Killer*. Available at: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/homelessness-a-silent-killer-2011/
33. Ministry of Housing, Communities & Local Government (2016) *Homelessness Reduction Act: policy factsheets*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets.
34. Ministry of Housing, Communities & Local Government (2023) *Homelessness statistics*, *GOV.UK*. Available at: https://www.gov.uk/government/collections/homelessness-statistics.
35. World Health Organziation (2012) *Risks to mental health : an overview of vulnerabilities and risk factors*. Available at: https://www.semanticscholar.org/paper/Risks-to-mental-health-%3A-an-overview-of-and-risk/bfbedefc6db265ca474add283af034e8f55cc4de
36. Office, G. (2008) *Mental capital and wellbeing: making the most of ourselves in the 21st century*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century.
37. Mental Health Foundation (2011) *Learning for life: Adult learning, mental health and wellbeing*. Available at: https://www.mentalhealth.org.uk/publications/learning-life-adult-learning-mental-health-and-wellbeing
38. World Health Organization (2022) *Improving health literacy*, *World Health Organisation* . Available at: https://www.who.int/activities/improving-health-literacy.
39. Adams, R.J. *et al.* (2013) 'Functional health literacy mediates the relationship between socio-economic status, perceptions and lifestyle behaviors related to cancer risk in an Australian population', *Patient Education and Counseling*, 91(2), pp. 206–212. Available at: https://doi.org/10.1016/j.pec.2012.12.001.
40. Local Government Association (2023) *Themed reports, lginform.local.gov.uk.* Available at: https://lginform.local.gov.uk/themed-reports
41. Department for Work and Pensions (2013) *Mental health and work*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/mental-health-and-work.
42. NHS England (2016) *NHS England» Implementing the Mental Health Forward View*, *England.nhs.uk*. Available at: https://www.england.nhs.uk/mental-health/taskforce/imp/.
43. CIPD (2016) *Employee Outlook*. Available at: https://www.cipd.co.uk/knowledge/fundamentals/relations/engagement/employee-outlook-reports
44. Centre for Mental Health (2007) Mental *health at work: developing the business case*. Available at: https://www.centreformentalhealth.org.uk/publications/mental-health-work-developing-business-case.
45. Health and Safety Executive (2019) *What are the Management Standards? - Stress - HSE*, *Hse.gov.uk*. Available at: https://www.hse.gov.uk/stress/standards/.
46. NICE (2015) *Overview | Workplace health: management practices | Guidance | NICE*, *Nice.org.uk*. NICE. Available at: https://www.nice.org.uk/guidance/ng13.
47. NICE (2022) *Overview | Mental wellbeing at work | Guidance | NICE*, *www.nice.org.uk*. Available at: https://www.nice.org.uk/guidance/ng212.

48. Elgar, F.J. *et al.* (2011) 'Social capital, health and life satisfaction in 50 countries', *Health & Place*, 17(5), pp. 1044–1053. Available at: https://doi.org/10.1016/j.healthplace.2011.06.010.
49. Public Health England (2020) *Improving access to greenspace A new review for 2020*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf
50. Gascon, M. *et al.* (2015) 'Mental Health Benefits of Long-Term Exposure to Residential Green and Blue Spaces: A Systematic Review', *International Journal of Environmental Research and Public Health*, 12(4), pp. 4354–4379. Available at: https://doi.org/10.3390/ijerph120404354.
51. Public Health England (2019) *Mental health and wellbeing: JSNA toolkit 3. Mental health: population factors*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people.
52. Government Equalities Office and Equality and Human Rights Commission (2015) *Equality Act 2010: guidance, GOV.UK*. Available at: https://www.gov.uk/guidance/equality-act-2010-guidance.
53. Joseph Rowntree Foundation (2007) *Population turnover and area deprivation*. Available at: https://www.jrf.org.uk/report/population-turnover-and-area-deprivation
54. Public Health England (2019) *Mental health and wellbeing: JSNA toolkit 5. Children and Young People*, GOV.UK. Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people
55. Healthwatch (2022) *Black Country Children's Mental Health Report 2022*. Available at: https://www.healthwatchwolverhampton.co.uk/report/2022-06-29/black-country-children-young-peoples-mental-health-services
56. Mental Health Foundation (2023) *Armed forces and mental health*. Available at: https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/armed-forces-and-mental-health.
57. Mental Health Foundation (2021) *Black, Asian and minority ethnic (BAME) communities*, *www.mentalhealth.org.uk*. Available at: https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/black-asian-and-minority-ethnic-bame-communities.
58. Matthews, Z. (2008) *The health of Gypsies and Travellers in the UK. A Race Equality Foundation Briefing Paper*. Available at: https://www.gypsy-traveller.org/wp-content/uploads/health-brief.pdf#:~:text=Many%20Gypsies%20and%20Travellers%20face%20high%20levels%20of.
59. Mental Health Foundation (2022) *Refugees and Asylum seekers: Statistics*, *www.mentalhealth.org.uk*. Available at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/refugees-asylum-seekers-statistics.
60. Alegría, M., Álvarez, K. and DiMarzio, K. (2017) 'Immigration and Mental Health', *Current Epidemiology Reports*, 4(2), pp. 145–155. Available at: https://doi.org/10.1007/s40471-017-0111-2.
61. Campion, J. (2019) *Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.* Available at: b215d040-2753-410e-a39eb30ad3c8b708.pdf (rsph.org.uk)
62. Centre for Mental Health (2020) *BRIEFING 1: Determinants of mental health Commission for Equality Commission for Equality in Mental Health*. Available at:

