



# Wolverhampton Joint Health & Wellbeing Strategy 2018-2023



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# Foreword

Health and wellbeing is about more than health and care services. The environments we live in, our lifestyles, the opportunities we have throughout our whole lives, education, family, good jobs, and community - all have an impact on our health.

We have a vision that by 2030 Wolverhampton will be a thriving City of opportunity, where we are serious about boosting the health and wellbeing of the people who live and work here. The year 2030 may seem distant, but the plans we already have in place for the next five years will mark a step change in achieving this vision. Aligned to this is the Vision for Public Health 2030, which has set ambitious targets to improve the health and wellbeing of our residents over the twelve years.

Often health and wellbeing issues are complex, multifaceted and require partners to work together around the needs of people. There are clear areas of work that can be done better in partnership, across the whole system. These are the things that we have chosen to focus on.

Working collectively, we want to support independence and empower everyone to look after their own health and wellbeing by using the assets available in communities. We aim to create environments and opportunities for people to thrive and stay well, making Wolverhampton a City where people want to live and work. And when health and care services are required, we

will ensure they are built around the people who need them - focussed on improving their experiences and their outcomes.

## **This is our commitment to the people of Wolverhampton.**

To make the most difference, we need the support of all - partners, members of the public and service users. This is the start of our journey to the 2030 City vision and we are committed to meaningful partnership working. In fact, it is one of the things we will measure ourselves on.



**Councillor Roger Lawrence,**  
*Leader of the Council  
Chair of the Health and Wellbeing Board*



**Dr Helen Hibbs,**  
*Chief Officer, Wolverhampton Clinical  
Commissioning Group, Vice Chair of the Health  
and Wellbeing Board*

# Introduction

*In developing this document we have considered:*

- the bigger picture of health and wellbeing outcomes across the whole population in Wolverhampton, as summarised in our Joint Strategic Needs Assessment
- relevant local and national strategies and plans
- the views of local residents, via the Wolverhampton Lifestyle Survey, Healthwatch, and a consultation on the strategy document
- the views of all the organisations represented on the Health and Wellbeing Board

**Priorities have been chosen based on the Board's ability to make transformational change happen through system leadership.**

We have adopted a life-course approach, grouping people into stages of their life. This helps us to look more holistically at the needs of people, rather than purely services or medical conditions.

The priority themes are deliberately high level, because we recognize that the action plans under these themes may need to evolve over the next five years according to changing local needs. The detail of the workstreams that contribute to the high level priorities will be developed in sub groups and reported back to the Board for assurance.

This strategy does not reflect everything we will consider as a board or that the partners will deliver, but focuses on what we can do better together and provides strategic direction.

You can find more information about population health and wellbeing in the Joint Strategic Needs Assessment at [www.wolverhampton.gov.uk](http://www.wolverhampton.gov.uk).



