

**Time** 5.00 pm **Public Meeting?** YES **Type of meeting** Executive  
**Venue** Committee Room 3, Third Floor - Civic Centre, St Peter's Square, Wolverhampton  
WV1 1SH

## Membership

**Chair** Cllr Roger Lawrence (Lab)  
**Vice-Chair** Cllr Peter Bilson (Lab)

### Labour

Cllr Steve Evans  
Cllr Val Gibson  
Cllr Louise Miles  
Cllr Hazel Malcolm  
Cllr Lynne Moran  
Cllr John Reynolds  
Cllr Sandra Samuels OBE  
Cllr Paul Sweet

Quorum for this meeting is five Councillors.

## Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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**Address** Democratic Services, Civic Centre, 1st floor, St Peter's Square,  
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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

# Agenda

## Part 1 – items open to the press and public

*Item No.*     *Title*

### MEETING BUSINESS ITEMS

- 1            **Apologies for absence**
- 2            **Declaration of interests**
- 3            **Minutes of the previous meeting** (Pages 5 - 10)  
[For approval]
- 4            **Matters arising**  
[To consider any matters arising from the minutes of the previous meeting]

### DECISION ITEMS (AMBER - DELEGATED TO THE CABINET)

- 5            **Waste Strategy 2018-2028** (Pages 11 - 40)  
[To approve the approach to managing waste for the next ten years.]
- 6            **Principal Social Work Annual Report** (Pages 41 - 54)  
[To endorse the work of the Principal Social Worker and outline of priority areas of work to be undertaken in 2018-2019.]
- 7            **Public Health Annual Report 2017** (Pages 55 - 118)  
[To approve the Public Health Annual Report.]
- 8            **Post 16 Implementation Plan** (Pages 119 - 134)  
[To approve the Post 16 Implementation Plan.]
- 9            **Exclusion of press and public**  
[To pass the following resolution:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below.]

**PART 2 - EXEMPT ITEMS, CLOSED TO PRESS AND PUBLIC**

- |    |  |   |     |
|----|--|---|-----|
| 10 | <b>Bushbury Hill EMB Estate Programme</b><br>(Pages 135 - 150)<br>[To approve a review of the Bushbury Hill EMB Estate Programme.] | Information relating to the financial or business affairs of any particular person (including the authority holding that information) | (3) |
|----|--|---|-----|

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<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Meeting of the Cabinet</b> <b>Minutes - 25 April 2018</b>
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## Attendance

### Members of the Cabinet

Cllr Roger Lawrence (Chair)  
Cllr Claire Darke  
Cllr Steve Evans  
Cllr Val Gibson  
Cllr Milkinderpal Jaspal  
Cllr Andrew Johnson  
Cllr John Reynolds  
Cllr Sandra Samuels OBE

### Employees

Tim Johnson	Deputy Managing Director
Claire Nye	Director of Finance
Meredith Teasdale	Director of Education
Emma Bennett	Director of Children's Services
John Denley	Director of Public Health
Oliver Bhurrot	Communications Manager (Place)
Jaswinder Kaur	Democratic Services Manager
Philippa Salmon	Democratic Services Officer

## Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i>  |
|-----------------|---|
| 1               | <b>Apologies for absence</b><br>Apologies for absence were received from Councillors Peter Bilson and Paul Sweet.   |
| 2               | <b>Declaration of interests</b><br>There were no declarations of interest received.   |
| 3               | <b>Minutes of the previous meeting</b><br>That the minutes of the previous meeting held on 20 February 2018 be approved as a correct record and signed by the Chair.  |
| 4               | <b>Matters arising</b><br>It was noted that this Cabinet meeting was Councillor Andrew Johnson's last. The Cabinet recorded their thanks to Councillor Andrew Johnson for his work and service as Cabinet Member. |

**5 West Midlands Joint Committee**

Councillor Roger Lawrence presented the report on the West Midlands Joint Committee for approval and recommendation to Council. The report sought approval to dissolve the West Midlands Joint Committee and of the new arrangements for managing the remaining residual business, including matters related to Birmingham Airport.

That Cabinet recommends that Council:

1. Agree to the dissolution of the West Midlands Joint Committee, for the reasons set out in this report.
2. Agree to set up a Joint Executive Committee with the other six Councils within the West Midlands for the purpose of airport decisions known as West Midlands Shareholders Airport Committee in accordance within the terms of reference set out at Appendix 4 to this report.
3. Agree to the proposals for managing the remaining residual business of the West Midlands Joint Committee once it is dissolved as set out in Appendix 3 to this report.
4. Note that the Monitoring Officer will set out all relevant changes to the Council's Constitution at a future meeting of Full Council in order to enact recommendations 1 and 2.
5. Authorise the Monitoring Officer to negotiate, execute and complete all legal documents necessary to support and deliver the above recommendation.

**6 Corporate Parenting Strategy 2018-2021**

Councillor Val Gibson presented the Corporate Parenting Strategy 2018-2021 for approval and recommendation to Council. The Children and Social Work Act 2017 required local authorities to evidence how they met the seven Corporate Parenting Principles in relation to looked after children and care leavers. The refreshed strategy provided a framework for both the City of Wolverhampton Council and its partners to ensure that services provided effective support for children and young people in or leaving care.

That Cabinet recommends that Council:

1. Approve the Corporate Parenting Strategy for three years from April 2018 to March 2021.
2. That authority be delegated to the Cabinet Member for Children and Young People, in consultation with the Director of Children's Services, to make any final amendments before publication.

Cabinet resolved:

1. That it be noted that the Corporate Parenting Strategy would be presented at the Corporate Parenting Board on 24 May 2018.

**7 Youth Council Annual Report 2017**

Councillor Val Gibson introduced the Youth Council Annual Report for 2017 for endorsement. Members of the Youth Council attended the meeting to present their report and gave an overview of the achievements made in 2017 and the priorities for the Youth Council in 2018. Councillors recorded their thanks to the Corporate Parenting Officer and the Participation Officers for their work. It was also noted that the Youth Council had participated in key areas of Council work, including the Libraries Review and the Budget Consultation. On both occasions the comments made by the Youth Council had been thorough and well received.

Resolved:

1. That the Youth Council's future aims for 2018 be endorsed.
2. That the work of the City's Youth Council throughout 2017 as outlined in their annual report attached as Appendix 1 to the report be acknowledged.

**8 No Recourse to Public Funds**

Councillor Val Gibson presented the No Recourse to Public Funds report for approval. An amendment was required to paragraph 2.1 of the report to clarify the position. It was agreed that that paragraph 2.1 be removed and replaced with 'Over the past few years there has been an increase in NRPF families locating in the City of Wolverhampton. Some have been placed by London Boroughs due to the cost of private, rented accommodation. The majority of these families continue to be supported (including financially) by the originating London Borough. Some are assessed within Wolverhampton and require support directly. Where families choose to locate here themselves, the original London Borough will be contacted.'

There had been an increase in families with No Recourse to Public Funds (NRPF) being relocated outside of London. The policy would ensure consistency in the level of financial support offered throughout the City, following national NRPF network practice guidance. The policy also enabled the Council to fulfil the statutory duty required in supporting families and adults with NRPF.

Resolved:

1. That the policy and procedure regarding the support to be provided to families and adults with no recourse to public funds be approved.
2. That the financial support provided to families and adults with no recourse to public fund be approved to ensure that statutory responsibilities are met.

**9 Early Help Strategy 2018 - 2022**

Councillor Val Gibson presented the Early Help Strategy 2018 – 2022 for approval. The Strategy outlined the importance of working with vulnerable families at an early stage as intervening with low level problems could avoid the need for more services and costlier social care. The roles and responsibilities of all partners were outlined with priorities in two timeframes, 2018-2020 and 2020-2022 to ensure more measurable and achievable outcomes.

Resolved:

1. That the Early Help Strategy 2018 – 2022 be approved.
2. That authority be delegated to the Cabinet Member for Children & Young People, in consultation with the Director of Children Services, to make any minor changes to the Early Help Strategy arising from wider consultation.
3. That it be noted that the Early Help Strategy 2018 – 2022 is a partnership approach and the final strategy will be endorsed by partners at the next Children's Trust Board meeting on 14 June 2018.

10

**Governance of West Midlands Fire Service Public Consultation Outcomes**

Councillor Roger Lawrence presented the Governance of West Midlands Fire Service Public Consultation Outcomes. The proposal outlined would see a transfer of the functions of the West Midlands Fire and Rescue Authority to the West Midlands Combined Authority. A formal public consultation on the proposed scheme had concluded and the constituent authorities were asked to consent to the submission of the scheme and consultation results to the Secretary of State for the Home Office to enable the transfer of governance.

Resolved:

1. That the submission of the Governance Scheme with the results of the public consultation to the Secretary of State for the Home Office, be agreed so as to enable the transfer of governance of West Midlands Fire Service from West Midlands Fire and Rescue Authority, to the Mayoral West Midlands Combined Authority.
2. That authority be delegated to the Leader of the Council, in consultation with the Managing Director, to approve the draft order received from Government to be laid before parliament, to enable the changes for West Midlands Combined Authority to assume governance of West Midlands Fire Service.
3. That the outcomes of the formal public consultation be noted.
4. That the changes to the indicative timeline presented to Cabinet on 18 October 2017 be noted.

11

**Delivery of Emergency Planning and Business Continuity Management**

In the absence of Councillor Paul Sweet, Councillor Roger Lawrence presented the report on the Delivery of Emergency Planning and Business Continuity Management. The report outlined the proposal to transfer the day to day management and delivery of emergency planning and business continuity management services to the West Midlands Fire Service, whilst retaining political ownership. The transfer would achieve a more resilient, co-ordinated and effective service through a Collaboration Agreement.

Resolved:

1. That the Council entering into a Collaboration Agreement with West Midlands Fire Service be approved, whereby:
  - a. The overall day to day management and delivery of City of Wolverhampton Council's emergency planning and business continuity management service was delegated to the West Midlands Fire Service;
  - b. The City of Wolverhampton Council remains the principal authority as regards its statutory obligations for civil contingencies;
  - c. The Council Cabinet portfolio holders retain overall responsibility for the strategic direction, budget setting and performance monitoring of the civil protection and emergency management service;
  - d. The Council's Resilience Board oversees WMFS delivery of the service.
2. That the Transfer of Undertakings (Protection of Employment) (TUPE) of City of Wolverhampton Council employees to West Midlands Fire Service be approved.

3. That authority be delegated to the Leader of the Council and Cabinet Member for Public Health and Wellbeing, in consultation with the Managing Director and Director of Public Health, to proceed with the implementation of the proposal.

12 **Transportation Capital Programme, 2018-2019 and future years**

Councillor Steve Evans presented the Transportation Capital Programme, 2018-2019 and future years for approval. The report outlined the programme of capital funded projects to develop and maintain the transportation network. Councillors recorded their thanks to the officers involved for their work. The Cabinet Member was congratulated for work on the City's canal towpaths and the implementation of the national cycling scheme.

Councillor Roger Lawrence declared a non-pecuniary interest as a member of the Canal and River Trust Council.

Resolved:

1. That the list of projects for development and implementation as part of the Transportation Capital Programme 2018-2019 and future years, be agreed as set out in appendices 2 and 3 to the report.
2. That the Head of City Transport be authorised to proceed with development work for each project on the list including surveying, site investigation, options appraisal, feasibility analysis, traffic modelling, detailed design, statutory advertising and public consultation, as appropriate.
3. That the projects marked 'Approve' in the 'Approval' column of appendix 2 to the report be approved for implementation, subject to the availability of funding.
4. That the Cabinet Member for City Environment, in consultation with the Service Director for City Environment be authorised to approve, through an Individual Executive Decision Notice, implementation of the projects on the list marked 'IEDN' in the 'Approval' column of appendix 2 to the report, subject to the satisfactory outcome of public consultation, availability of funding and any other relevant considerations.
5. That the Cabinet Member for City Environment, in consultation with the Service Director for City Environment be authorised to approve, through an Individual Executive Decision Notice, the bringing forward of projects from appendix 3 to appendix 2 to the report and thereafter to approve them for implementation during 2018-2019 subject to the satisfactory outcome of public consultation, availability of funding and any other relevant considerations.
6. That it be agreed to receive further reports at the appropriate times in order to obtain the necessary authority to construct the projects marked 'Cabinet' in the 'Approval' column of appendix 2 to the report.
7. That the Director of Governance be authorised to serve all necessary notices in respect of the projects listed in appendix 2 to the report and, subject to there being no unresolved objections, make traffic regulation orders as required.
8. That the Director of Finance be authorised to enter into funding agreements with the various funding bodies to receive grant funding in respect of the projects included in the report.
9. That authority be delegated to the Cabinet Member for City Environment and the Cabinet Member for Resources, in consultation with the Strategic Director for Place and Director of Finance to approve capital budgets for transport projects upon receipt of a grant offer letter.

10. That the expenditure and progress made in delivering the projects in the Transportation Capital Programme during 2016-2017 and 2017-2018, be noted as set out in appendix 1 to the report.
11. That the Council's continuing success in bidding for additional funding and delivering new projects through the Highway Maintenance Challenge Fund, the Local Pinch Point Fund, the Access to Growth Fund, the Managing Short Trips programme and more recently the National Productivity Investment Fund be noted.

13      **Allocations Policy and the Homelessness Reduction Act**

In the absence of Councillor Peter Bilson, Councillor Andrew Johnson presented the report on the Allocations Policy and the Homelessness Reduction Act for approval. The report set out the proposed changes to the Housing Allocations Policy in order to support the

Council to deliver a preventative homeless service in line with the new duties set out in the Homelessness Reduction Act.

Resolved:

1. That the amendments to the Allocations Policy in line with the Homelessness Reduction Act be approved, including the ability to discharge homeless duty into the private rented sector.
2. That the amendment to the data protection statement within the Allocations Policy be approved in readiness for the introduction of the General Data Protection Regulations.

14      **Implementation of the Devolution Agreement for the Adult Education Budget**

Councillor John Reynolds presented the Implementation of the Devolution Agreement for the Adult Education Budget report for approval. A Parliamentary Order would be drafted to enable the transfer of functions and funding to the West Midlands Combined Authority for the Adult Education Budget from 2019-2020. The transfer would add flexibility to the budget for the region to address the deficit in skills in both Wolverhampton and the West Midlands.

Resolved:

1. That the making of a draft Devolution Order that would transfer powers to the West Midlands Combined Authority for Adult Education Budget functions and funding from the 2019-2020 academic year be approved.
2. That the delegation of necessary powers to the West Midlands Combined Authority to approve the final draft Devolution Order be approved.
3. That the Managing Director, following consultation with the Leader, be authorised to give any necessary consent on behalf of the Council to the making of the Order and to take any necessary or consequential action to approve the final draft Order.

<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Cabinet</b> <b>6 June 2018</b>
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<b>Report title</b>	<b>Waste Strategy 2018-2028</b>	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Steve Evans City Environment	
<b>Corporate Plan priority</b>	Confident Capable Council	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All Wards	
<b>Accountable Director</b>	Tim Johnson, Deputy Managing Director and Strategic Director, Place	
<b>Originating service</b>	Waste Services	
<b>Accountable employee</b>	Ross Cook Tel Email	Service Director - City Environment 01902 552368 <a href="mailto:ross.cook@wolverhampton.gov.uk">ross.cook@wolverhampton.gov.uk</a>
<b>Report has been considered by</b>	Directorate Leadership Team Strategic Executive Board	30 April 2018 8 May 2018

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**Recommendation for decision:**

The Cabinet is recommended to:

1. Approve the City of Wolverhampton Council Waste Strategy 2018-2028.

**Recommendation for noting:**

The Cabinet is recommended to note:

1. That the Waste Strategy is subject to any legislative changes, consultation outcomes and financial constraints that may impact on the future methodology.

## **1.0 Purpose**

- 1.1 The challenges facing waste management are increasing year on year, the Council is shaping its service requirements to be efficient and effective whilst meeting its legislative, financial and operational responsibilities.
- 1.2 The development and subsequent implementation of the Waste Strategy over the next ten years will ensure the timely provision of facilities and services that maximise the sustainable benefits for the community and support regeneration and growth in the City.
- 1.3 Key to these outcomes have been our decisions to:
  - a. Internally deliver the waste and recycling collections and Household Waste Recycling Centre services from September 2018
  - b. Move to alternate week collections for general waste
  - c. Improve the Household Waste Recycling Centres
  - d. Achieve the target of 50% recycling by March 2020
  - e. Commence a major project to develop and deliver waste management facilities
  - f. Consolidate our collection and support operations onto a single site.
- 1.4 The Council is well placed to meet the challenges ahead and in doing so will provide the best possible platform for future generations to build on.
- 1.5 The Council is required under The Waste (England and Wales) Regulations 2011 to develop a management plan/ strategy which outlines how it manages municipal waste.
- 1.6 The Waste (England and Wales) Regulations 2011 also require the council undertake an assessment to ensure that recyclate are collected separately where it is Technically, Environmentally, Economically and Practical (TEEP) to do so. This Strategy will seek to find the best solutions as currently it is not cost effective to collect the materials separately.
- 1.7 The Industrial Emissions Directive 2010 govern the acceptable nature and associated levels of residuals elements produced as a result of the processes within the Energy from Waste Plant, there is an expectation that these levels will be reduced in 2018 and the council will account for any changes within the Strategy.
- 1.8 The Environmental Assessment of Plans and Programmes Regulations 2004 require an assessment and consultation process when making plans for matters such as waste management. Whilst a number of formal decisions on service changes were taken in February 2017, we will publish the Strategy and throughout the solutions development we will consult with the various statutory and non-statutory stakeholders so as to ensure we account for all responses. We are not able to define exactly what we are proposing until we investigate, evaluate and determine the best overall solution which is programmed to take place over the next two years.

- 1.9 The Government has recently published its 25 year Environment Plan, the main areas requiring evaluation in our Strategy are to achieve zero avoidable plastic waste by the end of 2042, including the review of the regulations regarding packaging, to improve the management of residual waste by having zero avoidable waste by 2050, a review of household recycling systems and to continue to meet all previously published targets for waste all of which will be underpinned by a Resources and Waste Strategy due in 2018.
- 1.10 The Government's view on Waste from Energy is less clear but it does recognise its recovery role in the waste hierarchy, it is hoped that clarity will be provided in the Resources and Waste Strategy later this year.
- 1.11 City of Wolverhampton Council is a Unitary Authority, which means that it is responsible for both the collection and disposal of household waste.
- 1.12 The Strategy accounts for the Council's decision in February 2017 to change the collection and recycling service models and will address the significant changes in respect of our waste disposal operations because of the end of the contract in February 2023.
- 1.13 The Strategy is the Council's approach to waste management for the next ten years which affects the whole City and as such is a key decision.

## **2.0 Background**

- 2.1 All manufacturers, processors, recyclers and local authorities operate within the Waste Hierarchy. It commences with prevention (avoidance) then minimisation, then reuse, then recycling and composting, then recovery and finally disposal.
- 2.2 As a local authority we have little or no control or impact on the first elements other than to vocally support the programmes for reducing the packaging and "single use" products used in daily life.
- 2.3 Our main interfaces with the Waste Hierarchy begin at the recycling and composting stage. In recent years we have introduced city wide door to door services for dry recycling products and garden waste.
- 2.4 We collect approximately 23,000 tonnes of dry recyclate and 20,000 tonnes of garden waste for reprocessing or composting.
- 2.5 We have agreed to introduce alternate week general waste collections commencing in 2018 to support on continued efforts to improve recycling rates.
- 2.6 We process 54,000 tonnes of general waste and 11,000 tonnes of trade waste emanating from the City through the Energy from Waste plant which generates approximately 54,000 kwh of electricity and over 18,000 tonnes of bottom ash which is then treated and used in highways and other building materials.
- 2.7 The Energy from Waste Plant processes 110,000 tonnes per year and we have commercial contracts in place to ensure the plant operates at full capacity.

- 2.8 We are fortunate to have the infrastructure to manage our waste without the reliance on landfill, less than 5% of our current waste requires landfilling and our future arrangements will seek to protect and where possible improve on the current achievement.
- 2.9 The waste transfer station used in support of the dry recycling collection service is insufficient for future use and will be reviewed with a view to provide a more suitable facility.
- 2.10 The Household Waste Recycling Centres (HWRCs) will also be reviewed to meet future requirements.

### **3.0 Progress, options, discussion, etc.**

- 3.1 Whilst this strategy looks mainly at our delivery of waste and recycling services for the next ten years, we always have an eye to the future and acknowledge that our longer-term visions post 2028 is to ultimately achieve a 'zero waste' city status and in doing so align with the circular economy model.
- 3.2 This begins with protecting natural resources then through to minimising landfill waste thereby complimenting and enhancing on the existing Waste Hierarchy model. While this is a longer-term aspiration to deliver we will start to achieve this within this lifecycle of the strategy.
- 3.3 We will be targeting our recycling rate to be above 50% by March 2020 through a city-wide programme of capital and revenue investment supporting initiatives and actions through continuous community engagement.
- 3.4 We will continuously strive year on year to improve our recycling and recovery rates to the highest practical and possible levels through investment in facilities and vehicles.
- 3.5 The waste recovery and energy production contract is due for replacement in 2023 and we have an extensive programme to establish our requirements for the foreseeable future and to secure the required outcomes.
- 3.6 The priority will be to ensure that where waste requires treatment then we will recover energy from that process and maximise the value of its contribution to reducing the council's costs and any reliance on landfill.
- 3.7 Early indications suggest significant capital investment will be required to deliver all the new facilities required over the next ten years.
- 3.8 We will undertake a detailed review to establish how best to deliver those facilities by 2020.
- 3.9 The attached appendix is the proposed Strategy and subject to approval it will then be designed and reformatted into an acceptable corporate publication.

#### **4.0 Evaluation of alternative options**

- 4.1 The Council agreed to the collection service changes in February 2017 and these will be implemented during 2018-2019 financial year.
- 4.2 The Council will over the next two years investigate, evaluate, consult and recommend the best overall solutions for its waste disposal functions. These options will be presented to council for approval at the appropriate time.

#### **5.0 Reasons for decisions**

- 5.1 The management of waste is a key Council service and this strategy will provide the framework for determining decisions and application of solutions over the next ten years and as such is a key strategic document affecting all communities in the City and its wider partners.

#### **6.0 Financial implications**

- 6.1 There are no direct financial implications arising from this report.
- 6.2 To facilitate changes to the collection and recycling service models, as referenced in paragraph 3.3, one off revenue investment in the region of £1.5 million and capital investment of £500,000 were approved by Cabinet (Resources) Panel on the 13 September 2016 and Cabinet on 30 November 2016 respectively. Both sums are reflected accordingly within the current Medium Term Financial Strategy and Capital Programme.
- 6.3 Early indications suggest significant capital investment will be required to deliver any new facilities required over the next ten years. These investment requirements, as referenced in paragraph 3.7, will be in accordance with existing governance processes and subject of future reports to Councillors for approval.

[TT/25052018/X]

#### **7.0 Legal implications**

- 7.1 The legal requirements on the Council in respect of waste are summarised in section 1 of this report. The strategy set out in the annex is designed to ensure that the Council meets these requirements

If the Council is required to enter into any specific contracts or agreements in order to implement the strategy authority will be required in accordance with the Council's Constitution and relevant legislation. Advice will probably be taken from legal colleagues but accountability for appreciating and detailing the legal implications remains with the accountable officer(s).

[TS/25052018/Q]

## **8.0 Equalities implications**

- 8.1 A full equalities analysis will be undertaken at the earliest point once future options have been identified for further evaluation and consideration.

## **9.0 Environmental implications**

- 9.1 Waste Management is subject to significant legislation and as such all of the current and future options will be provided within the permitted regulations and standards.

## **10.0 Human resources implications**

- 10.1 There are no human resources implications arising from this report, any changes to staffing requirements as a result of the future options will be reported at the appropriate time.

## **11.0 Corporate landlord implications**

- 11.1 The services operate several council owned sites and any changes to their use will be agreed with the corporate landlord.

