

Wakefield District Joint Strategic Needs Assessment Annual Report 2019 – Adults (18+)

Released April 2019

Introduction

The aim of this document is to provide a simple annual summary of the health and wellbeing needs of the adult population (aged 18+) of Wakefield, focussing on those topics that have seen the most change in recent years or need the most attention. This summary is structured in the same way as the main JSNA website (www.wakefieldjsna.co.uk) so that the reader can use this summary as a prompt to explore the data further on the main website.

This annual summary doesn't provide great detail behind the needs of the population, but it does point local partners to where further investigation may be required. There is also a focus on the inequalities that exist across the different topics, highlighting areas with particular groups of the population whose needs are greatest.

There is a separate Annual Report for children, which can be found here: [Children's Annual Report](#)

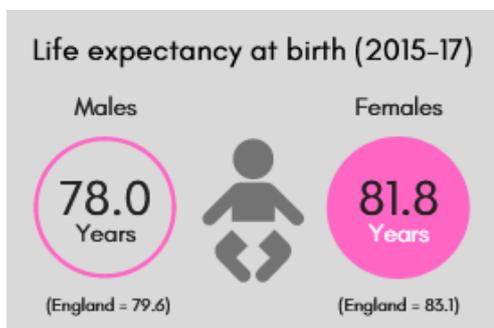
Further details can be found on the JSNA website and by visiting the links provided in each section.

We welcome feedback, challenge or insight. Please contact: phi@wakefield.gov.uk

Population

The adult population of Wakefield District is estimated to be around 269,000 (2017). This figure increased by almost 3,000 from the previous year. Wakefield has an ageing population, which is expected to increase greatly over the coming decade. The population aged 75+ is projected to increase by 44% by 2030, from 27,225 to almost 40,000. This will have a large impact on the types of needs the population exhibits.

The 2011 census showed that Wakefield had a relative small black and minority ethnic (BAME) population, with 7.2% coming from BAME backgrounds. However, this population is growing and local data from GP systems suggests that around 12.6% of the population are now from BAME communities.



Life expectancy in Wakefield is lower than the England average for both males and females. Male life expectancy has remained steady at 78 years for the last three periods. Males born in the most deprived areas of Wakefield are expected to live around 8.5 years less than those in the least deprived areas, however this gap is reducing. Female life expectancy has fallen recently to 81.8 years and there is a large inequality gap (9.1 years) between the most and least deprived. The gap is widening, due to falling life expectancy in the most deprived communities.

Healthy life expectancy is the number of years a person can be expected to live whilst in good health. There was a large increase in male healthy life expectancy in 2015-17, however this has only returned the figure to its previous level. The figure for females has seen significant reduction and is now considerably below the England average (63.8) and unusually is now lower than for males.



Associated JSNA pages: [Resident Population](#); [Ethnicity](#); [Life Expectancy](#)

District Characteristics

Wakefield district is a diverse and changing place and there are a wide range of factors impacting on the lives of local people and neighbourhoods. The health and wellbeing of the population can be greatly affected by the people and places that we interact with. Many of these factors are covered in more detail in the State of the District report that the Council produces. You can read the most recent publication here: [State of the District 2019](#)

Associated JSNA pages: [District Characteristics](#) and [What shapes health and wellbeing](#) JSNA sections



Vulnerable Groups

There are an estimated 36,621 carers in Wakefield District. This means that approximately 1 in 9 people having caring responsibilities.

Similar to other local authorities in England, Wakefield has seen an increase in the number of households living in temporary accommodation. At the end of December 2018 this figure stood at 181 households.

The last seven bi-annual traveller caravan counts indicate an average of 102 traveller caravans across Wakefield, 67% of which are on authorised sites, 22% on private sites and 11% on unauthorised sites. The 2011 census reported 93 households of gypsy or Irish traveller heritage, including those living in permanent buildings.



Reported domestic violence incidents



16%



West Yorkshire Police report that there has been an increase in the number of domestic violence incidents reported in Wakefield. There was a 16% increase in reported incidents in 2018 compared with 2017.

Almost 50% of domestic incidents involve victims who have been the victim of a previous incident reported within the last 12 months to the police.

