

# JSNA Health and Wellbeing Profile – Annual Summary 2021/22

## Bristol Health and Wellbeing Profile – 2021/22 summary August 2022

### Introduction

The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify current and future health and care needs for our population. It aims to inform decisions about how we design, commission and deliver services to improve and protect health and wellbeing of our residents, and address inequalities in health.

The JSNA informs the [Bristol Health and Wellbeing Strategy](#) which uses the evidence to set out the local health and wellbeing priorities (see Figure 1 below) and will continue to inform it as new information comes to light.

As part of this ongoing process, a Health and Wellbeing data profile for Bristol is produced and published on the [JSNA website](#). This profile is maintained and updated throughout the year as new data become available. The short report presented here is a summary of key demographic and health data for Bristol from this profile, particularly from those sections that have been updated over the past year and is aligned to the Bristol Health and Wellbeing priorities in figure 1 below.



Figure 1: Health and Wellbeing Strategy 2020-2025: Priorities and Themes

This JSNA focuses on the local authority level population and can be considered in conjunction with the forthcoming Integrated Care System (ICS) needs analysis, which will cover Bristol, North Somerset and South Gloucestershire health area, and the Bristol locality profiles which have been produced for Inner City & East (ICE) Bristol, North & West (N&W) Bristol and South Bristol.

There are considerable disparities within and across the city between those living in the most deprived and least deprived areas. Locality partnership health profiles have been developed for each of the three Bristol localities which combined with ward data help us to identify hotspots of higher demand.

Some of the reported data now covers the pandemic period and starts to help us understand its impact upon the changing health and care needs of Bristol residents and identify opportunities for improving the health of our population and reducing inequalities in health.

## Our Population

The usual resident population of Bristol was 472,400 on Census Day, 21 March 2021, and has grown 10.3% over the last decade, faster than the national population growth (6.3%). Bristol was the fastest growing of all core cities in England and Wales over the last decade.

Overall, there were 234,500 men (49.6% of the overall population) and 237,900 women (50.4%) living in Bristol in 2021. This is similar to 2011, when 49.8% of the population were male and 50.2% were female. Between 2011 and 2021, all age groups increased in Bristol except for 0-4 year old, reflecting a decade of falling birth rates, and people aged 80 and over.

Since 2016, the rate of population growth has slowed. This is in-line with the UK population which last year grew at its slowest rate for 20 years. In Bristol, growth has been mainly concentrated in the inner city, especially among young adults.

Bristol's population is projected to increase to 499,200 by 2030 if pre-pandemic trends continue. Births per year in Bristol increased to a peak of 6,800 in 2012 and have fallen gradually since then. In 2020 there were 5,270 births in Bristol.

Bristol has a relatively young age profile with a median age of 32.4 years, compared to 40.3 years nationally. Bristol's child population is projected to remain stable up to 2030, whilst the population of people over 75 years is projected to increase by 15% over 2020-2030. Our population is increasingly diverse. Around 16% of the population were from BME backgrounds at the 2011 Census but amongst children it was much higher at around 28%.

## Healthy Childhoods

**Early years / childhood:** In Bristol between 2018-20, 4% of term babies were born with a low birth weight in the most deprived areas compared to 1.3% of babies in the least deprived areas, and the proportion of all babies born with a low birth weight in the most deprived areas (7.7%) was almost double the proportion in the least deprived areas (3.9%).

There is significant variation in breastfeeding initiation rates across Bristol, with much lower initiation rates for women living in deprived wards, especially in the South of the city. While the difference between the initiation rates in the most and least deprived areas has slightly narrowed over time significant inequalities remain. E.g. initiation rates at 48 hours ranged from 99% in Westbury on Trym and Henleaze to 45% in Hartcliffe and Witherwood during 2021/22

The numbers of under 18 conceptions has fallen in recent years with Bristol's conception rate lower than the England rate (2019), but data reported by specialist teenage pregnancy staff working in the city indicates that it is likely that higher rates of teenage conception continue to be found where deprivation is higher.

