

WAKEFIELD JSNA

JOINT STRATEGIC NEEDS ASSESSMENT



Published April 2025



Wakefield District Annual Report 2025: Adults (18+ years)

Introduction

This is a summary of the health and wellbeing needs of the adult population (aged 18 years and over) in the 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 19% from just over 36,000 to just over 43,000.



[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.



Wakefield (2021-23)
Male: 77.5 years
Female: 81.3 year

England (2021-23)
Male: 79.1 years
Female: 83.1 years

Healthy life expectancy is the number of years a person can be expected to live whilst in good health. Data for 2021-23, showed that **healthy life expectancy for males in Wakefield is 55.7 years and 55.8 years for females.**

Lower than the national levels of 61.5 years for males and 61.9 years for females

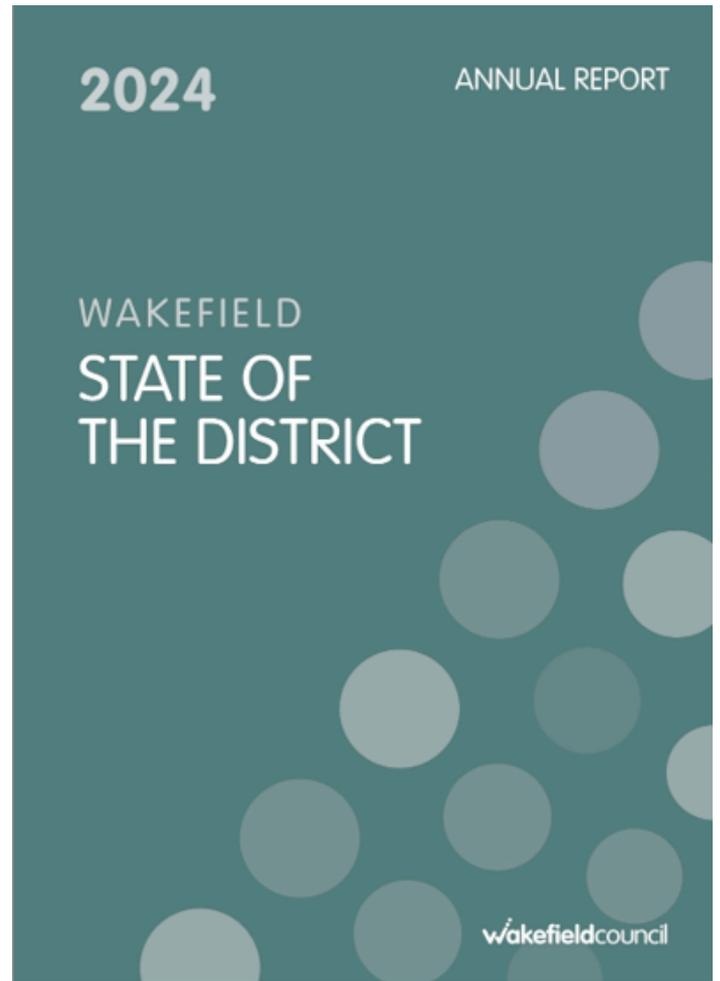
District characteristics

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

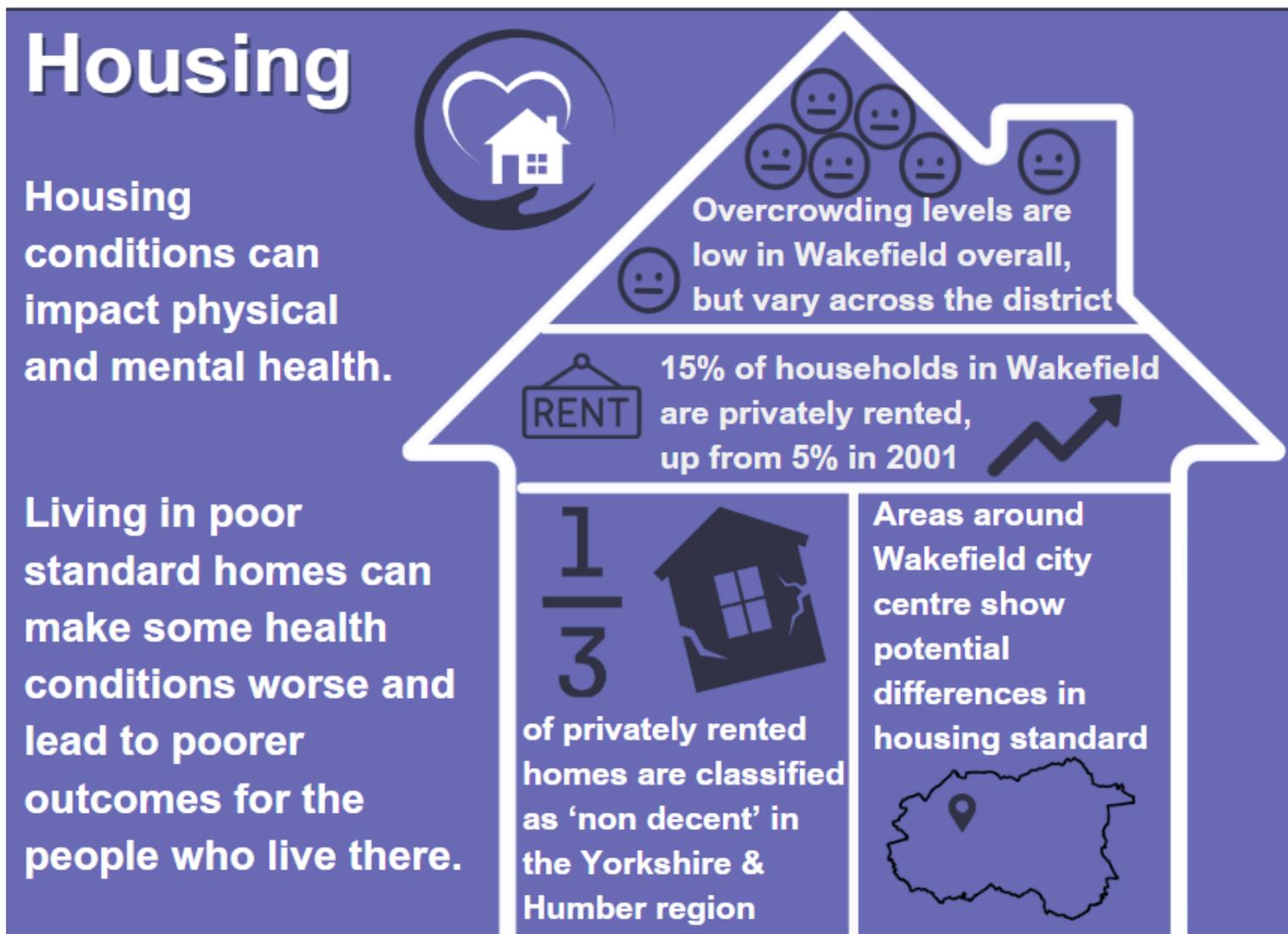


