AGENDA ITEM NO. 9

Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Joint Strategic Needs Assessment 2013 Update	
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Date of meeting	28 November 2013
Report for: Information and Discussion	

1. Purpose of this Paper

This paper is to provide the HWB with an update on the JSNA process and a statistical update on key health and wellbeing indicators for 2013.

2. Context

Bristol's Health and Wellbeing Strategy, based on the JSNA 2012 Baseline, is now final and being launched. This paper provides a 2013 statistical update on key JSNA indicators, also reported through "Bristol: State of the City 2013 – Mayoral Priorities" report with JSNA data providing the Healthy and Caring chapter, and supporting the Mayor's "A vision for Bristol" (Nov 2013).

- The JSNA governance process has been revised and strengthened in 2013:
  A new JSNA Operational Group, made up of the data and intelligence leads who contribute to the JSNA. This group is leading on a full review of JSNA on-line indicators, to be circulated wider for comments.
- The JSNA Steering Group has responsibility for the delivery of the JSNA work plan and key outputs (on behalf of the Health and Wellbeing Board) at Service Director level, now including the CCG.
- The JSNA Advisory Group is a wider stakeholder group, covering specific service areas and constituency groups. It will act as a "JSNA users group" including commissioners, CCG Localities and partners, plus provides a basis for wider input on detailed topic-specific work.

JSNA developments in progress:

- Full JSNA 2013 summary report
- Re-develop and expand JSNA Atlas (on-line local indicators), including automated local ward profiles and GP-level data
- Develop JSNA website with enhanced access to range of indicators
- Programme of topic-specific work – eg Child Population impacts
- Develop focussed work to support the action plans of the Health & Wellbeing Strategy priorities, including asset-based approaches
- Dashboards for Health Inequalities and Mental Health & Wellbeing indicators at a local, neighbourhood level
- Seminar to launch web-based JSNA and indicators – Spring 2014

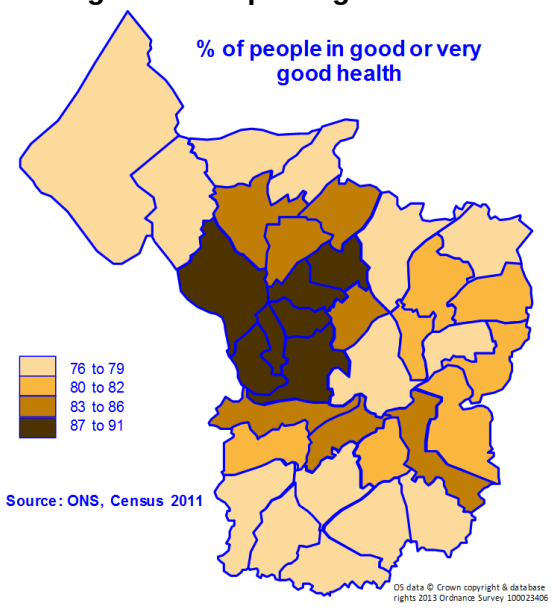
3. JSNA statistical update

(State of the City 2013 – Healthy & Caring chapter extract)

For Bristol overall, health and wellbeing has gradually improved for many indicators. However, the main story is in the differences within Bristol. The overall citywide picture can hide the differences in experiences for different areas and population groups within the city. Child poverty is significantly higher than the average rate for England, and there are stark health inequalities between different areas. With Public Health now part of the City Council, there are enhanced opportunities to address these.

The clear majority of people in Bristol consider themselves in good or very good health (82.3% or 352,300 people, 2011 Census), similar but slightly better than national average (81.2%). Most others consider themselves to have "fair health", but 23,500 people (5.5%) have bad or very bad health. Within Bristol "good" health ranges from 76% in Hartcliffe & Filwood to 91% in Clifton East & Cotham:

Figure 1: People in good health



Bristol's 2013 Health Profile[1] provides a statistical overview of Health in Bristol. Key changes of note in the 2013 Health Profile:

- female life expectancy is no longer significantly worse than England average; males remain significantly worse (2009-11)
- infant deaths have reduced and are now significantly lower than England average (2.7 per 1000 live births, 2009-11)
- early deaths from heart disease and stroke reduced (from 72.9 to 63.3 per 100000, 2009-11), no longer significantly worse than average
- adults that smoke is no longer significantly worse than average (now 21%, 2011/12)

Life Expectancy[2]

Bristol's life expectancy estimates continue to increase, but for men is significantly worse than the England average (though 2nd highest of Core Cities). For Bristol female life expectancy is statistically similar to England average, and is the highest of the Core Cities.