More children attended NHS dental services in the previous 12 months in Bristol (36.6% of 0-17-year olds) than the England average (32.8%) (June 2021, NHS Dental Statistics 2020-21). This is approximately half of the pre-pandemic level: 65% of 0 to 17 year-olds have attended dental services in the twelve months up to June 2019 in Bristol (59.5% nationally).

The coverage of routine immunisations for pre-school children in Bristol is similar to the national average and the uptake of school-age immunisations is generally improving. However, our rates are still lower than national averages and our core city comparators, in particular for the HPV vaccine. Coverage in the locality of Inner City and East Bristol is significantly lower for both age groups.

In 2019, 71% of children (under 5) in Bristol were assessed as having a good level of development at the end of the Early Years Foundation Stage. This compares to an England average of 72%. Across Bristol, this ranged from 56% in Hartcliffe & Withywood to 86% in Redland.

**Adverse childhood experiences:** There are 15,300 children under 16 living in relative low-income families in Bristol, which is 17.8% of all children (2020/21 data), lower than the UK average of 18.7%, and also lowest of the Core Cities. By ward, just over 40% of children in Lawrence Hill and 27% of children in Central live in relative low income families compared to 2.6% in Redland and 3.5% in Westbury-on-Trym and Henleaze.

Across Bristol there were 694 children in care at the end of March 2022, a slight increase on the previous year. The number of children with a Child Protection Plan also increased, from 215 last year to 258 at March 2022.

In 2019/20 there were 829 emergency hospital admissions due to unintentional and deliberate injuries in children aged 0 to 14 years. This is a rate of 102 per 10,000 children aged 0-14, significantly above the England average of 91 per 10,000. Among young people 15-24 years there were 1,219 injury admissions a rate of 158 per 10,000 population, significantly higher than the England average of 131 per 10,000. Injury admission rates in young people in Bristol have risen in recent years, the highest causes being intentional self-poisoning or self-harm. Children and young people in Bristol have higher than national rates of hospital admissions for mental health conditions and for self-harm.

The rate of first-time entrants to the Youth Justice System in Bristol in 2021 was 215.7 per 100,000, significantly higher than the national average. Although higher, the gap between Bristol and England is gradually reducing, and is significantly narrower than in 2010.

## Healthy bodies

There are an estimated 940 people living with HIV in Bristol, of whom 870 are diagnosed and 850 in NHS treatment. The Bristol prevalence rate of 2.6 per 1,000 was worse than England's rate of 2.4 per 1,000. Bristol was ranked the 48th highest in England (out of 150 UTLAs/UAs) and is considered to have a high prevalence of HIV. There were 46 adults aged 15 and over newly diagnosed with HIV in Bristol in 2019 which gives the incidence rate of 12 per 100,000, statistically significantly higher than the England's average of 8.1 per 100,000. In the 3 years of 2017-2019 over 39.6% of newly diagnosed (36 people) have been diagnosed late in Bristol – a slight decrease from the previous 3 year period. 69.9% of eligible Bristol individuals who attended a sexual health service had a HIV test. The national percentage is 64.8%.

**Healthy Weight:** Around 1 in 4 children in reception year in Bristol (4-5 years old) (2016/17-18/19) and 1 in 3 of year 6 pupils (10-11 years old) (2017/18-19/20) have excess weight (are overweight or obese). The rates have not changed significantly over the last decade. Excess weight in reception year pupils shows a strong association with deprivation, with the highest rate of 32% in Hartcliffe & Withywood. Excess weight in year 6 pupils also tends to be higher in more deprived wards with the highest rate of 43% in Lawrence Hill.