Education and Skills



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

Housing is widely recognised as a key social determinant of health. Housing conditions can impact physical and mental health; living in below standard homes can exacerbate some conditions and lead to poorer outcomes for the people who live there.



There is variation across Wakefield District in terms of overcrowding and under-occupancy, housing tenure, and households with no central heating, in terms of location and population groups.

Some areas around the centre of Wakefield have around 5-10% of households showing as overcrowded, compared to the district level of 2.4%.



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%

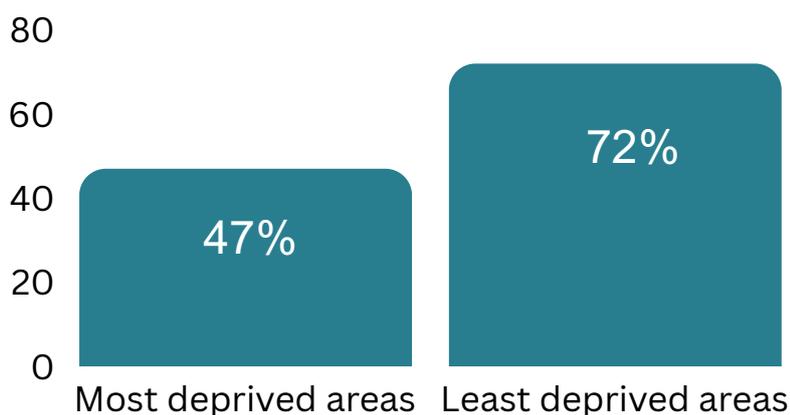
of people said they had a condition or illness lasting, or expected to last, 12 months or more, including anxiety, depression, musculoskeletal or rheumatological problems, long-term pain, and high blood pressure.

