

JSNA Health and Wellbeing Profile – Annual Summary 2023/24

Bristol Health and Wellbeing Profile – 2023/24 summary (December 2024)

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 483,000 (ONS Mid-2023 Population Estimates). Bristol has grown 10.0% over the last decade, faster than the national population growth (6.8%), and was the second fastest growing of all core cities in England and Wales.

Overall, there were 240,300 men (49.8% of the overall population) and 242,700 women (50.2%) living in Bristol in 2023. This balance is similar to 2011, when 49.8% of the population were male and 50.2% were female. Between 2013 and 2023, most age groups increased in Bristol except for 0-4 year old, reflecting a decade of falling birth rates, 45-49 year olds, 65-69 year olds and people aged 80 and over.

Between 2016 and 2020, the population of Bristol increased annually but at a slower rate than the previous decade. Following the Covid-19 pandemic, 2021/22 and 2022/23 saw larger increases in the population, at levels similar to the years before the EU Referendum. The main factor behind this recent growth was the highest level of international net migration in almost two decades. The majority of immigration is now non-EU nationals including both international students and people coming to work.

Future population projections are uncertain, but if pre-pandemic trends were to continue, Bristol's population would be projected to increase by 69,300 people over the 25 year period (2018-2043) to reach a total population of 532,700 by 2043. 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.

Bristol has a relatively young age profile with a median age of 33.7 years, compared to 40.5 years in England and Wales. 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 (i.e. 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 between 2021-23, 3-5% of term babies and 8.3% 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 3.9% 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, and mothers of Asian ethnicity were on average significantly more likely to deliver a low birth weight baby (all live births) 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 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 100% in Bishopston and Ashley Down to 54% in Hartcliffe and Withywood during 2023/24.

The rate of teenage conceptions in Bristol has declined significantly over the last 23 years from over 50 conceptions per 1,000 girls aged 15-17 in 1998 to 13.3 in 2021, which is statistically similar to the England average of 13.1 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 the 12 months ending June 2023, 60.3% of 0-17 year olds in Bristol attended NHS dental services, higher than the England average of 52.7%. 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 all of the pre-school immunisations 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 8 of the 14 pre-school immunisations, with uptake levels stable for the others. 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 and, unlike many other Public Health indicators, this variation does not clearly correspond with deprivation.

In 2023, 66% of children (under 5) in Bristol were assessed as having a good level of development at the end of the Early Years Foundation Stage, similar to the England average (67%). 73% of girls achieved a good level of development, compared to 60% 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 (60%) – with 60% of girls reaching the expected standard compared to 53% of boys.

Adversity and trauma: There are 18,072 children under 16 living in relative low-income families in Bristol, which is 22.0% of all children (2022/23), higher than the UK average of 20.1%, and third lowest of the Core Cities. By ward, just over 54% of children in Lawrence Hill and 52% of children in Central live in relative low income families compared to 3.2% in Redland.

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 as at March 2022 to 339 at March 2023.

In 2022/23 there were 605 emergency hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14 years. This is a rate of 78.2 admissions per 10,000 children aged 0-14, similar to the England average of 75.3 per 10,000. Among young people aged 15-24 years there were 920 emergency injury admissions a rate of 111.8 per 10,000 population, significantly higher than the England average of 94.1 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 2023 was 195.7 per 100,000 population, significantly higher than the national average of 143.4 per 100,000. 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 collected during 2022/23 shows that around 1 in 5 (21.5%) of Bristol resident children in reception year (4-5 years old) and more than 1 in 3 (35.2%) 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 26% prevalence of excess weight for those living in the most deprived 20% of the city compared to 15% 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 (55.2%). This is lower than the national average (63.8%) and the lowest of all core cities. Data from the 2023/24 self-reported Bristol Quality of Life (QoL) survey provides a lower estimate of 47.2% adults with excess weight. There is a wide variation across the city by ward ranging from 29% overweight and obese in Ashley to 67% in Stockwood. 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 2022, 14.8% of adults in Bristol smoked, higher than the national rate of 12.7%. Smoking prevalence in Bristol is higher in males, with 17.7% of adult males smoking compared to 12.0% of females. Nationally, 14.5% of males and 10.9% of females smoke. There is significant variation in smoking prevalence across the city which mirrors patterns of deprivation and health inequalities.

