

WAKEFIELD JSNA

JOINT STRATEGIC NEEDS ASSESSMENT



Published April 2024



Wakefield District Annual Report 2024: Adults (18+ years)




Introduction

This is a summary of the health and wellbeing needs of the adult population (aged 18 years and over) of Wakefield District.

The purpose is to point local partners to where further investigation may be needed in terms of population health needs. There is a focus on inequalities, highlighting areas with particular groups of the population whose needs are greatest. Data can be explored further at: www.wakefieldjsna.co.uk

There is a separate Annual Report for children, which can be found on the Wakefield JSNA website. We welcome feedback, challenge or insight. Please contact: phi@wakefield.gov.uk

When you see these dots...

-  Worse than comparator
-  In line with comparator
-  Better than comparator

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Population

There are just under **283,000 adults** in Wakefield (2022). This figure increased by nearly 3,000 from the previous year.



Over the next 10 years the population aged 75+ is projected to increase by 28% from just over 30,000 to almost 40,000.

[MORE INFO](#)

The proportion of the adult population from an **ethnic minority background** (all ethnicity groups except 'White British') has increased over time in Wakefield, **from 6.5% in the 2011 Census to 10.5% in the 2021 Census.**

[MORE INFO](#)

People born in Wakefield District are not expected to live for as long as children born in other parts of the country; life expectancy is lower than the England level for both males and females.



[MORE INFO](#)

Wakefield (2020-22)
Male: 77.0 years
Female: 80.9 year

England (2020-22)
Male: 78.9 years
Female: 82.8 years

Healthy life expectancy is the number of years a person can be expected to live whilst in good health. Data for 2018-20, showed that **healthy life expectancy for males in Wakefield is 58.0 years and 56.7 years for females.**

Lower than the national levels of 63.1 years for males and 63.9 years for females

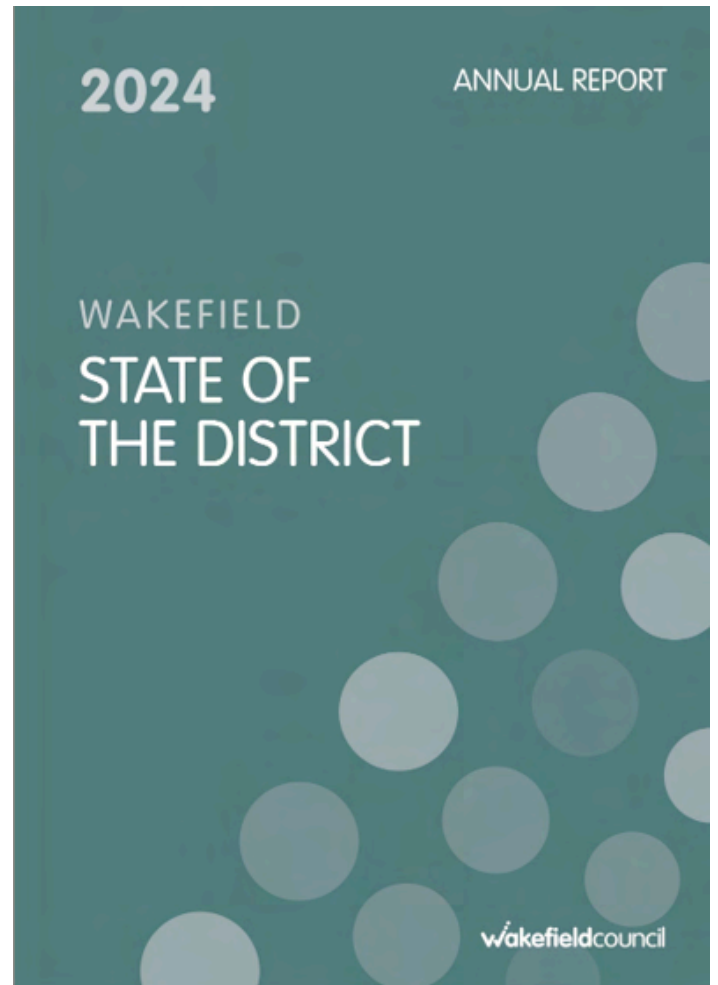
District characteristics

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 Wakefield State of the District report. You can read the most recent publication here:

[State of the District 2024](#)