## **12.0 Appendices**

Appendix 1 - The City of Wolverhampton Council Waste Strategy 2018-2028

# Waste Strategy 2018 - 2028





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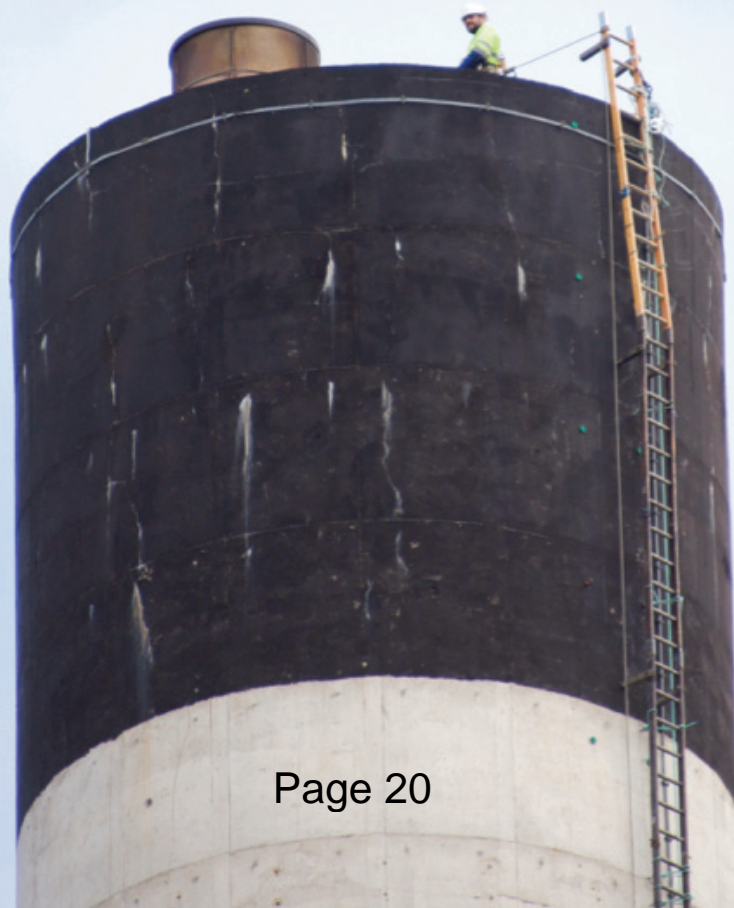
# 1

## Foreword

Welcome to our City of Wolverhampton Waste Strategy, we hope that you will be able to clearly understand the challenges we face and the actions we will take to minimise the impact waste has on our environment and communities.

We are fortunate to have the infrastructure to manage our waste without the reliance on landfill, less than 5% of our current waste requires landfilling and our future arrangements will seek to protect and where possible improve on the current achievement.

All manufacturers, processors, recyclers and local authorities operate within the Waste Hierarchy.



>  
**50%**

We will be targeting  
our recycling rate to  
be above 50% by  
March 2020



**Councillor  
Steve Evans**  
Cabinet Member  
for Environment

As a local authority we have little or no control or impact on the first elements other than to vocally support the programmes for reducing the packaging and “single use” products used in daily life.

Our main interface with the Waste Hierarchy begins at the recycling and composting stage. In recent years we have introduced city wide door to door services for dry recycling products and garden waste.

We annually collect approximately 23,000 tonnes of dry recyclate and 20,000 tonnes of garden waste for reprocessing or composting.

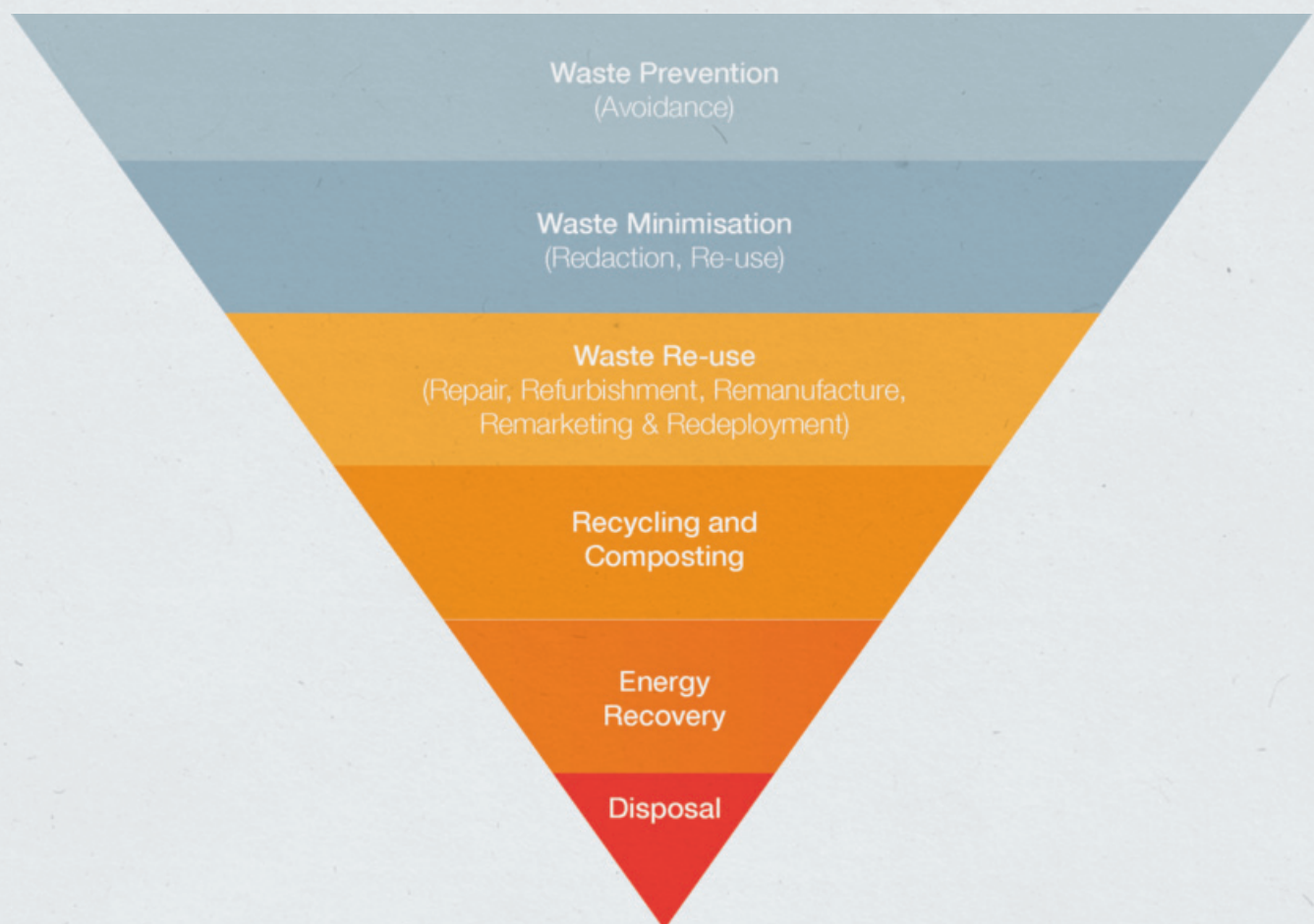
We have agreed to introduce alternate week general waste collections commencing in 2018 to support on continued efforts to improve recycling rates.

We will be targeting our recycling rate to be above 50% by March 2020 through a city-wide programme of capital and revenue investment, supporting initiatives and actions through continuous community engagement.

We will then continuously strive year on year to improve our recycling and recovery rates to the highest practical and possible levels through investment in facilities and vehicles.

Our waste recovery and energy production contract is due for replacement in 2023 and we have an extensive programme to establish our requirements for the foreseeable future and to secure the required outcomes, our priority will be to ensure that where waste requires treatment then we will recovery energy from that process and maximise the value of its contribution to reducing the council's costs and any reliance on landfill. Early indications suggest significant capital investment will be required to deliver all the new facilities required over the next ten years.

## Waste Hierarchy



# 2

## Executive summary



The challenges facing waste management are increasing year on year, the Council is shaping its service requirements to be efficient and effective whilst meeting its legislative, financial and operational responsibilities.

The development and subsequent implementation of the waste strategy over the next ten years will ensure the timely provision of facilities and services that maximise the sustainable benefits for the community and support regeneration and growth in the City.

Key to these outcomes have been our decisions to

- Internally deliver the waste and recycling collections and Household Waste Recycling Centre services from September 2018
- Move to alternate week collections for general waste
- Improve the Household Waste Recycling Centres
- Achieve the target of 50% recycling by March 2020.
- Commence a major project to develop and deliver waste management facilities.
- Consolidate our collection and support operations onto a single site.

The Council is well placed to meet the challenges ahead and in doing so will provide the best possible platform for future generations to build on.

# 3

## What do we want to achieve?

### Our Vision 2008 - 2018

- 1.1 As a council our overall vision for our waste service is simple:

“To deliver the best most environmentally appropriate and cost-effective service possible for the residents of Wolverhampton to support them to manage their waste in a sustainable way.”

Whilst this strategy looks mainly at our provision of waste and recycling services for the next ten years, we always have an eye to the future and acknowledge that our longer-term visions post 2028 is to ultimately achieve a ‘zero waste’ city status and in doing so align with the circular economy model. This begins with protecting natural resources then through to minimising landfill waste thereby complimenting and enhancing on the existing Waste Hierarchy model. While this is a longer-term aspiration we will start to achieve this within this lifecycle of the strategy.

The road to zero waste will start with making the most efficient use of resources and minimising the city’s demand on natural resources, preventing or minimising waste generation and promoting citizens always consider the repair, re-use, recycling and recovery of resources.



## Our key objectives.

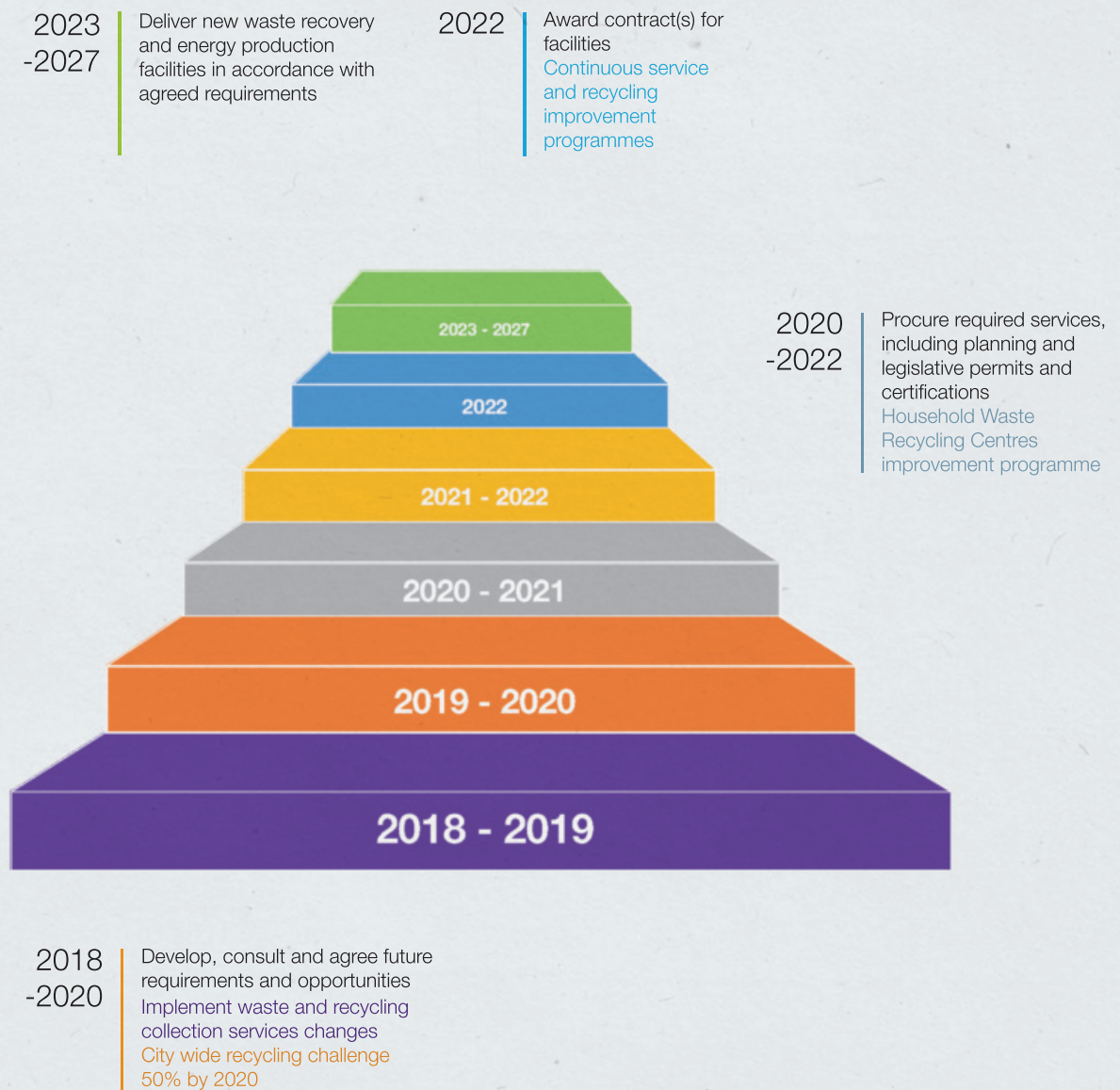
### 1.2 We have set key objectives to deliver our vision.

City of Wolverhampton Council will:

- Lead, encourage and enable behaviour change of our residents through a combination of measures that increase the opportunity and motivation to not only reuse and recycle their waste but to also prevent and repair items to allow them to produce less waste.
- Develop and implement a three-year waste and recycling collection service plan to deliver our waste services in a modern, quality and cost effective way to all residents of the city.
- Review our household waste recycling centre provision in the city and deliver an improvement programme, accounting for:
  - population size,
  - accessibility,
  - how we can achieve maximum re-use from our centres,
  - how they can be funded more sustainably;
- Support local businesses and other organisations both small and large within the city to understand their waste responsibilities and to reduce, reuse and recycle their waste appropriately.
- Develop a future waste disposal model which builds in flexibility and ensures all future arrangements ensure the long-term stability of waste management for the residents of the city through to 2028 and beyond.

## Waste Strategy

### 1.3 Waste recovery and energy production plan



# 4

## Current arrangements and service programmes

### Overview

- 2.1 City of Wolverhampton Council is a Unitary Authority, which means that it is responsible for both the collection and disposal of household waste. The council's key responsibilities are summarised below:

- collection of household refuse, recycling, kitchen food waste, garden waste, bulky waste and household clinical waste;
- the recovery and where necessary the final disposal of collected waste;
- operation of the Council's waste transfer station and the Household Waste Recycling Centres (HWRCs);
- ensuring a chargeable waste collection service is available for customers such as schools, nurseries and nursing homes;
- ensuring a chargeable waste collection service is available for businesses.
- Promotion of waste prevention, re-use and recycling;
- Enforcement against breaches of waste management related legislation;

## Waste flows

- 2.2 The diagram below details the various waste and recycling tonnages collected in 2016-2017, this excludes trade waste collected under a different arrangement and as such isn't accounted for within any collection statistics.



## Waste recovery and energy production

- 2.3 For many years the council's general waste has been sent to the energy recovery plant located near the centre of Wolverhampton.

Waste delivered to the plant is used as a fuel to generate electricity. As a result, the amount of waste landfilled from Wolverhampton is very small compared to many other local authorities.

We recover over 18,000 tonnes (17-18% of delivered tonnage) of bottom ash from this process and it is then used in the production of road and house building materials. Current legislation means we are not permitted to count this process in our recycling figures.

The future energy recovery plant options will be developed, considered, consulted and procured in time for contracts to be awarded by 2022 with any new facilities being fully operational by 2027.

## Household Waste Recycling Centres

- 2.4 The council has two sites both capable of processing 25,000 tonnes of recyclate and waste per year, they are located at Shaw Road, WV10 9LE and Anchor Lane, WV14 9NE

The success in the levels of recycling now achieved by the door to door collection service has reduced this demand to less than half of the original capacity across both sites.

We will be reviewing and improving the provision of this service by 2021.

## Household kerbside waste collections

- 2.5 The largest element of the waste service is the household waste collection service collecting over 85,000 tonnes of household waste from homes in the City each year, approximately 42% of this is currently recycled or composted.

The service will revert to the Council from September 2018 so the service changes required can be implemented by February 2019 and will consist of a standard provision as follows:

- A 240l green general waste bin which is collected on an alternate week basis.
- A 240l black recycling bin which is collected on an alternate week basis, communal recycling bins are red.
- A 240l purple bin for garden waste which is collected on an alternate week basis between February and December.

Participation in the kerbside recycling service is estimated to be 97.8%

The collected recycling is taken to a waste sorting site in the centre of Wolverhampton where it is sorted to remove collected contamination prior to bulking before transport to the Material Reclamation Facility (MRF).

The garden waste service will be changed to a chargeable service from the start of the new and extended season in February 2019. The garden waste is currently treated using open windrows at a site close to the city.

## Key operational data

2.6

Activity	Volumes	Narrative
General waste	54,000 tonnes	Approximately 50% of the total collected
Garden waste	19,000 tonnes	Approximately 19% of the total
Dry recyclate	23,000 tonnes	Approximately 23% of the total
Bottom Ash	18,000 tonnes	This is volume recycled as a result of the total of 108,000 tonnes of waste used as fuel not just CWC waste.
Landfill	4,000 tonnes	Final destination with no further recovery.
Electricity	54 Gigawatt hours	Total production of electricity generated by the plant last year
Recycling at HWRC's	56.06%	Recycling levels at the HWRC have increased in 2016/17 compared to 51.95% in 2015-2016
Satisfaction at HWRC's	97.99%	Customer satisfaction rate achieved for 2016-2017.
Door to door collections	99.995%	Collected right first time



## 5

## Contextual background

### World

The global economic downturn started to hit the UK in 2008 and the impacts continue today and are projected to impact for several years to come.

Some notable recent changes in waste management include the decision by China to ban the import of recyclate due to high contamination / rejection levels, this means that nearly one million tonnes a year exported by the UK needs to find a different outlet market. Another impact has been the Blue Planet TV series impact on the political positioning relating to the control and reprocessing of waste especially plastics.

Globalisation now drives what and where we purchase products and it has changed the way the world shops. In respect of the waste environment means the recycling of the paper and plastic packaging and “end of life” programmes for vehicles has also become a global market with governments incentivising the export of the products to cheaper reprocessing options than can be provided in local economies especially in EU member states.

### European Union

European legislation sets the current targets and requirements, these were then transposed into national law, policies and strategies resulting in a huge array of waste management policies, legislation and statutory and other guidance that we must comply with.

These have shaped waste management in England and define what we need to consider as part of this Strategy, and what we need to address when procuring any new waste management contracts.

Our current services already comply with these policies so we are in a good position with respect to current national, regional and local waste policy. However as we are looking at implementing many changes to our services between 2018 and 2028 and beyond we will always need to be aware of the potential impact of revised service delivery arrangement in respect to existing and proposed legislation and policy.

## United Kingdom

The Government has recently published its 25 year Environment Plan, the main areas requiring evaluation in our Strategy are to:

- achieve zero avoidable plastic waste by the end of 2042, including the review of the regulations regarding packaging,
- to improve the management of residual waste by having zero avoidable waste by 2050,
- a review of household recycling systems and to continue to meet all previously published targets for waste.

All of which will be underpinned by a Resources and Waste Strategy due in 2018 which should define the requirements for the next five to ten years and will hopefully clarify the Government's position on Waste from Energy.

Whilst currently it does recognise the recovery role in the waste hierarchy, it is hoped that clarity will be provided in the Resources and Waste Strategy so we can secure any new facilities within clear parameters.

## Brexit

At the time of production of this strategy a key issue posing uncertainty to the future of legislative issues and influence is Brexit. The council will continue to monitor this situation and will ensure that its actions, policies and services devised in line with this strategy always remain compliant and appropriate.

## Increasing landfill tax costs

While here in Wolverhampton we send very little of our waste to landfill, there is always an amount of waste that there is no option other than to landfill. As a result we are influenced by the cost of landfilling material, a large proportion of which is landfill tax.

In 2014 the government announced that the standard and lower rates of landfill tax would increase annually in line with the Retail Price Index (RPI) rounded to the nearest five pence, prior to this landfill tax increased by £8 every year.

## West Midlands and the Black Country

Currently the West Midlands Combined Authority does not have a formal role in relation to waste collection and disposal across the area, however there is a close working relationship between the individual authorities. These relationships along with any change of role with regard to the Combined Authority will be monitored and reacted to appropriately in line with this strategy and other council policy and strategies.



## Black Country Core Strategy

The four Black Country Local Authorities (Dudley, Sandwell, Walsall and Wolverhampton) agreed to work together to produce a Black Country Core Strategy which was adopted February 2011. The Black Country core strategy is a 'spatial planning document' which deals not only with land use but also environmental, economic and social issues. It sets out the vision, objectives and strategy for all future development across the Black Country through to 2026. The Core Strategy is a Development Plan Document and forms the basis of the Black Country Local Authorities' Local Development Frameworks.

In relation to waste the Black Country aims to achieve sustainable waste management and zero waste growth by 2026. This will be delivered through a number of measures including:

- Requiring new commercial developments to address waste as a resource and take responsibility for the unavoidable waste they generate through on-site management where possible;
- Setting targets for landfill diversion and encouraging provision of recovery, recycling and composting facilities to reduce reliance on landfill and move waste up the "waste hierarchy";



- Providing guidance on the number, type and capacity of new waste management facilities needed in the region by 2026, for the Black Country to achieve “equivalent self-sufficiency” and minimise the export of wastes that can be managed locally;
- Protecting existing strategic waste management capacity and enabling existing waste management infrastructure to expand or relocate where appropriate;
- Supporting the implementation of the strategic waste management infrastructure;
- Providing general guidance on the types of location suitable for different types of waste management facilities associated with new development; and Supporting proposals which involve optimum uses for waste materials, and the production of waste.

## City of Wolverhampton Regeneration and growth

The city’s population will grow with the construction of new homes and this will lead to an increase in the amount of household waste generated. The waste service needs to take account of this and the overall household growth projections to ensure it can meet the waste demands of these new households.

We need to ensure that the collection rounds are flexible enough to evolve as household numbers grow, as well as ensuring our vehicles and waste bulking and treatment facilities can accommodate increased quantities of recyclable and non-recyclable waste generated. At a time of severe budget constraints we need to maximise efficiencies in order to be able to deliver this.

Current estimates suggest that the number of households in Wolverhampton will increase by between 5,000 and 9,000 households by 2026. These will include over 2,000 homes in the City centre (as part of the Canalside Quarter and Bilston Urban Village programmes), many of them high-density housing such as flats.

## Expansion of university and increase in student population

The University has around 23,000 students and is hoping to expand further. Accommodating this number of students who are only present for parts of the year puts pressure on the housing sector and results in the Waste Service experiencing particular waste-related challenges at different times of the year. Engagement and education work with this sector of our community is key.

Population projections based on 2011 census data shows that Wolverhampton's population is changing. The projections estimate Wolverhampton's population in 2037 as 273,300 with growth being most rapid in the child and older populations. The estimates show:



- The number of children is projected to increase from 50,000 in 2012 to 54,300 in 2037. This is a net gain of about 4,300 (8.6% growth).
- The number of people aged 16 to 64 years is projected to fall slightly from 159,600 in 2012 to 159,200 in 2037. This is a net loss of about 400 (0.3% decline).
- The number of people aged 65 years or older in Wolverhampton is projected to grow from 41,400 in 2012 to 59,900 in 2037: a gain of 18,500 (44.7% growth). The number aged 85 years or older is shown to grow by 6,200 (106.9% growth), from 5,800 in 2012 to 12,000 in 2037.

The types of households within the area often determines how the waste created by the residents of the city is collected. The last census showed that:



- the largest percentage of households in the city are those with lone persons (32.2%). 12.9% of these are lone pensioners (aged 65+).
- This is followed by households with dependent children (31.2%), 9.4% of which are lone parent households.
- 13.1% of households are couple only and 11.6% of households have non dependent children.
- Wolverhampton has higher percentages than England of households with lone parents with dependent children and households with non-dependent children (+2% respectively).

## City of Wolverhampton Council



Wolverhampton has several policies and plans in place which relate and impact on this waste strategy. Some of these have been developed by the Council whereas others (notably, the Waste Local Plan) are produced in Partnership with Neighbouring Authorities.

Since 2007 councils have seen a 33% cut in funding from central government, which has led to reductions in funding and put huge pressures on local services including waste management. Refuse collection is at the forefront of local public service delivery and at a neighbourhood level is often considered to be the visible face of 'the council', however it cannot continue operating in the same way as before. All local authorities are having to provide services in a more economic manner, and Wolverhampton are having to look at delivering significant financial savings from its waste services, and are therefore proposing significant service changes.