59%



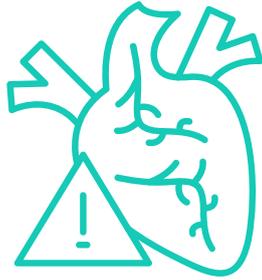
of all surveyed people in Wakefield reported to be in 'good' or 'very good' health. Nationally, 82% described their health as good in the 2021 Census.

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



Under 75 standardised mortality rate from all cardiovascular diseases in Wakefield (2021-23).

Higher than the national level of 77.1

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



Wakefield has a coronary heart disease (CHD) prevalence of 3.4% (all ages), which is higher than the England level of 3.0% (2023-24).

Recorded CHD diagnoses on GP practice systems suggest males are more likely to have CHD than females, and those aged 80+ have the highest prevalence.

Wakefield has a stroke prevalence of 2.2% (all ages), which is higher than the England level of 1.9% (2023-24).

Recorded stroke diagnoses on GP practice systems suggest males are more likely to have a stroke than females, and those aged 80+ 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.

8.6%

of people in Wakefield aged 17 and over are living with either Type 1 or Type 2 diabetes (2023-24). Diabetes prevalence is increasing locally and nationally.



Higher than the national level of 7.7%

38%

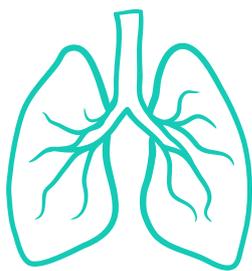
West Yorkshire level data show that almost 4 in 10 people with Type 2 diabetes live in the most deprived areas of the county, compared to only 1 in 10 living in the least deprived areas.

People with Type 2 diabetes are more likely to live in the more deprived areas of West Yorkshire



Respiratory health

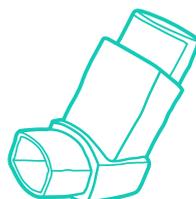
Respiratory disease



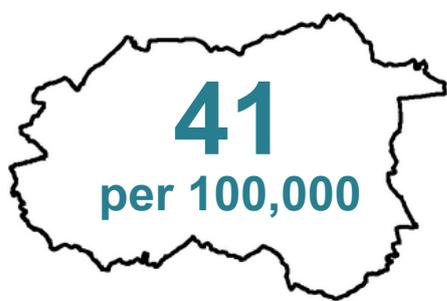
Respiratory disease affects the lungs, bronchus and respiration

7.7%

of people in Wakefield have asthma (2023-24)



Higher than the national level of 6.5%



Under 75 standardised mortality rate from respiratory disease in Wakefield (2021-23)

Higher than the national level of 30.3

Chronic Obstructive Pulmonary Disease (COPD)

prevalence is 2.7%, which is higher than the national level of 1.8% 2023-24.

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 2023.

Overweight & obesity

70% of adults are living with overweight (including obesity) in Wakefield (2022-23).



