

Wakefield Joint Strategic Needs Assessment

Wakefield District
Annual Report 2021 – Adults

Released 9th December 2021

Contents and Introduction

This is 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) to act as a prompt to explore data further. Due to COVID-19, refreshing detailed local data on the JSNA was paused, the refresh has now restarted but will understandably take time.

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](#).

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

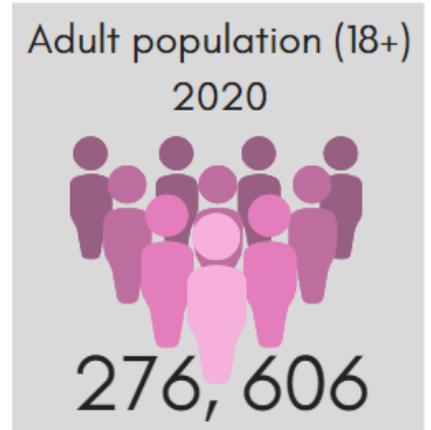
Section	Page
Population	3
District Characteristics	4
Vulnerable Groups	5
Health	7
Health Risk Factors	10
Protection and Prevention	12
COVID-19	14

Population

There are **276,606 adults** (2020) in Wakefield. This figure increased by over **2,000** from the previous year.

Over the next 10 years the **population** aged **75+** is projected to **increase** by **28%** to almost 40,000.

Around **13.5%** come from **BAME backgrounds**.



Life expectancy at birth (2018-20)

Males

77.3
Years

(England = 79.4)



Females

81.4
Years

(England = 83.1)

Male **life expectancy** is **78.0 years**, for females it is **81.4 years**.

Life expectancy is **lower** in the **most deprived areas**.

Healthy life expectancy is the number of years a person can be expected to live whilst in **good health**.

Healthy life expectancy for males is **59.1**, for women it is **58.4** (2017-19) .



District Characteristics

Wakefield district is a diverse and changing place and there are a wide range of factors impacting 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 2021](#)



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

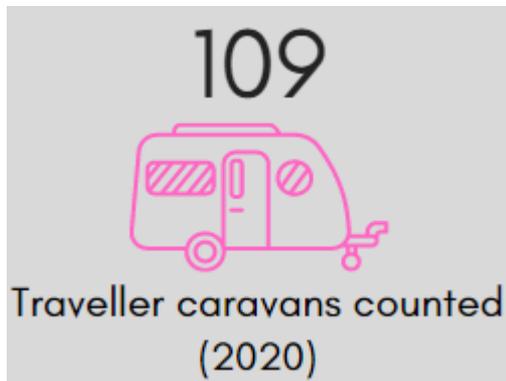


Vulnerable Groups

There are an estimated **36,600 unpaid carers**, however, it is likely to be hugely underestimated.

Carers UK estimate a further **4.5 million** people nationally have been forced to take on **caring responsibilities** as a consequence of the **pandemic**.

There has been an increase in the number of households living in **temporary accommodation**. **216** households (December 2019) compared to 181 (December 2018).



109 traveller caravans were counted in January 2020, these may accommodate family units, so there's likely to be many more than 109 individuals within those counts.

Vulnerable Groups

The number of **domestic violence** incidents has been **increasing**. However, policy and recording changes as well as encouragement for victims to report crimes, may have had a large impact on these figures.

In 2020, **75%** of all domestic violence incidents involved a **female victim**.



2,090 clients (18-64 years) are in receipt of **long-term services** provided by Wakefield Council (2020/21 SALT return).

850 are for **Learning Disability**, **690** for **Mental Health** and **550** for **Physical Disability**.

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

Health

The prevalence of diabetes in those **aged 17+** has gradually increased over recent years to **8.0%** in 2020/21 (the England average is 7.1%).

15.4% of people have diagnosed **hypertension**. Estimates suggest there are many **undiagnosed cases** of hypertension in Wakefield.

People **dying young** (under 75) from **cardiovascular disease** is higher than the England average. The **female** mortality rate is **54.8** (2017-19). The rate is far higher for **males** (**121.7** per 100,000 in 2017-19).

Under 75 CVD mortality (2017-19)

Males

121.7
per 100k

(England = 98.9)



Females

54.8
per 100k

(England = 43.4)

COPD mortality is higher for men (2017-19)

Males

72
per 100k



Females

62
per 100k

Heart disease and stroke prevalence in Wakefield are worse than the national average.