# 1. Theme - Growing Well

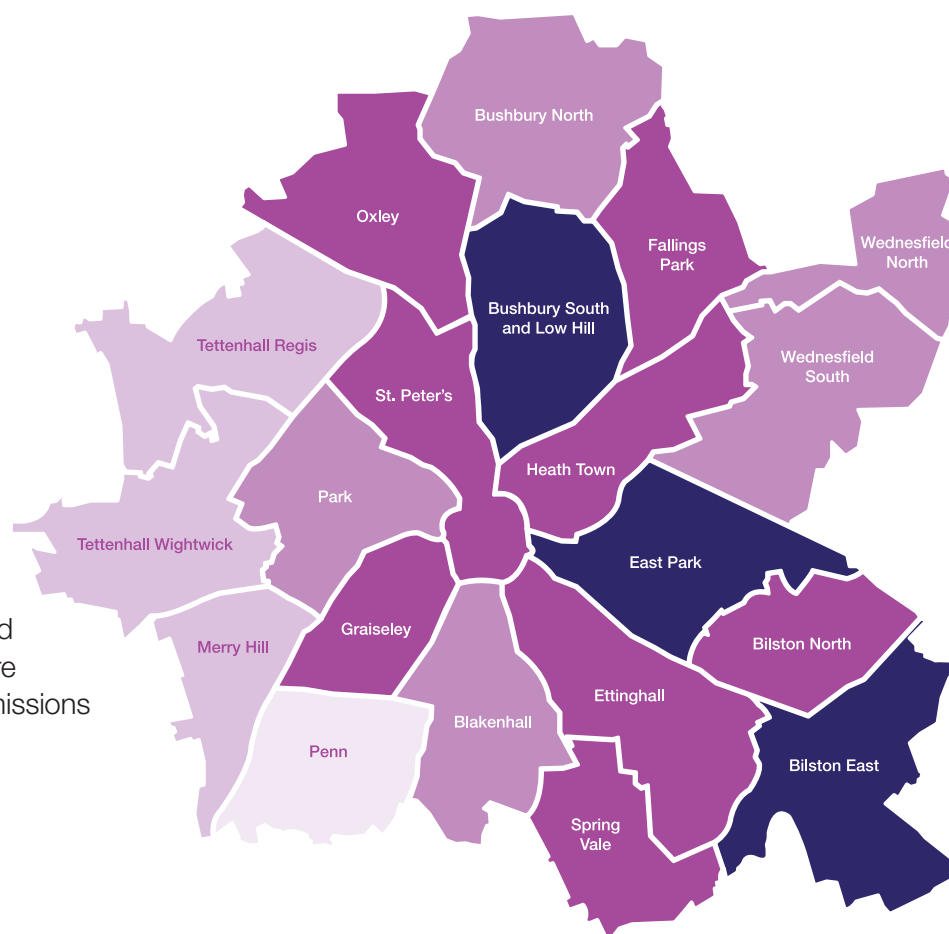
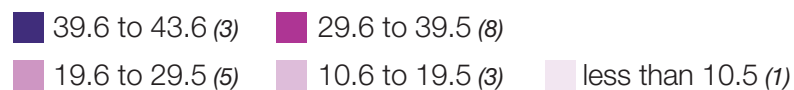
In 2030 we will



