

Joint Strategic Needs Assessment (JSNA) 2014



Statistical Summary Update





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Executive Summary

Overall, many health and wellbeing indicators for Bristol show improvement, and Bristol often compares well to other cities, although nationally it is more of a mixed picture. However, significant health inequalities exist within Bristol, which is a key focus of this report, mainly using 5 “CCG sub-locality areas” as a tool to highlight differences.

Key JSNA 2014 findings include:

- Life expectancy rising but people are spending longer living in poor health
- Persistent inequality in life expectancy, and average life expectancy in Bristol is 8.2 years lower for men and 6.1 years lower for women in the most deprived 10% areas of Bristol than in the least deprived 10% .
- By area, “North & West (inner)” consistently has significantly better health outcomes than all other parts of Bristol. There are similarities between “North & West (outer)” and Bristol South (although South has very poor health outcomes concentrated around Filwood / Hartcliffe).
- By gender, there are different patterns with core health outcomes (eg life expectancy, rates of early deaths for all causes) for men tending to be worst in the Inner City and for women tending to be worst in North & West (outer).
- Early deaths are falling in all areas, especially for Cardiovascular Disease, but rising for early female deaths due to cancer in “North & West (outer).”
- Bristol has a rapidly growing and changing population (especially in the Inner City, causing pressure on services). Projections are this will increase 10% more by 2022, with 15% more children and 14% more older people.
- Child and infant health reinforces the jsna pattern of inequalities, with children in South Bristol and increasingly North & West (outer) having poorer health outcomes (eg for smoking in pregnancy, breastfeeding, children with excess weight and children with limiting long term conditions) and children in North & West (inner) have significantly better outcomes for these. Key points:
 - Rise in smoking in pregnancy; rising faster in more deprived areas.
 - Fall in Teenage pregnancy & overweight young children (4-5 yr olds).
 - Low birth weight links to risk of having additional childhood needs.

- Wider determinants of health
 - Child Poverty – almost 10-fold gap between areas (Inner city highest).
 - Rise in children in Social Care and with Special Educational Needs.
 - Unemployment rates were high, now falling back to pre-recession levels.
- Lifestyles
 - We need an all-age approach to healthy, active living.
 - The majority of people under 35 in Bristol now choose to commute by sustainable transport – potentially a tipping point?
 - However, only 1 in 3 people in Bristol take regular exercise.
 - Adult obesity is rising, and around half are overweight or obese. Bristol wards is up to 73%, with over 60% of people overweight in South Bristol.
 - Bristol needs to develop a healthy, sustainable, resilient food system to promote healthy eating (& sustainable practices) as widely as possible .
 - Smoking rates falling and Bristol's estimated level of smoking is no longer significantly higher than England average.
 - Alcohol – emerging new pictures of gender differences (rise in women hospital admissions) and older people (alcohol-related CVD issues).
- Health conditions
 - Overall, the three risk factors that account for the most disease burden in the UK are dietary risks, tobacco smoking, and high blood pressure.
 - Review of Long-Term Conditions by area indicates higher incidence in Bristol South and North & West (outer) for most conditions, and some in Inner City. [Review by individual conditions to be released separately].
 - People with Learning Difficulties – local data suggests an increased number of health conditions & significantly worse general health profile.

JSNA 2014 update - summary

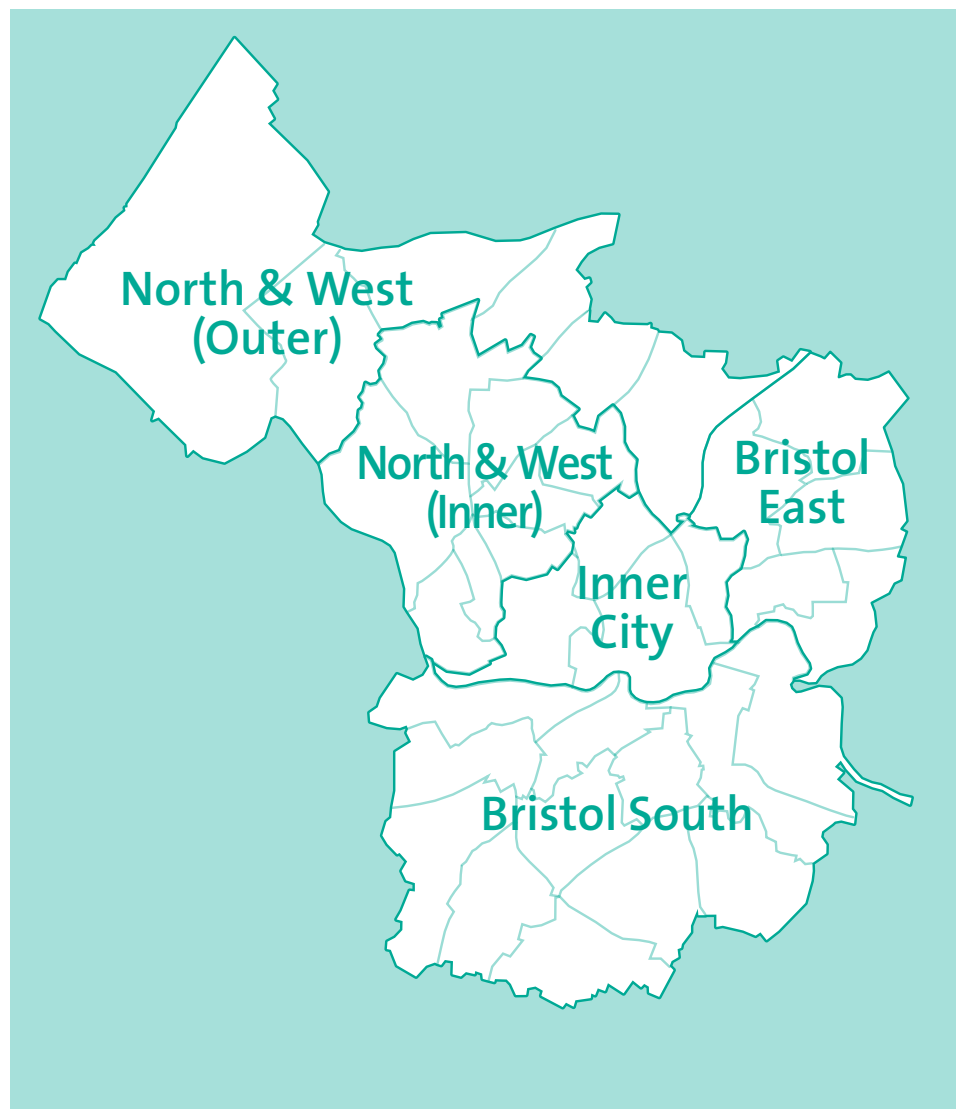
Bristol is increasingly seen as one of the best cities to live in, being European Green Capital 2015, voted “Best City to Live in Britain”¹ and gaining an international award for work to create a ‘Healthy Bristol for All’²: “Tackling health inequality and making Bristol a healthier place to live”.

At the same time, there are large inequalities locally, as noted by the Bristol Fairness Commission³.

This JSNA 2014 provides a statistical update on Bristol’s growing and changing population and the core Health & Wellbeing indicators. It considers how Bristol overall compares to the national picture, but also compares health outcomes and the wider determinants of health across different parts of Bristol.

As a tool to review differences, we’ve used wards and the 3 Localities of NHS Bristol CCG, often with 2 divided into sub-locality areas due to distinct local health needs within these areas:

Fig 1: CCG sub-locality areas



¹ Survey by Sunday Times, March 2014

² 2014 International Making Cities Liveable (IMCL) Award, Portland USA, June 2014

³ Bristol Fairness Commission, Oct 2013

1. Life Expectancy

Life Expectancy in Bristol

Life Expectancy at birth is the “average number of years a person would expect to live based on current mortality rates for that area”.



People are living longer, and over the last 2 decades men in Bristol live 4.9 years longer than they did, and women live 3.7 years longer. Bristol life expectancy at birth estimates (2010-12) are 78.3 years for men and 83.0 years for women. This is very similar to the female national average (83yrs), but for men is still significantly lower than national (79.2yrs).

Fig 2: Life expectancy trends

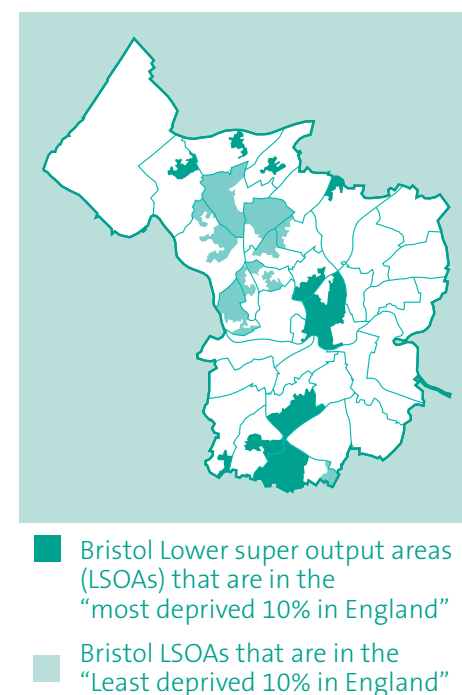


Compared within the 8 “Core Cities” (2010-12), average male life expectancy in Bristol is 2nd highest, and for women is the highest.

Life Expectancy gaps

a) Deprivation. There is a persistent inequality in life expectancy⁴, and average life expectancy in Bristol is **8.2 years lower for men and 6.1 years lower for women** in the most deprived 10% areas of Bristol than in the least deprived 10% (almost all of which are in North & West (inner)).

Fig 3: Most & least deprived 10%



⁴ Slope Index of Inequality; 2010-12; released Public Health England 2014

b) Locality areas.

The inequality areas are very different for men and women.

