

# Public Health Annual Report 2020-21

Covid-19: Respond, Protect and Relight





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**Front cover:** Pupils from St Mary's Catholic Primary Academy – SFSC MAC created a display to thank those working through coronavirus crisis

# Foreword



John Denley  
Director of  
Public Health



Councillor  
Jasbir Jaspal  
Cabinet Member for  
Public Health and Wellbeing

We are pleased to introduce this year's Public Health Annual Report for 2020 – 21.

We want to start by remembering those residents of the city who have lost their lives to Covid-19. Their loss will be felt by friends and relatives every single day.

Alongside the bereaved, there are many people who are suffering from long term physical and mental impacts of Covid-19 and many who have been affected financially, which brings its own health consequences.

We also want to pay tribute to the many services, organisations, teams and volunteers across the City who have all played their part to support the people of this city in such challenging times. We have all been working with absolute determination to protect the health, wellbeing and livelihoods of the communities we serve.

Covid-19 has brought into sharp relief and exacerbated inequalities that were already well established. Many are described in the pages of this report. What is critical is our response to addressing inequalities – either in access to services, support and care or in health outcomes. We have a deep commitment to addressing systematic, avoidable differences in outcomes, particularly by ethnicity and by deprivation. The way we want to do this is to build on the strengthened partnership working that came about from our collective efforts to address the pandemic. We want this to result in more co-productive, community led work to improve the health and wellbeing of our population.

*We will use our learning through our recovery journey to relight our city.*

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## Aims and objectives

We want this report to be a legacy document for the city so we can continue to learn from it in years to come. It is important that we capture fully what happened, how we responded and our priorities for the future.

Covid-19 has further exacerbated existing health inequalities with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals. In each of our objectives, we will be considering what the inequalities are and how best to address them.

### **Our specific objectives for this report are to:**

- Describe how Covid-19 affected Wolverhampton, including its impact upon different groups
- Detail our joint response during the city's journey through the different phases of the pandemic
- Set out what happens next, including how we learn to live with Covid-19, ensuring no one is left behind. It will also include how we help the city get back on its feet and how we apply the lessons of the journey we've been through, building on what has worked well.

This Annual Report should be read in conjunction with our Local Outbreak Plan to provide a comprehensive picture of the response, as well as our preparedness for any future emergencies.

Additionally, the local profiles at the end of the report provide a snapshot of health and other indicators across the 20 wards in the city which provide rich information to support our recovery.



## Context:

# Covid-19 in Wolverhampton

Coronavirus disease 2019 (Covid-19) is caused by SARSCoV-2, a newly emerging coronavirus that was first identified in Wuhan, China, in December 2019. The disease can be easily transmitted person to person by close contact or by contact with contaminated objects and surfaces.

The first case in Wolverhampton was identified on 7 March 2020. Since then, there have been cases **24,516 cases** in our city and **816 deaths** (up to 31 March 2021).

Covid-19 has impacted on the lives of everyone in our city. The collective determination, knowledge and commitment of partners from across the system has helped to combat the impact of Covid-19 in Wolverhampton so far.

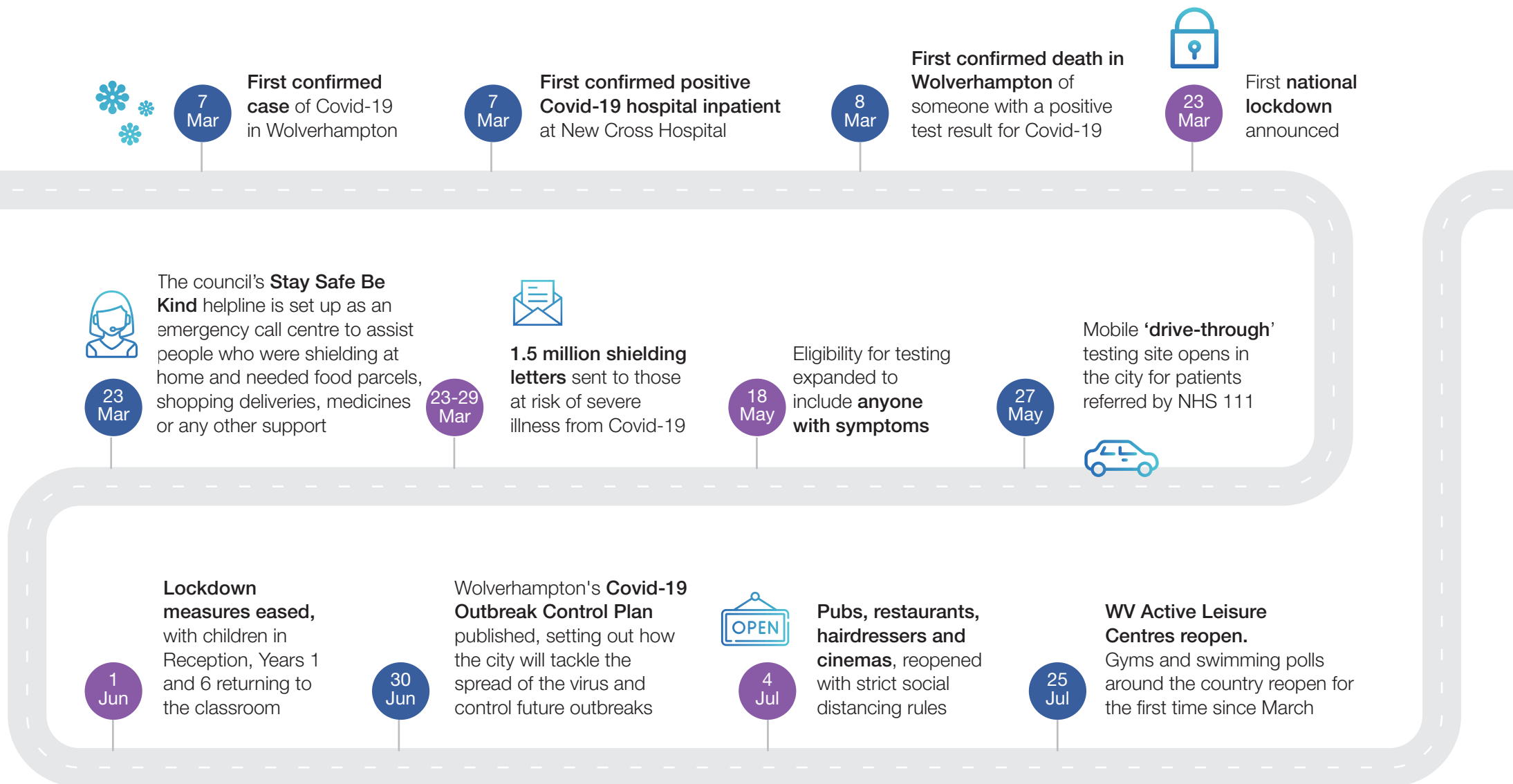
Together, we have worked tirelessly to ensure that our health and care system can continue to manage the unprecedented demands that Covid-19 has placed upon us. We have also made sure that our most vulnerable residents are supported to stay safe within their local communities.

The crisis strengthened existing relationships between the Council, the Royal Wolverhampton Trust, the CCG, the voluntary sector and other key partners throughout the city who have played a major part in the response, supporting residents throughout the pandemic.



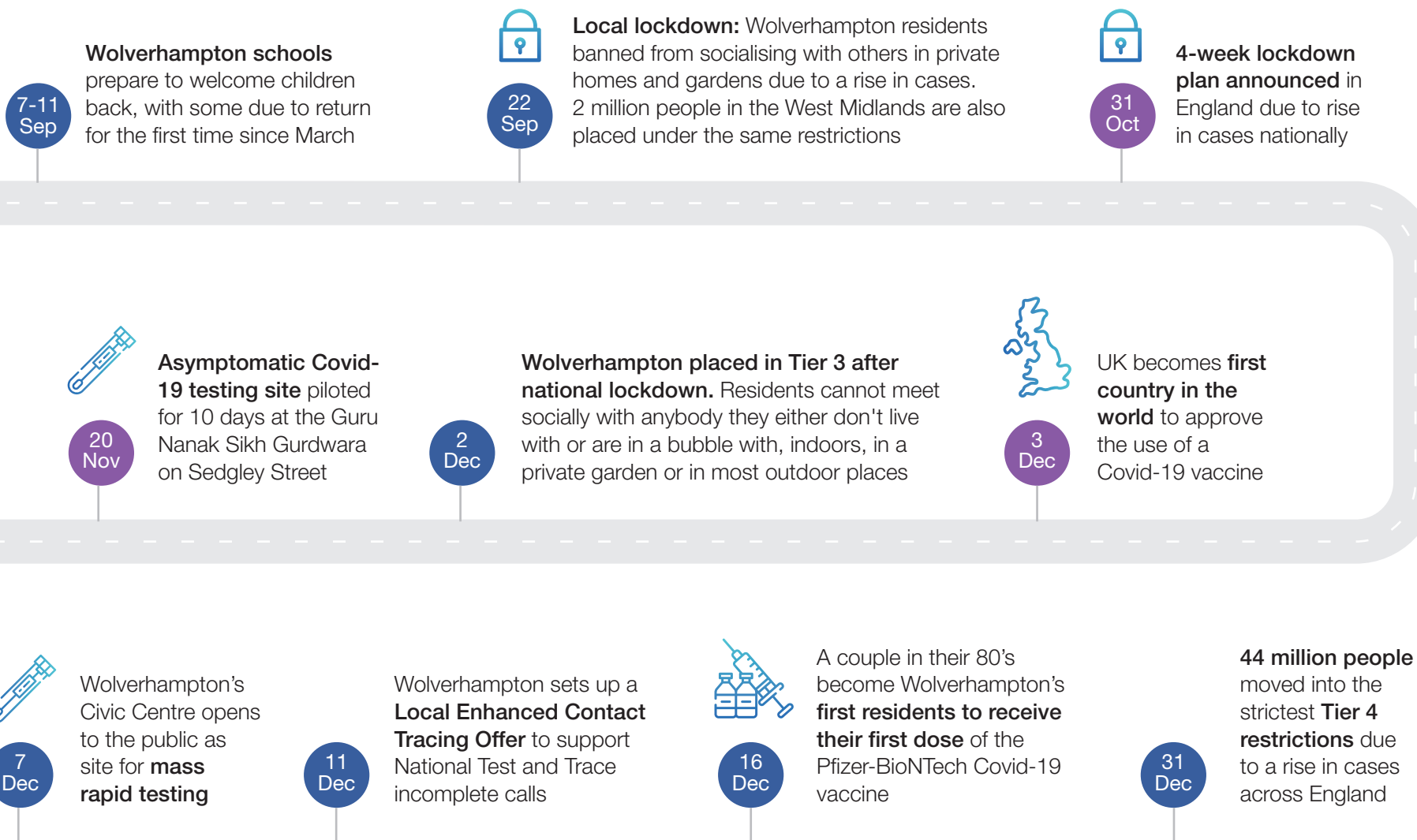
● Wolverhampton events ● National events

## Covid-19 Timeline: March – July 2020



● Wolverhampton events ● National events

## Covid-19 Timeline: August – December 2020



● Wolverhampton events ● National events

## Covid-19 Timeline: January – March 2021

1-10  
Jan

For the first 10 days of January, the daily number of **new cases exceeds 50,000**, with the highest number of positive test results – **68,053** – reported on January 8

6  
Jan

England enters **third national lockdown** with schools and non-essential businesses closed

13  
Jan

Council secures **£476,000 in grant funding** to boost its work in increasing vaccine uptake and supporting communities hardest to reach through the Community Champions Fund Programme



29  
Jan

**Community Champions network** starts recruiting community volunteers to help share information about, and boost take up of, the Covid-19 vaccine

1  
Feb

Aldersley Leisure Village transformed into a **Covid-19 vaccination site**, supported by Council staff acting as parking marshals and site wardens



2  
Feb

**Vaccination call centre** opened to support GPs with proactive calling to 'missing' eligible cohorts



8  
Feb

Priority testing made available to **key workers without symptoms of Covid-19** at three rapid test sites in Wolverhampton

15  
Feb

Bert Williams Leisure Centre opens as a **vaccine site** supported by Council staff acting as parking marshals and site wardens

22  
Feb

England's **roadmap out of lockdown** is announced, which plans to see all restrictions lifted by 21 June



28  
Feb

The number of people in the UK who have received a first dose of a Covid-19 vaccine passes **20 million**



8  
Mar

**Schools across England reopen.** In Wolverhampton, Public Health supports schools with pupil testing

31  
Mar

**111,380 first doses and 18,235 second doses** of the lifesaving Covid-19 jabs have now been given in Wolverhampton (Graphnet)

## Factors associated with Covid-19 transmission and mortality

All of the factors depicted below, and how they influence Covid-19 outcomes, are explained on the next two pages.





## Sex

Men are at greater risk of developing severe illness or dying from coronavirus than women.

Wolverhampton's population is split almost equally, with **50.25% females** and **49.75% males**.



## Age

Although all age groups are at risk of contracting Covid-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions.

**34%** of Wolverhampton's population is **aged 60 and over**.



## Smoking

The evidence on smoking and Covid-19 is in development, however current scientific findings suggest that smoking generally increases your risk of developing respiratory infections and the severity of symptoms once infected.

**15.1%** of adults 18+ in Wolverhampton are **current smokers**.



## Deprivation

People living in deprived areas are more likely to be diagnosed with Covid-19 and to have poor outcomes following diagnosis than those in less deprived areas.

In 2019, Wolverhampton was ranked as the **24th most deprived local authority in England**, out of a **total of 317**.

**21%** of our population lives in the **top 10% most deprived areas of the country**.



## Obesity

Being overweight or obese puts you at greater risk of serious illness or death from Covid-19, as well as from many other life-threatening diseases.

**67.4%** of adults over 18 in Wolverhampton are classified as **overweight** or **obese**.



## Physical Inactivity

Patients with Covid-19 who were consistently inactive had a greater risk of hospitalisation, admission to ICU and death due to Covid-19 than patients who were consistently meeting physical activity guidelines or were doing some physical activity.

**35.8%** of Wolverhampton residents are inactive and **do less than 30 minutes physical activity** per week.



## Occupation

Occupations with increased risk of contracting Covid-19 include those in healthcare and other essential public-facing roles (such as transport drivers and cleaners).

In Wolverhampton in 2019, **almost 60%** of people employed in the city work in **manufacturing, retail, education and health** and **social care roles**.



## Housing

Poor housing conditions such as overcrowding and high density are associated with greater spread of Covid-19.

In Wolverhampton Council properties, over **1,890 people** have indicated they **need a larger property** as their current residence is too small for their household.



## Comorbidities

Having an existing health condition can put you at higher risk of complications from coronavirus.

**30.7%** of our population aged 16+ (approximately 71,200 residents) have **1-2 long term health conditions**. An additional **7.2%** have at least **3 long term health conditions** (16,600 residents).



## Behaviour

Social distancing, avoiding crowded areas, wearing a face mask, regular hand washing etc can reduce the risk of transmission. Between April 2020 and May 2021, Wolverhampton Police issued **5592 directions to leave an area** or property due to Covid-19 restrictions. This involved interactions with **15,432 individuals**. Of these:

- **4807 interactions** were addressed through **low-level compliance**
- **438 people** were **formally dispersed**
- **296 people** were given **fixed penalty notices**, of which **3** were issued 'super fines'
- **7 people** were **arrested**, and **37 people** were dealt with under **other legislation**



## Ethnicity

Evidence suggests that Covid-19 may have a disproportionate impact on people from Black, Asian and minority ethnic groups. Underlying health conditions, occupational exposure and a range of other factors are likely to be important when considering ethnicity.

**35.5%** of Wolverhampton's population are from a **minority ethnic group**.



## Learning Disability

In the UK, people with learning disabilities are at least four times more likely to die from Covid-19 than the general population, according to a government report from November 2020.

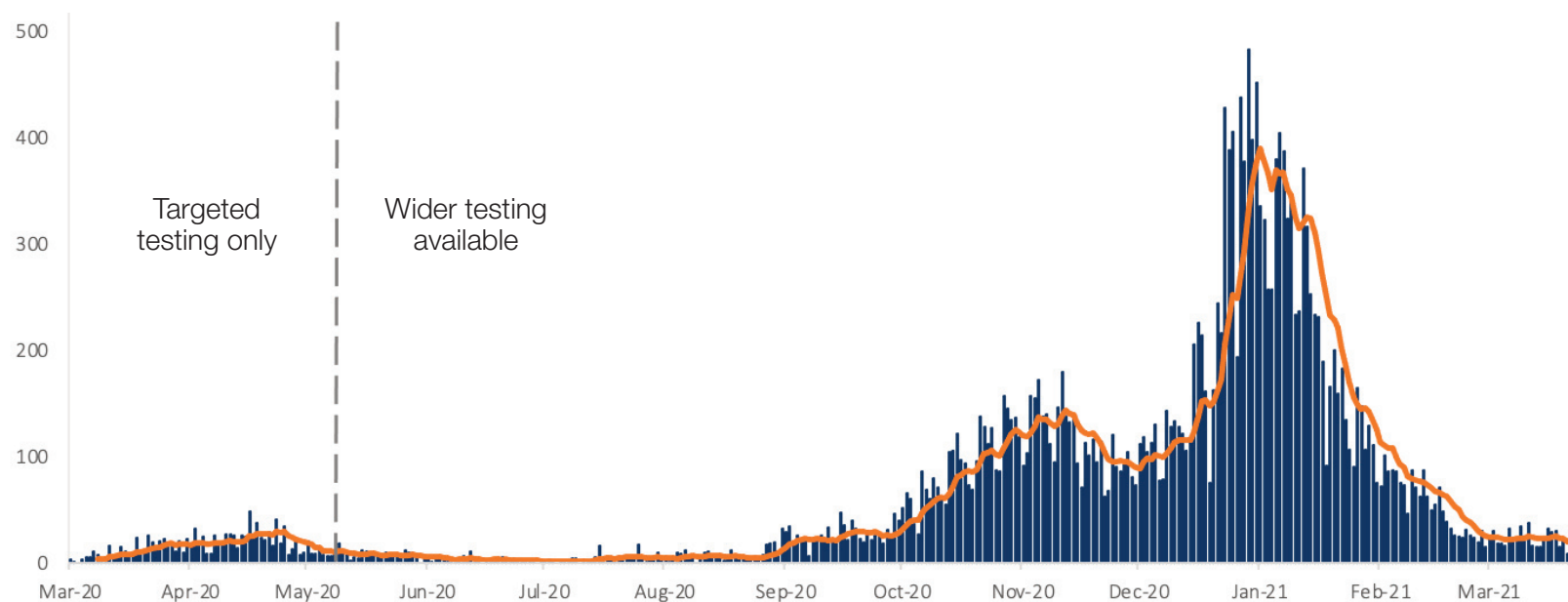
In Wolverhampton, **0.6%** of the population is recorded on GP systems as having a **learning disability**. We think this is an underestimate of the true picture.

## Covid-19: Cases in our City

**The first case of Covid-19 in Wolverhampton was confirmed on 7 March 2020.** Cases in Wolverhampton gradually increased after the first case was identified. In March and April, testing was targeted at healthcare workers and those hospitalised with Covid-19 and wasn't widely available to the general public. Confirmed case numbers peaked in Wolverhampton in the first wave in mid-April, reaching 48 cases identified on April 16. During the second wave which started in September, daily case numbers peaked at 484 confirmed cases on 4 January.

