

JSNA Health and Wellbeing Profile – Annual Summary 2024/25

Bristol Health and Wellbeing Profile – 2024/25 summary (September 2025)

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 overleaf.

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 (plus North & West sub-locality breakdown) which combined with ward data help us to identify hotspots of higher needs.



Figure 1: Health and Wellbeing Strategy 2020-2025 (2023 update): Priorities and Themes

Our Population

The usual resident population of Bristol is estimated to be 494,400 (ONS Mid-2024 Population Estimates). Bristol has grown 11.4% over the last decade, faster than the national population growth (7.6%), and was the third fastest growing of all core cities in England and Wales.

Following the Covid-19 pandemic, the population increased significantly. The main factor behind this growth was net international migration. For the third consecutive year, net international migration increased and is now more than 6 times higher than natural change (births minus deaths), and the highest levels of net international migration seen in more than two decades. The majority of immigration is now non-EU nationals (both international students and workers), mainly from India, China, Nigeria, Pakistan and Ukraine. The latest estimates however indicate a slowing of these trends due to recent changes to government policies.

In mid-2025 Bristol local authority was projected to exceed half a million people for the first time. The population is projected to increase to 526,600 people by 2032 – a 10% increase between 2022-32 (England 6.4%) and the 2nd highest percentage increase of the Core Cities in England. Births per year in Bristol peaked at 6,800 in 2012 and have fallen gradually since to 4,771 births in 2023, a fall of 30% since 2012 and the lowest number since 2002.

Overall, there were 245,500 men (49.7% of the overall population) and 248,900 women (50.3%) living in Bristol in 2024. This balance is similar to 2011, when 49.8% of the population were male and 50.2% were female.

Bristol has a relatively young age profile with a median age of 33.4 years, compared to 40.2 years in England and 42.8 years in Wales. In 2032 in Bristol, there is projected to be 6,400 fewer children (aged 0-15), 46,900 more people of working age and 7,400 more older people (aged 65 and over). The 20 to 29 age group are set to see the largest growth in Bristol between 2022 and 2032.

For the last four years, more people have moved out of Bristol to surrounding areas and other parts of the UK than moved into Bristol from surrounding areas and other parts of the UK. Although there have been net gains in the student age groups, the biggest net losses have been in the 30-44 year age group and young children, suggesting that people with young families are moving out of the Bristol local authority area.

Our population is increasingly diverse. At the time of the 2021 Census 28.4% of the population were from a minority ethnic group (i.e. not “White British”), ranging from 17.8% in South Bristol to 52.6% in the Inner City sub-locality. There are now more than 287 different ethnic groups in the city, more than 185 countries of birth represented, at least 45 religions and more than 90 languages spoken by people living in Bristol.

Healthy Childhoods

Child development: In Bristol between 2022-24, 3.6% of term babies and 9.0% of all babies were born with a low birth weight in the most deprived areas, more than double the proportion in the least deprived areas where 1.6% of term babies and 4.7% of all babies were born with a low birth weight. By age group, mothers under the age of 30 were statistically significantly more likely to deliver a baby of low birth weight than a mother aged 30 and over, of all live births and of term births only. Mothers of Asian ethnicity were on average significantly more likely to deliver a low birth weight baby (of all live births and births at term only) than mothers of white ethnicity. In addition, mothers of Black ethnicity were significantly more likely than those of white

ethnicity to deliver a baby of low birth weight (of all live births) and those of mixed ethnic heritage were statistically more likely to do so (of term births only) than mothers of white ethnicity.

Bristol has significantly higher breastfeeding continuation rates at 6-8 weeks than the England and Core Cities average but there is significant variation in breastfeeding initiation rates (any breastfeeding at 48 hours), with lower initiation rates on average for younger women, 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 narrowed over time (from just over 30% to just over 20% over the last 10-years), significant inequalities remain. For example, initiation rates at 48 hours ranged from 100% in Hotwells and Harbourside to 46% in Hartcliffe and Withywood during 2024/25.

The rate of under 18 conceptions in Bristol has declined significantly since 2007 from 54.2 conceptions per 1,000 girls aged 15-17 to 13.1 per 1,000 in 2022, which is statistically similar to the England average of 13.9 per 1,000. Although there are fewer teenage mothers, many are vulnerable due to the risk factors they may have experienced, such as adverse childhood experiences, poverty, poor educational attainment, and experience of being in care.