For both genders North & West (inner) has by far the highest life expectancy (eg Clifton & Henleaze). However:

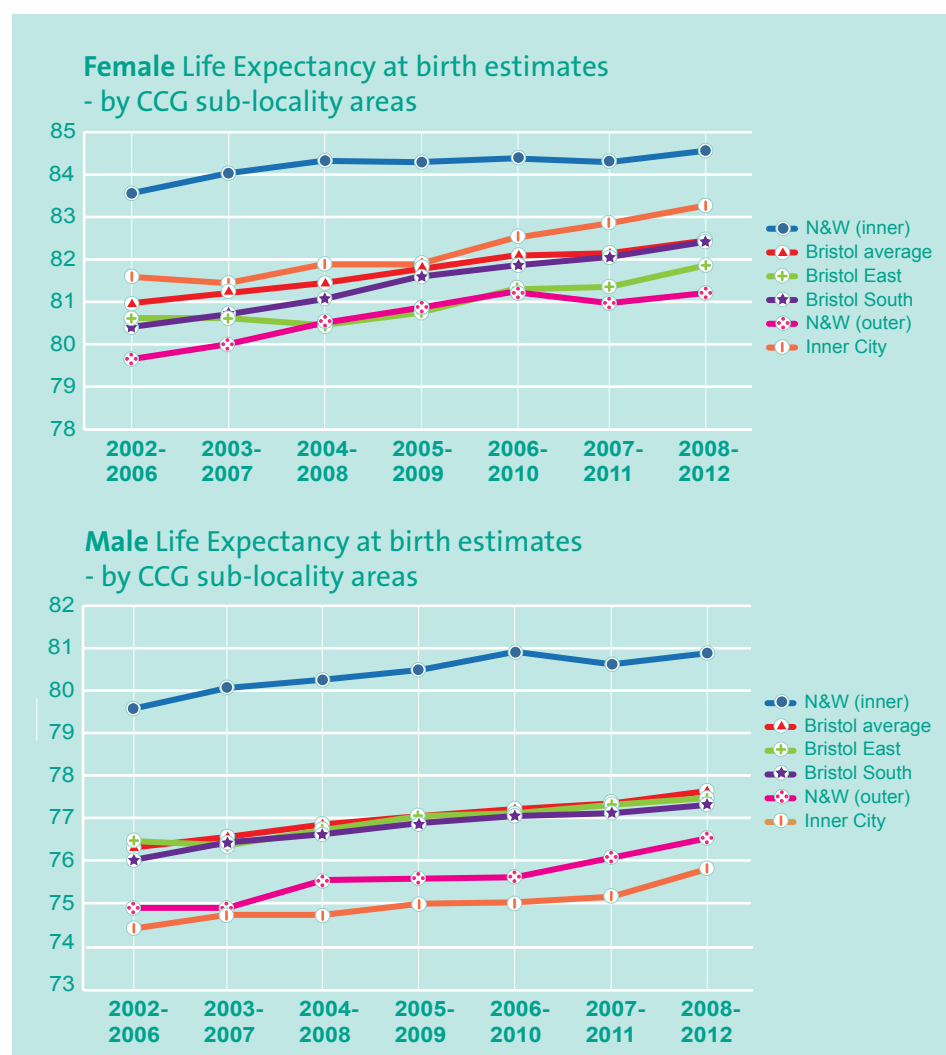
- for men, lowest average life expectancy is in the Inner City, and also lower than average, but rising, in North & West (outer). South is rising and similar to average, as is East.
- for women average life expectancy is lowest in North & West “outer” wards (eg Southmead & Lockleaze) and since 2006-10 this has stopped increasing, contributing to a widening gap. Bristol South is rising and now similar to average. For women East seems lower than average and Inner City higher, but not significantly so.

c) Wards ⁵.

Local life expectancy estimates are taken over 5 years due to small numbers, and it should be stressed that the ward changes over time are not statistically significant.

For male life expectancy, in 2008-12 the highest ward (Henleaze, 84.2yrs) is 9.8 years better than lowest (Southville 74.4yrs). This is a bigger gap than in 2002-06 when the highest ward (Stoke Bishop) was 8.9 years better than the lowest (Southmead).

Fig 4: Life Expectancy by areas



Likewise, for female life expectancy in 2008-12 the highest ward (Henleaze, 88.7yrs) is 10.8 years better than lowest (Southmead, 77.9yrs). This is a bigger gap than in 2002-06 when the highest ward (Henleaze) was 9.5 years higher than the lowest (Southmead).

For both genders the increase in gap is primarily due to the wards with higher life expectancy appearing to be rising faster.

There are now parts of Bristol where people have 10-11 years lower life expectancies than in others.

d) Gender.

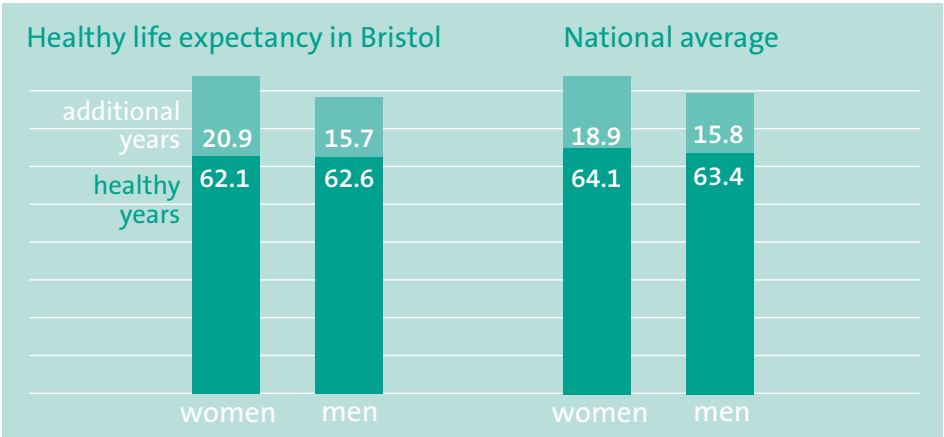
Men in Bristol die, on average 4.7 years earlier than women. This is a greater gender gap than the England average (3.8yrs) due to Bristol's lower male life expectancy.

⁵ See JSNA Atlas tool for all ward-level data

Healthy Life Expectancy

This is the “average number of years a person would expect to live in good health based on current mortality rates and of self-reported good health”.

Fig 5: Healthy Life Expectancy



In Bristol, Healthy Life Expectancy estimates ⁶ are 62.6 years men and 62.1 years women, which are lower than national average (especially for women) but not significantly different; Bristol has the highest healthy life expectancies of the Core Cities for both genders, though considerably lower than our regional neighbours.

On average women in Bristol spend only 74.9% of life in good health (living 20.9 years in poor health) compared to 80% of life in good health for men (15.7 years in poor health, due to men dying younger).

For both genders this is significantly lower than the state pension age of 65. Also, whereas overall life expectancy is increasing, the new estimates for Healthy Life Expectancy for both genders are lower than the 2009-11 estimates (was male 63.1 and female 63.2 years), indicating people spending longer living in poor health, though it is too soon to confirm a trend.

⁶ 2010-12, ONS (July 2014, using Mortality data, mid-year population estimates & Annual Population Survey)



2. Early Deaths (premature mortality)

Early death rates (before 75 years, per 100,000 population, 2008-12) highlight health inequalities across Bristol.

Fig 6: Mortality rates table (persons)

Mortality rates	Bristol (Average)	Bristol East	Inner City	Bristol South	North & West (Inner)	North & West (Outer)
All age all cause mortality (per 100K)	1,078	1,107	1,073	1,102	899	1,166
Premature mortality, all causes (per 100K)	408	409	502	425	273	464
Premature cancer mortality (per 100K)	168	151	174	190	117	189
Premature CHD mortality (per 100K)	51	50	61	53	34	61
Premature CVD mortality (per 100K)	95	101	121	97	63	108
Premature stroke mortality (per 100K)	17	18	18	18	12	20

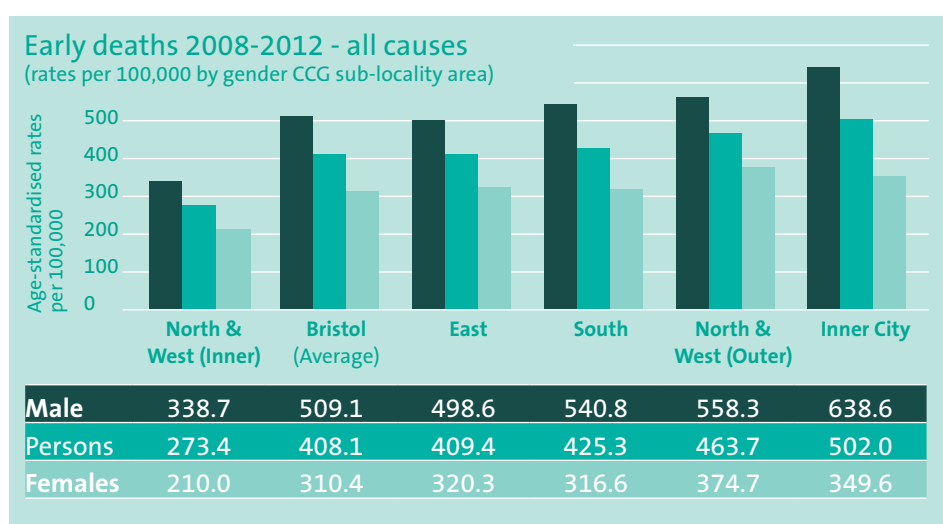
Black figures - lower (better) than Bristol average, **White figures** - higher (worse) than Bristol average, **unshaded** - not significantly different to average.

All causes

Average rates of early deaths (all causes) are falling in Bristol as nationally, and for women are similar to national average, though for men are consistently higher.

By area, early death rates (all persons) are significantly lower in North & West (inner) and significantly higher in the Inner City and North & West (outer) highlighting areas of inequality. Further review by gender shows that male early deaths are significantly higher in the Inner City, whilst female rates are significantly higher in North & West (outer). For both genders rates are significantly lower in North & West (inner), the only area below average.

Fig 7: Early deaths - All causes



Cancer

Average rates of early deaths due to Cancer in Bristol shows some sign of falling, but is not statistically significant. Bristol remains significantly worse than national (2010-12).

By area, early death rates for Cancer (men & women) are significantly lower in North & West (inner), and rates in Inner City and in East Bristol are statistically similar to the city average.

For men, early deaths due to Cancer are significantly higher in South Bristol. Rates in North & West (outer) have been falling and are very similar to city average. For women however, early deaths due to Cancer appear to be rising in North & West (outer) and are now significantly higher than average for the first time. Other areas are similar to average.

Cardiovascular Disease

For early deaths due to Cardiovascular Disease (CVD), rates for both men and women are significantly lower in North & West (inner) than average. For "persons" overall the rate is significantly higher in the Inner City, though by gender rates are statistically similar to average in all other areas.

For men, early deaths due to CVD are falling year on year, and in particular it seems the gap between the locality areas is reducing, as Inner City (the highest area) is falling fastest. For women, early deaths due to CVD are also

falling year on year, although not as dramatically as for men (but female rates are already much lower).