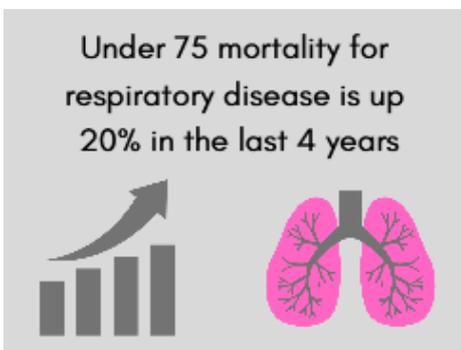
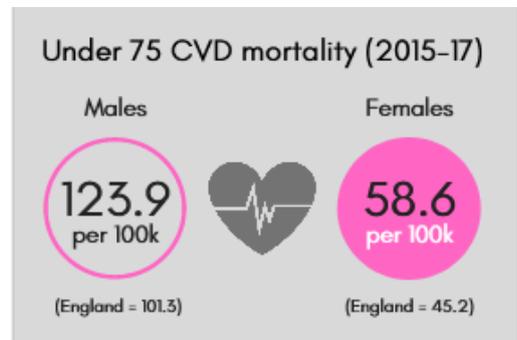
National estimates suggest that around 5,000 people aged between 18 and 64 living within Wakefield have a serious physical disability, with a further 16,500 having a moderate physical disability. Local data for adult social care users identifies that just over 4,000 people receive physical, mental, sensory or learning disability support from Wakefield Council. The majority of these (2,089) receive personal care support for a physical disability and just under 1,000 adults receive learning disability support.

Associated JSNA pages: [Carers](#), [Homelessness](#), [Gypsies and Travellers](#), [Domestic Abuse](#), [Disabilities](#)

Health

Cardiovascular disease (CVD) is a growing problem in Wakefield. The prevalence of diabetes in those aged 17+ has gradually increased over recent years to 7.4% of the population in 2017/18, and is as high as 8.7% amongst the most deprived communities. The proportion of people with diagnosed hypertension is also increasing, with almost 1 in 5 being hypertensive. However, estimates suggest that there are potentially 16,000 undiagnosed cases of hypertension in Wakefield.

People dying young (under 75) as a result of CVD is also increasing, particularly amongst females where the mortality rate has increased from 51.8 per 100,000 (2012-14) up to 58.6 (2015-17). The rate is far higher for males (123.9 per 100,000 in 2015-17) and both genders are significantly higher than the England average.



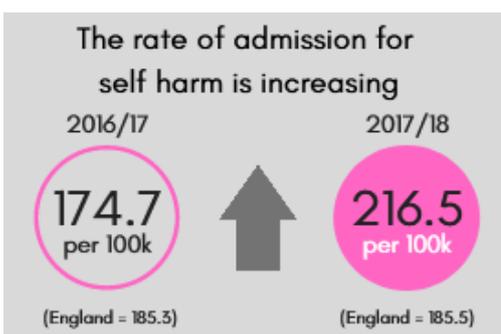
Respiratory disease is also increasing in Wakefield, with the rate of people dying prematurely from respiratory disease increasing steadily over the last four years up to 46.4 per 100,000. Most of this increase has been seen amongst males.

The prevalence of COPD has been steadily rising to around 3% of the population, however people in the most deprived areas of Wakefield are twice as likely to develop COPD as those in the most affluent areas (3.7% vs 1.7%)

Mental health affects people of all ages in Wakefield, and there are significant inequalities that exist for example people are twice as likely to be diagnosed with depression in the more deprived areas of Wakefield as in the least deprived areas (14.7% vs 7.2%, 2017). The adult psychiatric morbidity survey (2014) found that 1 in 3 adults in Wakefield have had a common mental health disorder such as depression or anxiety at some point in their life. It also showed that around 1 in 5 people said that they have considered suicide at some time.



The rate of suicides in Wakefield is 9.7 suicides per 100,000 population (2015-17), which is similar to the national rate (9.6 per 100,000). The issue affects far more men than women, with the rate of male suicide being 17.3 per 100,000 (2015-17) compared to females – 2.6 per 100,000. Suicide is particularly prevalent in young males with 1 in 5 of all deaths in men aged 18-39 in Wakefield being the result of a suicide.



Self-harm, primarily through self-poisoning, is also a growing problem in Wakefield, particularly in young females. You can read more about this in the [Children's Annual Report](#). The rate of self-harm admissions across the whole population had a sharp increase in 2017/18 up to 216.5 per 100,000 people, this is much higher than the national figure (185.5 per 100,000). The rate in Wakefield is much higher for females (257.4) than for males (176.9).