Living Environment



Economy and Employment



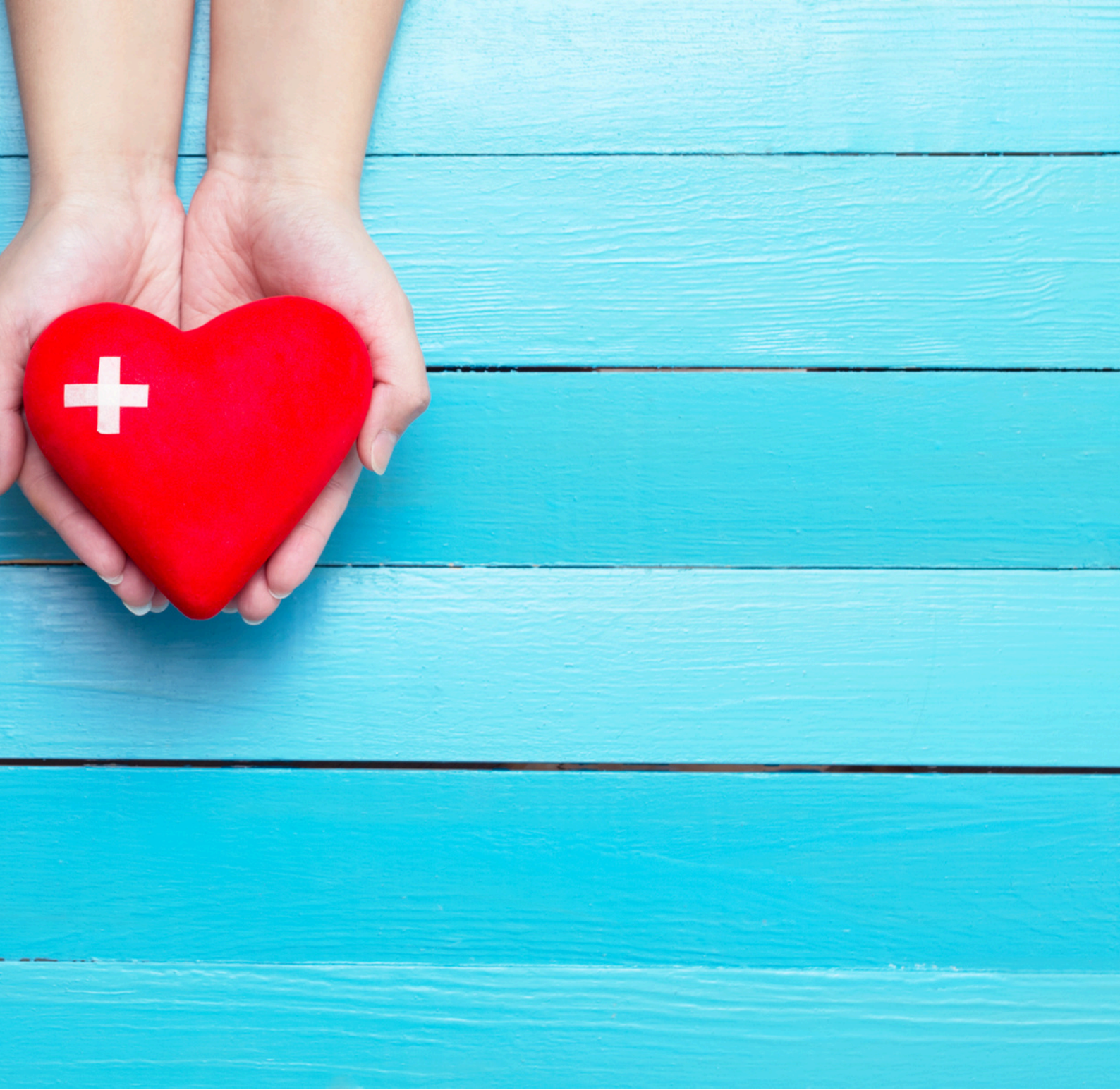
Housing and Transport



Education and Skills



All these things have an impact on people's health and wellbeing



Health

The Wakefield Health and Wellbeing Board is committed to working together with local communities to improve the health of the population and closing the gap between the health of people in the most well-off areas of the district and people who live in poorer areas. To support these aims, we asked an independent research agency to conduct a population health survey of adults living in Wakefield District in 2023, receiving almost 3,500 responses.

Wakefield Adult Population Health Survey 2023



Wakefield District Population Health Survey Report
May 2023

MORE INFO

60%

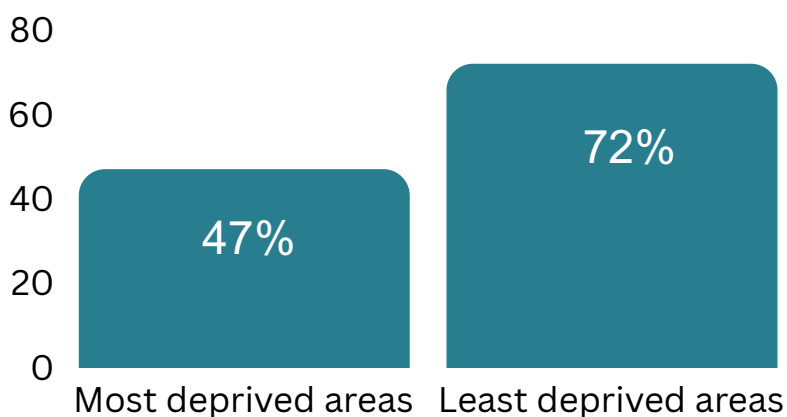
of people said they had a condition or illness lasting, or expected to last, 12 months or more, including anxiety, depression, musculoskeletal or rheumatological problems, long-term pain, and high blood pressure.

59%

of all surveyed people in Wakefield reported to be in 'good' or 'very good' health. Nationally, 82% described their health as good in the 2021 Census.



The percentage of people who described their health as 'good' or 'very good' varied across the district, with big differences between the most and least deprived areas.



Cardiovascular health

Cardiovascular disease (CVD)



Cardiovascular disease includes a range of conditions affecting the heart and blood vessels

9%

of people in Wakefield aged 18 and over have a recorded CVD diagnosis, including coronary heart disease, stroke, peripheral arterial disease, and aortic disease, on their GP practice system (2024). It is more prevalent in males (11%) than females (7%).

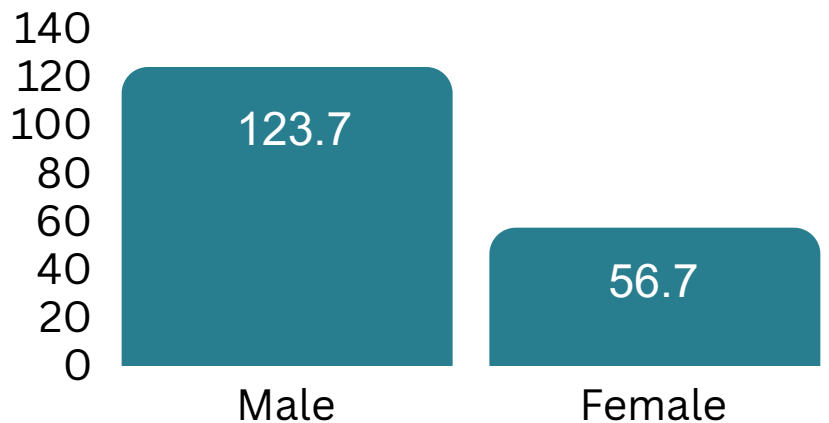


Under 75 standardised mortality rate from all cardiovascular diseases in Wakefield (2020-22)



Higher than the national level of 76.0

As with CVD prevalence, the under 75 standardised mortality rate per 100,000 for males is higher than females in Wakefield.