By March 31, 2021, there had been a total of **24,516 confirmed cases** of Covid-19 in the city. This equates to over 9% of our population.

### Number of confirmed cases of Covid-19 in Wolverhampton



## Understanding the Impact of Covid-19 upon different populations

One of the most stark features of the pandemic so far has been the impact that Covid-19 has had on particular communities and groups, including people from Black, Asian, and Minority Ethnic communities, people living in more deprived areas, elderly residents, those working in higher risk occupations, people living in overcrowded conditions and those with pre-existing health conditions.

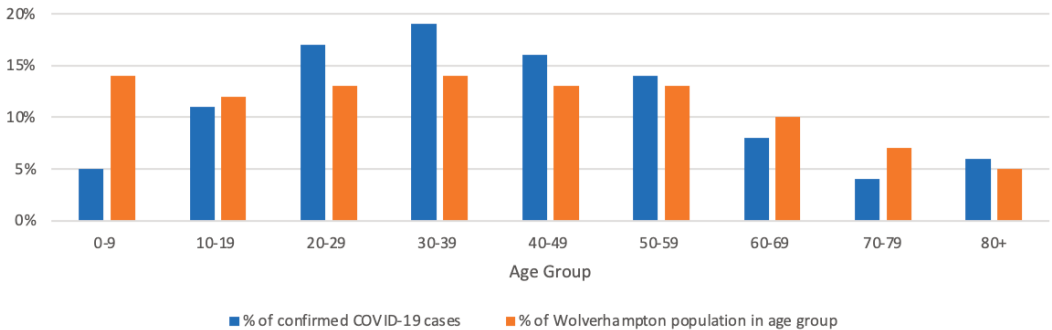
On 2nd June 2020, Public Health England published *Covid-19: Review of Disparities in Risks and Outcomes*. The review confirmed that the impact of Covid-19 has reinforced existing health inequalities and, in some cases, has increased them. Within the following section, we examine the impact of coronavirus upon the population, breaking it down by age, sex, ethnicity, and deprivation.



## Age

In Wolverhampton, the age group with the highest proportion of our total positive cases was 30 – 39. This is also the joint largest population group within the city. According to the June PHE report, age remains the most important risk factor for death from Covid-19. People who were 80 or older were seventy times more likely to die than those under 40.

### Percentage of Covid-19 cases by age and proportion of population in age group



## Sex<sup>1</sup>

By 31 March in Wolverhampton:

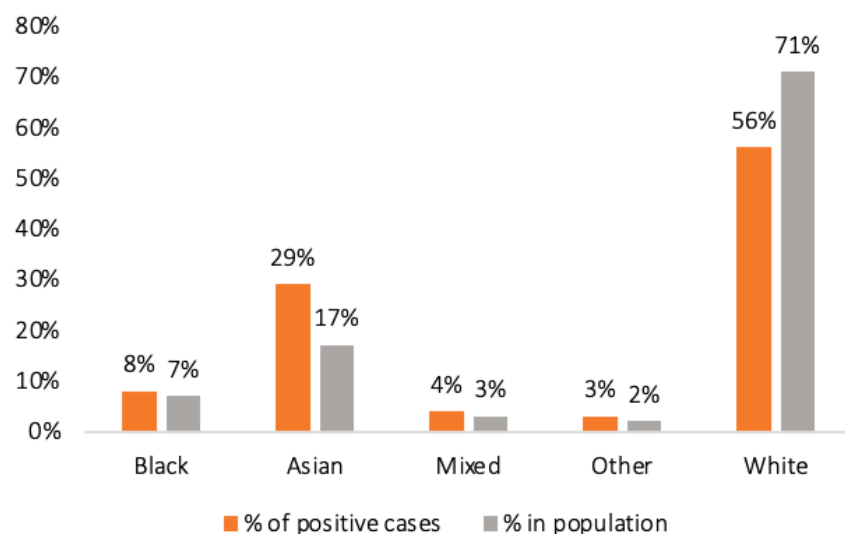
- **13,176 women** had tested positive (up to 10% of the female population)
- **11, 274 men** had tested positive (up to 9% of the male population)

<sup>1</sup> Note: 0.3% of cases had a missing sex. Source Public Health England line list Power BI dashboard

## Ethnicity<sup>2</sup>

By 31 March in Wolverhampton:

### Covid-19 Cases and Ethnicity



In our city, the Asian population has been disproportionately affected by Covid-19. 29% of positive cases within the city were in our Asian population, which comprises 17% of the total population of the city (2011 Census Data). In contrast, the White population comprises approximately 71% of our total population and 56% of our total coronavirus cases.

This could be affected by household size and higher rates of transmission amongst younger ages, which have a higher proportion of people from minority ethnic groups.

Some ethnic groups have more exposure to people in their lines of work. People of minority ethnic groups make up just over a quarter of dentists, medical practitioners and opticians. They are also more likely to be nurses, medical radiographers, nursing auxiliaries and technicians.

PHE research found that of working men, Black and Asian men are more likely to work in occupations that have had a higher risk of death involving Covid-19. These occupations include transport: around a third of taxi drivers and chauffeurs are Pakistani or Bangladeshi men. Other services where ethnic minorities have a comparatively high proportion of jobs include security and cleaning.

<sup>2</sup> Note 11% of cases had a missing ethnicity. Source Public Health England line list Power BI dashboard

## Deprivation

By 31st March, our Wolverhampton case rate largely mirrored our population structure. **71% of all positive cases in the city** were found in the residents living in the **two most deprived quintiles** (areas) of the city.

	Deprivation Rank Quintiles	% of all positive cases	% of Wolverhampton's population
<b>Most deprived</b>	0-19.9:	55.3%	54.8%
	20.0-39.9	16.5%	15.5%
	40.0-59.9	13.2%	12.7%
	60.0-79.9	12.8%	13.6%
<b>Least deprived</b>	80.0-100	2.2%	2.8%
	Grand Total	100%	100%



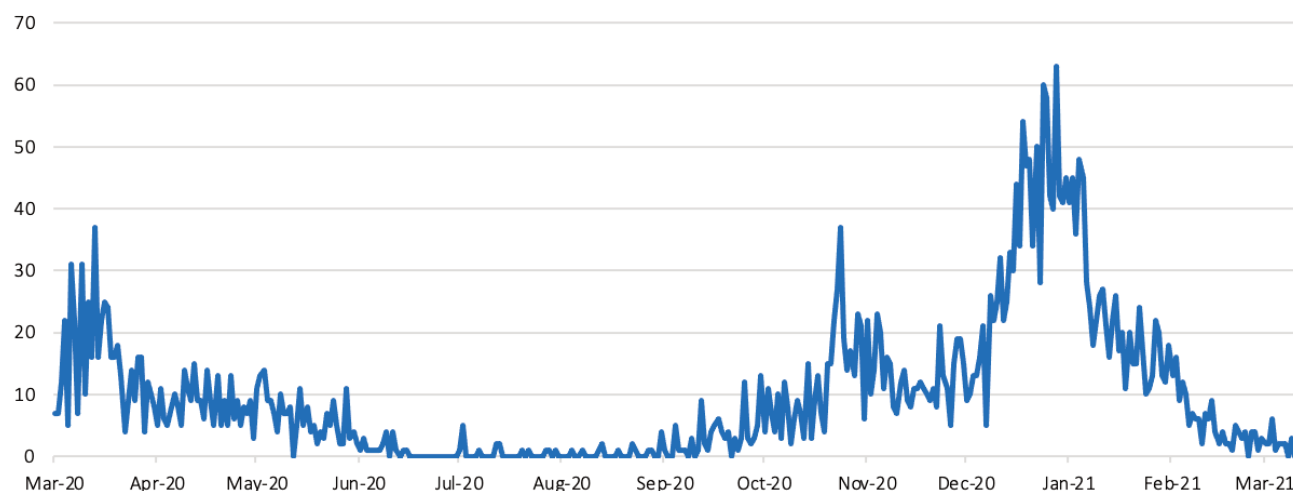
Food Distribution Hub

## Covid-19: Hospital Admissions

In Wolverhampton by 31 March 2021, there had been a total of **3,748 Covid-19 positive admissions** to the Royal Wolverhampton Trust.

The number of daily new Covid-19 positive patients admitted to RWT increased to a record of **63 individuals** admitted on 15 January 2021. Since early February this year, numbers of new admissions began decreasing.

### Daily new Covid-19 admissions to the Royal Wolverhampton Trust



**Note:** the majority of the patients would have been admitted to New Cross Hospital. The chart does not include Wolverhampton residents who may have attended hospitals in neighbouring boroughs. It will also include residents from neighbouring boroughs who attended RWT.

## Covid-19: Mortality

Sadly, in some instances people do not recover from the illness caused by Covid-19. It is important we understand the number of deaths whilst recognising that each of these numbers represent an individual and family affected in our city.

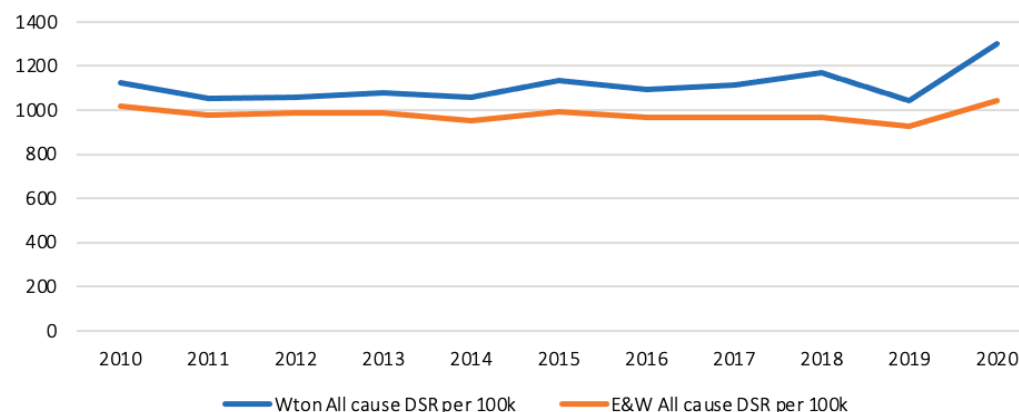
Currently, through national ONS analysis of death certification, the number of recorded Covid-19 deaths for the week ending 2 April 2021 in Wolverhampton was **816**.

The increase in deaths in 2020 can be illustrated by comparing the directly standardised mortality rate between 2010 and 2019 within the city. In 2011, the rate per 100,000 in Wolverhampton was **1053.9**; in 2020 it rose to **1299.3**.

As most causes of death vary significantly with people's age and sex, the use of directly age-standardised mortality rates accounts for differences in the age structure of populations, allowing comparisons to be made between geographic areas, over time and between sexes.

According to the ONS, general mortality rates are normally higher in more deprived areas, but the gap between deprived parts of the country like Wolverhampton and the national average has widened as a result of the pandemic.

### Directly Standardised All Cause Mortality Rate: Wolverhampton and England & Wales: 2010 – 2020



## Supporting our Communities

Prior to the pandemic, our [Vision for Public Health 2030](#) aimed to maximise the health impact of everything we do through the City of Wolverhampton Council, in partnership with both internal and external stakeholders. This is demonstrated in the diagram to the right. Partnership working was vital in all different aspects of our response, as highlighted in the following sections.



## Our Covid-19 Response: Taking immediate steps

The Public Health Team and our partners quickly came together to coordinate a local response to help keep our population safe. The pandemic has stress-tested the council's ability to deal with unforeseen events and has strengthened our response to future threats.

Internally, Public Health assembled an internal council wide tactical group comprising operational and back office services. The group has been, and continues to be, responsible for interpreting the direction given by the strategic executive group for all things Covid-19 response related including the mobilisation of resources, council workforce implications and corporate communications. The group has supported testing, vaccination, contact tracing and outbreak management workstreams.

We moved at pace to respond to a virus which has caused dramatic disruption to people's lives, public service provision and society as a whole.

### Testing

In partnership with the CCG and RWT, public health mobilised one of the first testing sites in the West Midlands at Showell Road Car Park. The test site ensured that as a City we could offer priority access to testing to our key workers (and their families) who were continuing to work on the frontline during the pandemic e.g. social care and health staff. This local provision enabled us to support employees, organisations and services to maintain workforce capacity and reduced the numbers required to isolate for prolonged periods due to the length of time required to get a test through national testing arrangements.



## Managing Cases, Clusters and Outbreaks in High Risk Settings

Working in close partnership with Public Health England, we established systems to respond to reports of single cases, clusters and outbreaks in high risk settings such as workplaces, schools and care settings. We did this by establishing a highly responsive Incident Management Team (IMT) of public health specialists alongside external colleagues in Infection Prevention and council colleagues in Environmental Health and Health and Safety.

High-risk settings were made aware that they should notify us if they were alerted to a positive case so that we could provide them with comprehensive risk assessments and support manage situations effectively. We used data and intelligence to identify possible outbreaks in high-risk settings and took appropriate action to investigate and manage situations.

Up to March 2021 we have responded to situations in 625 separate high-risk settings, providing advice on infection prevention and control measures and assistance with contact tracing, thereby reducing risk and preventing further transmission. Our responsive approach ensures that contacts of positive cases are identified and isolated as a priority, whilst also proactively engaging with high-risk settings to update them on guidance and key messages.

## Protecting the Workforce

To ensure the health and safety of the Council workforce, a Covid-19 Individual staff risk assessment tool was created by the Public Health team in partnership with HR and Environmental Health. This was based on available scientific evidence and allowed the level of Covid-19 risk to be assessed for all staff members and to be decreased where possible. It was required to be completed by all staff members who were or were shortly going to be working outside of their home and was integral to the re-opening of services.

## Supporting Pharmacies to help deliver medication to residents

Through close partnership working with the Local Pharmaceutical Committee, we worked with community pharmacies to support their medication delivery services during the first wave of the pandemic. This included supporting community pharmacies facing a backlog of medication delivery requests by redeploying council employees to act as pharmacy delivery drivers. Staff members were given appropriate training and completed scheduled deliveries in a Covid-19-safe way. Residents unable to access their regular medicines from their local pharmacy who contacted the Covid-19 support line were supported through our network of local responders.

## Managing local mortuary capacities

Public Health supported the Council's Mortality Programme. By working in collaboration with Bereavement and Registration services, Public Health were able to support the development of an Excess Deaths plan and liaison with Funeral Directors throughout the pandemic. This resulted in consistent monitoring of local body storage capacities and provision of free PPE to all Funeral Directors when it was in short supply.

## Contributions to the West Midlands and Warwickshire Local Resilience Forums (LRF)

Regionally, we played a key role as part of the wider LRF efforts by supporting the development of regional response frameworks and collation of essential data.



## Our Covid-19 Response: Protecting our communities

### Supporting the city's most vulnerable residents

Throughout the pandemic, our aim was to protect those most vulnerable to suffering severe effects of Covid-19. In March 2020, working in partnership with the Clinical Commissioning Group the Council wrote to all residents who had been identified as clinically extremely vulnerable (CEV). Government data sharing changes allowed the local authority access to CEV data, which was used to directly contact residents to offer support allowing them to maintain shielding.

The Stay Safe Be Kind helpline and email address was established to provide support to those identified as at the highest risk and who were self-isolating. Callers were trained on taking such calls and escalation team were on hand to assist with any queries. Tailored pathways were developed to ensure each resident who called the helpline was able to access support depending on the nature of their need. Between March 2020 and June 2020 over 16,000 calls and emails were responded to.

The **Stay Safe Be Kind** service offered a direct telephone and email line to all identified clinically vulnerable residents and shielders to support them to access a range of pathways and services which included:

- Volunteer shopping service, including a payments team
- Referrals for emergency food parcels
- Medication collection and delivery
- Referrals for both debt and benefit advice
- Health and wellbeing signposting
- Links to volunteer safe and well support to combat loneliness and isolation
- Social care assistance

As the pandemic continued the service was expanded to support more cohorts including extremely vulnerable shielding residents, clinically extremely vulnerable residents identified by NHS and GP records and **14,000 families and single households identified as financially vulnerable**. The Stay Safe Be Kind helpline also proactively called **over 9,000 residents**.

## Collaborative actions

We contacted those at highest risk and worked with key partners across the city:



**80,000**

higher risk people  
written to  
**offering support**



**12,300**

contacts on  
**Stay Safe Be Kind**  
emergency line



**177**

**homeless, or at  
risk of becoming  
homeless** supported  
with a room and roof



**800,000+**

items of **PPE**  
**sourced and  
delivered** by council  
to local care



**61,000+**

**food parcels**  
delivered



**3,000**

**children** supported  
in **city schools**



**25,358**

**Meals on Wheels**  
deliveries made



**£1.3m**

made available by  
council to support  
**local care providers**

The **volunteer shopping service** was available to residents who can afford to purchase food, but cannot leave their home due to shielding, self-isolating or their medical conditions. Volunteers shopped on their behalf and delivered to their home address. The Volunteer shopping service was supported by colleagues from Wolverhampton Homes, who have been key partners in enabling and delivery of this offer. They have been supported by colleagues from Wolves Foundation, community members who were DBS checked and a small cohort of council redeployed staff. Healthwatch also provided support to residents to collect medication if residents had no one in their network who could collect it on their behalf. Over **1,200 residents** were supported with shopping or collecting their medication.

Callers to **Stay Safe Be Kind** were triaged by CWC staff using a mental health support pathway to identify anyone feeling lonely or isolated. Those in need of support were provided with advice and reassurance, with **over 400 people** referred to the social prescribing specialist team at Wolverhampton Voluntary Sector Council. In addition to supporting the shielding cohort, the helpline supported **over 14,000 families** and individuals in receipt of benefits.

**Emergency food parcels** were delivered to residents who were advised to shield and who could either not afford or get access to food delivery services or had no friends or family to shop for them. For this purpose, Aldersley Leisure Centre was turned into a food parcel distribution hub, with the sports hall used for assembling food parcels, the café area as a loading bay and the Wolverhampton Wanderers indoor training pitch as a training centre and rest area. Around **250 people** were trained for roles including delivery drivers and warehouse production operatives while on-site security 24/7 ensured the safe operation of the site.

Strict social distancing and on-site infection control ensured safe packing of parcels and operation such that there were no outbreaks of Covid-19 among staff during the four months of operation. Working with the Stay Safe Be Kind helpline, referrals for food parcels were managed by a database which utilised delivery software provided by Marston's Brewery to plan six-day-a-week deliveries using a fleet of 30 delivery vans. Food parcels delivered to residents weekly contained a range of non-perishable goods plus bread. They also included a bespoke infographic with evidence-based tips on how to look after their mental wellbeing whilst at home. In response to customer feedback, baby boxes were also introduced which included nappies, wipes, milk and baby food.



Food distribution hub

The **food distribution hub** was featured on Good Morning Britain, Sky News, Channel 4 News and BBC News and the Local Support System, comprising Stay Safe, Be Kind and the food distribution hub, won 'Best Health and Wellbeing Initiative' at the Association for Public Service Excellence (APSE) Awards in December 2020.

## Supporting Care Homes

There are currently 69 care homes in Wolverhampton that look after some of our most vulnerable residents, providing physical and mental wellbeing care, with the majority of residents being older adults in advanced stages of life. Around 1700 residents are looked after in these nursing and residential care homes at any given time, and unfortunately, these settings have acutely experienced the devastating effects of Covid-19. This impact is not exclusive to Wolverhampton, indeed the severity of Covid-19 in care homes has been felt nationally.

