

BRIGHTON AND HOVE

2024

**Annual Report of the Director of Public Health
NHS Brighton & Hove City Council**



BRIGHTON AND HOVE

2024



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FOREWORD

Here I am emerging from the main storm sewer in the Old Steine; not a place where I spend a lot of time, despite being a Director of Public Health, but this tour was at the kind invitation of Councillor Bill Randall, while he was fund-raising as Mayor. It's a very impressive place and 140 years after its construction, over 300 miles of sewers now drain into it. So, the sewer is a monument not just to the Victorians' ingenuity and engineering, but to their foresight. And that really is the theme of this report - foresight - predicting the future with accuracy. It may not be the first time we have visited this subject, planning after all underpins all of our public health intelligence work, but it is the first time we have been so explicit.



2024 - INTO THE FUTURE

To make the point, the report is written in the future just as if we were living 10 years hence - in 2024. It describes Brighton & Hove: its population demographics, morbidity and mortality, lifestyle behaviour, education, social and healthcare systems, housing and major project completions all in the 'present tense' of 2024. It is a bit of a hostage to fortune I know, predictions - at least accurate ones - are not so easy, but we have used the best evidence we could find in compiling the report: Office of National Statistics population estimates, published literature on developments in health and social care and extrapolation of data from past trends to 10 years hence.

I know some of the authors have found it very difficult to write - they find the challenge I set them in these reports difficult each year - but even so, I 'upped the ante' this year. Public Health Specialists are used to poring over data, setting confidence intervals and stating only that which can be backed by firm evidence. This report required a bit of a leap of faith from the authors - and where they shrank from this (on a couple of occasions) - I took the liberty of doing it on their behalf.

I am grateful to all the authors, and in particular those who are new to our

growing Public Health family, our Annual Report and the relentless edits and revisions that are visited upon them by the merciless editor. Thank you all. My sincere gratitude also goes to the various city leaders who I asked to make predictions on where they saw the city of Brighton & Hove in 10 years time, in our 'What they said back in 2014' slots. As you will see, one or two of them were not afraid to 'stick their neck out'. I am as ever, especially grateful to the core team that supported me in this project: Kate Gilchrist - Head of Public Health Intelligence, John Guzek and Chris Dorling - Public Health Intelligence Specialists, and our Public Health Business Manager - Chris Naylor, all of whom ensured that we kept on track, in budget and within the confines of evidence-based practice. Lastly, I would like to thank Justin Pursaill and his design team for the great retro-futuristic look they have given the report.

We take these reports very seriously in Public Health; I personally see the Annual Report as the key opportunity to influence policy and practice. I want a report that captures the imagination, is readable by a wide audience and makes a difference. Over the last few years, our reports have scored some notable successes. The measurement of resilience (Annual Report

2010) is now core to our work on needs assessment and community engagement. Primary care audits of premature mortality (Annual Report 2011) are now underway across all 47 GP practices in the city and these audits are changing practice, and saving lives. A Brighton & Hove Board for Happiness and Wellbeing (Annual Report 2012/13) has been established, with a programme of work to improve mental wellbeing across the whole population.

So do not be fooled by any quirky presentation or layout, the report matters, and it has the potential to matter to a wide audience. We live in a time of enormous change and we will witness over the next 10 years huge pressures and shifts in housing, public finances, lifestyles, population demographics and associated health and social care. The decisions that we take now will deeply influence the future health, wealth and happiness of the people of Brighton & Hove. The purpose of this report is to fan the flames of an informed debate and make sure that we make the most informed decisions that get us to 2024 in the best possible shape.

DR TOM SCANLON

Director of Public Health
Brighton & Hove City Council

EXECUTIVE SUMMARY

It is 2024; we are almost a quarter of the way through the 21st century and Brighton & Hove is changing, and in some surprising ways.

DEMOGRAPHIC SHIFTS

Students continue to influence the city profile, particularly housing patterns and the night-time economy, and they now form 54% of the 20-24 year old age group. However, there has also been a large increase in the number of residents in their 50s. The behaviour of this pre-retirement group, while not manifest in any social disruption, is quite different to their parents and their alcohol use is placing some additional pressures on health services.

While the total number of over 75s has fallen over the last 20 years, the number of over 90s has increased by almost 50% just over the last 10 years. It is true that more older people are ever more healthy in Brighton & Hove, and this is manifest through their contribution to city life, including a lively arts and culture programme. However, many of the very elderly rely on their children - who themselves are past retirement - for care at home. Total dementia rates have not increased over the last 20 years in Brighton & Hove - due largely to demographics but also in part to improvements in early treatment. However, the changing age profile means that many people living with dementia are now very elderly and so present with very complex care

requirements. The recently retired group is therefore finding life just as full as ever as residents in their 60s divide caring responsibilities between grandchildren and their own elderly parents.