Fig 8: Early deaths - Cancer

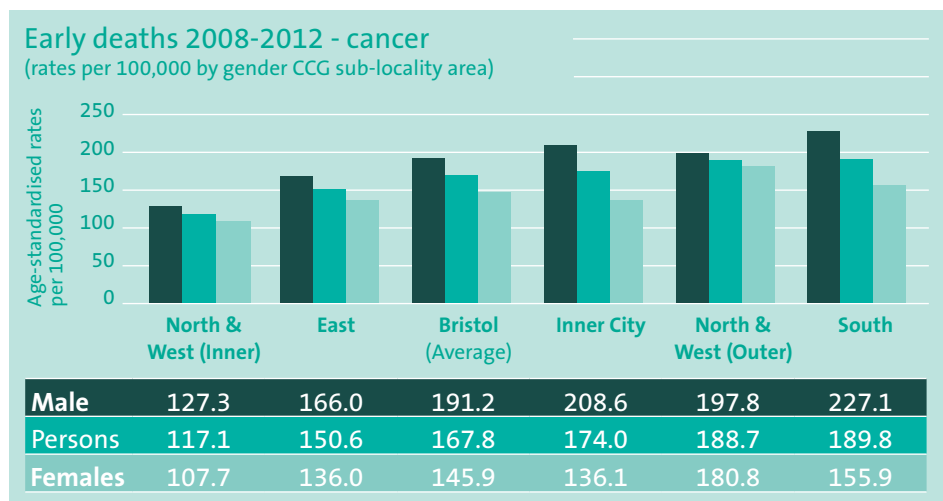
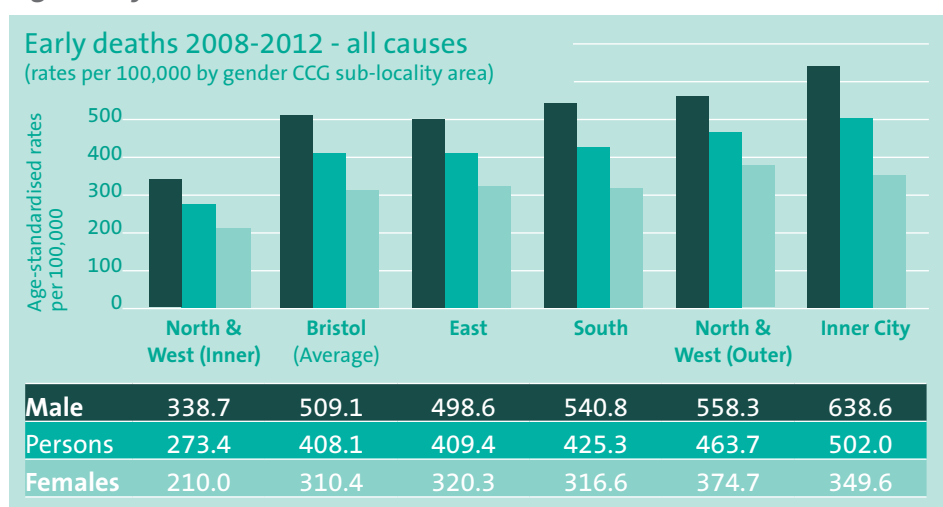


Fig 9: Early deaths - CVD



For early deaths due to Coronary Heart Disease (CHD), rates in North & West (inner) are significantly lower than city average. All other locality areas are statistically similar to average.

Overall, the trend over time for Bristol shows a significant fall in early deaths due to CHD, for men and women. The majority of early CHD deaths (500 of 670 in the 5 year period) were men.

For early deaths due to stroke, there are no areas where the rates are statistically significant to average, due to relatively small numbers.

Overall, the trend over time for Bristol shows a significant fall in early deaths due to stroke, though for men the reduction is not quite statistically significant.

3. Population ⁷

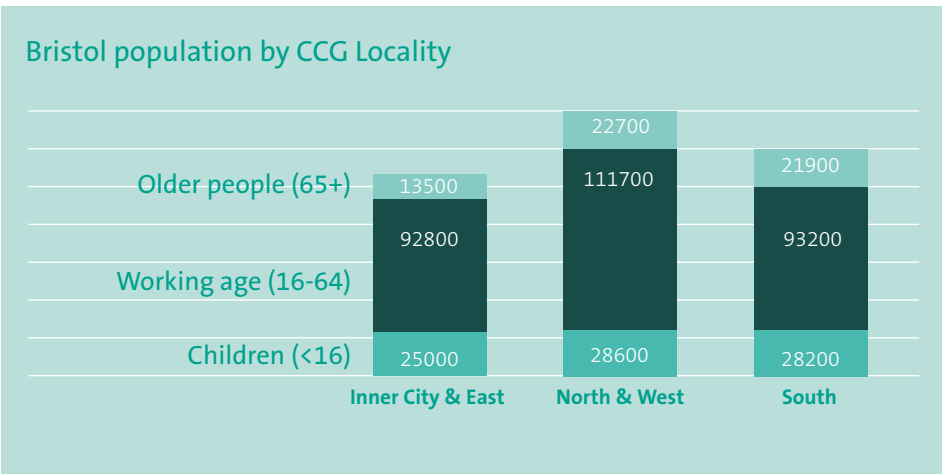
The latest estimate⁸ of the population of Bristol is 437,500, the largest city in the South West and 7th largest in England (outside London).



Bristol has 81,800 children under 16 (18.7% of population), a working age (16-64 yr old) population of 297,700 people (68%), and 58,000 older people over 65 (13.3%). Bristol has a relatively young age profile, with a median age of 33.5 compared to UK 39.9 years.

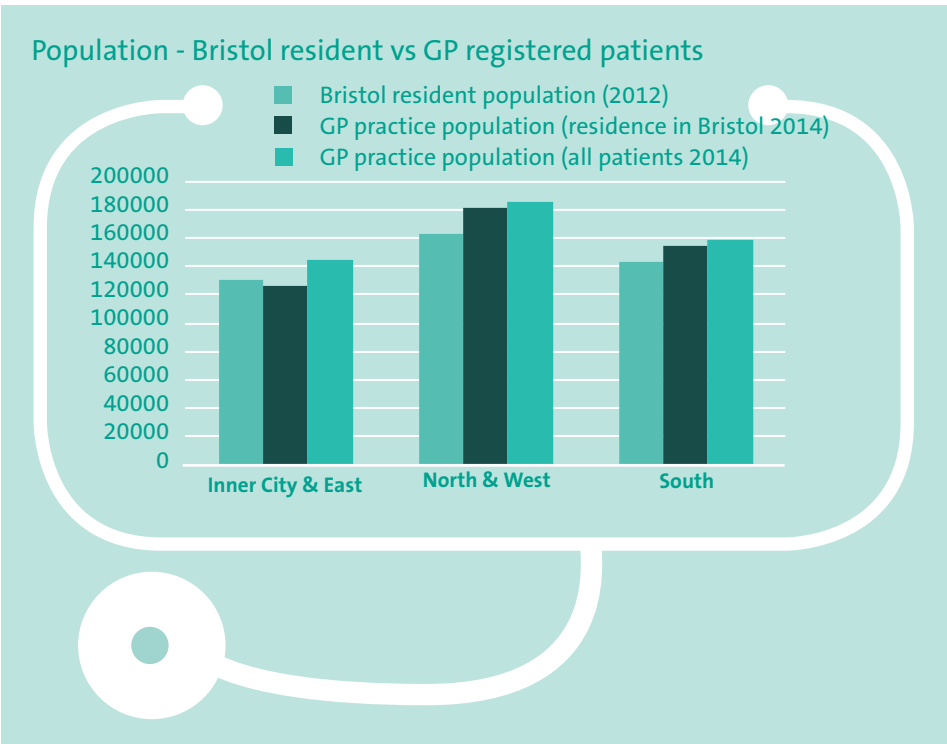
Age splits by Locality show differences in the age profiles:

Fig 10: Population age profiles



Patients registered with Bristol GPs is much higher (2014), even allowing for patients who do not live in Bristol, but different in the Inner City & East.

Fig 11: Resident v GP Registered



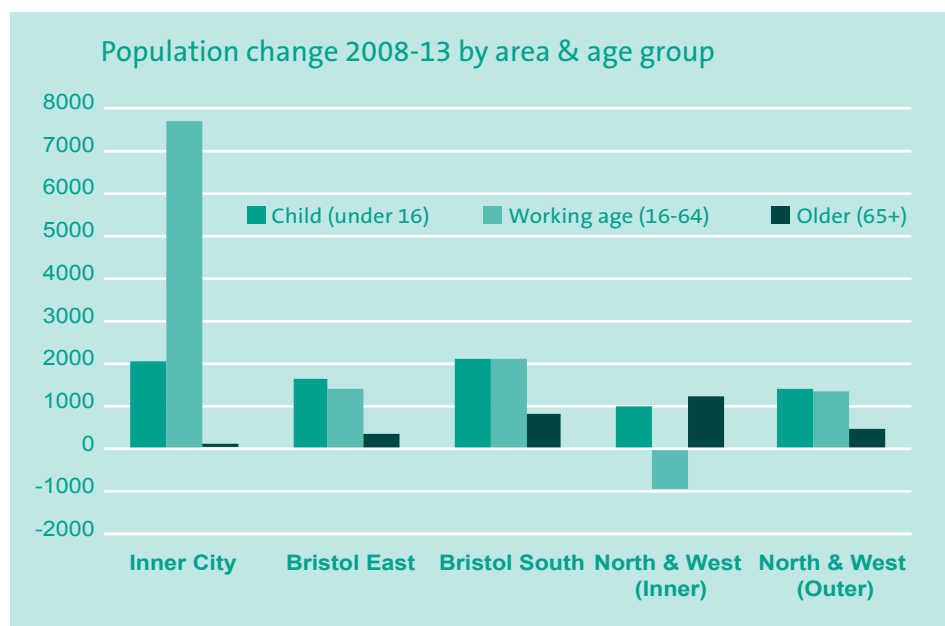
⁷ Further details in JSNA 2014 Population Summary
⁸ ONS mid-year estimate 2013 (released 2014)

Population changes

Over the 10 year period (2012-22), Bristol's population is projected to increase by 41,900 to 474,400 (9.7% increase, above England 7.2%). There are projected to be 12,400 more children (15.4% rise) and 8,100 more older people (14.2% rise) by 2022. A rising child and young working age population has been a feature in Bristol for several years, but the rise in numbers of older people is new.

Change (2008-13) by age group shows the majority of increase was in the Inner City & East (IC&E) locality (13,200 more people), almost 10,000 more in the Inner City alone (highest rise for working age people & children; but lowest rise for older people). This doesn't mean future growth will be in this ratio, but it is an indicator⁹. New housing in Bristol (2013/14-2017/18) is also focussed in the Centre, with 56% of planned new dwellings being in IC&E (41% Inner City).

Fig 12: Population change



Population diversity

16% of Bristol's population are from black and minority ethnic groups (BME), but Inner City & East has a much larger % BME population (31%), with North & West (12%) and South (7%) lower. Using an alternative definition of diversity, 22% of Bristol's population are non-'White British'¹⁰, and by locality this is 38% in IC&E, 19% North & West and 12% in South.

Bristol residents born outside the UK¹¹ increased from 8% to 15% in the last decade, relevant to changing health needs, adapting services to cultural requirements & communicating best routes to access appropriate health services. Across Bristol this is 8% South, 14% North & West and 23% Inner City & East (over 30% Inner City)

⁹ Ward-level projections due in Spring 2015

¹⁰ BME population is all groups with the exception of all White groups. Non-'White British' is all groups except White British. Source: ONS 2011 Census

¹¹ Source: ONS 2011 Census and 2001 Census

Child population changes

This has been a specific focus in the JSNA. In the last decade, Bristol's child population (under 16) rose around 3 times faster than national average, and numbers (inc young people 16-24) are at the highest level since the mid-1980's.

