

**Health and Wellbeing Strategy Refresh
Public Engagement
Let's Talk About Health**



Background	3
Methodology	3
Individual Survey	3
Representative Survey and Focus Group.....	3
Individual Survey Findings.....	4
On a Scale of 1-5, how would you rate your physical, mental and emotional health at the moment?.....	4
Correlations / Relationships.....	4
What does 'living a healthy life' mean to you?.....	6
Do you feel that you are living a healthy life now?.....	7
What kind of things do you do now that help you to live a healthy life?.....	7
What are the barriers or what makes it difficult for you to live a healthy life?.....	8
What kind of things might help you to live a healthier life?	9
If you were able to live a healthier life, what difference would it make to you?	11
If money was no object, what things do you think could be put in place for local people to help everyone live a healthier life?	12
Representative Survey and Focus Group Findings	14
Barriers and solutions to better health	14
Next Steps.....	15
Demographics.....	16
Appendix 1: Paper copies of the survey were distributed to the following places.....	18
Appendix 2: Correlation between ratings of 'very poor' health.....	19
Appendix 3: Relationship between ratings of health and age.....	20
Appendix 4: Relationship between ratings of health and gender.....	21
About Healthwatch	22
Contact Us.....	22

Healthwatch Wakefield 2021

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Summary Results November 2021

Background

Wakefield Health and Wellbeing Board is the place where local service leaders come together to make decisions about health and care services. The Board are currently working on refreshing the Health and Wellbeing Strategy which will influence how services across the district are planned and delivered.

As part of this strategy refresh, Healthwatch Wakefield has been asked to lead on the public engagement element of this programme. The purpose of the engagement is to enable a better understanding of:

- How people define a healthy life.
- What difference would being in good health make to people's lives.
- What prevents people in the Wakefield district from living well.
- What are the barriers to people making healthy choices.
- What would help people who live in the Wakefield District to achieve better health.

Methodology

Individual Survey

A survey was produced and ran from 11 August to 17 October 2021.

The survey was available online on 'SmartSurvey' and promoted through the Healthwatch Wakefield website and contact lists, social media and through other organisations e.g., NOVA.

Paper copies were also available and distributed across the district to a number of places (see Appendix 1).

The online survey had an option to read and complete in Polish, which is the most common non-English language spoken in Wakefield District.

247 people completed the survey.

Demographic break down can be seen in the Demographics section on page 16.

Representative Survey and Focus Group

A second survey was also produced on SmartSurvey for representatives.

This survey asked people to think about groups of people they had knowledge of perhaps through their work or voluntary work. They were then asked to answer questions based on their knowledge of this group.

Five people completed this survey, the groups of people they were thinking about included people with a learning disability, people with epilepsy, mental health service users and people with hidden disabilities such as autism.

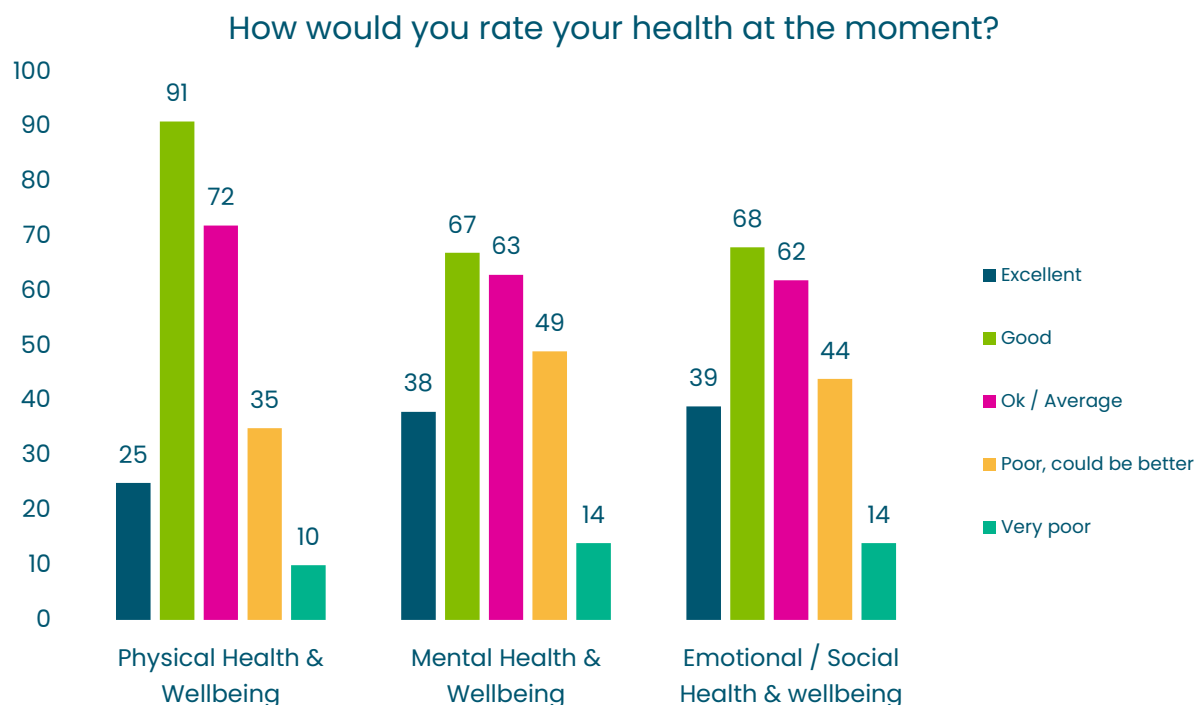
Healthwatch also facilitated a focus group discussion at a Third Sector Leader's meeting which included six group members primarily thinking about the groups of people that they work with.