The ethnic mix of the city is changing too. This is clearly evident in births, with one in five births in the city to White non-UK and non-Irish mothers.

LIFESTYLES

The growth in a diverse range of tobacco and nicotine products such as hookahs, snus, kreteks, shisha-pens and the ever popular e-cigarettes has required a revision of the traditional approach that was so successful in tackling cigarette smoking in the late 20th and early 21st centuries. While e-cigarettes might help some adults to quit cigarettes, in young people they represent a conduit towards as opposed to away from tobacco use. The ambience of tobacco and nicotine consumption - with these activities closely tied to leisure and social connectivity - presents a challenge to national policy and local practice. The continued fall in cigarette use is however, one of the great public health successes of recent times. Even so, the effects of previous smoking are still evident in the spectrum of hospital admissions and will be for some time,

and if anything, inequalities in tobacco use are wider than they ever were.

Obesity is the biggest public health challenge that we face. In Brighton & Hove, the signs are mixed. There has been year on year improvements in healthy weight figures for children and young people and policies on school meals, vending machine access and education around food and cooking which have been particularly strong in the city over the last 20 years, are bearing (healthy) fruit. In adults, the picture is somewhat different and obesity rates are still increasing although the rate of increase is slowing. National legislation on menu descriptions and food labelling is likely to have an effect over the coming years although some of the food industry is ever more canny in its use of technology and social media to get its (less healthy) message across.

Alcohol remains our most popular drug of choice although consumption - including harmful consumption - among young people and adults, has been falling for almost 20 years. Alcohol-related hospital admissions, which first started to fall around 12 years ago, continue on a downward trajectory. The national adoption of a minimum alcohol unit price has been a

key factor in reducing harmful drinking. Consumption is increasingly moving into the home and several bars and venues are experimenting with novel offers to entice a dwindling customer base.

The last 15 years has seen a fall in opiate and crack cocaine use - although this is still the main reason for inpatient and residential treatment - as well as an increase in the use of novel psychoactive substances (NPS), many of which are purchased legally, usually on-line. Estimating the extent of NPS use is difficult as many users do not seek treatment, nor do they find themselves resorting to crimes of addiction, although the content of many NPS is by no means certain and some users have been unwittingly criminalised for purchasing and distributing illegal substances. Treatment services are adapting to this profile of drug use however, the full extent of NPS use still remains hidden.

Sexual lifestyles are changing and to some extent, women are becoming more like men in their behaviour although overall - in a digital world - sexual intercourse is falling in popularity. Teenage pregnancy rates are also falling but abortion rates, particularly in young women, remain high. The picture with regard to

sexually transmitted infections is decidedly mixed. Increases in chlamydia and gonorrhoea screening are having a positive effect, and the benefits of the national human papilloma virus (HPV) vaccination programme - which in Brighton & Hove has been extended to high-risk men - are beginning to be seen. New drug treatments, self-diagnostic kits and the pre-exposure prophylaxis with anti-retroviral programme (PrEP) are making some inroads into HIV incidence. However, there remains a small sub-group of men who have sex with men (MSM), that continue to engage in very high-risk sexual activity, tied to recreational drug use. This has very serious consequences for them and their partners. Behaviour change in this group remains a challenge.

HEALTH AND HEALTHCARE

The configuration of local services into Care and Health Teams (CHETs), each tied to a group of GP practices and with several Single Point of Care Coordinators (SPOCCs) has seen the coordination of care in Brighton & Hove improve dramatically in recent years. The role of the Third Sector and of volunteers has also been crucial in creating much more fluent pathways of care.

EXECUTIVE SUMMARY

Coronary heart disease mortality rates continue to improve and are better than national equivalents. Cancer mortality rates however, continue to lag behind national rates although there has been some approximation over the last five years. Large increases in melanoma and oral cancer rates are grabbing national and local headlines. Diabetes too is not a good news story for the city with increasing rates, and represents the natural progression for many people of our biggest public health challenge - obesity.

MENTAL AND EMOTIONAL WELLBEING

The last decade has been a decade of mental wellbeing improvement in Brighton & Hove. Suicide rates have continued to fall, and in the last few years, linked to a programme of better staff training, self-harm rates have at last gone down. The work of the Happiness Strategy Group has seen some targeted improvement in wellbeing, such as in local Muslim groups. Other initiatives, like The Shed for older men and the Crisis Support Centre in West Street have been very successful, and are no doubt behind some of this improving picture of mental health and wellbeing.

