Our population health personas

To bridge insight and action, we have developed a set of population personas – illustrative portraits based on population health segmentation and informed by conversations during our Listen in programme.

Each persona reflects real people in our communities – such as adults with learning disabilities, children with complex needs, or healthy working-age adults – and is rooted in real experiences and conversations but anonymised to reflect a wider group.

These personas help us connect strategic decisions to people's lived realities. We will use them to shape the action plan for delivery, challenging services, organisations, and teams to plan from the perspective of those we serve. We will stress-test decisions by asking, for example, how will this make things better for Ruby? or how will Junaid access this service?

These personas bring data to life and will shape how we tailor plans based on where different population segments live, how their needs are changing, and how they use services.

Farida

Profile

Age: 74

Occupation: retired, used to work in textiles

Housing: lives with extended family

Income: state pension and family-support

Needs

Farida has advanced pancreatic cancer. She speaks limited English and is not aware of the full extent of her condition.

Her care is coordinated through her adult children, who prefer not to tell her that she is dying.

Farida's children sometimes have different views on her care.

Although she occasionally receives GP home visits or phone consultations, these are inconsistent - so the family often resort to taking her to A&E when concerns arise.

Insights

"I'm just tired lately – I think I need more rest. I leave things to my sons – they talk to the doctors."

Strong cultural values around family protection and avoiding distress. Faith plays an important role.

"Telling mum about her condition would take her spirit away."

Farida rarely leaves the house now. She spends time in prayer, watches Urdu-language TV, and enjoys visits from her grandchildren.

Population health group

Palliative care (group 1)

People living with serious illness that cannot be cured, who need support to manage symptoms and plan with their family and carers for the end of life.

Group size and projected change

In 2025, this is 1.3% of Bradford District and Craven (BDC) population or around 4,800 people. This group is projected to increase in size by 44% by the year 2040. The GP-registered palliative care population is highest in Keighley and Craven localities.

Typical health and care usage

People in this group use health and care services more than the general population. They are admitted to hospital at a rate 8 times higher than the general population and 22 times higher for emergency bed use.

What will it take to turn our strategy into real change for people like Farida?

Liv

Profile

Age: 15

Occupation: at school

Housing: lives with single mum and younger sibling in rented 3-bed terraced house

Income: household income is below national average

Living in a rural area makes transport difficult.

Population health group

Children with complex needs (group 5)

Under 18 year olds with a learning or physical disability, serious mental illness, or two or more long-term conditions; or those with developmental delay, a genetic condition, weakened immune system, or who regularly need hospital or community care.

Needs

Waiting for autism assessment (referred last year).

Attended A&E twice in last 6 months due to self-harm.

Poor sleep patterns and disordered eating. Reluctant to engage with wellbeing support via school.

Group size and projected change

In 2025, this is 3.8% of BDC population or around 25,300 people. By 2040 the population of children will fall locally, so if we manage to prevent children developing complex needs this number will fall also. There are higher proportions of children and young people diagnosed with complex conditions in Bradford East, Bradford South and Bradford West.

Insights

"People think when you ask for something and you are waiting that the issue just stops, but you are living it all the time and having to deal with so much through really difficult times"

Liv identifies as nonbinary and has found a supportive online community. They spend time on social media platforms, mostly TikTok and Instagram.

They had a close bond with their mum but relationships are under strain. Liv has a limited social network locally.

School attendance is impacted by anxiety, they are no longer on track to achieve target GCSE grades.

Typical health and care usage

People in this group use health and care services more than the general population. They have twice the rate of secondary care use, three times the rate of emergency admissions and this group account for seven times the maternity and neonatal bed days as the general population.

What will it take to turn our strategy into real change for people like Liv?

Junaid

Profile

Age: 7
Occupation: at school
Housing: lives with parents, two older siblings and grandparents in detached property owned by family
Income: household income above national average

Population health group

Children with complex needs (group 5)

Under 18 year olds with a learning or physical disability, serious mental illness, or two or more long-term conditions; or those with developmental delay, a genetic condition, weakened immune system, or who regularly need hospital or community care.

Needs

Junaid has complex medical needs including epilepsy, and a diagnosis of autism.

He is under the care of paediatricians, receives speech and language therapy, and has an EHCP.

Group size and projected change

In 2025, this is 3.8% of BDC population or around 25,300 people.

By 2040 the population of children will fall locally, so if we manage to prevent children developing complex needs this number will fall also.

There are higher proportions of children and young people diagnosed with complex conditions in Bradford East, Bradford South and Bradford West.

Insights

"… the double-edged challenges of barriers to access services as well as stigma within the community about a child being 'different'. Trying to socialise his needs and getting the acceptance from the family has been difficult..."

Junaid has a large extended family who offer advise/opinions on how Junaid should be cared for.

Junaid's communication difficulties lead him to become frustrated and angry.

Seizures leave him exhausted and confused. His behaviour at school and at home is difficult to manage.