You can get this information  
in large print, Braille, audio or in another  
language by calling 01902 551155  
or order online here.

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Wolverhampton WV1 1SH

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<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Cabinet</b> <b>6 June 2018</b>
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<b>Report title</b>	Principal Social Work Annual Report	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels OBE, Adults Councillor Paul Sweet, Children and Young People	
<b>Corporate Plan priority</b>	People - Stronger Communities	
<b>Key decision</b>	No	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All Wards	
<b>Accountable Director</b>	David Watts, Director of Adult Services Emma Bennet, Director of Children's Services	
<b>Originating service</b>	Adult Social Care/Children and Young People	
<b>Accountable employee</b>	Louise Haughton	Principal Social Worker
	Tel	01902 555534
	Email	<a href="mailto:louise.haughton@wolverhampton.gov.uk">louise.haughton@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	Directorate Leadership Team	30 April 2018
	Strategic Executive Board	5 May 2018

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## Recommendation for decision

The Cabinet is recommended to:

Approve the main priorities for the Principal Social Worker identified for 2018-2019.

## **1.0 Purpose**

- 1.1 To provide a progress report on the work of the Principal Social Worker to promote and improve the quality of social work practice and outline priority areas of work to be undertaken in 2018-2019.

## **2.0 Background**

- 2.1 Designated Principal Social Workers (DPSW) were first proposed by Professor Eileen Munro in her review of child protection in 2011, which identified the importance of better communication and understanding between social workers and senior management. Munro stated that Principal Social Workers should:
- Create a clear line of communication between frontline staff and senior management
  - Champion best practice
  - Encourage a “reflective approach” to social work
  - Help to reduce bureaucracy and the amount of time spent on process-driven activities
  - Support social workers to use their core skills and interventions which make a real difference to people.
- 2.2 Following this, the College of Social Work championed the extension of the role to include adult social work. As with the Children’s Principal Social Worker (PSW), the role of the PSW for adults also takes a professional lead across the organisation.
- 2.3 The Care and Support Statutory Guidance update in May 2016 provided further clarification around the role of the PSW for Adults. The Guidance states that the PSW should be visible across the organisation, from elected members and senior management, through to frontline social workers, people who use services and carers. PSW’s should also have a broad knowledge base on safeguarding and Making Safeguarding Personal. It also states that Local Authorities should make arrangements to have a qualified and registered social work professional practice lead in place to:
- Lead and oversee excellent social work practice
  - Support and develop arrangements for excellent practice
  - Lead the development of excellent social workers
  - Support effective social work supervision and decision making
  - Oversee quality assurance and improvement of social work practice
  - Advise the Director of Adult Social Services (DASS) and/or wider Council in complex or controversial cases and on cases or other law relating to social work practice
  - Function at the strategic level of the “Professional Capabilities Framework”
- 2.4 The PSW for both Adults and Children and Young People was appointed in March 2016.

- 2.5 The decision to appoint one PSW for Adult's and Children's Services was informed by a commitment to promote and embed a whole family approach in Wolverhampton. A key function of the PSW role is to promote a "think whole family approach" that will enable better working together across services, inspire greater aspirations for children, families and adult's with additional needs as well as ensuring the concept of wellbeing features in all of the work undertaken by Social Care.
- 2.6 The PSW reports directly to a Director as per best practice guidance. The work of the PSW is overseen and prioritised by the People's Social Work Development Board supported by a wider Workforce Development Board for Children and Young People and for Adults that also informs the work of the PSW.
- 2.7 A degree of independence is required of the role in order to provide challenge within the organisation. Effectiveness is then supported by having a direct line of access to the Director for Adults Services and the Director for Children's Services.
- 2.8 The regional and national networks of PSWs also provide information to the Chief Social Workers for adults and children's and regular consultations are held in respect of issues such as social worker health checks, knowledge and skill statements, accreditation, legislation, practice and learning developments.
- 2.9 In accordance with best practice an annual report will be prepared and formally presented within the Council's governance arrangements.

### **3.0 Progress**

- 3.1 The PSW for Adults and Children in Wolverhampton has a key responsibility for Policies and Procedures and the Quality Assurance and Improvement team. The function of this unit is to implement and further develop the Quality Assurance Frameworks for Adult Social Care and Children and Young People, to support inspections and peer review work and support the sector led improvement programmes.
- 3.2 Highlights of the work undertaken by the PSW since March 2017 is outlined below:

#### **Generic work**

- 3.3 The post holder has continued to promote the whole family approach through a number of mechanisms, these include the quarterly practice shares between adult's and children's social workers that had been started in 2017. These have continued to be a success with the most recent also including professionals from the police, health, and the domestic abuse forum. The event considered best practice when working with families affected by multiple and complex factors like domestic abuse, mental health difficulties, learning difficulties and drug and alcohol misuse. All participants felt that the practice share was beneficial and made positive statements in their feedback like "It is a good way to get to know people from different areas and I will leave today ensuring that I take

their contact details” and it was “Interesting to hear about approaches and tools used by others”.

- 3.4 The ‘Think Family Social Work Programme’ was launched. This programme gave both adults and children’s social workers the opportunity to undertake a six-month secondment in a contrasting environment. The Think Family Social Work Programme is a career pathway that has been developed to enable social workers to successfully transition between Adult’s and Children’s Services, acquire new skills and share their practice knowledge and experience across specialisms.
- 3.5 An older person’s social worker joined a Child in Need and Child Protection team and a fostering social worker joined a mental health team. The adult’s social worker feels that the relational skills she developed in the adult’s arena where there are fewer statutory powers to intervene in family life placed her in good stead to effectively engage hard to reach families. She has also been able to support the team with their understanding of the Mental Capacity Act. The Children’s social worker feels that she now has a much better understanding around how to support adults with Mental Health difficulties. As well as this she has been able to contribute to critical reflection discussions, such as when it is appropriate to make a referral about the wellbeing of children living with parents who have mental health difficulties.
- 3.6 Both participants have fully enjoyed their experience and will soon be going back to their respective teams. They will take with them their new gained knowledge and experience which will naturally be shared during team discussions and reflective practice meetings. Importantly the respective members of all teams involved have been able to develop relationships that can be utilised in the future should they require advice and guidance that could support their work with a family.
- 3.7 The PSW has promoted the City Councils commitment to whole family social work at the Compass social work job’s fair and the annual social work conference. The range of work that has taken place around ‘Boundary Spanning’ between Adult and Children’s Social Work in the City of Wolverhampton received particular interest, including a tweet from the Chief Social Worker for Adult’s and an invite to write a piece for a guest spot on her blog. The Chief Social Workers blog has a huge national reach and will not only promote the importance of taking a whole family approach but will also contribute to continuing to raise the profile of social work in Wolverhampton.
- 3.8 The third Annual People’s Social Work Conference took place in March 2018 around the theme of relationship based practice. Approximately three hundred social workers employed by the City of Wolverhampton Council attended the event. The Centre for Social Work Practice state that “*Meaningful and effective social work always entails the provision of an attuned, reflective, and professionally thoughtful relationship with service users, carers, networks, social work colleagues and colleagues from other disciplines – even under conditions of conflict. Good services are by definition services provided through, or in the context of, such relationships*”. This year, social workers heard 4 people who had used adult’s and children’s services talk about what they felt has been

helpful in the work undertaken with them. Practitioners had opportunity to ask these experts by experience questions related to improving practice with children, young people and adults with additional needs. The Chief Social Worker for Adults also delivered a key note lecture on relational and strength based practice as well as setting out the national direction of travel for both Adults and Children's Social Work. Feedback from the event was positive with all participants reporting that all of the sessions were beneficial.

- 3.9 The PSW arranges quarterly children's social work briefings and bi-annual adult's social work briefings that provide critical space for social workers to share their views with senior leaders, ensure important information is shared face to face with frontline social workers. The sessions also have a learning and development focus often chosen by social workers themselves. These have proved to be highly successful with social workers reporting that they are able to apply their learning to practice and generally state in feedback that everything presented is of use to their practice.
- 3.10 A key function of the PSW role is to support development of new social workers. There have been three main workstreams that have contributed to this:
- a. The West Midlands Teaching Partnership is made of ten local authorities and the University of Birmingham. The Partnership secured a teaching partnership grant of up to £1.6 million for November 2016 – March 2018. The Teaching Partnership has a focus on the development, embedding and evaluation of professional practice leadership across both Children's and Adults Services. This involves further developing the undergraduate and post graduate social work programmes. The potholder has led a workstream focused on the quality of social work based placements provided to students. This has involved strengthening the feedback loop between quality assurance mechanisms and practice educators across the partnership and working with the partnership to ensure all students from the University of Birmingham had at least one statutory placement.
  - b. It is anticipated that any future Teaching Partnership in the region will include most of the 14 Councils and at least five local universities. This will increase the ability of the partnership to influence the quality of social work education across the region and bring a great consistency to the experience of students.
  - c. The post holder has worked with practice educators across adult's and children's social work to embed a virtual student hub. Practice educators come together three times a year to plan how they can work together to ensure all students within the City have a consistently good experience. Students receive group learning sessions on critical areas of social work practice like undertaking child protection investigations or adult safeguarding enquiries, assessing mental capacity and undertaking statutory visits. This ensures no student placed in the City of Wolverhampton has not received good quality training on essential social work functions. They also participate in group reflective practice. This enables them to develop their critical thinking skills and develop the habit of using reflection to continuously improve their practice.

- d. The Assessed Year in Practice (ASYE) programme continues to be an area of strength that attracts newly qualified social workers to work in the City. The ASYE programme has been designed to equip social workers with foundational knowledge that will equip them to work with families around issues that are prevalent within the City. These include Domestic Abuse, Neglect, Child Sexual Exploitation, working with the Youth Offending Service and planning for permanence as well as Restorative Practice. The training afforded to ASYE's continues to be rated highly according to feedback gathered in the social work health check.
- 3.11 The regional and national networks of Principal Child and Family Social Workers also provide information to the Chief Social Worker for children and regular consultations in respect of issues such as social worker health checks, workload, employer standards, practice and learning developments.
- 3.12 The social work Health Check completed June 2017 identified a number of key themes:
- a. The survey had a much higher response rate than is experienced in most Councils with a response rate of 67% in CYP services and 60% in Adult Social Care (ASC).
  - b. In both the Adults and the Children's health check workforce development was rated highly and most people felt that there were good opportunities for continuous professional development within the City.
  - c. Social work is a notoriously demanding profession and this also came through in both the Adult's and Children's survey with a high proportion of staff reporting some level of stress.
  - d. At the time the numbers of those who were considering leaving the Council were respectively low across both adults and children's social work.
  - e. In both areas a need was identified to reduce bureaucracy and free social workers to work directly with Children, Young People and Adults with additional needs.
- 3.13 Action plans were developed for both CYP and ASC with most actions being completed. Further work will be taking place over the next 12 months when the recording mechanisms in both CYP and ASC will be transformed to help social workers improve efficiency, resulting in more time for direct work.

### **Adults**

- 3.14 An audit process for adult social care has been embedded as part of the People Quality Assurance Framework. The quality assurance framework also includes observation of practice and brings together the critical reflections of frontline practitioners to help promote a learning culture. Many pieces of development work have taken place as a direct result of information gathered through audits. These include: updating the Care Act 2014 eligibility training on the learning hub, introducing strength based assessment guidance and creating new risk assessment guidance. Since the Quality Assurance

Framework for Adults was introduced in April 2016 improved performance has been noted in a number of areas including: personalised approaches and interventions to support the person to live the life they want, effective multi-agency working, and the number of cases where advocacy has been considered has risen significantly. In quarter 3 this was the case in 75% of cases.

- 3.15 This information is reported to the Transformation of Adult Social Care Board quarterly ensuring senior managers have oversight of the quality of frontline practice and are able to use this information to inform improvement actions. The City of Wolverhampton have implemented a robust quality assurance framework that is not common place in adult social care and will be presenting this along with some comment on impact to a local Association of Directors of Adult Social Care meeting.
- 3.16 The post holder has delivered training on strength based approaches like building social capital on purpose and utilising narrative approaches to help people re-frame their stories. This approach helps people identify unknown strengths and realise that they might be able to achieve more than they thought possible. These approaches can be particularly useful when social workers are supporting adults with additional needs to live more independently and achieve the 'good life' they want.
- 3.17 Reflective practice Involves the critical analysis of everyday working practices to improve competence and promote professional development. It is crucial to the improvement of social work interventions as it helps professionals identify gaps in their skills and knowledge and apply this learning to their practice. Time for reflective practice has long been established in adult social care teams but the PSW along with her team has introduced reflective practice tools that ensure the learning cycle is completed in each session and ensures professionals reflect on their own practice as well as discussing solutions to the problems they may be facing.
- 3.18 A key piece of work undertaken by the PSW with the support of the workforce development team was the procurement of coaching in a strength based model that will help to transform culture and enable frontline practitioners to undertake good quality social care practice and support people to achieve good outcomes. It is anticipated that social workers will spend much less time form filling and undertaking bureaucratic tasks and much more time helping people with care and support needs.
- 3.19 The 'Three Conversations' model has been procured and aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional support packages offered only when other options have been exhausted. The Three Conversations replaces the default 'contact, divert, triage, re-ablement, assessment for services' process with a dynamic asset based approach to listening to people, aimed at supporting independent living, and reducing the need for dependence on formal services.

- 3.20 The Three Conversations model is purported to have three main benefits; better support to families resulting in improved outcomes, improved staff productiveness and sense of wellbeing, as well as achieving financial savings.
- 3.21 Implementation began in February 2018 and the PSW will be the Senior Reporting Officer for the project which will be in implementation phase until February 2019.

### **Childrens**

- 3.22 Four of the eight Ofsted recommendations related to frontline management and social work practice. The PSW has lead a variety of work designed to improve these areas of practice; A bespoke first line managers programme was developed and delivered by both internal experts and external trainers, a range of training was commissioned to improve practice around assessment, analysis, planning and the voice of the child. Advanced practitioners have also undertaken a variety of focused work to both embed good practice and ensure that when children and young people are placed with family and friends, social workers are clear about what actions must be completed to assess and formalise those arrangements in line with placement regulations.
- 3.23 Restorative Practice was selected as the overarching practice framework for the Children and Young People's Service. It is a strengths-based approach that is fundamentally about building, maintaining and repairing relationships. It supports a strong relational way to delivering services, working with children and families, identifying strengths but also having the sound relationship for challenge; enabling a 'high support/high challenge' approach to work with children and families to affect necessary change. Whilst this approach is not new to most qualified social workers it is powerful to have a unified way of working and a developing shared language amongst colleagues.
- 3.24 In November 2016 the Children and Young People's service began the wide scale whole system roll out of the restorative practice training. Between November 2016 and early 2018 this was delivered by an external consultant. Subsequently a training pool of sixteen restorative inhouse trainers across the wider workforce have been trained and supported to deliver this training in-house. Social workers and other staff groups were encouraged to put themselves forward as restorative trainers to be part of the training pool. Trainers have been supported into the role with coaching sessions delivered by the external consultant and they now have access to coaching when and as required via telephone or skype. Restorative champions have also been identified in every team. Champions are supported by regular workshops and also provide support, mentoring and advice within their team and locality.
- 3.25 The restorative approach has begun to change and challenge the way employees work with families as well as providing a set of values and behaviors that all of the workforce can share and understand. Phase one of an evaluation undertaken by the University of Wolverhampton has been completed around four themes: learning and development, cultural change, organisational change and outcomes and relationships. The phase one report by Dr. Karen D. Roscoe, (2018), University of Wolverhampton found:

- a. *“Clear evidence of multi-layered and deep learning (transformative) in the way of application and reflection of the key concepts in Restorative Practice particularly in the following areas: Social Discipline Window, Three Stage Model, Solution Circles and ‘Check in’- in work and wide”*
  - b. *“Practitioners felt a sense of belonging, equality and ‘feeling valued’ in the organisation as a result of the training, it had influenced a sense of a collective institutional identity, role and purpose”*
  - c. *“The 3 - stage model has directly impacted upon practitioners listening skills where families are given a change to ‘tell their story’ and this was considered by some to foster more empathy and change outcomes in the way of relationships”*
  - d. *“Time was perceived by some individual practitioners as the biggest constraint or barrier to adopt these ideas”*
- 3.26 The post holder has embedded a Childrens and Young Peoples face to face induction. This sits alongside the corporate induction and introduces new employees to Heads of Service and the Service Operating Model. The event is designed to induct employees into the wider service and demonstrate how colleagues can work together to achieve good outcomes for children. A further key learning outcome is to ensure all new employees are exposed to the culture being purposely developed around restorative practice. Care leavers also deliver a powerful session that encourages practitioners to put children and young people at the centre of their practice. The event is well received and feedback is consistently positive.
- 3.27 The PSW has provided leadership, mentoring and coaching to the seven advanced practitioners appointed in the CYP Service. Meetings have taken place fortnightly to monitor progression of action plans, share learning and good practice and develop a shared understanding of what good social work practice looks like. Advanced practitioners are then able to model a consistent approach within teams.
- 3.28 Advanced practitioners have provided practical support to newly qualified social workers by attending complex meetings with them, modelling good practice and helping them write good assessment and plans. Advanced practitioners also run fortnightly drops in's, where support on a range of topics is available including pre-birth assessments, managing risk, sibling assessments and planning for permanence. Advanced practitioners have also delivered training on key themes linked to our Ofsted improvement plan and strategic aims like understanding private and regulated family and friend's placements and more recently they have delivered a series of workshops designed to build practitioner confidence at facilitating family meetings. This a key tool to help us imbed restorative practice and help practitioner engage and work with families.
- 3.29 61.5% of the respondents in the June 2017 health check replied that they had received support from an Advance Practitioner. Of those who rated the support they received, from 1 (not helpful) to 10 (very helpful), 60.56% rated the support as an 8 or above.

- 3.30 Future Social is a regional Department of Education (DfE) funded programme that has been created to develop an alternative delivery approach that transforms recruitment, retention, workforce development, quality and cost to create an autonomous, flexible, skilled and supported Children's Social Care workforce within the region. The post holder has represented the regional Principal Social Work network on the project group and contributed to the business case that was submitted to the DfE. The business case was accepted and Future Social is now in delivery phase. This will be a key piece of work for the PSW over the next two years.
- 3.31 The post holder has continued to project managed the Frontline programme in the City of Wolverhampton. Frontline is a registered charity that is funded by the DfE to deliver a social work qualification that prioritises hands-on-experience through practice based learning. The first cohort of 4 students were placed in a Frontline unit and will have completed more than 200 days practice based learning by September 2018, at which time they will be awarded a generic social work qualification. All students are on track to pass their social work qualification and the Council has been commended for the practice experience it has provided to the students. The students have experienced a full variety of casework and have had caseloads that will prepare them for their first year in practice.
- 3.32 Due to the success of the programme the CYP service has agreed to increase the Frontline Units from one to two 2018-2019. Each unit has one consultant manager who manages and educates the four students and a deputy who covers annual leave etc. This will enable the service to train eight students using the Frontline model. The post holder has worked collaboratively with Frontline to appoint a second consultant social worker (CSW) and deputy consultant social worker.

#### **4.0 Priorities for work plan 2018-2019**

##### **Quality assurance and improvement**

- 4.1 The children's audit process will be reviewed and aligned with new inspection framework. This will promote an even greater focus on what practice looks like on the frontline and what impact this practice is having on outcomes for children and young people.
- 4.2 The quality assurance framework will provide greater opportunity for senior managers to observe frontline practice and discuss audits to contribute to a continued good understanding of what practice looks in the City of Wolverhampton.
- 4.3 In ASC there will be a greater focus on gaining the views of people who use services and ensuring these views inform learning for individual practitioners, learning for the organisation and contribute towards service wide improvements.

##### **Workforce Development**

- 4.4 A particular role that will be undertaken is to continue to ensure that the People's Workforce Development plan incorporates the training required by social workers to

undertake statutory work and deliver good social work practice in line with service outcomes.

- 4.5 The PSW will continue to promote the 'whole family approach'. Activities to support this will include; providing opportunities for shared learning, advanced practitioners will continue to facilitate a quarterly practice share to include all areas of adult and children's social care, and where appropriate training will be undertaken in mixed cohorts across Adult's and Children's Social Care. The Think Family Social Work programme will be evaluated and the opportunity offered to other practitioners in the coming year.
- 4.6 Implementing the Three Conversations model across ASC is a significant priority for the service area. It must deliver the cultural change around strength based and relational practice resulting in improved customer experience. The post holder is the senior reporting officer for the project and will work closely with the project team and frontline practitioners to ensure the outcomes of the project are achieved.
- 4.7 Two practitioners have been formally trained in the Family Group Conferencing model for Adult's. This a strength based approach typically used in safeguarding that fits well with the Three Conversations model. ASC is now in a position to test the application of the approach, following which a wider service implementation plan will be designed.
- 4.8 Working with regional partners to deliver the Future Social agenda will also be a significant priority for the PSW. There are 14 Councils within the region and most of them are in close proximity to one another. The workforce therefore naturally moves between councils for career progression opportunities or to experience different ways of working. It is therefore crucial that the region grasp this opportunity to take a regional approach to workforce planning for the future.
- 4.9 The PSW will continue to provide leadership, mentoring and coaching to the six (FTE) advanced social work practitioners to be appointed in the Children and Young People Service. The focus of this work will be to support the ongoing transformation of children's services through the ongoing improvement of frontline social work practice. Advanced practitioners will assist with the establishment of consistently "Good" and "Outstanding" practice across CYP services.

### **Recruitment and Retention**

- 4.10 The post holder will continue to take a lead responsibility along with Human Resources and Workforce Development for the implementation of the recruitment and retention strategy and attached action plan. There is currently a recruitment and retention paper in development that the PSW has contributed to. This will set out options designed to reduce turnover rate in CYP social work teams. Once agreed, recommendations will be incorporated into the recruitment and retention strategy.
- 4.11 The recruitment and retention strategy seeks to support the development of a stable workforce which is an integral part of any improvement journey. A stable workforce

allows the council to embed good practice and provide children, families and adults with consistent workers.

- 4.12 Positive publicity and social media presence can be influential in raising the profile of social work within a Council and therefore attracting highly skilled individuals into the workforce. The PSW maintains a Twitter account and has 468 followers. The space is used to promote positive messages, stories and events related to social work practice within the City. People considering moving to the area are not only interested in social work but also want to know about schools, housing and leisure opportunities. For this reason, the post holder also, re-tweets any positive stories related to the City as a whole.
- 4.13 This year the PSW has delivered a workshop at a job fair in Birmingham. The session was well received and was a positive forum to promote social work practice within the City. This approach will be utilised at all future job fairs that the PSW's team attends. As well as this it is a key aim to have more articles and blogs published within national blog spots and professional journals about good practice in both ASC and CYP Services.

### **Social Work Voice at Strategic Level**

- 4.14 Undertaking and analysing the annual Social Work Health Check is key to improving social work recruitment and retention. The quality and improvement team will continue to support a greater level of engagement with social workers about the findings and associated actions in order to ensure social workers know their feedback is welcomed and taken seriously by senior managers
- 4.15 Attendance by the PSW at the Children and Young People's and the Adults management team meetings on at least a monthly basis to ensure operational engagement and oversight.
- 4.16 Monthly meeting will continue to take place with the Statutory Director for CYP Services and the Statutory Director for ASC. The PSW also meets with the Strategic Director frequently to undertake audits and the director has an open door should the PSW need to discuss any issues related to social work practice.

### **Local, Regional and National Practice Leadership**

- 4.17 The PSW attends quarterly national principal social work network days facilitated by the Association of Directors of Children's Services. These meetings are learning and development opportunities. It provides opportunity for the national Chief Social Workers for adults and children to share the direction of travel, answer questions and receive feedback from PSW's. These events also provide opportunity for the sharing of good practice. Notes are shared with the appropriate leadership team following attendance at these events.
- 4.18 The PSW also attends regional network meeting on a bi-monthly basis. This allows regional work to take place as directed by the regional West Midlands Association of Directors of Children's Services and the Association of Directors of Adults Services.

## **5.0 Evaluation of alternative options**

- 5.1 The priorities outlined within this report will contribute to the transformation of ASC and CYP Services.