Individual Survey Findings

This section contains a summary of findings for each question.

On a Scale of 1–5, how would you rate your physical, mental and emotional health at the moment?

The chart below shows that for all three types of health (physical, mental and emotional) there was a similar distribution of responses, with most people rating their health and wellbeing as either 'good' or 'average' for all three.



Correlations / Relationships

There did not seem to be a correlation between ratings of health, for example rating physical health as 'very poor' did not seem to make it more likely that mental health and emotional health would also be rated as 'very poor'. (See Appendix 2).

Several different filters were applied to see if there was a relationship between own rating of health and various factors, some examples are given on the next page.

Relationships between ratings of different types of 'health' and 'Age'

When comparing percentages for each age group, the following relationships were noted.

Physical Health

Those aged between 25–79 were most likely to rate their physical health as 'very poor / poor'.

Those aged 18–24 seemed to rate their physical health best with 7% rating it as 'very poor/poor' and 29% rating it as 'excellent'.

Mental Health

Those aged 13-17 were most likely to rate their mental health as very poor / poor followed closely by those aged 18-24.

Those aged 65-79 were most likely to rate their mental health as 'excellent'.

Those aged under 13 and those aged 65-79 seemed to rate their mental health best.

Emotional / Social health

Those aged 13-17 and 18 – 24 were most likely to rate their emotional and social health as very poor/poor.

Those aged under 13 seemed to rate their emotional and social health best.

Gender

There were some differences in ratings of health given by males and females. For example, males were more likely to rate their health as 'excellent' than females, this was across physical, mental and emotional health. However, they were also more likely to rate all three as 'very poor' than females. See appendix 4.

Gender Identity

Of the 7 people who said that their gender identity was different to the sex assigned at birth, there was a relationship between this and their rating of 'mental health' with 5 out of 7 of this group rating their mental health as 'poor, could be better' and the remaining 2 rated their mental health as 'ok/average'.

Long Term Condition

There did not appear to be any relationship between those saying they had a long- term condition and their rating of own health.

What does 'living a healthy life' mean to you?

Analysis of this open-ended question highlighted 524 responses from 230 individuals. These 524 responses were spread over 13 categories which are shown below. Anything under five responses was placed in the 'other' category.

What does 'living a healthy life' mean to you?	Responses
Physically fit and active / able to get out	133
Eating healthily	105
Feeling happy, well rested and stress free	68
Having happy and healthy relationships	68
Being mentally and emotionally well	51
Good balance in life	36
Financial stability	12
Being in a healthy environment	11
Medical problems under control / access to services	9
Free from pain	8
Helping others	8
Other	8
Healthy lifestyle choices (e.g., not smoking)	7

Most people gave an answer that fit into several categories.

“Going out, being with friends, playing sport. Eating good food not rubbish take-aways.”

“Eating a healthy balanced and varied diet. Enjoying a reasonable amount of regular exercise. Getting sufficient sleep for my needs. Being outdoors when possible. Staying fit enough to perform daily physical tasks around the home and garden.”

Many people, however, identified just one or two key areas, most often healthy eating and / or physical activity.

“Eating regular meals prepared with fresh vegetables where possible. Very rarely ready prepared...Try to be outside and walk for at least an hour per day.”

“Eating healthy and not eating chocolate and do sports and walking.”