Data from the 2023/24 QoL survey shows there are 15.2% of households with a smoker in Bristol, similar to the previous year. However, this is significantly higher in the most deprived areas (25.0%) and is lower in the least deprived areas (8.8%). By sub-locality prevalence of households with a smoker is highest in the Inner City (24.7%) and lowest in North and West (Inner) (9.0%). The percentage of households with a smoker varies across the city by ward from 6.8% of households in Stoke Bishop to 28.8% in Ashley.

In Bristol, local maternity provider data suggests that 8.3% of women are smoking in early pregnancy (at the time of maternity 'booking appointment'), and this reduces to 7.4% at the time of delivery (2023/2024). 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 young mothers aged under 20, women of white ethnicity and mixed ethnic heritage, and women from the 20% most deprived areas are most likely to smoke at time of booking and at time of delivery.

There were 2,725 hospital stays in Bristol due to alcohol-related harm in 2022/23, a rate of 675.1 persons per 100,000 population. This remains significantly worse than the national average (474.6 per 100,000). Admission rates are significantly higher among the most deprived Bristol population – 1,442 per 100,000 population for residents living in the 20% most deprived areas of the city compared to 703 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 2022/23 there were 2,360 clients in treatment for opiate use, 510 for alcohol use, 305 for non-opiate and alcohol use and 210 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%, below the national average (5.0%). Compared to the English core cities Bristol has the third lowest success rate.

Bristol deaths from drugs use per 100,000 remains significantly higher than the national rate. For the period 2020-22, there were 8.6 per 100,000 deaths from drug use in Bristol, compared to 5.2 per 100,000 nationally. Bristol has the fourth highest rate of drug related deaths of all the English Core Cities which ranges from 14.1 in Liverpool to 5.2 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 2022, rates of STIs increased but are still not as high as they were before Covid. There were 2,761 new diagnoses of STIs (excluding chlamydia aged <25) in Bristol, a 36% increase in the rate since 2021. Some of this will be due to increasing testing. Chlamydia is the most commonly diagnosed STI in England and in Bristol and accounted for almost 2,000 of the STIs in 2022.

Prescriptions of long-acting reversible contraception (coils and implants) increased in 2021, following a significant drop in 2020 due to Covid, but abortion rates remained stable and lower than England in 2021

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 2022/23 has increased to 14.6%. By sub locality, prevalence rates vary from 17.2% in South Bristol to 11.8% in North and West (Inner). There were 8,055 patients newly diagnosed with depression in 2022/23, an incidence rate of 1.8% of the population aged 18 and over, significantly higher than the England rate of 1.4%

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 2023/24 reports 66.0% of people satisfied with life, an increase on last year

(62.4%). However, in the 10% most deprived areas, this figure drops significantly to 52.7%. By ward this ranges from 80.8% in Stoke Bishop to 53.9% in Hartcliffe and Witherwood.

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 suicide and injury of undetermined intent mortality rate for 2020-2022 in Bristol at 11.7 per 100,000 population aged over 10 was similar to the England average of 10.3. The Bristol suicide mortality rate for men at 15.7 per 100,000 population is significantly higher than the rate for women and is similar to the England average of 15.8. The rate for women at 8.0 per 100,000 population is significantly higher than the England average of 5.2. 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 similar to the England average.

Healthy places

Health protection: Bristol's seasonal flu immunisation coverage rates are broadly in line with the national averages for over 65s and those younger in a clinical risk group. Uptake decreased across all GP-administered populations in Bristol in 2023/24, similar to the national profile and following significant increases experienced in 2020/21 in Bristol and nationally.. Bristol coverage rates for 4 to 5 year olds increased significantly in 2023/24 but uptake for all other primary school aged children remains lower than the England average.

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 (2020-22) was 8.1 notified cases per 100,000 population, an 11% reduction on the 2019-21 average and is the lowest recorded since 2001-03.

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 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.

According to the Winter Coronavirus (COVID-19) Infection Study, which was carried out between November 2023 and March 2024, an estimated 3.3% (2 million) people living in private households in England and Scotland were experiencing long COVID (symptoms continuing for more than four weeks after a confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else). If the same level of prevalence applied to Bristol that would mean approximately 16,000 Bristol residents experiencing self-reported long Covid during last winter.