Bristol's 2009-11 average male life expectancy is **78.0** years, and the average female life expectancy is **82.6** years. Looking at longer term trends, men in Bristol now live 4.6 years longer than 20 years ago, and women live 3.3 years longer than they did.

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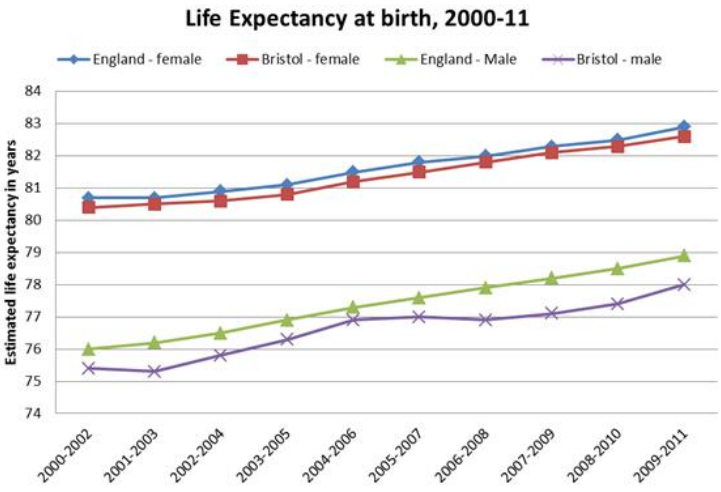
[1] Produced by Public Health England; Sept 2013. See www.bristol.gov.uk/page/health-and-adult-care/health-statistics-evidence-and-intelligence

[2] 2009-11 estimate of "Life expectancy at birth". Due to the substantial gap between male and females (as well as between different areas), we are now using separate gender-based estimates instead of a single figure.

Figure 2: Life expectancy



However, life expectancy estimates highlight health inequalities within Bristol. The average life expectancy in the 10% most deprived areas in Bristol is 9.4 years lower for men and 5.8 years lower for women, compared to the 10% least deprived areas (the "Slope Index of Inequality").

The gender difference varies across the city – in Inner City areas it can be as high as 8 years (mainly due to low male life expectancy) but in more affluent areas the gender gap is 1-2 yrs.

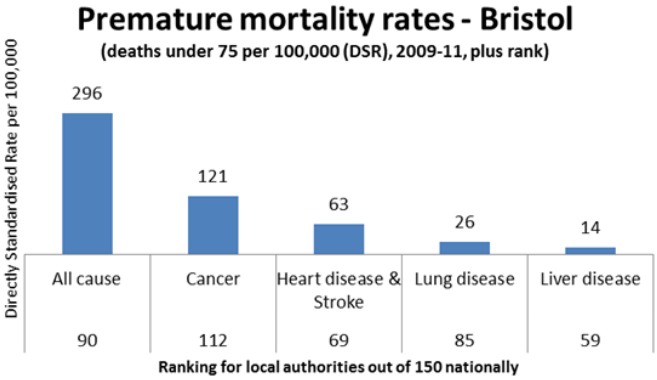
Healthy Life Expectancy
This estimates "lifetime spent in good health" [3], to take account of health *quality* as well as *length of life*, and is a key overarching outcome in the Public Health Outcomes Framework.

In Bristol, the average "Healthy life expectancy" for a man is **63.1** years, and for a woman **63.2** years. For both genders Bristol is lower but not significantly different to the national average and is the highest of the Core Cities. Due to living longer, on average women in Bristol spend 19.4 years in poor health compared to 14.9 years for men.

Premature Mortality
Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease & stroke have fallen but cancer is worse than the England average and collectively cancers are the biggest cause of premature mortality in Bristol (as nationally).

In 2009-11, there were 3,350 premature deaths (under 75 years) in Bristol[4]. This is a directly standardised rate of 296 deaths per 100,000, which is ranked as 90th out of 150 local authorities in England (in the worst ranking). However, compared to Core Cities, Bristol is 2nd lowest overall, and ranks favourably for the 4 national "biggest killers" of Cancer (4th of Core Cities), Heart disease & stroke (1st), Lung disease (2nd), and Liver disease (1st).

