



Joint Strategic Needs Assessment 2011 – Draft Baseline

Key summary points – *preliminary draft* (v2)

Section 1 – Population

1. Changing age profile - Bristol has a relatively young population, especially in terms of:
 - Under 5's – high birth rate / pressure on schools and health services
 - Adults of young working age – partly high net international migration into Bristol
 This contrasts significantly with the national picture of an aging population
2. Growth - Bristol has a rapidly growing population, concentrated in central areas
 - Since 2001, Bristol growth of 13.2% compared to England growth of 5.6%
 - Projected to increase by 17.4% by 2018, compared to England projection of 6.7%
 - Very high growth in Inner City areas, esp Lawrence Hill and Cabot wards (over 15% since 2006, and c50% since 2001), but low growth in most South and North Bristol areas
3. Diversity - Bristol has an increasingly changing and diverse ethnic population
 - Estimate of 13.5% (at least) of population from Black and Minority Ethnic groups (BME)
 - Projected to increase further. Eg 26% of Bristol school pupils (all ages) are BME [*higher for Reception Yr*] and 27% of Bristol births (2009) were to mothers born outside the UK.
 - BME population continues to be highly concentrated in Inner City wards, but diversity is increasing in East Bristol.
 - Also large growth in “White Other” (eg Eastern European), inc growth in births.
 - Inner City & East Bristol schools have a significant proportion (over 15%) of pupils with English as an Additional Language (EAL), and over 50% in Lawrence Hill.
4. Carers
 - Suggestion that the number of carers may be higher than previously thought
 - Health impacts for carers themselves
 - Young carers – vulnerable, largely hidden group
5. One person households
 - Projected increase in people living alone, and in older people living alone – potential impacts on service demand

Section 2 – Social and Place / Healthy Communities

1. Deprivation & Income Inequalities
 - Distinct geographic concentrations in deprivation and affluence; sometimes inequalities very close to each other (eg North Bristol)
 - Concentrations of very high deprivation, esp in South Bristol
 - Deprivation has most increased in East Bristol (relative to previous levels)
2. Deprivation - “Tale of 3 cities”
 - Concentrated areas of deprivation in Inner City – rapidly growing population, increasingly diverse including high numbers of recent migrants, persistent rates of worklessness
 - Concentrated areas of deprivation in outer wards, especially in South – low population growth, predominantly white, persistent rates of worklessness

- Concentrated areas of affluence in lower North-West – low population growth, predominantly white, higher income
3. Big Society challenge
 - Most volunteer participation is in most affluent areas
 4. Unemployment
 - Bristol's economy had initially not been as affected by recession as other areas, with lower unemployment rate, but local rate rose faster than average 2009-10 & Bristol now has similar unemployment to national picture
 - Bristol has concentrated areas of persistent worklessness, esp in Inner City and parts of South - impacts for health inequalities, including mental health
 5. Child poverty
 - 27% of Bristol children live in poverty (relative measure), significantly higher than national picture (21%)
 - Huge differences within city – from 4% in poverty in lowest areas (parts of North/West) to over 60% in highest (parts of Inner City).
 - Early years (under 5) – Bristol has more families in poverty with children under 5 than comparator areas / Even at Foundation stage (nursery), lower achievement for children on Free School Meals than others (c18% less meet “working securely” target) / Impacts of poverty for future life chances.
 6. Housing
 - Relative to earnings, Bristol is the only Core City where housing is less affordable than national average. Given that accessibility of suitable housing is a significant determinant for quality of life / health, this highlights the importance of increasing affordable housing.
 - More people have to rely on private rented homes, yet over 30% fail the Decent Homes Standard – potential impact on health.
 - *Concern re potential increase in homelessness following housing benefit changes (eg re single people under 35 and large families) & subsequent health impacts*

Section 3 - Lifestyles and Health Improvement

1. Active lifestyles
 - *Benefits of a more physically active lifestyle, for children and adults – for health and for environment – eg active travel good way of incorporating into daily routine, plus sustainability benefits.*
2. Breastfeeding
 - Bristol has maintained a positive increase in both initiation and continuation of breastfeeding, but still some areas of city where this is low.
 - Age of mother appears to impact on likelihood to breastfeed (85% of mothers aged over 25 start breastfeeding, compared to 60% of those under 25), as does ethnicity (on average 89% of BME mothers start breastfeeding compared to 78% white).
3. Healthy eating
 - Child (& adult) obesity – generally around national average, but still key area of concern
 - On average, only around half of adults and a quarter of children report eating 5-a-day fruit and veg.
4. Alcohol
 - Substantial and continuous rise in alcohol-attributable hospital admissions – clear impacts on people's health
 - *Bristol's treatment system needs to change to reflect the larger numbers of people misusing alcohol in proportion to other substances*