In Bristol, 63.7% of 0–17-year-olds attended NHS dental services in the twelve months up to June 2024 (56.1% nationally) which is still below the pre-pandemic level of attendance of 65% of 0–17-year-olds attending dental services in Bristol in the twelve months up to June 2019 (59.5% nationally).

The uptake rates for all of the pre-school immunisations (2023/24) in Bristol are significantly lower than South West regional averages but largely in line with the national averages. Coverage has been declining over the last 5-10 years for the majority of pre-school vaccinations, and in the most recent year of data uptake fell, both locally and nationally, for the majority of immunisations. In comparison, school-age immunisations are generally improving but are still lagging behind national and regional averages. There is significant variation across Bristol in pre-school vaccination uptake rates with uptake significantly lower in the Inner City and East locality, but unlike many other Public Health indicators, this variation does not clearly correspond with deprivation.

In 2024, 68.4% of children (under 5) in Bristol were assessed as having a good level of development at the end of the Early Years Foundation Stage, just above the England average (67.7%), and higher than 2023 (66%). 74.7% of girls achieved a good level of development, compared to 62.3% of boys. At Key Stage 2 level (age 10/11 years) 56% of Bristol pupils reached the expected standard in 'Reading, Writing and Maths combined', lower than the England average (61%) – with 59% of girls reaching the expected standard compared to 54% of boys.

Adversity and trauma: There are 18,844 children under 16 living in relative low-income families in Bristol, which is 23.0% of all children (2023/24), higher than the UK average of 21.8%, and is lowest of all English Core Cities. By ward, just over 54% of children in Lawrence Hill and 47.8% of children in Central live in relative low income families compared to 3.1% in Redland.

Across Bristol there were 768 children in care at the end of March 2024, an increase of approximately 30 children compared to the previous year. The number of children with a Child

Protection Plan also increased, from 341 at the end of March 2023 to 416 at the end of March 2024.

In 2023/24 there were 660 emergency hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14 years. This is a rate of 86.2 admissions per 10,000 children aged 0-14, significantly higher than the England average of 72.7 per 10,000. Among young people aged 15-24 years there were 1,005 emergency injury admissions, a rate of 118.4 per 10,000 population, significantly higher than the England average of 88.6 per 10,000 and the highest rate amongst all English Core Cities. Admission rates among females (138.3) was significantly higher than males (96.7) and also significantly higher than the national female rate of 86.9 per 10,000.

The rate of first-time entrants to the youth justice system in Bristol in 2024 was 158.7 per 100,000 population. The gap between Bristol and England rates has narrowed significantly since 2014 marking the city average as statistically similar to the national average (138.3 per 100,000) for the first time in 2024.

Healthy bodies

Healthy Weight, food equality: Data collected during 2023/24 shows that around 1 in 5 (18.9%) of Bristol resident children in reception year (4-5 years old) and 1 in 3 (33.5%) of year 6 pupils (10-11 year olds) have excess weight (are overweight or very overweight), both significantly lower than the England averages of 22.1% and 35.8% respectively.

Excess weight in reception year pupils shows a strong association with deprivation, with a 24% 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.

In 2023/24, 1.1% of Bristol resident reception year pupils measured were found to be underweight, similar to the national average (1.2%). 1.6% of Bristol resident year 6 pupils measured were underweight, also similar in statistical terms to the relevant national average (1.7%).

Over half the adult Bristol population are overweight or obese (58.1%). Although this is a slight increase on the previous year, it is lower than the national average (64.0%) and the lowest of all core cities. Data from the 2024/25 self-reported Bristol Quality of Life (QoL) survey provides a lower estimate of 47.7% adults with excess weight. There is a wide variation across the city by ward ranging from 23.5% overweight and obese in Clifton to 62.6% in Hartcliffe & Withywood. Poverty and deprivation are associated with a higher risk of excess weight in Bristol with the wards of Henbury & Brentry, Brislington East, Filwood and Stockwood all significantly worse than the Bristol average.

Smoking, substance use: In 2023, 12.7% of adults in Bristol smoked, statistically similar to the national rate of 11.6%. Smoking prevalence in Bristol is higher in males, with 14.5% of adult males smoking compared to 10.7% of females. Nationally, 13.4% of males and 9.9% of females smoke. There is significant variation in smoking prevalence across the city which mirrors patterns of deprivation and health inequalities.