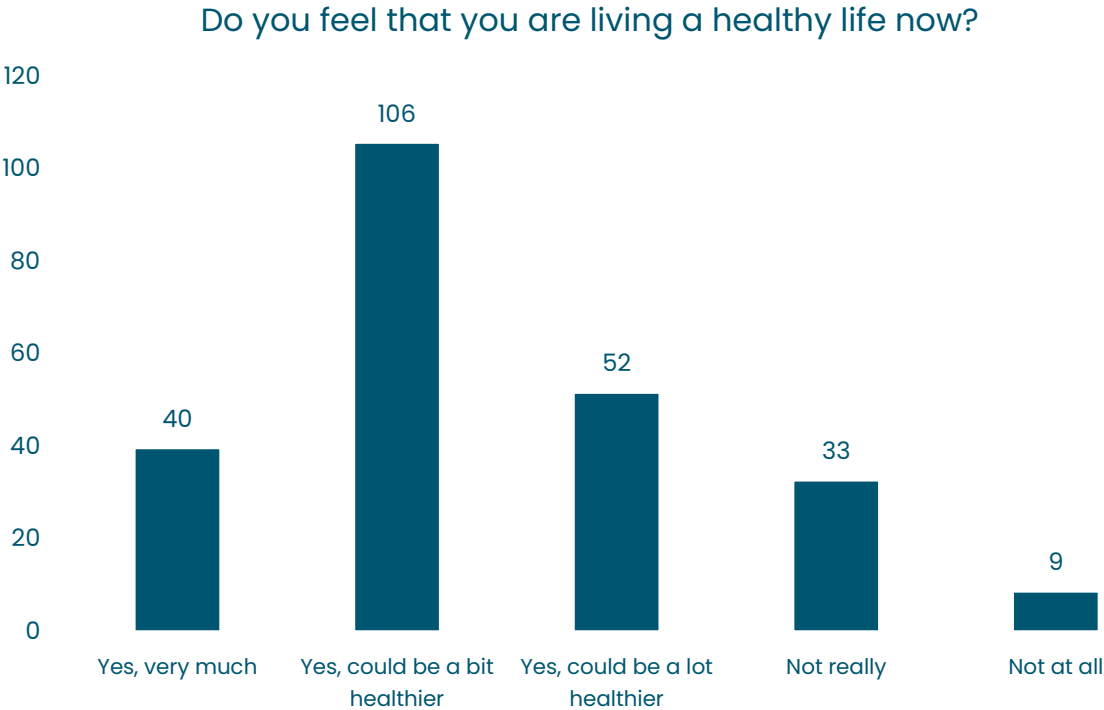
A number of people gave an answer which related specifically to their current situation:

“Free from pressure sores, free from pain, free from bowel problems, free from sleep problems...”

“Living with grief at the moment...it’s an ongoing struggle. A healthy life for me would be getting more on an even keel.”

Do you feel that you are living a healthy life now?

Most people felt that they are either living a ‘very healthy life’ or a ‘healthy life that could be a little bit healthier’:



As with question 1, several different filters and cross tabulations were applied to see if there was a relationship between own rating of health and various factors e.g., age, ethnicity, gender.

There appears to be a relationship between disability and rating of own health as either ‘not really’ or ‘not at all’ healthy. So, when considering those two ratings put together, the figures are:

42 out of 240 (17.5%) of all respondents rated that they were either ‘not really’ or ‘not at all’ living a healthy life now, compared with:

17 out of 33 (51%) of people with a mental health condition

5 out of 12 (41%) of people with a learning disability or difficulty

What kind of things do you do now that help you to live a healthy life?

Analysis of this open-ended question highlighted 469 responses from 231 individuals. These 469 responses were spread over 10 categories, these are shown below. Anything under five responses was placed in the ‘other’ category.

What kind of things do you do now that help you to live a healthy life?	Responses
Physical activity	156
Healthy eating	112
Social activity / see family and friends	71
Meaningful / enjoyable activities	52
Good balance in life	26
Time to relax / minimum stress and enough sleep	23
Positive attitude	10
Medication / medical appointments	7
Make healthy choices	6
Other	6

The answers given were similar to the previous question with most people mentioning two or more things that they currently do to help them to live a healthy life. The main things mentioned were physical activity, eating healthy food and having enjoyable social activities and contact.

There was a lot of recognition of the importance of social interactions and having time to relax and enjoy things as being part of keeping healthy.

“Eat well and exercise, keep in touch with family and friends, do things I enjoy, fresh air, access nature, gardening.”

“Careful with my diet. Walk twice a day. Meet friends. Communicate using internet. Helping people. Writing. Singing in a choir.”

“I exercise most days, I eat healthy food most days, I have social interaction, I work and have some fun.”

“Walk regularly. Eat a balanced diet (cook my own food on a regular basis). Keep a small garden so out in the fresh air on a regular basis. Have a sociable life, meet people and also volunteer – makes life interesting. Still work part time so keeps mind sharp and open to new ideas.”

What are the barriers or what makes it difficult for you to live a healthy life?

Analysis of this open-ended question highlighted 274 responses from 218 individuals. These 274 responses were spread over 11 categories, these are shown below. Anything under five responses was placed in the ‘other’ category.

