Wakefield District

Population profile, demographic data and health inequalities

For more information on the Wakefield District population, demographics and health inequalities please visit the following links:

- Joint Strategic Needs Assessment (JSNA) and JSNA population profile
- Local area profiles
- Wakefield health inequalities
- Wakefield State of the District Report
- Director of Public Health Annual Report
- Adult Health Survey 2023

Population Diversity

The resident population of the district people has increased by 8.4%, from around 325,800 in 2011 to 353370 in 2021, the largest population increase in West Yorkshire. The latest Index of Multiple Deprivation (2019) shows that 54,200 people in the district are living in neighbourhoods amongst the top 10% most deprived in England. This is 15.7% of the district's population.

Life expectancy in the Wakefield District for both males (78.3) and females (81.9) are lower than the averages for England (79.4 for males, 83.1 for females). Deprived areas in the Wakefield District show the lowest life expectancies, with males living 8.9 years less and women living 8.4 years less, this has increased since the last report.

The number of children living in low-income families has increased by 34% over the past five years in the Wakefield District. Wakefield is above the national average for child poverty income deprivation affecting children index (IDACI) as well as income deprivation English indices of deprivation. Within schools in 2020/21, 11.3% of primary pupils and 8.8% of secondary pupils had a first language that is known or believed to be other than English.

At the end of March 2022 there were 332 asylum seekers in 'dispersed' accommodation in the District. There were a further 21 asylum seekers receiving

subsistence-only support. Both these numbers exclude asylum seekers in initial accommodation at Urban House, central Wakefield. Asylum seekers stay at Urban House for about 21 days whilst the legal aspects of their asylum claim are dealt with. The facility can accommodate up to 300 people. As of the end of March 2022, there were 23 unaccompanied asylum-seeking children in the care of the local authority.

Census 2021

At the recent census there were 267 ethnicities described in Wakefield District. This can be summarised as 93% White, 3.6% Asian or Asian British, 1.4% Mixed or multiple ethnic groups, 1.3% Black or Black British and 0.7% other ethnic group.

White other at 4.3% is the largest ethnic group after White - English, Welsh, Scottish, Northern Irish or British (88.2%), the largest group within this was White, Polish at 2.1%. Asian or Asian British Pakistani or British Pakistani 2% followed and then Black, Black British: African, 1%. Other groups made up less than one percent.

The latest census recorded country of birth, 91.5% of Wakefield residents were born in the United Kingdom, of the rest 4.8% were from Europe, excluding Ireland, 2.1% Middle East and Asia and 1% Africa. Other countries had under 0.5%. The most common spoken language (after English 91.3%) was Polish (2.2%). The other languages were 0.3% and below.

The sex of the population was female 50.8% compared to 49.2% male.

When asked to identify if they met the disability criteria under the Equality Act, 9.2% said their day-to-day activities were limited a lot, and 10.9% a little. 6.9% said they had a long term physical or mental health condition, but activities were not limited.

When asked if they provided care for someone, 9% said they did, with 3.1% saying they provided care 50 or more hours a week.

In response to a general health question 79% said they were in good or very good health. 6.6% said they were in very bad or bad health.

When asked to describe their sexual orientation 2.8% described orientation other than straight or heterosexual. 6.2% of people didn't answer. Over 1200 people, 0.4% of the population describes their gender identity as different to that which they were registered at birth.

1. Equality – how we deliver

The Wakefield District Health and Care Partnership (WDHCP) has outlined its commitment and intention to promote equality, tackle health inequalities and improve health outcomes for our local people and communities. Our Communications, Involvement and Equality Strategy 2020 will be updated through partnership work with the Communications, Involvement and Equality Network. A new strategy is in development for the ICB.

The Equality, Diversity and Inclusion Steering Group supports the Wakefield District Health and Care Partnership (WDHCP) to deliver focused and partnership work on EDI. Members come from the local health and care and voluntary and community sectors.

2. Equality Delivery System (EDS 2022)

The ICB implemented the EDS 2022; Domain 1 was delivered in partnership with Wakefield providers, including NHS Mid Yorkshire Hospitals Trust, Yorkshire Ambulance Service and key partners and VCS organisations. Three public events were hosted in December 2023. A report is provided in this document.