Data from the 2024/25 QoL survey shows there are 13.9% of households with a smoker in Bristol, lower than the previous year. However, this is significantly higher in the most deprived

areas (21.9%) and is lower in the least deprived areas (7.8%). By sub-locality prevalence of households with a smoker is highest in the Inner City (17.3%) and lowest in North and West (Inner) (9.1%). The percentage of households with a smoker varies across the city by ward from 5.3% of households in Cotham to 21.6% in Ashley.

In Bristol, local maternity provider data suggests that 7.3% of women are smoking in early pregnancy (at the time of maternity 'booking appointment'), and this reduces to 6.5% at the time of delivery (2024/2025). Rates of smoking in pregnancy vary across the city, associated to a large extent with patterns of socioeconomic deprivation, but also with age and ethnicity. Analysis shows that on average young mothers aged under 30, women of white ethnicity or mixed ethnic heritage, and women from more deprived areas are most likely to smoke at time of booking and at time of delivery, however the variation by age, ethnicity and deprivation has reduced considerably over the last 10-years.

There were 2,816 hospital admissions in Bristol due to alcohol-related harm in 2023/24, a rate of 699 per 100,000 population. This is an increase on the previous year and remains significantly worse than the national average (504 per 100,000). Admission rates are significantly higher among males in Bristol (892 per 100,000) than females (520 per 100,000 population), similar to the national profile where male admissions are twice the rate of female admissions.

Bristol has an estimated 5,435 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 2023/24 there were 2,360 clients in treatment for opiate use, 500 for alcohol use, 515 for non-opiate and alcohol use and 285 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 2022/23 was down to 4.1%, before increasing slightly in 2023/24 to 4.7%, below the national average (5.2%). Compared to the English core cities Bristol has the fourth highest success rate; Leeds had the highest at 7.7% and Sheffield had the lowest (3.25%).

Bristol deaths from drugs use per 100,000 remains significantly higher than the national rate. For the period 2021-23, there were 9.7 per 100,000 deaths from drug use in Bristol, compared to 5.5 per 100,000 nationally. Bristol has the fourth highest rate of drug related deaths of all the English Core Cities which ranges from 13.1 in Liverpool to 7.4 in Nottingham.

Sexual health: Bristol has high crude rates of STIs which are significantly higher than England's rates. This is reflective of a relatively young, diverse, urban population. In 2024, there were 3,640 new STIs diagnosed in sexual health services. Excluding Chlamydia in under 25 year olds there were 2,652 new diagnoses, a rate of 549.0 per 100,000 population, higher than the England rate of 482.0 per 1000,000 and reflecting a continued decrease from pre-pandemic levels.

In 2023, 7,190 LARC devices (excluding injections) were prescribed in primary care, specialist and non-specialist sexual health services (58.4 per 1,000 women aged 15-44), which was higher than the rate of 43.5 per 1,000 in England. This is an increase from 2022 (53.7 per 1,000) but still below pre-pandemic levels. Abortion rates in Bristol remain significantly lower

than the England average but there was a marked increase in 2022 from 1,689 to 2,200 abortions (16.9 per 1,000 women aged 15-44).

There were 933 Bristol residents living with diagnosed HIV in 2023. Bristol's diagnosed prevalence rate is 2.37 per 1,000 population (aged 15-59), which is similar to the national rate (2.40 per 1,000). Bristol was ranked the 57th highest in England (out of 152 UTLAs/UAs). There were 20 people newly diagnosed with HIV in Bristol in 2023 which gives the incidence rate of 4.1 per 100,000, similar to England's average of 4.9 per 100,000. In the 3 years from 2021 to 2023, 61% of people first diagnosed in the UK (27 people) were diagnosed late in Bristol – a slight increase from the previous 3-year period, and higher than the England average of 43.5%.

Healthy minds

Mental health and wellbeing: There were 9,479 Bristol patients newly diagnosed with depression in 2023/24, a 17.7% increase compared to the previous year. These new diagnoses for depression represent 2.0% of GP registered population aged 18 and over. Within Bristol there are significant differences between localities, with the Inner City sub locality having the highest depression incidence rate (2.5%) and the North West (inner) locality the lowest (1.2%).