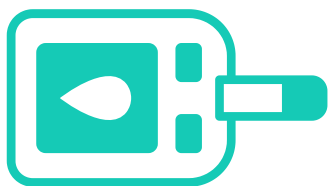


Wakefield has a stroke prevalence of 2.2% (all ages), which is higher than the England level (1.8%).



Recorded stroke diagnoses on GP practice systems suggest the male/female split is similar and those aged 80 and over have the highest prevalence.

Diabetes



Diabetes is a condition that causes a person's blood sugar level to become too high

Type 1 diabetes: a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin.

Type 2 diabetes: where the body does not produce enough insulin, or the body's cells do not react to insulin properly.

8.4%

of people in Wakefield aged 17 and over are living with either Type 1 or Type 2 diabetes (2022-23). Diabetes prevalence is increasing locally and nationally.



Higher than the national level of 7.5%

38%

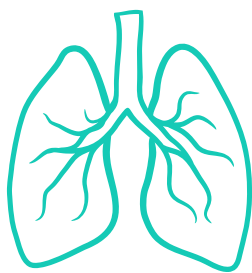
West Yorkshire level data show that almost 4 in 10 people with Type 2 diabetes live in the most deprived areas of the county, compared to only 1 in 10 living in the least deprived areas.

Variation in Type 2 diabetes prevalence in West Yorkshire, by areas of deprivation



Respiratory health

Respiratory disease



Respiratory disease affects the lungs, bronchus and respiration

7.6%

of people in Wakefield have asthma (2022-23)



Higher than the national level of 6.5%



Under 75 standardised mortality rate from respiratory disease in Wakefield (2020-22)



Higher than the national level of 28.9

Although still higher than the national level of 1.8%, **Chronic Obstructive Pulmonary Disease (COPD)** prevalence has decreased in Wakefield over the last few years to 2.7% in 2022-23.



It is important to note that **COVID-19 continues to impact the population and may have had an effect on rates of other respiratory infections and disease since 2020. Work is ongoing to understand the full impact of the pandemic.**

Poor air quality is a significant public health issue. There is evidence that air pollution causes respiratory and other disease, and exacerbates asthma. It has a contributory role in mortality. The Office for Health Improvement & Disparities (OHID) calculated that **5.3% of all cause adult mortality was attributable to particulate air pollution in Wakefield in 2022.**

Overweight & obesity

76% of adults are living with overweight (including obesity) in Wakefield (2021-22).



Higher than the national level of 64%

Obesity prevalence is increasing both nationally and locally.

Living with obesity can cause a number of further problems, including difficulties with daily activities and serious health conditions.

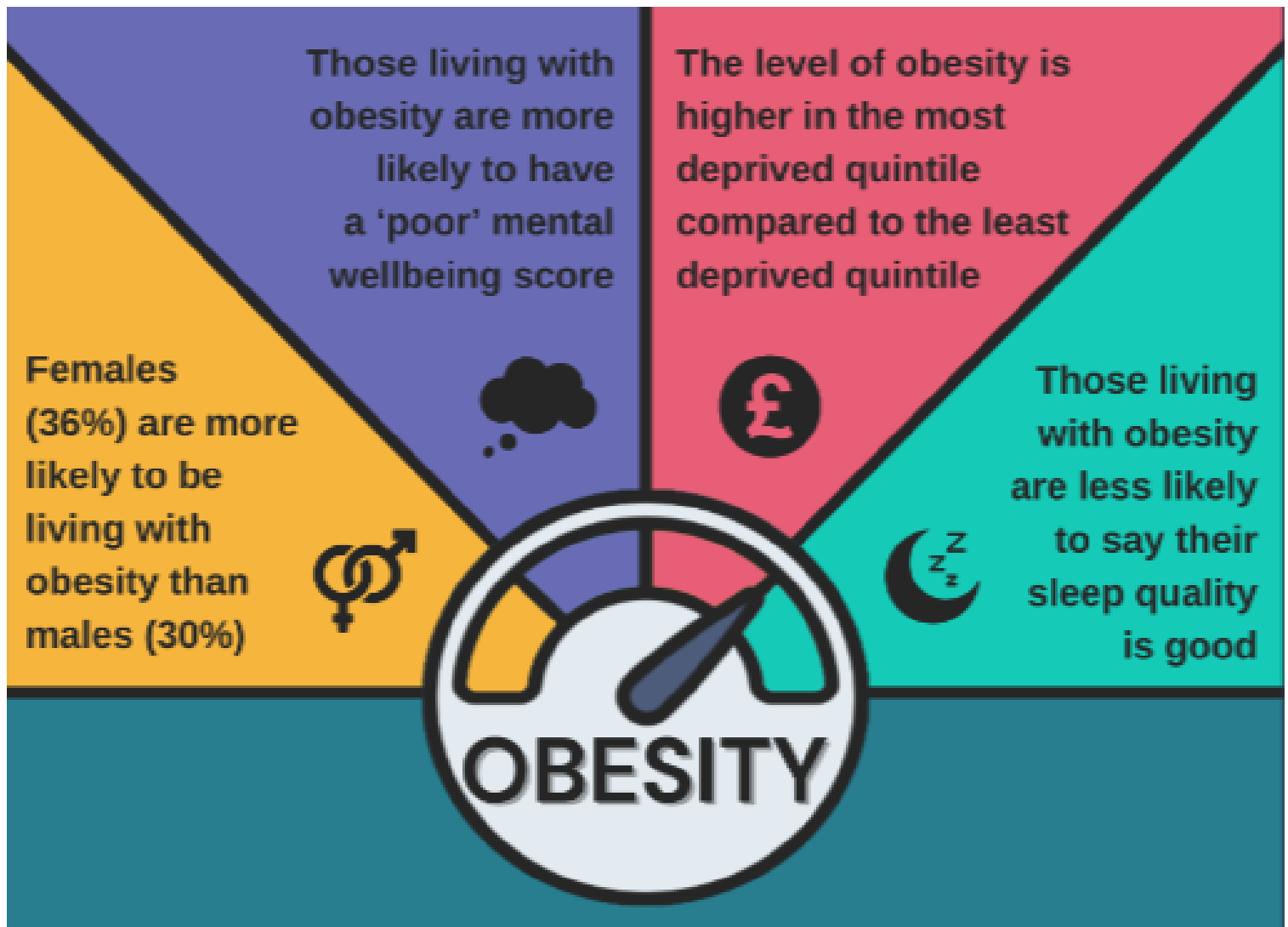
1/3 of adults in Wakefield are living with obesity (33%)