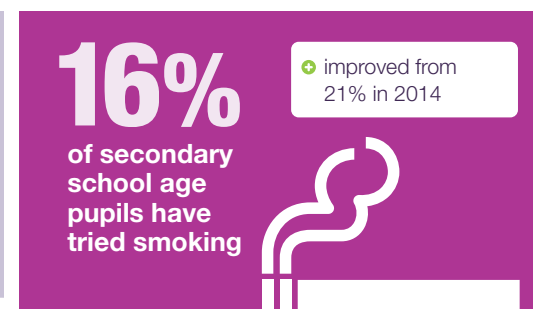
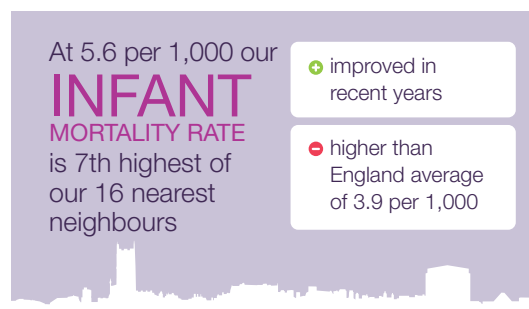
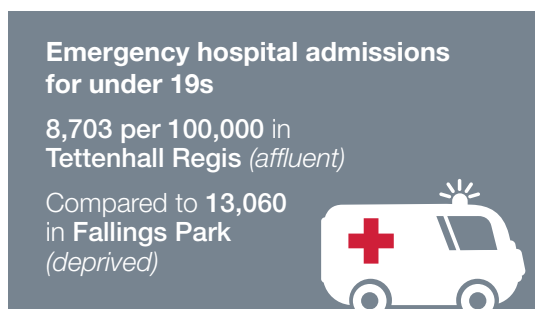
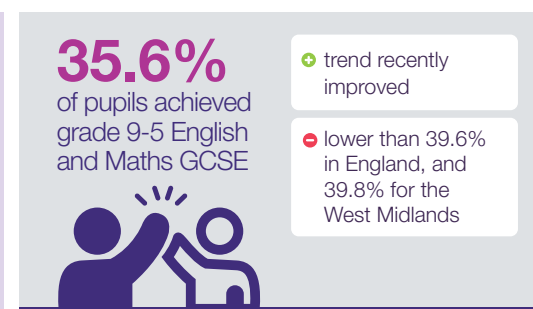
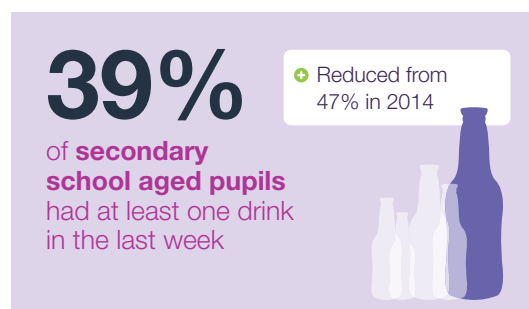
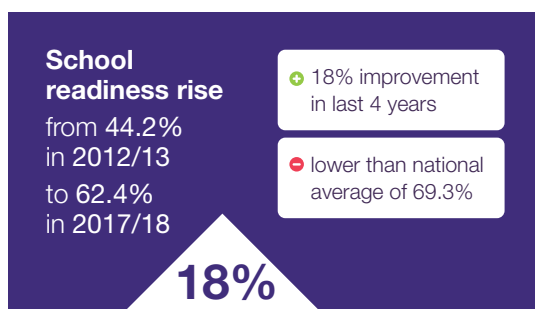
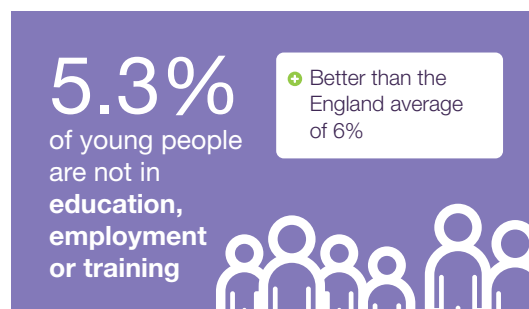
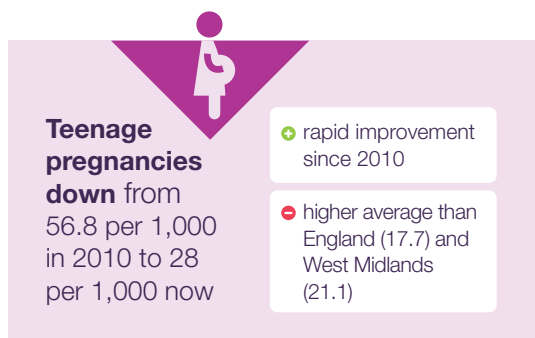
## What do we know?

There are areas within the City that have high levels of child poverty and deprivation is associated with a number of health outcomes, including childhood obesity, tooth decay, and poor mental health. There are also higher rates of children's emergency hospital admissions from deprived areas of the City.

## % of children in poverty 2015 - income deprivation affecting children



# Growing Well





## Priority 1 - Early Years



**What happens during the early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status.**

Research shows social class, income, living conditions and parent's own education levels are directly related to child development outcomes. However, the quality of the home environment acts as a significant modifying factor.

**From the point of conception through to the first day at school, parents, babies and young children have regular contact with a range of different services including midwifery, health visiting, GPs, children's centres, childcare and early education provision.**

All services need to be focused on delivering an approach that supports parents to develop good parenting skills, and be an active participant in their child's health and development, enabling the child to become an active learner with a strong attachment and healthy relationships. Children who need additional support will be identified at an early stage and have appropriate support put in place, focussing on improving outcomes for the child and the family.