3. Public and patient involvement

Our approach to public and patient involvement can be found on the Wakefield District Health and Care Partnership website and is detailed below.

Seeking views from the public and acting on feedback remain a priority and the following activity was undertaken in 2023.

The **People Panel** is our public assurance group. The Panel provides a single recognised structure to oversee the delivery of public involvement, experience of care and equality, diversity and inclusion activity. It makes sure that impact and

change is demonstrable both internally and externally and that real changes that benefit local people are delivered. The Wakefield District Health and Care Partnership receives advice and assurance from the People Panel.

The Panel reviews arrangements to ensure continued involvement and representation of the public voice in our Health and Care Partnership decision making processes, including our priority areas. The Panel have considered experience of care reports, engagement plans for local and West Yorkshire wide projects as well as plans for service improvements, for example in planned care and GP services.

The work of **Covid Community Champions** has evolved over time to reflect the priorities of our communities, more recently addressing the challenges experienced by our communities such as the increased cost of living.

The Social Care Citizen Panel provides a mechanism to hear the voices of those who use care services and has provided an opportunity to influence the design and delivery of them by sharing care experiences and views. The group meets through the year to consider various aspects of social care provision.

Our Maternity Voices Partnership, are a group of people who've experienced pregnancy, women and their families, commissioners, and maternity staff working together to review and contribute to the development of our local maternity care. During the year, we have held several listening events as well as being involved in engagement to better understand experiences of maternity services.

The **Strategic Co-production Group (Stronger Together)** is for people who are living with either a mental and / or physical health condition or are a carer and would like to be part of the decision-making process within Wakefield District. The members have completed or are in the process of completing NHS England's Peer Leadership Development Programme.

During the year, our Alliances have worked on embedding the voice of local people in their work. To help them do this, new forums have been established and this includes the Mental Health Community Panel and Parent and Carer Panel.

Engagement activities during the last year have included:

- Engagement within our asylum seeker accommodation hotels to better understand what healthcare provision is needed and shape new service coming in.
- Our Primary Care Networks (PCN) worked on reducing health inequalities. Working through our PCNs recognises the important role that GP practices play in helping to identify and address health inequalities at neighborhood level.
- Working with Public Health colleagues to progress actions identified through the Gypsy and Traveller Health Needs Assessment.
- Working with Public Health colleagues on Migrant Communities Health Needs Assessment.
- Engagement with specific groups, for example One Ummah to better understand current experiences and support the group and wider community in accessing services.
- GP practice engagement for Henry Moore Clinic and New Southgate Surgery.
- District wide engagement with a publication of Adult Health Survey 2023.
- Supporting and contributing to West Yorkshire Integrated Care Board engagement initiatives including Non-surgical Oncology and commissioning policies.
- The district works to hear the voices of children and young people through **Build Our Futures** and Wakefield hosts a Build Our Futures summit every six months.
- We continuously listen as part of our Local Offer, which provides support for families with children and young people aged 0 – 25 years with special educational needs and/or disabilities. You can see what we have heard and what we did as a result of it on the local website.
- Our District's co-production journey also continued with workshops held during the year.

We have continued our **Experience of Care Network**, working with colleagues in our partnership with a passion to improve experience of care. The network makes sure that the voice of our communities influences the work of the partnership and creates positive change, but also brings colleagues and peers together across the partnership to share and learn. We were very proud to have won a national patient experience award for this work.

Born and Bred in Wakefield, Babi Wakefield is an exciting research initiative across the Mid Yorkshire Hospitals footprint. Starting during pregnancy, where agreed routinely collected data is linked to provide a broad picture of the factors affecting health and wellbeing. This includes health, social and educational data. This will create a picture of local people's health and lifestyles over time. Researchers use the data to investigate key questions around the health of people living in the district, looking for ways in which we could make improvements to help local people. Over time, this will provide really useful information to help us develop local services. Participants may also be invited to help with other research studies on particular issues. As part of this project, we have been out and about talking to families to share the news of the study, raise awareness and encourage participation in research. We have also started to form a group of participants to act as a reference group to guide our engagement and the study. Our areas has been successful in securing funding from NHS England which aims to work with community groups to explore and understand barriers to taking part in research.