Bristol's child population is rising in all areas, and rising fastest in Inner City & East, with the least wards. North & West locality now has the highest total number of children (28,600), just above South (28,200) and IC&E (25,000), but N&W has the lowest average number in each ward.

28% of children (under 16) belong to a BME group¹², considerably higher than the 16% population average. By locality, the child population varies from 53% BME in IC&E to 21% in N&W and 13% BME in South Bristol.

Using local data, in 2014 over 9,700 pupils¹³ (18.7% of those in Bristol council-maintained schools) had English as an Alternative Language. Increased from 8,500 (17.1%) in 2012.

Fig 13: Change by locality

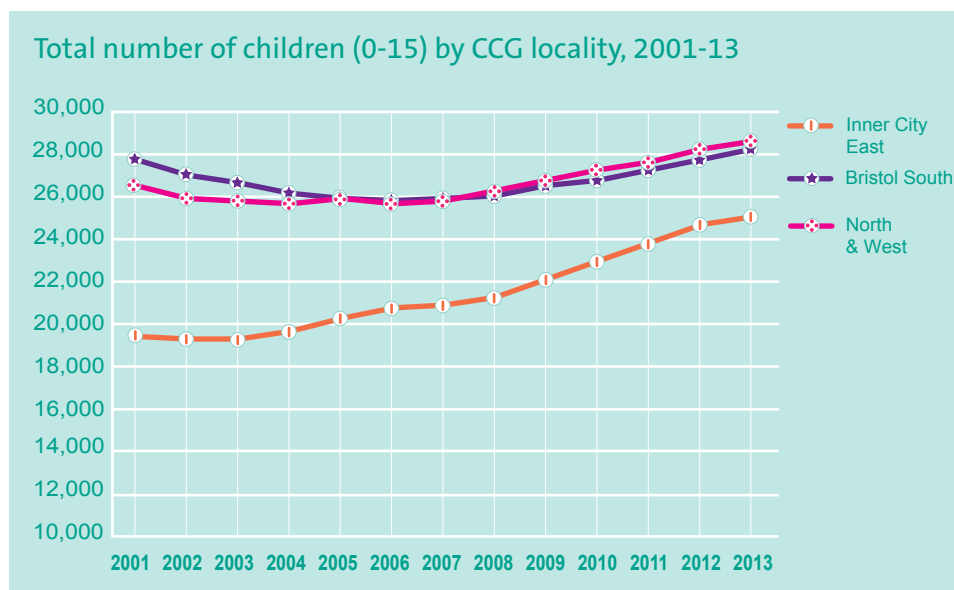
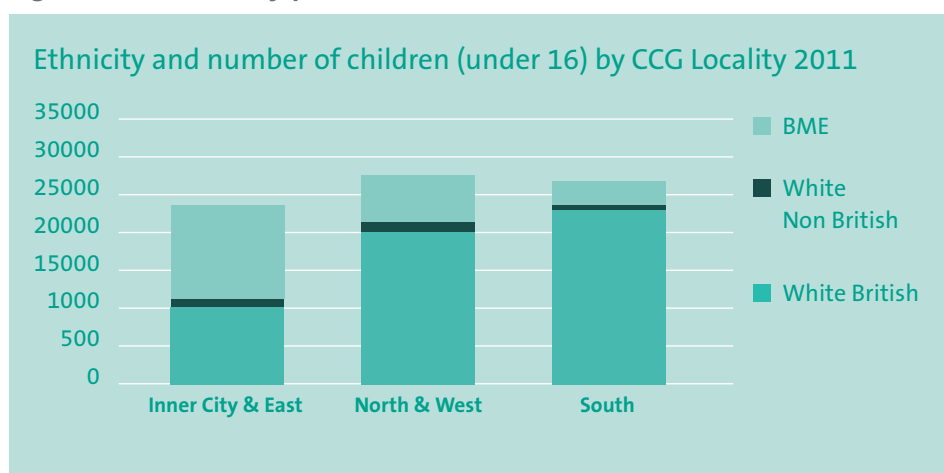


Fig 14: Child ethnicity profiles



Births

Numbers of births in Bristol in 2012 were 25% higher than in 2005. Births rose consistently across all areas of the city, rising fastest in the Inner city & East. Annual numbers of new births, 2012, varied from 90 (Cotham) to 470 (Lawrence Hill).

Interim NHS birth data 2013-14 appears to show numbers of births are now levelling off with a slight drop in births in almost all wards, but is too soon to confirm a trend. Numbers of births remain very high.

Births to non-UK born mothers are continuing to rise, with 27.8% of all Bristol live births in 2012 being to non-UK born mothers (in 2011 was 26%).

¹² ONS Census 2011

¹³ School Census, Jan 2014 & Jan 2012

4. Child Health

Low birth weight

5.8% of all 2012 Bristol births had a 'low birth weight' (under 2500g including premature), significantly better than national average (7.3%).

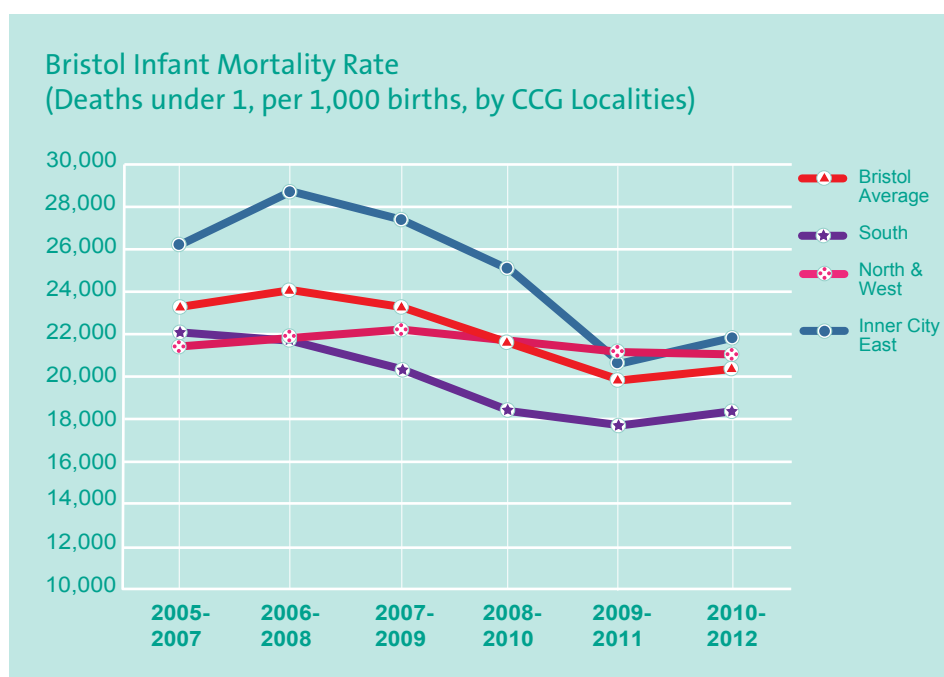
Locally we have used a 5-year average, which has been consistently falling from 7.5% (2001-05) to 5.9% (2008-12). However, at a ward level the average ranges from around 4% (3.7% Henleaze lowest) to over 7%, with the 3 highest wards in East Bristol

The "Disability trends modelling project" (report April 2014) highlighted the relevance of detailed Low birth weight data to inform service planning for children with additional needs: "being born at less than normal birth weight is associated with an increased risk of having additional needs and the risk rises with decreasing birth weight".

Infant mortality

The rate of infant mortality¹⁴ in Bristol (2.9 deaths under 1 year old per 1,000 live births, 2010-2012) is significantly lower than that in England as a whole (4.1 per 1000). The rate in Bristol is lower than many comparable cities.

Fig 15: Infant mortality rates



Using locally calculated rates by CCG Locality, infant mortality has been highest in Inner City & East but has fallen fastest there in recent years.

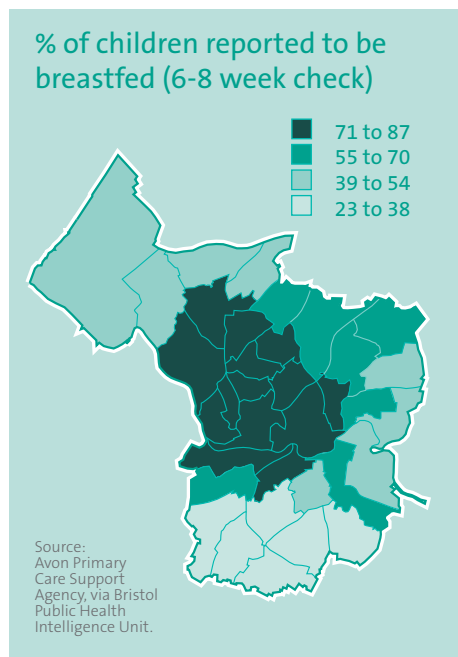
Breastfeeding

Bristol has significantly better rates for mothers attempting to initiate breastfeeding (80.7% in 2012/13) than nationally (74%). However, we know that breastfeeding initiation rates are lower for women from White ethnic groups living in deprived wards in the city compared to other areas.

Bristol has significantly better breastfeeding continuation rates at 6-8 weeks (55.9% in 2012/13) than England as a whole (47.2%) and higher than many comparable cities. Local data shows a significant difference between low rates in North & West (outer) and South Bristol (lowest Whitchurch Park at 23%) and high rates in North & West (inner) and Inner City (highest Ashley & Cabot wards over 86%), partly as there is a higher prevalence of breastfeeding amongst BME communities.