What are the barriers or what makes it difficult for you to live a healthy life?	Responses
Lack of time / work	56
Physical health	35
Mental health	32
Lack of energy / motivation	32
Unhealthy choices (e.g., chocolate or alcohol)	27
Lack of support / confidence	26
Finances	23
Other	19
Caring responsibilities	9
Covid stopping activities	9
Lack of things to do	5

As can be seen, there is quite an even spread between number of responses identifying physical and / or mental health as a barrier and those identifying lack of time or motivation.

“Pain and exhaustion, chronic fatigue.”

“I like unhealthy food and chocolate. I am obese so it is hard to exercise.”

In contrast to previous questions, people were more likely to identify just one barrier:

“Cost of healthy foods, far more expensive than takeaway which I believe should be the other way around...”

“My mental health and the pressures of everyday life.”

“Money, I’m 63 no income and 3 years to wait for state pension.”

However, many did still identify a variety of barriers.

“Lack of things to go to. being lonely not feeling like going out alone. Nothing to do, no one to speak to. buses are not very good. They have cancelled local services.”

What kind of things might help you to live a healthier life?

Analysis of this open-ended question highlighted 256 responses from 213 individuals. These 256 responses were spread over 11 categories, these are shown below. Anything five responses was placed in the ‘other’ category.

What kind of things might help you to live a healthier life?	Responses
Healthier diet / Cheaper and better access to healthy food	45
More events / activities / Leisure facilities for adults	42
More social support and contact	38
Better access to health services	30
Other	23
Transport	22
More safe outdoor areas	21
Finances	13
Better work-life balance / more time	11
Less pain	5
Female friendly activities	5

The responses around 'healthier diet' ranged from comments about the cost and availability of healthy food to access to cooking classes and support with meal planning as well as reducing the availability of take-away food:

“Better access to healthy food, without driving I struggle to reach healthy food as they aren’t provided in local stores...”

People also talked about wanting a variety of accessible, cheap or free local activities:

“The main thing is lack of community organisations in my area that I may enjoy – I may be getting older, but my mind and body are still active, and I wouldn’t want to be doing things like bingo!”

A number of people talked about wanting female friendly activities:

“Gym prices are a bit much...also as a female, I would love to feel safe working out in an open space – I feel reluctant to join a gym knowing how male populated it is. Wish there was a lady’s afternoon or evening or a separate space.”

If you were able to live a healthier life, what difference would it make to you?

Analysis of this open-ended question highlighted 230 responses from 209 individuals. These 230 responses were spread over eight categories, these are shown below. Anything under five responses was placed in the 'other' category.

If you were able to live a healthier life, what difference would it make to you?	Responses
Happier / more confident	80
Increased physical wellbeing / energy	47
Increased mental wellbeing	41
Manage day to day activities better	21
Help to lose weight	15
It would mean a lot	11
Prevent future ill health	9
Other	6

The overwhelming response was that people would feel happier and more confident with increased energy and mental wellbeing if they were able to live a healthier life.

“If my physical limitations were removed, I could achieve more, participate more and would have the mental health benefits and weight loss associated with it.”

“...I would be much happier and my outlook on life would be a positive one instead of being negative most of the time.”

“Everything, it would mean everything. It would be a dream come true”

If money was no object, what things do you think could be put in place for local people to help everyone live a healthier life?

Analysis of this open-ended question highlighted 265 responses from 207 individuals. These 265 responses were spread over 11 categories, these are shown below. Anything category under five responses was placed in the 'other' category.

If money was no object, what things do you think could be put in place to help everyone live a healthier life?	Responses
More community activities	79
Cheaper / better access to healthy food	37
Cheaper leisure centres	36
Transport / access to cycles	24
Green spaces	19
Other	16
More information	13
More health facilities	13
Better promotion of and opportunity to try activities	12
Support, e.g., for weight loss, pain management / social support	8
Female friendly activities	5

People talked a lot about wanting more local, community-based facilities with activities for all ages and abilities offered free or at subsidised rates. There were several mentions of more local swimming pools as well as community social hubs such as cafes or support groups. Many recognised the need to also think about how activities are promoted.

“Go back to having local community centres so people can maintain connection to local people. Publicise local activities – not just tell everyone to go online, as many people are not able to do that and feel excluded... in the old market hall there was an area which was for the purpose of promoting health and wellbeing, could this be revived in the proposed plans for the market hall?”

When thinking about healthy food similar issues as before were mentioned. For example, fresh fruit and vegetables to be more available locally and a reduction in the number of fast-food outlets.

“...You can go to a cheap store and buy e.g. 24 burgers for £2 – and feed the family a couple of days. Fresh veg and fruit hoovers up money quickly so this needs addressing.”

A lot of people mentioned the cost and frequency of public transport and suggested improving these alongside other suggestions such as free transport to parks or gyms, additional cycle lanes and better local transport links.