Higher than the national level of 26%

41% The level of obesity is higher in the most deprived areas of Wakefield (41%), compared to the least deprived areas (27%).

[MORE INFO](#)



Mental health is crucial for overall well-being. It affects how we think, feel, and handle stress. Good mental health supports productive daily life, fulfilling relationships, and effective coping with challenges.

1 in 5



adults (18%) had a low mental wellbeing score in the Wakefield Adult Population Health Survey 2023. Younger people (under 35) were more likely to have a poor mental health score than older age groups, as were those living in the more deprived areas.



When asked about whether they have a condition or illness lasting, or expected to last, 12 months or more...

1/3

of adults (31%) in Wakefield said they experienced anxiety

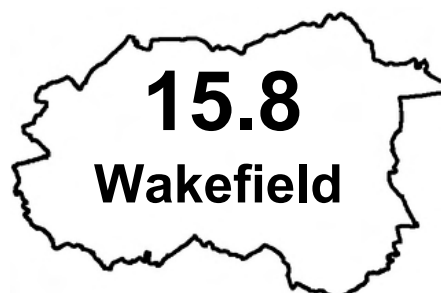


1/4

of adults (26%) in Wakefield said they experienced depression

The rate of people taking their own lives by suicide is higher in Wakefield than in England and Wales. Wakefield has the second highest rate of death by suicide in Yorkshire and Humber.

Age standardised mortality rate from suicide per 100,000 (2020-22)



10

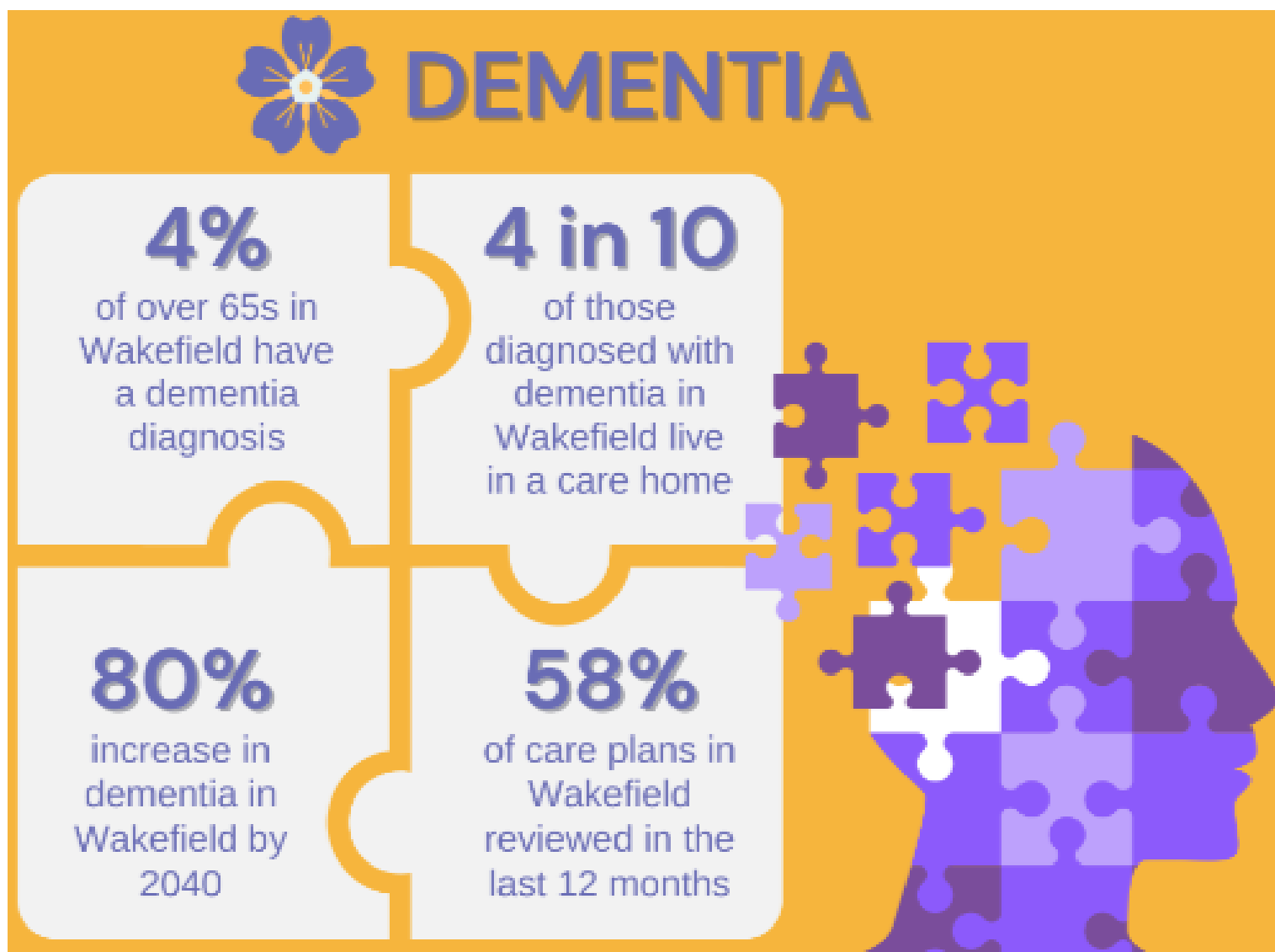
Yorkshire & Humber region: 12.1
England national: 10.3