Figure 3: Premature mortality



When refined to premature mortality from specific conditions considered preventable, for most (cardiovascular, liver and respiratory diseases considered

[3] New indicator: 2009/11; ONS; released Sept 2013 (not currently area data within Bristol)

[4] Longer Lives tool, Public Health England 2013

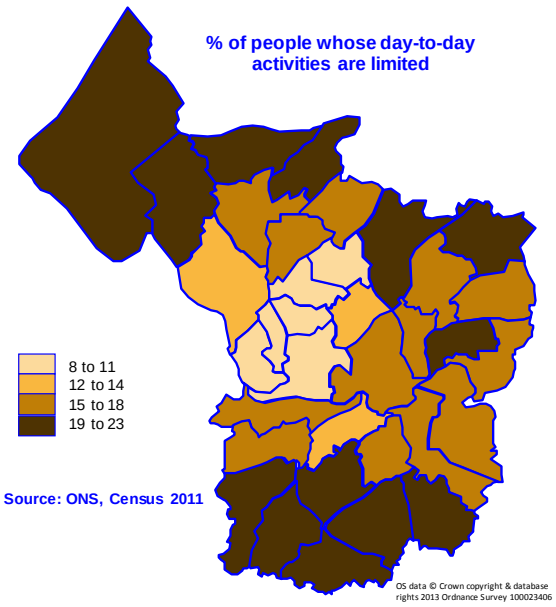
preventable) Bristol is similar to England average and the lowest of the core cities. But for cancers considered preventable, Bristol is significantly higher than England average, and mid-rank for core cities.

Premature mortality rates also highlight health inequalities within Bristol. Using 2006-10 age-standardised estimates per 100,000 at a ward level, the Bristol average was 322 deaths before 75 (per 100,000), but range from 169 in Stoke Bishop to 446 in Southmead.

Health Inequalities

The life expectancy and premature mortality figures highlight the real differences in health experiences for people across the city, linked to long-term neighbourhood-based factors.
There are also many population groups who experience specific health inequalities.

Figure 4: People (all age) whose day-to-day activities are limited



Disability
72,000 people in Bristol (16.7% of population) have a "limiting long-term illness or disability". Within this, 35,000 people (8.1%) have their daily activities limited a lot, and 16,000 working age adults (5.4% of 16-64's) are limited a lot.

Disabled children. Approximately 5% of children & young people in Bristol have a disabling condition, and likely face multiple barriers which make it more difficult to achieve equal outcomes to their peers.

Sensory impairment. It is estimated there are 35,000 people in Bristol with a hearing impairment and almost 11,000 people living with sight loss. Much of this is preventable and is linked to other health determinants.

Learning difficulties. Approx 8,300 adults and 1,750 children in Bristol are estimated to have a learning difficulty *of some level*, with 1,750 adults having a moderate or severe learning disability (2012), similar to the 1,900 on GP practices learning difficulty registers (2012/13).

National research[5] linked to Bristol highlights the average "age of death for people with learning disabilities (65 years for men; 63 years for women) was significantly less than for the UK population. Thus men with learning disabilities die, on average, 13 years sooner than the wider population and women with learning disabilities die 20 years sooner".

[5] "Confidential Inquiry into premature deaths of people with learning disabilities"; University of Bristol, 2013; www.bristol.ac.uk/cipold

Autism. Approx. 4,300 people (adults and children) are estimated to have Autistic Spectrum Disorders of some level in Bristol. Many will also be assessed as having Learning Difficulties or Mental Health issues.

Mental Health. 1 in 4 people in the UK will suffer a mental health problem in the course of a year[6]. 46,300 people (18+) are estimated to have a common mental disorder of some level in Bristol (2012), but hospital admission rates for mental health needs are significantly better than national average (2009/10-2011/12).

The rate of young people (under 18) admitted to hospital for mental health needs is falling in Bristol, and is similar to the England average.

Carers. There are over 40,000 unpaid carers in Bristol, including over 9,000 providing care for over 50 hrs/wk. Young Carers (under 18) and Parent Carers (of disabled children) are groups with specific needs, and it's estimated there are 1,500–2,500 Young Carers locally.

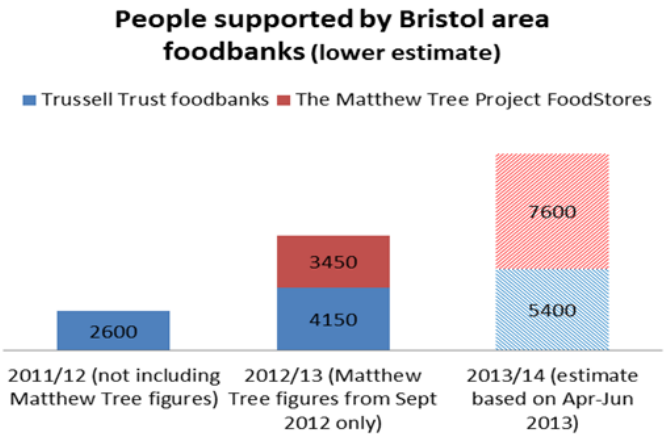
Migrant health[7]. The total number of migrants (who have migrated between "health systems") in Bristol is about 30,000 people. Primarily these are from Eastern Europe (esp Poland), Somalia, India, and international students at Bristol's universities. Health services for migrants need to include education, familiarisation, interpreting & translation services for health and social care, and screening and diagnostic services.