The people who mentioned 'green spaces' talked about things like better maintained parks with more seating and toilets, community gardens, green gyms and allotments.

In terms of 'more information' these mostly referred to information about living a healthy lifestyle, cooking and nutrition and information and education about mental health.

“Better education in schools about cooking from scratch and meal planning, batch cooking etc., more emphasis on wellbeing tools and how to build these into daily life...”

Representative Survey and Focus Group Findings

A second survey asked people who spend time (e.g., a family member or through a work or voluntary role) with a particular group of people to give their thoughts about the kind of things that may affect their health.

Five people completed this survey, the groups of people they were thinking about included people with a learning disability, people with epilepsy, mental health service users and people, with hidden conditions such as autism.

We also facilitated a focus group discussion at a Third Sector Leader's meeting including six group members.

Below is a summary of some of the key themes that came from the survey and focus group discussion.

Barriers and solutions to better health

Access to services was identified as a barrier to many groups of people and there was discussion around how people get information about services that exist in their area.

“Information becomes out of date very quickly so it's hard to make sure that people that need the information are getting it.”

“It is amazing how many people don't know about the services or offers that there are – how do we get the message out there more effectively? How do we spread the word?”

Technology was discussed as a solution to this in terms of both advertising services and delivering groups and activities remotely. It was acknowledged that this is not always the answer though. Respondents talked about the importance of services being joined up and using marketing to ensure that target groups of people are being reached.

Transport was identified as a barrier for some groups, in particular those with disabilities and older people. This includes the cost of public transport and accessibility issues as well as the actual amount and frequency of public transport. A suggested solution to this could be looking at volunteers to transport people to services and activities.

Some respondents talked about a lack of understanding being a barrier to accessing services and how education and training could help to overcome this:

“Lack of inclusive spaces / reasonable adjustments being made. Lack of understanding about LD – lack of 'buy in' from care staff or other professionals that interact with that person due to a lack of training or a lack of time / resources”

Social support and communication were highlighted as things that can be both a barrier and a solution. A lack of support can lead to people feeling isolated which can in turn play a big part in mental health and wellbeing.

“Less social isolation and contact with support people to talk with in relation to their mental health needs may better support life style choices”

Silver Sunday at the Ridings Centre was mentioned as something which has helped many people and there was agreement that coming together as individuals or groups can be powerful.

Better staff training so that there is more understanding of mental health issues and disabilities, for example learning disabilities and autism, was mentioned by a couple of people. Support groups and funding for community activities and information was also suggested.

Next Steps

Key highlights from this report were presented on Friday 17 December 2021 at the Wakefield Health and Wellbeing Strategy 2022–2025 Deliberative Event to members of:

- The Health and Wellbeing Board
- The public
- Local health care providers
- Other professionals from across Wakefield district

The information presented, along with two other presentations, informed discussions about what should be included in the Health and Wellbeing strategy 2022–2025.

The two other presentations showed what Public Health know about the health of Wakefield District’s population currently, and what different parts of our health care system are doing to improve health and wellbeing.

Moving forward Healthwatch Wakefield recommend that citizens from across the district continue to be informed and consulted about the strategy in all stages of its development and implementation.

The final strategy will inform a lot of future work across the district, and it is important the effort continues to ensure it matches the public’s needs.

Thank you to everyone who took part in our survey and discussions.

