

## Public Consultation on the 'Wolverhampton Joint Health and Wellbeing Strategy 2018-2023'

The **Health and Wellbeing Together** partnership board recently engaged in a public consultation to inform development of its '*Joint Health and Wellbeing Strategy 2018-2023*'.

The consultation activity ran from 5<sup>th</sup> September to the 3<sup>rd</sup> November 2018, providing people living and working in the City of Wolverhampton with an opportunity to put forward their views in relation to the things they felt were important in improving the health and wellbeing of the local population.

The opportunity to take part in the online consultation was promoted across several mediums by City of Wolverhampton Council (CWC), including a formal press release, a range of web-based platforms and social media communications, digital signage in customer facing locations, and internal communications with Council staff. Health and Wellbeing Together partner organisations also promoted awareness of the consultation and opportunities to take part amongst service users, and patients across a wide range of domains.

Retail, and business partners provided access opportunities for CWC staff, and a small number of 'survey facilitators' (acting on behalf of CWC), to engage directly with shoppers, and people attending sporting events across a range of settings within the City, helping to ensure wider geographical coverage of survey completion. A range of stakeholders in community forums, and community groups (including faith groups) supported awareness raising of the survey to members, and residents, helping to ensure the consultation captured the views of a wide range of respondents.

Live monitoring of survey completion enabled identification of geographical hot spots where the numbers of people completing surveys was low, or where particular demographics were underrepresented (**see appendix 1**). This exercise informed outreach activities by CWC staff and survey facilitators to mobilise public interest in completing the consultation survey in local high streets, bus stations, medical centres, leisure centres, faith centres, home tenant's groups, and voluntary sector settings providing services to people who are vulnerable, or homeless.

Over 1200 responses were received during the consultation period, providing valuable insight into the things that make people feel good about life in Wolverhampton, and what they feel is important in enabling them to lead a happier and happier lives. Survey respondents also provided their views on the approaches the partnership needs to take to ensure delivery of ambitions against existing priority areas, and which of these priorities was most relevant to them in helping to close the life expectancy gap across the City.

A high level of engagement with the consultation from partner organisations (particularly retailers) has re-enforced the shared commitment to improving the health and wellbeing of local people by the business sector, offering future potential for future collaboration. When asked how local people want to be involved in supporting delivery of the HWT partnerships priorities, many people said that their existing community groups/ forums could play a key role in helping to shape these agendas further, whilst others were happy to give their continuing input via social media.

## Consultation Survey Responses:

- 1) When asked about the **things that make people feel good about life in Wolverhampton**, common themes within responses included the following:

**Environment:** People generally felt there were lots of things to do in the City, with good access to green spaces (including parks, and nature reserves), proximity to the countryside, general cleanliness of the environment, and a feeling of safety when outdoors.

**Community:** There was a strong reference to the diversity of the local population, creating a positive sense of a multi-cultural City. People expressed a sense of togetherness and community spirit, with good friendships, proximity of family, and a general sense of pride in the local community.

**Social and Leisure activities:** Multiple opportunities to engage in walking or visit the leisure centre to swim. Some people enjoyed volunteering or being a member of a local group. Others enjoyed playing football and the social bonds with others in the City when visiting Wolverhampton Wanderers football club. Others enjoyed the wide range of pubs across the City.

**Services:** Respondents felt there was a good range of transport links and travel services that enabled them to navigate the City when needed. General amenities, shops and retail outlets were of a high quality, with good health services.

- 2) When asked about the things that people felt could **help them to lead a happier, healthier life**, responses included:

**Lifestyle:** Survey respondents expressed a desire to have less stress, a better work life balance, time for hobbies, a wider range of accessible leisure activities, better restaurants and cafes, wider range of outdoor activities for older people.

**Good Health/ Exercise:** People wanted to have timely access to locally situated health services. Good mental health was a significant priority and was detrimentally affected by high levels of stress. People wanted wider opportunities to engage in a variety of activities to increase levels of mental wellbeing. People expressed a desire for a wider range of exercise opportunities for all age groups. Being able to eat healthily on a tight financial budget was a high priority.