Social Isolation. This is a growing issue which impacts on people's health & wellbeing. It is estimated[8] there could be 20,000 people (18-64) experiencing social isolation in the city as well as between 6,300 and 11,400 over 65.

Food poverty[9]. This is the inability to afford, or to have access to, food to make up a healthy diet. It is about the *quality* of food as well as *quantity*. Between 2007 & 2011 the price of healthy food rose and nutrition got worse. One quarter of children in Bristol are growing up in households unable to afford, or have access to, food to make up a healthy diet.

People in Bristol are making greater use of emergency support from food banks (mainly due to low income and benefit issues). Figures for the first quarter of 2013/14 indicate that this year could see as many as 13,000 people supported by local food banks.

Figure 5: People supported by food banks



[6] Community Mental Health Profile 2013
[7] NHS Bristol, Migrant Health Needs, 2012
[8] Social Isolation in Bristol (2013) - Initial Report
[9] Food Poverty: What does the evidence tell us?; 2013 http://bristolfoodpolicycouncil.org/

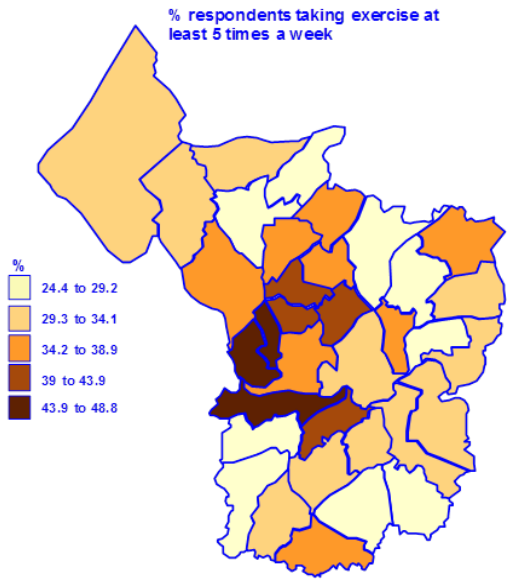
Malnutrition. In Bristol, almost 6,000 people over 65 could be malnourished or at risk[10]. Individuals who are malnourished experience increased: ill health, hospital admissions, risk of infection, longer recovery times.

Healthy Lifestyles

Physical activity. The Health Impact of Physical Inactivity tool estimates that if everyone undertook recommended amounts of physical activity, whether exercise, recreation, or just living in a more active way such as using active travel, in addition to improved wellbeing, specific benefits in Bristol include:
- saving almost 250 premature deaths
- preventing over 60 emergency admissions to hospital from Heart Disease
- preventing over 40 new cases of breast cancer and 30 new cases of colorectal cancer
- reducing 1800 new diagnoses of diabetes

1 in 3 people in Bristol exercise at least 5 times per week, a rate which has been broadly consistent for the last few years. Across Bristol this ranges from a quarter (Bishopsworth) to almost half (Clifton):

Figure 6: People taking regular exercise *(2012 Quality of Life survey)*



Healthy eating. Half of people in Bristol eat at least 5 portions of fruit & veg a day, which has been broadly consistent for a few years. However, within Bristol this ranges from 39% (Lawrence Hill) to 68% (Clifton).

However, many eat "fast food" regularly, and some evidence links obesity with concentrations of fast food outlets[11], and finds deprived areas have more fast food outlets per person. In Bristol, a third of all premises licensed to sell food are "fast food", and this ranges from under 20% in areas such as Westbury, Stoke Bishop & Clifton, to over 40% fast food outlets in Bedminster & Southmead[12].