Dementia

Dementia is a syndrome associated with an ongoing decline of brain functioning. It is most likely to affect people in older age groups and can include symptoms such as memory loss, disorientation, and mood and personality changes.

2,700 people aged 65 and over are living with a dementia diagnosis (November 2023), which is 4% of this age group.



There is variation in dementia prevalence across the district. Higher rates in some areas may be due to factors such as age profile differences, variability in local diagnostic pathways and higher numbers of care homes in those areas.

Sexual Health

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality. This section looks at infection rates in Wakefield, however district sexual health priorities and areas for further exploration covers a wider scope, such as condoms for young people, sexual harassment, sexual violence, and sexual health advice and support for older people.

Chlamydia detection rate in females aged 15-24 (2022)



The rate is compared to an aspirational benchmark. An increased detection rate is indicative of increased control activity.



Gonorrhoea diagnostic rate (2022)



Wakefield has had a lower rate than England over the last decade.



However, gonorrhoea rates have increased locally and nationally since 2020.



England national: 146 per 100,000

Diagnosed HIV prevalence in Wakefield is lower than national levels at 0.99 per 1,000 compared to 1.67 nationally (2022), sitting comfortably within the 'low' threshold in national testing guidelines.



Although overall HIV testing coverage in Wakefield is lower than national levels (2022), **testing coverage in gay, bisexual and other men who have sex with men (MSM) is higher at 82%, compared to 74% nationally.** Repeat testing in this group is also higher.



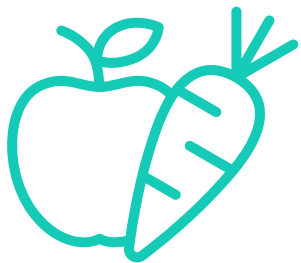
Health behaviours

61% of adults aged 19 and over in Wakefield are physically active (2021-22), according to the Healthy Lives Survey, meeting government recommendations for physical activity.

However, only 50% of respondents reported doing the recommended weekly amount of activity in the Wakefield Adult Population Health Survey 2023.



Physical activity can have significant health benefits for both physical and mental health. **Three quarters (76%)** of respondents who had a low mental wellbeing score in the survey were not doing the recommended weekly physical activity.



1 in 5 survey respondents (20%) said they eat five or more portions of fruit or vegetables a day, whilst 5% said they did not eat any.



Most residents say that they know the impact a healthy diet has, and what one consists of.



Of those that eat less than five portions per day, half (50%) said cheaper fruit and veg prices would help them eat more.