## Priority 2 - Children & young people's mental wellbeing and resilience

More than half of all mental health conditions in adulthood begin before the age of 14. Schools and primary care settings have traditionally been seen as part of the first port of call for support in addressing the common problems of childhood. Currently mental health services are able to provide support for only one in four children and young people who need it. Too often children, young people and their families are unable to access early support which could help them through a difficult point in their lives and could potentially cure mental health problems at an early stage.



Children exposed to *Adverse Childhood Experiences (ACEs)* - such as living with an adult experiencing alcohol or drug use problems, being a victim of abuse, or having a parent with a mental health condition - are at risk of increased rates of suicide and mental illness later in life. Disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood experiences. In addition, some groups of children and young people, including young carers, refugee and asylum-seeking families, disabled, LGBT and looked-after children, are more vulnerable to mental health problems.

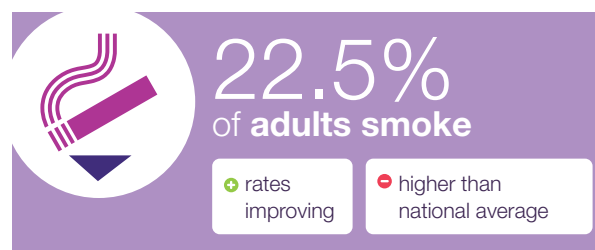
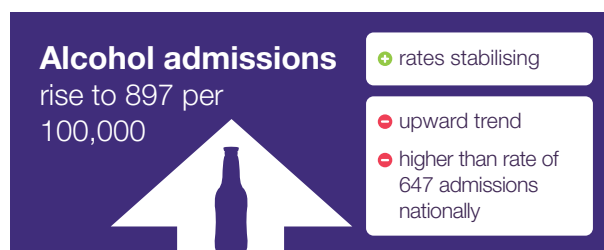
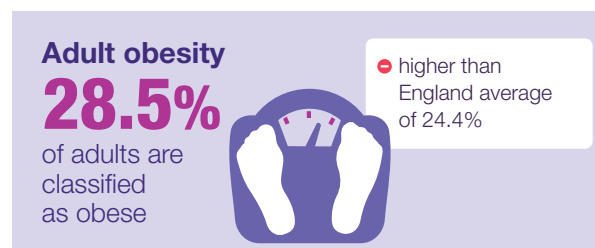
A proportionate universal response is required, balancing improved access to support for all with an additional focus on those most vulnerable to poor mental health. We are committed to creating a pathway that supports children and young people at all levels of access, and work is needed to ensure that there is an adequate workforce available to meet the needs of children and young people. We will ensure that our mental health services for children and young people are fit for the future and provide the extensive range of care pathways and services spanning health, social care, education and the criminal justice system. We are committed to ensuring there are no gaps in provision and that entry points to services are both timely and easy to navigate.



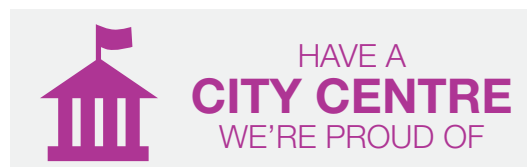
## 2. Theme - Living well

Premature mortality (under 75y) is improving but there are still significant inequalities between men and women, and between affluent and deprived areas.

Males	Gap between local and national healthy life expectancy (years)	7	Gap between richest and poorest wards life expectancy in Wolverhampton (years)	11.3
Females	Gap between local and national healthy life expectancy (years)	4.6	Gap between richest and poorest wards life expectancy in Wolverhampton (years)	9.5



In 2030 we will



## Priority 3 - Workforce



It is our ambition to develop, attract, and retain high quality staff and support them to stay healthy and well throughout their working lives. Health and social care is the second biggest sector for employment in the City of Wolverhampton, providing around 15,000 jobs.

The skills required across the system are now different, because the population is changing, technologies are advancing, and expectations about what public services can provide are shifting. We are increasingly seeing more people with multiple long term conditions and social care needs, and the workforce has been evolving to meet these changing needs. This includes the greater use of allied health professionals e.g. nurse prescribers, pharmacists, and a wider range of social care provision such as social prescribers, and domiciliary support to keep people independent in their own homes.