The rate of people dying prematurely from **respiratory disease** is higher than the England average - **41.9** compared to 29.4 per 100,000 (2020). **7.4%** have **asthma** (England average 6.5%).

The **mortality rate from COPD** is **66.0** per 100,000 (2017/19). It's worse for males than females, however for males it is decreasing, for females it is staying about the same. Emergency hospital admissions for COPD are higher than the England average.

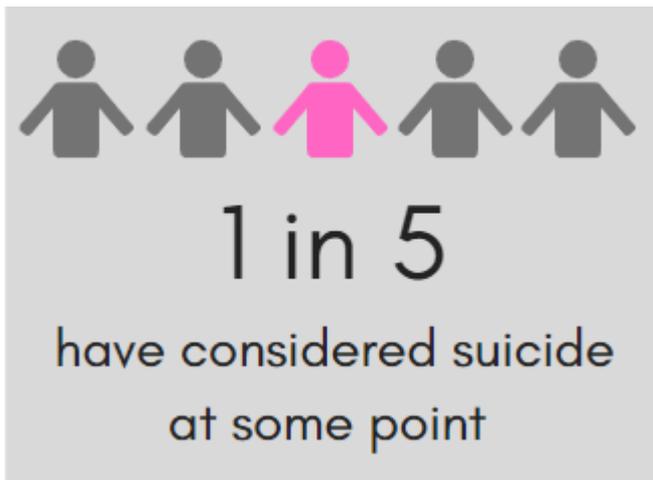
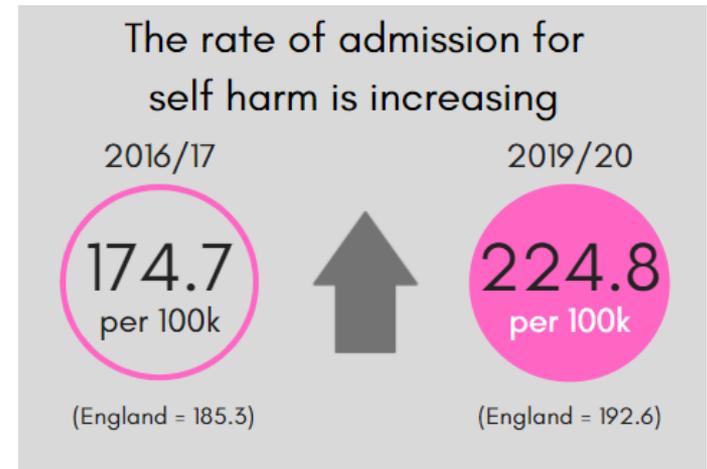


Health

The recorded prevalence of **depression** is **13.55%** (2020-21). Wakefield sits within the worst 75th percentile in England.

1 in 3 adults have had a common mental health disorder at some point in their life (APMS 2014).

The rate of intentional **self-harm admissions** had a sharp **increase** in 2017/18 up to 216.5 per 100,000 people. It now stands at **224.8** in 2019/20 (England average – 192.6).



The rate of **male suicide** is **22.3** per 100,000 (2018-20), this is higher than the England average (15.9).

Female suicide rate is **10.3** per 100,000, this has seen a very sharp increase over the last few years (2.6 in 2015-17). The current England average is 5.0.

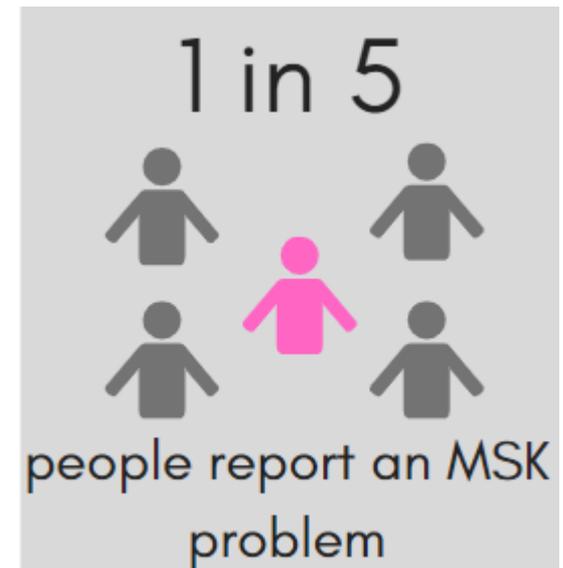
Around **1 in 5** people said that they **have considered suicide** at some time (APMS 2014).