Typical health and care usage

People in this group use health and care services more than the general population. They have twice the rate of secondary care use, three times the rate of emergency admissions and this group account for seven times the maternity and neonatal bed days as the general population.

What will it take to turn our strategy into real change for children like Junaid and his family?

John

Profile

Age: 46

Occupation: unemployed

Housing: has a bedsit in a large, supported accommodation facility

Income: receives benefits

Population health group

Learning disability (group 2)

Adults with brain, learning, or developmental conditions that affect how they learn and understand information

Needs

John has a learning disability. He receives support from adult social care and has lived in a residential facility since his mother died several years ago.

John has Type 2 diabetes. He attends a leg ulcer clinic each week for treatment and wound dressings. His mobility is limited, he uses a stick and can't walk for more than a few minutes.

John often gets anxious about his health, he sometimes calls NHS111 but prefers to make an appointment with his GP to discuss his problems.

Group size and projected change

In 2025, this is 0.6% of BDC population or around 3,700 people.

This group is projected to stay at a similar size between now and the year 2040

There are higher proportions of people with identified learning disabilities in Bradford and Keighley localities.

Insights

"… coming to the clinic is one of very few interactions that he has. He can't get out and about easily … used to love going on trips to the seaside and countryside ... He has a friend who lives a few miles away, but he doesn't see him very often."

John does not have a computer, but he does have a smart phone and can get online.

He doesn't attend any activities in his supported living as most other residents are elderly, so he has very little social contact.

Typical health and care usage

This group are admitted to hospital for mental health treatment at a rate 6 times higher than the general population. They also account for a high proportion of prescriptions locally.

What will it take to turn our strategy into real change for people like John?

Ajit

Profile

Age: 34

Occupation: graphic designer

Housing: lives with his wife and two children in a mortgaged home

Income: £38,000

Population health group

Physical disability (group 3)

Adults with physical disabilities (present from birth, developed over time, or acquired later) identified through evaluation and assessment.

Needs

Ajit uses a wheelchair since a serious accident five years ago. Apart from his limited mobility, Ajit is generally in good health.

Group size and projected change

In 2025, this is 1.1% of BDC population or around 7,400 people.

This group as a whole is projected to increase by 7% in size by the year 2040

There are higher proportions of patients identified with physical disabilities in Bradford South and Keighley

Insights

"I just do it online, ordering my repeat medication through the app is easy for me. I use smart devices around the house, I'd be lost without my phone."

Ajit uses social media and is involved in several online disability groups. He is highly confident with technology and uses several apps and devices to support his health.

Ajit does not drive; he has a free bus pass.

Typical health and care usage

This group are more likely to use primary and secondary services than the general population. They are admitted for mental health conditions at a rate 8 times higher than the general population.

What will it take to turn our strategy into real change for people like Ajit?

Ruby

Profile

Age: 78

Occupation: retired

Housing: lives with partner in her own home

Income: both have good pensions

Population health group

Frailty and dementia (group 4)

Progressive and irreversible decline in cognitive function (includes types of Dementia), Parkinson's disease and a high frailty score

Needs

Ruby has been recently diagnosed with vascular dementia. She also has hypertension and arthritis.

Ruby's memory and mood are very variable. She is increasingly anxious about leaving home or being alone.

Group size and projected change

In 2025, this is 2.6% of BDC population or around 16,900 people.

This group as a whole is projected to increase by 36% in size by the year 2040

There are higher proportions of patients identified with frailty and dementia in Bradford South, Shipley and Craven localities

Insights

"'It is really tough. Bit by bit, Ruby is losing the ability to do things and her behaviour is sometimes difficult. Being gay and caring for someone with dementia, is doubly isolating."

Ruby is cared for by her partner Jacquie, as a lesbian couple they worry about how their relationship will be perceived.

The couple have no children or close family, but have a strong social network and they are part of a local dementia support group.

Typical health and care usage

This group uses most types of health and care services more than the general population.

People over 65 years with dementia and frailty account for nine times as many emergency bed days and ambulance transportations as the general population

What will it take to turn our strategy into real change for people like Ruby and Jacquie?

Ray

Profile

Age: 53

Occupation: unemployed

Housing: housing association rental

Income: Universal Credit

Living in a rural area makes transport difficult.

Population health group

Serious mental illness (group 6)

Adults with diagnosis of a serious mental illness such as psychosis, schizophrenia, or bipolar disorder (including those prescribed lithium).

Needs

Ray has a history of substance misuse, alongside lifelong mental health issues. He takes antidepressant and antipsychotic medications.

Ray was sectioned last year and spent several months treated as an inpatient.

Ray receives support from the drug and alcohol team and community mental health, but sometimes fails to attend appointments as he needs to catch two buses and often oversleeps.

Group size and projected change

In 2025, this is 0.7% of BDC population or around 4,400 people.

This group is projected to increase by 7% in size by the year 2040

There are similar proportions of people with diagnosed serious mental illness (SMI) across all localities

Insights

"The only way to get clean is to change your life, but you need help and the tools to do that."