SCHOOLS

School performance, and in particular, the gap between pupils from more and less affluent backgrounds have much improved over the last 10 years. National policy, with a landscape of Academies and Free Schools, and a raised compulsory age of school leaving has seen a transformation of how schools operate, with much stronger ties to business, to apprenticeships and other employment opportunities. These changes, coupled with ever more mobile technology improvements mean that the school and extra-curricular lives of children today are a long way from their parents' experience, and the leadership role of the local authority is very different to even just 10 years ago.

THE ECONOMY

The view from the top of the i360 is pretty good, with improvements to Valley Gardens, to Circus Street and to the Sea (now Water) Front and even out to the English Channel with the Rampion Wind Farm. The last 20 years have seen two decades of economic success, despite the recession in the early years of the 21st century. The city's two universities, and a growing creative digital and information technology ('Superfused') sector has helped provide strong growth, in the face of a

downsizing public sector. Regional status as Greater Brighton has seen visitor numbers to the region, and in particular to the city grow year on year. The one blot on the landscape is the absence of affordable housing for many of the people who work in the city.

HOUSING

Providing affordable homes for the people who want to live and work in Brighton & Hove remains as big a challenge as it did 20 years ago. The cost of buying a home puts it out of the reach of most residents and private rents have been high for decades. Recent developments such as the ones in Preston Barracks and Toads Hole, innovations like the Shipping Container Homes, and higher density property developments in the city centre and even east Brighton have failed to meet the demand for homes or bridge the affordability gap. The pressure from increasing student numbers is a key factor in the ever-expanding landscape of houses of multiple occupation (HMOs).

There has been some success in tackling the numbers of homeless people in the city, as well as some innovative work to reduce excess winter deaths from cold and fuel poverty. However, home ownership remains ever more exclusive,

and large numbers of people who work in Brighton & Hove have decided to live outside the city, in the Greater Brighton Region, placing additional pressures on transport. A long-term solution to the city's housing problem remains a long way away.

TRANSPORT, AIR QUALITY AND CLIMATE CHANGE

Over the last 20 years, in Brighton & Hove bus journeys have more than doubled from 23 million per annum to 53 million, while cycle trips have more than quadrupled with people cycling to work rising from 3,000 in 1993, to 6,600 in 2011, to 13,000 in 2023. However, heavy diesel traffic (bus and taxi) in confined spaces - such as North Street - saw pollution from Nitrogen Dioxide rise in the first part of the 2010s. The adoption of a Low Emission Zone, and more importantly the subsequent and continuing conversion of diesel buses to electric hybrid buses have seen the picture improve in recent years.

Transport, pollution and several associated 'Big Solution' ideas remain very much on the local political agenda. The same can be said of climate change, and the city has seen several manifestations of this over the 21st century with coastal erosion, and

several severe summer and winter weather events including floods. The Health Protection Subgroup has been instrumental in coordinating a citywide response to these events over the last 10 years. Projected temperature increases appear to be materialising but there remain a number of possible future scenarios and the city, like the rest of the globe, faces a long-term challenge.

TEN CHALLENGES OVER TEN YEARS

The final section of the report pulls out ten challenges that the city faced over the last years and what we have learned during this last decade (2014-2024).

PROJECTIONS AND ASSUMPTIONS AND THE UNCERTAINTY THEREIN

This report is written as if we were living in 2024. The reason for taking this approach is not simply to print a hostage to fortune, but to engage stakeholders and policy makers in an active debate about where the city is heading, and what we can collectively do to improve the potential outcomes for residents, employees and visitors alike.

In order to make the predictions in this report we have made the maximum

use of Office of National Statistics population estimates, published research-based projections of lifestyle behaviours and disease rates, and national and local intelligence on policy developments in health, education, planning, housing, transport and associated air quality. We have tried to connect this intelligence together to paint a picture of life in Brighton & Hove in 10 years time. Of course it is possible (indeed virtually certain) that some of these assumptions will prove to be incorrect and that the picture that develops in some respects will be different to the one painted here.

That should not forestall any debate, for in compiling this report it is abundantly clear that we need not just sit and watch events unfold, but that we can do much to influence our collective future for the better. If it realises its goal, then this report will prompt us to do just that.