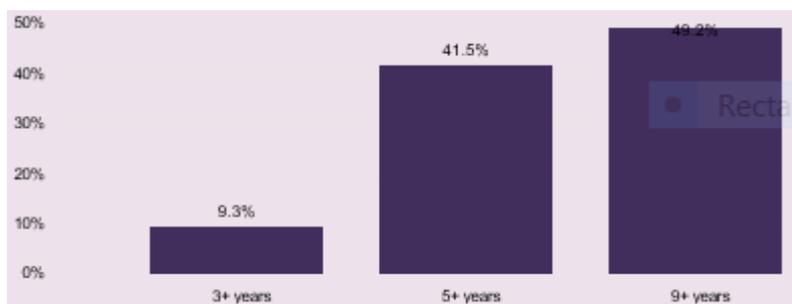
**Environment:** Respondents said they wanted to see reduced levels of air pollution, more trees, reduced traffic volume, and greater access to green spaces (including walking routes, and safer cycling routes). Safety was a theme in relation to the things that could help people lead happier, healthier lives, this included reducing crime and anti-social behaviour, and improving levels of safety for young people. People also wanted better access to affordable high-quality housing, and to see cleaner streets, with less litter.

**Finance:** There was a desire to see a greater level of employment opportunities available locally that offer prospects for development, and good pay.

\*Things could help people to lead a happier, healthier life,



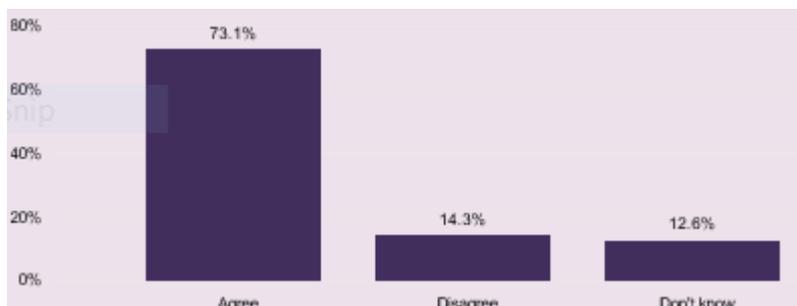
3) How long did people think those living in a richer part of the City lived on average, compared to those in poorer parts of the City?



Most respondents believed the gap in life expectancy between 'the most' and 'least affluent' areas of the city are 5, or 9 years. *The answer is 9 years.*

4) **People were asked how they felt in relation to the following approaches being used to help reduce the life expectancy gap in the City.**

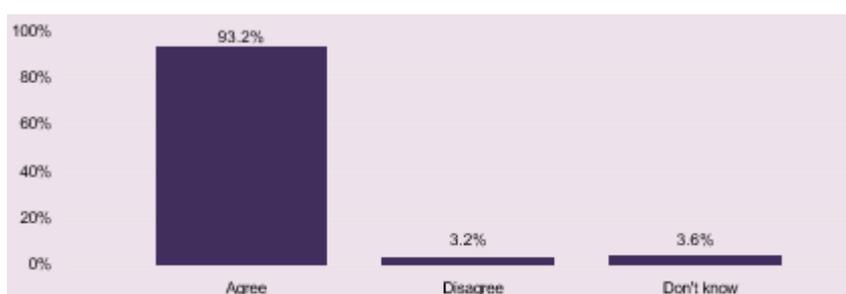
a) **Targeting resources in some areas of the City more than other areas, if that means closing the gap.**



A high percentage of people agreed with targeting resources to some areas of the City more than others to help close the gap in life expectancy. Reasons for agreeing to the approach included a sense of it being the right thing to do to ensure fairness. Other comments followed a general theme of needing to ensure everyone in the City had the ability to achieve the highest level of health possible.

The smaller percentage of people who disagreed with the approach, did so on the basis that they felt the gap in health (between those living in richer and poorer areas of the City), was already too wide to address. A small percentage said they did not know how they felt in relation to the question.