## **6.0 Reasons for decision**

- 6.1 The role of the PSW contributes to a number of key priorities across CYP and ASC Services. The post holder is the senior reporting officer leading the culture change programmes in ASC and CYP Services. Restorative Practice in CYP and Three Conversations in ASC are approaches and models that enable social workers to build professional relationships with people who need services that help and promote a strength based approach to their practice. These approaches will enable the workforce to strengthen families where children are at risk, promote the independence of older people and people with disabilities as well safeguarding people in vulnerable situations.
- 6.2 The PSW provides dedicated resource to the recruitment and retention strategy which in turn helps the Council reduce its spend on agency. The role is also responsible for raising the profile of social work in the City which also contributes to making the City of Wolverhampton a social work employer of choice.
- 6.3 The role also provides the professional knowledge required to drive local and regional workforce development plan that will help develop good and outstanding

## **7.0 Financial implications**

- 7.1 There are no direct financial implications arising directly from this report. Any costs arising from the actions in the workplan and priorities set by the PSW will be met from existing budgets.
- 7.2 Good social work reduces demand and costs. Relationship based social work is anticipated to reduce demand and whilst difficult to quantify could lead to potential efficiencies. The work currently being undertaken in the three Adult Social Care innovation sites may provide evidence of indicative financial efficiencies if the new ways of working was rolled out across the whole of the service.

[MI/10052018/P]

## **8.0 Legal implications**

- 8.1 There are no legal implications arising from this report.

[RB/29052018/E]

## **9.0 Equalities implications**

- 9.1 The role of the Principal Social Work is a key one in our leadership arrangements to continually improve the quality of our social work practice. Social workers provide support to the whole community including the full range of diverse groups. Excellent quality social work practice will be more attuned to the equality issues experienced by individuals, families and communities. High quality social work will more competently deploy required skill in the practice situation. This annual report shows some of the ways being used to strengthen this aspect of social work practice e.g. updating and widening the influence of the social work Quality Assurance Framework.

## **10.0 Environmental implications**

- 10.1 There are no environmental implications arising from this report.

## **11.0 Human resources implications**

- 11.1 There are no human resources implications arising from this report. However, it is noted that close collaborative working has taken place over the last year on the implementation of the recruitment and retention strategy and action plan. This includes back office support and attendance at Social Worker interviews and recruitment campaigns.

## **12.0 Corporate Landlord implications**

- 12.1 There are no corporate landlord implications arising from this report.

<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Cabinet</b> <b>6 June 2018</b>
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<b>Report title</b>	Public Health Annual Report	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Hazel Malcolm Public Health and Wellbeing	
<b>Corporate Plan priority</b>	People - Stronger Communities	
<b>Key decision</b>	No	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable Director</b>	Mark Taylor, People Directorate	
<b>Originating service</b>	Public Health	
<b>Accountable employee</b>	John Denley Tel Email	Director for Public Health 01902 550148 <a href="mailto:John.Denley@wolverhampton.gov.uk">John.Denley@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	People Leadership Team Strategic Executive Board	21 May 2018 22 May 2018

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**Recommendation for decision:**

The Cabinet is recommended to:

Approve the publication of the Public Health Annual Report.

## 1.0 Purpose

- 1.1 The Health and Social Care Act 2012 states that 'the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority...the local authority must publish the report'.<sup>1</sup>
- 1.2 The purpose of this report is to present the Public Health Annual Report which summarises the priority indicators and associated indicators, by ward. This is as a result of the workstreams agreed following the reorganisation of Public Health.
- 1.3 The 4 priority areas are:
  - Starting and Developing well
  - Healthy Life Expectancy
  - Healthy Ageing
  - Systems Leadership.

## 2.0 Background

- 2.1 In 2002, an independent review of the long-term resource requirements for the National Health Service was undertaken by Derek Wanless. The review clearly illustrated the significant impact lifestyle changes such as smoking cessation, a healthier diet and increased activity can have on increasing life expectancy and reducing the level of resource needed for future health care.
- 2.2 The benefits of investing in health promotion and disease prevention was highlighted throughout the 'Wanless' review, with an emphasis on evidence based Public Health commissioned services.
- 2.3 *The NHS Five Year Forward View*<sup>2</sup> highlights the outcome of the failure to take prevention seriously as advocated by the Wanless Report. There are escalating health inequalities, increasing demands for services and unsustainable pressures on health and social care resources.
- 2.4 Although improving, life expectancy for men (77.4 years) and women (81.4 years) is lower than the England average (79.5 years and 83.1 years respectively, for 2013-2015). There are an increasing number of individuals living with long term conditions and the major conditions that contribute to the high rate of premature deaths before the age of 75 years are known.
- 2.5 A number of lifestyle risk factors are routinely recorded (smoking, obesity, physical activity, alcohol related indicators) and current performance against these indicators in Wolverhampton is poor, compared to the regional and national average.

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<sup>1</sup> Health and Social Care Act 2012 (c7) Part 1 – The health service in England pg 60. The Stationery Office: London  
[http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga\\_20120007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf) [accessed 29 May 2018]

<sup>2</sup> NHS England (2014) *The NHS Five Year Forward View*. NHS England: London

- 2.6 The *NHS Five Year Forward View* advocated a 'radical upgrade in prevention and public health' to halt the rapidly increasing burden of avoidable ill-health. The Public Health Annual Report sets out the goal to improve the health of the local population, through improving the contracted and mandatory services offered by Public Health.

### **3.0 Public Health Annual Report**

- 3.1 The Director of Public Health Annual Report aims to provide a baseline of the scale of the problems faced by the population of the City of Wolverhampton, as well as at ward level. It also includes the planned improvements in the quality of contracted and mandatory services over the next 12 – 18 months.
- 3.2 The report uses Wolverhampton data, presented using infographics, to highlight key facts relating to the indicators chosen. A life course approach was adopted.
- 3.3 The focus of the report is on:
- The life expectancy and healthy life expectancy for males and females of the City of Wolverhampton
  - Setting the scene for the workstreams following the reorganisation of Public Health, including the priority areas and the associated indicators.
  - Ward profiles – which include a breakdown of the demographics (age and gender structure, deprivation level, and Black and Minority Ethnic population size), as well as key facts for each of the indicators identified.
  - The aim for improving performance to the top quartile for each of the contracted and mandatory services.

### **4.0 Evaluation of alternative options**

- 4.1 Members could decide not to actively promote the annual public health report however it is a statutory responsibility of the local authority to publish the annual report. The publishing of the report provides an opportunity for the Council to identify the base line for health outcomes for the people of Wolverhampton. The report also highlights evidence on specific health outcomes for the area and consequently identifies the areas of preventive action which need to be focused on during the forthcoming year.

### **5.0 Reasons for decision**

- 5.1 It is a statutory requirement that all top tier local authorities produce an independent report from their designated chief officer for public health on the health of the local population. The attached report fulfils this requirement.
- 5.2 The annual report highlights the indicators where improvements can be made to impact on the health and wellbeing outcomes of preventable conditions within the current population of the City of Wolverhampton. The rate of these conditions will escalate if nothing is done to halt poor inter-generational lifestyle choices and will continue to have a high impact on health and social care resources.

## **6.0 Financial implications**

- 6.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The funding allocation for Public Health for 2018-2019 is £20.8 million
- 6.2 Any costs incurred for the delivery of Public Health related recommendations within the annual report will be contained within the Public Health ring-fenced grant.  
[MI/29052018/Z]

## **7.0 Legal implications**

- 7.1 There are no anticipated legal implications related to this report.  
[RB/29052018/T]

## **8.0 Equalities implications**

- 8.1 The services Public Health commission all aim to reduce inequalities, and as a result, for each service, the needs of the population at risk are taken into consideration.

## **9.0 Environmental implications**

- 9.1 There are no anticipated environmental implications arising from the report.

## **10.0 Human resources implications**

- 10.1 There are no anticipated human resource implications arising from this report.

## **11.0 Corporate landlord implications**

- 11.1 There are no corporate landlord implications for the Council's property portfolio in relation to this report.

# Public Health Annual Report 2017

Health in the City of Wolverhampton at a glance

Page 09

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

CITY OF  
WOLVERHAMPTON  
COUNCIL



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## Foreword

### Councillor Paul Sweet and Councillor Hazel Malcolm



"I would like to personally offer a warm welcome to John Denley who has recently joined the Council as Director of Public Health in City of Wolverhampton. I had the pleasure of working with the previous Director, Ros Jervis, and am proud of the many achievements made since Public Health transitioned into the council in 2013. This report demonstrates the inequality in outcomes that persist in our City and a key challenge going forward will be to reduce these levels of inequality as much as possible. I am sure my successor as Cabinet Member for Public Health and Wellbeing, Councillor Hazel Malcolm, will work hard to drive forward further improvements in the years ahead."

Councillor Paul Sweet,  
**Cabinet Member for Public Health and Wellbeing 2016-2018**



"I am delighted to be taking on the hugely important portfolio of Public Health and Wellbeing and look forward to continuing the transformation journey which we have embarked upon to tackle the entrenched challenges which the City still faces. Working towards the priorities identified under each work area in this annual report offers a real, tangible opportunity to support all residents to take health improving steps, and to do this we are in the process of redesigning our public health services so that we are in the best position to make a difference to the factors which most affect the health and wellbeing of the people of Wolverhampton."

Councillor Hazel Malcolm  
**Cabinet Member for Public Health and Wellbeing 2018-**

## Foreword

### John Denley, Director of Public Health



Public health is about helping all people to stay healthy for longer and to protect against threats to health. Life expectancy and healthy life expectancy are the overarching outcomes we monitor to demonstrate how well we are doing. There are many factors which affect our health, from the environment, such as the air we breathe or the quality of the house we live in; our lifestyle, including the food we eat and exercise we take- plus smoking and alcohol; school attainment; our family's household income and stability of job, to health service delivery and possible infections.

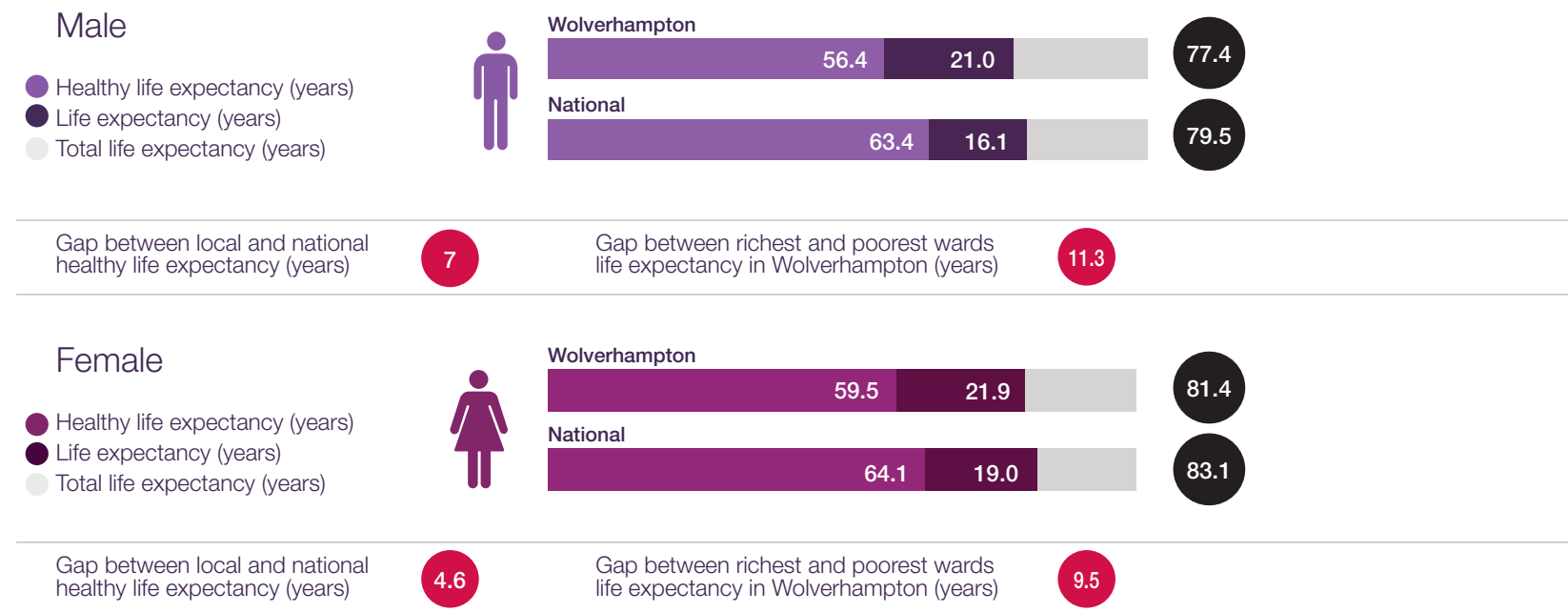
I am very happy to share my first annual report, which demonstrates the scale of the problems we face across the wards in the City and the focus of the 4 key workstreams in public health moving forward. In addition, this report lays out the planned improvements in the quality of the services we commission in public health over the next 12-18 months.

John Denley  
Director of Public Health

## The overarching measures of Public Health

A marker of overall public health is the life expectancy and healthy life expectancy within an area. Wolverhampton men and women live 7.0 and 4.6 years respectively in poorer health than the average in England. Equally, the gap between healthy life expectancy and life expectancy, the years lived in poorer health for Wolverhampton men is 21.0 years and for women, 21.9 years. It is these years lived in poorer health which usually lead to higher demand on our health and social care services in City of Wolverhampton.

### Life expectancy and healthy life expectancy for men and women, Wolverhampton and England



## Workstreams

Priority	Indicators		
Starting and Developing Well (0-24 age group)	<ul style="list-style-type: none"> <li>• Increase the number of children ready to enter school</li> <li>• Tackle inequalities in educational attainment</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to reduce levels of teenage pregnancy</li> <li>• Continue to tackle infant mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Top performer in chlamydia detection</li> </ul>
Healthy Life Expectancy	<ul style="list-style-type: none"> <li>• Increase access to employment for people with mental health problems</li> <li>• Reduce substance misuse related reoffending</li> </ul>	<ul style="list-style-type: none"> <li>• Top performer in drug and alcohol recovery</li> <li>• Reduce the number of rough sleepers</li> </ul>	<ul style="list-style-type: none"> <li>• Increase physical activity</li> <li>• Reduce smoking prevalence</li> <li>• Top performer in uptake of NHS Health Checks</li> </ul>
Healthy Ageing	<ul style="list-style-type: none"> <li>• Increase wellbeing of carers</li> </ul>	<ul style="list-style-type: none"> <li>• Increase uptake of influenza vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping people well in their community</li> </ul>
System Leadership	<ul style="list-style-type: none"> <li>• Embed Public Health and prevention in an integrated health and social care system</li> </ul>	<ul style="list-style-type: none"> <li>• Joint intelligence unit established for the City</li> </ul>	<ul style="list-style-type: none"> <li>• Working together across the whole public sector to improve health outcomes</li> </ul>

The City of Wolverhampton public health team has been reorganised to meet the challenges public health faces over the coming years. This reorganisation has led to the formulation of 4 key workstreams (above). Each of these workstreams will be led by a consultant in public health.

The following pages show the key indicators across each of these work areas across the wards of Wolverhampton. The systems leadership priority will work to underpin this work across the whole of Public Health.

## Your ward at a glance

Page 65

**8  
Bilston East**

City deprivation ranking: 1

**18  
East Park**

City deprivation ranking: 3

**28  
Merry Hill**

City deprivation ranking: 17

**38  
St Peter's**

City deprivation ranking: 5

**10  
Bilston North**

City deprivation ranking: 8

**20  
Ettingshall**

City deprivation ranking: 4

**30  
Oxley**

City deprivation ranking: 13

**40  
Tettenhall Regis**

City deprivation ranking: 19

**12  
Blakenhall**

City deprivation ranking: 10

**22  
Fallings Park**

City deprivation ranking: 9

**32  
Park**

City deprivation ranking: 12

**42  
Tettenhall Wightwick**

City deprivation ranking: 18

**14  
Bushbury North**

City deprivation ranking: 15

**24  
Graiseley**

City deprivation ranking: 7

**34  
Penn**

City deprivation ranking: 20

**44  
Wednesfield North**

City deprivation ranking: 16

**16  
Bushbury South  
and Low Hill**

City deprivation ranking: 2

**26  
Heath Town**

City deprivation ranking: 5

**36  
Spring Vale**

City deprivation ranking: 11

**46  
Wednesfield South**

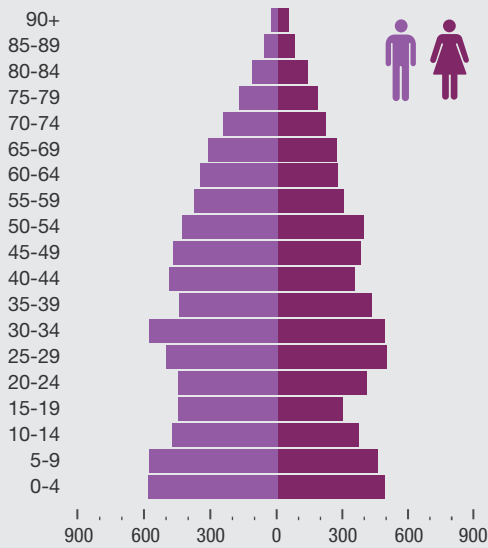
City deprivation ranking: 14

Your ward at a glance:  
Bilston East

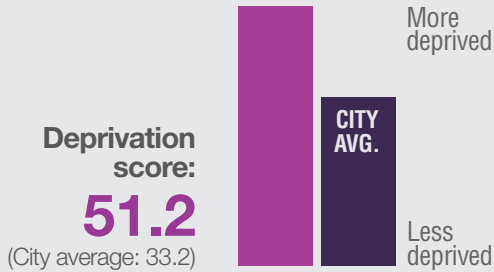
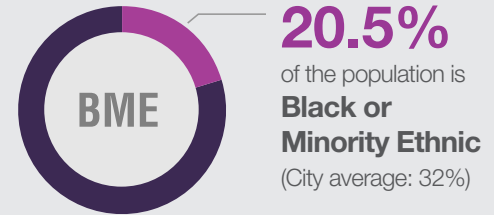
Wards



Total population: **14,542**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

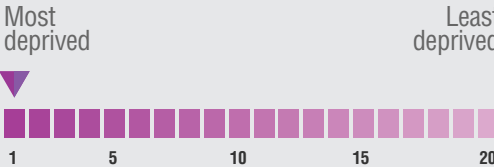


Key feature 1  
Elderly

Key feature 2  
Living alone

Key feature 3  
Low income

City deprivation ranking: **1**



## 0-24 age group

Starting and  
Developing Well

24.2%

of pupils achieved  
grade 9-5 English  
and Maths GCSE


This is worse  
than the city  
average




35.9  
teenage  
pregnancies  
per 1,000  
under-18 yr olds



This is close  
to the city  
average

117.7

children per  
10,000 are in  
**Local  
Authority  
Care**


This is close  
to the city  
average

Childhood  
obesity

30.4%

of children  
at **year 6**  
are obese


This is worse  
than the city  
average



## 25-64 age group

Healthy Life  
Expectancy

4.8%

claimed  
**unemployment  
benefits** in  
November  
2017


This is close  
to the city  
average



13.4%

of houses with  
one or more  
**category 1  
hazards** identified


This is better  
than the city  
average



## Predominant clusters from Healthy Lifestyle survey

Healthy Weight  
Poor LifestyleObese and  
Average Wellbeing

Overweights

## 65+ age group

## Healthy Ageing



10.2%  
of people **providing  
unpaid care** are in  
**bad or very bad  
health**



This is worse  
than the city  
average


28.5%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**


This is close  
to the city  
average



1,660  
people per 100k  
are living in  
**residential or  
nursing care**  
permanently



This is close  
to the city  
average

14.6%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**


This is worse  
than the city  
average



Your ward at a glance:  
Bilston North

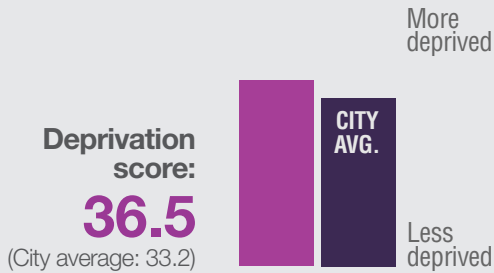
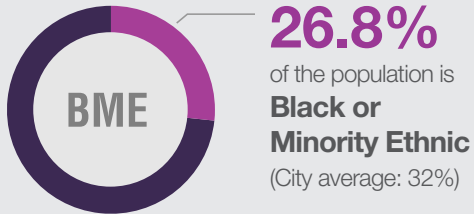
Wards



Total population: **12,297**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

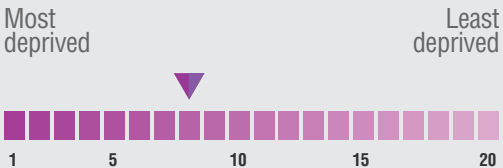


Key feature 1  
Families with  
children

Key feature 2  
Aged 25 to 40

Key feature 3  
Limited  
resources

City deprivation ranking: **8**



## 0-24 age group

Starting and  
Developing Well

31.9%

of pupils achieved  
grade 9-5 English  
and Maths GCSE40.4  
teenage  
pregnancies  
per 1,000  
under-18 yr olds

96.9

children per  
10,000 are in  
**Local  
Authority  
Care**Childhood  
obesity

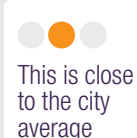
29.3%

of children  
at **year 6**  
are obese

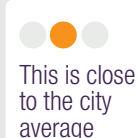
## 25-64 age group

Healthy Life  
Expectancy

3.7%

claimed  
**unemployment  
benefits** in  
November  
2017

14.9%

of houses with  
one or more  
**category 1  
hazards** identified

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3

Obese and  
Average Wellbeing

## 65+ age group

## Healthy Ageing



8.2%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**

20.4%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**1,596  
people per 100k  
are living in  
**residential or  
nursing care**  
permanently

8.1%

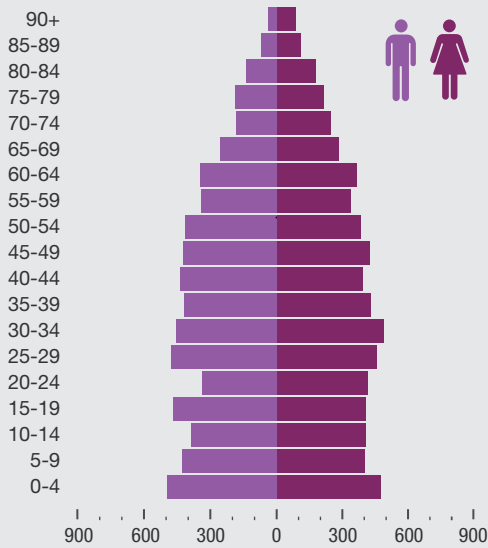
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**

Your ward at a glance:  
Blakenhall

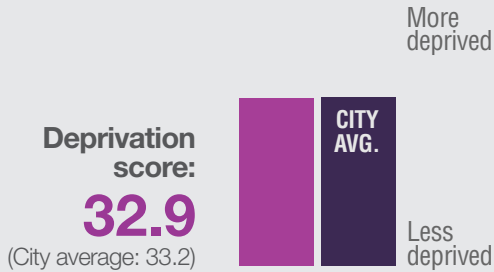
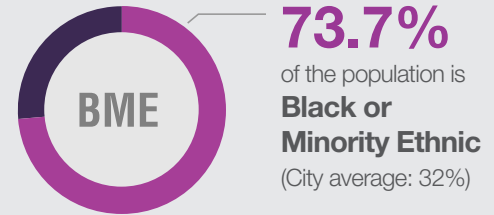
Wards



Total population: **12,790**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

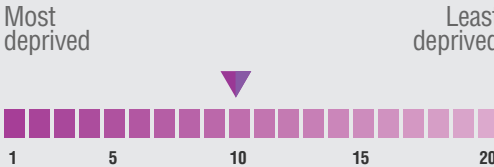


Key feature 1  
Settled extended families

Key feature 2  
City suburbs

Key feature 3  
Multicultural

City deprivation ranking: **10**



## 0-24 age group

Starting and  
Developing Well

42.1%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is better  
than the city  
average

26.3

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

99.6

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

28.1%

of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy

3.9%

claimed  
**unemployment  
benefits** in  
November  
2017This is close  
to the city  
average

20.9%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is worse  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3



Healthy Eaters

## 65+ age group

## Healthy Ageing



8.3%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is close  
to the city  
average

21.4%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is better  
than the city  
average8,622  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is worse  
than the city  
average