DEMOGRAPHY

THE CHANGING FACE OF BRIGHTON + HOVE

Kate Gilchrist and John Guzek

Brighton & Hove continues to grow. Figures from 2021 show that the population has increased by 6.2% since 2011 to 289,900 people; and by over 40,000 people since 2002 (249,700 people).^{1,2}



Some of this is due to 'natural change': the difference between births and deaths. Over the last decade the number of births increased by 5% to 3,500 births per year, a similar rise to England as a whole. Conversely, the number of deaths of Brighton & Hove residents continued to fall, from 2,590 in 2002 to 2,081 in 2011, to 1,900 in 2021.³ In the last 10 years, there have been 32,800 births but just 17,400 deaths of city residents. Net migration effects equate to a small net outflow (people leaving) of just 700, and since 2006-07 the number of international residents has exceeded those leaving the city to live abroad.⁴ The population of the city continues to grow and largely to flourish.



STUDENTS KEEP THE TOP SPINNING

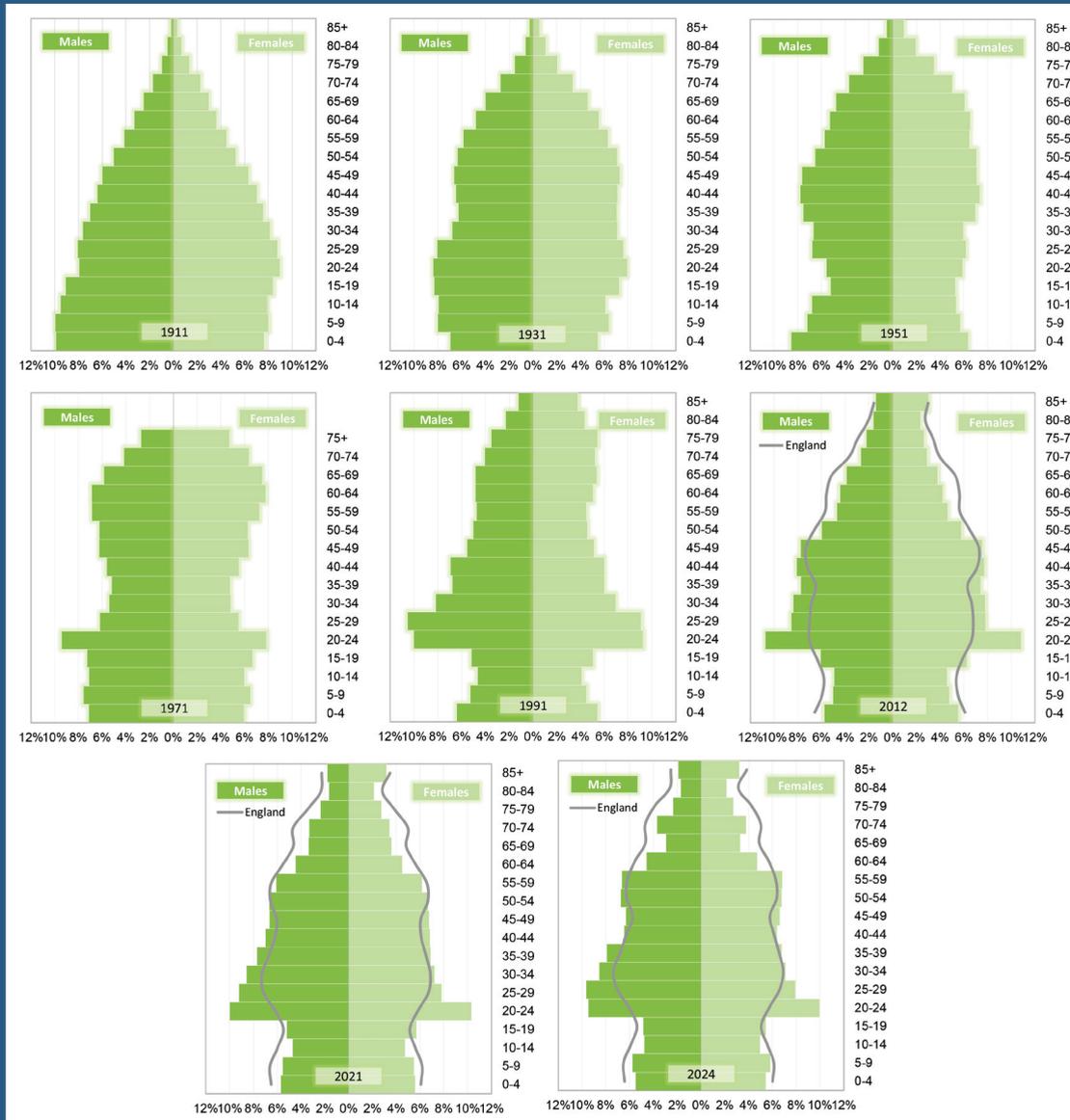
The pattern for much of the character of the Brighton & Hove we know today was set back in August 1961 when Sussex University received its Royal Charter. Over the decades, as more young people came to the town, then city, it has been transformed from middle-aged / retired cosy genteelness into what sometimes feels like a giant teenage bedroom. The establishment of Brighton University in 1992 and successive expansions in student numbers continued this trend.