We also need to consider our responsibilities towards our own staff; many of whom are Wolverhampton residents too. We know that the most common causes of sickness absence are mental health problems and musculoskeletal problems.

## Priority 4 - City Centre



The City Vision for 2030 describes a buzzing, vibrant City centre, with good transport links and a strong night time economy. Through our collective influence, we aim to ensure that this development is done in a way which maximises health and wellbeing;

- where active transport such as walking and cycling is made easy and safe,
- where the development of the night time economy does not increase problems with alcohol misuse or public safety,
- where there are smoke free environments that minimise second-hand smoke exposure, especially for children.

We are also committed to providing integrated support for people who are sleeping rough, to ensure that wherever possible they are supported into appropriate accommodation and access support from relevant services.

## Priority 5

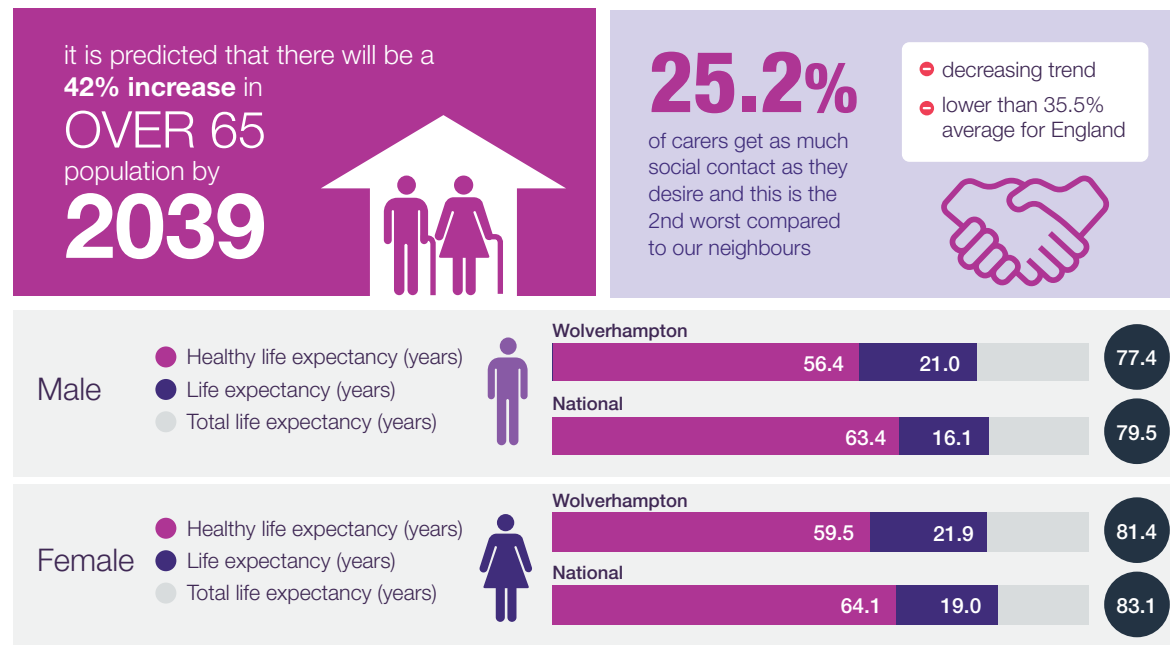
### Embedding prevention across the system



Many people are now living for a longer time in poor health and wellbeing at the end of their lives, due to musculoskeletal problems, long term conditions like hypertension and diabetes, and low wellbeing. These conditions contribute to sickness absence but don't show up in admissions or mortality statistics, but are a cause of self rated poor health. Many of these can be modified or prevented through small changes to lifestyles, and health promoting environments. We must invest in prevention of smoking, obesity and alcohol misuse now to reduce the future demands on health and social care.

Small systematic changes add up. We are committed as a system to make it easier for people to choose healthy options, and to ensure that professionals are equipped to provide good quality brief advice on keeping healthy at all stages of life. Prevention will be built into all parts of the health and social care system and become part of everyday business across the City.