Similarly, homecare providers, supported living and extra care providers have faced many challenges in maintaining the high level of care they deliver.

There have been many challenges within the care sector which have presented in various ways throughout the pandemic. However, health and social care partners in the City have come together in an unprecedented fashion to work collaboratively, and address some of the most difficult and testing challenges the health and adult social care system is likely to ever face. An underpinning element of sharedness across health and social care partners was evident right from the beginning of the pandemic.

- Partners collectively addressed the shortage of PPE during the early stages of the pandemic and established a single point of contact for queries and supplies which ensured care homes were adequately equipped.
- As the pandemic progressed, managing Covid-19 outbreaks within such a vulnerable setting was the most important aspect of caring for care home residents and staff. An effective intelligence sharing process was implemented in the early stages whereby each care provider would complete a daily situational report that would highlight possible early signs of imminent outbreak, for example, level of staff sickness or level of symptomatic residents. The situational reports were submitted daily by care providers and reviewed by health protection and social care colleagues. This enabled an early response to implement infection prevention measures to stem the progression of Covid-19. Outbreaks were effectively managed through a multi-disciplinary shared approach involving health protection agencies, to ensure care homes were supported during a particularly testing period. Support ranged from accessing emergency staff, urgent testing to identify further cases, identifying and implementing infection prevention strategies and support with any training needs such as recognising deterioration.
- IMTs (Incident Management Teams) were established to manage each outbreak in a care home, which would typically be chaired by a Consultant in Communicable Disease Control from Public Health England, and importantly include the local Public Health Team, Clinical Commissioning Group, Adult Social Care, Primary Care, Infection Prevention Service based at the acute trust, and appropriate management from the setting where the outbreak was impending or developed.
- Throughout the pandemic the financial viability of homes has always been considered due to the added strain of implementing infection prevention measures to stem transmission and outbreaks of Covid-19. The Infection Prevention Fund has been carefully administered to mitigate this risk which ensured care homes had access to disposal funds to help upskill staff and implement infection prevention measures to manage Covid-19
- Care home managers have been supported through regular open forums with health and social care partners, where advice on various pieces of guidance was given, including support with sensitive queries such as care home visiting and encouraging open questions and discussion around the important mission of ensuring maximum vaccine uptake.

Moving forward it is imperative we support care providers in their recovery from Covid-19. Staff wellbeing and resilience, maintaining high standards of infection prevention, financial viability, confidence of families and friends of care home residents are some of the shared goals health and social care partners will focus on as part of the recovery phase and Relighting Our City plans.

## Providing safety for people experiencing homelessness

In March 2020, the Government wrote to councils requiring urgent action to move people who were rough sleeping or at risk of rough sleeping into suitable accommodation.

This was a call from Government to bring 'Everybody In' for the duration of the crisis so that individuals could stay indoors and/or self-isolate to reduce their own risk of infection, and transmission to others.

### A city-wide response

Wolverhampton Council Housing Team entered into a contract with Redwings Lodge (a partner with an established relationship with the homelessness service) to have exclusive use of the hotel to accommodate homeless individuals and couples.

All homeless households in need of accommodation were accommodated within 48 hours, including **74 people** over the first weekend. This included rough sleepers, homeless people in accommodation that was no longer suitable and newly emerging homeless households (for example people in insecure accommodation or sofa surfing at the beginning of the crisis). Within 72 hours of set up, the Homelessness Strategy Team from the Council, in partnership with Wolverhampton Homes, established a fully functioning accommodation service, benefitting from the support of rough sleeper service providers, A&E security, charity food provisions, and the staff team at the Redwings Lodge.



The process was supported by the city's Homelessness taskforce, jointly led by Public Health and Housing Strategy Teams. It comprised senior representatives who quickly worked to remove barriers in order to provide residents with access to timely support.

A total of **157 people** were provided with emergency accommodation at Redwings Lodge during the pandemic, including entrenched rough sleepers and individuals with No Recourse to Public Funds.

Due to the success of the partnership model at Redwings, **100 residents** have been supported into accommodation. Half of those have moved to their own tenancy (including private rented accommodation) supported by Wolverhampton Homes' Housing Options and Homelessness Service. Others have moved on to appropriate supported accommodation and hostel provision in the City.

As part of the holistic support package to residents in Redwings, a team from the substance misuse service regularly attended the accommodation to offer timely assessments, brief and extended interventions and rapid access to prescribing, naloxone kits and needle and syringe equipment. Additionally, substance misuse training and naloxone training was provided for all Redwings staff.

Key partners involved: P3, Enterprise Homes Group (night shelter), Good Shepherd, St George's Hub, Refugee and Migrant Centre, Recovery Near You Wolverhampton Homes, the Food Services and security staff.

### Public Health Actions:

- The project was allocated specialist public health capacity on an ongoing basis to enable the provision of onsite and out of hours support and guidance related to client need and Covid-19 secure measures
- Navigated health and well-being systems to provide clear referral paths to health services, including GP registration, Mental Health and wound care
- Developed a Covid-19 risk assessment tool and undertook assessments with every resident to determine whether their health needs meant they would be required to shield
- Provided infection prevention guidance to residents and staff at Redwings Lodge for the duration of its set-up
- A policy was drawn up and approved by the CCG and Local Pharmaceutical Committee where authorised officers could collect Opioid Substitution Therapy (OST) medication on behalf of residents in emergency situations where they could not attend due to self-isolating or having no family nearby

## Alternative Giving Charitable Incorporated Organisation (CIO)

The Alternative Giving CIO provided vital support to the city's homelessness charities to keep helping vulnerable residents during the pandemic:

- **Almost £3,000** was donated to St Georges Hub to make their facilities Covid-19 secure. Perspex screens were purchased for use in all areas of the Hub, meaning that the centre could continue to operate safely and offer vital support to clients.
- **£2,000 was given** to support with essential catering at Redwings Lodge whilst it was being used for emergency accommodation during the pandemic.

In addition, Wolverhampton BID and the Council joined forces in November 2020 to introduce the first 'Tap to Donate' point for the Alternative Giving CIO. The device is installed in Victoria Square near Wolverhampton Railway and Bus Stations. Donations are capped at £3. All funds raised go directly to the charities supporting and preventing homelessness within our city.

## Domestic Abuse

Restrictions around Covid-19 have been particularly challenging for victims of domestic abuse, especially for those living with their perpetrators. They have fewer opportunities to seek help, have faced further isolation and reduced contact with those who support them.

To encourage victims to seek support to remain safe, we have delivered key messages to victims that they are not alone, support is available in Wolverhampton and lockdown restrictions do not apply to those at risk of domestic abuse. As well as supporting regional and national campaigns in 2020 we delivered a virtual 10-day 'Orange Wolves' campaign, raising awareness of violence against women and girls. The campaign received excellent engagement with communities and delivered workshops for professionals covering subjects such as recognising signs of abuse, making safe contact with victims during lockdown and supporting victims of forced marriage and honour-based violence.

We continued to offer home security assessments to victims of domestic abuse, allowing them to access additional security measures through Wolverhampton's Safer Homes Scheme, delivered by Wolverhampton Homes. The purpose of the Scheme is to enable victims of domestic abuse and their children to remain safely in their own homes when the perpetrator of the abuse does not live at or have any legal rights to occupy the family home.

Our specialist domestic abuse organisations have experienced increased demand over this period. Calls to the Haven Wolverhampton community service increased by over 1,000 in comparison with 2019 and referrals for refuge **increased by 41%** in the same period. The increase in demand also included new forms of contact, such as a WhatsApp texting service and web chat. We are working closely with the Haven to ensure victims and children living with domestic abuse can continue to access vital support, both within refuge and the community.

Strong partnerships and a shared approach to supporting victims and children have been vital in safeguarding the most vulnerable during this difficult time. We will continue to build on these relationships through the next phase of the pandemic.



## Supporting Educational Settings

Schools and educational settings were closed to the majority of children and young people between March and July 2020 and again, between January and March 2021. When schools have reopened, there have been significant periods of absence due to self-isolation requirements. Although we recognise that there will be impacts on all of our children and young people, those who are vulnerable, or disadvantaged will be affected disproportionately. It is expected that the pandemic has increased health inequalities and inequalities in educational achievement and attainment amongst our children and young people.

### Our response

Public Health recognised the huge challenges educational settings faced in balancing the provision of a Covid-19-safe environment with meeting the learning requirements of their pupils.

A multi-agency working group was established, comprising representatives from Education, Public Health, HR, Health and Safety, Communications and School Nursing. The group supported schools in the interpretation, planning and implementation of national Covid-19 safety guidance and regular communication was provided through bulletins, weekly drop-ins and engagement sessions. In addition, the Council and partners facilitated free school meal provision for a number of schools across the city.

A local Covid-19 Helpline was established for schools and other educational settings, so that they could report and receive in-depth advice and support in how to implement government guidance in responding to positive cases within their setting.

In December 2020, the Government announced that rapid-result coronavirus tests (also known as Lateral Flow Devices) would be rolled out to all secondary schools and colleges across England from January. To prepare for this, Public Health provided extensive support to Educational settings by:

- Leading on the establishment of testing for schools and their communities within the City.
- Delivering training to support the mobilisation of onsite testing for secondary pupils and staff.
- Identifying and supplying testing equipment to settings to supplement that provided by DfE.
- Providing local guidance on how to effectively and efficiently upscale testing provision to enable the safe return of pupils from early March and comply with DfE requirements.
- Arranging a council deployment of volunteer 'Test Operatives' into settings to support with testing requirements prior to schools reopening

We aim to continue to support schools to remain open safely. We acknowledge that many children will have suffered educationally, emotionally and physically during the pandemic and that inequalities will have widened during this period. We will lead and coordinate responses to promote healthy growth and emotional wellbeing within our schools, so that young people can make the most of their educational opportunities and have the best start in life.

## Supporting the University

With over 20,000 students and 2,000 staff across the University of Wolverhampton, the challenges of ensuring facilities, learning environments, and halls of residence remain Covid-19 secure have been significant.

Our 'Academic Partnership' has seen us work collaboratively with university colleagues to provide a comprehensive 'stress test' of these environments against the latest government guidance. We have provided students and staff with access to nearby testing facilities for those with and without symptoms of Covid-19. Our joint case management process for reporting and contact tracing positive cases has reduced risks of onward transmission on campus and in the wider community, keeping both staff and students safe.

We will continue to deliver on our strategic commitment to protect the safety and well-being of our research and academic community in Wolverhampton as we move through the next stages of the roadmap out of lockdown.



## Support for businesses

### Business Testing

Testing support to businesses was a crucial element of the Covid-19 response to ensure businesses could continue to operate safely. Proactive testing of employees was strongly encouraged to enable asymptomatic cases to be identified earlier and prevent unknown wider transmission in the workplace and thus prevent outbreaks.

The support offer initially started with on-site workplace testing pilots in three local businesses. These pilots helped to inform workplace testing provision and crucially enabled asymptomatic positive cases to be identified where they otherwise wouldn't have been.



A dedicated customer support line was set up to support local businesses access testing provision and grant support. Over 2500 businesses were proactively contacted to signpost to either the national on-site testing offer or local rapid test centres. Additionally, an online booking platform specifically for businesses was developed in order for employees to pre-book tests at a time and location to their convenience.

In order to further support businesses, embrace rapid testing and to help with associated costs of on-site testing, Public Health and Enterprise created the Business Testing Grant Scheme, whereby businesses could apply for financial support of up to £10,000 by supporting the testing agenda. This scheme has resulted in over 300 businesses across Wolverhampton committing to testing over 75% of its workforce either in the workplace, at a test centre or at home twice a week until 30 June.



### Partnership working with Environmental Health

Public Health and Environmental Health have worked effectively together to establish a Covid-19 Business Support Team who are responsible for ensuring businesses comply with legislation relating to Covid-19. A team of Covid-19 Support Advisers was set up to facilitate the innovative Covid-19 Compliant Scheme, which involved proactively visiting thousands of businesses and ensuring that they had appropriate Covid-19 measures in place.

Public Health and Environmental Health have worked together to manage workplace outbreaks. This has included conducting joint visits as appropriate and producing communications to support businesses and provide guidance, attending weekly meetings with the Police to share intelligence and discuss reports of potential Covid-19 breaches and how they should be managed.

We have jointly developed webinars for the business sector that have focused on specific Covid-19 guidance, risk assessments, managing outbreaks and testing. Looking forward we will build on the success of this partnership.

## Lockdown: The wider impacts upon our population

In March 2020, the government entered lockdown, meaning that everyone was asked to stay at home in order to save lives. Social distancing, a term rarely heard before the pandemic, is now a key measure to keep us safe and is likely to remain until it is considered safe for the population to interact.

Lockdown has had an array of different impacts on society, both positive and negative. Many may have felt lonely and isolated, others may have lost loved ones, been furloughed, had no access to green space or live in overcrowded spaces. On the other hand, some of the positive impacts have included increased levels of volunteering, a reduction in traffic leading to reduced pollution and improved air quality.

The following section highlights the array of impacts lockdown has had on different areas of our lives.

### Local Support Grant

Since December 2020, Wolverhampton has received **£2.7 million** as part of the Covid Winter/Local Support grant. This grant has been issued through the Department for Work and Pensions and is accessible for households that have found themselves in difficulties because of Covid-19. This grant is not means tested.

The Council, alongside over 30 other providers, have engaged with the programme.

By 31 March 2021, approximately **45,000 individuals** had been supported through the grant. This included food, fuel, clothing, toiletries, sanitary products, bedding and small appliances.

### Supporting our children, young people and families

In response to Covid, school holiday activities had to be delivered online. They were all brought together on the platform “WV Virtual Squad” which went live in April 2020.

There were many different activities ranging from art and crafts (most popular), learning, cooking entertainment, sport, music and wellbeing. There were activities that were tailored for our SEND population. There was also a parent section. The site has had 23,135 unique visitors.

An Additional youth work post was employed to reinforce the stay at home message and also to address concerns of young people. To help reduce the pressure on emergency services and the risk of young people being criminalised during the COVID-19 outbreak, our local provider, Base 25 worked closely with the police to ensure that young people in Wolverhampton were behaving safely and in line with Government guidance. Each morning they liaised with Police to identify 'hot spot' areas. 62 young people, aged between 12 and 16, were engaged with.

Media campaigns reached over **16,000 people**. The most popular campaign #ISTAYHOME has reached 11700 people and our competition alerts have reached 1000 people. The detached youth work post reached 3600 people.

With the easing of restrictions, Children Services delivered a summer programme. Young people enjoyed the activities with many citing an improvement in mental wellbeing. Communities said it brought local people together. Over 3000 young people attended activities, 952 young people from black and ethnic minority backgrounds. Over 550 parents also took part in summer events.

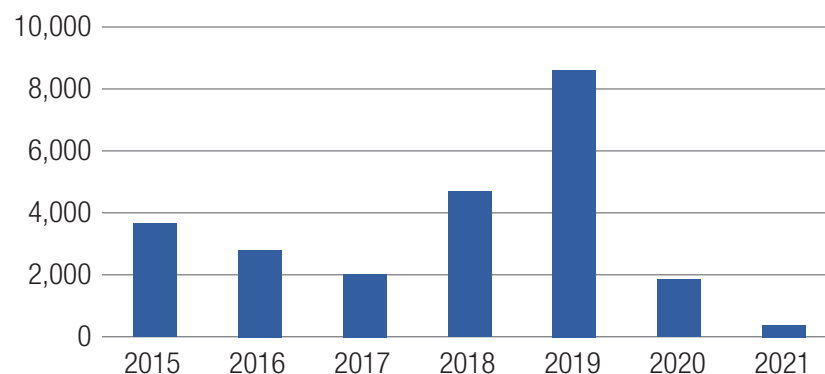
All of this work is informing how we work with children, young people and families as we continue to live with Covid-19.

## Impacts upon Cancer Screening and Cardiovascular Checks

Data suggests that during the Covid-19 pandemic, access to primary and secondary care reduced significantly. Nationally, elective hospital admissions fell by 65.1% in all ages between April-June 2020, compared to 2018 and 2019 averages. Similarly, emergency admissions **fell by 26.2%** in all ages between April-June 2020, across England.

In a YouGov poll in January 2021, more than half of respondents (51.9%) reported that they did not seek medical advice for a worsening medical condition during the first lockdown, of these more than half stated that their reason for not accessing support was to 'avoid putting pressure on the NHS'.

## Health Checks

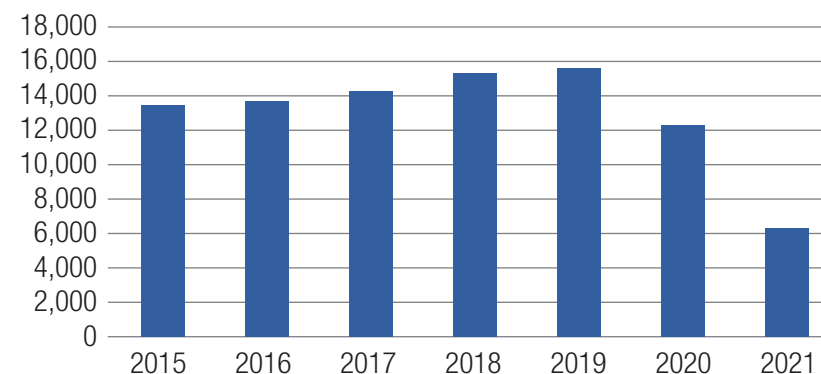


The NHS Health Check is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

Following efforts by Primary Care services and Public Health in Wolverhampton, the number of NHS Health Checks had increased significantly in 2018 and 2019.

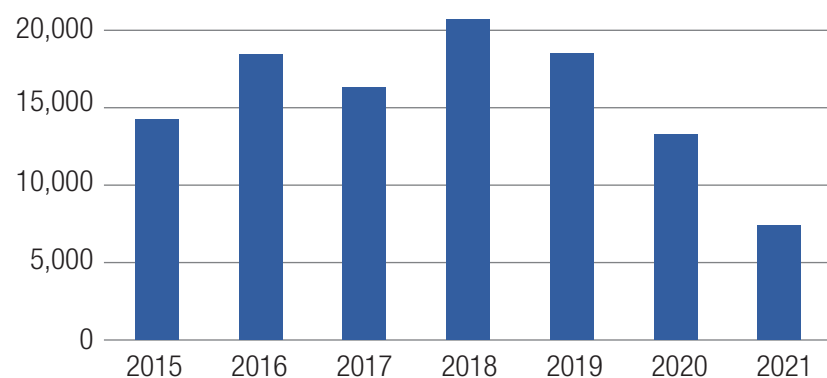
However, following the start of the Covid-19 pandemic, the number of NHS Health Checks completed have reduced significantly, in 2020 and the first 4 months of 2021.

## Cervical Screening



Following 5 years of consecutive growth in the number of Wolverhampton residents taking part in the NHS Cervical Cancer Screening programme, there was a **reduction of more than 20%** in 2020 compared to the previous year. This was caused as a result of disruption to primary care services during the pandemic and because the lab capacity was required for Covid-19 test processing.

## Bowel Cancer Screening



The number of Wolverhampton residents taking part in the NHS Bowel Cancer Screening programme fell in 2020, by more than 25%, compared to the previous year, which is likely to have been due to the disruption caused by the Covid-19 pandemic.