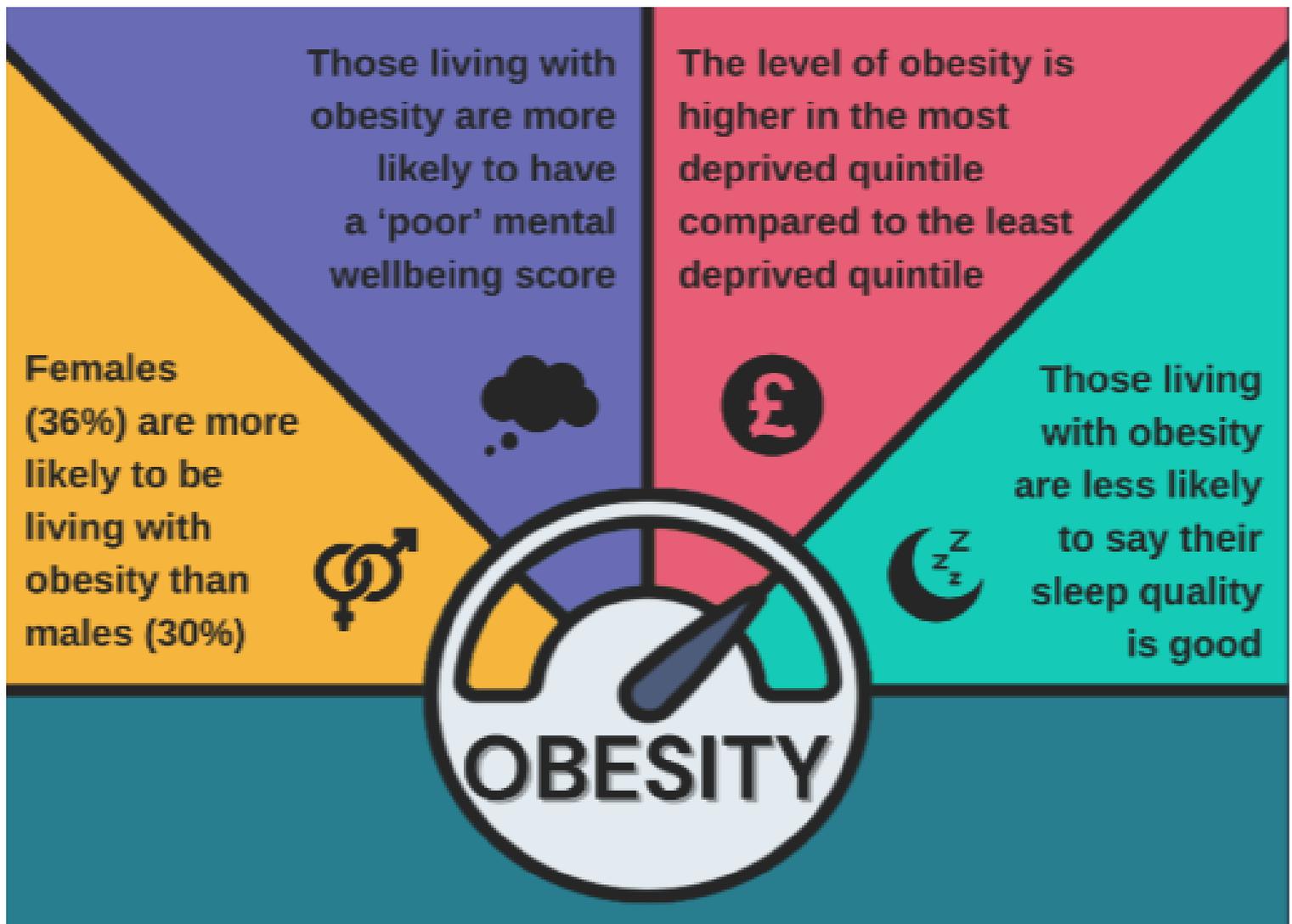
Higher than the national level of 64%

Living with obesity can cause a number of further problems, including difficulties with daily activities and serious health conditions. It can increase your risk of several chronic conditions, including heart disease, diabetes, and cancer. Obesity may also be associated with reduced quality of life, including poorer mental well-being.

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



Higher than the national level of 26%



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 low 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

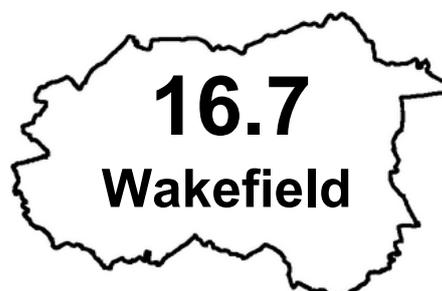


1/4

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 (2021-23)



Yorkshire & Humber region: 12.3
England national: 10.7



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.