12.8%

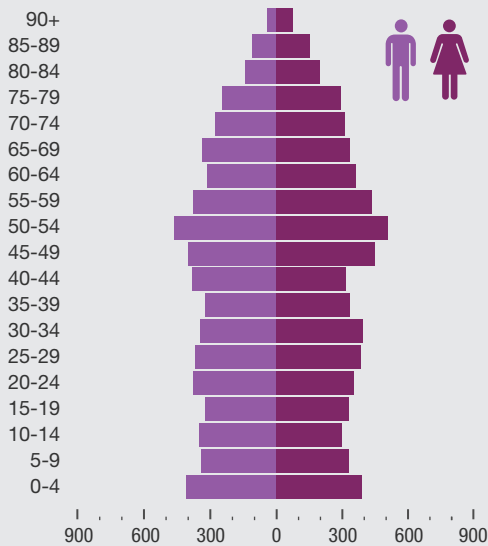
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is close  
to the city  
average

Your ward at a glance:  
Bushbury North

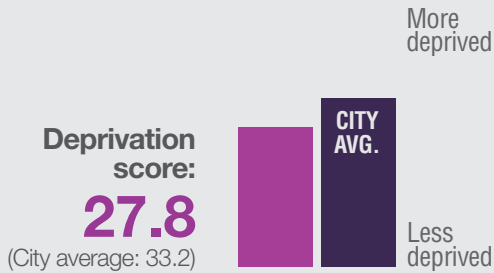
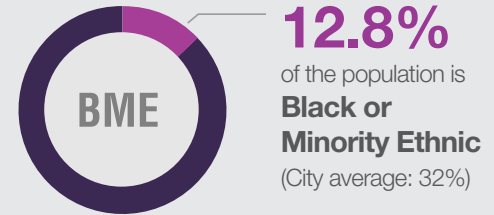
Wards



Total population: **11,971**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

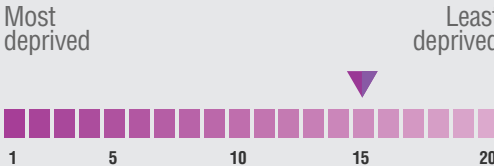


Key feature 1  
Younger households

Key feature 2  
Full-time employment

Key feature 3  
Private suburbs

City deprivation ranking: **15**




## 0-24 age group

Starting and  
Developing Well**28.1%**of pupils achieved  
grade 9-5 English  
and Maths GCSE


This is worse  
than the city  
average



**28.3**  
teenage  
pregnancies  
per 1,000  
under-18 yr olds



This is close  
to the city  
average

**105.6**children per  
10,000 are in  
**Local  
Authority  
Care**


This is close  
to the city  
average

**Childhood  
obesity****25.9%**of children  
at **year 6**  
are obese



This is close  
to the city  
average



## 25-64 age group

Healthy Life  
Expectancy**3.3%**claimed  
**unemployment  
benefits** in  
November  
2017


This is close  
to the city  
average

**14.5%**of houses with  
one or more  
**category 1  
hazards** identified


This is close  
to the city  
average



## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Used to Smoke

3




Healthy Eaters

## 65+ age group

## Healthy Ageing

**7.8%**of people **providing  
unpaid care** are in  
**bad or very bad  
health**


This is close  
to the city  
average


**22.6%**of people over 65  
years old have  
an **illness that  
limits their daily  
activities**


This is close  
to the city  
average


**1,817**  
people per 100k  
are living in  
**residential or  
nursing care**  
permanently



This is close  
to the city  
average

**8.3%**of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**


This is close  
to the city  
average



Your ward at a glance:  
Bushbury South and Low Hill

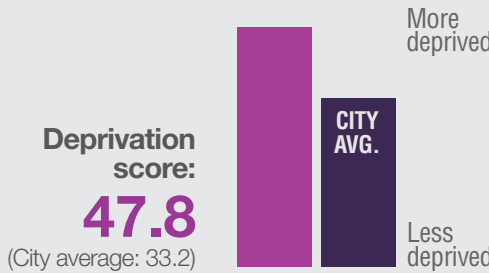
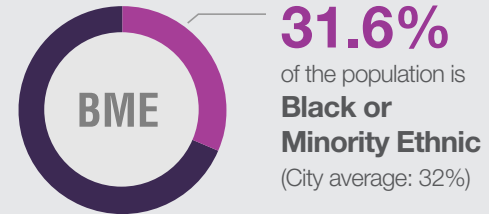
Wards



Total population: **15,853**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

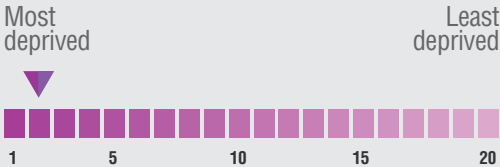


Key feature 1  
Families with  
children

Key feature 2  
Aged 25 to 40

Key feature 3  
Limited  
resources

City deprivation ranking: **2**




## 0-24 age group

Starting and  
Developing Well

24.6%

of pupils achieved  
grade 9-5 English  
and Maths GCSE


This is worse  
than the city  
average

49.0  
teenage  
pregnancies  
per 1,000  
under-18 yr olds



This is worse  
than the city  
average

190.2

children per  
10,000 are in  
**Local  
Authority  
Care**


This is worse  
than the city  
average

Childhood  
obesity

28.1%

of children  
at **year 6**  
are obese


This is worse  
than the city  
average



## 25-64 age group

Healthy Life  
Expectancy


5.6%

claimed  
**unemployment  
benefits** in  
November  
2017


This is worse  
than the city  
average



17.3%

of houses with  
one or more  
**category 1  
hazards** identified


This is close  
to the city  
average



## Predominant clusters from Healthy Lifestyle survey

Healthy Weight  
Poor Lifestyle

Overweights


Obese and  
Average Wellbeing

## 65+ age group

## Healthy Ageing




9.0%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**


This is close  
to the city  
average

28.0%


of people over 65  
years old have  
an **illness that  
limits their daily  
activities**


This is close  
to the city  
average

3,945  
people per 100k  
are living in  
**residential or  
nursing care**  
permanently


This is worse  
than the city  
average

21.6%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**


This is worse  
than the city  
average

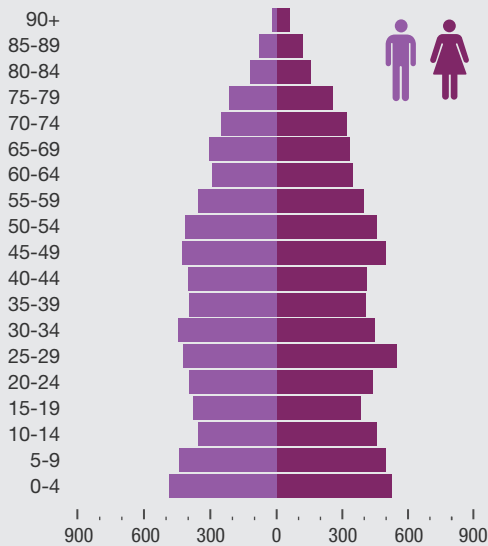


Your ward at a glance:  
East Park

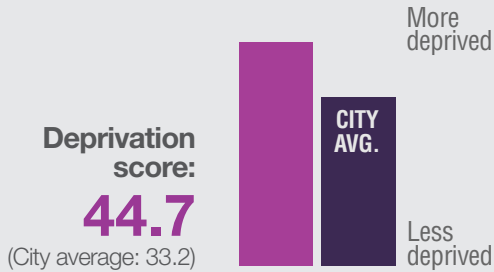
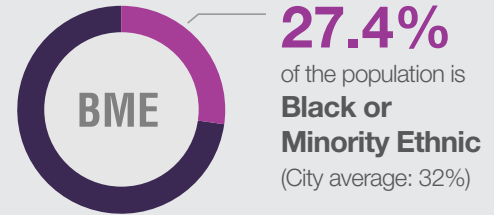
Wards



Total population: **12,892**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

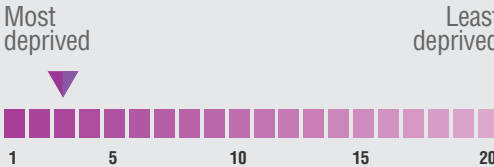


Key feature 1  
Families with  
children

Key feature 2  
Aged 25 to 40

Key feature 3  
Limited  
resources

City deprivation ranking: **3**



## 0-24 age group

Starting and  
Developing Well**25.4%**of pupils achieved  
grade 9-5 English  
and Maths GCSE


This is worse  
than the city  
average





**55.5**  
**teenage**  
**pregnancies**  
per 1,000  
under-18 yr olds



This is worse  
than the city  
average

**197.9**children per  
10,000 are in  
**Local**  
**Authority**  
**Care**


This is worse  
than the city  
average

**Childhood  
obesity****27.2%**of children  
at **year 6**  
are obese


This is close  
to the city  
average



## 25-64 age group

Healthy Life  
Expectancy**6.1%**claimed  
**unemployment**  
**benefits** in  
November  
2017


This is worse  
than the city  
average

**14.0%**of houses with  
one or more  
**category 1**  
**hazards** identified


This is close  
to the city  
average



## Predominant clusters from Healthy Lifestyle survey

Healthy Weight  
Poor LifestyleObese and  
Average Wellbeing

Used to Smoke

## 65+ age group


## Healthy Ageing

**10.3%**of people **providing**  
**unpaid care** are in  
**bad or very bad**  
**health**



This is worse  
than the city  
average

**28.9%**of people over 65  
years old have  
an **illness that**  
**limits their daily**  
**activities**


This is worse  
than the city  
average

**1,646**  
people per 100k  
are living in  
**residential or**  
**nursing care**  
permanently


This is close  
to the city  
average

**10.9%**of people aged  
65 years and over  
have **below**  
**average or**  
**very low**  
**wellbeing**


This is close  
to the city  
average

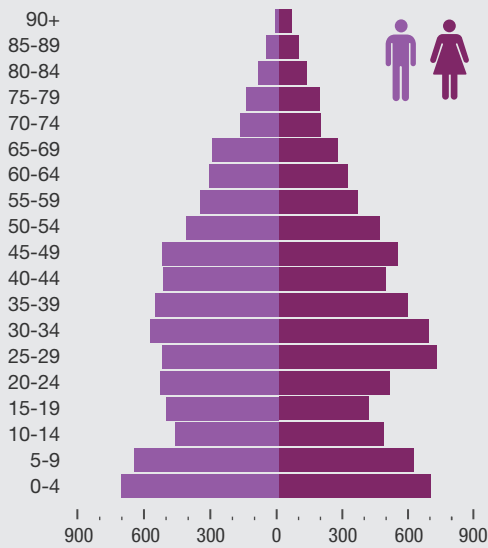


Your ward at a glance:  
Ettingshall

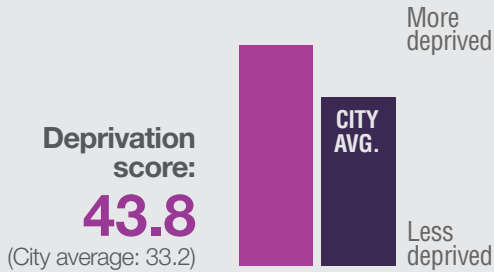
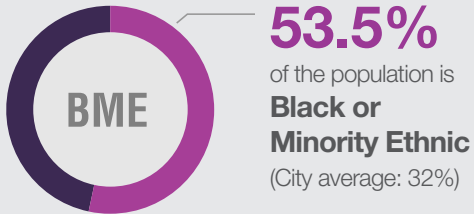
Wards



Total population: **15,245**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

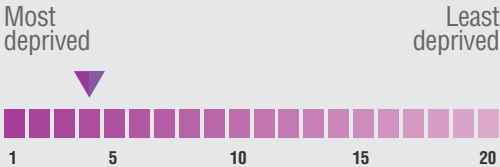


Key feature 1  
Private renters

Key feature 2  
Low length  
of residence

Key feature 3  
Low cost  
housing

City deprivation ranking: **4**



## 0-24 age group

Starting and  
Developing Well

29.5%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average34.2  
teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

189.6

children per  
10,000 are in  
**Local  
Authority  
Care**This is worse  
than the city  
averageChildhood  
obesity

25.9%

of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy

5%

claimed  
**unemployment**  
benefits in  
November  
2017This is close  
to the city  
average

17.7%

of houses with  
one or more  
**category 1**  
hazards identifiedThis is worse  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3



Used to Smoke

## 65+ age group

## Healthy Ageing



7.4%

of people **providing**  
**unpaid care** are in  
**bad or very bad**  
**health**This is close  
to the city  
average

18.5%

of people over 65  
years old have  
an **illness that**  
**limits their daily**  
**activities**This is better  
than the city  
average2,060  
people per 100k  
are living in  
**residential or**  
**nursing care**  
permanentlyThis is close  
to the city  
average

12.7%

of people aged  
65 years and over  
have **below**  
**average or**  
**very low**  
**wellbeing**This is close  
to the city  
average

Your ward at a glance:  
Fallings Park

Page 80

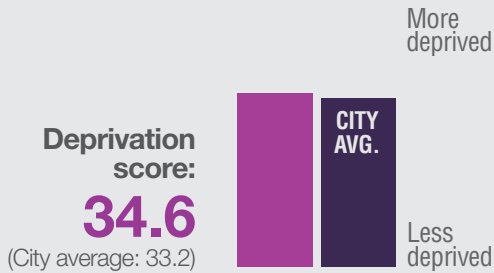
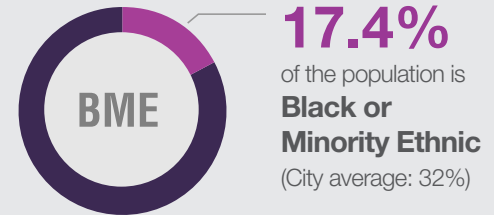
Wards



Total population: **12,199**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

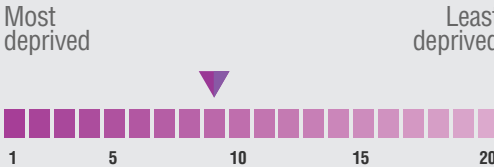


Key feature 1  
Younger  
households

Key feature 2  
Full-time  
employment

Key feature 3  
Private  
suburbs

City deprivation ranking: **9**



## 0-24 age group

Starting and  
Developing Well**27.5%**of pupils achieved  
grade 9-5 English  
and Maths GCSE


This is worse  
than the city  
average


**37.5**  
teenage  
pregnancies  
per 1,000  
under-18 yr olds



This is worse  
than the city  
average

**134.5**children per  
10,000 are in  
**Local  
Authority  
Care**


This is worse  
than the city  
average

**Childhood  
obesity****28.8%**of children  
at **year 6**  
are obese


This is worse  
than the city  
average



## 25-64 age group

Healthy Life  
Expectancy**4.3%**claimed  
**unemployment  
benefits** in  
November  
2017


This is close  
to the city  
average

**17.2%**of houses with  
one or more  
**category 1  
hazards** identified


This is close  
to the city  
average

**Predominant clusters from Healthy Lifestyle survey**

Overweights

Healthy Weight  
Poor LifestyleObese and  
Average Wellbeing

## 65+ age group

## Healthy Ageing


**7.1%**of people **providing  
unpaid care** are in  
**bad or very bad  
health**


This is close  
to the city  
average

**30.3%**of people over 65  
years old have  
an **illness that  
limits their daily  
activities**


This is worse  
than the city  
average


**2,180**  
people per 100k  
are living in  
**residential or  
nursing care**  
permanently



This is close  
to the city  
average

**7.2%**of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**


This is better  
than the city  
average

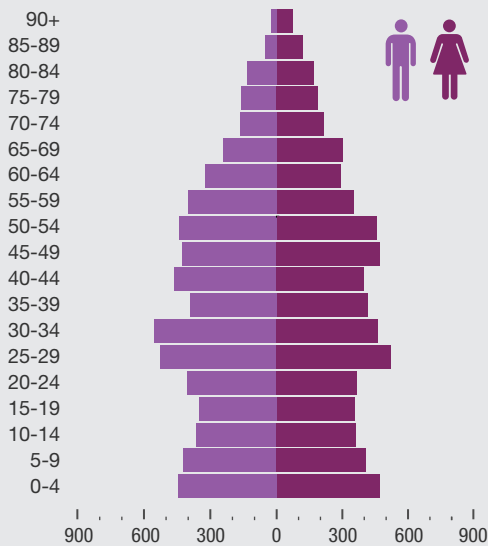


Your ward at a glance:  
Graiseley

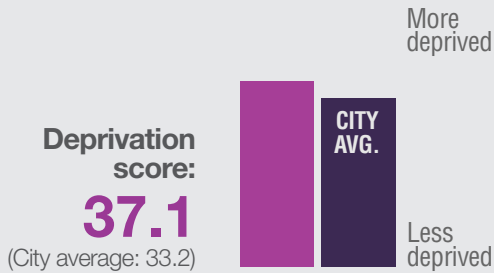
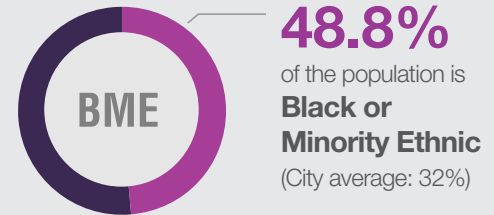
Wards



Total population: **12,607**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

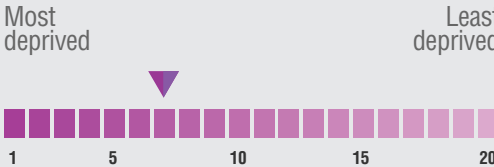


Key feature 1  
Private renters

Key feature 2  
Low length of  
residence

Key feature 3  
Low cost  
housing

City deprivation ranking: **7**



## 0-24 age group

Starting and  
Developing Well**38.9%**of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average**35.9**  
**teenage**  
**pregnancies**  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average**139.0**children per  
10,000 are in  
**Local**  
**Authority**  
**Care**This is worse  
than the city  
average**Childhood**  
**obesity****25.5%**  
of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy**5.1%**claimed  
**unemployment**  
**benefits** in  
November  
2017This is worse  
than the city  
average**20.9%**of houses with  
one or more  
**category 1**  
**hazards** identifiedThis is worse  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3



Healthy Eaters

## 65+ age group

## Healthy Ageing

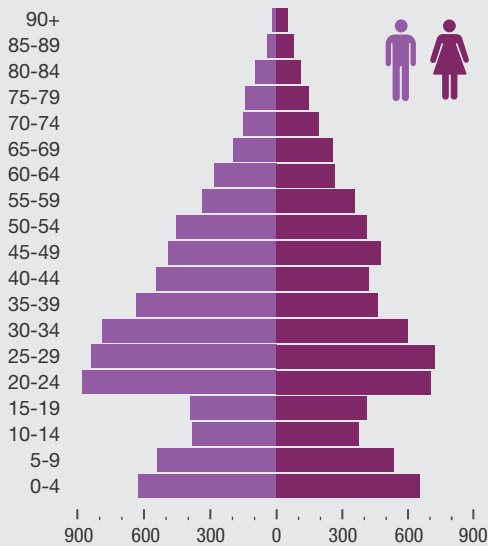
**7.2%**of people **providing**  
**unpaid care** are in  
**bad or very bad**  
**health**This is close  
to the city  
average**22.3%**of people over 65  
years old have  
an **illness that**  
**limits their daily**  
**activities**This is close  
to the city  
average**4,864**  
people per 100k  
are living in  
**residential or**  
**nursing care**  
permanentlyThis is worse  
than the city  
average**10.5%**of people aged  
65 years and over  
have **below**  
**average or**  
**very low**  
**wellbeing**This is close  
to the city  
average

Your ward at a glance:  
Heath Town

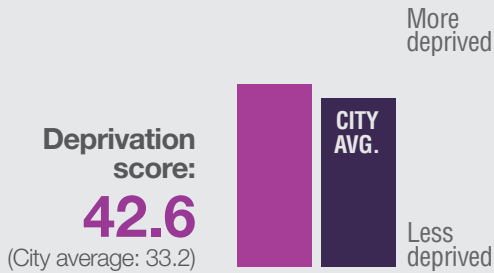
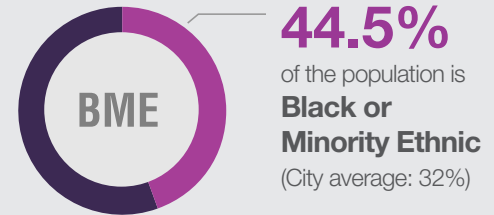
Wards



Total population: **15,090**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

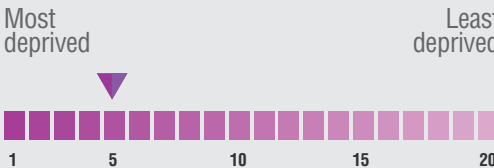


Key feature 1  
Families with  
children

Key feature 2  
Aged 25 to 40

Key feature 3  
Limited  
resources

City deprivation ranking: **5**



## 0-24 age group

Starting and  
Developing Well

34.2%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average42.3  
teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is worse  
than the city  
average

119.5

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

27.1%

of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy

5.5%

claimed  
**unemployment  
benefits** in  
November  
2017This is worse  
than the city  
average

13.2%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is better  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2

Obese and Average  
Wellbeing

3



Overweights

## 65+ age group

## Healthy Ageing



9.3%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is worse  
than the city  
average

24.3%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is close  
to the city  
average4,304  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is worse  
than the city  
average

10.6%

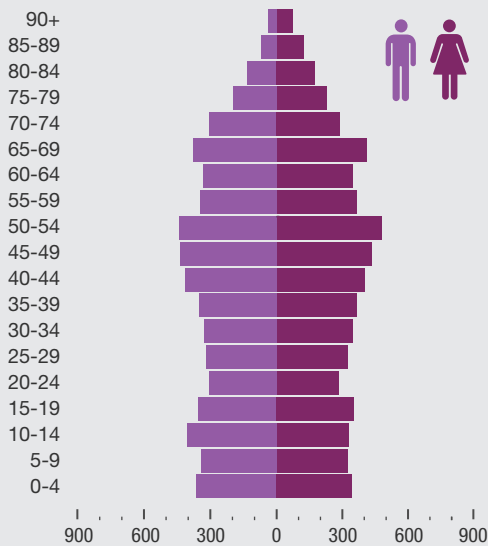
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is close  
to the city  
average

Your ward at a glance:  
Merry Hill

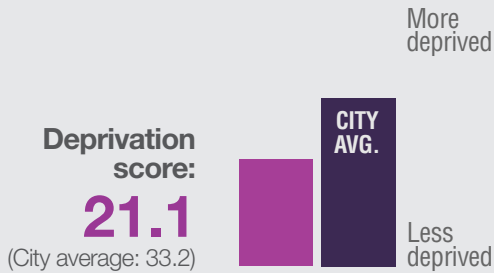
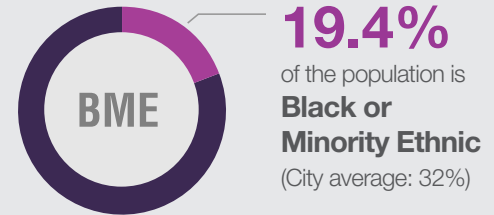
Wards



Total population: **11,931**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

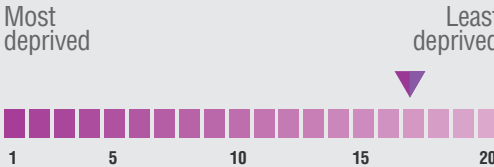


Key feature 1  
Elderly singles and couples

Key feature 2  
Homeowners

Key feature 3  
Comfortable homes

City deprivation ranking: **17**



## 0-24 age group

Starting and  
Developing Well

42.3%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is better  
than the city  
average

22.9

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

62.8

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

21.6%

of children  
at **year 6**  
are obeseThis is better  
than the city  
average

## 25-64 age group

Healthy Life  
Expectancy

3.0%

claimed  
**unemployment  
benefits** in  
November  
2017This is better  
than the city  
average

15.4%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is close  
to the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3

Drinkers  
and Smokers

## 65+ age group

## Healthy Ageing



7.1%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is close  
to the city  
average

34.1%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is worse  
than the city  
average143  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is better  
than the city  
average

20.0%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is worse  
than the city  
average