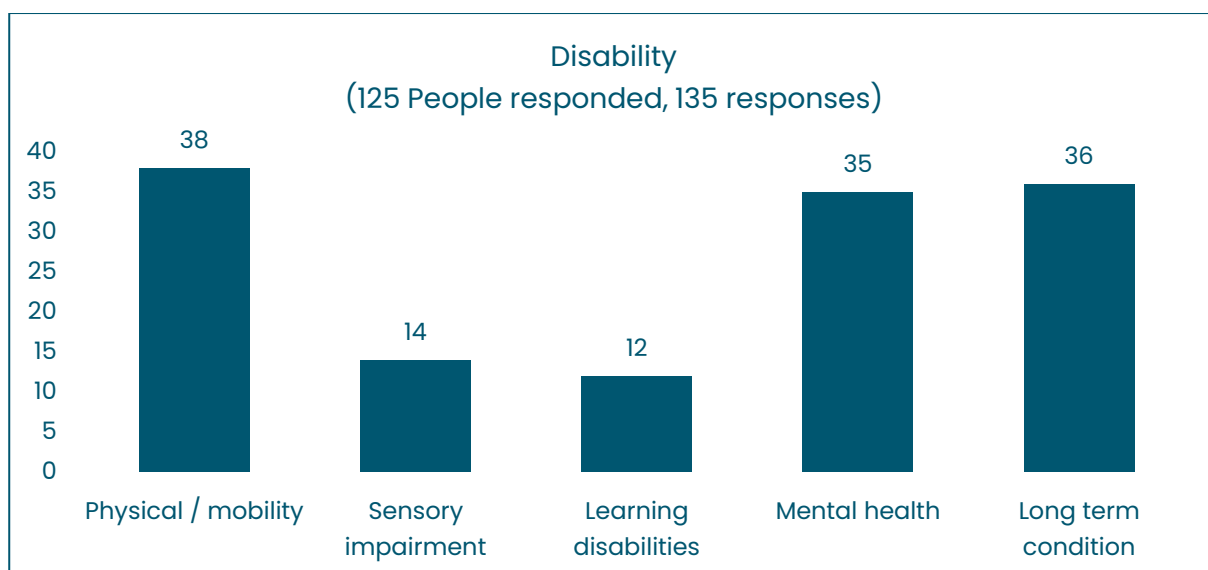
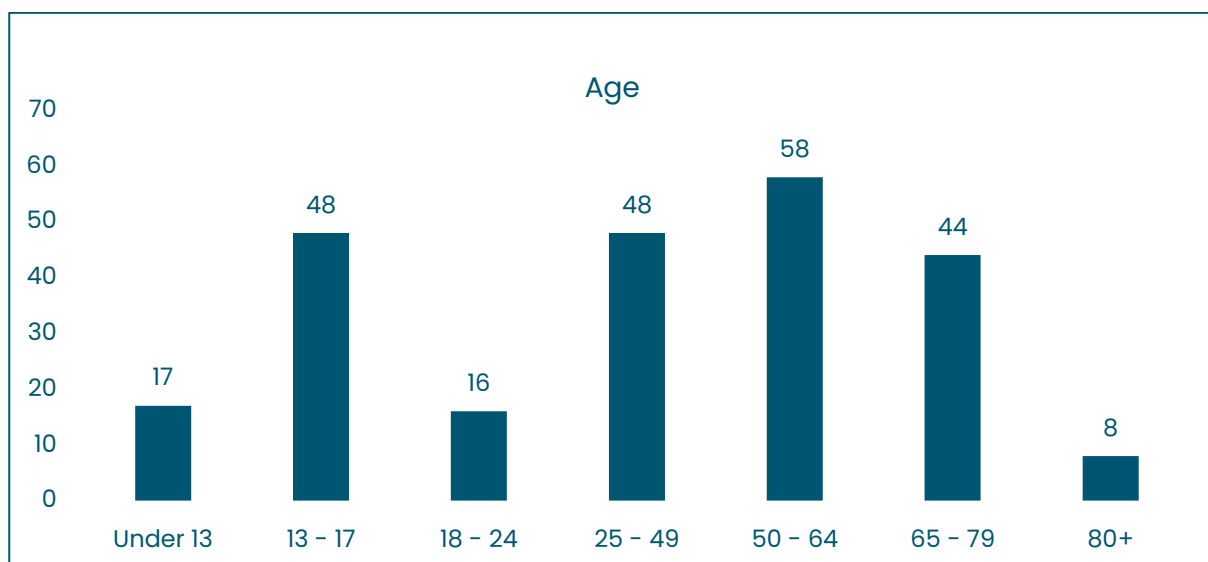
Demographics