2,800

people aged 65 and over are living with a dementia diagnosis in Wakefield (February 2025), which is just over 4% of this age group.



DEMENTIA

4%

of over 65s in Wakefield have a dementia diagnosis

4 in 10

of those diagnosed with dementia in Wakefield live in a care home

80%

increase in dementia in Wakefield by 2040

76%

of care plans in Wakefield reviewed in the last 12 months



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.

Frailty

Frailty describes someone's overall resilience. When we lack resilience, we become vulnerable to frailty. Successful condition management, reliable support networks and a healthy approach to ageing can help to improve resilience and prevent frailty.

It is often small, unrelated events that kick starts a domino effect into frailty... It could be the one best friend falling ill that leads to less social activities, then a reduction in physical activity.

16,000 people are living with a diagnosis of frailty in Wakefield. This equates to 2.1% (mild), 2.0% (moderate) and 0.4% (severe) of the population with frailty.

FRAILTY

Frailty describes someone's overall resilience. When we lack resilience, we become vulnerable to frailty.

4.5% of Wakefield residents have a frailty diagnosis (16,000+ people).

40 per 1,000 Asian / Asian British residents have mild frailty compared to 22 per 1,000 Wakefield district average.

Deprived areas have **2X** frailty than affluent areas.



Females are significantly more likely to have moderate or severe frailty compared to males.



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.

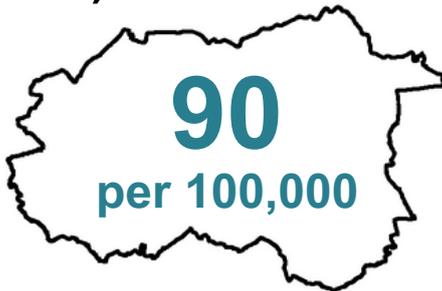
Chlamydia detection rate in females aged 15-24 (2023)



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



Gonorrhoea diagnostic rate (2023)



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

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



England national: 149 per 100,000

Diagnosed HIV prevalence in Wakefield is lower than national levels at 1.1 per 1,000 compared to 1.73 nationally (2023), sitting comfortably within the 'low' threshold in national testing guidelines.





Risk factors

Smoking & vaping

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

The ONS Annual Population Survey 2023 found that around 13% of adults smoke in Wakefield (in line with the national level).



SMOKING



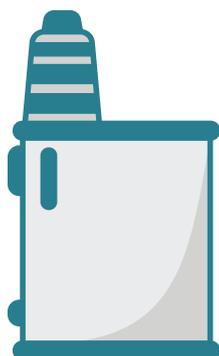
13% of adults smoke
(1 in 7 males, 1 in 9 females)

40-44 year olds have the highest smoking rates

smoking prevalence in deprived areas is
4X higher than in affluent areas

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

1 in 3



adults in the Wakefield Adult Population Health Survey 2023 (33%) were classified as hazardous or harmful drinkers (28% hazardous, 5% harmful)



Alcohol related harm is estimated to cost Wakefield approx.



£204 million per year

3 in 5

adults in Wakefield consume alcohol once a week or more



Trends show a decreasing percentage of Year 9 pupils have tried alcohol



ALCOHOL

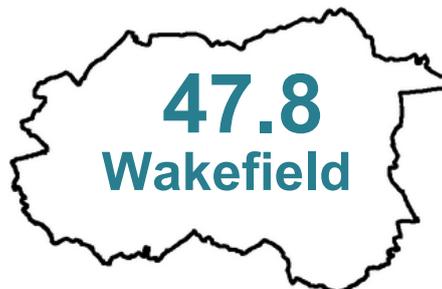


Men are more likely to have alcohol-related health effects than women

Alcohol related cancer rates in Wakefield are similar to England



Age standardised alcohol-related mortality rate per 100,000 (2023)



England national: 40.7



Alcohol-related mortality has been consistently higher than the national level over the last five years. Males (73.5 per 100,000) are almost three times as likely to die from alcohol-related conditions than females (25.5 per 100,000).