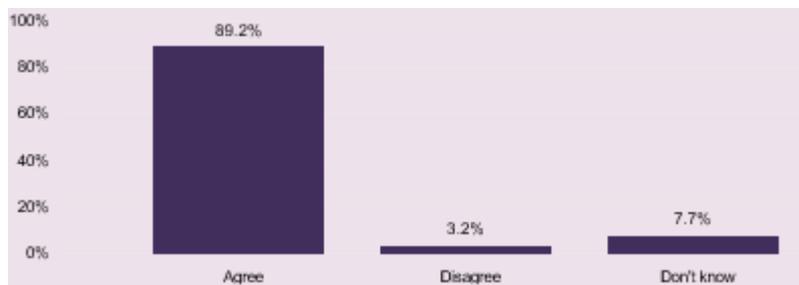
b) **Improving people's health and wellbeing by focusing on issues like housing, education, and access to jobs as well as treating specific diseases.**



There was overwhelming agreement from survey respondents to talking the wider determinants of health as an approach to help close the life expectancy gap. Reasons for agreeing reflected awareness that factors such as affordable, good quality housing, and well paid productive work, are the foundation of good health and wellbeing, and access to these should be more equal across the City.

The very small percentage who disagreed, did so on the basis that they had a lack of belief that this approach could become a reality. A small percentage said they did not know how they felt in relation to the question.

c) Using an approach that identifies health and wellbeing priorities related to the different stages of a person’s life (i.e. priorities that help people grow, live, and age well)



A high percentage of people agreed that taking a life-course approach to improving health and wellbeing outcomes of local people was a good strategy to adopt. Reasons for agreeing included the observation that health needs change across the life course, including challenges in older age (including financial hardship, and needing to ensure high levels of mental wellbeing).

The smaller percentage who disagreed, either did not provide a response to explain their reason for not agreeing or referenced individual responsibility for adverse health outcomes related to previous poor lifestyle. A small percentage said they did not know how they felt in relation to the question.

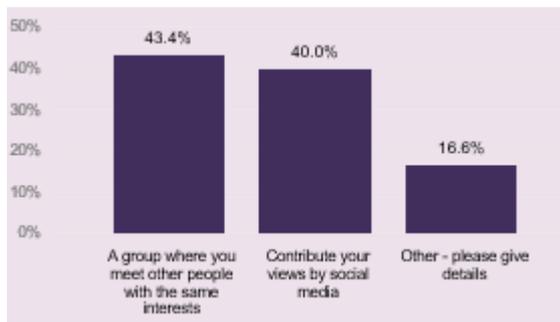
5) People were asked to select from a range of priorities, those which they felt were the most relevant for them.



The areas respondents felt were most relevant included ‘**Improving the City Centre**’ (with things like active travel routes, tackling rough sleeping and alcohol related problems), and ‘**Supporting people to stay health throughout their working lives, and, and helping people stay in work when they experience health problems**’.

These were closely followed by ‘**improving children and young people’s mental health**’ and ‘**enabling people to live longer, and healthier lives by helping them change their lifestyle and improving the environment where they live**’.

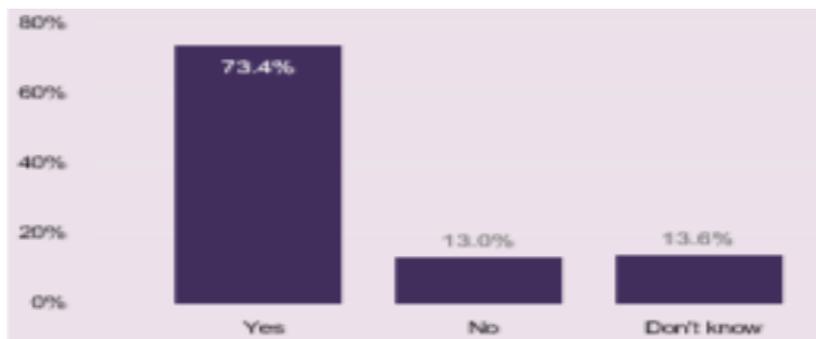
6) People were then asked if then asked, how they would like to be involved in enabling priorities to be delivered.



A high percentage of respondents who expressed interest in being involved in enabling priorities to be delivered, said they would like to do this in the groups where they already meet people with similar interests. This offer from local people could hold a wealth of potential in learning more about our local community’s strengths, and assets, and how these can be mobilized to ensure delivery of priority goals.

