

JSNA Health and Wellbeing Profile – Annual Summary 2022/23

Bristol Health and Wellbeing Profile – 2022/23 summary September 2023

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 [Bristol, North Somerset and South Gloucestershire \(BNSSG\) Integrated Care System \(ICS\) needs analysis](#), 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.

Our Population

The usual resident population of Bristol is estimated to be 471,200 (ONS Mid-2021 Population Estimates). Bristol has grown 10.1% over the last decade, faster than the national population growth (6.2%), and was the fastest growing of all core cities in England and Wales .

Overall, there were 234,000 men (49.7% of the overall population) and 237,100 women (50.3%) living in Bristol in 2021. This balance 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.

Future population projections are uncertain, but if pre-pandemic trends were to continue, Bristol's population would be projected to increase to 499,200 by 2030. Births per year in Bristol peaked at 6,800 in 2012 and have fallen gradually since to a low of 5,048 births in 2022, a decrease of 7% compared with 2021.

Bristol has a relatively young age profile with a median age of 32.4 years, compared to 40.6 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. At the time of the 2021 Census 28.4% of the population were from a minority ethnic group (ie not "White British"), ranging from 17.8% in South Bristol to 52.6% in the Inner City sub-locality.

Healthy Childhoods

Child development: In Bristol for the three year period of 2020-22, 3.3% of term babies were born with a low birth weight in the most deprived areas compared to 1.7% of babies in the least deprived areas. During 2020-22 the proportion of all babies (i.e. term and premature) born with a low birth weight in the most deprived areas (7.8%) was more than double the proportion in the least deprived areas (3.6%).

There is significant variation in breastfeeding initiation rates (any breastfeeding at 48 hours) across Bristol, with much lower initiation rates for younger women (under 20), White British women and 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. For example, initiation rates at 48 hours ranged from 99% in Bishopston and Ashley Down to 43% in Hartcliffe and Withywood during 2022/23.

The rate of teenage conceptions in Bristol has shown a steep decline since 2007. In 2021 the Bristol rate was 13.3 conceptions per 1,000 girls aged 15-17, statistically similar to the England average of 13.1 per 1,000. This is an increase on the previous year when behaviour was

potentially impacted by covid-19 lockdowns, but it is too early to determine if the increase is part of a longer-term upward trend.

More children attended NHS dental services in the previous 12 months in Bristol (52% of 0-17-year-olds) than the England average (46.9%) (2021-22). This is lower than the pre-COVID-19 pandemic level which saw 65% of 0 to 17-year-olds attending dental services in the twelve months up to June 2019 in Bristol (59.5% nationally).

The uptake rates for the majority of pre-school immunisations in Bristol are lower than South West regional averages and lower than, or in line with, national averages. In addition, coverage has been declining over the last 5-10 years for the majority of pre-school vaccinations. In comparison, school-age immunisations are generally improving but 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 2022, 65% of children (under 5) in Bristol were assessed as having a good level of development at the end of the Early Years Foundation Stage, the same as the England average (65%). Across Bristol, this ranged from 46% in Hartcliffe & Withywood to 86% in Redland.

Adversity and trauma: There are 17,950 children under 16 living in relative low-income families in Bristol, which is 21.8% of all children (2021/22), higher than the UK average of 20.1%, and second lowest of the Core Cities. By ward, just over 46% of children in Lawrence Hill and nearly 40% of children in Central live in relative low income families compared to 3.0% in Westbury-on-Trym and Henleaze.

Across Bristol there were 735 children in care at the end of March 2023, a slight increase on the previous year. The number of children with a Child Protection Plan also increased, from 258 last year to 339 at March 2023.

In 2021/22 there were 650 emergency hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14 years. This is a rate of 83.5 admissions per 10,000 children aged 0-14, similar to the England average of 84.3 per 10,000. Among young people aged 15-24 years there were 1,115 emergency injury admissions a rate of 147.2 per 10,000 population, significantly higher than the England average of 118.6 per 10,000 and the highest rate amongst all English Core Cities. Admission rates among residents of the most deprived areas were significantly higher than those among residents of the least deprived areas of the city.