Breastfeeding. There has been a consistent rise in the % of babies breastfed in Bristol for most of the last 10 years[13]. In 2012 breast-feeding was begun with over 80%,

[10] Prevention and Early Intervention of Malnutrition in Later Life, www.malnutritiontaskforce.org.uk

[11] National Obesity Observatory: Obesity and the Environment: Fast Food Outlets www.noo.org.uk/uploads/doc/vid_15683_FastFoodOutletMap2.pdf

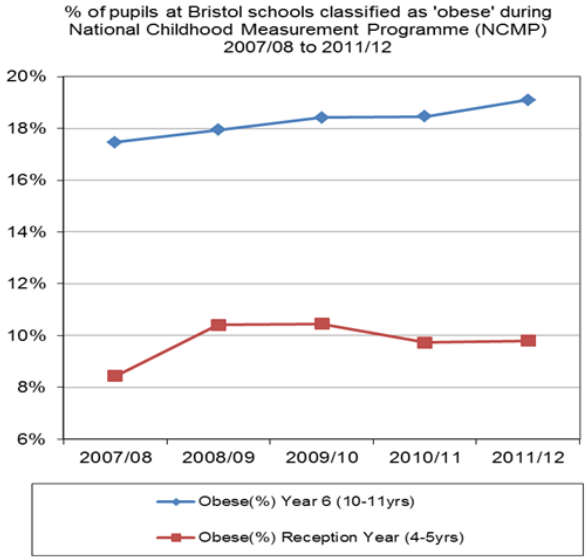
[12] Source: Bristol City Council (Food & Health Improvement) 2013

[13] Source: Bristol Public Health Intelligence

the highest % of Core Cities and above England average, and 59% continued by the 6-8 week health check (2012). Across Bristol the rate does vary, with much lower rates in parts of South Bristol especially. However, Bristol was the first city in the country to achieve UNICEF Baby Friendly Initiative accreditation.

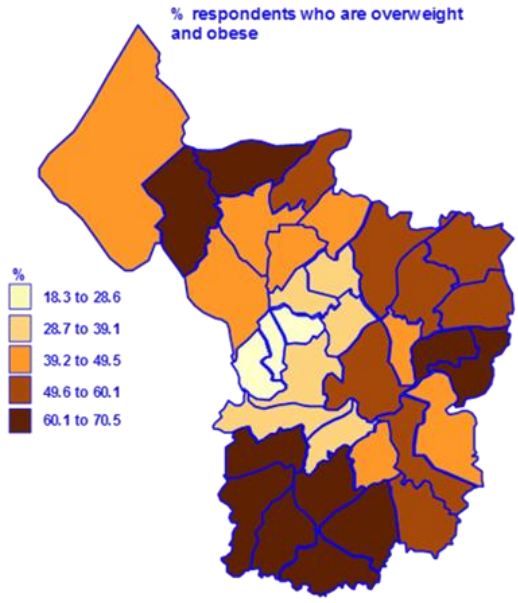
Obesity. 1 in 5 (19.1%) of 10-11 year olds in Bristol is obese[14], which has risen slightly year on year over the last 4 years. Obesity in young children (4-5yrs old) has been broadly steady over the last 4 years, currently 9.8%:

Figure 7: Obesity in school children



For adults, the 2012 Quality of Life survey indicates 17% are obese, a small but steady increase from 15% in 2005. However, across Bristol this ranges from 3% (Clifton) to 32% (Filwood), a 10-fold variation. Half of Bristol's population are overweight or obese, which has been c50% for several years. Across Bristol, this ranges from 18% overweight or obese (Cotham) to 71% (Bishopsworth), with a clear issue in South Bristol where in most areas over 60% of people are overweight or obese.

Figure 8: Obesity *(2012 Quality of Life)*



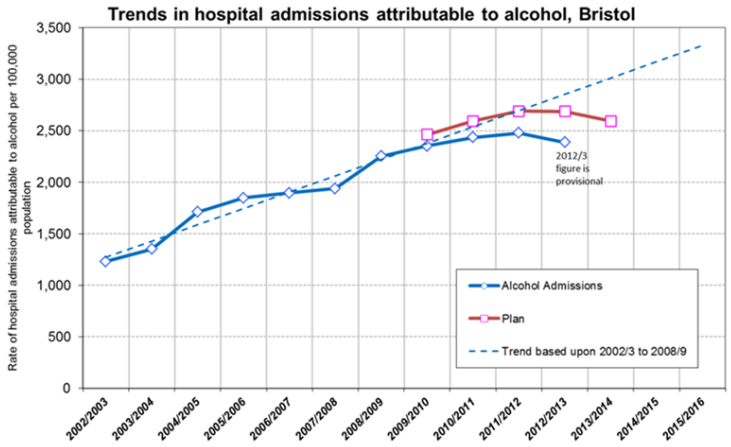
Alcohol. Rates for alcohol-specific and alcohol attributable hospital admissions in Bristol are significantly worse than the national average for both males and females[15]. However, provisional Alcohol-related admissions[16] for 2012/13 show that Bristol is on track to reduce this increase with a reduction in admissions for 2012/13

The rate of young people admitted to hospital in Bristol with alcohol-specific conditions[17] (wholly related such as alcohol overdose) is 54.3 per 100,000, similar to the England average and slightly lower than Bristol's previous rate.