¹⁴ Source: ONS mortality & birth data (2014)

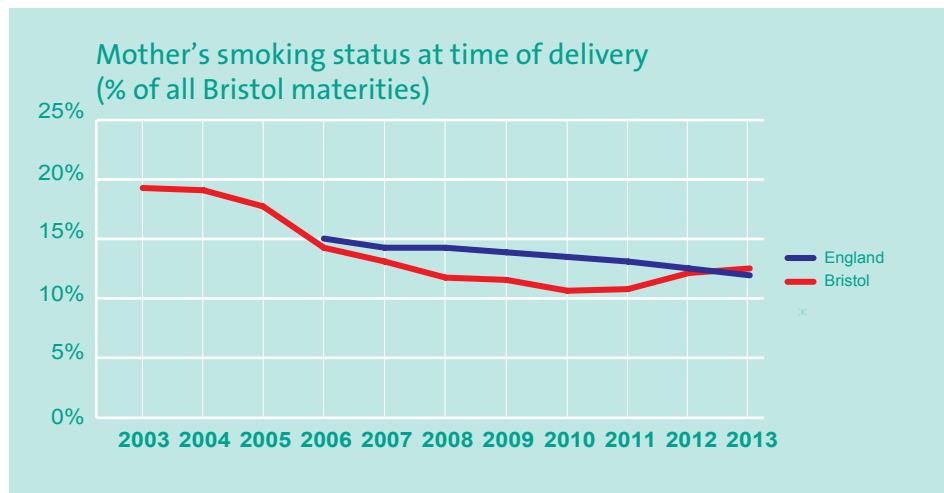
Fig 16: Breastfeeding continuation



Smoking during pregnancy

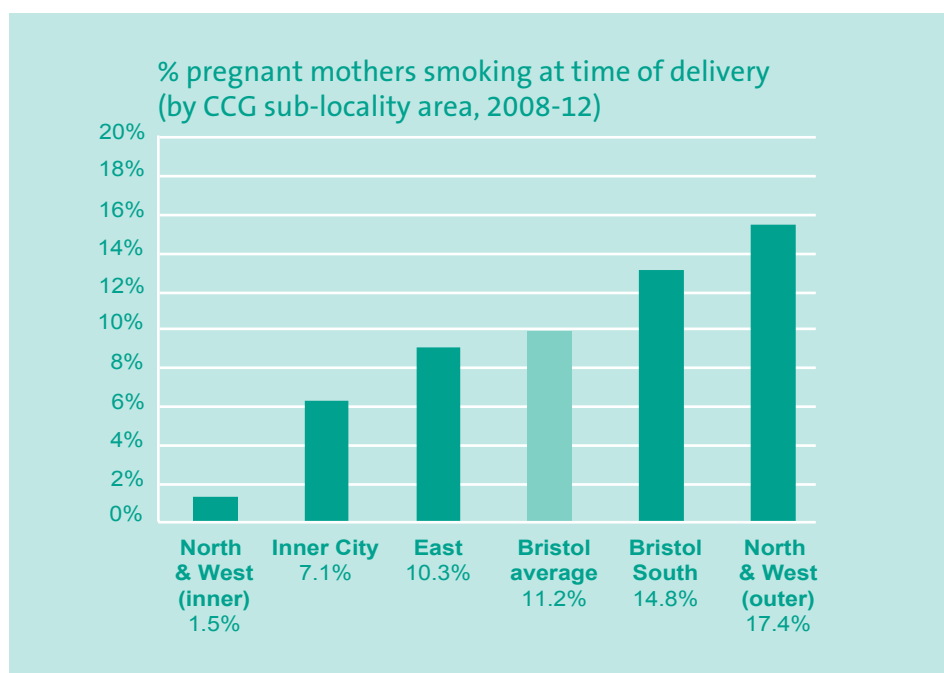
In previous years the rate in Bristol had been significantly lower than national average, but since a low of 10.7% in 2010/11 has been increasing and recent figures for 2013-14 indicate 12.7% of pregnant mothers in Bristol smoking at the time of delivery¹⁵, now higher than national (12%). Increases may be due to a range of reasons, including changing demographics of pregnant women over the last 2 years, but there will be several underlying factors linked in to this rise. Smoking in pregnancy rates are 3x higher in more deprived areas on average and these showed a sharp increase in 2012. New targeted stop smoking services are being considered.

Fig 17: Smoking in pregnancy – trend



Using locally provided data (5-year average for 2008-12), most wards in North & West (inner) have under 2% of pregnant mothers smoking (lowest 0.9% Clifton East), but parts of South Bristol have rates over 26% (highest 27.9% Whitchurch Park). By areas, the highest % of pregnant mothers smoking is consistently in North & West (outer), with South Bristol also above the city average. North & West (inner) has a very low rate, and Inner City is also lower than average (indications that women in some BME groups are less likely to smoke).

Fig 18: Smoking in pregnancy – areas



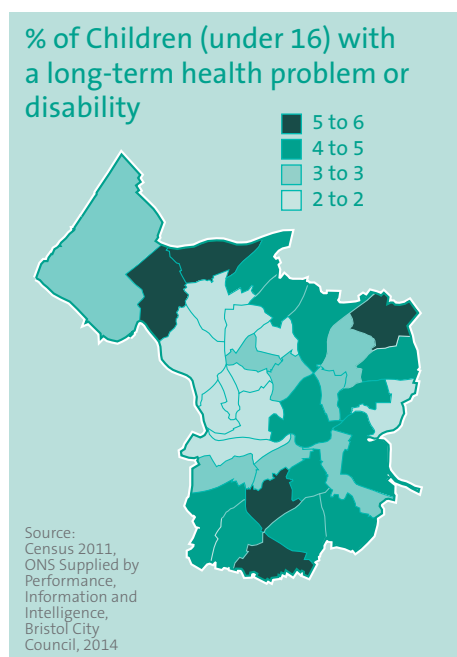
¹⁵ Smoking Status at Time of Delivery, 2013-14; Health and Social Care Information Centre

Children with limiting long-term illness and disability

3,250 children in Bristol¹⁶ (4.1% of child population) have a “limiting long-term illness or disability”. 1,300 children (1.7%) have their daily activities limited a lot and 2,000 children (2.5%) limited a little.

Within Bristol this varies from 2.7% in North & West (inner) to 4.6% in South and 4.8% in North & West (outer). The map shows by wards, from 2% in Clifton East & Cotham to 5% in several outer wards and 6.1% in Filwood.

Fig 19: % children with limiting condition

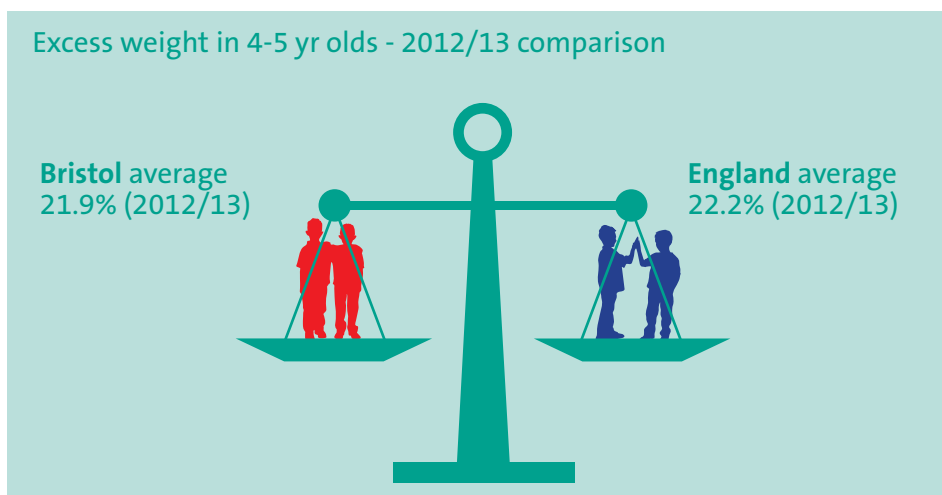


Excess weight in 4-5 year olds

Being obese as a child is a strong predictor for being obese as an adult, linked to diabetes, heart disease, stroke and cancer. Causes include societal, cultural, and economic factors as well as individual choices.

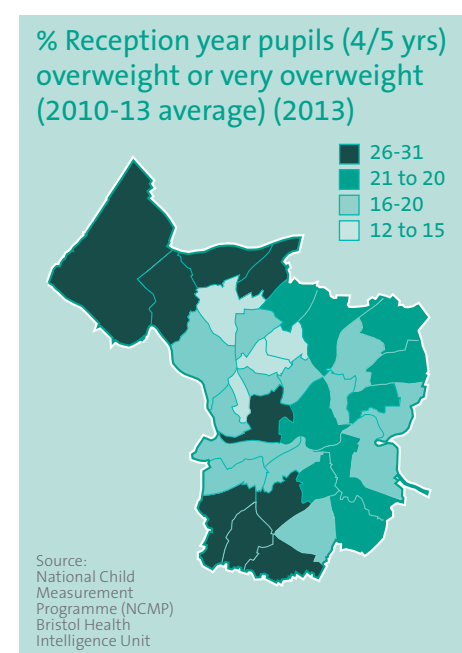
In Bristol, the rate was higher than England average but since 2009/10 has fallen such that in 2012/13 the proportion of children aged 4-5 years who are obese or overweight in Bristol (21.9%) was statistically similar to England average (22.2%). Compared to similar cities, Bristol is mid-range.

Fig 20: Excess weight in 4-5 yr olds



Using local data (3 year average), the % of overweight or obese 4-5 year olds is falling in most areas, especially in South Bristol (no longer the highest). North & West (outer) is remaining static and now has the highest %. North & West (inner) has a significantly lower %. By ward, there are clear clusters of areas in South and North & West (outer) with higher %, ranging from 11% in Clifton East to 30% in Bishopsworth, Hartcliffe, Henbury, and highest 31% in Southmead (2010-13).

Fig 21: Excess weight in 4-5 yr olds - map



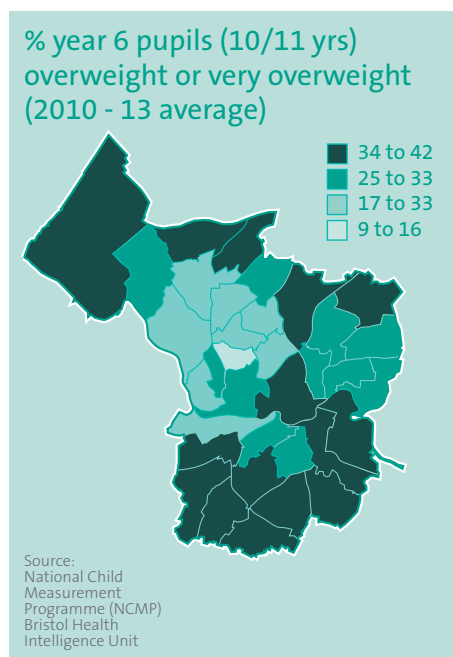
¹⁶ ONS Census 2011, supplied 2014

Excess weight in 10-11 year olds

The proportion of children aged 10-11 years who are obese or overweight in Bristol has consistently been similar to England average (around 32-33%) for several years, and in 2012/13 was 33.9%, statistically similar to national (33.3%). Compared to similar cities, Bristol is similar or lower than others.

Using local data (3 year average), the % of 10-11 year olds who are obese or overweight has signs of falling in some areas (Inner City) but rising in others (North & West (outer), now the highest %), although not statistically significant. By ward, there are clear clusters of areas in South and North & West (outer), and also parts of East Bristol, with a higher %, ranging from 19% in Redland and Bishopston (and 9% Cotham, but likely data anomaly due to low numbers) to over 40% in Lockleaze and highest 42% in Hartcliffe and Whitchurch Park.

