Deprivation and Urgent and Emergency Care Impacts in Wakefield

We've worked with colleagues from across Wakefield place to understand why people living in areas of high deprivation and poverty have a significantly higher demand on urgent and emergency services than those living in more affluent areas. By integrating data analysis, geographic mapping, and public engagement, fresh perspectives on healthcare access within these communities have been uncovered.

Key Findings

- **Data sharing:** There is data available across the system to make informed decisions about the health of a population and its communities, however it's not always joined up or used centrally across sectors.
- **Deprivation correlation:** Those living in the most deprived communities have a higher volume of calls to the ambulance service however, the rate of conveyance to hospital is smaller than the conveyance rate from less deprived areas. In Wakefield, this affects 34.2% of the population.
- **Education on available services:** Public knowledge of available urgent and emergency healthcare services available across Wakefield outside of A&E and ambulance (999) is not widespread. Walk-in centres, GP out of hours services and the 111 service were only remembered when prompted.
- **Health and wellbeing assets:** The large variety of assets across Wakefield support people's health and wellbeing outside of the standard healthcare provision. The majority of these, however, are situated in the north of the district and not necessarily where the demand sits.
- **Transport:** The availability of public transport is a driver for the public deciding which healthcare service to use, and may restrict people from being able to access the correct support if transport to these organisations is a challenge.
- **Respiratory and mental health conditions:** These are a major cause of healthcare needs, with COPD* and death by suicide prevalence in Wakefield higher than the England average (2.67% COPD vs 1.92% in England and 17.3 suicide deaths per 100 000 vs 10.5 deaths per 100 000 in England).

* COPD: Chronic Obstructive Pulmonary Disease

Health Innovation Yorkshire & Humber

West Yorkshire Health and Care Partnership

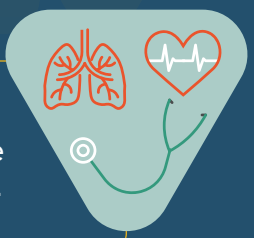
Recommendations

Local (Place) Leaders

1. **Patient activation:** Produce and promote resources to create an informed and empowered population in self-management and available healthcare options across Wakefield.

Regional (ICS) Leaders

2. **Respiratory care enhancement:** Use available data to understand need and combine with interventions wider than healthcare to provide system-wide support which addresses the needs of the whole person.



3. **Strengthening mental health services:** Use data to identify gaps in mental health services (especially for children and young people) and expand community-based mental health support by using the VCSE sector to ensure supply meets demand.

4. **Addressing homelessness:** Leverage homelessness data to inform service provision and policy development to achieve trauma-informed care ambitions.

5. **Innovation as an enabler:** Consider the adoption of innovations which can support, innovate and improve pathways, including but not limited to embedding technology to enable this.

National Leaders

6. **Housing and health collaboration:** Continue and expand on alliances and initiatives between healthcare and housing which address wider determinants and have a direct impact on health.

7. **Public health analysis and use:** Continue to use public and population health data and data analysis to make informed decisions around wider determinants which impact health.

For the full report please contact the West Yorkshire Innovation Hub at:
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