Many people also said they would like to contribute their views on various workstreams of the partnership board via social media. Others suggested their interest in volunteering, and taking part in activity groups, whilst a smaller number felt they were not able to support the agendas.

7) People were asked whether they thought it was a good idea for health and social care organisations to share information about them (in a way that they cannot be identified), to enable providers to understand what people need, and plan future service delivery.



A high percentage of people agreed that it was a good idea to enable service providers to have access to data to help them shape the services they plan to deliver. Respondents who did agree, did express a need to know who would have access to this data and how it was intended to be used.

Reasons for disagreeing, involved a lack of trust in information security systems (based very much on high profile media cases of information security breaches), and fears in relation to the sharing of personal information, or not understanding how the approach would work. A small percentage said they did not know how they felt in relation to the question.

- 8) A series of in-depth questions in relation to each of the priority areas for the HWT partnership board were completed as part of face to face discussions with a smaller sample of the population. This sample was targeted based on the nature of the additional priority questions. The sample were also asked to respond to the full range of questions asked in the on-line survey, forming part of the total sample of respondents.

#### **Priority 1 (Early Years)**

Only a very small number of people said that they had heard about or understood the function of parental peer support programmes (such as the parent's champion scheme). When asked where they would seek advice from as a new parent, responses included family, health care staff/ settings (GP's, Nurses, Health Visitors, Midwives), local support groups/ charities, social media, or CWC. A small number of respondents emphasized the need to improve awareness of the benefits of breastfeeding, and supportive environments that are breastfeeding friendly.

#### **Priority 2 (C&YP Mental wellbeing)**

Survey respondents expressed a need to improve children's safety when they go out (Relevant to both priority 1 and 2).

When asked where they would go for advice on supporting children and young people experiencing a mental health issue, responses included health care staff/ settings (GP, Nurses, Health Visitors), school, or family members. Respondents also felt the responsibility for managing mental health problems in Children and young people sat within these domains.

When asked what we can do to help young people deal with difficult situations/ pressures, respondents suggested that we needed to listen more to their concerns, reduce the level of stress they encounter, provide quick access to effective counselling and support interventions, as well as ensuring access to social activities such as clubs.

A number of respondents expressed the need to ensure availability of school-based interventions to improve young people's mental wellbeing.

#### **Priority 3 (Workforce)**

When asked what steps employers could take to keep staff healthy and well, respondents expressed employers needing to have a greater awareness of how mental health issues effect their employees and offering more support to employees who have mental health issues would help.

Respondents expressed the need for greater availability of rewarding, well paid work, with good progression opportunities. Developing health working environments that promote staff health and wellbeing could help to attract and retain more local people into health and social care jobs?

#### **Priority 4 (City Centre)**

When asked what how development of the City Centre could promote the wellbeing of local people there were five themes in the responses:

**The high number of empty retail premises** was a concern amongst respondents who suggested reducing business rates as a way of attracting retailers into the City Centre. It was suggested that this could potentially have a knock-on effect in creating greater employment opportunities for local people. Better use of empty retail premises included suggestions to convert to affordable housing for local people.

**High levels of City Centre homelessness** were expressed as a concern amongst several respondents. Suggestions included utilising empty retail premises to support vulnerable people.

**Improving accessibility, and navigation of City Centre** could be achieved by reducing parking fees, subsidising transport into the City, reducing the amount of traffic, making the area more pedestrian friendly, and improving toilet facilities. Design of the City Centre should be considered from the perspective of older people.

**Improving the perception of safety in the City Centre** was a priority, particularly in relation to the amount of alcohol being openly consumed. Suggestions included more frequent police patrols, and visible City Centre security. Also, more signage explicitly excluding alcohol from the city Centre was needed, with more responsive early intervention to tackle non-adherence.

**A healthy City Centre** was an aspiration for many respondents including the need to ensure better cycling routes, making the City Centre 'smokefree', reducing the amount of fast food outlets, reducing gambling venues, and making the City alcohol free. There was interest in developing the City Centre as a 'health zone' which promoted happiness.