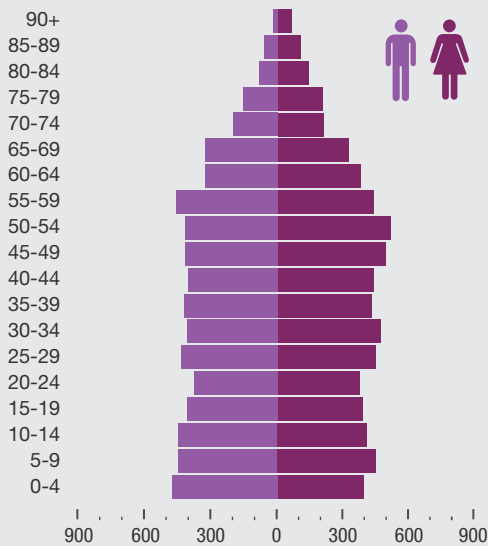
Your ward at a glance:  
Oxley

Page 88

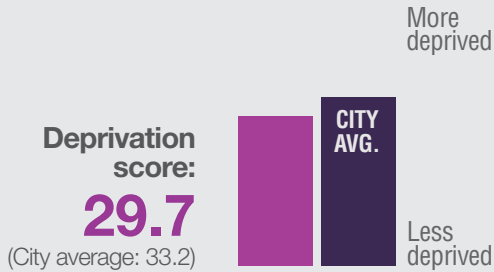
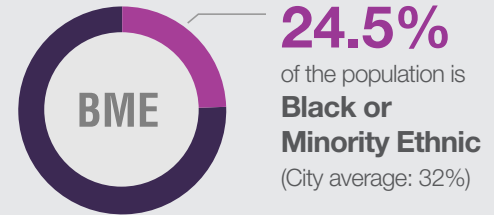
Wards



Total population: **12,823**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

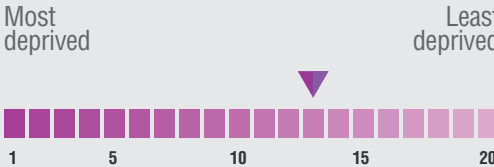


Key feature 1  
Families with  
children

Key feature 2  
Aged 25 to 40

Key feature 3  
Limited resources

City deprivation ranking: **13**



## 0-24 age group

Starting and  
Developing Well

31.5%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average

27.9

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

81.5

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

26.1%

of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy

3.9%

claimed  
**unemployment  
benefits** in  
November  
2017This is close  
to the city  
average

12.3%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is better  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3



Healthy Eaters

## 65+ age group

## Healthy Ageing



7.3%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is close  
to the city  
average

25.2%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is close  
to the city  
average1,673  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is close  
to the city  
average

9.4%

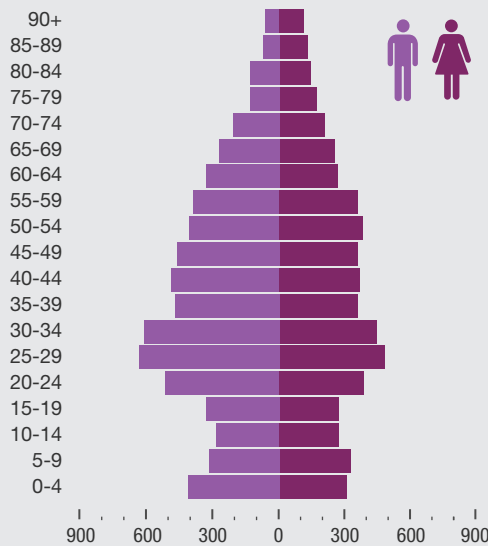
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is close  
to the city  
average

Your ward at a glance:  
Park

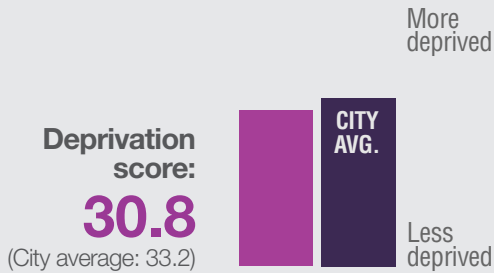
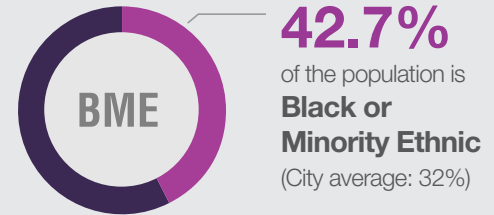
Wards



Total population: **12,480**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

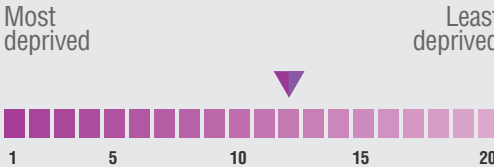


Key feature 1  
Aged 18-35

Key feature 2  
Private renting

Key feature 3  
Singles and sharers

City deprivation ranking: **12**



## 0-24 age group

Starting and  
Developing Well

44.7%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is better  
than the city  
average

34.9

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

98.0

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

22.5%

of children  
at **year 6**  
are obeseThis is better  
than the city  
average

## 25-64 age group

Healthy Life  
Expectancy

5.0%

claimed  
**unemployment  
benefits** in  
November  
2017This is close  
to the city  
average

21.9%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is worse  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1



Vigorously Active

2

Healthy Weight  
Poor Lifestyle

3

Drinkers  
and Smokers

## 65+ age group

## Healthy Ageing



6.5%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is better  
than the city  
average

18.6%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is better  
than the city  
average9,670  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is worse  
than the city  
average

14.6%

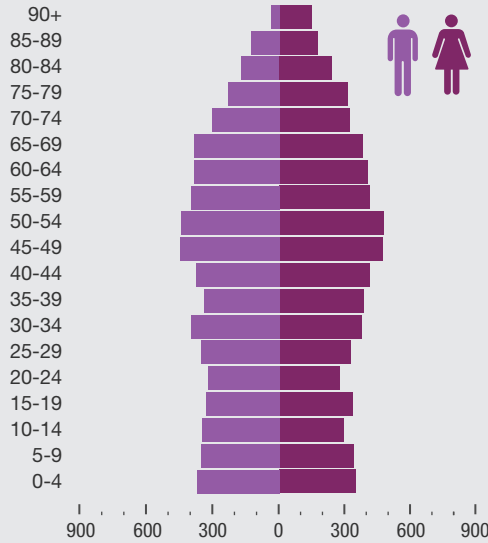
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is worse  
than the city  
average

Your ward at a glance:  
Penn

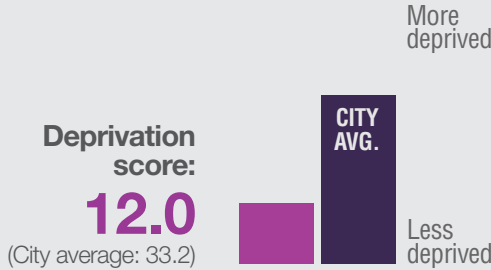
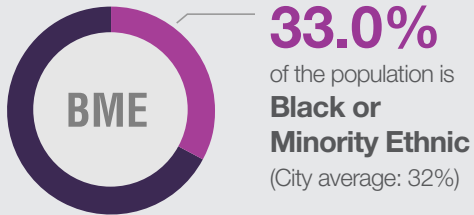
Wards



Total population: **12,508**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

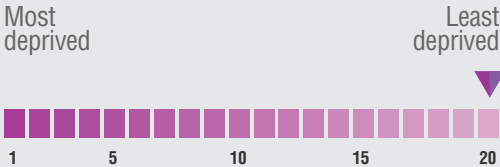


Key feature 1  
Older families

Key feature 2  
Some adult children  
at home

Key feature 3  
Suburban  
mid-range homes

City deprivation ranking: **20**



## 0-24 age group

Starting and  
Developing Well

47.2%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is better  
than the city  
average10.1  
teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is better  
than the city  
average

&lt;25

children per  
10,000 are in  
**Local  
Authority  
Care**This is better  
than the city  
averageChildhood  
obesity

20.5%

of children  
at **year 6**  
are obeseThis is better  
than the city  
average

## 25-64 age group

Healthy Life  
Expectancy

1.7%

claimed  
**unemployment  
benefits** in  
November  
2017This is better  
than the city  
average

17.7%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is worse  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1



Healthy Eaters

2

Healthy Weight  
Poor Lifestyle

3



Overweights

## 65+ age group

## Healthy Ageing



4.6%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is better  
than the city  
average

21.5%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is close  
to the city  
average3,851  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is close  
to the city  
average

5.9%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is better  
than the city  
average

Your ward at a glance:  
Spring Vale

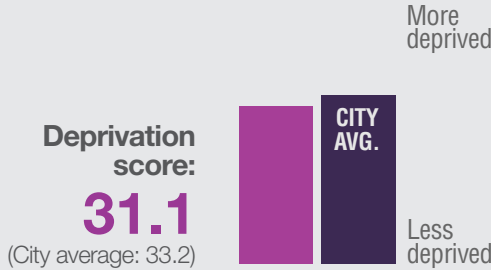
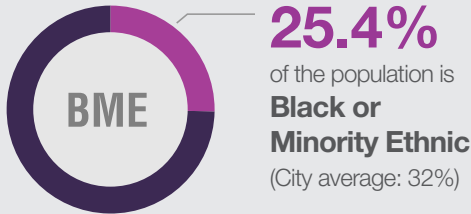
Wards



Total population: **12,054**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

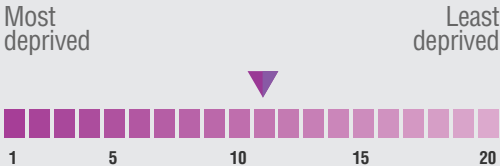


Key feature 1  
Families with children

Key feature 2  
Aged 25 to 40

Key feature 3  
Limited resources

City deprivation ranking: **11**



## 0-24 age group

Starting and  
Developing Well

29.4%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average

18.5

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is better  
than the city  
average

56.3

children per  
10,000 are in  
**Local  
Authority  
Care**This is better  
than the city  
averageChildhood  
obesity

25.7%

of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy

3.3%

claimed  
**unemployment  
benefits** in  
November  
2017This is close  
to the city  
average

14.6%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is close  
to the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2

Obese and  
Average Wellbeing

3



Overweights

## 65+ age group

## Healthy Ageing



9.1%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is worse  
than the city  
average

27.5%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is close  
to the city  
average3,396  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is close  
to the city  
average

4.4%

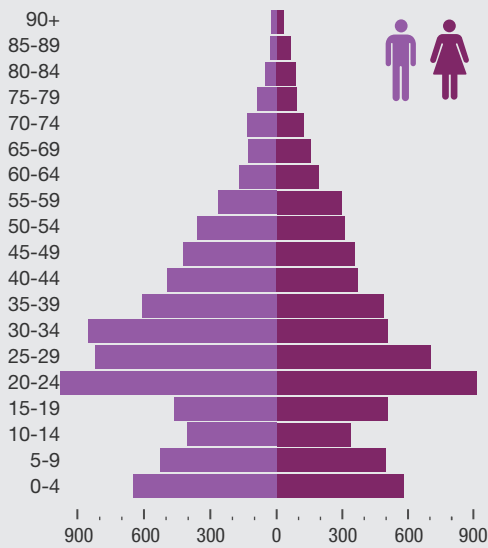
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is better  
than the city  
average

Your ward at a glance:  
St Peter's

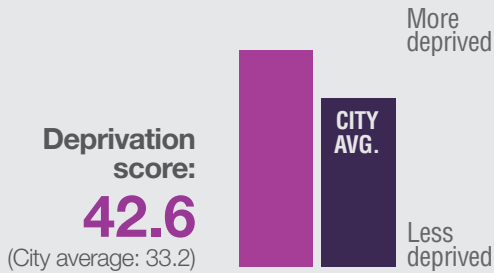
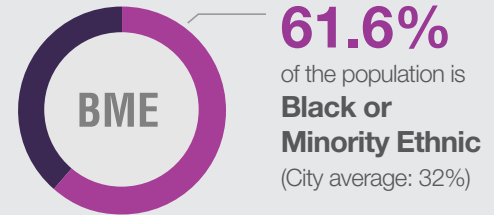
Wards



Total population: **14,044**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

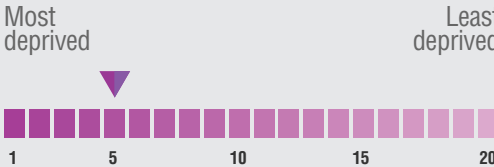


Key feature 1  
Private renters

Key feature 2  
Low length  
of residence

Key feature 3  
Low cost  
housing

City deprivation ranking: **5**



## 0-24 age group

Starting and  
Developing Well

29.7%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average

33.7

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

117.7

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

29.9%

of children  
at **year 6**  
are obeseThis is worse  
than the city  
average

## 25-64 age group

Healthy Life  
Expectancy

6.2%

claimed  
**unemployment  
benefits** in  
November  
2017This is worse  
than the city  
average

17.5%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is close  
to the city  
average

## Predominant clusters from Healthy Lifestyle survey

1

Healthy Weight  
Poor Lifestyle

2



Overweights

3



Used to Smoke

## 65+ age group

## Healthy Ageing



11.0%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is worse  
than the city  
average

17.4%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is better  
than the city  
average154  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is better  
than the city  
average

15.6%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is worse  
than the city  
average

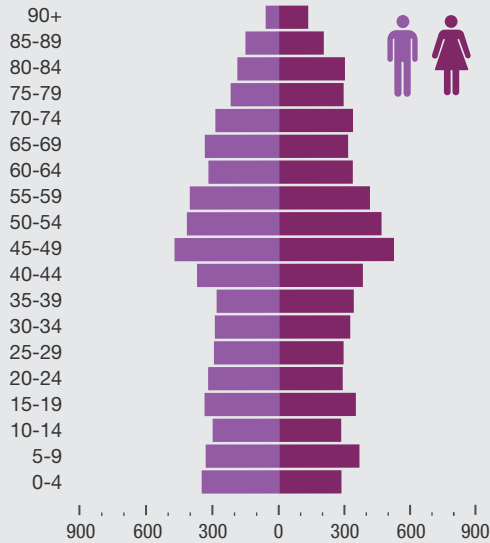
Your ward at a glance:  
Tettenhall Regis

Page 98

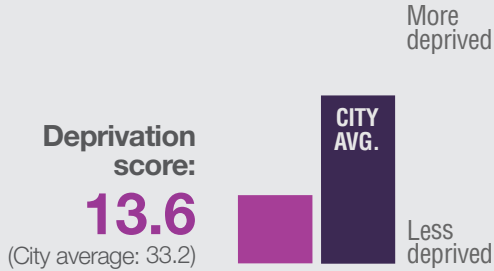
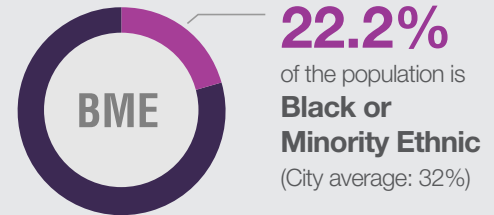
Wards



Total population: **11,820**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

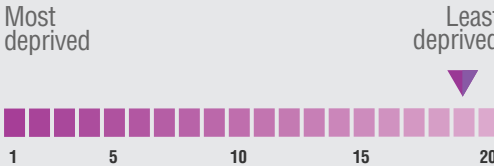


Key feature 1  
Younger households

Key feature 2  
Full-time employment

Key feature 3  
Private suburbs

City deprivation ranking: **19**



## 0-24 age group

Starting and  
Developing Well

47.3%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is better  
than the city  
average

7.2

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is better  
than the city  
average

39.2

children per  
10,000 are in  
**Local  
Authority  
Care**This is better  
than the city  
averageChildhood  
obesity

23.5%

of children  
at **year 6**  
are obeseThis is close  
to the city  
average

## 25-64 age group

Healthy Life  
Expectancy

1.8%

claimed  
**unemployment  
benefits** in  
November  
2017This is better  
than the city  
average

15.8%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is close  
to the city  
average

## Predominant clusters from Healthy Lifestyle survey

1



Healthy Eaters

2

Healthy Weight  
Poor Lifestyle

3

Drinkers  
and Smokers

## 65+ age group

## Healthy Ageing



5.7%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is better  
than the city  
average

28.4%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is close  
to the city  
average3,039  
people per 100k  
are living in  
**residential or  
nursing care  
permanently**This is close  
to the city  
average

4.9%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is better  
than the city  
average

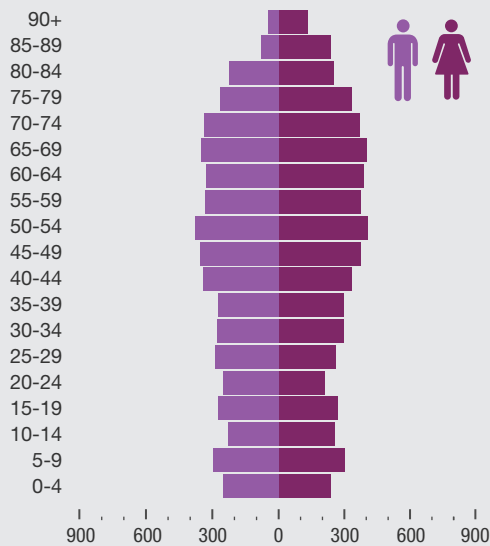
Your ward at a glance:  
Tettenhall Wightwick

Page 100

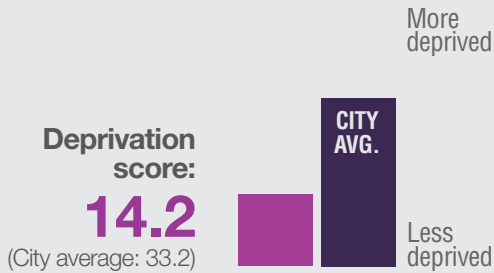
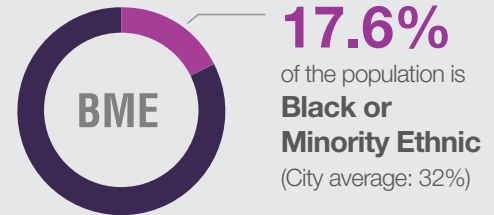
Wards



Total population: **10,946**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

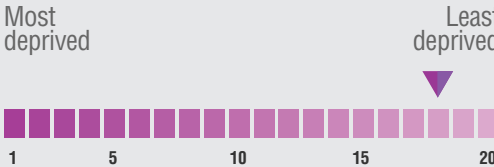


Key feature 1  
High value  
detached homes

Key feature 2  
Married couples

Key feature 3  
Managerial and  
senior positions

City deprivation ranking: **18**



## 0-24 age group

Starting and  
Developing Well

Page 101

38.7%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average

12.3

teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is better  
than the city  
average

&lt;25

children per  
10,000 are in  
**Local  
Authority  
Care**This is better  
than the city  
averageChildhood  
obesity

17.7%

of children  
at **year 6**  
are obeseThis is better  
than the city  
average

## 15-64 age group

Healthy Life  
Expectancy

1.9%

claimed  
**unemployment  
benefits** in  
November  
2017This is better  
than the city  
average

11.7%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is better  
than the city  
average

## Predominant clusters from Healthy Lifestyle survey

1



Healthy Eaters

2

Healthy Weight  
Poor Lifestyle

3



Overweights

## 65+ age group

## Healthy Ageing



6.1%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is better  
than the city  
average

25.1%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is close  
to the city  
average957  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is better  
than the city  
average

7.7%

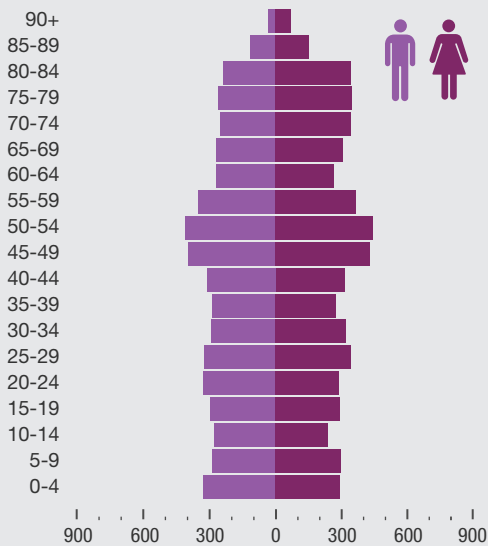
of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is close  
to the city  
average

Your ward at a glance:  
Wednesfield North

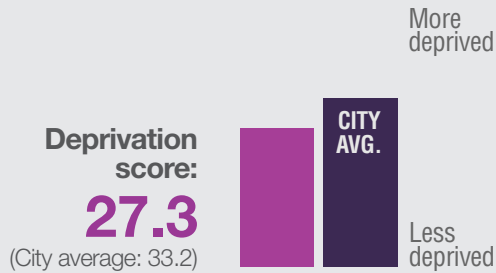
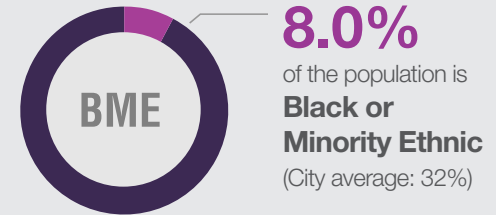
Wards



Total population: **11,019**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

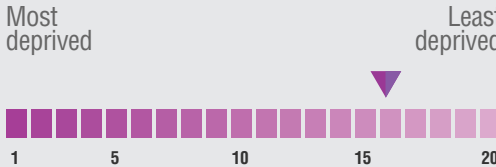


Key feature 1  
Mature age

Key feature 2  
Homeowners

Key feature 3  
Affordable housing

City deprivation ranking: **16**

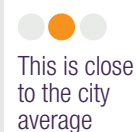


## 0-24 age group

Starting and  
Developing Well

Page 103

32.9%

of pupils achieved  
grade 9-5 English  
and Maths GCSE

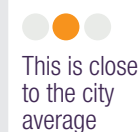
19.9

teenage  
pregnancies  
per 1,000  
under-18 yr olds

43.3

children per  
10,000 are in  
**Local  
Authority  
Care**Childhood  
obesity

25.2%

of children  
at **year 6**  
are obese

## 35-64 age group

Healthy Life  
Expectancy

3.3%

claimed  
**unemployment  
benefits** in  
November  
2017

13.8%

of houses with  
one or more  
**category 1  
hazards** identified

## Predominant clusters from Healthy Lifestyle survey

1



Healthy Eaters

2

Healthy Weight  
Poor Lifestyle

3



Overweights

## 65+ age group

## Healthy Ageing



8.4%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**

31.1%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**2,316  
people per 100k  
are living in  
**residential or  
nursing care**  
permanently

5.7%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**

Your ward at a glance:  
Wednesfield South

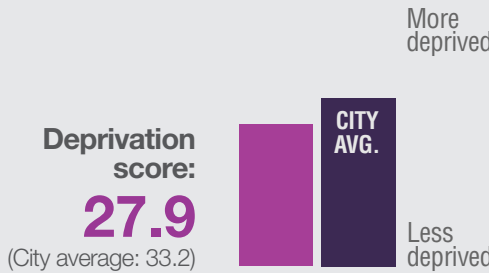
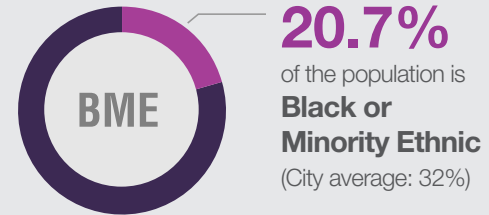
Wards



Total population: **11,510**



Key Demographic Facts



Key features from social marketing tool, MOSAIC

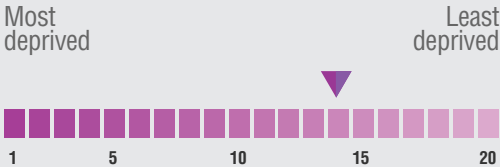


Key feature 1  
Elderly

Key feature 2  
Living alone

Key feature 3  
Low income

City deprivation ranking: **14**



0-24 age group

Starting and  
Developing Well

Page 105

35.9%

of pupils achieved  
grade 9-5 English  
and Maths GCSEThis is close  
to the city  
average24.7  
teenage  
pregnancies  
per 1,000  
under-18 yr oldsThis is close  
to the city  
average

63.0

children per  
10,000 are in  
**Local  
Authority  
Care**This is close  
to the city  
averageChildhood  
obesity

21.7%

of children  
at **year 6**  
are obeseThis is better  
than the city  
average

55-64 age group

Healthy Life  
Expectancy

3.6%

claimed  
**unemployment  
benefits** in  
November  
2017This is close  
to the city  
average

15.0%

of houses with  
one or more  
**category 1  
hazards** identifiedThis is close  
to the city  
average

Predominant clusters from Healthy Lifestyle survey



Overweights

1

Healthy Weight  
Poor Lifestyle

2



Healthy Eaters

3

65+ age group

Healthy Ageing



6.9%

of people **providing  
unpaid care** are in  
**bad or very bad  
health**This is better  
than the city  
average

29.8%

of people over 65  
years old have  
an **illness that  
limits their daily  
activities**This is worse  
than the city  
average652  
people per 100k  
are living in  
**residential or  
nursing care**  
permanentlyThis is better  
than the city  
average

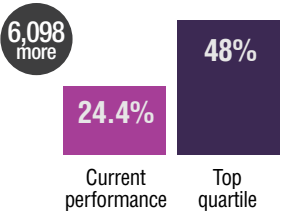
10.2%

of people aged  
65 years and over  
have **below  
average or  
very low  
wellbeing**This is close  
to the city  
average

# Contracted services

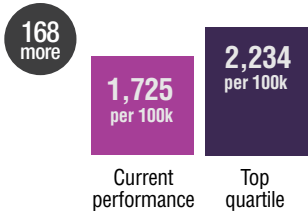
We aim to improve the performance of our contracted services to be in the top 25% of the country. This performance level is described as “top quartile”. This will help us to deliver the key priorities under each of the workstreams. This equates to the following performance standards which will be driven through our contracts.