Academic research is currently being undertaken to ascertain how significant the impact the reduction in access to services will be on the health of the population. However, some preliminary findings have been published, on areas such as the impact on cancer outcomes. A study published in December 2020, suggests that the delays in diagnosis will lead to **between 3,291 and 3,621** additional deaths across the UK from the four major cancer types (Breast, Colorectal, Lung and Oesophageal).<sup>3</sup>

## The mental health and wellbeing challenge

The pandemic has impacted our mental health, as well as our physical health. Evidence shows that self-reported mental health and wellbeing worsened during the first national lockdown. Psychological distress, anxiety and depressive symptoms increased; lockdowns, economic insecurity, social distancing, and restrictions on travel resulted in some people reporting higher rates of loneliness and poorer well-being.

## Health impacts of furlough

People impacted by furlough may have responded in different ways depending on their individual circumstances. Some may have welcomed the break from work to look after children or dependents, however, for many it would have been a difficult time with a range of emotions that may have included:

- Increased stress about the future, including uncertainty about financial circumstances and the longer-term stability of their employer
- Losing a sense of purpose and value caused by a lack of daily routine and having to spend more time at home
- Feelings of loneliness and isolation through a lack of connection and communication with others.

## Our City-Wide Response:

- Championed national campaigns to promote mental health and wellbeing, including self-help tools from 'Every Mind Matters'.
- Created a digital platform Stay Safe Be Kind which held a directory of resources about keeping well in lockdown.
- Worked closely with local 'Health Champions' and 'Community Development Workers' to disseminate health and wellbeing messages and promote pathways to mental health services for people from refugee, migrant and minority ethnic communities.
- Signposted to the Wolverhampton Healthy Minds services for people experiencing low mood, stress, or anxiety. Those needing more targeted support could contact the Black Country Healthcare (BCHC) Rethink 24-hour helpline, or the new 24/7 Black Country Crisis-line to navigate access to timely support.
- Worked collaboratively with BCHC to manage outbreaks in acute settings to keep hospital wards open for those facing more acute mental health problems.
- Supported local efforts to increase Covid-19 vaccine uptake by people with serious mental illness and care givers.



**Spotlight:** During Mental Health Awareness week May 18th -24th 2020, we ran a campaign to celebrate kindness. Residents engaged with the campaign to thank those who helped them during lockdown and made commitments to be more responsible, helpful and kinder to others.

## Next steps

We will refresh the strategic vision for public mental health across the City. We will continue to strengthen our relationships with our strategic partners, including the CCG, Primary Care, BCHC, Voluntary sector and others to ensure a joined-up approach across all workstreams. This includes engaging with communities to assess the impact of the pandemic on their mental health and wellbeing. This will include understanding both the challenges faced, the protective factors that have helped people stay well, and access to services. In addition, we will continue to provide health protection advice to settings managing people experiencing serious mental illness within our city.

<sup>3</sup> [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30388-0/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext)

## Economic impacts of lockdown

In March 2020, the UK Government asked millions of people to stay at home to protect lives. Non-essential businesses, schools and shops closed. This meant that millions of people were unable to go to work. Only those doing essential work, such as providing healthcare or food, were able to continue to work.

This disruption meant many businesses couldn't operate in the usual way. Many employees couldn't go to work and many businesses had to adapt to new ways of working. Some businesses cut costs by furloughing their employees or letting them go. As a result, many people lost their job or part of their income.

### Key challenges have emerged from the pandemic in Wolverhampton:

- Unemployment levels increased
- The Universal Claimant count **increased by 7,000** in the city in 2020
- Young people have been disproportionately affected. Between December 2020 and February 2021, **3.5% of 16 and 17-year-olds** in the city were Not in Education, Employment, or Training (NEET) and 'not known' (individuals whose outcomes are unknown)
- Over 50s in long term employment have been affected by redundancy
- Unprecedented economic changes - some sectors were severely affected yet others experienced rapid growth

- Digital divide has been amplified, alongside a lack of devices and connectivity
- By the end of March 2021, the number of residents furloughed had fallen to **13,300 people** from a peak of **43,100 people** at the height of the pandemic.

### Looking forward

- Programmes are being designed to support residents back into employment
- Our nationally recognised employment programme Wolves at Work has responded rapidly to support those who have been made unemployed by the temporary downturn in our economy and will continue to work with a network of **over 600 local business** to secure new employment opportunities for local people.
- New funding has been secured for longer term unemployed clients and young people specific support through Wolves at Work.
- Local and regional partnerships will be supported for Response to Redundancy services with a comprehensive communications plan in place.
- Wolverhampton remains a city of opportunity and working with further education providers and businesses we will identify the skills needed to drive forward the industries of the future and match skills to new jobs being created so that local people can achieve their potential.



## Green spaces and the local environment

The benefits of spending time outside are widely recognised, with access to green spaces, including trees and woodland, proven to improve both our physical and mental wellbeing. Access to green spaces can encourage physical activity and help reduce obesity, relieve stress, encourage social interaction and improve quality of life. This brings about cost savings to the NHS as well as wider economic benefits, through a healthier, more active population.

National evidence shows that appreciation of the local area increased for many people during lockdown, as they had more time to get to know it. In June 2020, 46% of respondents to a survey by Natural England said they were spending more time outside during the pandemic than previously.

Proximity to a park or significant green space was the strongest predictor of satisfaction with neighbourhoods during lockdown. Almost as strong was the presence of local facilities, such as shops and services, within easy reach of home.

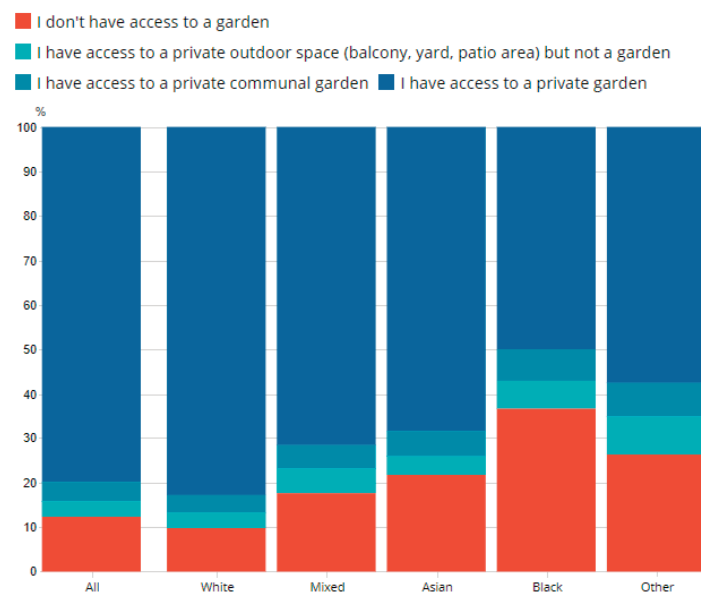
The availability of less trafficked streets, wider pavements and good walking and cycling routes from the home were particularly prized. However, throughout the UK, **over 10.7 million people** were uncomfortable in their homes and those in flats and social housing suffered the most.

## Unequal access

Access to green spaces is unequal with poorer neighbourhoods and people from ethnic minorities suffering green space deprivation. The difference is shown by the fact that, according to the GB Ward Canopy Cover website, within Wolverhampton, **23.2% of Tettenhall Wightwick** ward is covered by trees as opposed to **11.0% of Heath Town** ward.

## People from minority ethnic groups are less likely to have access to a private garden

Percentage of people with access to a private garden, by ethnic group, England, 2014 to 2019



Analysis undertaken by ONS and Natural England between 2014 and 2019 found that one in eight households (12%) in Great Britain had no access to a private or shared garden during lockdown. In London, this rose to one in five households (21%). Inequalities in access to gardens persist (see chart). In England, Black people are nearly four times as likely as White people to have no access to outdoor space at home, whether it be a private or shared garden, a patio or a balcony (37% compared with 10%).

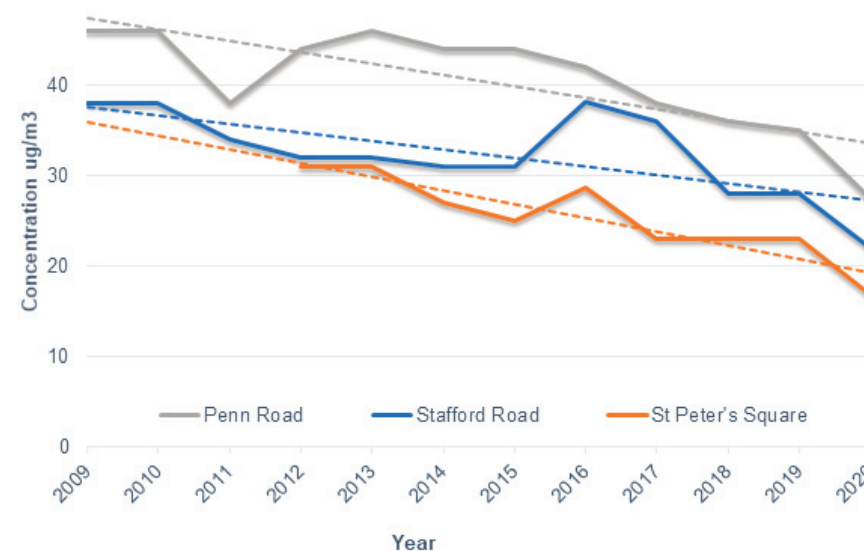
The pandemic has brought a greater awareness of these inequalities and has reinforced the importance for us in improving access to green spaces within the city.

Around 1,300 trees were planted in 2020, mainly native trees planted in community events in February and March prior to lockdown. The Black Country's first 'Tiny Forest' was planted in March 2021 at Oak Street, Merridale, sponsored by the Council and the OVO Foundation and in partnership with Earthwatch Europe. The Council has ambitious plans for winter 2021/22, including planting another 'Tiny Forest' in Bilston and 20,000 trees (funded by the Woodland Trust) in parts of the city which have lower tree cover and higher levels of deprivation.

## Air Quality

Preliminary data for 2020 shows that nitrogen dioxide (NO<sub>2</sub>) levels in the city **fell by an average of 25%** between 2019 and 2020. At least some of this is likely to be due to average traffic levels falling by over two thirds between late January and late March 2020 and remaining low throughout the summer.

### NO<sub>2</sub> Automatic sites



Source: Natural England – Monitor of Engagement with Natural Environment Study

## Physical Activity and Leisure during lockdown and beyond

On 23rd March 2020, all leisure and sports facilities closed following government guidance and the public were permitted to leave their home once per day for physical exercise such as walking and running. Anecdotally more people accessed green spaces in the city to walk, run or cycle during this period. In later lockdowns there were no limits on exercise, highlighting the importance of physical activity on wellbeing.

Sport England's Active Lives data showed that Wolverhampton's levels of physical inactivity increased by 2.7%, with physical activity decreasing by 4.1% for the year of the pandemic. This theme was reflected across the UK. WV Active's membership base **dropped from 10,000** live members pre-pandemic to **5,300** at the end of the third lockdown.

### Sport and exercise throughout the pandemic

Large physical activity events such as parkrun remained closed. Some activities were able to continue once restrictions permitted, such as Jolly Joggers, a nationally recognised couch to 5k programme scheme delivered by Mind, the mental health charity to support individuals with mental health concerns. The Wolves Foundation Head for Health programme which focuses on supporting men's mental health through physical activity operated throughout the year via virtual platforms.



The City Transport Service implemented new initiatives within the City Centre including restricting vehicle access to allow safer pedestrian routes and more cycle lanes. This was to encourage safer active travel. The Parks Service worked with visitors to provide guidance on Covid-19 safe physical activity whilst using our green open spaces.

The reduction in levels of physical activity of children and young people was a concern for education providers. The Black Country Rainbow Hour was launched in May 2020, encouraging schools to provide an hour of wellbeing and physical activity for every pupil each day. The campaign and resources were developed in collaboration with Active Black Country and other partners. 140 schools across the Black Country engaged in the programme, with over **41,000 pupils** experiencing a daily Rainbow Hour. The programme is recognised as good practice by PHE.

<sup>4</sup> <https://www.ons.gov.uk/economy/environmentalaccounts/articles/oneineightbritishhouseholdshasnogarden/2020-05-14>

## Repurposing our facilities to protect our City

During the first lockdown WV Active Aldersley Leisure Village was repurposed as a food distribution hub and the workforce was redeployed to help pack and deliver over 61,000 emergency food parcels in the city. WV Active staff were redeployed onto the Council's Stay Safe Be Kind helplines to support the city's most vulnerable.

Sport and leisure facilities reopened in July 2020 with new guidance around operating models. Public confidence to participate in sport and leisure gradually increased as services and activities returned. This was halted by the November lockdown, local restrictions in December, and the full closure of facilities in January during the third lockdown. Our leisure facilities were repurposed, and our workforce was redeployed once again to support the city's response to the pandemic.

WV Active Aldersley and Bert Williams were repurposed as vaccination centres and the WV Active Team supported the running of these sites, as well as the rapid test sites in the community. The vaccine centres were a great example of partnership working with many services from within the City of Wolverhampton Council coming together alongside the WV Active Team and wider health partners such as the Clinical Commissioning Group, regional NHS and primary care networks. This collaborative way of working will continue after the pandemic to create a joined up holistic approach to health and physical activity.

## Looking forward

Taking part in regular physical activity can support your immune system in a variety of ways, as well as reducing your risk of major illnesses, such as heart disease and stroke.

With this in mind Physical Activity, including Active Travel, Leisure and Sport Participation should be at the forefront of the recovery of the city and its community. We will apply behavioural principles to support with the recovery from the pandemic.

We are developing a strategy which will aim to provide as many people as possible with the opportunity to participate in different forms of physical activity across the city in the coming months.



## Changes to locally commissioned Public Health services

### Substance Misuse (Recovery Near You)

During the pandemic it has been essential to ensure safe and effective support for those requiring substance misuse treatment. Service provision was tailored to adhere to Covid-19 regulations whilst supporting those with complex needs and vulnerabilities. Changes to provision included virtual appointments for assessments, keyworker support and training which allowed volunteers to issue life-saving Naloxone kits and extended supplies of needle and syringe equipment to service users. Naloxone is an emergency medication that can reverse the effects of an overdose of opioids such as heroin.

A review of the substance misuse impacts on the local population during and following the pandemic will shortly be undertaken to ensure pathways to access support adequately reflect the needs of the population.

### Sexual Health Service (Embrace)

Sexual health services were affected across the country. During the first wave, the local service Embrace established phone triage appointments to reduce face to face clinic visits. Throughout April to June 2020, staff capacity was reduced and about 50% less patients were seen. Online testing kits for sexually transmitted infections were promoted. Some services such as fitting long-acting reversible contraceptives (e.g. coils, implants) were significantly reduced in Embrace and in primary care, and as a result, people were supported with alternative contraception.

The pandemic has forced the service to deliver differently, and some changes will be maintained. The positive changes have included digital appointments, postal prescriptions, and ChatHealth which allows residents to text the service with concerns.

Through a partnership approach with Embrace, a joint review of the sexual health and contraception impacts will need to be understood to inform further service transformation.

## Maternity Services, Health Visitors and School Nurses

During the first lockdown it became much harder for maternity services and health visitors to go into homes to check on the health and wellbeing of new-born babies as is usual practice. As schools were closed, school nurses could not keep an eye on pupils in the normal way. This raised concerns that where babies and children were in circumstances that posed safeguarding risks, they could be overlooked. It also meant there were risks regarding not identifying developmental delays or poor mental health in parents which can then affect their relationships with children.

Public Health worked with Children's Services, health services and safeguarding colleagues to draw up protocols for working that included when and where video calls to families would be used, and when these would step up to being a face to face contact, using correct PPE. All services worked extremely hard to ensure no child who needed additional support was missed. In addition, School Nurses undertook twice-weekly telephone calls to families under the safeguarding umbrella to ensure their safety.



## Tuberculosis (TB) Team

Many NHS teams were redeployed to support the treatment of patients admitted with coronavirus. This included the Wolverhampton TB Team, who were asked to support the Covid-19 ward at New Cross Hospital. The team adapted to meet need during the most challenging of times. For example, to reduce the number of hospital attendances needed to diagnose TB, the type of diagnostic test used to screen contacts was changed and where suitable, face to face clinics were converted to telephone consultations.

The pandemic has demonstrated the need to be flexible in approaches to service delivery. As a direct consequence, we are now working collaboratively with the TB Team to explore the use of video technology to support vulnerable service users to complete treatment. This will not only enable better health outcomes but empower individuals and promote independence.



## Flu Fighters

Our successful Flu Fighters campaign was introduced in 2018 to increase flu vaccine uptake within school children. The campaign produced a child friendly booklet using comical characters to convey key messages on the risks and preventative action we can take against flu.

Having won an award in 2019, in 2021 Flu Fighters was again recognised as good practice; 11 other local authority areas have shown an interest in running the campaign in their areas, including 9 London boroughs, Worcestershire and Herefordshire. We hope to continue to expand the campaign in the coming years.

## Our Covid-19 Response: Preventing Onward Transmission

### Covid-19 testing

Testing has been a key strategy in Wolverhampton to ensure that cases of Covid-19 are identified and isolated as soon as possible to stop the spread of the virus. The sites in operation provided a testing centre within a 2-mile radius for most of the city's residents, making it convenient and simple to access.

### Symptomatic testing

Wolverhampton launched the first mobile drive through unit in April 2020. In partnership with the Royal Wolverhampton Trust, a team of nurses and support staff provided access to testing for residents across the city.

The Department of Health and Social Care began establishing fixed symptomatic testing sites across the country in May 2020. Wolverhampton established excellent relationships with the DHSC, allowing us to open a number of symptomatic sites across the city in a short space of time. The sites allowed residents who displayed symptoms of Covid-19 to access a test at their earliest convenience and obtain their results within 24 hours. Sites were established in 6 locations in Wolverhampton. These include Showell Road, Whitmore Reans Library, Faulkland Street Car Park, Mountford Lane Car Park, Blakenhall Resource Centre and a drive through site at Aldersley Leisure Village.

### Asymptomatic testing

Wolverhampton launched its first lateral flow asymptomatic testing site on 7 December 2020 after a successful pilot site at Guru Nanak Sikh Gurdwara on Sedgley Street. Wolverhampton led the region in establishing several faith and community led sites in mosques, churches and community centres, all run by community volunteers. These local community sites were key partners and were able to assist in breaking down barriers to testing. They engaged local communities, as trusted and local venues, making testing both acceptable and accessible. The sites created familiar and safe spaces for community members to attend to take a test. Receiving national recognition for the strong faith and community relationships, Wolverhampton's approach has been used as a best practice model across the country.

**Over 85000 asymptomatic tests** have been completed to date within the city.

During the peak of the pandemic, Wolverhampton had the following Lateral Flow Testing sites open to the public for use: Ashmore Park Community Hub, Civic Centre, Bilston Community Centre, Pendeford Library, St Joseph's Church and Bilal Mosque. To complement the sites, a mobile testing unit was commissioned in March 2021. This allows for testing to be situated in areas of concern, determined by data available, or in high footfall areas to support our residents to remain as safe as possible.