Over half the adult Bristol population are overweight or obese (57.3%). This is lower than the national average (62.8%) and the lowest of all core cities. The 2021/22 self-reported Bristol Quality of Life (QoL) survey provides a lower estimate of 46% adults with excess weight. There is a wide variation across the city by ward ranging from 28% overweight and obese in Clifton to 64% in Henbury & Brentry. Poverty and deprivation are associated with a higher risk of excess weight in Bristol with the wards of Henbury & Brentry, Hillfields, Hartcliffe & Withywood, Filwood, Avonmouth & Lawrence Weston and Bishopsworth significantly worse than the Bristol average

**Smoking:** In 2020, 15.8% of Bristol adults smoked, significantly higher than the national rate of 12.1%. Smoking prevalence in Bristol is higher in males, with 18.5% of adult males smoking compared to 13% of females. Nationally, 13.8% of males and 10.4% of females smoke. There is significant variation in smoking prevalence across the city which mirrors patterns of deprivation and health inequalities.

The QoL survey data shows the number of households with a smoker is 15.8% (same as previous year). However, this is significantly higher in the most deprived areas (29.5%) and is lower in the least deprived areas (4.7%). The percentage of households with a smoker varies across the city by ward from 5.1% of households in Westbury-on-Trym & Henleaze to 28.9% in Lawrence Hill.

Rates of smoking in pregnancy vary greatly across the city, linked to patterns of socioeconomic deprivation. 9.6% of all pregnant women in across Bristol, North Somerset and South Gloucestershire are smoking at the time of delivery.

**Substance Use:** Alcohol-related harm has risen in Bristol, as evidenced by a rising trend in admissions to hospital for alcohol-related conditions. There were 3,592 stays in hospital due to alcohol-related harm in 2019/20, higher than the national average. Admission rates are higher among the most deprived Bristol population.

Bristol has an estimated 4,940 opiate and/or crack users. Whilst the proportion of Bristol residents using drugs is relatively small the impact can be extensive. Bristol has the second largest estimated rate of opiate and/or crack users (per 1,000 population) of the English core cities.

During 2020/21 there were 2,380 clients in treatment for opiate use, 585 for alcohol use, 305 for non-opiate and alcohol use and 215 for non-opiate use only. The percentage of opiate drug users that left drug treatment successfully and did not re-present to treatment within 6 months has been falling in recent years and by 2020/21 was down to 4.32%, below the national average (4.68%). Compared to the English core cities Bristol has the third highest success rate. Just over two thirds (68%) of opiate users who successfully completed treatment in Bristol in 2020/21 were male, and just under a third were female (32%). The completion rate was 4.39% for males and 5.18% for females.

The rate of deaths in Bristol from drug misuse was 8.9 per 100,000 persons for the period 2018-20, significantly higher than the national average of 5.0. This represents the highest rate for Bristol over the last 18 years.

### Healthy minds

**Mental Health:** There were 59,688 patients aged 18 and over with depression recorded on GP practice disease registers in 2020/21, an increase of more than 7% since 2019/20. The prevalence of depression has been increasing since 2003/4, and in 2020/21 has increased to 13.5% (an increase on the pre-pandemic level of 12.6% in 2019/20). The highest depression prevalence rate has been recorded in the North & West (outer) locality. There were 8,549 patients newly diagnosed with depression in 2020/21 – a 3.4% decrease since the previous year. The incidence rate was 1.9% of population aged 18 and over.

7.9% of Bristol residents reported a 'low life satisfaction score' (ONS score) in 2020/21, an increase on the previous year and higher than the national average of 6.1%. The local Bristol QoL survey for 2021/22 reports 68% of people satisfied with life, a decrease on last year (75%). However, in the 10% most deprived areas, this figure drops significantly to 55%. By ward this ranges from 85% in Clifton to 56% in Frome Vale.

**Self-harm and Suicide:** The rates of self-harm admissions in Bristol are higher than the England average for both men and women in 2020/21. The rate of admissions among women is almost twice as high as the rate among men. The self-harm admissions rate in the most deprived areas of Bristol is 2.7 times higher than in the least deprived.