### 3. Theme - Ageing well



In 2030 we will





## Priority 6

### Integrated Care; Frailty and End of Life



An Integrated Care Alliance has been set up in Wolverhampton, which brings together partners across the health and social care system to work on better integration of services. This will improve outcomes, improve people's experiences of services, and ensure that the system is financially sustainable. Initially, the focus will be on frailty and end of life care.

We will explore how we can proactively work together to look at the needs of people who have become frail; their bodies have lost built-in reserves, which makes it harder to bounce back when they are faced with an illness or an event such as a fall, and so people who are frail tend to have more contact with health and social care services.

We are committed to ensuring that people who are reaching the final years or months of their lives are identified, that open conversations are held with them and their families about their preferences, and that care is planned and coordinated around their needs.

## Priority 7

### Dementia friendly city



Cases of dementia increase with age, and as life expectancy increases, more and more people will be affected. Currently, one in 50 people between the ages of 65 and 70 have a form of dementia, compared to one in five over the age of 80. Diagnosis is often made at a later stage of the illness and this can affect the person's ability to make choices and decisions.

Dementia does not just have a devastating effect on the individual, but also their families and friends. Nearly half the population know a close friend or family member with dementia and it's important that they get the help and support they need to carry out their caring role. Life should not stop because of dementia. People with Dementia and their family and carers may need support to enable them to carry out activities and engage in relationships in a positive way, so that they can continue to lead a full and active life.

The Alzheimer's Society granted Wolverhampton Dementia Friendly Community Status for 2017-18. This is a great start, and we are committed to continuing this valuable work so that everyone will share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.

### 3. Demonstrating impact



This strategy seeks to address the Board priority areas identified in the City 2030 Vision and underpinned by the Joint Strategy Needs Assessment (JSNA) and thematically grouped around the life course.

The impact of the Board itself in progressing strategic and cross-cutting priority issues will be measured by self-assessment rating on a selection of statements that reflect the Board's role in forming strategy and allocating resource, rather than delivery of operational workstreams (see Figure 2). This rating will be re-assessed annually to allow the Board to focus their efforts on where it will deliver the biggest impact across the whole system, illustrate our achievements so far and identify goals for the following year.

This approach will enable the evolution of the Board towards being a system leadership forum with clearly defined links to other city and regional partnership boards, jointly committed to moving from service silos to system outcomes, and empowering communities to engage with the challenges and develop solutions.