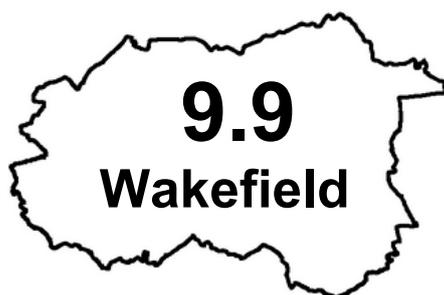
Drug use

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.

2,927 adults estimated to be using either opiates and/or crack cocaine in Wakefield in 2019-20 (published October 2023)

102 drug misuse deaths in Wakefield in the three years 2021 to 2023.

Age standardised mortality rate related to drug misuse per 100,000 (2021-23)



Yorkshire & Humber region:
7.5
England national:
5.5



Adults in treatment in Wakefield for drug use during 2023-24...



1,535

adults in treatment for opiate use

375

adults in treatment for non-opiate use

200

adults in treatment for non-opiate and alcohol use

3%

of respondents to the Wakefield Adult Population Health Survey 2023 said they use any drugs at least monthly or weekly. Younger respondents and those with low mental wellbeing scores were more likely to use drugs.

[MORE INFO](#)



Protective characteristics

Diet & fitness

69% of adults aged 19 and over in Wakefield are physically active (2022-23), 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.



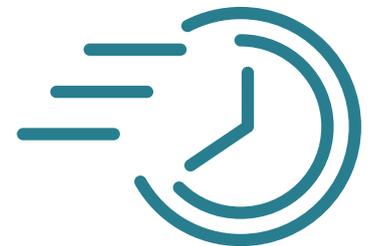
1 in 5 survey respondents (20%) said they eat five or more portions of fruit or vegetables a day, whilst 5% said they did not eat any.



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.

Sleep

60%

of respondents to the Wakefield Adult Population Health Survey 2023 reported their overall quality of sleep in the last month as fairly good or very good. 40% reported fairly bad or very bad sleep quality.

Adults with a low mental wellbeing score in the survey were more likely to report poor sleep quality. More than three quarters (78%) of respondents who had a low mental wellbeing score said their sleep quality was fairly bad or very bad.



Quality of sleep is significantly worse among certain populations of people in Wakefield, generally those with a stronger likelihood of having poor mental health. The groups below are more likely to report fairly bad or very bad sleep quality:



Those who live in the most deprived areas of the district (49%)



Those who are living with obesity (45%) or extreme obesity (55%)



Those who have a health condition (49%)



Those classified as harmful drinkers (55%)

