

Bristol Health Needs: A Highlight Report

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Introduction

Health outcomes, for better or for worse, are determined by a range of social, environmental and biological conditions. These conditions impact on our behaviours and define our choices. This in turn results in different patterns of disease and illness. This is evident in the strong association between poverty and health outcomes.

There is evidence too of protective factors which reduce the impact of negative conditions on health. We are social beings and being loved, a feeling of belonging, having meaning and purpose are among some of the experiences which can help build personal and community resilience which protects both physical and mental health.

We have a great deal of data and information available to us about our population, behaviours and pattern of disease. This is held in the Bristol Joint Strategic Needs Assessment.

The longstanding issue for Bristol is the stark health inequality which exists; with 1% of the Bristol population (some 5,600 people) living in the most deprived in areas the country.

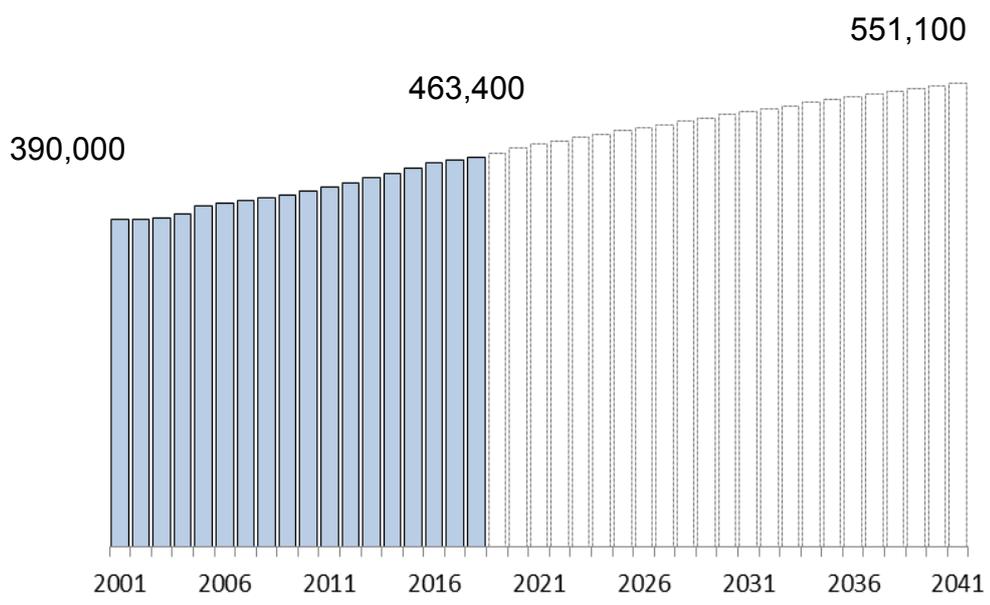
Our approach needs to

- Prevent disease occurring
- Protect from harms to health
- Grow positive health

This Highlight report presents a summary of key demographic and health indicators for Bristol and presents some opportunity points for intervention to prevent, protect and grow health and in particular, to reduce inequality.