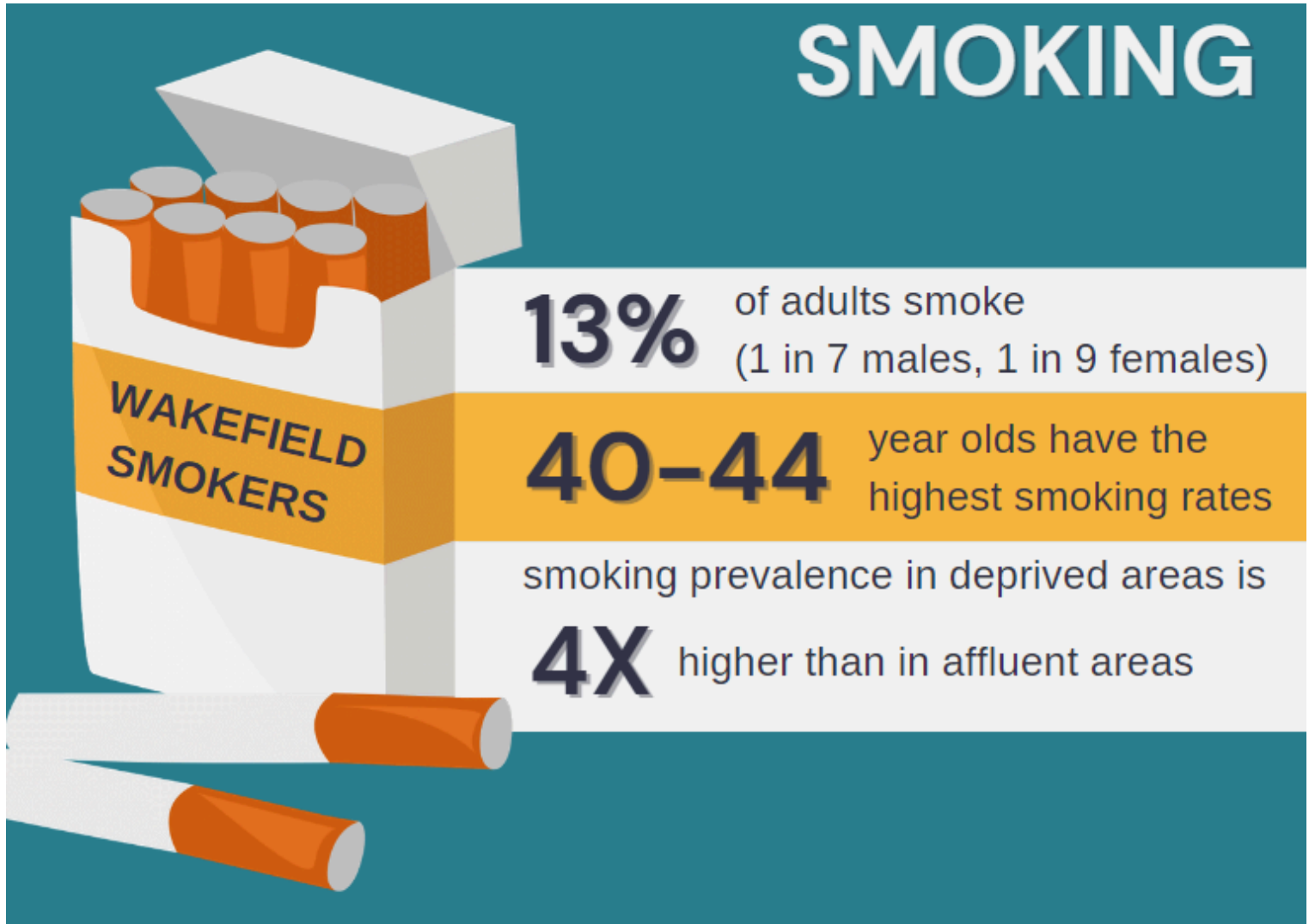


A quarter (23%) said that more time to prepare fruit and vegetables would help them increase their intake.

Smoking & vaping

Smoking prevalence across the district has declined over the last 10 years, although it is still high.

The ONS Annual Population Survey 2022 found that around 13% of adults smoke in Wakefield (in line with the national level).



1 in 8

adults (13%) in the Wakefield Population Health Survey 2023 said they currently or occasionally vaped.



Of those that vape, almost three quarters (72%) said they would like to stop.

Alcohol

3 in 5



adults in the Wakefield Adult Population Health Survey 2023 (60%) reported that they drink alcohol at least once in a typical week.



The 2021 Health Survey for England showed that 49% of survey participants reported that they drank alcohol at least once a week.

Within the survey, those who drink are classified as:



Low risk:
14 units or less across
3 days or more

Of those who drink,
18% are classified as
low risk in Wakefield



Hazardous:
15-34 units if female
15-49 units if male

Of those who drink,
28% are classified as
hazardous in Wakefield

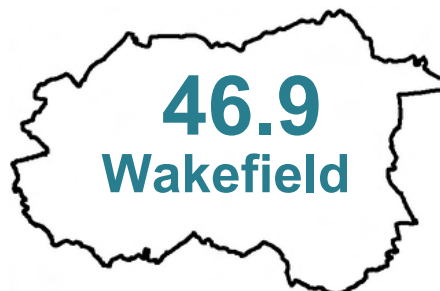


Harmful:
35 units or more if female
50 units or more if male

Of those who drink,
4% are classified as
harmful in Wakefield

49% were unclassified

Age standardised
alcohol-related
mortality rate per
100,000 (2022)