He would like quick access to someone to talk to in crisis and feels that would stop incidents like the one when he was sectioned.

The mental health team suggested he went to the wellbeing hub; he has become a volunteer and works on a community allotment which he finds helpful as it gives him a routine and sense of purpose.

Typical health and care usage

This group accounts for half of all mental health admissions to hospital.

What will it take to turn our strategy into real change for people like Ray?

Laila

Profile

Age: 29

Occupation: nurse

Housing: rented house

Income: £35,000

Population health group

Long term conditions (group 7a)

Adults aged 18-64 with long term physical and mental health conditions (the most common being asthma and respiratory diseases, diabetes, cardiovascular and heart diseases, cancer, chronic kidney disease, anxiety or depression and types of chronic pain)

Needs

Laila has sickle cell anaemia; this is managed with regular transfusions and medications.

Linked to this, Laila suffers extremely painful periods which affect her ability to work. She also has depression.

Group size and projected change

In 2025, this is 26.9% of BDC population or around 177,600 people.

This group is projected to increase by 6% in size by the year 2040

There are roughly the same proportion of adults diagnosed with long term conditions across all localities.

Insights

"I get really frustrated trying to contact my GP, even the online form is only available 9-5 and if I'm on shift that's just impossible."

"I am meant to be strong, I feel ashamed to use mental health services I refer patients to."

Laila has a large family living nearby who she is close to, however she doesn't feel able to talk about her mental wellbeing or health concerns due to stigma.

Laila has needed several episodes of sick leave from work and is concerned about sustaining her career.

Typical health and care usage

This group accounts for higher than average healthcare use.

What will it take to turn our strategy into real change for people like Laila?

Antony

Profile

Age: 88

Occupation: retired professional

Housing: assisted living

Income: money is not a problem

Living in a rural area makes transport difficult.

Population health group

Long term condition (group 7b)

Adults aged 18-64 with long term physical and mental health conditions (the most common being asthma and respiratory diseases, diabetes, cardiovascular and heart diseases, cancer, chronic kidney disease, anxiety or depression and types of chronic pain)

Needs

Antony has type 2 diabetes and is hard of hearing.

Group size and projected change

In 2025, this is 9.5% of BDC population or around 63,000 people.

This group as a whole is projected to increase by 26% in size by the year 2040

Craven has a higher proportion of older people with long term conditions (due to an older population than Bradford and Keighley)

Insights

"I'm just old, that's all that's wrong with me!"

Antony is widowed and his closest family live in Birmingham. He is part of a book club and the local model railway club.

Antony has a free bus pass but rarely travels. He enjoys short walks on the moors and tries to stay active.

He does not own a computer or smartphone.

Typical health and care usage

This group has a rate of elective admissions and bed days usage three time the general population

What will it take to turn our strategy into real change for people like Antony?

Elena

Profile

Age: 10

Occupation: at school

Housing: temporary accommodation with parents and younger sibling

Income: NRPF – section 95 home office support

Population health group

Healthy child (group 8a)

Under 18 year olds who don't fit into any other group – people in this population group may have undiagnosed illnesses or health needs.

Needs

Elena's family haven't been in the UK very long and the health system here is different from what they are used to.

Elena's parents have poor mental health due to trauma in their home country.

Group size and projected change

In 2025, this is 19% of BDC population or around 125,500 people.

By 2040 the total population of children is expected to fall by 16% and we aim to keep all our children healthy

Insights

"…there are some uncertainties about what our NHS offer compared to their home healthcare systems… but grateful for support and free healthcare"

"school is a really key relationship for asylum seeking families"

Elena rarely goes online as the family often run out of data for their smartphone.

Elena likes school and mixes with children from lots of different backgrounds.

Elena's English is improving, her parents don't speak much English so she often helps her parents understand things.

Typical health and care usage

This group uses health and care services less than the general population

What will it take to turn our strategy into real change for families like Elena's?

Sadia

Profile

Age: 37

Occupation: part -time support worker

Housing: lives with husband and 9-year-old son in mortgaged home

Income: household income £36k

Population health group

Healthy adult (group 8b)

People who don't fit into any other group – people in this population group may have undiagnosed illnesses or health needs.

Needs

Sadia is in good health.

She helps care for her elderly grandmother who lives nearby with her parents, and takes family members to hospital appointments etc.

Sadia uses GP online services to book appointments and manage prescriptions for her family.

Group size and projected change

In 2025, this is 29.4% of BDC population or around 193,700 people.

This group as a whole is projected to increase in size by 5% by the year 2040.

Insights

"Online appointment systems and sending photographs for certain symptoms is hard for our family members so I help them do this."

"I have to be strong for the family and everyone around me, but it's sometimes tough in terms of my own wellbeing."

Confident accessing online services, Sadia frequently uses social media and is part of several WhatsApp community groups.

Sadia is active in her local community, for example helping out at her son's school.

Typical health and care usage

This group uses health and care services less than the general population.

What will it take to turn our strategy into real change for people like Sadia?