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

Healthy Weight, food equality: Data from 2021/22 shows that around 1 in 5 (20.5%) of children in reception year in Bristol (4-5 years old) and more than 1 in 3 (36.4%) of year 6 pupils (10-11 year olds) have excess weight (are overweight or very overweight). Excess weight in reception year pupils shows a strong association with deprivation, with a 28% prevalence of excess weight for those living in the most deprived 20% of the city compared to 12% for pupils living in the least deprived 20% of the city. Excess weight in year 6 pupils also tends to be higher in more deprived wards with the highest rate in Lawrence Hill.

Over half the adult Bristol population are overweight or obese (55.7%). This is lower than the national average (63.5%) and the lowest of all core cities. The 2022/23 self-reported Bristol Quality of Life (QoL) survey provides a lower estimate of 47.5% adults with excess weight. There is a wide variation across the city by ward ranging from 28% overweight and obese in Central to 75% in Hartcliffe and Withywood. Poverty and deprivation are associated with a higher risk of excess weight in Bristol with the wards of Henbury & Brentry, St George Central, Hartcliffe & Withywood, Stockwood, Hengrove and Whitchurch and Bishopsworth significantly worse than the Bristol average.

Smoking, substance use: In 2021, 16.4% of Bristol adults smoked, higher than the national rate of 13.0%. Smoking prevalence in Bristol is higher in males, with 19.5% of adult males smoking compared to 13.3% of females. Nationally, 14.9% of males and 11.2% 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 in Bristol is 15.5% (similar to the previous year). However, this is significantly higher in the most deprived areas (25.8%) and is lower in the least deprived areas (6.0%). By sub-locality prevalence of households with a smoker is highest in the Inner City (19.3%) and lowest in North and West (Inner) (10.5%). The percentage of households with a smoker varies across the city by ward from 4.1% of households in Stoke Bishop to 31.2% in Hartcliffe & Withywood.

Rates of smoking in pregnancy vary across the city, associated to a large extent with patterns of socioeconomic deprivation. 8.7% of all pregnant women in Bristol, North Somerset and South Gloucestershire are smoking at the time of delivery (2021/22).

There were 2,605 hospital stays in Bristol due to alcohol-related harm in 2020/21, a rate of 674.3 persons per 100,000 population. This remains significantly worse than the national average (455.9 per 100,000). Admission rates are significantly higher among the most deprived Bristol population – 1,672 per 100,000 population for residents living in the 20% most deprived areas of the city compared to 611 per 100,000 population for residents living in the 20% least deprived areas.

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 ([Opiate and crack cocaine use: prevalence estimates: 2016 to 2017](#)).

During 2021/22 there were 2,390 clients in treatment for opiate use, 595 for alcohol use, 300 for non-opiate and alcohol use and 220 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 2021/22 was down to 4.26%, below the national average (5.06%). Compared to the English core cities Bristol has the fourth highest success rate.

The rate of deaths in Bristol from drug misuse was 9.1 per 100,000 persons for the period 2019-21, significantly higher than the national average of 5.1. This represents the highest rate for Bristol over the last 18 years.

Sexual health: Covid had a significant impact on rates of most sexually transmitted infections (STIs) across England in 2020 and 2021. Bristol's rates reduced considerably and when age and sex are taken into account, are now lower than for England. Chlamydia is the most

common STI and accounted for 48% of infections in 2021. There were 833 diagnoses of chlamydia among 15 – 24 year olds and 545 diagnoses in people over 25. The number of chlamydia tests undertaken in young people has almost halved since 2019 and only 1 in 10 of the eligible population was tested in 2021 – this is significantly lower than England.