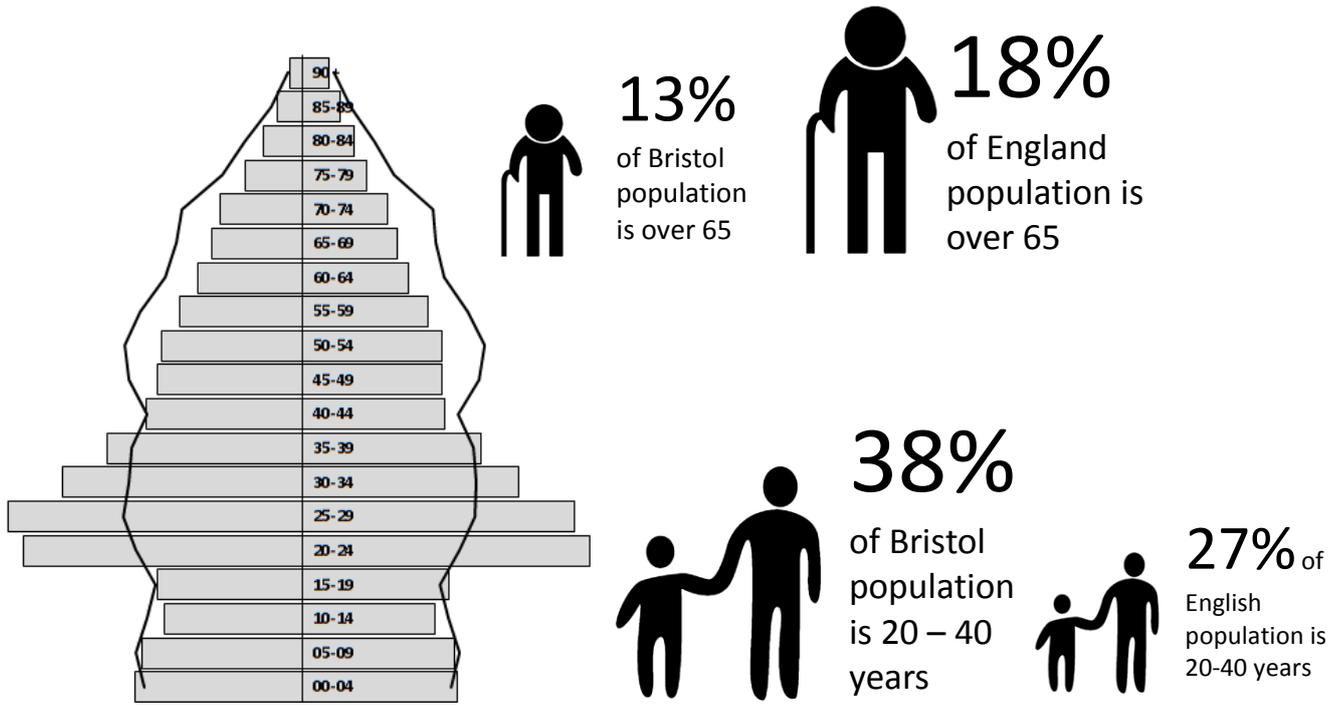
Our population...

...is growing



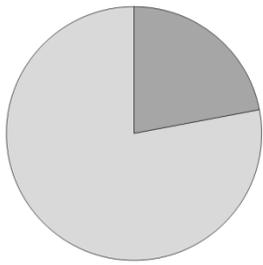
Currently a population of 463,400, by 2041 this will be 551,100. We need to ensure that the growth is inclusive and that opportunities are shared.

...is younger than the average population



We have an opportunity to foster the talent of the future.

...is diverse



22% of
the population
who are not
'white British'



38% of
school pupils who
are not 'white
British'



180
Countries
of birth



91
languages



45
Religions

Our diverse population is an asset, holding a wealth of creativity, languages, art and culture helping Bristol to be truly global City.