Homes and fuel poverty: Based on the Low Income Low Energy Efficiency (LILEE) definition, there are an estimated 27,560 fuel poor households in Bristol, representing 13.8% of all households (2022), higher 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.

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. 83.3% of people interviewed in the Bristol 2023/24 QOL survey were concerned about the impact of climate change, A third of respondents said their homes had overheated during hot weather, while 16.1% (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 2022, 5.7% of "all-cause adult mortality" in Bristol was considered attributable to "particulate air pollution"¹, which is 0.1% lower than the national proportion (5.8%) 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. A Clean Air Zone was introduced in November 2022 to reduce traffic generated NO₂, to achieve compliance with legal limits for this pollutant as soon as possible. Government will report on the impact that the CAZ has had on NO₂ pollution levels in 2024.

Violence and hate crimes: The rate of domestic abuse related incidents and crimes in Bristol in 2022/23 was 24.4 per 1,000 population (aged 16 and over), a slight increase from 28.2 the previous year. For Bristol in 2022/23, 41% of all recorded domestic abuse related crimes were a repeat incident. Local data highlights significant variation in rates across the city from 5.2 per 1,000 in Westbury-on-Trym and Henleaze to 65.3 per 1,000 population in Hartcliffe & Withywood.

In Bristol, females over the age of 16 are 2.5 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 38.9 per 1000).

The rate of emergency hospital admissions for violence (including sexual violence) in Bristol was 54.5 per 100,000 population (directly standardised rate) for the three year period 2020/21 to 2022/23, lower than the previous year but significantly higher than the England average of 34.3 per 100,000 population. Bristol has the second highest rate of all English core cities.

The rate of sexual offences in Bristol mirrors the national profile but is significantly higher. The 2022/23 rate of 3.5 per 1,000 population is a slight decrease on the previous year, which was the highest rate recorded, but remains significantly higher than the England average (3.0%).

¹ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Compared to the other English core cities, Bristol has the second lowest rate, Sheffield is lowest (2.5%) and Manchester the highest (5.7%).

There were 2,528 recorded hate crimes in 2023/24 an increase of 12.5% when compared to the previous year. All categories of hate crime experienced an increase compared to 2022/23 with the exception of sexual orientation which experienced a 5.5% decrease. Transphobic hate crime recorded the biggest increase (80%) followed by religion/belief hate crime (68%).

Nearly 68% of hate crime in 2023/24 was recorded on the basis of racial prejudice, followed by sexual orientation (11.6%) and disability (9.0%).

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 3.6% (for the twelve month period ending December 2023). This is similar to the Great Britain rate of 3.7% 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.

Healthier Together 2040 is the delivery plan for the strategy. It aims to articulate an integrated model of care and is a locally developed long-term plan for a sustainable health and care system. Work continues on developing the Healthier Together Intelligence Centre, which is a secure, user-friendly web-based data portal. It is primarily for health and care decision-makers to use in Bristol, North Somerset and South Gloucestershire and will act as a central data hub allowing teams to visualise, analyse and export anonymised population data.

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 2022/23 there were 1,525 emergency hospital admissions due to falls in people aged 65 and over in Bristol, a rate of 2,422 per 100,000 population, significantly higher than the England average of 1,933 per 100,000. Almost two thirds (63%) of falls-related admissions (aged 65+) are among females. In 2022/23 falls admissions rates among females

decreased for the second year running, but they still remain significantly higher than the England average.

Men's health: Life expectancy for men in Bristol is 77.8 years, below the England average 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 (76.4 years) and by ward is in Lawrence Hill (72 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 2022 the under 75 mortality rate (described as Early Deaths) from cancer in Bristol was 145 per 100,000, significantly higher than the England rate (122.4 per 100,000). Among men, Bristol rates for early deaths from cancer at 172.3 per 100,000 are significantly higher than the national average for men (135.4 per 100,000), and significantly higher than the Bristol rate for women (118.7 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 2022 there were 277 premature (aged under 75 years) deaths from cardiovascular disease (CVD) in Bristol, of which 70.8% were men. Local data on variation across the city shows that in the Inner City locality, rates have been consistently above the Bristol average and over 3 times as high as the rates in the North and West (inner) locality.

In Bristol the under 75 mortality rate from causes considered preventable rate is significantly higher for males than females. Males are nearly three times more 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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