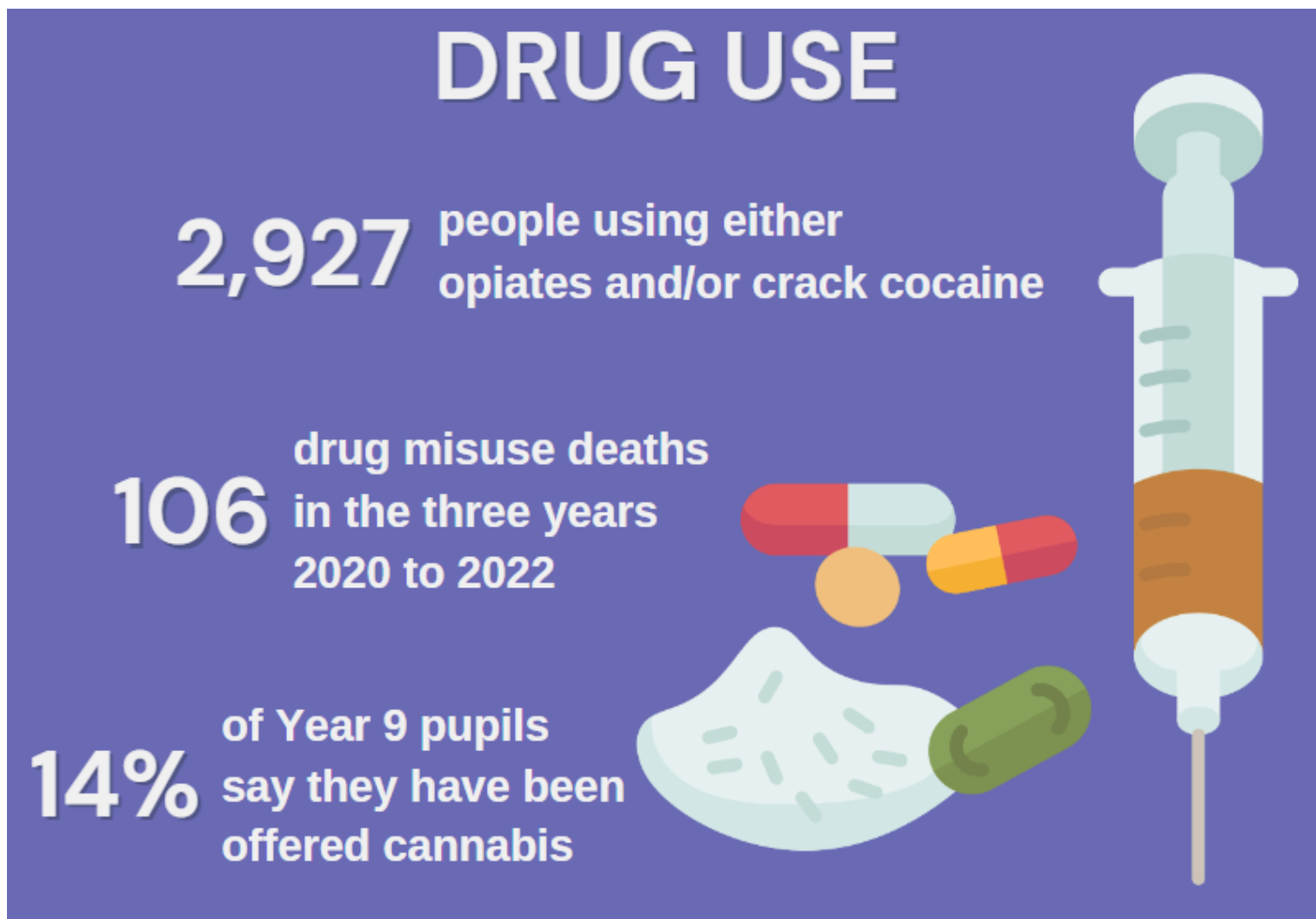


England
national:
39.7



Alcohol-related mortality has been consistently higher than the national level over the last four years. Males (66.1 per 100,000) are more than twice as likely to die from alcohol-related conditions than females (30.2 per 100,000).

Drug misuse is defined as the use of a substance for a purpose not consistent with legal or medical guidelines. It has a negative impact on health or functioning and may take the form of drug dependence, or be part of a wider spectrum of problematic or harmful behaviour.



Wakefield has the highest rate of deaths from drug use in the Yorkshire and Humber region in the three years 2020 to 2022.

The number of people using opiates only per 1,000 population is significantly higher than the England rate.

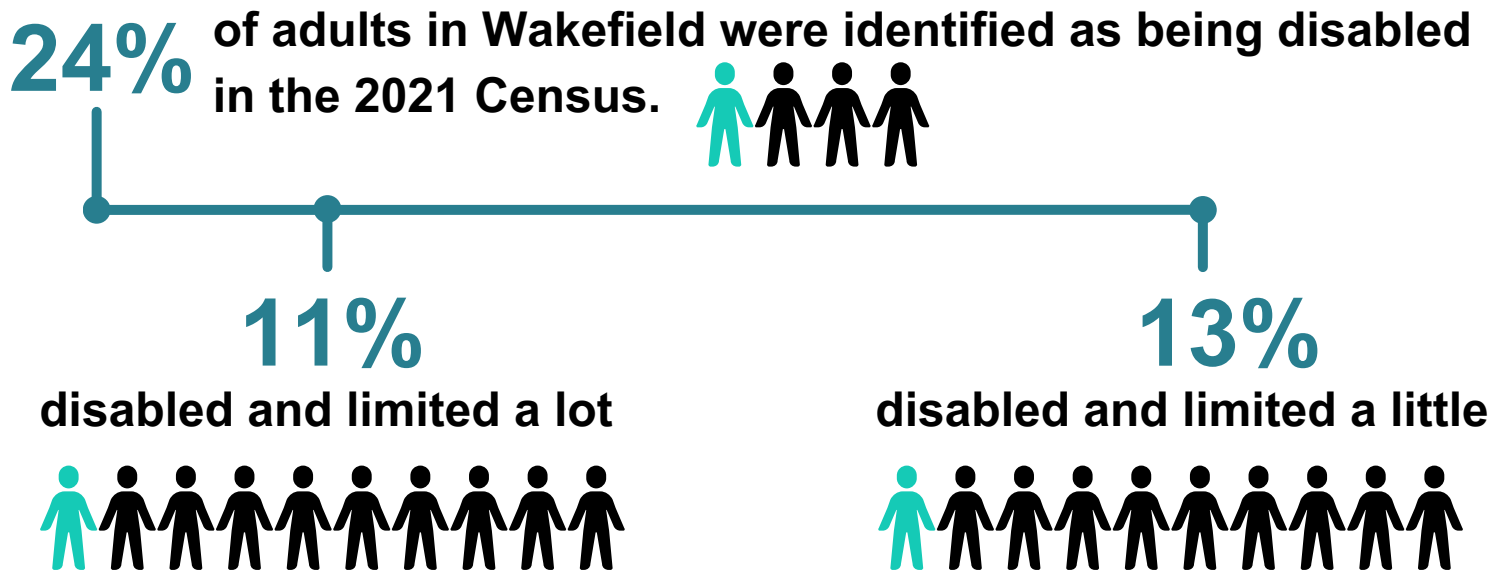




Population groups

Disability

Under the Equality Act 2010, a disability is a physical or a mental condition which has a substantial and long-term impact on a person's ability to do normal day to day activities.



Nationally, people in the most deprived areas are around twice as likely to be living with a disability than people in the least deprived areas.

3% of adults in Wakefield identified as having a learning disability in the Wakefield Adult Population Health Survey 2023, although Wakefield GP practice registers showed only 0.7% prevalence for people aged 17 and over in 2022-23.

Of the adults who identified as having a learning disability in the survey, almost 80% said they were not confident in managing their condition.



Neurodiversity regards differences in brain function and behavioural traits as part of normal variation in the population. Uncovering the strengths of neurodiverse people and utilising their talents can help increase innovation and productivity of society as a whole.

10-20%



Neurodiversity can include autism, ADHD, dyslexia, dyspraxia, as well as neurodevelopmental conditions. **Depending on the definition used, it is estimated up to 10-20% of the population may be neurodiverse.** Some people need little or no support, whereas others may need more help.