In addition, a Blue Light Test Site was introduced at Fallings Park Fire Station in December 2020. The site is operated by West Midlands Fire Service (WMFS) staff volunteers and is open to WMFS and West Midlands Police staff and their households who live or work in Wolverhampton.

### Spotlight on Proactive Testing: Graiseley

In July 2020, local Public Health Epidemiologists witnessed a rise in infections in the Graiseley area of the city. The Public Health Team quickly mobilised to set up a pop-up walk-through testing site at the Graiseley Strengthening Families Hub to offer people tests without the need for an appointment.

Working in partnership with the NHS, Public Health arranged for swabs to be sent for lab processing, so residents could be provided with results within 24 hours. The Council lead pilot was successful in identifying positive cases and providing advice and guidance on how to isolate to reduce the spread of infection.



### Enhanced Local Contact Tracing

On 11 December 2020, the Local Contact Tracing Team was established to take on Tier 2 calls from NHS Test and Trace. The team uses a local Wolverhampton number to connect with positive cases that the national NHS Team are unable to contact and has contacted over 3,000 positive cases to date. They can also make direct referrals to the Stay Safe Be Kind Hotline for those who are struggling with self-isolation to provide financial support, food parcels or refer for mental health and wellbeing advice.

The future of test and trace is to allocate Covid-19 positive cases directly to the local test and trace teams to undertake contact tracing at a local level. Concerns over potential outbreaks can be highlighted more quickly, alerting the local Health Protection Team to risks much earlier.



The **Community Champions programme** supports people shown to be most at risk from Covid-19 to adhere to guidance and reduce the impact of the virus on themselves and those around them. Community Champions have been working in partnership with the Clinical Commissioning Group to support the rollout of the vaccine in key localities across the city, identified by joint intelligence.

There are over 190 Community Champions comprising residents, voluntary and community partners and businesses and statutory organisations. Activity has included outreach services, Covid-19 Safety Packs, regular radio messaging by community and Faith Leaders in over 15 languages, young people's Stay Safe competition, Q&A sessions, social media videos and befriending calls to older people.

Messages have been co-produced and disseminated by Community Champions who are trusted in their neighbourhoods. They provide information and support to residents to stay safe and address vaccine hesitancy.

Our aims are to further develop the Community Champions programme to reduce the disproportionate impact of the virus on specific communities through making available funding and resources. This will help shape future local approaches to health improvement, including the promotion of good mental health.





## Vaccination

Vaccines are at the heart of the Government's strategy to manage Covid-19. We have worked closely with the Royal Wolverhampton NHS Trust, Clinical Commissioning Group and Primary Care Networks to support the vaccine roll out to our residents. We have built on our already established relationships to create a 'One City' approach to vaccinations to ensure no one is left behind.

In partnership, to date we have successfully vaccinated the majority of health and social care staff, including care home staff and are continuing with a local vaccination offer to all residents. By 31 March 111,380 first doses and 18,235 second doses of the lifesaving Covid-19 vaccine were given in Wolverhampton. As part of this 'One City' approach, we have supported GP practice sites to further accelerate the local rollout by providing expertise in site builds, highways management, communication, community

consultation and where needed, additional staff resource. We also created two large GP-led sites in the City at WV Active Aldersley and WV Active Bilston Bert Williams. These sites have offered their facilities and staff resources, which have significantly increased the capacity for the City to deliver vaccinations in a more coordinated and Covid-19 secure way.

In addition, the Vaccination Sites were established through multi-disciplinary support from colleagues in our Transport and Traffic Management Teams.

In order to have a systematic and coordinated approach with our local GP practice sites, we have established a contact centre to support local GPs to get residents booked in for their vaccine and offered transport to and from vaccination sites. We have pro-actively contacted people who are yet to take up vaccinations to ensure they have equitable access to the vaccine. The call centre addresses the concerns that residents may have about the vaccine and enables us to implement a co-productive approach to work with our communities to increase vaccine uptake together. The call centre will continue to operate until we are confident that all eligible residents have been given the opportunity to access a vaccine.

We will continue working with the Clinical Commissioning Group to ensure GP records for priority groups of residents such as for adults with learning disabilities, those diagnosed with a severe mental illness, vulnerable residents and unpaid carers are up to date. Improvements in data will further enhance access to vaccinations.

## Behavioural Science

Behavioural science is crucial to reducing the spread of Covid-19 as it enables us to understand and change the actions of our residents. We have drawn from psychological evidence and insights to maximise the opportunity for people to maintain preventive actions over time. This includes hand hygiene, wearing face coverings, social distancing and wider behaviours which will have long term impacts on the health of our population.

## Communications

Our communications strategy underpinned all of our work throughout Covid-19. We utilised a range of communications methods, tailored to effectively reach our diverse population. Informed by principles of behavioural science, we have been able to understand and influence the actions to help keep people safe during the pandemic.

Our campaigns and messaging have been delivered via traditional and digital channels. This has included working with locally trusted figures and celebrity influencers to address Covid-19 protection activities such as testing and vaccine uptake.

Our Community Champions Network also carried out targeted engagement activities and helped people book their vaccine by undertaking door knocking to promote access to pop-up vaccination clinics. We delivered hard-hitting communications, demonstrating the dire reality of the pandemic. By sharing the number of patients suffering in intensive care at New Cross Hospital, we highlighted the genuine threat it posed to residents.

We tackled misinformation directly by providing access to a reliable source of information and advising residents to ignore conspiracy theories.

We recognised the diversity of our residents and provided resources in more than 15 languages spoken in the city, as well as British Sign Language (BSL). Recognising that many do not have access to digital channels, we sent out printed letters, bespoke newspapers and leaflets to the most vulnerable. We organised regular Covid-19 updates on local radio and provided an automated message on our 'Stay Safe Be Kind' helpline, summarising current restrictions. Our council webpage can also be translated in over 52 languages, thereby supporting individuals with accessing Covid-19 information.

## Governance

Building on the pre-existing foundations of strong multi-agency working in the city, we established a partnership framework at the start of the pandemic that has strengthened over the last year. This has been supported by a governance structure with clear roles and responsibilities as outlined in Wolverhampton's March 2021 Outbreak Control Plan. Wolverhampton's Health and Wellbeing Board, known as Health and Wellbeing Together, and the Local Outbreak Engagement Board, chaired by the Leader of the Council, have provided strategic oversight of these governance arrangements. As the city moves towards living with Covid-19 our governance framework will flex, while remaining responsive, so that it can continue to provide leadership and democratic oversight of the approach taken to address Covid-19 in the city.

## Looking ahead: Relighting our City

Jobs, housing, transport, neighbourhoods, family, friends and community are all key in shaping our health and wellbeing and therefore also any inequalities in our health and wellbeing. A safe, sustainable roadmap out of tighter national restrictions will be a vital step to recovery for the economy and the social capital of communities.

The Relighting Our City Plan sets out the City of Wolverhampton Council's Covid-19 recovery commitment. Developed after extensive engagement with over 2,500 local people including residents, young people, the voluntary and community sector and other stakeholders, employees, Councillors and businesses, it outlines the Council's commitment to continue to work with partners to support the City to live with and recover from Covid-19.

### **This engagement has shaped the Council's five-point recovery priorities:**

- Support people who need us most
- Create more opportunities for young people
- Generate more jobs and learning opportunities
- Grow our vital local businesses
- Stimulate vibrant high streets and communities

### **These in turn are underpinned by three cross cutting thematic areas:**

- **Climate focused:** The recovery commitment is aligned to the Council's climate change strategy 'Future Generations' and our target to make the Council net carbon zero by 2028.
- **Driven by digital:** The City is at the forefront of digital infrastructure and innovation, and now more than ever we have seen the importance of digital skills and connectivity to social and economic participation for the City's residents.
- **Fair and inclusive:** The Council will continue to tackle the inequalities in our communities which impact on the opportunities of local people. This will support local people to benefit as much as possible from improvements in the local economy.

## **RELIGHTING OUR CITY** **RESET, RECOVER AND RELIGHT.**

**OUT OF DARKNESS, COMETH LIGHT...OUR CITY MOTTO HAS NEVER BEEN MORE RELEVANT.**  
**WE'VE BEEN HIT-HARD BY THE PANDEMIC, BUT WE WILL RESET, RECOVER AND RELIGHT.**



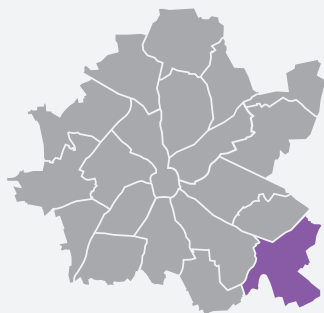
## Place-based approach

The causes of health inequalities can be a complex mix of environmental and social factors which play out in a local area, or place. Therefore, where you live affects your health - this means that local areas have a critical role to play in reducing health inequalities. Focusing on local areas considers the contribution that communities can make to improve health outcomes. This goes beyond the provision of healthcare services and focuses on ensuring everyone has the opportunity to lead a healthy life, regardless of where they live.

Our place-based approach builds on the assets and strengths of specific communities. Not only is this empowering it is also cost-effective and sustainable because it harnesses the resources of citizens, community groups, the third sector and wider system. By focusing on reducing levels of deprivation and addressing inequalities we will create sustainable and resilient communities. The Ward Profiles shown in the next section will inform this work.

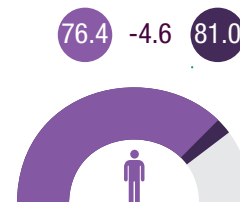


## Your ward at a glance: Bilston East



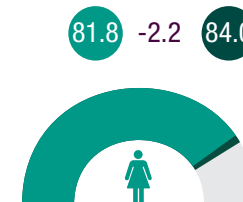
### Male

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



### Female

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



### Total population

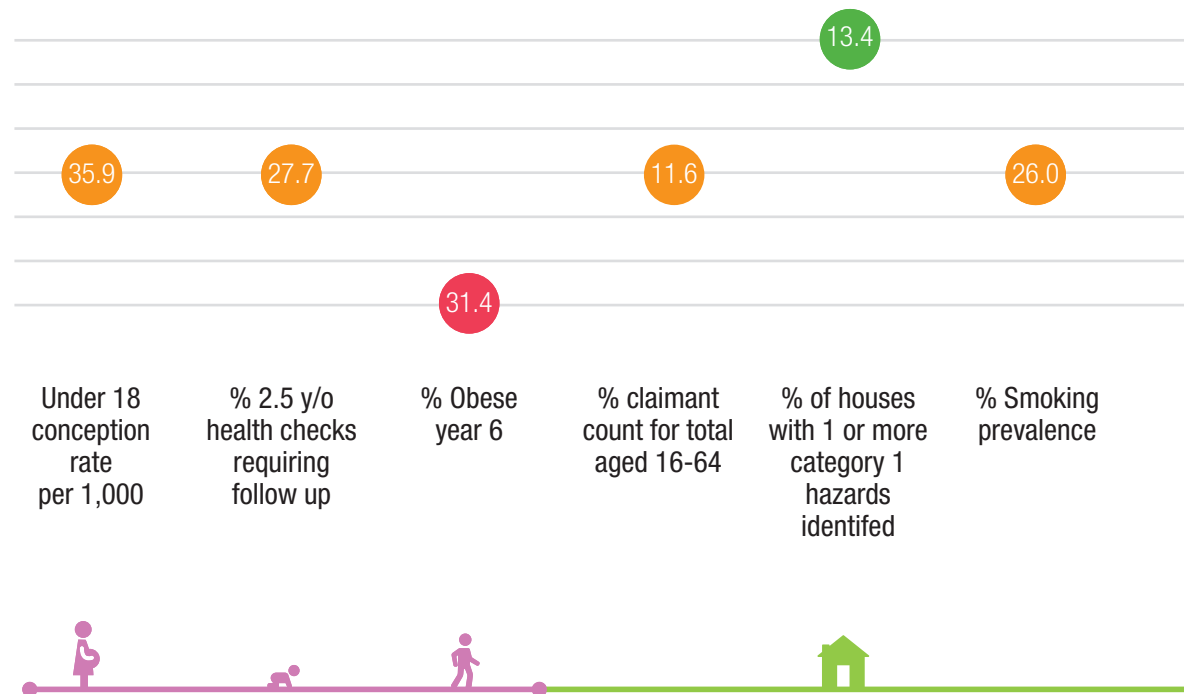
**14,916**



**20.5%**

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

## What is life like in your ward?



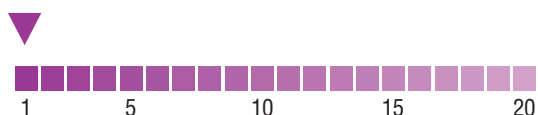
**35.8%**

**Children living in poverty**

### City deprivation ranking

Most deprived

Least deprived





**16.2%**  
private rented  
households

● This is close to the city average



**2,159**  
Total  
recorded  
crime

● This is worse than the city average

**309**

Number of  
0-25s requiring  
**SEN Support**



5.8% of 0-25 population

**145**

Number of  
0-25s on  
**EHCP**



2.7% of 0-25 population

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

68.2

1511

336

13.2

10.6

28.5

186

727

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

2305  
Rate per  
100,000, falls  
admissions 65+

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

14.6  
% below  
average or  
very low  
wellbeing  
65+

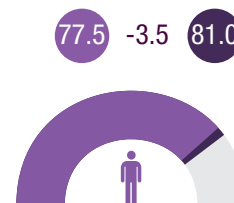


## Your ward at a glance: Bilston North



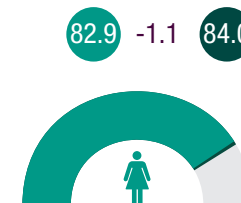
### Male

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



### Female

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

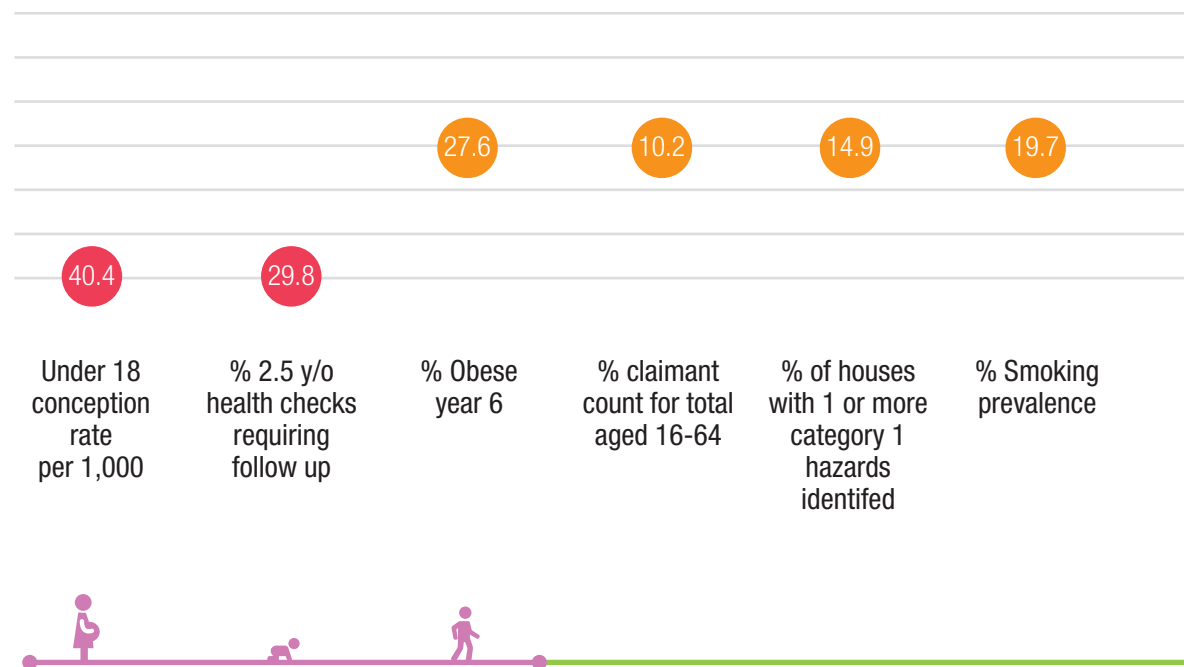


Total  
population  
**12,440**



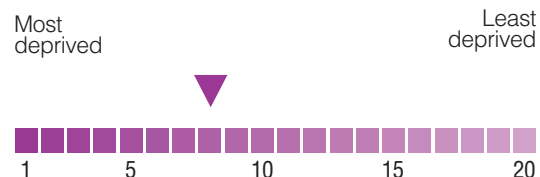
**26.8%**  
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**28%**  
**Children  
living in  
poverty**

### City deprivation ranking





**7.9%**  
private rented  
households

● This is better than the city average



**1,016**  
Total  
recorded  
crime

● This is close to the city average

**302**

Number of  
0-25s requiring  
**SEN Support**



7.6% of 0-25 population

**131**

Number of  
0-25s on **EHCP**



3.3% of 0-25 population

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

72.6

20.4

472

1182

304

12.9

11.4

137.0

1938

8.1

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

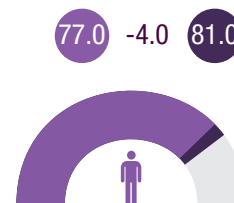


## Your ward at a glance: Blakenhall



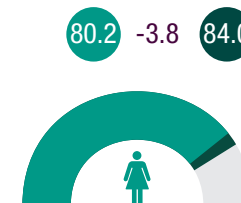
### Male

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

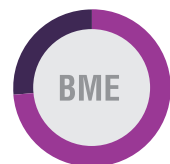


### Female

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

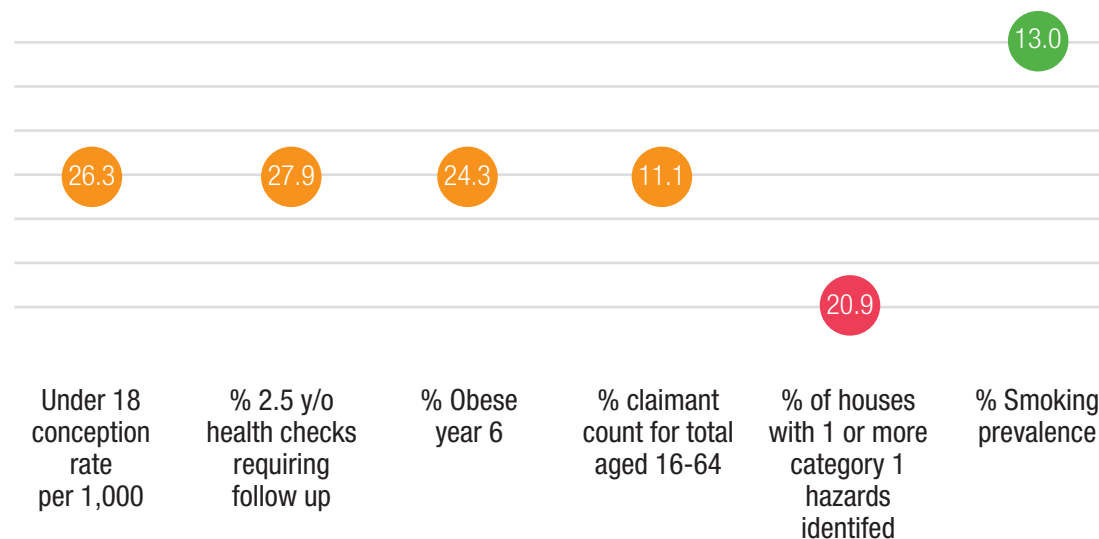


Total  
population  
**13,247**



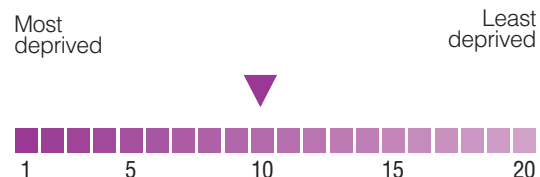
**73.7%**  
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**35.3%**  
**Children  
living in  
poverty**