[14] National Childhood Measurement Programme (2011/12) via Bristol Public Health Intelligence

[15] Bristol's Alcohol Profile: www.lape.org.uk/
[16] Bristol Public Health Intelligence, 2013
[17] 2008-11 rate per 100,000 aged 0-17 years, via Bristol Child Health Profile 2013

Figure 9: Alcohol attributed hospital admissions

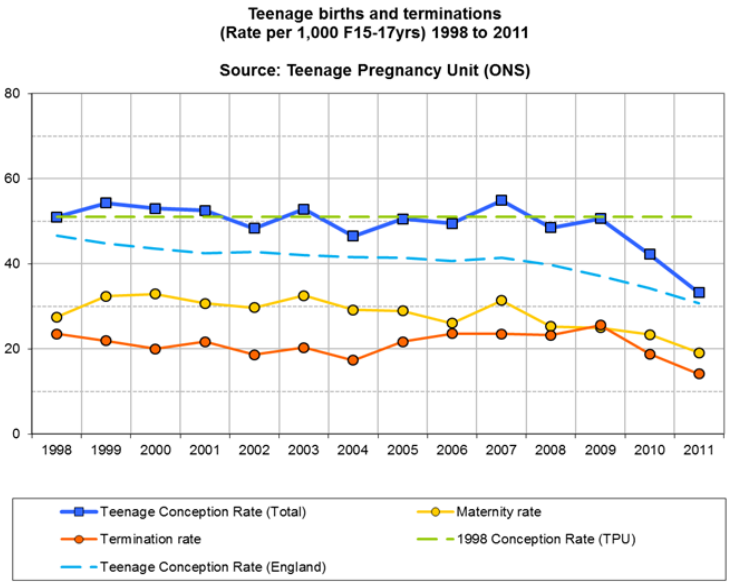


Smoking. Bristol's level of smoking[18] has reduced (from 23.1% to 21% of adults, 2011/12) and is no longer significantly higher than the England average. However, local data from Bristol's Quality of Life survey 2012 indicates that only 15% of people smoke, which has been a gradually declining trend for several years. This doesn't compare directly, but highlights the variation across the city, from 4% of smokers in Stoke Bishop to 34% in Lawrence Hill.

Immunisations. Overall Bristol benchmarks similar to national for most childhood vaccinations (under 2), and has increased children getting the first dose of MMR vaccine to 91% (2012/13, was 89%). When reviewed by CCG locality[19], immunisation rates are considerably lower in the Inner City & East than the rest of Bristol.

Teenage Pregnancy. This rate[20] has shown a clear reduction in Bristol since 2007; rates have fallen across the country, but fallen faster in Bristol, so it is likely to be a mix of local action, and broader societal trends. The most recent rate is 33.2 per 1,000, now only slightly above England average (30.7).

Figure 10: Teenage pregnancy trends



Health at work. In 2013 Bristol launched a "Workplace Wellbeing Charter"[21] to support employers invest in health and wellbeing for their employees. Evidence indicates that "encouraging staff to be healthy and active can reduce sickness absence by 20-30%. Sickness absence costs the Bristol economy £120-£240million per year, or 10 million lost working hours, but much of this is preventable".

Happiness, wellbeing and quality of life

The health and happiness of people in Bristol remains good. Reported health and limiting long term illness have remained at the same level for a number of years. The majority of residents remain

[18] Source: 2011/12 ONS Integrated Household Survey via Bristol Health Profile 2013

[19] Source: Immunisation Rates summary, Bristol Clinical Commissioning Group (CCG) 2012-13

[20] Source: Teenage pregnancy Unit, ONS

[21] see www.bristol.gov.uk/wellbeingcharter

very satisfied with the provision of health services in the city, indicating the highest level of satisfaction since 2005. Of concern is a rise in the proportion of people who are overweight and obese, a fall in exercise levels, participation in active sport and creative activities in parts of the city.