https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/Commission%20Briefing%201%20-%20Final.pdf
63. Bachmann, C.L. and Gooch, B. (2018) LGBT in Britain – Health Report. Available at: https://www.stonewall.org.uk/lgbt-britain-health
64. ASH and PMHIC (2022) *Public mental health and smoking: A framework for action*. Available at: https://ash.org.uk/resources/view/public-mental-health-and-smoking-a-framework-for-action
65. Public Health England (2017) *Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf
66. Rai, D. *et al.* (2016) *'Chapter 13: Comorbidity in mental and physical illness' in McManus, S. et al. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey.* Available at: https://core.ac.uk/download/pdf/287022207.pdf.
67. Office for Health Improvement and Disparities (2022) *Musculoskeletal health: applying All Our Health*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-health/musculoskeletal-health-applying-all-our-health#mental-wellbeing
68. Public Health England (2019) *Mental health and wellbeing: JSNA toolkit 6. Working age adults*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/6-working-age-adults
69. NHS (2009) *Adult Psychiatric Morbidity in England - 2007, Results of a household survey - NHS Digital*, *NHS Digital*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey.
70. NHS (2016) *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 - NHS Digital*, *NHS Digital*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014.
71. Public health England (2020) *Prescribed Medicines Review: Summary*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/prescribed-medicines-review-report/prescribed-medicines-review-summary.
72. Black Country Healthcare NHS Foundation Trust (2023) *Community mental health transformation.* Available at: https://www.blackcountryhealthcare.nhs.uk/about-us/community-mental-health-transformation
73. National Mental Health Intelligence Network (2021) *Severe mental illness (SMI): inequalities in cancer screening uptake report.* Available at: https://www.gov.uk/government/publications/severe-mental-illness-inequalities-in-cancer-screening-uptake/severe-mental-illness-smi-inequalities-in-cancer-screening-uptake-report
74. Public Health England (2019) *Mental health and wellbeing: JSNA toolkit 7. Living well in older years*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/7-living-well-in-older-years
75. Turner, G. (2014) *Introduction to Frailty*, *British Geriatrics Society*. Available at: https://www.bgs.org.uk/resources/introduction-to-frailty.

76. Age UK (2018) *Loneliness research and impact*, *Age UK*. Available at: https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/.
77. British Geriatrics Society (2014) *Fit for frailty | British Geriatrics Society*, *Bgs.org.uk*. Available at: https://www.bgs.org.uk/resources/resource-series/fit-for-frailty.
78. Soysal, P. *et al.* (2017) 'Relationship between depression and frailty in older adults: A systematic review and meta-analysis', *Ageing Research Reviews*, 36, pp. 78–87. Available at: https://doi.org/10.1016/j.arr.2017.03.005.
79. NHS England (no date) *Ageing well and supporting people living with frailty*. Available at: https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/.
80. NHS England (2019) *Practical Guide to Healthy Ageing* . Available at: https://www.england.nhs.uk/publication/practical-guide-to-healthy-ageing/.
81. NHS (2021) *Overview - Falls*, *NHS*. Available at:https://www.nhs.uk/conditions/Falls/.
82. NICE (2013) *Overview | Falls in Older people: Assessing Risk and Prevention | Guidance | NICE*, *Nice.org.uk*. NICE. Available at: https://www.nice.org.uk/Guidance/CG161.
83. NHS England (2016) *An integrated approach to identifying and assessing Carer health and wellbeing*. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf
84. City of Wolverhampton Council (2022) *Our Commitment to All Age Carers.* Available at*: https*://www.wolverhampton.gov.uk/sites/default/files/2023-02/Our%20Commitment%20to%20All%20Age%20Carers%202022.pdf
85. NICE (2022) *Overview | Depression in adults: treatment and management | Guidance | NICE*, *www.nice.org.uk*. Available at: https://www.nice.org.uk/guidance/ng222.
86. Faculty of Public Health, and Mental Health Foundation (2016) *Better mental health for all: A public health approach to mental health improvement*. Available at: https://www.mentalhealth.org.uk/explore-mental-health/publications/better-mental-health-for-all.
87. NICE (2013) *Mental wellbeing of older people in care homes | Quality standards | NICE, www.nice.org.uk*. Available at: https://www.nice.org.uk/guidance/qs50
88. Boland, B., Burnage, J. and Chowhan, H. (2013) 'Safeguarding adults at risk of harm', *BMJ*, 346(may14 2), pp. f2716–f2716. Available at: https://doi.org/10.1136/bmj.f2716.

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