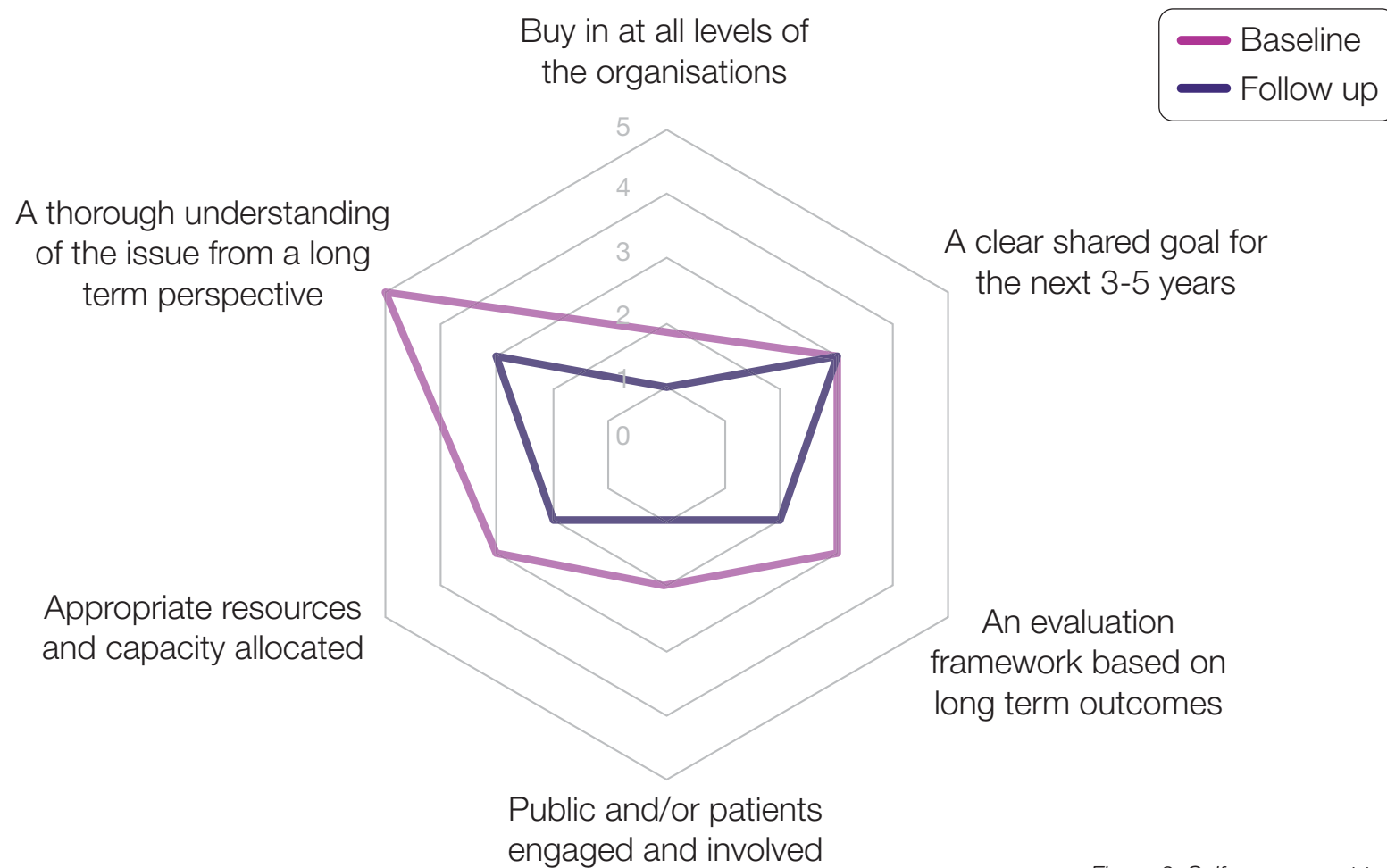


Figure 2: Self-assessment tool

# Working better together

*The Wolverhampton Health and Wellbeing Board is made up of the following representatives:*

**Councillor Roger Lawrence** (Chair)

City of Wolverhampton Council

**Councillor Sandra Samuels OBE**

City of Wolverhampton Council

**Councillor Paul Sweet**

City of Wolverhampton Council

**Councillor Hazel Malcolm** - Labour

**Councillor Wendy Thompson**

**Jo-Anne Alner** - NHS England

**Emma Bennett** - City of Wolverhampton Council

**Helen Child** - Third Sector Partnership

**Brendan Clifford** - City of Wolverhampton Council

**John Denley** - City of Wolverhampton Council

**Dr Helen Hibbs**

Wolverhampton Clinical Commissioning Group

**Dr Alexandra Hopkins** - University of Wolverhampton

**Tim Johnson** - City of Wolverhampton Council

**Steven Marshall**

Wolverhampton Clinical Commissioning Group

**Chief Supt Jayne Meir** - West Midlands Police

**Elizabeth Learoyd** - Healthwatch Wolverhampton

**Tracy Cresswell** - Healthwatch Wolverhampton

**David Loughton CBE**

The Royal Wolverhampton Hospitals NHS Trust

**Linda Sanders** - Wolverhampton Safeguarding Board

**Sarah Smith** - City of Wolverhampton Council

**Mark Taylor** - City of Wolverhampton Council

**Jeremy Vanes**

The Royal Wolverhampton Hospitals NHS Trust

**David Watts** - City of Wolverhampton Council

**Lesley Writtle**

Black Country Partnership NHS Foundation Trust

**Ben Diamond** - West Midlands Fire Service





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