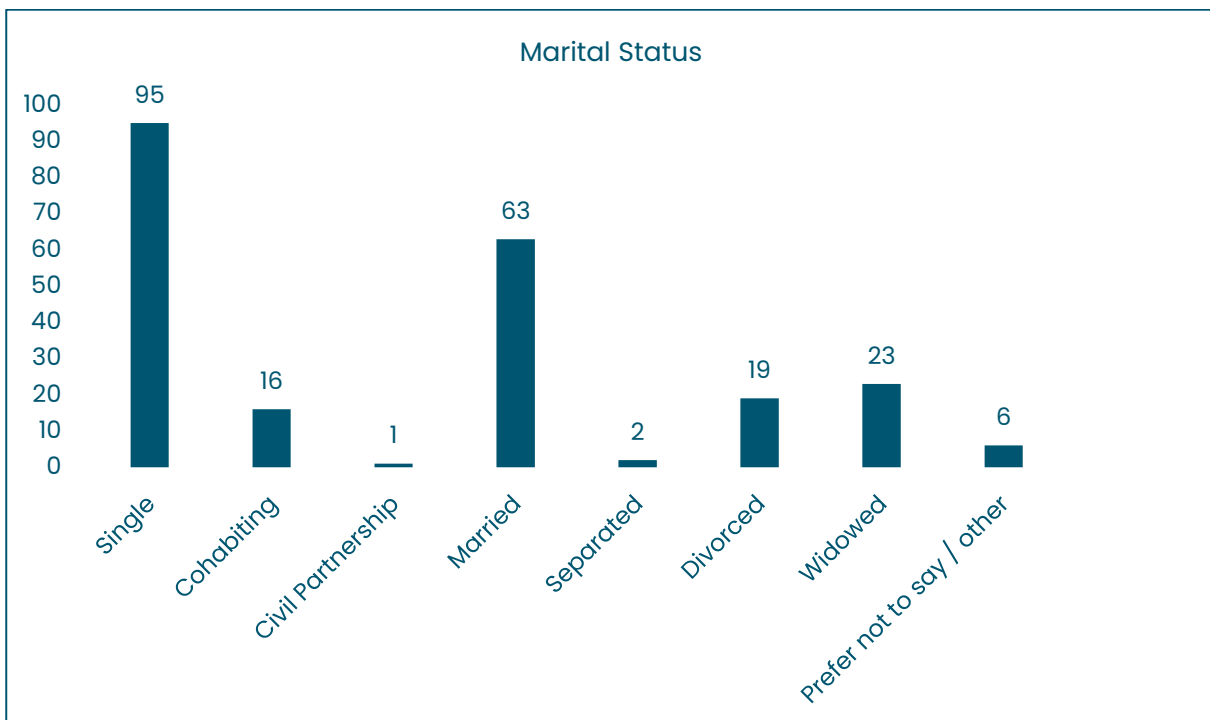
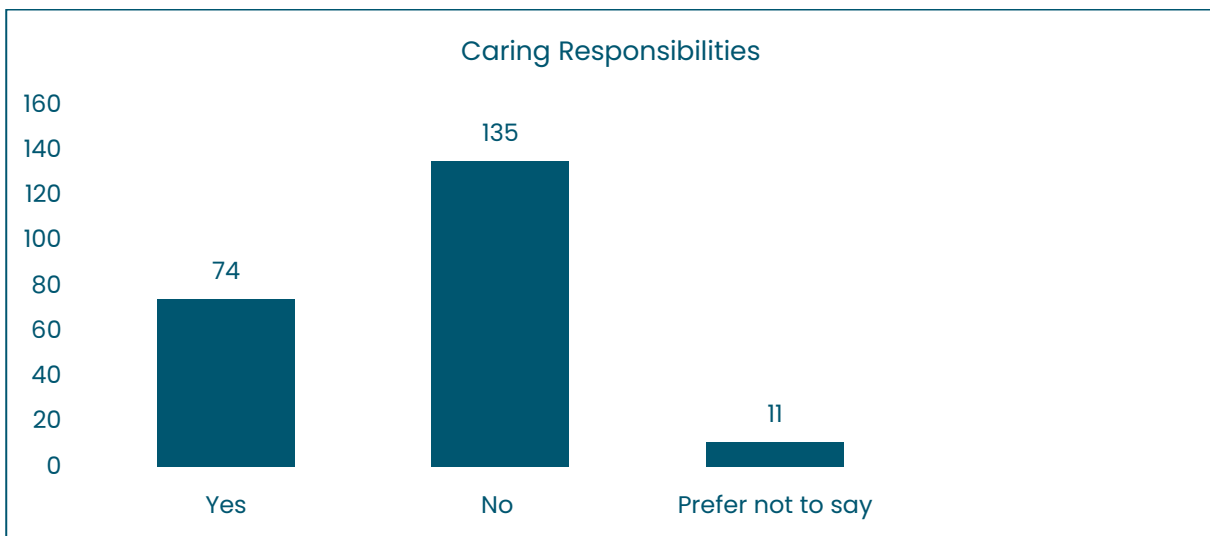
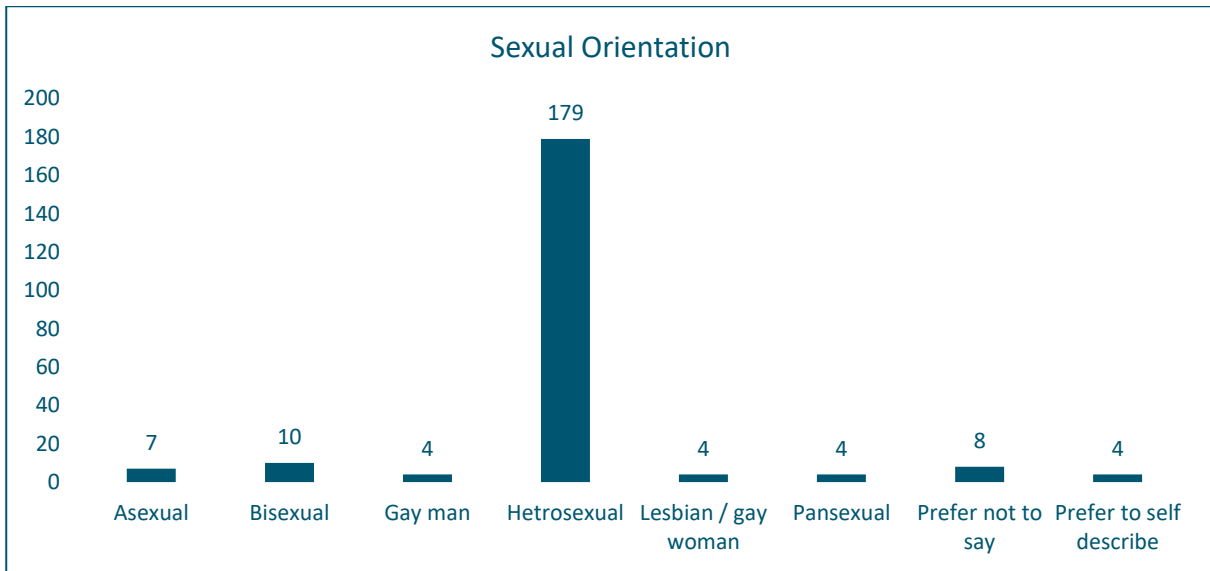
The following demographic information relates to the 247 people who completed the first survey.