There are an estimated 925 people living with HIV in Bristol, of whom 875 already have a diagnosis. It is estimated that there are approximately 50 people are living in Bristol with undiagnosed HIV. The Bristol prevalence rate of 2.5 per 1,000 (aged 15-59) is similar to England's rate of 2.3 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 17 people newly diagnosed with HIV in Bristol in 2021 which gives the incidence rate of 3.6 per 100,000, similar to England's average of 3.6 per 100,000. In the 3 years from 2019-2021, 58% of newly diagnosed (29 people) have been diagnosed late in Bristol – a 35% increase from the previous 3 year period. 34% of eligible Bristol individuals who attended a sexual health service had a HIV test. The national percentage is 46%.

Healthy minds

Mental health and wellbeing: The prevalence of depression has been increasing since 2003/4, and in 2021/22 has increased to 13.9% (an increase on the pre-pandemic level of 12.6% in 2019/20). By sub locality, prevalence rates vary from 16.3% in South Bristol to 10.6% in North and West (Inner). There were 9,857 patients newly diagnosed with depression in 2021/22 – a 15.3% increase on the previous year. The incidence rate was 2.2% of population aged 18 and over, significantly higher than the England rate of 1.5%

4.2% of Bristol residents reported a 'low life satisfaction score' (ONS score) in 2021/22, a decrease on the previous year and lower than the England average of 5%. The local Bristol QoL survey for 2022/23 reports 62.4% of people satisfied with life, a decrease on last year (68%). However, in the 10% most deprived areas, this figure drops significantly to 46.2%. By ward this ranges from 80.7% in Bishopston & Ashley Down to 46.3% in Lawrence Hill.

Self-harm and suicide: The rates of self-harm admissions in Bristol are higher than the England average for both men and women in 2021/22. The rate of admissions among women is over 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 2019-2021 in Bristol at 11.8 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 17.5 per 100,000 population is significantly higher than the rate for women (6.0 per 100,000), but both are similar to England average of 15.9 and 5.2 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

Health protection including Covid: 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. Uptake decreased slightly in Bristol in 2022/23 for the GP-administered populations of over 65's, under 65s at risk and 3 year olds following significant increases experienced in 2020/21 in Bristol and nationally. Bristol coverage rates for primary school aged children increased significantly in 2022/23 but still compare poorly to the national average.

Tuberculosis (TB) incidence in Bristol shows a falling trend to 2021 (latest data 2019-21 average) but rates remain higher than the England average. 43 TB cases were notified in Bristol in 2020.

The COVID-19 pandemic has had wide ranging impacts on health and wellbeing. In terms of the disease itself, between March 2020 and 31st March 2023 there were over 185,000 reported positive cases of COVID-19 in Bristol, and 15,917 Bristol residents have been in hospital with COVID-19. COVID-19 Vaccinations started in Bristol on 8th December 2020. As at 29th March 2023, 75% of adults (16+ years) in Bristol have had 2 doses for COVID-19 and 61% have received a booster/third dose.

As of 5th March 2023, according to the UK Coronavirus (Covid-19) Infection survey, an estimated 1.9 million people living in private households in the UK (2.9% 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). Applying the same estimates to Bristol means there were approximately 13,700 Bristol residents experiencing self-reported long COVID at that time.

Homes and fuel poverty: Based on the Low Income Low Energy Efficiency (LILEE) definition, there are an estimated 25,450 fuel poor households in Bristol, 12.8% of all households (2021). This is lower than the rate for England (13.1%). 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 on income and job security. The sharp rise in energy prices in 2022 is likely to result in more households being pushed into fuel poverty. There has been an increase in people seeking support with energy bills and debt.

Climate and ecological emergencies: 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 2022/23 QOL survey were concerned about the impact of climate change, 36.4% (about 1 in 3) said their homes had overheated during hot weather, while 18.1% (about 1 in 5) said their mental health had suffered due to climate change worries.