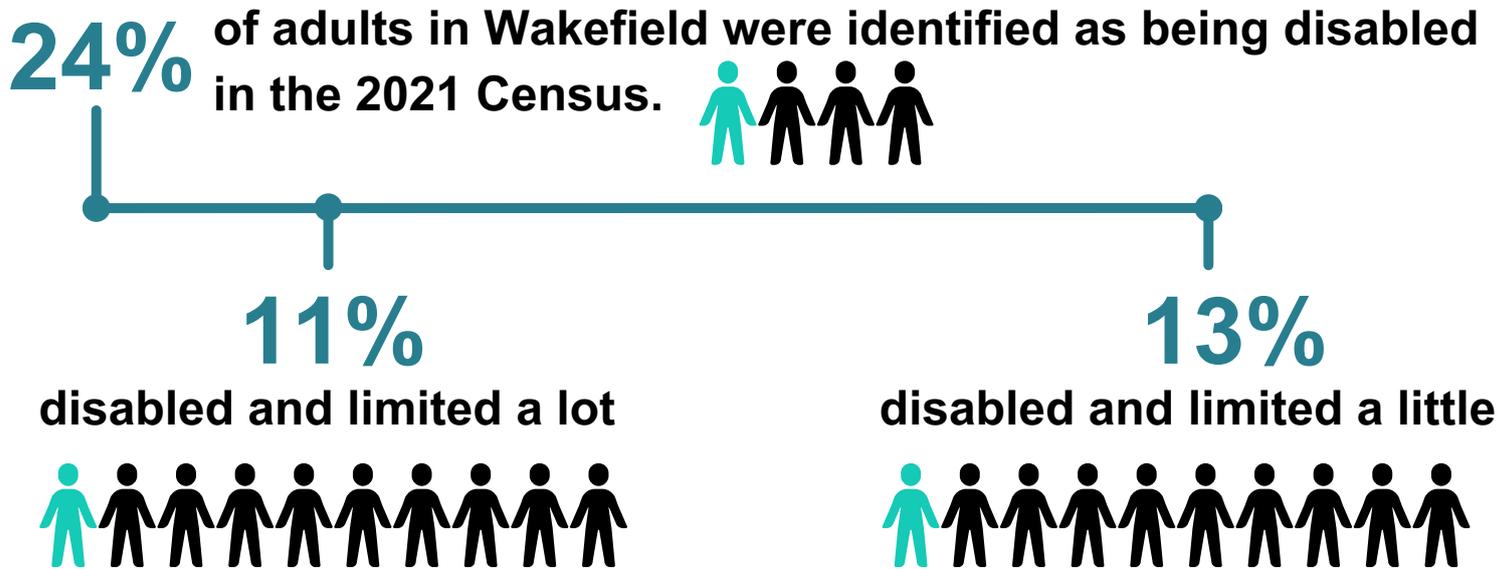




Population groups

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.

2,615

people in Wakefield have a recorded learning disability in GP practice systems, according to the Quality and Outcomes Framework (QOF) 2023-24. This equates to 0.7% of the Wakefield GP registered population.



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.**

6%

of respondents to the Wakefield Adult Population Health Survey 2023 self-identified as neurodiverse

[MORE INFO](#)

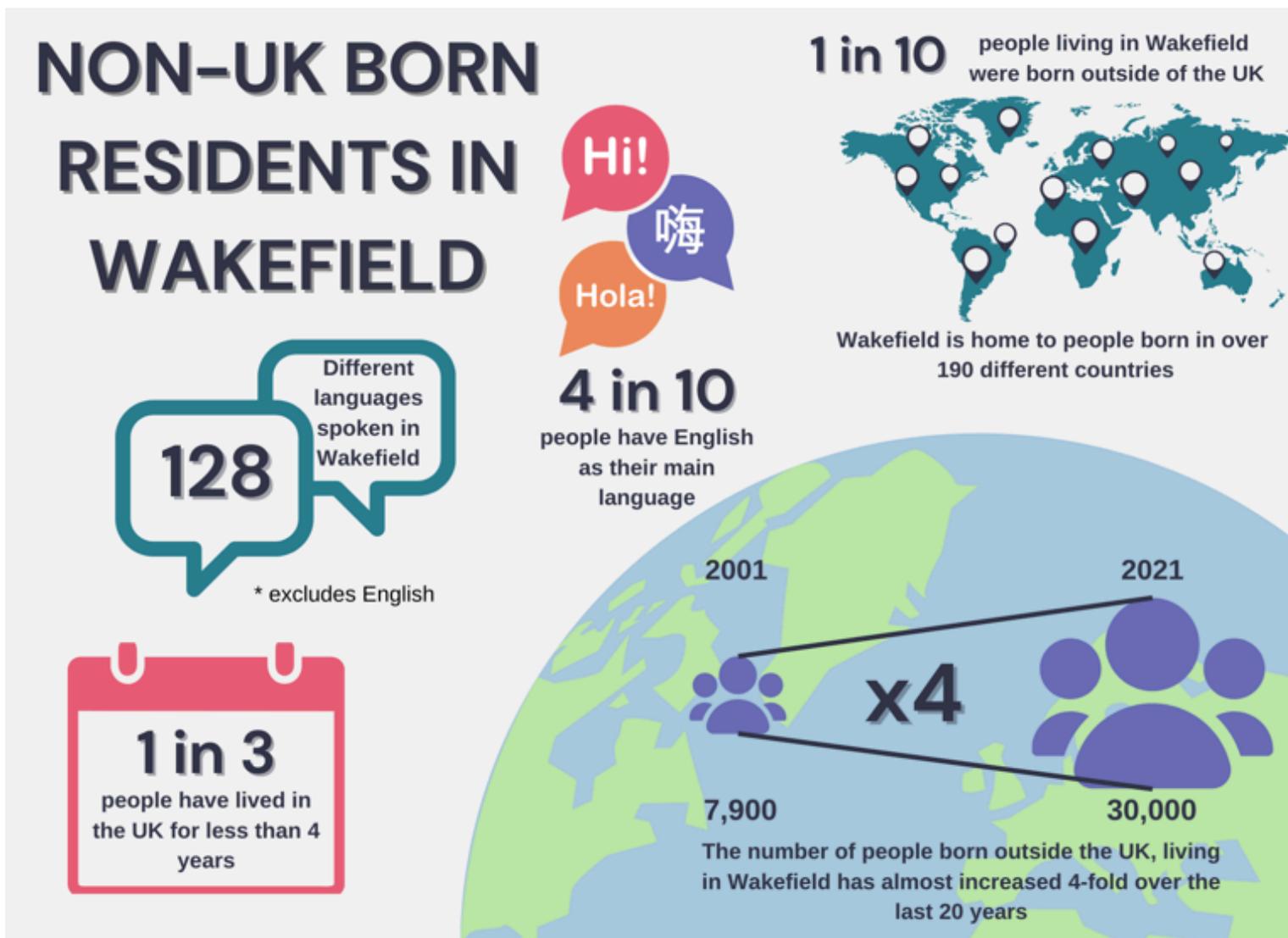
Men are more likely to be diagnosed than women. Historically, neurodiversity has been under-diagnosed in women because of mis-conceptions about females and autism, and potentially differences in how it can present.