Children - health and social care

Bristol's rising child population has been a focus in 2013, due to the impacts on the health and care systems as well as education. The numbers of children under 5 rose by 34% (2002-12), almost double the 18% rise nationally, and Bristol's birth rate was 22% higher in 2012 than in 2005, rising in all areas of Bristol. However, the increase is not equal over the city. Numbers of children increased most in the Inner City. Also, Bristol has an increasingly diverse child population, with over 1 in 4 (27.8%) children under-16 from BME groups. This varies from 10% BME children in parts of South Bristol to over 50% in most inner city areas (including 83% in Lawrence Hill).

The impact on schools has been felt for some years, and there are connected pressures on health and on social care services. Children with Special Educational Needs have risen markedly, plus demands on school nursing, mid-wives and health visitors. Meeting these increasing needs requires an integrated response from health, social care & education.

Child poverty and health
Over a quarter of children grow up in poverty in the city. The latest child poverty figure for Bristol is over 22,100 (25.6% of our children and young people, 2010). Numbers of children in poverty has increased, although the % has fallen (due to the rapidly increasing overall child population).

Child poverty is a key determinant of life chances, and impacts on health and wellbeing in multiple ways. Free school meals is often used as a proxy for deprivation, and these have increased from 21.5% in 2008 to 24% in 2012, and range from 2% in Henleaze to nearly half of all schoolchildren in Lawrence Hill (47%). Furthermore, the geographical pattern of this increase suggests that child poverty is spreading outwards from core areas across more of the city.

Experiences in early years have lifelong effects on many health outcomes. Obese children are more likely to become obese adults, affecting rates of diabetes and heart disease. Data on mothers smoking at the time of delivery, breastfeeding, and low birth weight show the gap between the Bristol average and the most deprived quintile remained relatively unchanged over recent years. Infant mortality is 20% higher for poorer children than richer children.

Child safety and injuries
In Bristol each year, 13,500 children under 16 (38 every day) attend Emergency Departments for treatment of an injury. Poor housing, social isolation, poverty and exhausted parents increase the risk of childhood injury. In 2012 around a third of all children in Lawrence Weston, Southmead and Lockleaze attended due to an injury. Falls involving playground

equipment are the biggest cause of the most serious injuries.

Child social care

- Rates of Looked after Children (in care) and those with Child protection plans have been reasonably constant, but numbers have been rising. Rates of Children in Need appear to have stabilised.
- Increasing use of independent foster carers
- Under-reporting of asylum-seeking children
- An increase in Domestic Violence as a reason for Child Protection Conferences.
- Evidence from drug and alcohol treatment services that the transition for 18 - 25 year olds from children's services to adults' is not satisfactory.

Older People – health and social care

Supporting an active and healthy older population is essential, to help maintain independence as people age, keeping active and maintaining a healthy diet. As well as living longer, more people live with long-term conditions such as dementia and/or other chronic health problems or disabilities.

Even though the number of older people (over 65) in Bristol didn't increase in the last decade, within that figure very elderly people (over 85) did increase by 22%. In 2012 there were 9,000 people over 85 in Bristol, projected to continue increasing over the next decade.

In addition there are increasing numbers of older people now living alone (mainly over 75). People over 65 make up 70% of adult social care clients (2012-13), a greater proportion (12,560 per 100,000) than in comparator authorities (11,280 per 100,000; CIPFA). As the role of the public sector as a provider of care changes, the role of carers and community support organisations will be increasingly important but they need to be supported by integrated, efficient, accessible and effective services.

In Bristol as a whole, more than 1 in 5 of older people (over 60) live in income-deprived households. Across the city this mirrors the pattern of deprivation in general. Impacts may include older people in these areas being unable to heat their home (fuel poverty) or unable to afford appropriate food (malnutrition). People in deprived areas not only have lower estimates of life expectancy, but they are also more likely to spend more of their later years with a disability or long-term condition.

Falls

Falls represent the most frequent and serious type of injury in people over 65, and are the main cause of disability or death from injury among people over 75 in the UK[22]. Rates of fall-related emergency admissions have been increasing for some time, but the rate is increasing faster than due to an aging demographic alone. Other factors proposed[23] include improvements in acute care resulting in reduction in deaths from other causes, housing policy and increases in alcohol and drug use (both prescription and other).