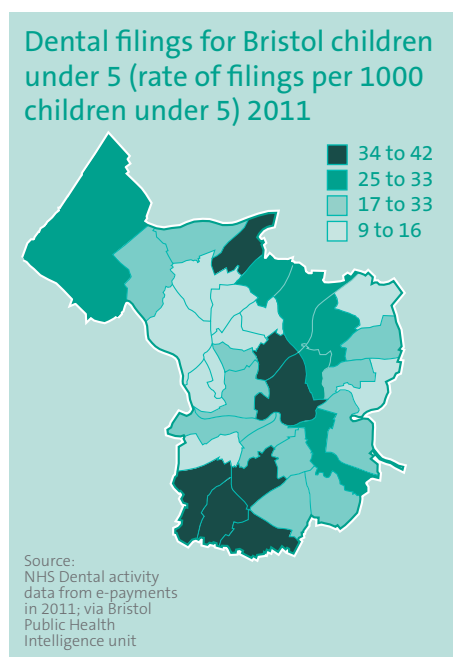
Fig 22: Excess weight in 10-11 yr olds



Dental health (under 5's)

Local payments data (2011) shows the rate of dental fillings by ward ranged from around 10 fillings (per 1000 children under 5) to over 100 in Southmead, Lawrence Hill and Ashley:

Fig 23: Dental fillings (under 5's)



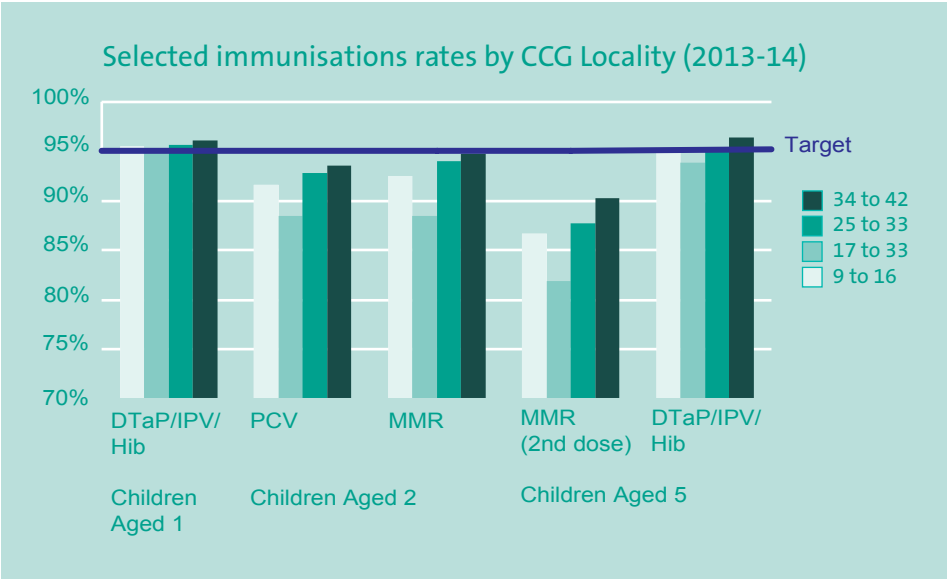
Childhood Immunisations

For most immunisations, an uptake of over 95% is the level when enough have been vaccinated.

Local data ¹⁷ for 2013/14 highlights consistent differences across the city, with higher uptake rates for all immunisations in South Bristol, and lower in Inner City & East, esp for MMR (selected rates shown):

Comparing with 2012/13 local data indicates that uptake on selected rates is increasing in every Locality, and especially rising in Inner City & East.

Fig 24: Immunisation coverage



Hospital admissions

Total hospital admissions for children by CCG Locality (crude rates per 100,000 children under 16) show that Elective and Emergency admission rates are highest in South Bristol and lowest in North & West Bristol (even though some of the highest rates are in Stoke Bishop & Clifton, due to high Elective admissions in these wards).

Childhood injuries

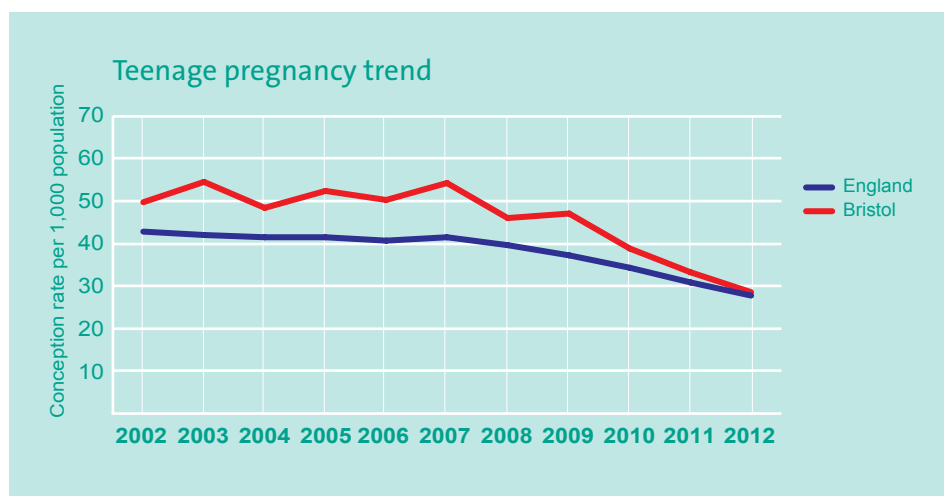
On average each year 19% of Bristol's 0-15 year olds require emergency treatment due to a preventable injury. By wards the rate varies from 11% up as high as 27% (Filwood).

¹⁷ Source: NHS Bristol CCG - Immunisation Rates summary, 2013-2014, Commissioning Support Unit [See Child Health paper for detailed explanations]

Teenage pregnancy

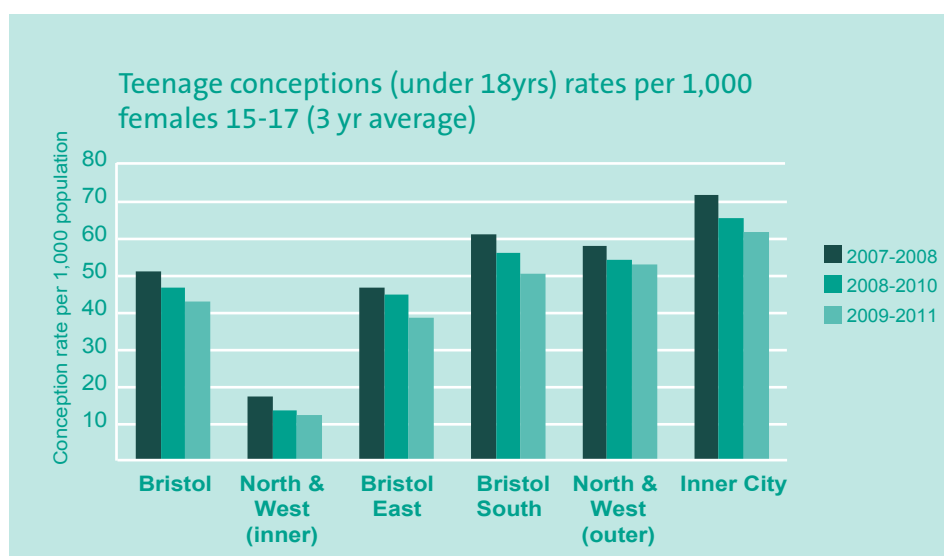
Bristol had one of the worst rates in the country for under-18 conceptions and deliveries. Bristol (28.5 per 1,000 girls 15-17, 2012) is now very close to the England average (27.7) which is a great local success. Teenage pregnancy is important as babies and mothers have more complications and less good outcomes from pregnancy if the mothers are very young.

Fig 25: Teenage pregnancy - trend



Within Bristol (as 3 year averages) North & West (inner) has a significantly lower rate of teenage conceptions, and Inner City (and effectively North & West-outer and South) have a significantly higher rate.

Fig 26: Teenage pregnancy rates



5. Wider Determinants

Child Poverty

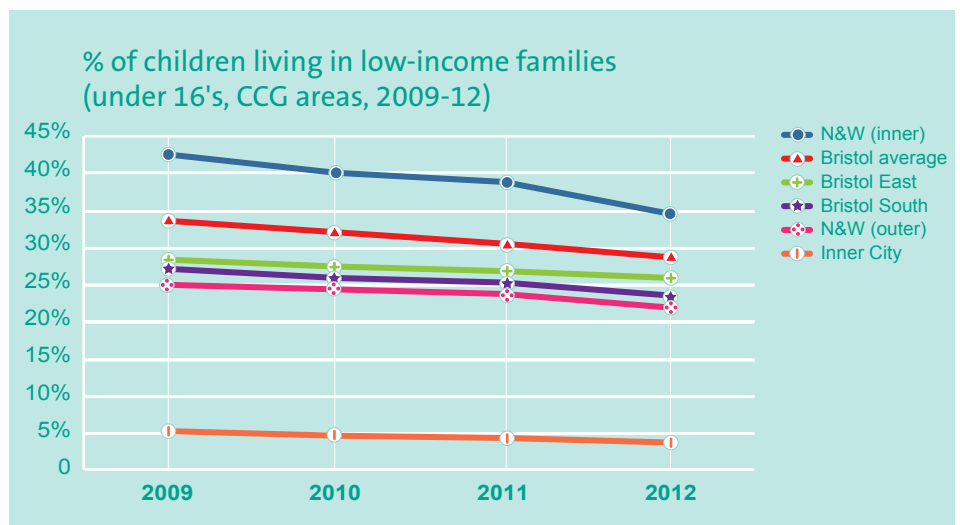
Living in relative poverty means that families tend to make lifestyle choices that are less healthy than those made by more affluent families.



Bristol has significantly more children under 16 (23.6%, 18,700 children) living in low-income families¹⁸ than the England average (19.2%). However the Bristol figure is falling, and is comparable to other core cities.

By areas, North & West (inner) is under 4% of children, whereas Inner City is 35%, almost ten-times higher, and North & West (outer) is 29%.

Fig 27: Children in low-income families



Education

52.4% of Bristol children achieved 5 or more GCSEs at A* to C grade including English & Maths (2013)¹⁹.

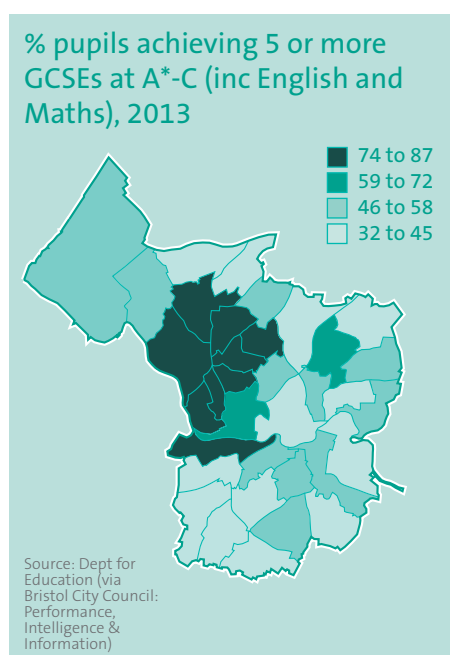


Fig 28: 5+ GCSEs (inc Eng & Maths)

Within Bristol this varies from only 1 in 3 GCSE pupils in Lawrence Hill, Filwood and Bedminster (Lawrence Hill lowest, 32%) to over 85% of pupils in wards in North & West (inner).