The Office for National Statistics (ONS) have produced a model with the aim to estimate the number of people who will go on to experience **Long Covid** (symptoms for 12+ weeks), based on the number of cases.

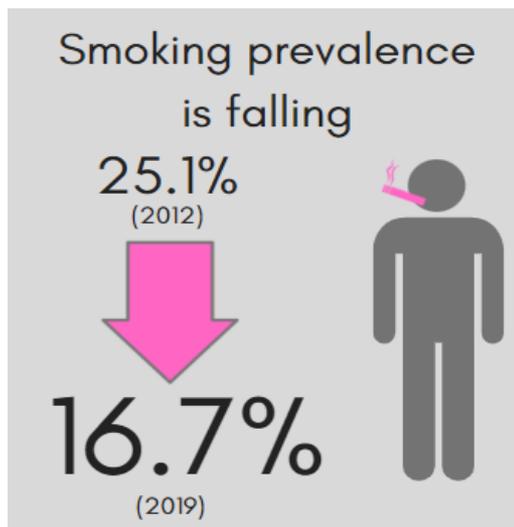
The estimated number of people who will go on to experience symptoms for 12+ weeks, based on the number of cases in 2021 (up to 09/12/21) is **6,392**. Long Covid is still very new to us and we are still learning about its effect. Symptoms are diverse and we're still yet to understand the scale of the impact.

22.8% of people report a **Musculoskeletal (MSK)** problem (2020), this sits within the worst 95% compared with the rest of England.

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



Health Risk Factors



Smoking prevalence has been falling, now **16.7% of adults are smokers**. However, smoking is still a greater problem in Wakefield than nationally (13.9%).

Approximately **1 in 6 deaths** that occur in Wakefield are **attributable to smoking** related diseases.

People from poorer backgrounds are more likely to be smokers – **16.9%** in the **most deprived** communities and **9.1%** in the **least deprived**. Men are most likely to smoke as are those in the 25-29 age group.

A lack of physical activity and poor diet combine to create a problem around weight in Wakefield District. **67.3%** of adults are classified as **obese or overweight**, much higher than the national figure of 62.8%. In 2019/20, **23.6%** of adults were **physically inactive**, this is slightly higher than the national figure of 22.9%.

Health Risk Factors

Wakefield had significantly **higher levels of hospital admissions** for conditions that were a direct **cause of alcohol** consumption. However, since 2015/16, interventions within Wakefield have helped to **reduce these rates** to be broadly in line with, and in recent years lower than, the national position.

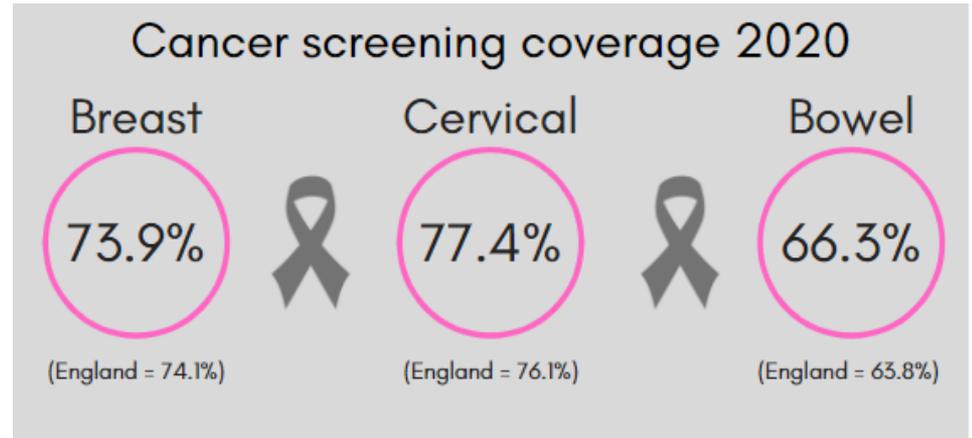


Contrary to this, the **rate of mortality for alcohol-specific conditions increased** consistently for a number of years, up to **16.1** per 100,000 (2017-19). The **under 75 mortality rate from alcoholic liver disease** is rising and now stands at **14.8** per 100,000 (2020), compared to England's rate of 10.8.

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 to provide successful treatment. The **Covid pandemic** may have **disrupted** appointments, possibly affecting the rollout of screening and immunisation programmes.



The proportion of eligible people who receive cancer screening is similar to the national average for all 3 programmes.