Non-UK born residents

Just over 9% of the population of Wakefield District (over 30,000 people) were not born in the UK. Over the last ten years, the number of people coming from other countries for reasons including work, study, to be with their family and because they are refugees to Wakefield District, has grown. Because of this, the need for services to support non-UK born communities has also grown.

The recent health needs assessment for Wakefield showed that non-UK born communities in the district tend to report positively on their health and wellbeing, however some distinct groups seem more able than others to attain better health and wellbeing.



LGBTQ+ population

Outcomes for members of the LGBTQ+ population in Wakefield differed to those of the non-LGBTQ+ population, across a range of subjects including mental and physical health, environment, sexual health, and diet and physical exercise.

LGBTQ+ population

LGBTQ+ is an acronym for lesbian, gay, bi, trans, queer, questioning and ace.

The percentage of people identifying as LGBTQ+ is higher in younger age groups.

13-24



Those identifying as LGBTQ+ were significantly less likely to have a 'high mental wellbeing' score.

Over half of LGBTQ+ adults said they had thoughts about harming themselves.



LGBTQ+ adults were less likely to say their health in general is 'Good' and more likely to say they have a lot of problems accessing support.

LGBTQ+ Year 12 students (16-17 year olds) were more likely to say they have been bullied.



LGBTQ+ Year 12 students were more likely to say they feel unsafe in the area they live, at school and at home.

Responses from the Wakefield Adult Population Health Survey 2023 and the Wakefield District School Health Survey 2024 (for Year 12 pupils) were analysed to compare health outcomes for the LGBTQ+ and non-LGBTQ+ populations in Wakefield.



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, 2024

Screening	Wakefield	England	Comparison
Breast	67.3%	69.9%	
Bowel	74.0%	71.8%	
Cervical (aged 25-49)	71.7%	66.1%	
Cervical (aged 50-64)	75.2%	74.3%	

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 and 2024.

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 2023-24.

79%
coverage

- Higher than the national level of 78%
- Above the 75% target

Aged under 65 at risk groups vaccination coverage 2023-24.

42%
coverage

- Similar to the national level of 41%
- Less than 55% target



Pneumococcal (PPV)

Aged 65+ vaccination coverage 2022-23.

76%
coverage

- Increasing and getting better
- Higher than the national level of 72%
- Above the 75% target

Shingles

Aged 71 vaccination coverage 2022-23.

42%
coverage

- Decreasing and getting worse
- Lower than the national level of 48%
- Less than 60% target