### City deprivation ranking





**21%**  
private rented  
households

● This is close to the city average



**1,258**  
Total  
recorded  
crime

● This is close to the city average

**216**

Number of  
0-25s requiring  
**SEN Support**



4.8% of 0-25 population

**73**

Number of  
0-25s on **EHCP**



1.6% of 0-25 population

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

Rate per  
100,000  
diabetes  
prevalence



Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision



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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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



% below  
average or  
very low  
wellbeing  
65+

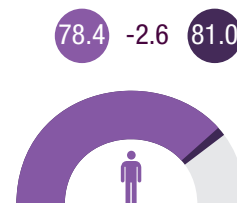


## Your ward at a glance: Bushbury North



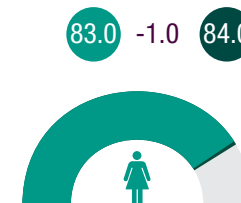
### Male

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



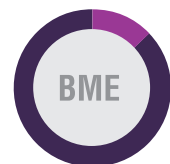
### Female

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



### Total population

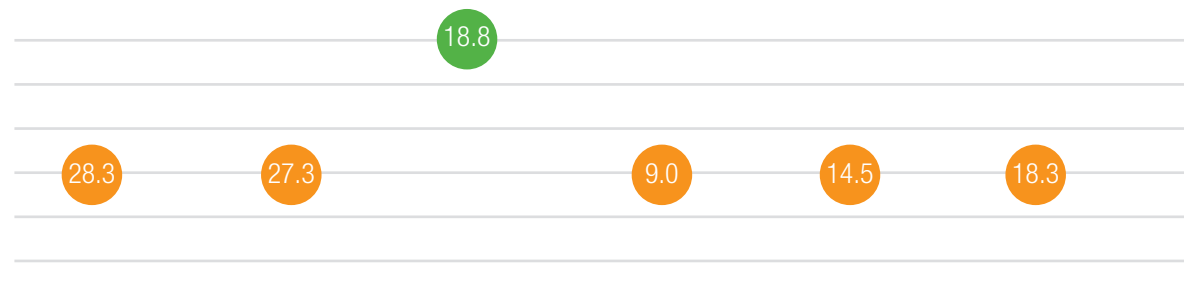
**12,153**



**12.8%**

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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence



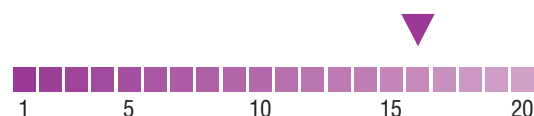
**26.9%**

**Children  
living in  
poverty**

### City deprivation ranking

Most  
deprived

Least  
deprived





**9.0%**  
private rented  
households

● This is close to the city average



**861**  
Total  
recorded  
crime

● This is close to the city average

**231**

Number of  
0-25s requiring  
**SEN Support**



6.5% of 0-25 population

**95**

Number of  
0-25s on **EHCP**



2.7% of 0-25 population

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

236

66.6

126.6

1352

11.9

66.6

22.6

1911

8.3

826

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

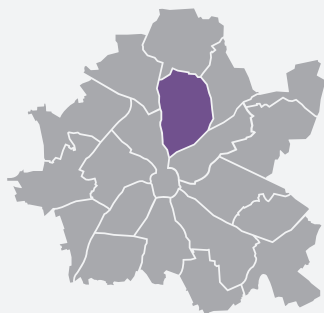
Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

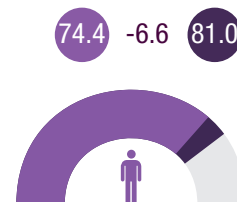


## Your ward at a glance: Bushbury South and Low Hill



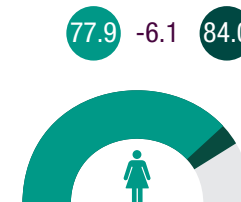
### Male

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

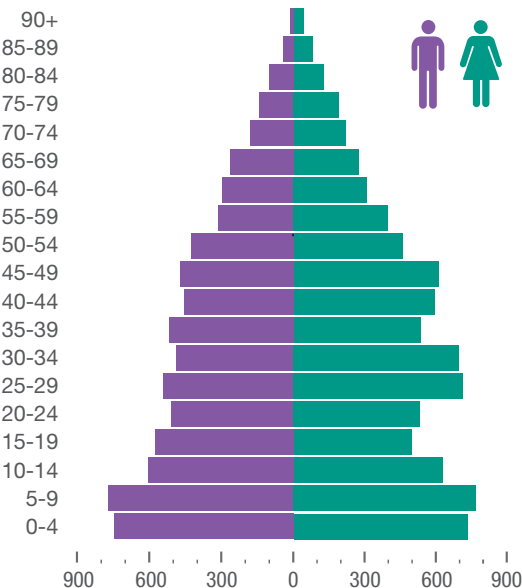


### Female

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



## What is life like in your ward?



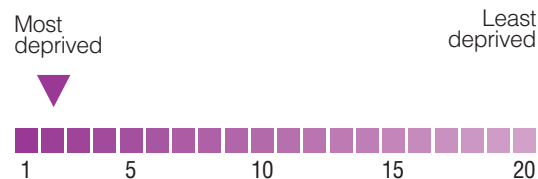
Total  
population  
**16,549**



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

**38.2%**  
**Children  
living in  
poverty**

### City deprivation ranking



**49.0**  
Under 18  
conception  
rate  
per 1,000

**27.7**  
% 2.5 y/o  
health checks  
requiring  
follow up

**30.4**  
% Obese  
year 6

**17.3**  
% claimant  
count for total  
aged 16-64

**13.9**  
% of houses  
with 1 or more  
category 1  
hazards  
identified

**31.9**  
% Smoking  
prevalence





**22.7%**  
private rented  
households

● This is close to the city average



**1,607**  
Total  
recorded  
crime

● This is worse than the city average

**531**

Number of  
0-25s requiring  
**SEN Support**



7.7% of 0-25 population

**235**

Number of  
0-25s on **EHCP**



3.4% of 0-25 population

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

9.7

401

66.1

28.0

682

1733

17.6

251.5

2722

21.6

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

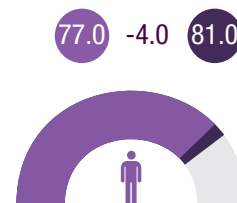


## Your ward at a glance: East Park



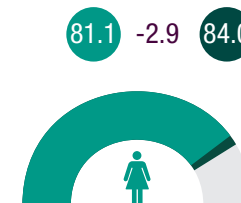
### Male

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



### Female

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

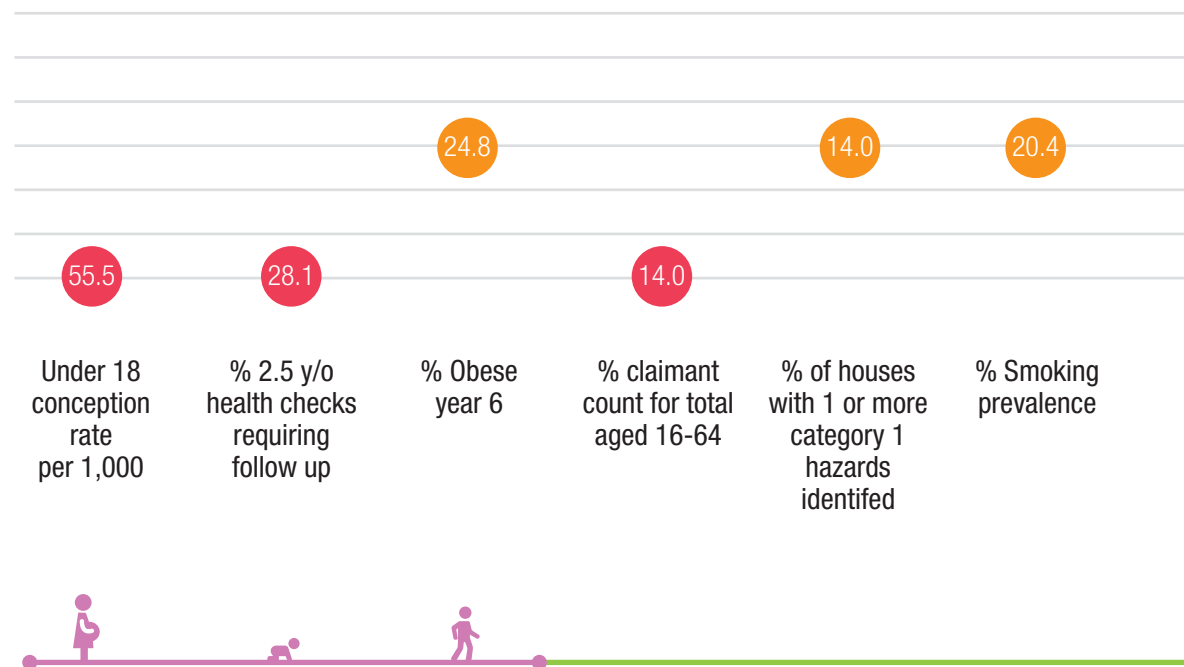


Total  
population  
**13,137**



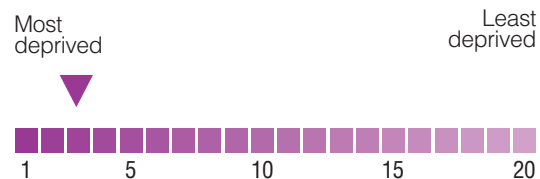
**27.4%**  
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**36.4%**  
**Children  
living in  
poverty**

### City deprivation ranking





**12.9%**  
private rented  
households

● This is close to the city average



**1,491**  
Total  
recorded  
crime

● This is worse than the city average

**330**

Number of  
0-25s requiring  
**SEN Support**



7.6% of 0-25 population

**166**

Number of  
0-25s on **EHCP**



3.8% of 0-25 population

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

9.9

1459

285

14.1

64.7

168.3

10.9

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

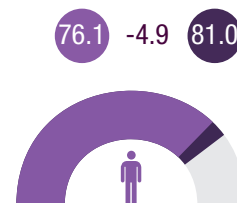


## Your ward at a glance: Ettingshall



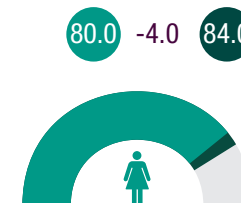
### Male

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



### Female

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



Total  
population  
**16,552**



**53.5%**  
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?

34.2

26.9

28.7

12.7

17.7

30.9

Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence

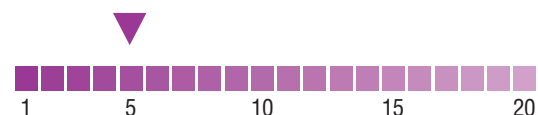


**35.4%**  
**Children  
living in  
poverty**

### City deprivation ranking

Most  
deprived

Least  
deprived





**25.6%**  
private rented  
households

● This is worse than the city average



**1,804**  
Total  
recorded  
crime

● This is worse than the city average

**393**

Number of  
0-25s requiring  
**SEN Support**



6.2% of 0-25 population

**160**

Number of  
0-25s on **EHCP**



2.5% of 0-25 population

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

74.2

9.2

18.5

1991

695

12.7

2035

477

15.1

245.7

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

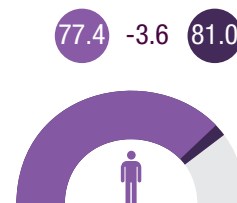


## Your ward at a glance: Fallings Park



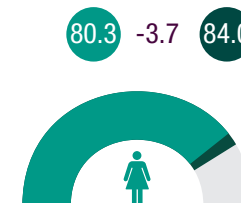
### Male

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

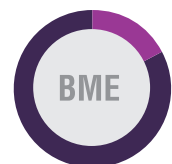


### Female

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

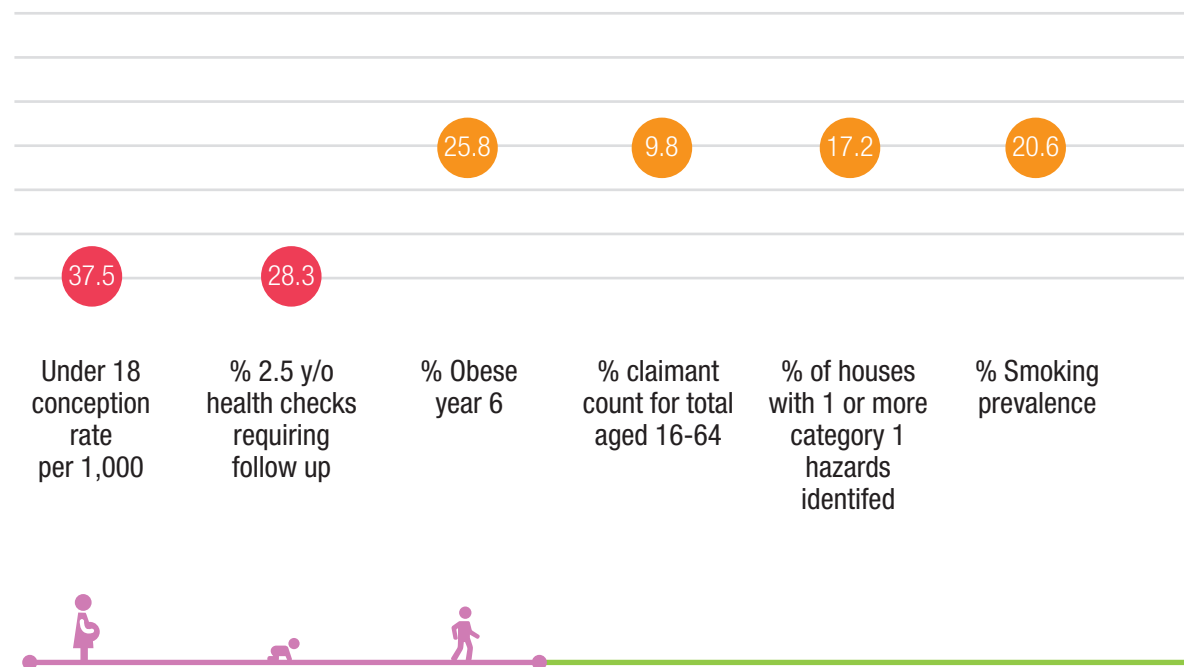


Total  
population  
**12,160**



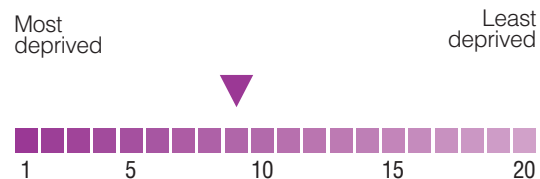
**17.4%**  
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**31.3%**  
**Children  
living in  
poverty**

### City deprivation ranking





**8.1%**  
private rented  
households

● This is better than the city average



**975**  
Total  
recorded  
crime

● This is close to the city average

**320**  
Number of  
0-25s requiring  
**SEN Support**



7.7% of 0-25 population

**124**  
Number of  
0-25s on **EHCP**



3.0% of 0-25 population

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

248

7.2

1407

12.7

62.4

11.2

193.0

2154

804

30.3

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

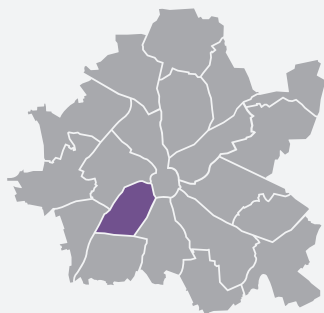
Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

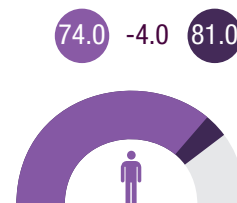


## Your ward at a glance: Graiseley



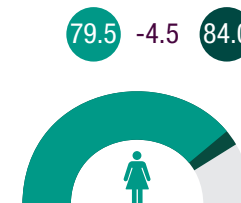
### Male

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



### Female

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



Total  
population  
**13,287**



**48.8%**  
of the population are  
**Black or  
Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?

35.9

27.0

28.1

26.0

13.0

20.9

Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence

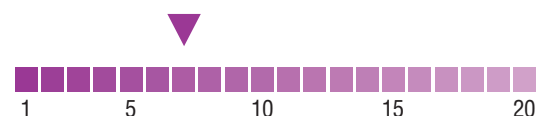


**37.8%**  
**Children  
living in  
poverty**

### City deprivation ranking

Most  
deprived

Least  
deprived





**31.5%**  
private rented  
households

● This is worse than the city average



**1,397**  
Total  
recorded  
crime

● This is close to the city average

**320**

Number of  
0-25s requiring  
**SEN Support**



5.7% of 0-25 population

**70**

Number of  
0-25s on **EHCP**



1.6% of 0-25 population

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

Rate per  
100,000  
diabetes  
prevalence

1780



Rate per  
100,000  
alcohol  
specific  
admissions

458

% Fuel  
poverty

14.1

% satisfied  
or fairly  
satisfied with  
neighbourhood

57.8

% providing  
unpaid care  
provision

10.5



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

22.3

Rate per  
100,000  
dementia  
prevalence

267.7

Rate per  
100,000, falls  
admissions 65+

1988



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

825



% below  
average or  
very low  
wellbeing  
65+

10.5

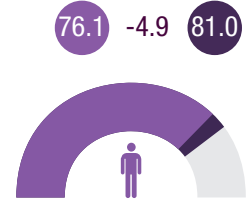


Your ward at a glance:  
**Heath Town**



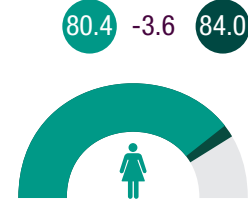
**Male**

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

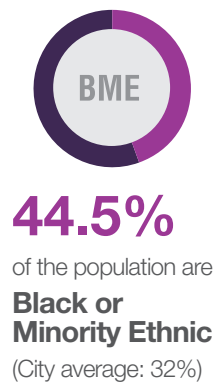


**Female**

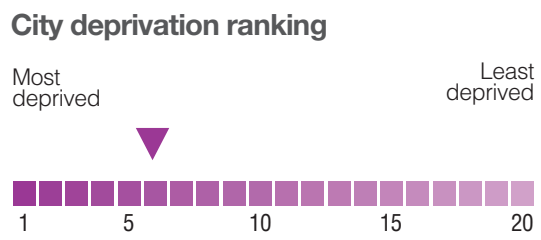
- Life expectancy (years)
- Vision 2030 (years)



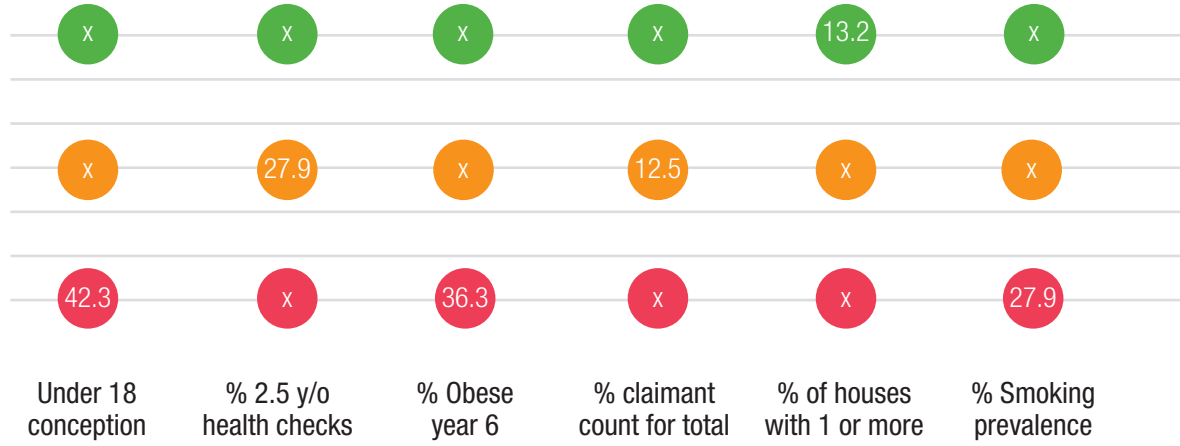
Total population  
**16,160**



**35.1%**  
Children living in poverty



What is life like in your ward?