## NHS Health Checks



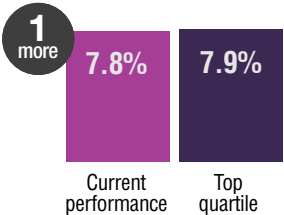
**40 - 70 year olds**  
6,098 extra health checks  
needed per year to hit top quartile

## STI Screening

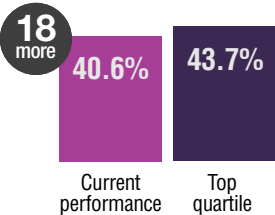


**Chlamydia**  
168 more people detected  
needed to hit top quartile

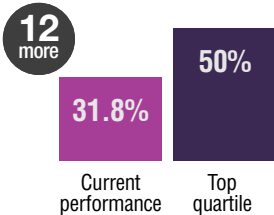
## Drugs and Alcohol Treatment Completion Rates



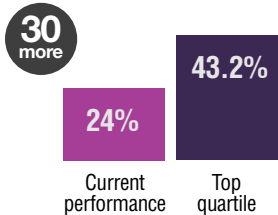
**Opiates**  
1 more completion  
needed to hit top quartile



**Alcohol**  
18 more completions  
needed to hit top quartile

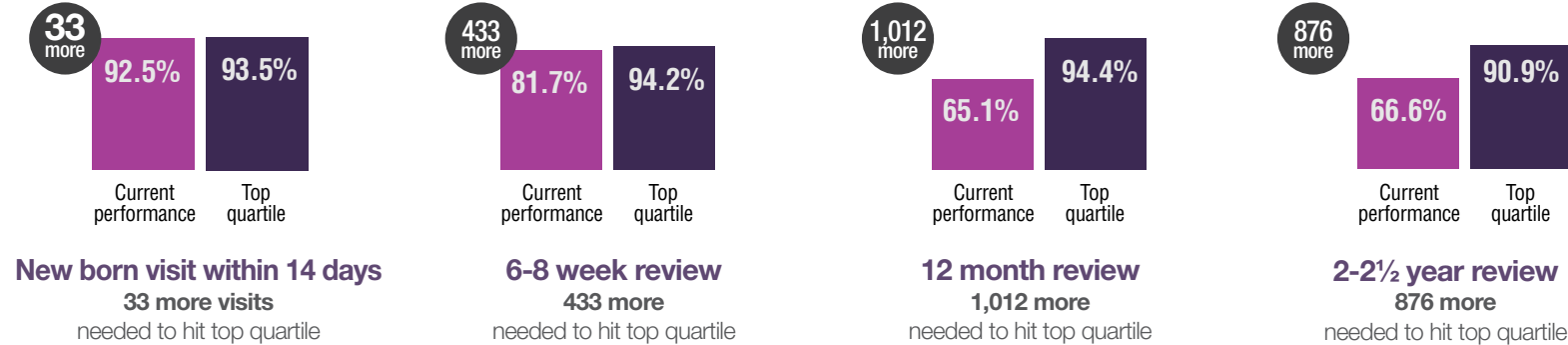


**Non-opiates**  
12 more completions  
needed to hit top quartile

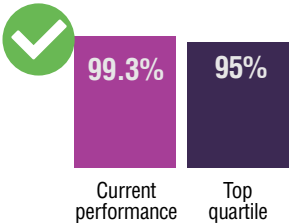


**Alcohol and non-opiate**  
30 more completions  
needed to hit top quartile

Healthy Child Programme (0-19s) four mandated check areas of the Health Visiting service

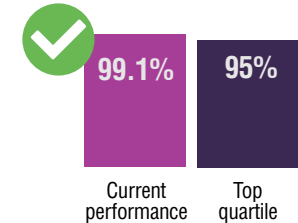


National Child Measurement Programme



**Year R**  
We are already exceeding top quartile!

National Child Measurement Programme



**Year 6**  
We are already exceeding top quartile!

## Conclusion

Public Health has been through a restructure which has left the team skilled and excited to work differently. The new approach seeks to strengthen existing relationships with our wider colleagues; work at the population level on entrenched issues across the whole of the City; and target work at reducing inequalities on explicit issues in defined locations. This annual report has set the scene of an era of an ageing population with complex health needs, increasing austerity and a recognised growing increase in the gap of life expectancy between the richer and poorer regions across Britain. This could make our job tougher and we could see a decrease in our key indicator of healthy life expectancy.

However, a true marker of our success to embed our new model of working, vision and work plans will be that next year's Annual Report is written in partnership with the whole system and can demonstrate achievements in areas such as joint planning and project initiation; short, medium and longer-term plans to tackle entrenched problems in the system whilst reducing inequalities. We should also see improved performance in our services due to a more collaborative and supportive approach with providers.

This year we are taking our first steps in the journey of meeting our 2030 vision, by which time we aspire that life expectancy for men will have improved

to 81 years and to 84 for women. We will also see improvements in healthy life expectancy in men to 66 and in women to 69 years of age whilst reducing the gap in life expectancy between the richest and poorest for men to eight years and for women to six years.



# Appendix 1. Ward indicators

Compared to city avg. ■ Worse ■ Similar ■ Better

## Starting and Developing Well

Ward	0-24 population	Educational attainment % achieving a 9-5 English and Maths GCSE 2016/17	Infant mortality rate per 1,000 2007-2016	Under 18 conception rate per 1,000 2013-15	% Children in poverty – Income deprivation affecting children 2015	LAC rate per 10k population 2018	Oral health – mean dmft in children aged 5 2014/15	% Obese at year R 2012/13-2016/17	% Obese at year 6 2012/13-2016/17
Bilston East	5005	<span style="color: red;">■</span> 24.2	<span style="color: orange;">■</span> 6.7	<span style="color: orange;">■</span> 35.9	<span style="color: red;">■</span> 43.0	<span style="color: orange;">■</span> 117.7	<span style="color: orange;">■</span> 1.0	<span style="color: red;">■</span> 15.5	<span style="color: red;">■</span> 30.4
Bilston North	3869	<span style="color: orange;">■</span> 31.9	<span style="color: red;">■</span> 8.1	<span style="color: red;">■</span> 40.4	<span style="color: orange;">■</span> 35.2	<span style="color: orange;">■</span> 96.9	<span style="color: orange;">■</span> 0.9	<span style="color: orange;">■</span> 11.5	<span style="color: red;">■</span> 29.3
Blakenhall	4215	<span style="color: green;">■</span> 42.1	<span style="color: red;">■</span> 9.9	<span style="color: orange;">■</span> 26.3	<span style="color: orange;">■</span> 25.6	<span style="color: orange;">■</span> 99.6	<span style="color: red;">■</span> 1.3	<span style="color: red;">■</span> 16.0	<span style="color: orange;">■</span> 28.1
Bushbury North	3437	<span style="color: red;">■</span> 28.1	<span style="color: red;">■</span> 9.0	<span style="color: orange;">■</span> 28.3	<span style="color: orange;">■</span> 26.4	<span style="color: orange;">■</span> 105.6	<span style="color: orange;">■</span> 0.7	<span style="color: green;">■</span> 9.4	<span style="color: orange;">■</span> 25.9
Bushbury South and Low Hill	6363	<span style="color: red;">■</span> 24.6	<span style="color: orange;">■</span> 6.0	<span style="color: red;">■</span> 49.0	<span style="color: red;">■</span> 43.2	<span style="color: red;">■</span> 190.2	<span style="color: orange;">■</span> 1.1	<span style="color: red;">■</span> 13.8	<span style="color: red;">■</span> 28.1
East Park	4248	<span style="color: red;">■</span> 25.4	<span style="color: green;">■</span> 2.1	<span style="color: red;">■</span> 55.5	<span style="color: red;">■</span> 43.6	<span style="color: red;">■</span> 197.9	<span style="color: orange;">■</span> 1.1	<span style="color: orange;">■</span> 12.8	<span style="color: orange;">■</span> 27.2
Ettingshall	5578	<span style="color: orange;">■</span> 29.5	<span style="color: orange;">■</span> 7.2	<span style="color: orange;">■</span> 34.2	<span style="color: red;">■</span> 39.5	<span style="color: red;">■</span> 189.6	<span style="color: red;">■</span> 1.5	<span style="color: orange;">■</span> 12.8	<span style="color: orange;">■</span> 25.9
Fallings Park	4008	<span style="color: red;">■</span> 27.5	<span style="color: orange;">■</span> 6.9	<span style="color: red;">■</span> 37.5	<span style="color: orange;">■</span> 36.2	<span style="color: red;">■</span> 134.5	<span style="color: orange;">■</span> 0.9	<span style="color: orange;">■</span> 11.5	<span style="color: red;">■</span> 28.8
Graiseley	3926	<span style="color: orange;">■</span> 38.9	<span style="color: green;">■</span> 3.4	<span style="color: orange;">■</span> 35.9	<span style="color: orange;">■</span> 30.2	<span style="color: red;">■</span> 139.0	<span style="color: red;">■</span> 1.4	<span style="color: orange;">■</span> 12.6	<span style="color: orange;">■</span> 25.5
Heath Town	5505	<span style="color: orange;">■</span> 34.2	<span style="color: red;">■</span> 8.1	<span style="color: red;">■</span> 42.3	<span style="color: red;">■</span> 38.3	<span style="color: orange;">■</span> 119.5	<span style="color: red;">■</span> 1.5	<span style="color: red;">■</span> 14.3	<span style="color: orange;">■</span> 27.1
Merry Hill	3425	<span style="color: green;">■</span> 42.3	<span style="color: orange;">■</span> 7.2	<span style="color: orange;">■</span> 22.9	<span style="color: green;">■</span> 18.5	<span style="color: orange;">■</span> 62.8	<span style="color: orange;">■</span> 0.7	<span style="color: green;">■</span> 11.0	<span style="color: green;">■</span> 21.6
Oxley	4124	<span style="color: orange;">■</span> 31.5	<span style="color: orange;">■</span> 6.9	<span style="color: orange;">■</span> 27.9	<span style="color: orange;">■</span> 31.9	<span style="color: orange;">■</span> 81.5	<span style="color: orange;">■</span> 0.7	<span style="color: red;">■</span> 14.5	<span style="color: orange;">■</span> 26.1
Park	3523	<span style="color: green;">■</span> 44.7	<span style="color: orange;">■</span> 5.2	<span style="color: orange;">■</span> 34.9	<span style="color: orange;">■</span> 25.1	<span style="color: orange;">■</span> 98.0	<span style="color: orange;">■</span> 1.0	<span style="color: orange;">■</span> 12.0	<span style="color: green;">■</span> 22.5
Penn	3313	<span style="color: green;">■</span> 47.2	<span style="color: orange;">■</span> 6.3	<span style="color: green;">■</span> 10.1	<span style="color: green;">■</span> 10.9	<span style="color: green;">■</span> <25	<span style="color: green;">■</span> 0.5	<span style="color: green;">■</span> 9.9	<span style="color: green;">■</span> 20.5
Spring Vale	3667	<span style="color: orange;">■</span> 29.4	<span style="color: orange;">■</span> 4.8	<span style="color: green;">■</span> 18.5	<span style="color: orange;">■</span> 30.5	<span style="color: green;">■</span> 56.3	<span style="color: orange;">■</span> 0.7	<span style="color: orange;">■</span> 11.6	<span style="color: orange;">■</span> 25.7
St Peter's	5843	<span style="color: orange;">■</span> 29.7	<span style="color: red;">■</span> 11.2	<span style="color: orange;">■</span> 33.7	<span style="color: orange;">■</span> 35.4	<span style="color: orange;">■</span> 117.7	<span style="color: red;">■</span> 1.8	<span style="color: orange;">■</span> 13.5	<span style="color: red;">■</span> 29.9
Tettenhall Regis	3172	<span style="color: green;">■</span> 47.3	<span style="color: green;">■</span> 3.5	<span style="color: green;">■</span> 7.2	<span style="color: green;">■</span> 12.5	<span style="color: green;">■</span> 39.2	<span style="color: orange;">■</span> 0.8	<span style="color: green;">■</span> 7.9	<span style="color: orange;">■</span> 23.5
Tettenhall Wightwick	2587	<span style="color: orange;">■</span> 38.7	<span style="color: green;">■</span> 3.3	<span style="color: green;">■</span> 12.3	<span style="color: green;">■</span> 14.9	<span style="color: green;">■</span> <25	<span style="color: green;">■</span> 0.6	<span style="color: green;">■</span> 9.2	<span style="color: green;">■</span> 17.7
Wednesfield North	2932	<span style="color: orange;">■</span> 32.9	<span style="color: orange;">■</span> 5.2	<span style="color: green;">■</span> 19.9	<span style="color: green;">■</span> 24.0	<span style="color: green;">■</span> 43.3	<span style="color: green;">■</span> 0.6	<span style="color: orange;">■</span> 13.4	<span style="color: orange;">■</span> 25.2
Wednesfield South	3456	<span style="color: orange;">■</span> 35.9	<span style="color: green;">■</span> 4.8	<span style="color: orange;">■</span> 24.7	<span style="color: orange;">■</span> 27.1	<span style="color: orange;">■</span> 63.0	<span style="color: green;">■</span> 0.6	<span style="color: orange;">■</span> 12.6	<span style="color: green;">■</span> 21.7
Wolverhampton	82196	35.2	6.6	31.0	31.3	110.6	1.01	12.4	26.0
West Midlands	-	39.3	4.3	26.4	-	75	0.7	10.4	21.4
England	-	39.1	5.9	22.6	19.9	62.0	0.8	9.4	19.4

- data unavailable

Compared to city avg. ■ Worse ■ Similar ■ Better

Healthy Life Expectancy										
Ward	24-64 population	Unemployment – % claiming benefits Jan-18	% highest qualification degree/NVQ 5 or higher for those aged 16-64 2016	DSR per 100,000 Alcohol admissions 2013/14-2015/16	% Smoking prevalence 2016	% of houses with 1 or more cat. 1 HHSRS hazard identified 2016	DSR rate per 100k diabetes prevalence 2017	Predominant cluster from healthy lifestyles survey 2016	Predominant cluster 2 from healthy lifestyles survey 2016	Predominant cluster 3 from healthy lifestyles survey 2016
Bilston East	7459	4.8	12.1	336.2	26.0	13.4	1511.3	Healthy Weight Poor Lifestyle	Obese and Average Wellbeing	Overweights
Bilston North	6145	3.7	7.6	303.6	19.7	14.9	1182.1	Healthy Weight Poor Lifestyle	Overweights	Obese & Average Wellbeing
Blakenhall	6588	3.9	23.7	453.8	13.0	20.9	2269.8	Healthy Weight Poor Lifestyle	Overweights	Healthy Eaters
Bushbury North	6059	3.3	10.0	235.9	18.3	14.5	1352.3	Healthy Weight Poor Lifestyle	Used to Smoke	Healthy Eaters
Bushbury S. & Low Hill	7810	5.6	14.9	401.3	31.9	17.3	1733.2	Healthy Weight Poor Lifestyle	Overweights	Obese and Average Wellbeing
East Park	6478	6.1	12.9	285.4	20.4	14.0	1459.3	Healthy Weight Poor Lifestyle	Obese and Average Wellbeing	Used to Smoke
Ettingshall	7955	5.0	11.8	477.4	30.9	17.7	2035.2	Healthy Weight Poor Lifestyle	Overweights	Used to Smoke
Ballings Park	6164	4.3	14.2	248.5	20.6	17.2	1406.6	Overweights	Healthy Weight Poor Lifestyle	Obese and Average Wellbeing
Grangeley	6856	5.1	17.3	458.5	26.0	20.9	1779.6	Healthy Weight Poor Lifestyle	Overweights	Healthy Eaters
Heath Town	8090	5.5	12.9	392.8	27.9	13.2	1543.6	Healthy Weight Poor Lifestyle	Obese and Average Wellbeing	Overweights
Merry Hill	6071	3.0	11.2	452.5	28.0	15.4	1129.9	Healthy Weight Poor Lifestyle	Overweights	Drinkers and Smokers
Oxley	6822	3.9	14.0	259.6	22.1	12.3	1357.9	Healthy Weight Poor Lifestyle	Overweights	Healthy Eaters
Park	7001	5.0	29.6	462.1	17.3	21.9	1487.9	Vigorously Active	Healthy Weight Poor Lifestyle	Drinkers and Smokers
Penn	6377	1.7	31.3	146.1	12.8	17.7	1059.1	Healthy Eaters	Healthy Weight Poor Lifestyle	Overweights
Spring Vale	5956	3.3	13.5	257.0	22.1	14.6	1063.6	Healthy Weight Poor Lifestyle	Obese and Average Wellbeing	Overweights
St Peter's	7194	6.2	17.1	476.3	24.6	17.5	2329.3	Healthy Weight Poor Lifestyle	Overweights	Used to Smoke
Tettenhall Regis	5855	1.8	29.0	207.3	12.3	15.8	1042.7	Healthy Eaters	Healthy Weight Poor Lifestyle	Drinkers and Smokers
Tettenhall Wightwick	5320	1.9	32.5	137.8	14.2	11.7	1009.7	Healthy Eaters	Healthy Weight Poor Lifestyle	Overweights
Wednesfield North	5376	3.3	14.1	261.8	20.4	13.8	1149.2	Healthy Eaters	Healthy Weight Poor Lifestyle	Overweights
Wednesfield South	5853	3.6	16.1	299.3	29.3	15.0	1118.0	Overweights	Healthy Weight Poor Lifestyle	Healthy Eaters
Wolverhampton	131429	4.2	16.6	325.7	22.5	15.9	1451.0	Healthy Weight Poor Lifestyle	Overweights	Healthy Eaters
West Midlands	-	2.4	31.5	-	15.4	-	-			
England	-	1.9	37.9	-	15.5	-	-			

- data unavailable

Compared to city avg. ■ Worse ■ Similar ■ Better

## Healthy Ageing

Ward	65+ population	% people providing unpaid care provision 2011	% people providing unpaid care in bad or very bad health 2011	% Limiting illness which limits daily activities a little or a lot 2016	Male Life expectancy at birth 2012-16	Female Life expectancy at birth 2012-16	DSR per 100,000 falls admissions in 65+ 2011/12-2015/16	DSR per 100,000 respiratory admissions in 65+ 2011/12-2015/16	DSR rate per 100,000 dementia prevalence 2017	Permanent placements in residential or nursing care rate per 100,000 65+ 2015/16-Oct 2017/18	Community based service provision* rate per 100,000 65+ 2015/16-Oct 2017/18	% below average or very low wellbeing 65+ 2016	Income Deprivation Affecting Older People Index (IDAOP) 2015	% Fuel poverty 2016
Bilston East	2078	10.6	10.2	28.5	76.3	80.9	2305.3	2106.2	186.0	1660	6249	14.6	35.9	11.5
Bilston North	2283	11.4	8.2	20.4	78.0	82.0	1938.0	1781.4	137.0	1596	4788	8.1	25.6	11.4
Blakenhall	1987	10.3	8.3	21.4	76.2	79.7	1880.1	1817.2	290.6	8622	4682	12.8	29.5	16.4
Bushbury North	2475	12.2	7.8	22.6	77.1	83.8	1910.8	1795.9	126.6	1817	4636	8.3	22.3	10.7
Bushbury S. & Low Hill	1680	9.7	9.0	28.0	73.8	77.8	2722.1	2541.4	251.5	3945	5399	21.6	34.9	17.3
East Park	2166	9.9	10.3	28.9	77.3	80.4	2407.9	2296.7	168.3	1646	4796	10.9	31.6	12.5
Ettingshall	1712	9.2	7.4	18.5	75.5	80.7	1991.2	1704.3	245.7	2060	4709	12.7	34.5	15.3
Fallings Park	2027	11.2	7.1	30.3	77.0	81.9	2154.5	1978.5	193.0	2180	4016	7.2	25.6	13.1
Graiseley	1825	10.5	7.2	22.3	74.8	80.5	1988.3	1807.7	267.7	4864	6180	10.5	31.5	15.8
Heath Town	1495	8.3	9.3	24.3	74.9	78.6	2209.8	2009.7	212.9	4304	4615	10.6	35.8	18.4
Merry Hill	2435	13.0	7.1	34.1	79.6	82.9	1996.4	1348.5	110.0	143	4871	20.0	19.9	11.3
Oxley	1877	10.5	7.3	25.2	78.1	82.3	2130.5	1609.7	135.8	1673	4047	9.4	27.4	9.7
Park	1956	10.3	6.5	18.6	76.5	79.7	1822.4	1675.9	306.6	9670	4419	14.6	21.4	16.2
Penn	2818	12.6	4.6	21.5	81.4	83.5	1957.8	1262.9	183.2	3851	4374	5.9	14.1	10.9
Spring Vale	2431	11.2	9.1	27.5	78.5	83.8	2556.2	1670.3	198.7	3396	5102	4.4	24.3	10.4
St Peter's	1007	7.5	11.0	17.4	76.6	83.0	1556.4	1907.8	193.7	154	8506	15.6	43.5	19.2
Tettenhall Regis	2793	12.7	5.7	28.4	78.9	83.3	1870.9	1290.9	182.7	3039	3317	4.9	10.9	10.4
Tettenhall Wightwick	3039	13.4	6.1	25.1	81.5	84.8	2125.8	1261.0	132.7	957	3444	7.7	14.9	9.9
Wednesfield North	2711	13.1	8.4	31.1	79.1	82.9	2078.9	1802.1	166.1	2316	4318	5.7	21.6	10.1
Wednesfield South	2201	11.5	6.9	29.8	77.9	83.3	1875.7	1715.2	108.4	652	4455	10.2	21.8	11.1
Wolverhampton	42996	10.9	7.8	25.1	77.5	81.8	2067.5	1744.0	189.9	3228	4762	10.3	25	13.1
West Midlands	-	10.2	7.1	19.0	78.8	82.7	2068.0	-	-	-	-	-	-	-
England	-	11.0	6.6	17.6	79.5	83.1	2114.0	-	-	-	-	-	16.2	10.6

- data unavailable

## Appendix 2. Healthy Lifestyle Clusters

The Wolverhampton population was segmented into 10 clusters following a lifestyle survey of over 9,000 representative individuals.



### Cluster 1: **Vigorously Active**

**643, 8.7% of total sample population,  
22,326 of Wolverhampton population**

Individuals in this cluster have higher wellbeing compared to the overall population. The majority of this cluster have never smoked and are more likely to be a healthy weight. People in this cluster are much less likely to be high risk drinkers and more likely to eat healthily, however, a substantial number still eat unhealthily.

#### **Dominant features:**

- Male
- Under 39
- Asian ethnic background
- Mainly working population
- Students
- Most likely to have higher level qualifications

#### **Ward with largest distribution:**

- Park
- Spring Vale



### Cluster 2: **Healthy Eaters**

**924, 12.5% of total sample population,  
32,078 of Wolverhampton population**

More likely to have higher wellbeing compared to the overall population. People in this cluster are less likely to be smokers and high-risk drinkers. They are also substantially less likely to be obese and more likely to be a healthy weight, however, slightly more in this cluster are overweight than compared to the overall average. Individuals in this cluster are not vigorously active.