A snap shot of health needs



19.7% of children
live in low income families



56% of adults in
Bristol are overweight or
obese



32 drug related
deaths per year



1,466 hospital
admissions for self-harm



3,156 hospital
admissions due to alcohol



15,559
violent crimes

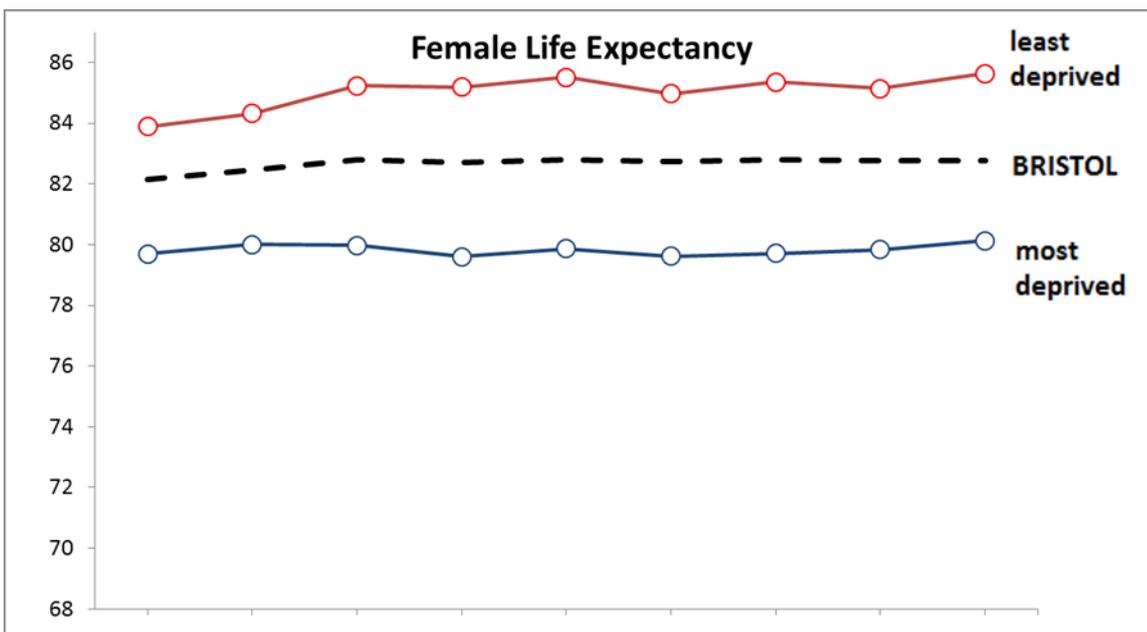
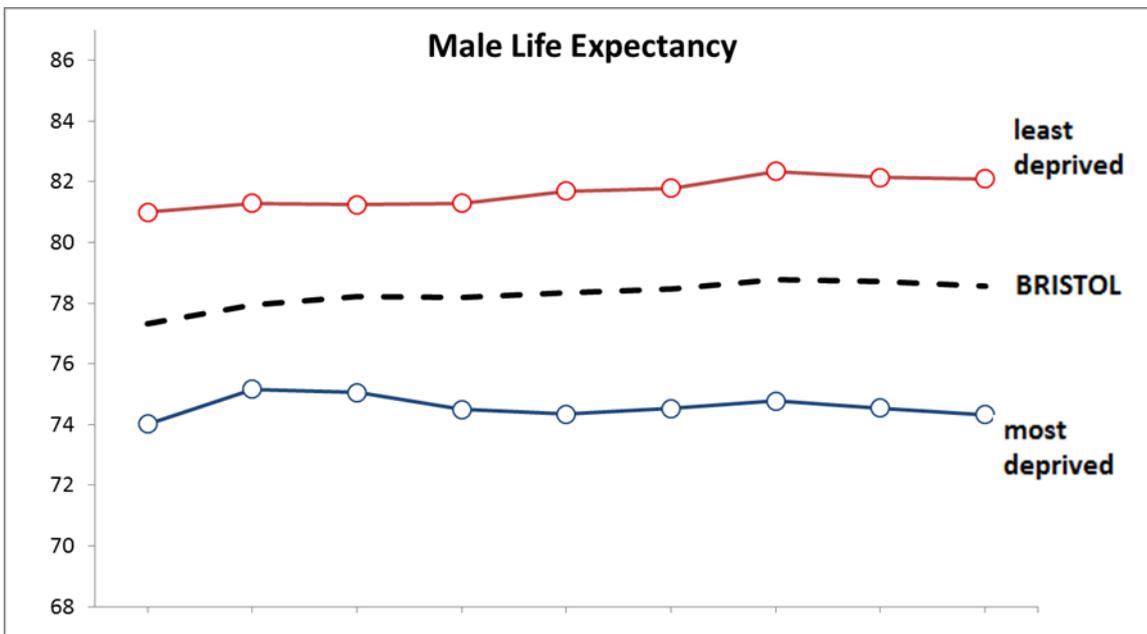


553 women
smoke during pregnancy

Mind the Gap

Gap in Life Expectancy

Until recently life expectancy has risen year on year however the gap in life expectancy has not shifted in ten years and remains stubbornly persistent. Recently life expectancy has slowed / stopped – for the most deprived communities this is more pronounced.