¹⁸ Source: Dept of Work and Pensions), Personal Tax Credits, 2012 data released 2014

¹⁹ Other attainment data in Child Health report

Special Educational Needs (SEN)

The number of children with SEN Needs²⁰ increased from 3700 (2009) to 4400 (2014), an 18.5% rise in 5 years.

Across Bristol, numbers of children with SEN Needs are higher in South Bristol and North & West (outer), and much lower in North & West (inner). By ward, all categories of SEN Need are highest in Filwood, followed by Lawrence Hill, and most SEN Primary Need categories follow a similar ward distribution. The exception is Autistic Spectrum Disorder which has a more equal distribution over the city.

Child Social Care

Over the last 3 years there has been an increase in the numbers of children identified as “Children in need” (allocated to a Social worker). By ward there is a large difference across Bristol, from under 10 children in some wards to 170 (Filwood) and over 200 in Lawrence Hill.

NEET

7.3% of 16-18 year olds (2013) are recorded as being “not in education, employment or training” (NEET). This is significantly worse than national (5.3%) although it is falling.

Local data (Feb 2014) shows strong links to areas of deprivation, with high rates in outlying areas of South Bristol and North & West (outer), plus Inner City. Most wards in North & West (inner) have negligible NEET figures.

Employment

For unemployment rates (JSA) and of long-term unemployment, Bristol had been higher than national average since 2010 with a rising rate and widening gap to 2012 (both rates). Now a sharp fall 2013-14, Bristol rates are close to national, and close to pre-recession levels (June 2014).

Figures for unemployed young people also show a positive decline. However, figures for unemployed older people (50-64) are negative (JSA at record high for older people; fall in long-term but slow).

There are significant clusters of persistent worklessness & inequalities within Bristol.

Housing

The recent trend has been on building high density housing, mostly in the Inner City. One aspect is potential impacts on mental health if it leads to overcrowding & lack of green space.

Bristol has a lack of large (4+ bed) family houses, especially in central areas where demand for these is (noted through the Council’s Landlord Services re severe oversubscribing for large houses in central areas, but almost excess supply in outer areas).

Internet connectivity

Only 7.4% of the Bristol adult population have never used the internet (March 2014) significantly lower than the UK average of 12.6% and the lowest % of any Core city area. Bristol is falling much faster here than elsewhere (12.7% March 2013). However, this still represents 28,000 people in Bristol in 2014 who have never used the internet at all (down from 46,000 in early 2013), and many others will only use it infrequently.

²⁰ Statement or “School Action Plus” level. Source: School Census 2014, Bristol City Council

6. Healthy Lifestyles

Physical activity

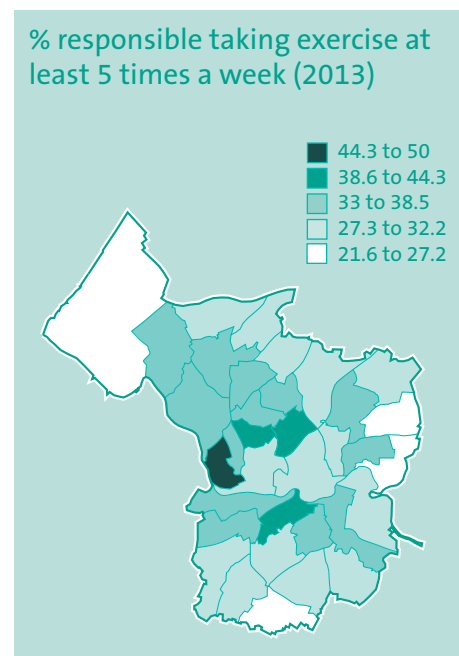
More people in Bristol commute to work by bicycle or on foot than in any other Local Authority. Cycle use almost doubled (rose 94%) and walking rose 40% 2001 to 2011.



Recent analysis of Census 2011 results shows that the majority of people under 35 in Bristol in employment choose not to commute by car – potentially a tipping point? A typical person who cycles to work in Bristol is likely to be “a white male, aged 25 to 39, with a degree, who works full time in a professional occupation and cycles to a workplace between 2km and 5km away”. There is also a need to promote the health benefits of active travel to groups with poorer health outcomes.

However, only 1 in 3 people in Bristol take regular exercise (34% in Bristol’s Quality of Life survey 2013 stated they exercise 30 mins, 5 times per week, a rate which has been broadly consistent for several years). Across Bristol this rate ranges from less than a quarter of people (Whitchurch Park) to almost half (Clifton), and is lower for disabled people (20%) and BME people (23%), and higher for LGBT people (39%):

Fig 29: Taking regular exercise (QoL)



Alternatively, Bristol’s Health Profile 2014 states that Bristol has 55.4% physically active adults (similar to national average). The emphasis on “physical activity” rather than “exercise” in the underlying survey gives a much higher result here, but analysis is not feasible within Bristol.

Also, 40% of people (Quality of Life, 2013) stated they participate in sport at least once a week, In more deprived areas though, this rate is only 26% (down from 31% in 2012).

21 “Who cycles to work?” 2011 Census Topic Report, Bristol City Council Performance Information & Intelligence, July 2014

Obesity

18% of respondents to Bristol’s Quality of Life survey 2013 provided details (weight and height) indicating they are obese. Since 2005 there has been a small but steady increase (was 15%). Across Bristol this ranges from only 1% (Cotham) to 41% (Filwood).

Obesity also varies with age, with less younger people and also less older people being obese, illustrating changes in lifestyles and culture.

However, half of Bristol’s population provided details indicating they are overweight (or obese), and this proportion has remained around 50% for several years. Across Bristol this ranges from 22% overweight or obese (Cotham) to 73% (Stockwood), with a clear issue in South Bristol where most areas have over 60% of people overweight or obese. Within equalities groups, disabled people are significantly more likely to be overweight or obese (67%).

Fig 30: Obesity by age band (QoL)

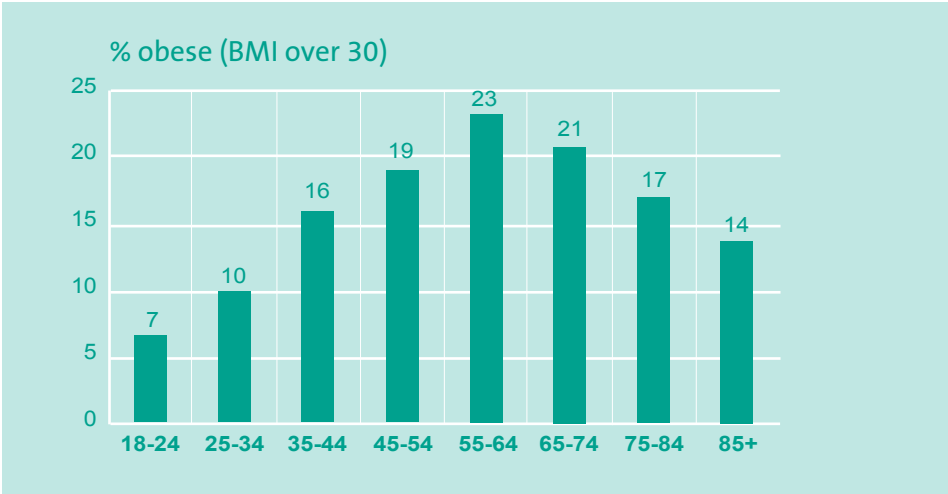
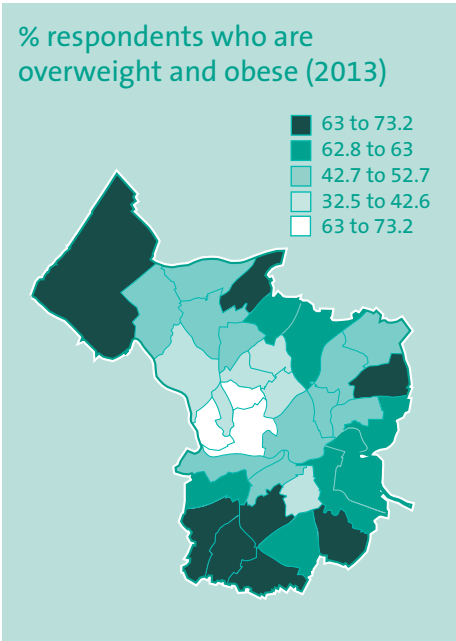


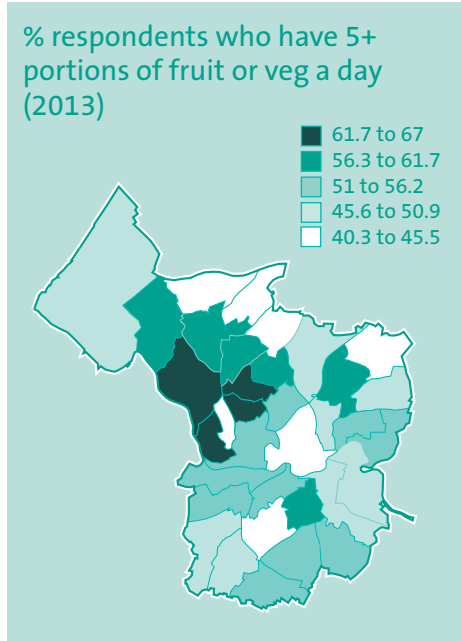
Fig 31: % Overweight & obese (QoL)



Healthy eating

Around half of respondents to Bristol’s Quality of Life survey (53%, 2013) stated that they eat at least 5 portions of fruit & veg a day; this rate has been broadly consistent for a few years. However, within Bristol this ranges from 42% in Filwood (40% Clifton East, likely anomaly due to students) to 66% in Clifton and Redland. Overall only 46% of people in deprived areas report eating 5-a-day, below average.