The suicide and injury of undetermined intent mortality rate for 2018-2020 in Bristol at 12.3 per 100,000 population aged over 10 was statistically similar to the England average of 10.4. The Bristol suicide mortality rate for men at 19.1 per 100,000 population is significantly higher than the rate for women (5.5 per 100,000), but both are similar to England average of 15.9 and 5.0 respectively. The highest numbers and rates of suicide deaths have been reported among middle aged men (aged 35 to 64) and in Bristol the rate in that age group is significantly higher than the England average.

### Healthy places

**Fuel poverty:** Based on the Low Income Low Energy Efficiency (LILEE) definition, there are an estimated 29,045 fuel poor households in Bristol, 14.4% of all households (2020). This is higher than the rate for England (13.2%). The distribution of fuel poor households varies across the city, the wards showing the highest proportions of fuel poor households contain areas with large student populations and more affluent areas around the centre with old Georgian homes because these types of properties are more likely to have low energy efficiency ratings.

COVID-19 has resulted in various impacts on households across the city, including impacts on income and job security. The sharp rise in energy prices in April 2022, with a further rise anticipated in October 2022, are likely to result in more households being pushed into fuel poverty.

**Climate emergency:** Climate change has many implications for people's health and wellbeing, especially due to the increase in extreme weather. Events such as flooding and heatwaves can result in increased mortality, illness and stress, especially for more vulnerable groups. Vulnerability to climate risks varies across the city and within communities, with socio-economic factors, people's homes and their local environment all playing a part. 87% of people

interviewed in the Bristol 2021 Quality of Life Survey were concerned about the impact of climate change, 26.7% (about 1 in 4) said that their homes had overheated during hot weather, while 18.8% (about 1 in 5) said that their mental health had suffered due to climate change worries.

Air pollution has negative impacts on the health of people in Bristol, especially vulnerable members of the population. Evidence suggests that it can cause permanent lung damage in babies and young children<sup>1</sup> and exacerbates lung and heart disease in older people<sup>2</sup>. Approximately 100,000 people live in the Air Quality Management Area (AQMA) in Bristol, although not all people within the AQMA will be exposed to illegal levels of pollutants. A [2017 report](#) into the health effects of air pollution in Bristol concluded that around 300 premature deaths each year in the City of Bristol can be attributed to exposure to nitrogen dioxide (NO<sub>2</sub>) and fine particulate matter (PM<sub>2.5</sub>), with roughly an equal number attributable to both pollutants. This represents about 8.5% of deaths in the administrative area of Bristol being attributable to air pollution<sup>3</sup>. This has an estimated cost to the NHS of £83m. It should be noted that the baseline year for the study into the health impacts of air pollution was 2013. Whilst NO<sub>2</sub> pollution at roadside locations has fallen significantly since that date, the change in background levels of NO<sub>2</sub> and PM<sub>2.5</sub> pollution have not seen such a significant fall.

**Health protection:** Bristol's seasonal flu immunisation coverage rates are broadly in line with the national averages for over 65s and for under 65s in a clinical risk group. There was a significant increase in uptake for over 65s in 2020/21 compared to the previous year, in Bristol and nationally. This is likely to be due to the COVID-19 pandemic and increased public awareness. Local data for 2021/22 indicates that the over 65s uptake has increased on 2020/21 but we are waiting on the national data to be published before we can fully update the section for 2021/22.

Tuberculosis (TB) incidence in Bristol shows a falling trend to 2019 (latest data 2017-19 average). 50 TB cases were notified in Bristol in 2019.

The COVID-19 pandemic has had wide ranging impacts on health and wellbeing. In terms of the disease itself, between March 2020 and 31<sup>st</sup> March 2022 there were nearly 162,000 reported positive cases of COVID-19 in Bristol, and 10,866 Bristol residents have been in hospital with COVID-19. COVID-19 Vaccinations started in Bristol on 8th December 2020. As at 31st March 2022, 76% of adults (16+ years) in Bristol have had 2 doses for COVID-19 and 60% have received a booster/third dose.