Equality, diversity and inclusion and our commissioning decisions

We ensure our commissioned services take account of equality and health inequalities, by supporting involvement activity and undertaking equality impact assessments to advise commissioners on potential consequences to ensure appropriate mitigations are put in place or plans changed. Some of the activities that have been supported over the year include urgent care services including walk-in centres, the potential relocation of a GP practice, the provision of extended primary care services and maternity services.

Improved accessibility and reducing health inequalities

Wakefield District has worked on various programmes to improve access to health and reduce inequalities.

Primary Care Networks (PCNs) Directed Enhanced Scheme (DES) had a focus on Health Inequalities and their **Capacity and Access Plans** focused on making improvements to patients access experience and help manage demand, so patients can access care more equitably and safely, prioritised on clinical need.

The plans' themes are improving patient engagement, increasing awareness of additional roles reimbursement staff (ARRS), increasing use of online consultation and NHS app, and working with other services.

PCNs have taken different approaches to improving patient experience. Based on feedback from patients, PCNs have focused on specific areas including their practice websites accessibility, increasing NHS App uptake to alleviate pressures on practice phones, improving patient satisfaction through care navigation training, implementing surveys to understand patient needs and promoting ARRS (additional roles) staff. All seven PCNs also focused on embedding and increasing utilisation of online consultation. Increased availability and analysis of accurate appointment data was also used to shape services and manage demand.

The COVID Pandemic presented new opportunities and changed perceptions on ways of working across the system to meet the needs of inclusion health cohorts. A **Roving Health Inclusion Team** was established to ensure services met the needs of communities who were less likely to access services or vaccinations. The evaluation found "A more ambitious roving health service would involve a dedicated team of staff working with marginalised groups on a rolling programme of specific health awareness campaigns, delivering specific health interventions and undertaking action research with the most marginalised communities". There was commitment to ensuring the relationships and progress made would not be lost.

Priority areas were agreed as homelessness, Gypsy, Roma, travellers, sex workers, vulnerable migrants, criminal justice and prison leavers.

It was acknowledged that there were gaps in providing effective services, workforce development, insight, digital inclusion, making adjustments, communications, peer advocacy, lived experience and engagement.

The inclusion team committed to new ways of working, utilising peers and ‘trusted message givers to deliver change, building confidence in health care and changing perceptions. This deeper understanding of health inclusion groups needs informs design to deliver better and to integrate their needs in day-to-day work.

Adjusting to this approach highlighted some barriers, this included a level of risk aversion and a lack of flexibility in guidance, building trust and breaking down barriers, both for the community and staff, developing confidence in meeting needs and cultural competence, recognition that while effective the approach takes time in already pressed services, all partners need to be kept on board. Ensuring that the voices of the health inclusion groups influenced the services and that they were not forgotten as the health landscapes evolves, developing a clear governance structure and continuous relationship management and development with communities and partners.

What has been achieved

- Proposals for Health Inclusion Team with a mobile clinic to provide outreach care
- Learning and development from specialist services
- One stop shops taking service providers to contingency accommodation
- Dedicated staff from Conexus supporting the service offer
- Mental Health partners supporting delivery of outreach care
- Engaging health inclusion groups to understand their lived experiences and needs
- Health needs assessments for Gypsy, Roma and Travellers, Migrant Health and Homelessness
- Improved relationships and delivery from Practices and PCNs
- Digital Transformation Pilot, increasing the uptake of NHS App and Online Consultation

Next steps

The work needs to continue and relationships strengthened to ensure consistent progress to reduce health inequalities. A communication strategy for health inclusion cohorts, including videos, social media and written materials will be co-produced. Effective training for health staff including GPs on cultural competencies and meeting need, shaped by lived experience. Supporting health inclusion groups and VCSE through education and awareness raising on access to Primary Care services. Development of service user engagement, lived experience and peer advocacy. Continue to expand the Health Inclusion Service, working with other partners to provide in reach session to specific cohorts.