The proportion of eligible women receiving **breast screening** has been decreasing in recent years, this follows the national trend.

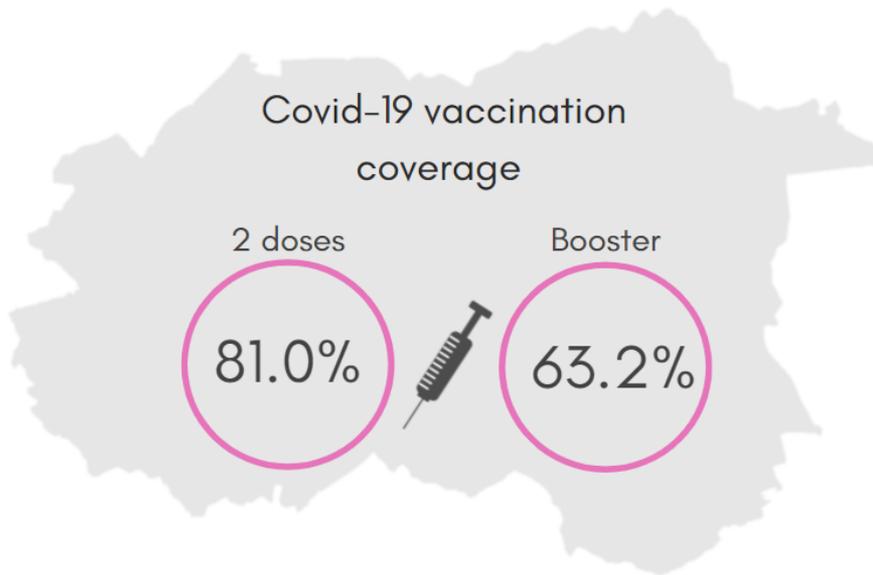
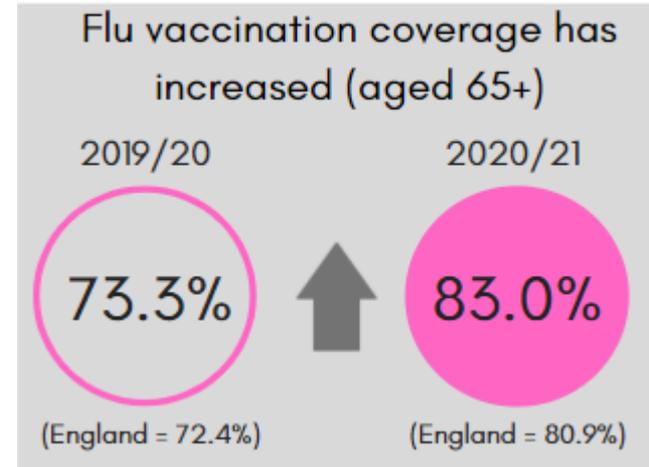
Cervical screening has again been decreasing but has started to pick back up again, similarly to the national picture.

Bowel screening has been improving every year.

During the last couple of years Cancer Champions have been contacting people who have missed screening appointments. The programme has had a positive effect on bowel and cervical screening rates in Wakefield.

Protection and Prevention

83.0% of the **over 65 population** received a **flu vaccination** (2020/21), this is up considerably compared to 2019/20 and above the national target of 75%. In 2020/21 **54.9%** of people in the '**at risk**' group received a flu vaccination. The national target is 55%.



As of 19/11/21, **81%** of adults have had 2 Covid-19 vaccination doses.

As of 18/11/21 **63.2%** of eligible adults have had their 'booster' Covid-19 vaccination dose.

COVID-19

Covid-19 has without any doubt had an impact on everyone. It's too early, but also very difficult to understand and measure the type of impact, or the extent of it. This is because:

- The significant and immediate changes in 2020 meant many routine data collections were interrupted or stopped (so the data isn't available).
- We are still in a pandemic situation.
- There are many complex and contributing factors, no one thing happened on its own.
- The impact may not be obvious right now, it could take quite a long time for them to reveal themselves.

Despite these issues we already know the immediate impact of covid-19 has been felt greatest in certain groups of our population; those that were already more vulnerable or suffering poorer health and wellbeing outcomes. Some immediate examples of this include:

- People living in more deprived areas are more likely to work in jobs where they are at increased risk of being exposed to covid.
- People on lower incomes may not have access to a vehicle and find it more difficult to travel to testing and vaccination sites.
- People who don't speak English as their first language may find it more difficult to access guidance and interventions that could keep them safe.