Fig 32: % eat 5-a-day (QoL)



22 % adults achieving at least 150 mins physical activity per week (Health Survey for England, 2012)

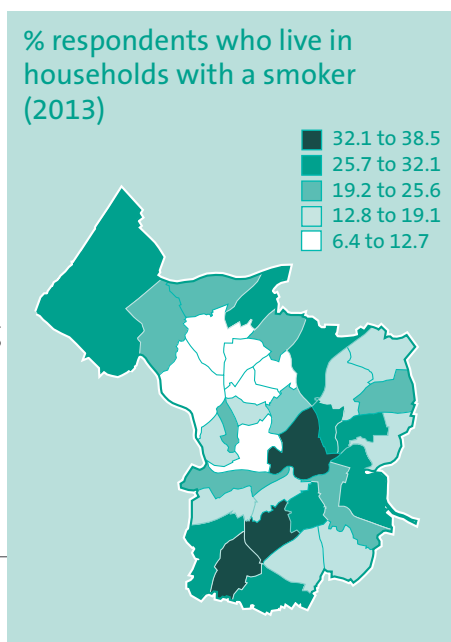
Locally grown food - 35% of people (Quality of Life 2013) stated that they would like to choose more locally grown food to help climate change, and in several areas around half would like to do this more. The figure was also higher for BME (40%) and LGBT (55%) population groups. Whilst this is not a direct indication of people actually buying locally grown food, it does indicate demand.

Smoking ²³

Bristol's estimated level ²⁴ of smoking is 21.3% of adults, no longer significantly higher than England average (19.5%).

Using local data from Bristol's Quality of Life survey 2013, 21% of respondents state they live in a household where someone smokes, which has been a reducing trend especially over the last 5 years. In particular this data highlights the variation across the city, with much higher concentrations of households with a smoker in some of the more deprived areas especially in the South and Inner City. The 2013 range is from under 7% of households in Henleaze & Stoke Bishop to over 32% (1 in 3) in Lawrence Hill, Hartcliffe & Filwood (highest at 38.5%).

Fig 33: % smoking household



Alcohol ²⁵

Bristol benchmarks significantly worse than national on most alcohol-related indicators for men. For women is either similar to national average or significantly worse.

The previously reported trend in hospital admissions, which appeared to have turned a positive corner, is not so clear now as the data is split by gender. Alcohol-specific hospital admissions for men are reducing (though still worse than average), but they are rising for women [which may be related to cultural changes in the late 90s, as 14+ years of heavier drinking is often a tipping point – more work needed].

Older people have seen an emerging rise in admissions for alcohol-related CVD conditions which are “slow burners” (not usual gastro or liver problems). New safe drinking guidelines for older people are due from the Dept of Health.

People with “Complex needs”, where ongoing alcohol misuse is part of wider issues, is part of a major new initiative planned by the Council and partners (“Fulfilling Lives”).

Sexual Health ²⁶

Rates for sexually transmitted infections in Bristol are higher than national average. However, this is likely to reflect the success of local campaigns to encourage young people to be tested for chlamydia and means that young people are receiving treatment for infections and sexual health advice.

²³ For more details, see Tobacco Control Profile for Bristol: www.tobaccoprofiles.info Latest May 2014.

²⁴ Source: Public Health England, % 18+, 2012 via Bristol Health Profile 2014, Bristol Health Profile 2014

²⁵ % who say they smoke themselves is 12.3% (Quality of Life, 2013), lower than official estimate

²⁶ For more details, see Local Alcohol Profile for Bristol: www.nwpho.org.uk Latest April 2014.

7. Health Conditions ²⁷

National analysis on “Global Burden of Disease” ²⁸ shows that the main causes of Years of Life Lost in the UK are non-communicable diseases (such as cancer, heart disease or respiratory disease).

This may be expected, but contrasts with differences in other countries. However, of more relevance is the underlying risk factors identified, which will broadly apply across the UK. Overall, the three risk factors that account for the most disease burden in the UK are: dietary risks; tobacco smoking; high blood pressure.

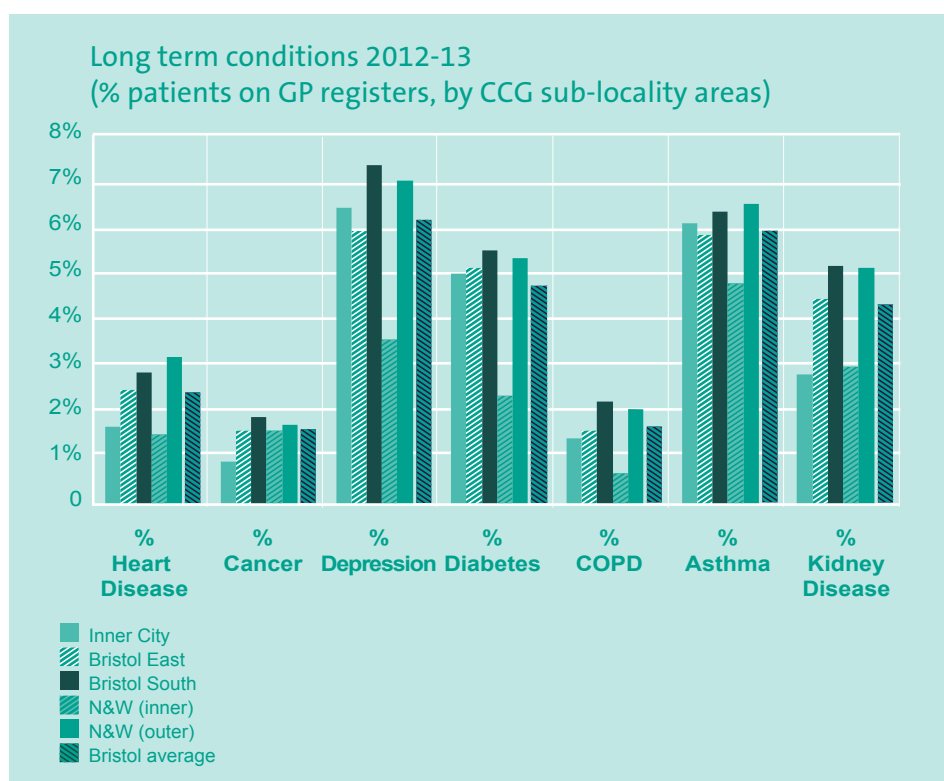
GP registrations of common health conditions / Long-term conditions

Data from GP registers ²⁹ shows % of patients diagnosed with selected Long-Term Conditions by area. [Note: data is that recorded on GP registers, not actually population “prevalence”, as Fig 34: Long-term conditions by area some cases will be undiagnosed] ³⁰.

Bristol has a similar or lower % of patients than national average on most indicators (partly due to younger population profile) except Depression & Mental Health where % is higher than national.

Within Bristol, North & West (inner) has a substantially lower % of patients with almost all long-term conditions (LTC), other than Cancer. North & West (outer) however is the opposite, with one of the highest %, along with South Bristol. The picture is more varied for Inner City, with a relatively low figure for Cancer, Coronary Heart and Kidney Disease, but high for Diabetes, Depression and Asthma. East Bristol is similar to average.

Fig 34: Long-term conditions by area



²⁷ JSNA report due on “Long-Term Health Conditions in Bristol”: www.bristol.gov.uk/jsna

²⁸ Global Burden of Disease 2010 <http://vizhub.healthdata.org/gbd-compare/>

²⁹ via the NHS Quality Outcomes Framework, QOF, 2012/13 (released Oct 2013)

³⁰ Detailed tables with numbers and % for most conditions are in Population of Bristol report, as is population prevalence estimates by condition

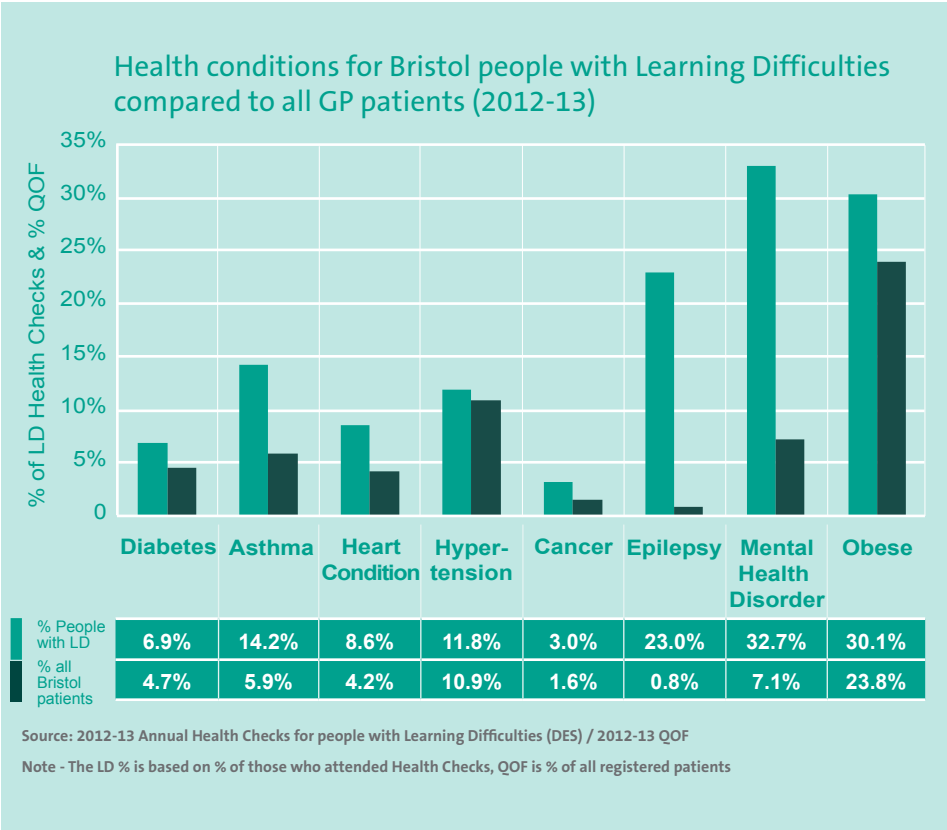
People with Learning Difficulties:
health conditions & inequalities

A review of health checks for people with Learning Disabilities in Bristol (2012-13) suggests that they have an increased number of health conditions and a significantly worse health profile compared to the overall % of Bristol patients.

These local findings reflect national research showing increased rates of conditions including epilepsy, psychiatric disorders and coronary heart disease for people with learning difficulties, which also highlighted inequalities in life expectancy, as men with learning disabilities die an average 13 years sooner than the wider population and women die 20 years sooner.

Overall the local data highlights that people with Learning Disabilities in Bristol are more likely to have a range of (often multiple) health conditions and poorer health outcomes, linked to difficulties in their access to health care.

Fig 35. Source: 2012-13 Health Checks for people with Learning Difficulties / 2012-13 QOF & Health Profile 2014



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

Further appendices

This statistical summary update is a summary of current JSNA analysis. Detailed section reports are being made available via the JSNA webpage: **www.bristol.gov.uk/jsna** on the “2014 Updates” page.

For more information please contact Nick Smith, the JSNA Coordinator in Bristol City Council’s “Performance, Information & Intelligence” service, on **jsna@bristol.gov.uk**

Alternative formats

If you need this information in a different format, please contact Nick Smith, JSNA Project Manager at **JSNA@bristol.gov.uk**, or phone on **(0117) 9037304**.