In 2022/23, 7.0% of Bristol residents reported a 'low life satisfaction score' (ONS score), an increase on the previous year and higher than the England average of 5.6%. The local Bristol QoL survey for 2024/25 reports 62.4% of people satisfied with life, a decrease on last year (66.0%). However, in the 10% most deprived areas, this figure drops significantly to 56.7%. By ward this ranges from 76.9% in Bishopston & Ashley Down to 50.6% in Hartcliffe and Withywood.

Self-harm and suicide: The rates of self-harm admissions in Bristol are higher than the England average for both men and women in 2023/24. There were 167 deaths from suicide and injury of undetermined intent registered in the 3 years period of 2021-2023, a rate of 12.9 per 100,000 population (aged 10 and over), significantly higher than the England average of 10.7 per 100,000. The Bristol suicide mortality rate for men at 17.7 per 100,000 population is significantly higher than the rate for women and is statistically similar to the England average of 16.4. The rate for women at 8.2 per 100,000 population is significantly higher than the England average of 5.4.

Rates of suicide deaths are the highest among middle aged men (aged 35 to 64). In Bristol, the 5 year average rate of suicide deaths among men aged 35 to 64 at 25.8 per 100,000 is higher than England average of 20.7 per 100,000. The rate among women of the same age is also higher than England average: 8.1 per 100,000 vs England's 6.6 per 100,000.

Healthy places and communities

Health protection: Bristol's seasonal flu immunisation coverage rates are now higher than the England average across all GP-administered populations in 2024/25. Uptake decreased across GP-administered populations aged 65 years and over and 2 and 3 year olds in Bristol in 2024/25 but increased in the 'under 65's at risk' population and pregnant people, mirroring the national profile with the exception of 'under 65's at risk' which decreased nationally. 55.1% of primary school aged children in Bristol received a flu immunisation in 2024/25, higher than the national average of 54.6%. With the exception of 4 to 5 year olds, uptake increased in all other primary school aged children compared with the previous year.

The TB incidence rate in Bristol remains higher than England's average and is the 5th highest of English core cities. The latest 3 year average rate in Bristol (2021-23) was 8.8 notified cases per 100,000 population, a slight increase on the 2020-22 period (8.0 per 100,000).

Since the peak years of the pandemic have passed and following significant changes to COVID-19 testing the government has withdrawn some of the previously available routine data sources that we have made use of to assess the level and nature of the threat to Bristol. Although it is difficult to assess the full impact of the virus during 2023/24 onwards it has had wide ranging implications on health and wellbeing.

Local data analysis shows that reported case rates were higher for females than males in Bristol, although death rates were significantly higher for males. The risk of hospitalisation increased with age, with over 75% of patient beds occupied by residents aged fifty and over. Deprivation and ethnicity were also risk factors associated with higher hospitalisation and mortality rates - people living in the 40% most deprived areas had a mortality rate almost double that of people living in the 40% least deprived areas.

Homes and fuel poverty: Based on the Low Income Low Energy Efficiency (LILEE) definition, there are an estimated 20,950 fuel poor households in Bristol, representing 10.3% of all households (2023), lower than the rate for England (11.4%). 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.

While energy prices have decreased since 2022, they remain higher than they were in 2021 and there are still a high number of 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. 83.4% of respondents to the Bristol 2024/25 QOL survey were concerned about the impact of climate change, with 49% very concerned. More than one in five respondents said their homes had overheated during hot weather, while 16.8% 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 2023, 4.7% of "all-cause adult mortality" in Bristol was considered attributable to "particulate air pollution", which is 0.5% lower than the national proportion (5.2%) and is mid-ranking for English Core Cities. Long-term exposure to air pollution contributes to the development of cardiovascular disease, lung cancer and respiratory disease. Those at particular risk include children aged 14 and under, older people aged 65 and over, pregnant women and people with pre-existing respiratory or heart conditions. Following the introduction of the Clean Air Zone in November 2022 (to reduce traffic generated NO₂ and achieve compliance with legal limits), on average, across 193 monitoring locations, nitrogen dioxide pollution levels fell by 13.2% in 2023 when compared to 2022.

Violence and hate crimes: The rate of domestic abuse related incidents and crimes in Bristol in 2024/25 was 30.3 per 1,000 population (aged 16 and over), higher than the previous year (26.8). 44% of all recorded domestic abuse related crimes aged 16 and over were a repeat offence. Local data highlights significant variation in rates across the city from 3.1 per 1,000 in Clifton Down to 41.5 per 1,000 population in Hartcliffe & Withywood.