It is likely that neurodiversity is under diagnosed and under reported. **Less than a quarter of a percent of the Wakefield adult population have an autism diagnosis on GP systems.**

Men are more likely to be diagnosed than women. Historically, neurodiversity has been under-diagnosed in women because of mis-conceptions about females and autism, and potentially differences in how it can present.

In the Wakefield Adult Population Health Survey 2023, respondents self-reported as follows;

- 2% Autism**
- 3% ADHD**
- 3% Dyslexia**
- 1% Dyspraxia**



Gypsy and Travellers

Wakefield has a Gypsy and Traveller population, with some community members living on the Heath Common Traveller Site.

The recent health needs assessment for Wakefield highlighted how the community faced issues in relation to health, accommodation, wider determinants of health, and support and services.

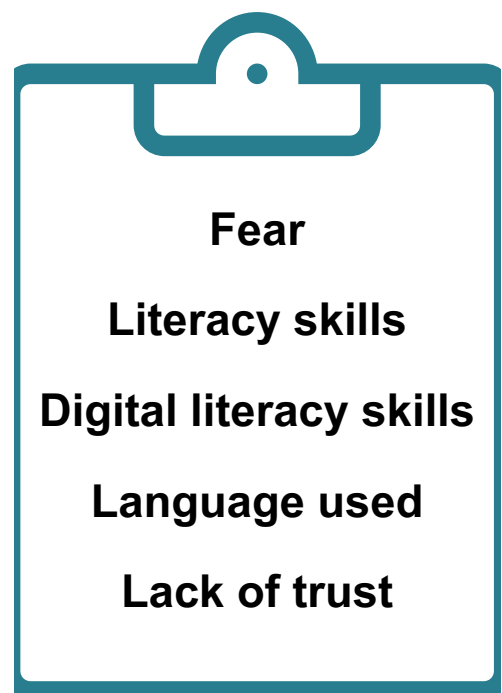
Nationally, people within the Gypsy and Traveller community **live on average 10-12 years less than the general population.**

[MORE INFO](#)

- The community experience **poorer health outcomes** across many different health conditions.
- Wider determinants play a part in driving inequality for gypsy and traveller communities. For example, the **gender gap in employment rates** is nearly twice as large, they experience **high cost of living and low income.**
- The community have a **long history of experiencing racism and discrimination.**



The health needs assessment interviews reported that barriers to accessing health services included:



Unpaid carers

Unpaid carers provide critical support for people with health and social care needs. The support provided by carers is often physically and emotionally demanding, with consequences for carers' own health and wellbeing.

11% of the Wakefield population (aged 16+) are unpaid carers (2021 Census). The percentage of people providing unpaid care has decreased locally and nationally over the last 20 years



According to the Wakefield Adult Population Health Survey 2023:



Those aged 50-64 years old are most likely to provide unpaid care. Females are more likely to provide unpaid care compared to males.

Unpaid carers were significantly more likely to be living with obesity than non-carers.



Unpaid carers were significantly more likely to have a lot of problems accessing support for long term health conditions than non-carers.

Among those aged 65+, internet access and confidence was better among unpaid carers than non-carers.






Half of unpaid carers reported having bad sleep quality.

Sensory impairment

Sensory impairment – encompassing people who are D/deaf, hard of hearing, blind, or partially sighted – can be present at birth or acquired at any age. It is more prevalent with increasing age and is often secondary to other disabilities.



Compared to England, Wakefield has statistically higher rates of:

-  **People registered blind or partially sighted (4,600 per 100,000 for 75+)**
-  **Glaucoma (25.4 per 100,000)**
-  **Sight loss certifications (51.4 per 100,000)**

[MORE INFO](#)



Hearing impairment prevalence is higher in older adults and men.



People with any hearing impairment reported worse general health and independence than average.



There is a lack of national data on hearing loss.

[MORE INFO](#)



The number of people living with visual and/or hearing impairment is predicted to rise over the next two decades.

Sensory impairment may have an adverse impact on a person's health and quality of life. For example, people with hearing loss may find it difficult to communicate with other people and have an increased risk of social isolation. Vision loss has been associated with lower rates of workforce participation and higher rates of depression and anxiety.







Health protection

Cancer screening

Screening and immunisation programmes are an important part of preventing ill health and ensuring that conditions are discovered early to provide successful treatment.

Cancer screening coverage, 2023

Screening	Wakefield	England	Comparison
Breast	65.5%	66.2%	
Bowel	74.4%	72.0%	
Cervical (aged 25-49)	71.3%	65.8%	
Cervical (aged 50-64)	76.2%	74.4%	

The percentage of eligible people who receive cancer screening in Wakefield is higher than the national level for bowel and cervical screening programmes.

Nationally, breast cancer screening levels dropped in 2021 during the COVID-19 pandemic from over 70% and have remained at a similar level. Recent data shows that breast cancer screening coverage in Wakefield dropped below the national level in 2023.



Vaccination coverage

Vaccinations are critical to help protect against potentially life threatening diseases. Having a high percentage of the population vaccinated is essential to stop disease spreading.

Coverage across Wakefield District is generally similar to or above the England level for adult vaccinations, however some population groups have lower coverage levels than others. The overall percentage of adults who are vaccinated has seen a drop in recent years.



Influenza

Aged 65+ vaccination coverage 2022-23.

82%
coverage

- Higher than the national level of 80%
- Above the 75% target

Aged under 65 at risk groups vaccination coverage 2022-23.

49%
coverage

- Similar to the national level of 49%
- Less than 55% target

Pneumococcal (PPV)

Aged 65+ vaccination coverage 2022-23.

76%
coverage

- Higher than the national level of 71%
- Above the 75% target

Shingles

Aged 71 vaccination coverage 2021-22

40%
coverage

- Lower than the national level of 44%
- Less than 60% target