As of 5<sup>th</sup> March, according to the UK Coronavirus (Covid-19) Infection survey, an estimated 1.7 million people living in private households in the UK (2.7% of the population) were experiencing self-reported long COVID (symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else). Latest data as of 5<sup>th</sup> July shows that this has increased to 3% of the population which when applied to Bristol means there are approximately 13,980 Bristol residents experiencing self-reported long COVID.

**Violence and hate crimes:** The rate of domestic abuse related incidents and crimes in Bristol in 2020/21 was 28.4 per 1,000 population (aged 16 and over), a slight decrease from 28.8 the

<sup>1</sup> [Royal College of Pediatrics and Child Health, Every breath we take – The lifelong impact of air pollution, February 2016](#)

<sup>2</sup> [Simoni et al., Adverse effects of outdoor pollution in the elderly, Journal of Thoracic Disease, January 2015](#)

<sup>3</sup> [Air Quality Consultants, Health Impacts of Air Pollution in Bristol, February 2017](#)

previous year but similar to that nationally. For Bristol in 2020/21, 43.3% of all recorded domestic abuse related crimes were a repeat incident. Local data highlights significant variation in rates across the city from 6.0 per 1,000 in Clifton Down to 77.0 per 1,000 population in Hartcliffe & Withywood.

In Bristol, females over the age of 16 are 2.9 times more likely to be a victim of a domestic abuse related crime in Bristol than males. Women in the 30-39 year old age bracket are most likely to experience a domestic abuse related crime (at a rate of 45.6 per 1000).

The number of emergency hospital admissions for violence (including sexual violence) in Bristol was 64.7 per 100,000 population (directly standardised rate) for the three year period 2017/18 to 2019/20, higher than the previous year and significantly higher than the England average of 41.9 per 100,000 population. Bristol has the third highest rate of all English core cities

The rate of sexual offences in Bristol in 2020/21 was 2.6 per 1,000 population, lower than the previous year (3.0) but significantly higher than the national average. Nationally there was a noticeable drop in recorded offences during the Spring 2020 lockdown before returning to previous levels in quarter 2. However, Somerset and Avon Rape and Sexual Abuse Support (SARSAS) who provide support for those affected by sexual violence in Bristol reported a huge spike in demand for their support services in 2020/21.

There were 2,482 recorded hate crimes in 2021/22 an increase of 28.9% when compared to the previous year. Over 71% of hate crime in 2021/22 was recorded on the basis of racial prejudice, followed by sexual orientation (12.2%) and disability (8.1%).

### Healthy systems

15% of Bristol's population (70,400 people) live in the most deprived 10% of areas in England in 2019, including 18,900 children and 7,900 people. The 10 most deprived neighbourhoods in Bristol are all in the South Bristol areas of Hartcliffe, Whitchurch Park and Knowle West. At ward level, the greatest levels of deprivation in Bristol are in the wards of Hartcliffe & Withywood, Lawrence Hill and Filwood, the same as identified in 2015

The unemployment rate has been rising incrementally since September 2018 when the rate was 3.4%, to 4.1% in the twelve months ending March 2020 (pre pandemic) continuing to rise until June 2021 when it appears to have peaked at 4.8%. Since then it has gradually decreased and currently stands at 4.0% for the twelve month period ending December 2021. This is below the Great Britain rate of 4.4% and is the lowest rate of all UK core cities.

**One City Approach:** The One City Approach brings together a huge range of public, private, voluntary and third sector partners within Bristol. They share an aim to make Bristol a fair, healthy and sustainable city. The One City Plan sets out key challenges up to 2050 and brings the city together around a shared vision. There are six themes, overseen by six boards - Health and wellbeing, Homes and communities, Transport, Environmental sustainability, Children and young people, and Economy. Connectivity between health and the other themes is crucial in order to address the 'social determinants of health'; the conditions in which people are born, grow, live, work and age.