**36.5%**  
private rented  
households

● This is worse than the city average



**1,824**  
Total  
recorded  
crime

● This is worse than the city average

**244**

Number of  
0-25s requiring  
**SEN Support**



4.1% of 0-25 population

**124**

Number of  
0-25s on **EHCP**



2.1% of 0-25 population

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

68.9

8.3

1544

393

12.7x

24.3

212.9

x

596

10.6

2210

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

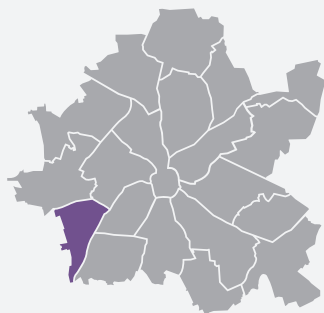
Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

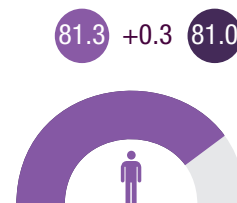


## Your ward at a glance: Merry Hill



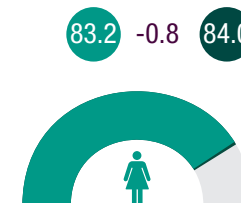
### Male

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

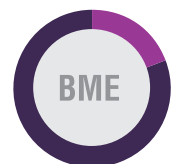


### Female

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

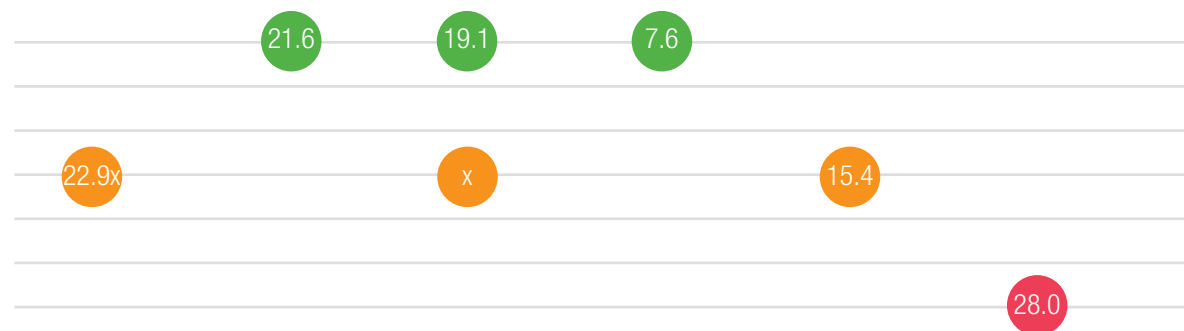


Total  
population  
**11,907**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

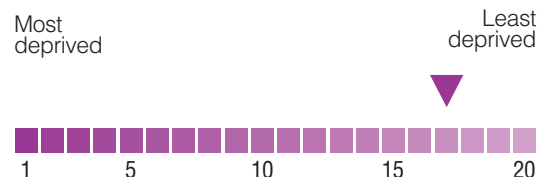
% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence



**21.2%**  
Children  
living in  
poverty

### City deprivation ranking





**6.8%**  
private rented  
households

● This is better than the city average



**780**  
Total  
recorded  
crime

● This is better than the city average

**225**  
Number of  
0-25s requiring  
**SEN Support**



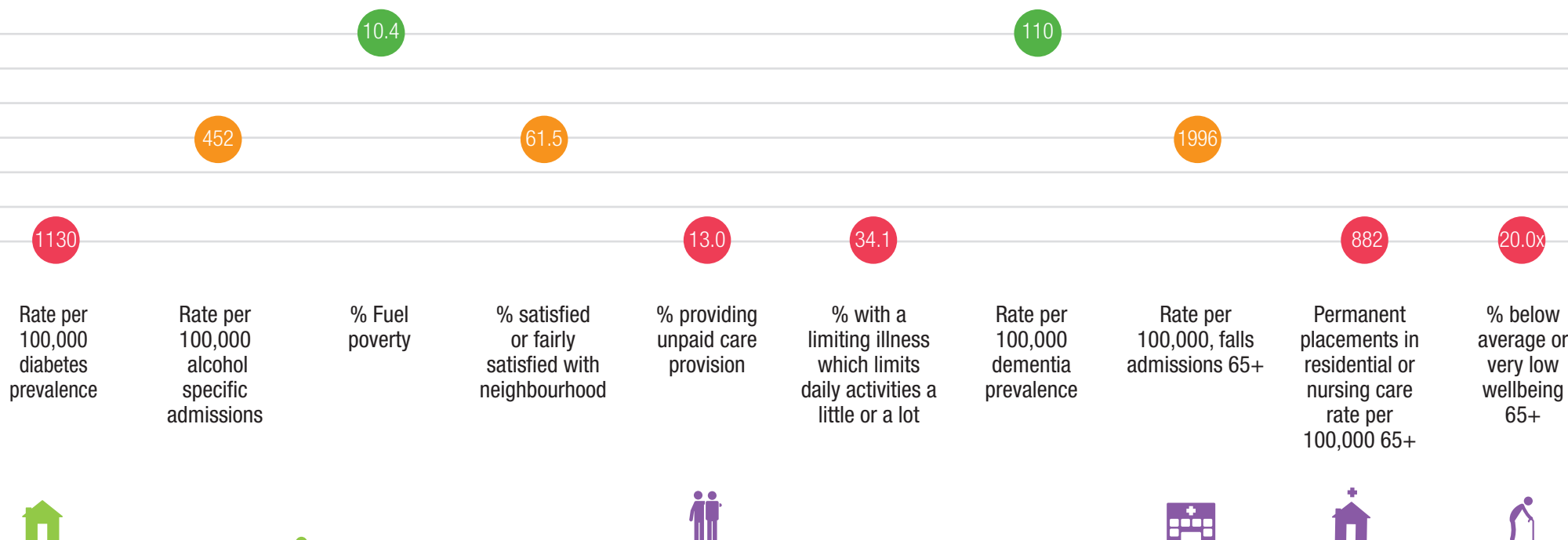
6.3% of 0-25 population

**117**  
Number of  
0-25s on **EHCP**

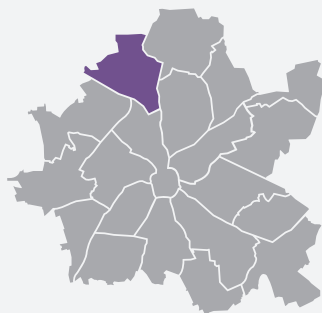


3.3% of 0-25 population

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

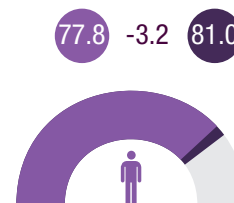


## Your ward at a glance: Oxley



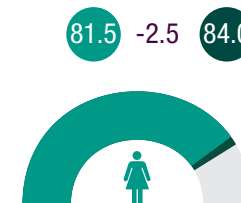
### Male

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

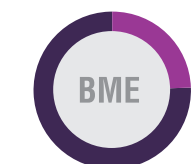


### Female

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

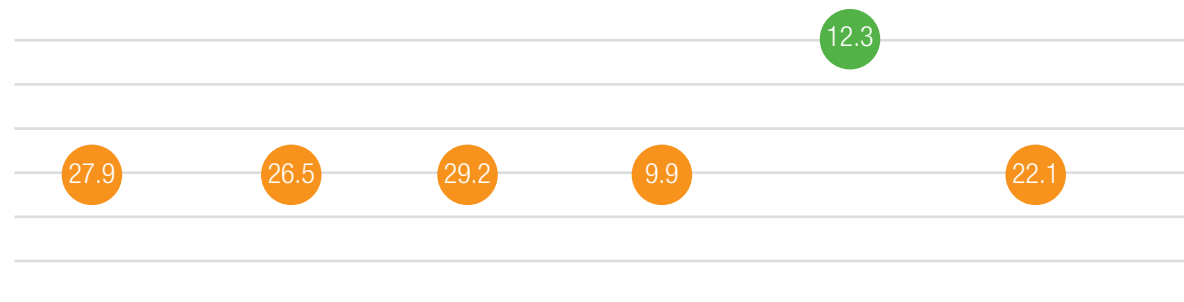


Total  
population  
**12,655**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

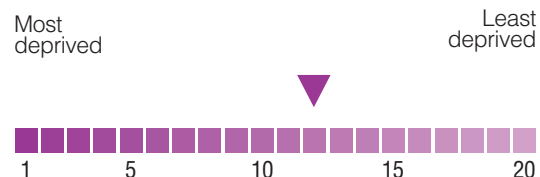
% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence



**31.2%**  
Children  
living in  
poverty

### City deprivation ranking





**8.9%**  
private rented  
households

● This is close to the city average



**793**  
Total  
recorded  
crime

● This is close to the city average

**299**

Number of  
0-25s requiring  
**SEN Support**



7.3% of 0-25 population

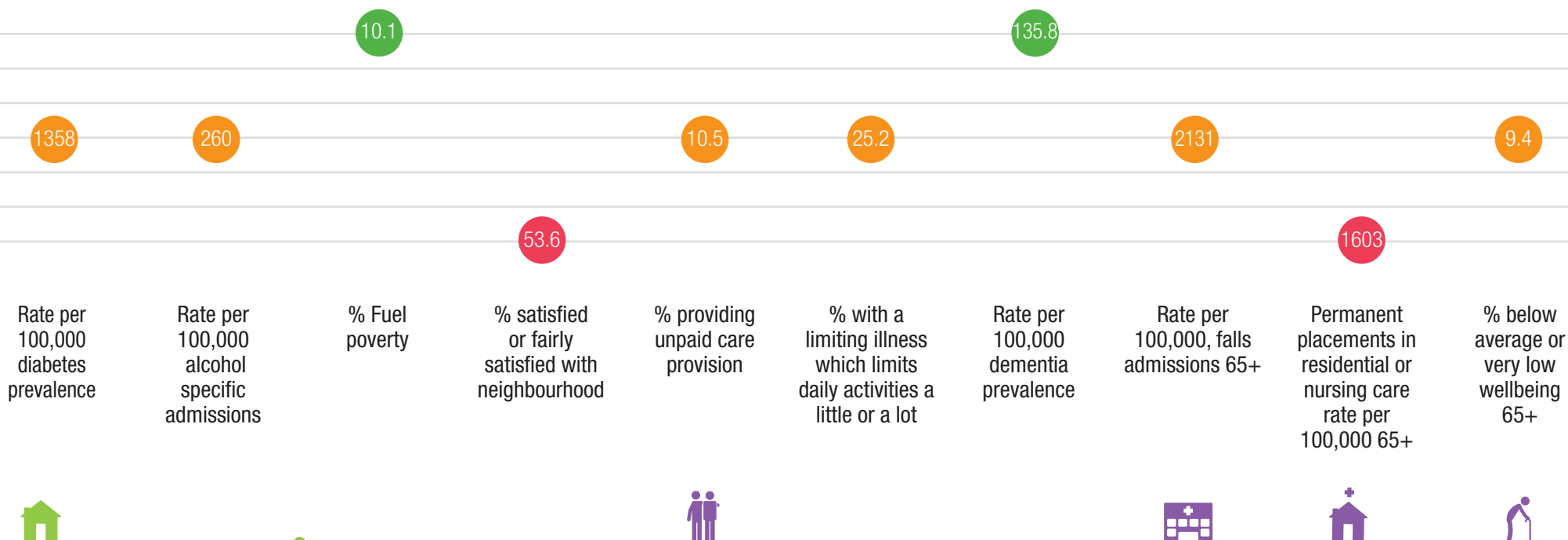
**120**

Number of  
0-25s on **EHCP**



2.9% of 0-25 population

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

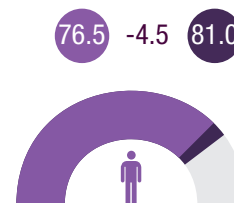


## Your ward at a glance: Park



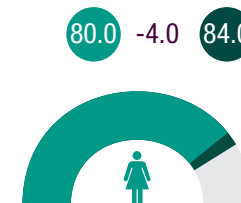
### Male

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



### Female

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

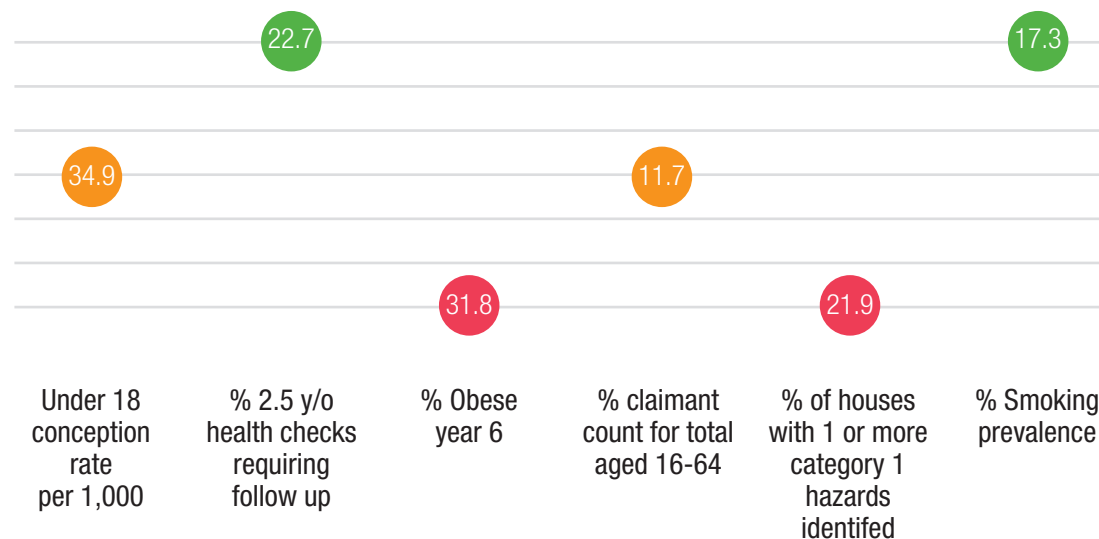


Total population  
**9,776**



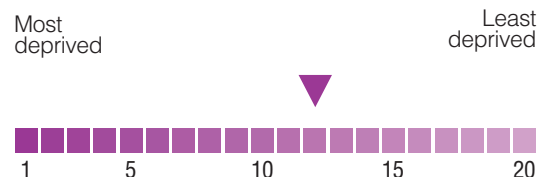
**42.7%**  
of the population are  
**Black or Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



**30.5%**  
**Children living in poverty**

### City deprivation ranking





**37.3%**  
private rented  
households

● This is worse than the city average



**1,380**  
Total  
recorded  
crime

● This is close to the city average

**146**

Number of  
0-25s requiring  
**SEN Support**



3.8% of 0-25 population

**75**

Number of  
0-25s on **EHCP**



2.0% of 0-25 population

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

Rate per  
100,000  
diabetes  
prevalence



Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision



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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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