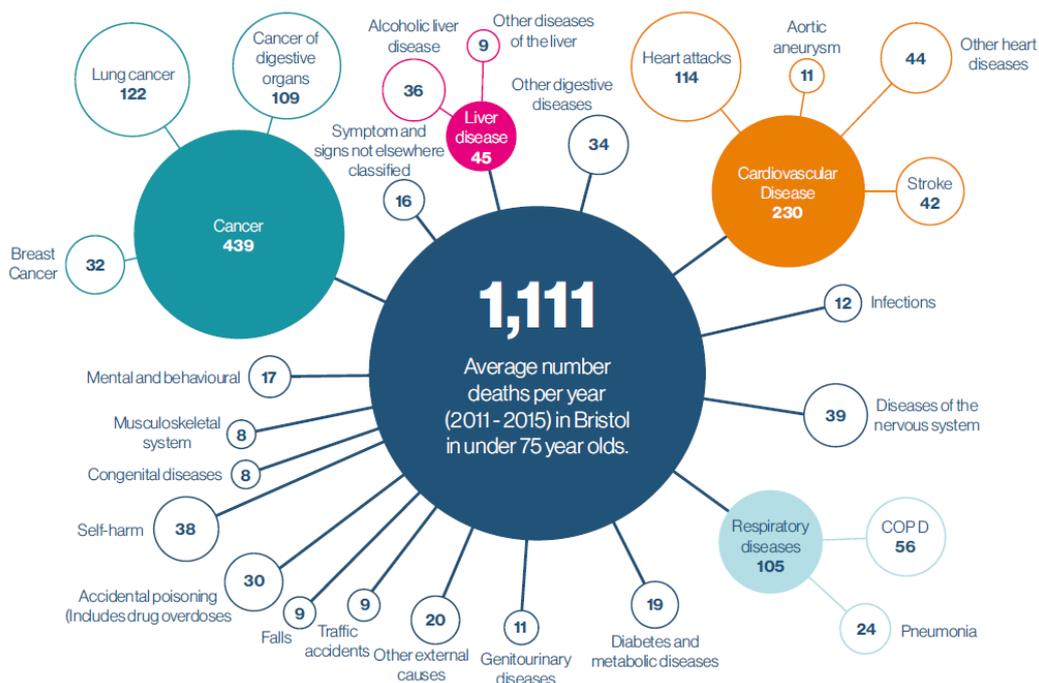


The Gap in Healthy Life Expectancy

Healthy life expectancy is the average length of years lived in good health. You can see here that there is quite a gap between life expectancy and healthy life expectancy. Increasing the number of years lived in good health is positive for everyone.



Premature Mortality



The information above tells us what diseases are causing early death. It is also a good indicator of the sorts of conditions contributing to poor health. The diseases which count for the most premature mortality are Cancers, Cardiovascular diseases and respiratory diseases. The pathways by which these diseases result in early death, is a largely social one, and in the next section we outline a number of priority areas for action – or ways in which we can intervene to break this cycle.

Bridging the gap – opportunities for action

The data suggests six priority areas for action Early Years, Mental Health, Healthy Weight, Smoking, Substance use and prevention violence, including domestic violence.

Early years

We have identified that Bristol has a young population. The under 5 population is currently 290,000. The opportunities for lifelong health are laid down in childhood. Bristol recognises this in being committed to addressing Adverse Childhood Experience - that is protecting children from exposure to harm which could have life long, and life limiting outcomes.

For the purposes of this report we have identified three particular opportunities where Bristol could do better, and which would contribute to lifelong health



69% of children achieving a good level of development by the end of reception



19.7% of children living in low income families



145 First time entrants to the youth justice system per year

Mental Health

Mental health and wellbeing is vital to social functioning and physical health. The number of presentations for self-harm and suicide deaths are indicators of the level of emotional distress within the population.

In Bristol our Thrive Programme focusses on a broad partnership approach to improving health at work in communities and schools. The Healthier Together Mental Health Strategy sets out a new vision for mental health and mental health services across Bristol, North Somerset and South Gloucestershire.



1,466 people
admitted to hospital for
deliberate self-harm

42 deaths
due to suicide
per year

Healthy Weight

With 56% of the adult population of unhealthy weight, we need to recognise that this is a population issue, not an individual one. We need to 'shift the mean' for the whole population, and furthermore, we need to make sure that we address inequality in unhealthy weight.



22% adult obesity in
the most deprived areas
of Bristol



10% adult obesity in
the least deprived areas of
Bristol

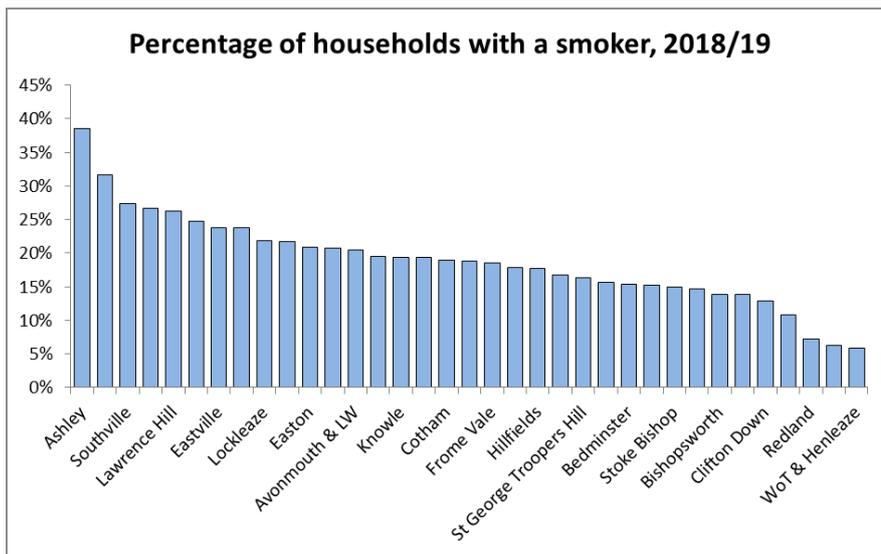
Alive Bristol - Unhealthy weight is a complex issue; diet and levels of physical activity are affected by many factors including our behaviour, environment, biology, and our society and culture. In order to address this complexity, we are working towards a 'whole systems approach'. Our Alive Bristol programme will involve collective action across the local authority, NHS, education settings, food businesses, leisure & sport providers, workplaces and communities, to deliver long-term change.