Air pollution generated from human sources such as the combustion of fuels for heat, electricity and transport is having an adverse effect on the health of Bristol's communities. In 2021, 5.7% of "all-cause adult mortality" in Bristol was considered attributable to "particulate air pollution", which is 0.2% higher than the national proportion (5.5%) and is mid-ranking for English Core Cities. In addition, a local report¹ estimates that around 300 deaths each year in Bristol can be attributed to exposure to both nitrogen dioxide (NO₂) and fine particulate matter. This represents about 8.5% of deaths in Bristol being attributable to air pollution (NB this is higher as

¹ Air Quality Consultants (2017). [Health Impacts of Air Pollution in Bristol](#)

the local report considers NO₂ as well). A Clean Air Zone was introduced in November 2022 to reduce traffic generated NO₂ as soon as possible. Government will report on this in 2024.

Violence and hate crimes: The rate of domestic abuse related incidents and crimes in Bristol in 2021/22 was 29.2 per 1,000 population (aged 16 and over), a slight increase from 27.7 the previous year. For Bristol in 2021/22, 41% of all recorded domestic abuse related crimes were a repeat incident. Local data highlights significant variation in rates across the city from 6.6 per 1,000 in Westbury-on-Trym and Henleaze to 78.8 per 1,000 population in Hartcliffe & Withywood.

In Bristol, females over the age of 16 are 2.8 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 47.6 per 1000).

The rate 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 2018/19 to 2020/21, 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 2021/22 was 3.6 per 1,000 population, the highest recorded and significantly higher than the England average (3.0). Bristol has the second lowest rate of all the English core cities, with Sheffield the lowest (2.4%) and Manchester the highest (5.2%).

There were 2,244 recorded hate crimes in 2022/23 a decrease of 9.8% when compared to the previous year. Over 71% of hate crime in 2022/23 was recorded on the basis of racial prejudice, followed by sexual orientation (13.5%) and disability (7.4%).

Healthy systems

Economic inclusion: 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 3.1% for the twelve month period ending December 2022. This is below the Great Britain rate of 3.6% and is the lowest rate of all UK core cities.

Integrated Care System (ICS) in BNSSG: A year since its inception on 01 July 2022, the Bristol, North Somerset and South Gloucestershire Integrated Care System (also known as Healthier Together) has published its [strategy](#), sponsored by the Integrated Care Partnership Board. The strategy has been developed through engagement with the public and it also builds on the foundations of the Healthier Together [Strategic Framework](#). The strategy is structured around five areas of opportunity and they are: tackling inequalities, strengthening building blocks, prevention and early intervention, healthy behaviours and strategic prioritisation of key conditions.

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: In 2021/22 there were 1,610 emergency hospital admissions due to falls in people aged 65 and over in Bristol. The Bristol rate was 2,573 per 100,000 population, significantly higher than the England average of 2,099 per 100,000. Almost two thirds (65%) of falls-related admissions (aged 65+) are among females. In 2021/22 falls admissions rates among females have decreased slightly, but they still remain significantly higher than the England average.

Men's health: Life expectancy for men in Bristol is 77.7 years, below the England average and significantly lower than women's life expectancy in Bristol (82.6 years). By sub-locality the lowest male life expectancy is in Inner City (77.1 years) and by ward is in St George West (73.5 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. In 2021 the under 75 mortality rate (described as Early Deaths) from cancer in Bristol was 142.6 per 100,000, significantly higher than the England rate (121.5 per 100,000). Among men, Bristol rates for early deaths from cancer at 167.7 per 100,000 are significantly higher than the national average for men (135.3 per 100,000), and significantly higher than the Bristol rate for women (118.6 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 2021 there were 265 premature (aged under 75 years) deaths from cardiovascular disease (CVD) in Bristol. 72% 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.

Further data – useful overarching links and profiles

- [Bristol Locality Partnership Health Profiles](#)
- Bristol JSNA webpages: 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)
- Bristol City Council: [Statistics and census information](#)
- Bristol Ward profiles: [Ward profile data \(bristol.gov.uk\)](#)
- [Quality of life in Bristol](#)

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