#### **Priority 5 (Embedding prevention across the system)**

Only a small number of respondents were aware of the 'ONE YOU' healthy lifestyle information and resources available on the CWC digital platform Wolverhampton Information Network (WIN)

When asked where people would like to find information about keeping fit and healthy, and improving their lifestyles, most said they would like this to be available online, whilst others said they should be able to access this via their GP practice, workplace, as well as asking friends and families.

There was interest in health partners working together more effectively, particularly amongst services for older people, family support, and leisure centres. A small number of respondents highlighted the need to address levels of loneliness and isolation across the City, as well as greater support for people effected by mental health problems at an earlier stage.

**Priority 6 (Integrated Care - Frailty and End of Life)**

A large proportion of respondents felt it was a good idea for health and social care organisations to share information about them (in a way that you can't be identified), so that providers can understand what kinds of support people need, and plan future service delivery. Concerns were raised about the security of data, who would have site of information, and what it would be used for.

The small number of people who did object, did so on the basis that they had lack of trust in information security systems (based very much on high profile media cases of information security breaches), and fears in relation to the sharing of personal information, or not understanding how the approach would work.

**Priority 7 (Dementia Friendly City)**

Survey respondents outlined the need to improve awareness in relation to Dementia amongst the local population. Strengthening community-based packages of care was highlighted as offering the most effective means by which to support people with Dementia.

Improvements are required to promote the wellbeing of carers of people with Dementia

## Appendix 1: Areas identified for targeted survey completion

Saturday 20th	Monday 22nd	Wednesday 24th	Thursday 25th	Friday, 26 <sup>th</sup>
	<b>Morning</b>	<b>Morning</b>	<b>Morning</b>	<b>Morning</b>
	11.30 am – 1pm Bilston College Wellington road Bilston Campus	12:00pm- 1pm Good Shepherd Ministry Worcester St 24 School St WV1 4LF  1.00pm -2 pm City Centre Bus Station	11am – 12 pm Bilston People’s Centre- Excel Church  1pm -2pm Morrisons Store Willenhall	9.00am -12:00pm Phoenix Walk in Centre Parkfields Road W-ton WV4 6ED
<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>
12.30pm – 3pm Wolverhampton Wanderers. Wolfies Den Stan Cullis Stand Molinuex Way Wolverhampton.	3:00-8:00pm Wolverhampton Swim Centre Planetary Way W-ton WV13 3SW	2:00pm 4.00pm Wolverhampton Homes Tenants Friendship Group Graisley Court, Hallet Drive WV3 0NT		2pm Morrisons Store Bilston Black Country Way WV14 0DZ  3pm WV Active- Bert Williams Centre Bilston  4pm Bilston Market
<b>Evening</b>	<b>Evening</b>	<b>Evening</b>	<b>Evening</b>	<b>Evening</b>
4pm -8pm Diwali Show Phoenix Park Blakenhall		6:00-7:00pm The Way Youth Zone, School Street WV3 0NR	5.30pm to 7.00pm Wolverhampton Homes Tenancy Friendship Group Tarmac Road, Bilston WV4 6JW	

## Health and Wellbeing Together Partnership

Agency	Role
City of Wolverhampton Council	Leader of the Council, Chair <sup>+</sup>
	Cabinet Member for Children and Young People
	Cabinet Member for Adults
	Cabinet Member for Public Health & Wellbeing <sup>+</sup>
	Shadow Cabinet Member for Public Health & Wellbeing
	Director of Public Health <sup>+</sup>
	Director of Adults' Services <sup>+</sup>
	Director of Children's Services <sup>+</sup>
	Service Director - City Health <sup>+</sup>
	Head of Commissioning <sup>+</sup>
Wolverhampton CCG	Chief Officer, Vice-chair <sup>+</sup>
	Director of Strategy & Transformation <sup>+</sup>
Wolverhampton Healthwatch	Chief Officer
NHS England	Locality Director
University of Wolverhampton	Faculty of Education, Health and Wellbeing
West Midlands Fire Service	Operations Commander
West Midlands Police	Chief Superintendent
Third Sector Partnership	Designated representative
Children's and Adult Safeguarding Boards	Independent Chair
Royal Wolverhampton NHS Trust	Chief Executive <sup>+</sup>
	Chair <sup>+</sup>
Black Country Partnership NHS Foundation Trust	Chief Executive