Associated JSNA pages: [CVD](#), [Diabetes](#), [Mental Health](#), [Respiratory](#),

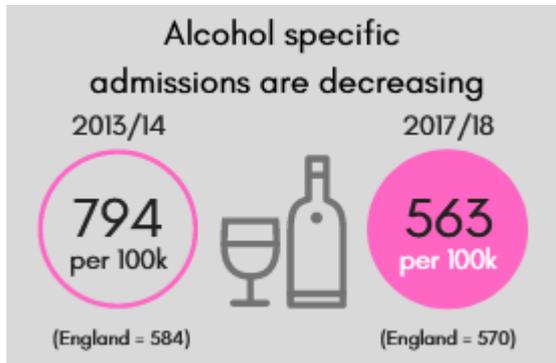
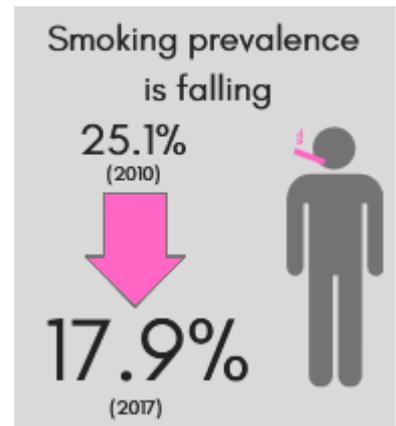
[Suicide](#)

Lifestyle

Smoking is the leading cause of preventable ill health, both locally and nationally. The prevalence of smoking has been falling in Wakefield and the latest published figure suggests that around 1 in 5 adults are smokers. However, smoking is still a much greater problem in Wakefield (17.9%) than nationally (14.9%). Approximately 1 in 5 deaths that occur in Wakefield are attributable to smoking related diseases.

The prevalence of smoking varies greatly across the different sections of society in Wakefield. People from poorer backgrounds are more likely to be smokers – as high as 36% in the most deprived communities, whereas only around 10% smoke in the least deprived areas.

A lack of physical activity and poor diet combine to create a problem around weight in Wakefield District. Recent surveys by Sport England estimate that around 70% of adults in Wakefield are obese or overweight, much higher than the national figure of 61%. The same survey has found that around 30% of adults report being physically inactive, with only 58% achieving the recommended daily amount of physical activity.



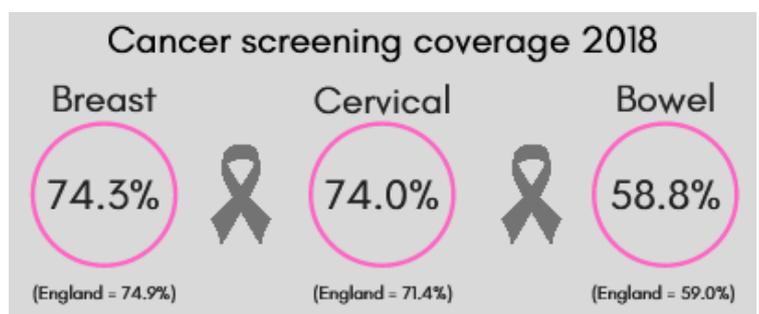
Alcohol intake can also lead to serious mental and physical health problems and until recently Wakefield had significantly higher levels of hospital admissions for conditions that were a direct cause of alcohol consumption, such as alcoholic liver disease. However, in recent years interventions within Wakefield have helped to reduce these rates to be broadly in line with the national position.

Contrary to this, the rate of mortality for alcohol-specific conditions has been increasing consistently for the last six years, rising from 11.2 per 100,000 in 2010-12 up to 16.1 per 100,000 in 2015-17.

Associated JSNA pages: [Smoking in Adults](#), [Physical Activity in Adults](#), [Alcohol](#)

Protection and Prevention

Screening and immunisation programmes are an important part of preventing ill health and ensuring that conditions are discovered early enough to provide a successful treatment. In Wakefield the proportion of eligible people who receive cancer screening is similar to national average for all three programmes. The proportion of eligible women receiving cervical screening has been decreasing in recent years, from 77.2% in 2010 down to 74% in 2018, this is in line with the national trend.



Flu vaccination rates have also remained fairly consistent in recent years. 73.1% of the over 65 population received a flu vaccination in 2017/18, up slightly on the 71.5% achieved in 2016, however this is still below the national target of 75%.

People who are considered to be in the 'at risk' group, which includes pregnant women and people with long term conditions, are a high priority to receive a flu vaccination. In 2017/18 only 51% of the eligible population of the 'at risk' groups received a vaccination, below the national target of 55% but higher than the national average of 48.9%.