#### **Dominant features:**

- Female
- Over 65
- Mainly white
- Working/retired
- Deprived under represented

#### **Ward with largest distribution:**

- Tettenhall Wightwick
- Tettenhall Regis



### Cluster 3: **Used to Smoke**

*757, 10.2% of total sample population, 26,175 of the Wolverhampton population*

These individuals are most likely to have average wellbeing. Although most of this cluster are not vigorously active they are more likely to be moderately active. Healthy eating is not significantly different from the overall population level. This cluster is less likely to abstain from drinking alcohol compared to the overall population, however, they have similar levels of high risk drinking. People from this cluster are more likely to be overweight and significantly more likely to be obese.

#### **Dominant features:**

- Slightly more Males
- Over 70
- White over represented
- Retired over represented
- Deprived
- Less likely to have high level qualifications

#### **Ward with largest distribution:**

- St Peters
- Bushbury North



### Cluster 4: **Healthy Weight Poor Lifestyle**

*1529, 20.6% of total sample population, this is the largest cluster, 52, 864 of the Wolverhampton population*

People in this cluster are more likely to have average wellbeing. Despite being a healthy weight nearly all the people in this cluster eat unhealthily. Compared to the overall population people in this cluster are more likely to be smokers. People from this cluster mainly abstain from drinking and none are high risk drinkers. They are much less likely to engage in vigorous activity.

#### **Dominant features:**

- More females
- More aged under 29
- Deprived
- Over representation of students

#### **Ward with largest distribution:**

- Bushbury South and Low Hill
- Graiseley



### Cluster 5: **Overweights**

*1137, 15.3% of total sample population, progression from cluster 4, 39,263 of the Wolverhampton population*

People in this cluster are more likely to have average wellbeing. All of the people in this cluster eat unhealthily however, most do not smoke and none are high risk drinkers. This cluster is much less likely to engage in vigorous activity.

#### **Dominant features:**

- Equal gender
- Younger population
- Over-representation of Asian population
- Most work full time also high retired
- More likely to have no qualifications

#### **Ward with largest distribution:**

- Graiseley, St Peters
- Ettingshall



### Cluster 6: **Drinkers and Smokers**

**685, 9.2% of total sample population,  
23,609 of the Wolverhampton  
population**

Nearly half of people in this cluster are current smokers, significantly higher than the overall population. The majority of those in this cluster have average wellbeing. For this cluster people are more likely to be overweight and less likely to be obese compared with the overall population. For this cluster activity levels and healthy eating behaviour are also worse than the overall population.

#### **Dominant features:**

- Males
- Aged 25-49
- White
- Deprived under-represented
- Work full time
- Unemployed over represented

#### **Ward with largest distribution:**

- Tettenhall Regis
- Graiseley



### Cluster 7: **Obese and Average Wellbeing**

**908, 12.2% of total sample population,  
31,308 of the Wolverhampton  
population**

The overwhelming majority of those in this cluster have average wellbeing. People in this cluster have similar healthy eating behaviour to the overall population and are less likely to be vigorously/moderately active. However most of this cluster do not smoke and are most likely to abstain or drink at low risk.

#### **Dominant features:**

- Females
- Over 50
- Slight over-representation of black population
- Work full time but retired over represented
- More likely to have no qualifications

#### **Ward with largest distribution:**

- Bilston East
- Heath Town



### Cluster 8: **Underweights**

**208, 2.8% of total sample population,  
7,185 of the Wolverhampton population**

The majority of this cluster eat unhealthily and are much more likely to be smokers. More of this cluster abstains from drinking. This cluster has a similar profile for wellbeing as the overall population. Moderate activity levels for this cluster are just below the overall population average whilst vigorous activity is slightly higher.

#### **Dominant features:**

- Female
- Under 29
- Asian population over-represented
- Deprived
- Students and unemployed over represented

#### **Ward with largest distribution:**

- Bushbury South and Low Hill
- Fallings Park



### Cluster 9: **Below Average Wellbeing**

*456, 6.2% of total sample population, 15,911 of the Wolverhampton population*

People in this cluster are much more likely to be obese, smoke and not take part in vigorous/moderate activity. In addition, they are much more likely to eat unhealthily. Rates of high risk drinking for this cluster are a little lower than the levels for the overall population and they are slightly more likely to abstain from alcohol.

#### **Dominant features:**

- Slightly more females
- Over 40
- White
- Deprived
- Retired/ long term sick disabled
- More likely to have no qualifications

#### **Ward with largest distribution:**

- Bushbury South and Low Hill
- Merry Hill



### Cluster 10: **Very Low Wellbeing**

*167, 2.3% of total sample population, progression from cluster 9, 5,902 of the Wolverhampton population,*

People in this cluster are much more likely to eat unhealthily, not take part in moderate/vigorous activity, smoke and be obese. However, they are more likely to abstain from drinking alcohol but have higher risk drinking rates similar to the overall population level.

#### **Dominant features:**

- Slightly more females
- 45-64
- White
- Deprived
- Unemployed/ long term sick-disabled
- More likely to have no qualifications

#### **Ward with largest distribution:**

- Bushbury South and Low Hill
- Merry Hill
- Bilston East

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Wolverhampton WV1 1SH

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<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Cabinet</b> <b>6 June 2018</b>
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<b>Report title</b>	Post 16 Implementation Plan	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Lynne Moran Education and Skills	
<b>Corporate Plan priority</b>	People - Stronger Communities	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All Wards	
<b>Accountable Director</b>	Meredith Teasdale, Director of Education	
<b>Originating service</b>	Education	
<b>Accountable employee</b>	Ravinder Lalli Tel Email	Education and Skills Officer 01902 550519 <a href="mailto:Ravinder.lalli@wolverhampton.gov.uk">Ravinder.lalli@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	Place Leadership Team Education Leadership Team Strategic Executive Board	30 April 2018 30 April 2018 1 May 2018

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**Recommendation for decision:**

The Cabinet is recommended to:

Approve the Post 16 implementation plan to support delivery of the Post 16 Education and Skills Plan.

## **1.0 Purpose**

- 1.1 The purpose of the report is to provide an overview of the Post 16 Implementation Plan. This plan has been created to support the operational delivery of the Post 16 Education and Skills Plan approved by Cabinet in November 2016. The plan will ensure that the Council will raise aspirations through improved Post 16 access, participation and through a more integrated education and training landscape, supporting the needs of all young people and local employers.

## **2.0 Background**

- 2.1 This Post 16 Implementation Plan has been informed by the Education Vision and will sit within the City of Wolverhampton Council's Strategic Economic Plan (SEP) under the theme of 'Working and Inclusive city'. The evidence base for the SEP has already been developed, the final SEP will be presented to Cabinet for approval in 2018.
- 2.2 The implementation of the Post 16 plan will be guided and monitored internally by the Education Board and externally by the Young Peoples Skills and Employment Group and the Education, Skills and Employment Board.

## **3.0 Our Vision**

- 3.1 Our vision is for all young people in the City of Wolverhampton to have access to high quality education and careers which will inspire them and maximise their potential. Young people will be well informed about the wide range of education and careers opportunities through impartial careers advice and will have the opportunity to experience these first hand through high quality work experience and work-related learning.
- 3.2 Delivering this vision will require a partnership approach. Parents, schools, businesses, colleges, universities, careers advisers, community partners – all together play a critical role in helping a young person make a successful transition to adult life.
- 3.3 Developing a high quality, relevant, education and training offer which provides choice, flexibility and opportunities for progression is the core of our plan. As well as gaining qualifications however, it is essential that young people have access to a range of support which will improve their employability skills. They need information and advice about career choices. They also need to have the opportunity to experience the world of work in meaningful ways before they leave formal education. Last, but not least, they need lots of opportunities to develop the confidence, resilience, interpersonal and communication skills needed for successful transition into work but also to help them become healthy and active citizens.

## **4.0 Our approach**

- We will take a partnership approach to the development and delivery of the plan
- Gaining business and wider partner commitment to supporting young people's transition to adulthood will be a key part of our approach
- We will develop an integrated offer which recognises the importance of formal qualifications and equally the importance of employability and soft skills
- We will develop an offer which is both responsive to the employer and accessible to vulnerable young people

## **5.0 Key Priorities**

- 5.1 The key priorities and activities for the Post 16 implementation plan are detailed in Appendix 1.

## **6.0 Evaluation of alternative options**

- 6.1 The alternative option to the Post 16 implementation plan would be to not implement any activity in relation to Post 16 provision. This would have a major negative impact on the support the Council and partners deliver to Post 16 residents.

## **7.0 Reasons for decision**

- 7.1 The Post 16 implementation plan provides a focused city-wide approach to Post 16 provision across the Council and partners. This is supported and directed from national policy and is considered best practice.

## **8.0 Financial implications**

- 8.1 Costs associated with the delivery of the Post 16 plan are met from existing revenue budgets for Skills within the Education division.

[TT/29052018/P]

## **9.0 Legal implications**

- 9.1 Local authorities have broad duties to encourage, enable and assist young people to participate in education or training. Specifically these are:
- 9.2 To secure sufficient suitable education and training provision for all young people in their area who are over compulsory school age but under 19 or aged 19 to 25 and for whom an Education, Health and Care Plan (EHCP) is maintained. This is a duty under the Education Act 1996 To fulfil this, local authorities need to have a strategic overview of the provision available in their area and to identify and resolve gaps in provision.
- 9.3 To make available to all young people aged 13-19 and to those between 20 and 25 with special educational needs and disabilities (SEND), support that will encourage, enable or assist them to participate in education or training under Section 68 of ESA 20082 Tracking young people's participation is a key element of these duties.

- 9.4 Local Authorities must promote the effective participation in education and training of 16 and 17 year olds in their area with a view to ensuring that those persons fulfil the duty to participate in education or training.
- 9.5 Local authorities must maintain a tracking system to identify 16 and 17 year olds who are not participating in education or training, putting in place robust arrangements to identify young people who are not engaged in education or training or who have left provision and to offer support as soon as possible.

[RB/29052018/Q]

#### **10.0 Equalities implications**

- 10.1 All provision is required to meet equality and diversity standards. Various groups inform this process including inclusion advisory forums and individual institutional policies and procedures.

#### **11.0 Environmental implications**

- 11.1 Environmental implications are undertaken through provision planning.

#### **12.0 Human resources implications**

- 12.1 Rationalisation of provision may have HR implications but would be the responsibility of lead institutions.

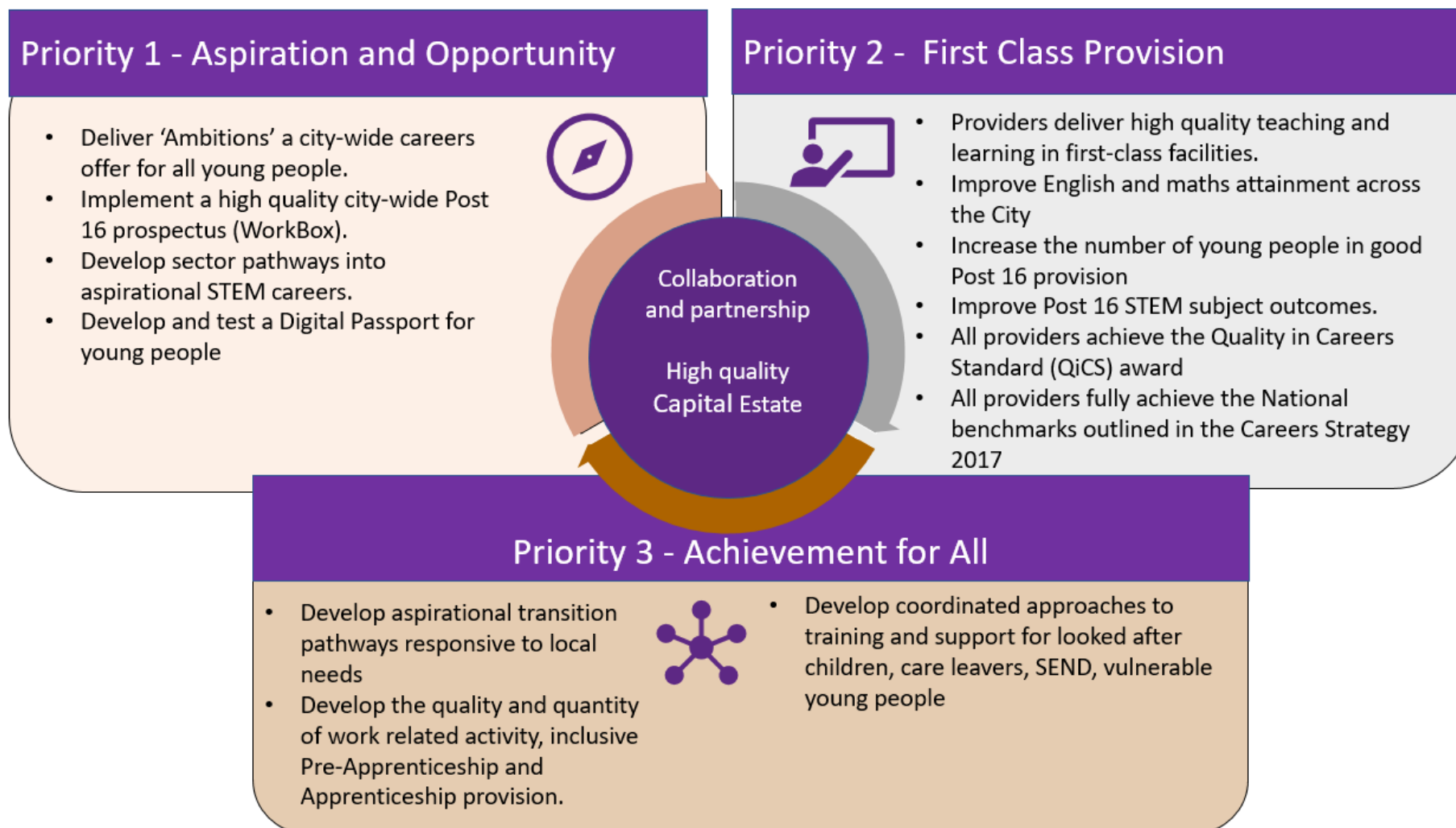
#### **13.0 Corporate landlord implications**

- 13.1 There will be significant property implications for any future school or college developments which will be reviewed as part The Learning Quarter planning process.

#### **14.0 Appendices**

Appendix 1 – Key priorities and draft Post 16 implementation plan

## Key Priorities:



## Post 16 Implementation Plan

## Priority 1 - Aspiration and Opportunity

- Deliver 'Ambitions' a city-wide careers offer for all young people.
- Implement a high quality city-wide Post 16 prospectus (WorkBox).
- Develop sector pathways into aspirational STEM careers.
- Develop and test a Digital Passport for young people



## Deliver 'Ambitions' a city-wide career offer for all young people.

Action	Lead/ Partners	Outcomes	Timescale (Yr 1, Yr2, Yr3)
Consultation with schools on the 'Ambitions' plan	Skills Team	Agreement of strategic aims	Year 1
Embed 'Ambitions' programme in Careers Enterprise Company (CEC) delivery plan	Education Business Partnership (EBP) /Schools & College	Create individual school delivery plans	Year 1
Support schools with delivery of 'Ambitions' programme through the EBP, Connexions service and offer on Workbox	EBP/Schools	Support young people to have a minimum of 100 hours or seven employer experiences (yrs. 7-13)	Year 1-3
Ensure a single conversation on employment and enterprise with schools and employers through Wolverhampton Employers into Schools (EiS)	Enterprise/Employers	Local employers are recruited to work with schools and young people as part of EiS programme.	Year 1

## Appendix 1

Improve access to careers advice	Schools & College / Skills Team and National Careers Service	Schools achieve National benchmarks supported through Workbox, NCS website, Connexions and EBP delivery	Year 1-2
Implement a high quality city-wide Post 16 prospectus (WorkBox).			
Action	Lead/Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Consult with schools on post 16 prospectus	Skills/schools & college	Agree and publish city-wide content	Year 1
Explore and test further the co-commissioning model	Skills/Schools and College	Improve A Level attainment and rationalised class sizes	Year 1-2
Comprehensive Post 16 portal developed on Workbox	Skills/schools & college	Publish city-wide Post 16 offer	Year 1
Develop a communications plan to promote the Post 16 offer	Skills/schools & college	Reduce number of young people who are not in education, employment or training	Year 1-3
Develop sector pathways into aspirational STEM careers.			
Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Establish a City STEM group	Schools Worcester University Employers	Develop focus group to support knowledge of STEM sectors and careers locally	Year 1-3
Promote "curriculum to career" approaches	Skills/schools	Develop and implement a STEM careers focus in the relevant subject areas.	Years 1-2
Deliver 3 employer led sector focused events (Isobel to add employers and careers)	Skills/schools & college	Deliver three events for pupils to improve knowledge and understanding of the STEM sectors.	Year 1
Identify careers leaders in schools and develop a city-wide action plan	Skills/schools	Agree school plans and link to city wide approach.	Years 1-2

## Develop and test a Digital Passport for young people

Action	Lead/Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Agree with CEC to test Digital Passport as part of national pilot	Skills/CEC, schools and college	Young people are provided with the mechanism to effectively demonstrate their knowledge, skills and abilities to employers	Years 1-2

## Priority 1 – Summary of outcomes

- An improved local careers offer is supported by more employers.
- Local Post 16 'Prospectus' is available to young people via Workbox
- STEM careers and curriculum information and delivery is widely used to inspire young people to enter these sectors.
- Establish a clear and integrated brand for the Employers in Schools initiative and recruit employers to engage with local schools and young people.
- Implement Digital Passport to provide young people with a more effective personal marketing tool.

## KPI's

- Reduction in the number of young people not in employment, education or training or not known.
- Young people to have a minimum of 100 hours or seven employer experiences (yrs. 7-13)

## Priority 2 - First Class Provision



- Providers deliver high quality teaching and learning in first-class facilities.
- Improve English and maths attainment across the City
- Increase the number of young people in good Post 16 provision
- Improve Post 16 STEM subject outcomes.
- All providers achieve the Quality in Careers Standard (QiCS) award
- All providers fully achieve the National benchmarks outlined in the Careers Strategy 2017

Providers deliver high quality teaching and learning in first-class facilities.

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Provide appropriate challenge and support to improve Post 16 provision	Education/ Schools/ College	Increased number of good and outstanding schools focusing on Post 16. Improved Post 16 attainment to be in line with statistical neighbours and close the gap with National performance	Year 1-3
Deliver CPD through the Training Provider Network	Skills/Training Providers	Develop CPD support to ensure local best practice.	Years 1-3
Develop the curriculum offer for the City Learning Quarter	Education/schools and providers	Coherent and appropriate curriculum developed for the City.	Years 1-3

## Improve English and maths attainment across the City

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Develop a strategy to improve English and maths attainment at level 2 including retakes and support for young people with Education Health and Care Plan (EHC)	Education/ Schools	Improved attainment at level 2	Years 1-3

## Increase the number of young people in good or outstanding schools at KS5.

Action	Lead/Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Develop intervention plans for schools requiring support at Post 16 to be included in School Improvement Governance Strategy	Education/ Schools	Improved attainment at Post 16	Years 1-3

## Improve Post 16 STEM subject outcomes.

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Engage schools to develop an action plan to improve STEM A Level attainment	Education/ Schools	Improved attainment in Post 16 STEM	Years 1-3
Deliver a programme of events to enhance STEM subject delivery	CEC STEM ambassadors Schools	Engage the support of employers and STEM organisations to enhance local delivery.	Years 1-3
Produce a Labour Market Information (LMI) e-newsletter to provide up to date and relevant LMI information	Enterprise & Skills, BCC, LEP, Kareer Hub	Make local LMI available to providers in a usable format raising the aspirations of young people about sectors locally.	Years 1-2

All providers achieve the QiCS Quality award in Careers Advice.

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Connexions service support schools and college to achieve the QiCS quality award through advice, guidance and accreditation	Skills/schools & college	All schools achieve the QiCS award	Years 1-3
Ensure all local training providers including those providing alternative provision are matrix accredited or equivalent to QiCS award	Skills/training providers	Work with providers to ensure they are Matrix accredited and/or at least Ofsted grade 2.	Years 1-3

All providers fully achieve the National benchmarks

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
All schools review and action plan provision against National benchmarks in partnership with their careers leader	Skills/School Governors	Schools deliver improved CEIAG by implementing all eight Gatsby Benchmarks.	Years 1-2
Identify and support a lead school to develop local practice with eight local schools (one special school) as part of the Black Country Career Hub initiative	Skills & CEC/Schools/ Black Country Consortium	Establish a local careers hub with schools working to develop best practice in CEIAG and work-related learning	Years 1-3


## Priority 2 - Summary of outcomes

- Teaching and learning in the city is of the highest quality
- English and maths attainment rates improve
- Post 16 STEM achievement rates improve
- Every school in the City achieves the QiCS award for CEIAG
- Establish Career Hub and develop local best practice

### KPI's

- Increased number of good and outstanding schools at Post 16
- Improved Post 16 attainment particularly English, maths and STEM

### Priority 3 - Achievement for All

- Develop aspirational transition pathways responsive to local needs
  - Develop the quality and quantity of work related activity, inclusive Pre-Apprenticeship and Apprenticeship provision.
- 
- Develop coordinated approaches to training and support for looked after children, care leavers, SEND, vulnerable young people

#### Develop aspirational transition pathways responsive to local needs

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Develop a co-ordinated supported employment offer	Skills/ Employers	Increased opportunities for young people are created with and supported by local employers and providers	Year 1 – Develop local offer Year 2-3 Support residents to access pathways
Deliver the Aspire to HE programmes in targeted schools	Skills/Wolverhampton University & Schools	Recruit and induct employees to share their 'journey to work' and inspire young people about going to university or a higher/degree apprenticeship	Years 1-2

Develop the quality and quantity of work related activity, inclusive Pre-Apprenticeship and Apprenticeship provision.

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Deliver a work skills programme in targeted schools.	Skills/Headstart	Deliver Jumpstart programme to 1000 year 7 pupils	Years 1-2
Implement and scale up the Pre-Apprenticeship programme pilot, currently being piloted by City of Wolverhampton Council, City of Wolverhampton College and Nova Training	Skills/providers	Pilot pre-apprenticeship programme completed and subsequently scaled up with multiple providers	Pilot – year 1 Wider programme – years 2-3
Improve the quantity and quality of Apprenticeships in the City through promotional roadshows and improved information and careers advice through Workbox linking young people, schools, employer and apprenticeship opportunities	Skills/City Apprenticeship Group	Deliver roadshow of events and increased number of young people accessing information on Workbox	Years 1 Roadshow (4 events)
Implement an Apprenticeships Ambassadors programme	Skills/Employers	Recruit and induct local employers and young people who have successfully completed an apprenticeship to be inspirational ambassadors increasing local interest	Years 1-3 (50 per year)
Develop an offer for vulnerable young people to access supported training and apprenticeships.	Skills/Education	Increase number of vulnerable young people in employment, education and training	Years 1-3

Develop coordinated approaches to training and support for looked after children, care leavers, SEND, youth offenders, vulnerable young people

Action	Lead/ Partners	Outcome	Timescale (Yr 1, Yr2, Yr3)
Deliver the Headstart Work Ready programme (Headstart is only targeting certain schools for a limited period. Future delivery will be assessed on the pilot of the programme)	Skills/Headstart	Deliver 'work ready' programme to 200 at risk young people (years 8-10)	Years 1-3
Implement a supported programme of mentoring and work skills for looked after children	Skills/LAC	Recruit Council staff as mentors to support and inspire LAC through the work place	Years 1-3
Deliver Aspire to Uni programme to Looked After Children	Skills/LAC/Wolverhampton University	Deliver programme to 33 (year 9) Looked After Children to inspire them to go to university	Year 1
Deliver IMPACT programme to 3314 young people with targeted support to vulnerable young people to support them into EET	Skills & Enterprise / Employers	Identify and support young people to find and sustain employment, education or training opportunities	Year 1 Year 2-3 (extension)

### Priority 3 – Summary of outcomes

- Deliver employment programmes to support vulnerable young people into and sustained employment
- Complete Pre-Apprenticeship pilot and subsequently scale up the programme
- Improve the quantity and quality of apprenticeships locally, including supported placements
- Deliver work skills and aspiration raising programmes to increase successful transitions to education, employment or training

KPI's

- Headstart 'work ready' programme delivered to 200 at risk young people (years 8-10)
- Aspire to Uni programme delivered to 33 Looked After Children
- Jumpstart programme delivered to 1000 year 7 pupils



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