5. Drug misuse

- Estimated 4,780 Heroin and/or Crack Users in Bristol who, collectively, have a big impact on crime, unemployment, safeguarding children and welfare dependency. Estimated c73% access structured treatment, more than in comparator cities.
- For young people, poly-drug misuse is most common, inc alcohol and cannabis. Hospital admissions for drug misuse in Bristol in 15-24 years old is well above average (80 per 100,000, compared to 62 nationally).
- *The current treatment system focuses primarily on opiate users, but is now responding to the increase of non-opiate substance misuse, as in the younger drug-using population. Currently only around 10% of drug service users are young people.*

6. Smoking

- Overall, positive decrease in smoking rates in Bristol
- Still persistent areas of smoking in the city, with some wards maintaining smoking rates close to 3x those of the lowest. Similar differential for smoking in pregnancy.

7. Vaccination coverage

- Bristol has lower than average rates for the follow up childhood vaccinations

Section 4 – Health and Wellbeing / Inequalities

1. Life expectancy

- 9.4 years difference in life expectancy between wards with lowest and highest estimates of life expectancy. This inequality gap has persistently remained around 9 years.
- Gender inequality - Average life expectancy differences between most and least deprived wards, for men the difference is 9.3 years, but for women is 5.9 [*Slope Index*]
- Strong links between deprivation / low income and reduced life expectancy

2. Mortality

- Large inequalities in mortality rates across Bristol
- Strong links between deprivation and mortality rates for most causes
- Premature mortality is falling, but Inner City consistently has much higher rates

3. Disability

- Increase projected in number of disabled adults. Using Disability Living Allowance as proxy, there are considerably more disabled adults living in South Bristol and outlying areas of North.
- Disabled children – estimate 4.9% of children have potentially disabling condition (7.5% including chronic illness) impacting on daily life. *Increase in numbers of young children with Complex Needs - impact for Children services, and future planning.*
- Projected increase in the number of people with Learning Difficulties, plus living longer. Impact on services, plus on family carers. People with Learning Difficulties have persisting health inequalities, *plus many people with lower levels of Learning Difficulties are outside service thresholds – potential unrecognised health / societal impacts.*
- *Highlight people with Autistic Spectrum Disorder – under-recorded.*

4. Mental health

- The number of people living with mental health conditions is projected to increase steadily to 2015 and onwards – large number with more than one condition
- Bristol undergoing major re-commissioning of Mental Health services
- Ward rankings for mental health risk are closely aligned with deprivation, but not exact. Links to community and isolation issues.

5. Cardiovascular disease [*to develop*]

- Premature mortality decreasing, and decreasing fastest in areas with highest rates, so positive reduction in inequality

- Gender inequality with premature male mortality for Heart Disease and Stroke remaining considerably higher than female, similar to national picture. *Link to Deprivation also.*
6. Cancer *[to develop]*
 - Major cause of premature mortality in Bristol (38% of deaths under 75yrs old); Bristol average rate not decreasing, but different trends in CCG localities.
 - Links between cancer and deprivation, but also lifestyle.
 7. Sexual health
 - Teenage pregnancy - Following ten years of interventions, the rates appear to have plateau'd in Bristol, although higher rates persist in more deprived areas.
 - Increase in people presenting with HIV at late stage

Section 5 – Service Utilisation

1. Change in children social services
 - Increase in number of children / families receiving services, and increase in children in care
 - Increase in number of Disabled Children receiving support (from 10.7% of all Children in Need in 2007 to 18.6% in 2009) – more analysis needed
2. Change in adult social care
 - Change in delivery of services, with increase in Personal Budgets / Direct Payments
 - Safeguarding – Relatively high % of referrals involving adults with learning difficulties (25% of safeguarding referrals involve adults with learning difficulties, even though they make up only 8% of all service users)
3. Primary care *[to develop]*
 - *Rising trend in emergency hospital admissions for conditions which are usually managed in primary care*
4. Dental capacity
 - Increase in local NHS dental capacity, but indications that public not fully aware of availability of NHS dentists.
5. Hospital admissions *[to develop]*
 - *Slight rise in emergency admission rates, but decrease in elective admissions / consistent differences in rates between Clinical Commissioning Group Localities*
 - *Need to reduce numbers accessing secondary care directly – channel through appropriate routes to best meet need and improve service efficiencies*
6. Injuries / Falls
 - Higher rates of hospital admissions for childhood injury in deprived areas
 - Rising trend in fall-related hospital admissions for older people

Web-link for further comment / input

Bristol JSNA “home page”:

www.bristol.gov.uk/JSNA

Email: jsna@bristol.gov.uk

Direct link to the full draft JSNA Baseline data-sets and emerging Summary:

www.bristol.gov.uk/page/jsna-draft-data-sets-2011