Health inequality in Smoking

Smoking remains one of the greatest risks to health.

Smoking remains the single biggest cause of premature death in Bristol, the largest lifestyle driver of inequalities in health and the leading modifiable risk factor for poor pregnancy outcomes.

The smoking ban has had a big effect on smoking prevalence and vaping has changed the way people are quitting. Currently 16% of the Bristol population are smokers (60,000 people). However, whilst overall prevalence has declined, there are wide variations in local smoking prevalence and proportion of households with a smoker between wards across the city. Both figures are reported at around 40% in some wards, whilst the lowest prevalence of households with a smoker is just 3%.



16.3%
of Bristolians
smoke



10.1% of women
smoke during pregnancy
(553 women)



29.9% of
routine and manual
workers smoke

Substance use

The use of drugs and alcohol is both a result of and contributes to poor outcomes for physical and mental health. Substance use strongly associated with poor mental and emotional health and violence.



6,572 estimated
dependent drinkers in
Bristol



4,943 estimated
opiate / crack users in
Bristol

32 drug
related deaths
per year



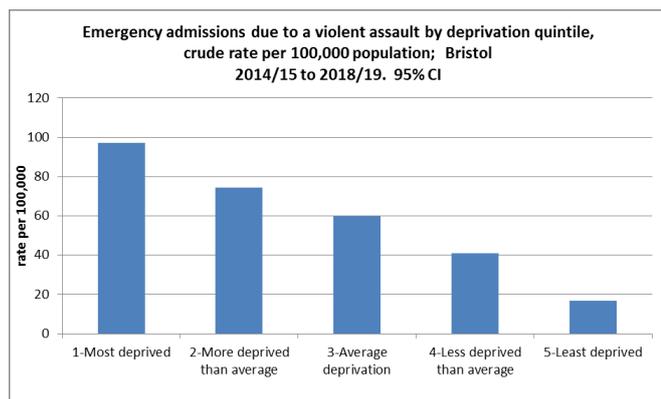
3,156 alcohol
related hospital
admissions

A needs assessment has been undertaken and a substance use strategy is being developed which will further inform our local action.

Violence

Bristol has higher than average levels of violence

 **15,559**
violent crimes



The Children's Commissioner has asked Health and Wellbeing Board to ensure that youth violence is addressed within the JSNA and Health and Wellbeing Plans.

Bristol has a Preventing Youth Violence Board

Domestic Violence is known to have lifelong impacts on children

6,302 domestic abuse crimes

Reducing harms from domestic violence will impact on health inequality and it will protect current and future generations from lifelong harms to health.

Links

JSNA Webpages – <https://www.bristol.gov.uk/policies-plans-strategies/joint-strategic-needs-assessment>

References

Our Population

Population estimates, 2001 – 2018 - Office for National Statistics (www.ons.gov.uk)

Population projections, 2019 – 2041 – Office for National Statistics (www.ons.gov.uk)

2011 Census – NOMIS (www.nomisweb.co.uk)

Annual Pupil Census, Bristol City Council.

A snapshot of health needs

Public Health Outcomes Framework, Public Health England (<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Mind the gap

Gap in life expectancy

Male and Female Life Expectancy at birth, 2008-2010 to 2016-2018, calculated by Bristol City Council Public Health Intelligence Team using ONS mid-year estimates and Public Health Mortality File.

Gap in healthy life expectancy

Male and Female Healthy Life Expectancy, 2009-2013, Office for National Statistics.

Premature Mortality

Deaths under 75 years, 2011-2015. Source: Public Health Mortality File.

Bridging the gap – opportunities for action

Early years

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Mental Health

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Healthy Weight

Bristol City Council Quality of Life Survey, 2019
(<https://www.bristol.gov.uk/statistics-census-information/the-quality-of-life-in-bristol>)

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Health inequality in smoking

Bristol City Council Quality of Life Survey, 2019
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Substance use

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Violence

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Hospital admissions for assault, calculated by Bristol City Council Public Health Intelligence Team using Hospital Episode Statistics and ONS mid-year estimates