**Integrated Care System (ICS) in BNSSG:** The ICS became a statutory entity on 1<sup>st</sup> July 2022 and is made up of an Integrated Care Partnership (ICP), an Integrated Care Board (ICB) and six Locality Partnerships. Immediate priorities for the first year include working together to develop an Integrated Care Strategy, guided by a new public engagement exercise. This includes a

whole-population survey exploring what keeps people happy, healthy and well, alongside more in-depth community engagement and workshops.

### Additional findings

In addition to the Health and Wellbeing Board priorities there are other significant health issues which adversely impact men and women as follows:

**Women's health:** Covid had a significant impact on rates of most sexually transmitted infections across England in 2020. Bristol's rates reduced considerably but remained relatively high compared to England's rates due to its young population. In 2019/20 there were 360 hospital admissions for Pelvic Inflammatory Disease (PID) in Bristol. This rate of 319 per 100,000 women aged 15-44, reflects a 7% increase since 2018/19 and is significantly higher than the England rate of 254.7.

The chlamydia detection rate in 2019 for females aged 15-24 year olds was 2,248.3 per 100,000 compared to 1,176.7 per 100,000 for males aged 15-24. This is likely to reflect different levels of engagement with sexual health services. There are more long-term health implications for females than males if chlamydia is left untreated

In 2020/21 there were 1,825 emergency hospital admissions due to falls in people aged 65 and over in Bristol. The Bristol rate was 2,857 per 100,000 population, significantly higher than England average of 2,023 per 100,000. Almost two thirds (65%) of falls-related admissions (aged 65+) are among females. Since 2018/19 falls admissions rates among females have slightly increased and remained significantly higher than the England rate.

**Men's health:** Life expectancy for men in Bristol is 78.5 years, just below the England average and significantly lower than women's life expectancy in Bristol (82.7 years). By sub-locality the lowest male life expectancy is in Inner City (76.9 years) and by ward is in Lawrence Hill (73.7 years). The gap in life expectancy between most and least deprived groups in Bristol for males is 9.9 years and shows no clear sign of reducing.

Cancer is the leading cause of early death in Bristol. Since 2001 early death rates from cancer have continued to decline both in Bristol and nationally, although Bristol's rate has been consistently higher. In 2020 the under 75 mortality rate (described as Early Deaths) from cancer in Bristol was 139.8 per 100,000, significantly higher than the England rate (125.1 per 100,000). Among men, Bristol rates for early deaths from cancer at 149.8 per 100,000 are higher than the national average for men (137.6 per 100,000), and significantly higher than the Bristol rate for women (130.0 per 100,000). Men tend to have higher incidence and mortality rates than females for the majority of common cancer types.

Cardiovascular diseases (CVD) are the second commonest cause of early death among Bristol residents. In 2020 there were 235 premature (aged under 75 years) deaths from cardiovascular disease (CVD) in Bristol. 69% of these were among men. Local data on variation across the city shows the North & West (inner) locality rates are significantly lower than the Bristol average, and the rates are highest among males in the Inner City. In Bristol the preventable mortality rate is significantly higher for males than females. Males are three times more likely to die of cardiovascular disease than females and almost three times as likely to die of liver disease.

## Conclusion

Findings from the JSNA data profile for 2021/22 continue to support the priorities of Bristol's Health and Wellbeing strategy which are included in the following themes: Healthy childhoods, Healthy bodies, Healthy minds, Healthy places and Healthy systems. The data highlights gaps concerning Sexual Health and Older People but whilst it is understood that Sexual Health is a priority in the updated strategy it is recommended that consideration is also given to making Older People a priority.

## Further data – useful overarching links and profiles

- [Bristol Locality Partnership Health Profiles](#)
- Bristol JSNA webpages: [www.bristol.gov.uk/jsna](http://www.bristol.gov.uk/jsna)
- [Health Profiles](#): summary information on health (and factors affecting health) for every local authority in England
- [Public Health Outcomes Framework \(PHOF\)](#): indicators on how well public health is being improved and protected - Public Health Outcomes Framework - OHID ([phe.org.uk](http://phe.org.uk))
- Bristol City Council: [Statistics and census information](#)

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