In Bristol, females over the age of 16 are 2.7 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 39.8 per 1000).

The rate of emergency hospital admissions for violence (including sexual violence) in Bristol was 51.2 per 100,000 population (directly standardised rate) for the three year period 2021/22 to 2023/24, lower than the previous year but significantly higher than the England average of 34.2 per 100,000 population. Bristol has the fourth highest rate of all English core cities.

The rate of sexual offences in Bristol has tended to mirror the national profile but at a significantly higher rate, but in the latest period the rate has increased locally but decreased nationally. The 2023/24 rate of 4.0 per 1,000 population is the highest rate recorded in Bristol, significantly higher than the England average (2.9%). Bristol has the third highest rate of all English core cities, an increase from the previous year when Bristol had the second lowest rate. Sheffield is lowest (2.5 per 1,000) and Manchester the highest (4.9 per 1,000).

There were 2,908 recorded hate crimes in 2024/25 an increase of 15.5% when compared to the previous year. All categories of hate crime experienced an increase compared to 2023/24 with the exception of transphobic hate crime which experienced a 6.3% decrease. Gender hate crime recorded the biggest increase (42.7%) followed by racial hate crime (17.3%).

69% of hate crime in 2024/25 was recorded on the basis of racial prejudice, followed by sexual orientation (10.8%) and disability (7.8%).

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 for Bristol has been rising incrementally since September 2018 when the rate was 3.4%, to 4.0% 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 to 3.1% in March 2023 before starting to increase to its current rate of 3.8% (for the twelve month period ending December 2024). This is similar to the Great Britain rate of 3.8% and is the third 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.

The Integrated Care Board in BNSSG is currently undergoing some significant changes and reorganisation. All Integrated Care Boards (ICBs) in England are being streamlined to focus on strategic commissioning and population health. Many operational functions are shifting to providers or regional teams, and ICBs must now operate within tighter cost limits. These changes support a broader move toward prevention focused, community based care. As a result of the reorganisation, it has been confirmed that BNSSG ICB will be joining with Gloucestershire ICB.

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 2023/24 there were 1,595 emergency hospital admissions due to falls in people aged 65 and over in Bristol, a rate of 2,519 per 100,000 population, significantly higher than the England average of 1,984 per 100,000. Almost two thirds (63%) of falls-related admissions (aged 65+) are among females. Following two years of consecutive decreases in falls admissions among females, rates increased slightly in 2023/24 and still remain significantly higher than the admission rate for males.

Men's health: Life expectancy for men in Bristol is 78.9 years (2023), below the England average of 79.3 years and significantly lower than women's life expectancy in Bristol (82.7 years). By locality, the lowest male life expectancy is in Inner City & East (76.5 years) and by ward is in Lawrence Hill (71.6 years). The gap in life expectancy between most and least deprived groups in Bristol for males is 10.7 years and shows no clear sign of reducing.

Cancer is the leading cause of early death in Bristol. In 2021-23 the under 75 mortality rate (described as Early Deaths) from cancer in Bristol was 139.1 per 100,000, significantly higher than the England rate (121.6 per 100,000). Among men, Bristol rates for early deaths from cancer at 164.1 per 100,000 are significantly higher than the national average for men (134.2 per 100,000), and significantly higher than the Bristol rate for women (115.1 per 100,000). Men tend to have higher incidence and mortality rates than females for the majority of common cancer types.

In 2021-2023, there were 818 early (under 75) deaths from cardiovascular disease (CVD) in Bristol, a rate of 87.1 deaths per 100,000 population. This is statistically significantly higher than the England rate of 77.1 per 100,000. In Bristol, the rate among males at 124.3 per 100,000 is over double the rate among females (50.8 per 100,000). A similar difference is seen nationally. Local data on variation across the city shows that rates are nearly three times higher for males living in the Inner City sub-locality than males living in the North & West (Inner) sub-locality.

The preventable mortality rate in Bristol for 2023 is 175.3 deaths per 100,000 persons, significantly higher than the England average (153.0). The rate in Bristol for males is significantly higher than for females across three of the four major diseases including cardiovascular, cancer and liver. Males are more than twice as likely to die of cardiovascular disease and liver disease than females.

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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