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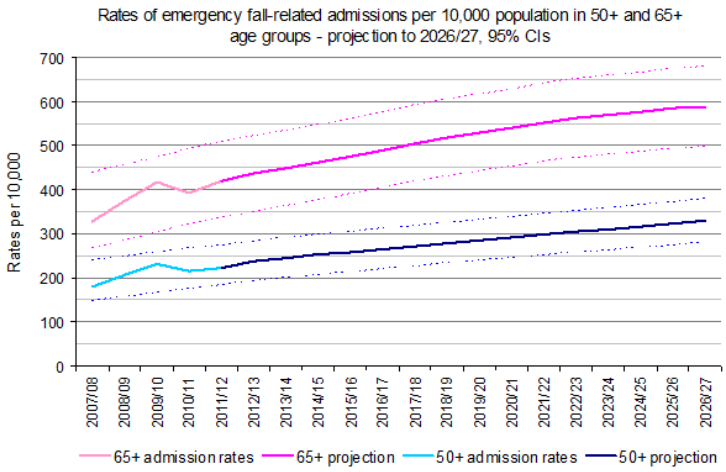
[22] *Stop Falling: Start Saving Lives and Money*, Age Concern/Age UK (Nov 2010).

[23] NHS Bristol, (2013) Falls prevention strategy.

Fig 11: Admission rates projection for fall-related injuries (50+ & 65+)



Dementia

Dementia is increasing along with the ageing population. In the UK one in 5 people over 85 has dementia and one in 14 over 65. It is estimated 13% of people with dementia live alone at home, and a lot of people with mild dementia may not be diagnosed.

There are estimated to be **between 4,400 and 4,700 people in Bristol** with a form of dementia in 2013, approx. 1,500 men and 2,900 women. Of this number, around half (2,300 in 2012/13) have a GP Dementia diagnosis. Dementia numbers are projected to increase.

Residential, nursing and home care

Bristol currently has a high number of older people in residential and nursing placements. It is estimated that a fall causes the admissions of c.40% of residents of long term care. In 2012-13 we had 2,100 older people in residential placements and 1,800 in nursing care. In the future we will need less residential care as more people are helped to live at home with personalised care services. Under self-directed support, service users with eligible assessed needs can be allocated a personal budget, enabling them to meet eligible needs in new ways.

Personalised care is a way of supporting people by telling them how much money there is available to support them and then giving them the choice of how that is spent to meet their needs. The main changes are:

- telling people how much money can be spent on their care – their personal budget
- letting people directly control and spend their personal budget through direct payments
- giving help earlier to reduce the need for crisis services
- work together with the health service to only have to assess people's care needs once, and give people the chance to assess their own care needs
- social workers spending more time helping people to find the care they want

Winter deaths

It's estimated[24] that in Bristol around 180 older people per year die due to winter conditions. Relative to the overall population, Bristol is similar to the national.

End of life care

End of life care is about more than health, as people approaching the end of life spend the majority of time in the community, and many have social care needs. Bristol GPs had 865 patients[25] on End of life (Palliative care) registers 2012-13, up from 650 in 2011-12, but it's estimated there are more people in need of end of life care.

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[24] Bristol Health Profile 2013

[25] Source: Quality and Outcomes Framework, NHS Information Centre, 2012-13

4. Key risks and Opportunities

The JSNA needs to fulfil 2 core roles, of providing a “watching brief” over a raft of core health and wellbeing indicators, including more community-level input, and of providing focussed outputs to inform commissioning and service planning on key, targeted areas.

This is a continual balance to provide a sufficiently robust overview whilst also providing sufficient detail to be relevant to decision-makers and make a difference, and needs ongoing strategic direction.

5. Conclusions

We are refining the JSNA process to better reflect more local changes at a measurable level, and to improve access to data and topic-specific reports.

There have been changes to some key health and wellbeing indicators, including:

- revised gender-specific life expectancy inequalities
- increases noted to numbers of children in poverty, childhood obesity and falls projections
- decreases to smoking, teenage pregnancy and alcohol-related admissions.

More is needed to reflect these inequalities at a neighbourhood level, and on specific areas such as food poverty.

6. Recommendations

HWB to be informed of the changes to the relevant indicators, and be able to support the on-going development of the JSNA process.

7. Appendices

“**Bristol: State of the City 2013 – Mayoral Priorities**” report (Nov 2013). JSNA data underlies the Healthy and Caring chapter and linked into other sections. Full report, including population demographics, is at: www.bristol.gov.uk/page/council-and-democracy/statistics-and-census-information

Also the Mayor’s “**A vision for Bristol**” (Nov 2013):
http://www.bristol.gov.uk/page/mayor/vision-bristol
Healthy and caring Bristol: “a place where the cared for and the caring, young and old, are respected and valued members of our society; and where living healthy, happy and safe lives is the shared aspiration for every citizen”.
This also links directly to implementing Bristol’s Health & Wellbeing Strategy.