% below  
average or  
very low  
wellbeing  
65+

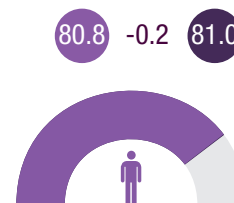


## Your ward at a glance: Penn



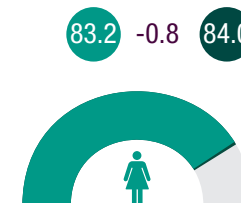
### Male

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



### Female

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



### Total population

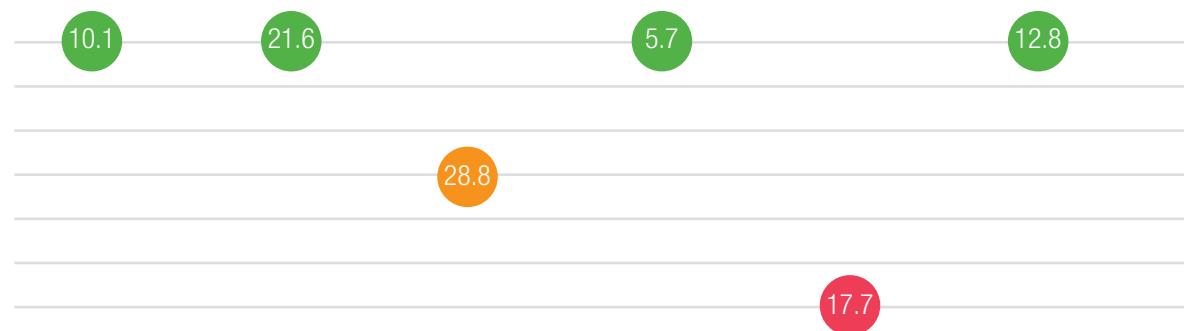
**12,378**



**33.0%**

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

## What is life like in your ward?



Under 18 conception rate per 1,000

% 2.5 y/o health checks requiring follow up

% Obese year 6

% claimant count for total aged 16-64

% of houses with 1 or more category 1 hazards identified

% Smoking prevalence



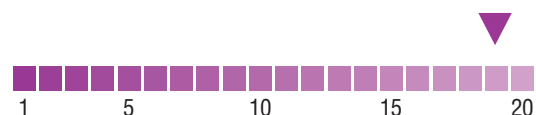
**17.1%**

**Children living in poverty**

### City deprivation ranking

Most deprived

Least deprived





**7.7%**  
private rented  
households

● This is better than the city average



**714**  
Total  
recorded  
crime

● This is better than the city average

**186**

Number of  
0-25s requiring  
**SEN Support**



5.5% of 0-25 population

**80**

Number of  
0-25s on **EHCP**



2.4% of 0-25 population

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

1059

146

9.9

419

5.9

12.6

21.5

183.2

1958

48.1

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

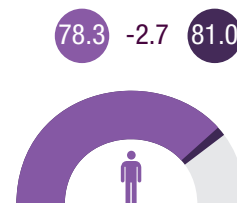


## Your ward at a glance: Spring Vale



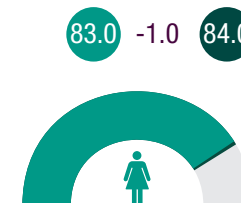
### Male

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



### Female

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



### Total population

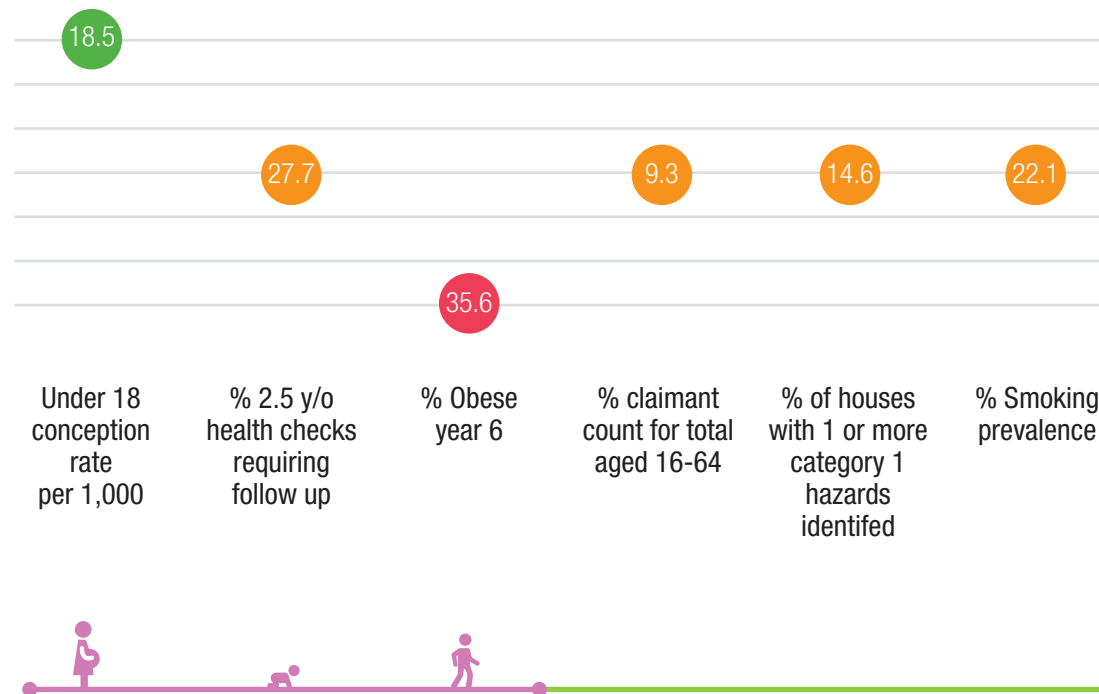
**12,199**



**25.4%**

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

## What is life like in your ward?



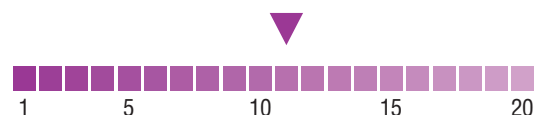
**28.1%**

**Children  
living in  
poverty**

### City deprivation ranking

Most  
deprived

Least  
deprived





**9.1%**  
private rented  
households

● This is close to the city average



**885**  
Total  
recorded  
crime

● This is close to the city average

**212**  
Number of  
0-25s requiring  
**SEN Support**



5.5% of 0-25 population

**120**  
Number of  
0-25s on **EHCP**



3.1% of 0-25 population

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

1064

4.4

257

11.6

58.7

11.2

27.5

198.7

736

2556

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

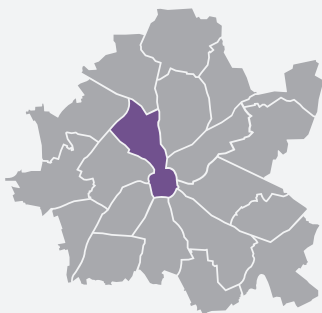
Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

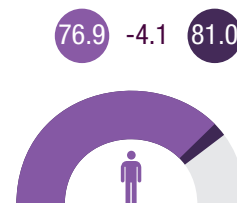


## Your ward at a glance: St Peter's



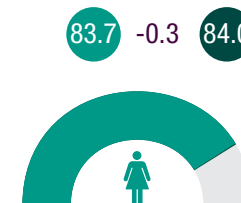
### Male

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



### Female

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



## What is life like in your ward?



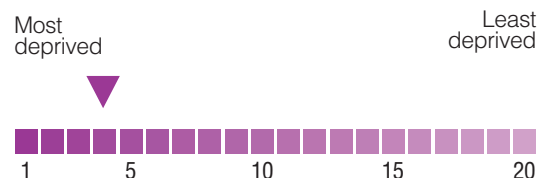
Total  
population  
**10,976**



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

**43.9%**  
Children  
living in  
poverty

### City deprivation ranking



33.7

17.5

24.6

32.7

31.2

14.7

Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence





**40%**  
private rented  
households

● This is worse than the city average



**1,268**  
Total  
recorded  
crime

● This is close to the city average

**268**  
Number of  
0-25s requiring  
**SEN Support**



4.2% of 0-25 population

**126**  
Number of  
0-25s on **EHCP**



2.0% of 0-25 population

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

67.8

7.5

17.4x

1556

171

193.7

2329

476

18.1

15.6

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

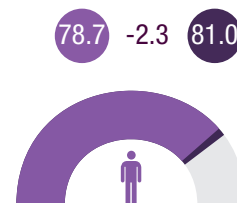


## Your ward at a glance: Tettenhall Regis



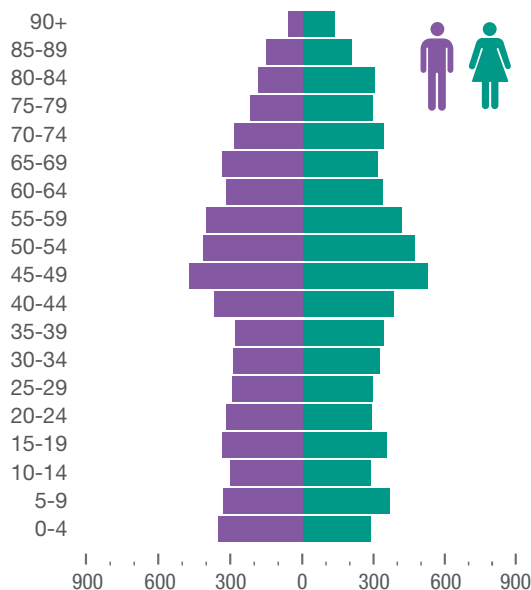
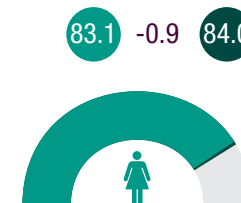
### Male

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



### Female

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

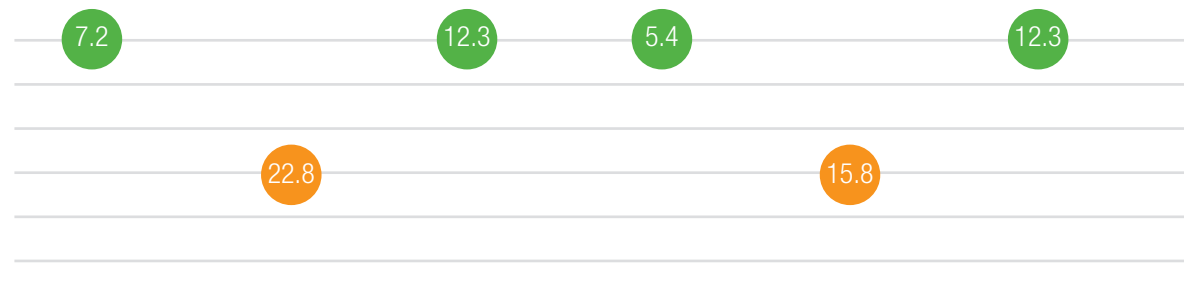


Total  
population  
**11,849**



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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

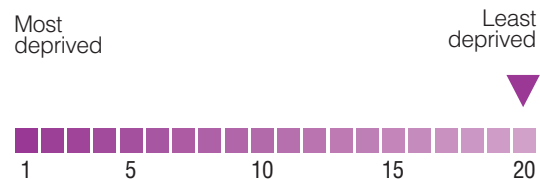
% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence



**17.3%**  
**Children  
living in  
poverty**

### City deprivation ranking





**9%**  
private rented  
households

● This is close to the city average



**606**  
Total  
recorded  
crime

● This is better than the city average

**148**  
Number of  
0-25s requiring  
**SEN Support**



4.5% of 0-25 population

**64**  
Number of  
0-25s on **EHCP**



1.9% of 0-25 population

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

1043

207

9.0

1871

246

4.9

28.4

182.7

37.7

12.7

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

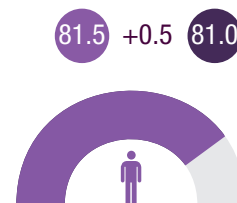


## Your ward at a glance: Tettenhall Wightwick



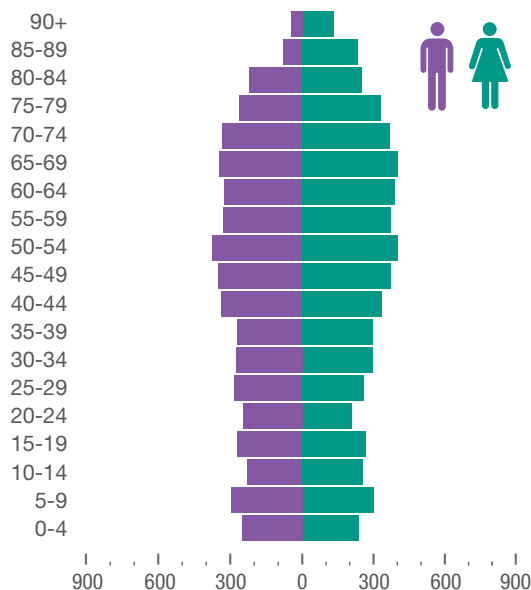
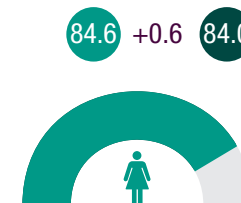
### Male

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



### Female

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



Total  
population  
**10,836**



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

## What is life like in your ward?

12.3

19.2

19.0

5.4

11.7

14.2

Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence

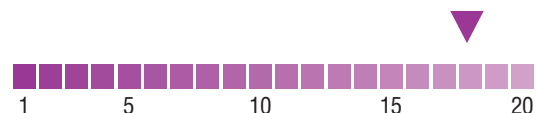


**18.1%**  
**Children  
living in  
poverty**

### City deprivation ranking

Most  
deprived

Least  
deprived





**10.8%**  
private rented  
households

● This is close to the city average



**531**  
Total  
recorded  
crime

● This is better than the city average

**150**

Number of  
0-25s requiring  
**SEN Support**



5.7% of 0-25 population

**64**

Number of  
0-25s on **EHCP**



2.4% of 0-25 population

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

1010

138

8.2

132.7

314

25.1

2126

7.7

50.5

13.4

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+

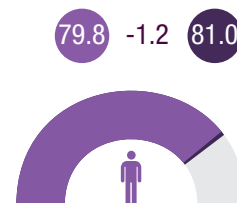


## Your ward at a glance: Wednesfield North



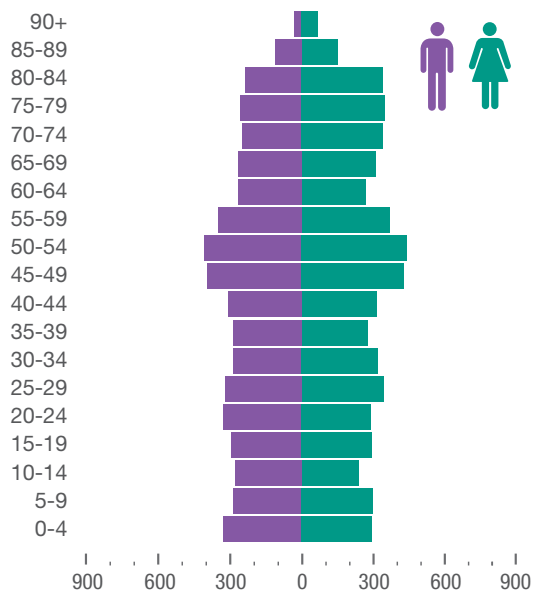
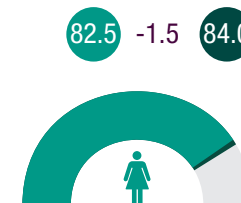
### Male

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

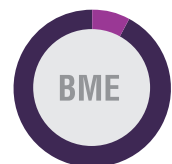


### Female

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

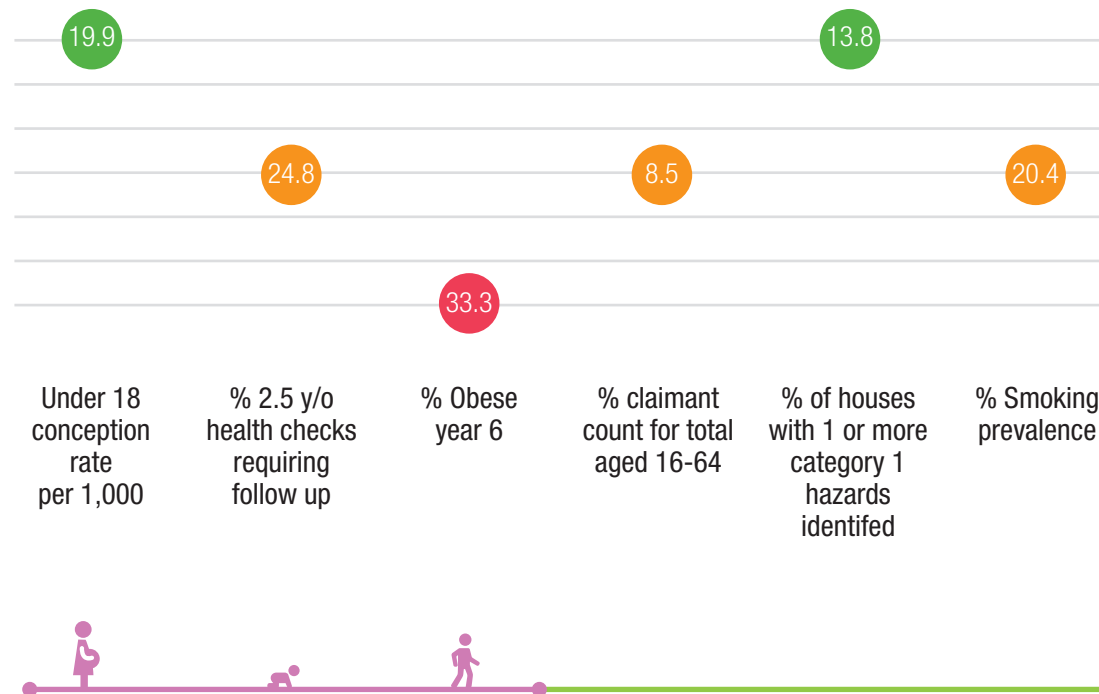


Total population  
**10,827**



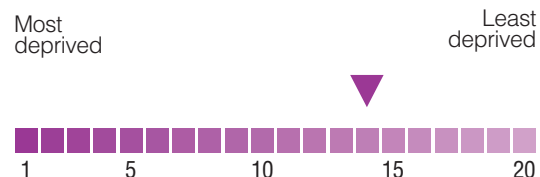
**8.0%**  
of the population are  
**Black or Minority Ethnic**  
(City average: 32%)

## What is life like in your ward?



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

### City deprivation ranking





**6.5%**  
private rented  
households

● This is better than the city average



**690**  
Total  
recorded  
crime

● This is better than the city average

**187**  
Number of  
0-25s requiring  
**SEN Support**



6.2% of 0-25 population

**78**  
Number of  
0-25s on **EHCP**



2.6% of 0-25 population

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

Rate per  
100,000  
diabetes  
prevalence



Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision



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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+



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



% below  
average or  
very low  
wellbeing  
65+

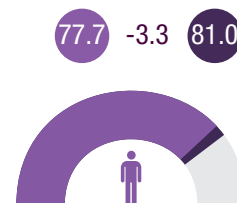


## Your ward at a glance: Wednesfield South



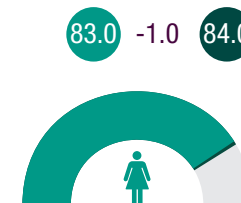
### Male

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



### Female

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



### Total population

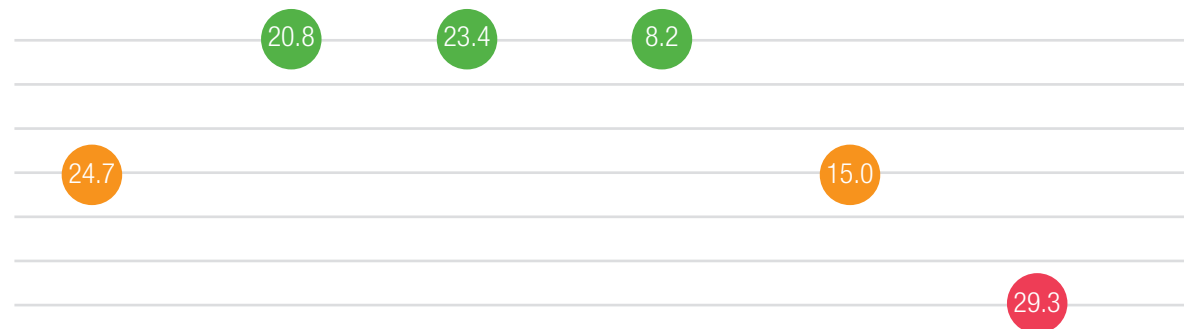
**11,744**



**20.7%**

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

## What is life like in your ward?



Under 18  
conception  
rate  
per 1,000

% 2.5 y/o  
health checks  
requiring  
follow up

% Obese  
year 6

% claimant  
count for total  
aged 16-64

% of houses  
with 1 or more  
category 1  
hazards  
identified

% Smoking  
prevalence



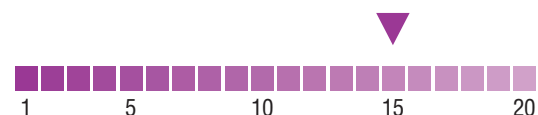
**28.7%**

**Children  
living in  
poverty**

### City deprivation ranking

Most  
deprived

Least  
deprived





**14.3%**  
private rented  
households

● This is close to the city average



**1,421**  
Total  
recorded  
crime

● This is close to the city average

**205**

Number of  
0-25s requiring  
**SEN Support**



5.6% of 0-25 population

**98**

Number of  
0-25s on **EHCP**



2.7% of 0-25 population

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

1118

108.

1876

299

10.9

61.1

11.5

546

10.2

29.8

Rate per  
100,000  
diabetes  
prevalence

Rate per  
100,000  
alcohol  
specific  
admissions

% Fuel  
poverty

% satisfied  
or fairly  
satisfied with  
neighbourhood

% providing  
unpaid care  
provision

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

Rate per  
100,000  
dementia  
prevalence

Rate per  
100,000, falls  
admissions 65+

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

% below  
average or  
very low  
wellbeing  
65+



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