Gender

170 respondents identified as a woman, 64 identified as a man, one identified as non-binary, one as demi boy and one preferred not to say. Seven people said that the gender they identify with is not the same as the sex they were assigned at birth.

Ethnic Group	
White: English / Irish / Scottish / Welsh	81%
Asian: Asian British / Indian / Pakistani	7%
White: Gypsy, Traveller or Irish Traveller / Roma / Any other	5%
Black: Black British / Caribbean / African	2%
Other / Prefer not to say	5%





None of the respondents were pregnant or breastfeeding.

Appendix 1: Paper copies of the survey were distributed to the following places

Pontefract Library

Castleford Library

Hemsworth Library

South Elmsall Library

WDSA Coffee Morning Horbury

Age UK Time 4 Tea event, The Ridings

Wrenthorpe Coffee Morning

Eastmoor Community Centre

St Mary's Community Centre Pontefract

Well Women Centre

Age UK Office Castleford

Lift Up Friends Group

Warwick Ahead Local Hub, Knottingley

Carers Wakefield Group

Turning Point

Appendix 2: Correlation between ratings of 'very poor' health

Physical health = 'very poor'

	Physical health	Mental Health	Emotional / Social health
Excellent		2	0
Good		2	1
Ok / average		0	3
Poor, could be better		2	1
Very poor	10	3	5

Mental health = 'very poor'

	Physical health	Mental Health	Emotional / Social health
Excellent	0		1
Good	2		0
Ok / average	3		0
Poor, could be better	5		7
Very poor	3	12	5

Emotional / Social health = 'very poor'

	Physical health	Mental Health	Emotional / Social health
Excellent	0	0	
Good	2	0	
Ok / average	2	2	
Poor, could be better	3	4	
Very poor	5	5	14

Appendix 3: Relationship between ratings of health and age

Physical Health

	Very poor / poor	Excellent
Under 13 (n=17)	0	12%
13 – 17 (n=47)	11%	17%
18 – 24 (n=14)	7%	29%
25-49 (n=47)	23%	0
50-64 (n=57)	26%	16%
65-79 (n=40)	25%	5%
80+ (n=8)	13%	0

Mental Health

	Very poor / poor	Excellent
Under 13 (n=16)	6%	19%
13 – 17 (n=45)	42%	20%
18 – 24 (n=14)	36%	21%
25-49 (n=47)	26%	4%
50-64 (n=56)	30%	20%
65-79 (n=39)	13%	23%
80+ (n=8)	25%	0

Emotional / Social Health

	Very poor / poor	Excellent
Under 13 (n=11)	9%	27%
13 – 17 (n=46)	35%	24%
18 – 24 (n=14)	29%	22%
25-49 (n=47)	23%	4%
50-64 (n=56)	23%	18%
65-79 (n=40)	25%	23%
80+ (n=8)	13%	13%

Appendix 4: Relationship between ratings of health and gender

	Physical health		Mental Health		Emotional / Social health	
	Females (n=159)	Males (n=63)	Females (n=157)	Males (n=63)	Females (n=155)	Males (n=61)
Excellent	7%	19%	10%	29%	12%	30%
Good	40%	38%	33%	22%	32%	25%
Ok / average	35%	21%	31%	19%	30%	23%
Poor, could be better	16%	11%	20%	22%	21%	14%
Very poor	2%	11%	6%	8%	5%	8%

About Healthwatch

Healthwatch Wakefield is your local health and social care champion. From Overton to Knottingley and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

Healthwatch Wakefield is part of a network of over 150 local Healthwatch across the country. We're here to listen to the issues that really matter to people in Wakefield District and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

It's really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story – we're here to listen.

Contact Us

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