The student body at the two universities has grown from 26,000 in 1995/96 to approximately 31,500 today. Of course, some of these students reside at campus sites at Hastings and Eastbourne.

Furthermore, the increase in the total population of the city over the last decade means that as a proportion, the student body now makes up around 11% of the city's total population as compared

to 13% back in 2011/12. Nevertheless, this large student body - 54% of the 15-24 age group - with many staying on in the city after university, and coupled with a relative exodus of older people and some families, gives the Brighton & Hove population 'pyramid' its characteristic 'spinning top' appearance; while the more recent increase in the very elderly has popped a 'flag on the top'.

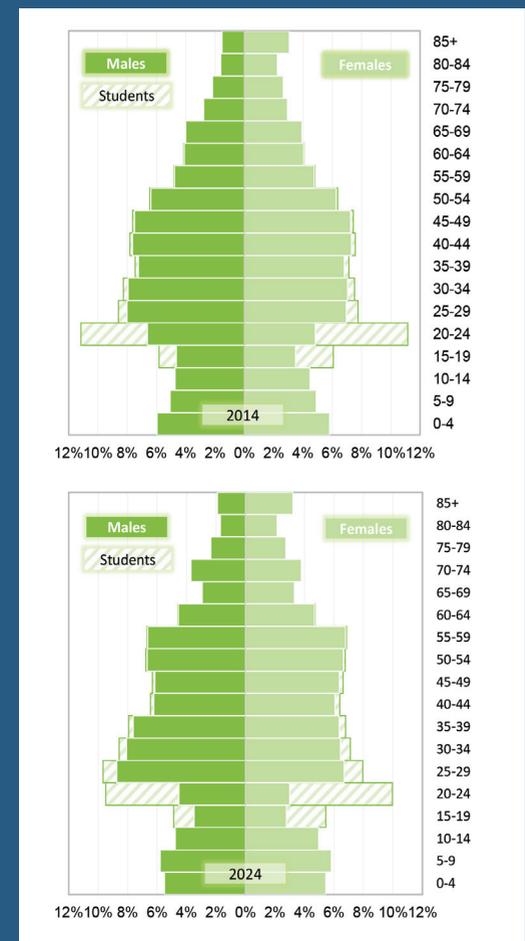
FIGURE 1 Population pyramids, Brighton & Hove, 1911 to 2024



Source: NHS Brighton & Hove City Council, 2024 [Based upon Registrar General Annual Reports, Office for National Statistics (ONS) Mid-Year Estimates and ONS Sub-national population projections, ONS National population projections]

Note: Prior to the unification of Brighton and Hove in 1997 the population pyramids represent the population of Brighton only. However, the age structure between the two towns was typically similar; consequently the population can be deemed representative of the unified area prior to 1997.

FIGURE 2 Students as a proportion of the Brighton & Hove population, 2014 and 2024



Source: NHS Brighton & Hove City Council, 2024 [Based upon ONS Sub-national population projections and Higher Education Statistics Agency student numbers⁵]

DEMOGRAPHY

Many of the established city attractions: lively arts culture, vibrant night-time economy, wide availability of bars and restaurants stem from its youthful perspective. Similarly, several of the challenges the city faces: drug and alcohol use, sexually transmitted infections, above average tobacco and e-cig use, social cohesiveness and mental wellbeing, as well as the pressures on housing, employment, transport and air quality share some of the same origins.

MODIFYING THE STUDENT EFFECT

In the past, trends in births and deaths largely determined population patterns. Nowadays, as is the case in Brighton & Hove, national and international migration plays a major role. New developments, like universities, can have a powerful effect in shaping population growth. Planning can promote this, but can also be used to finesse developments, and their unintended consequences.

The 2004 Housing Act required landlords of Houses of Multiple Occupation (HMOs) of three or more storeys and occupied by five or more people sharing facilities, to apply to local authorities for a licence, which lasted for five years. The spread of students (studentification) into areas of Brighton & Hove previously the preserve of family homes - both private and rented - led to concerns regarding noise, refuse collection, untidy gardens, parking problems and a proliferation of 'To Let' signs. In November 2012, the City Council introduced additional licensing for smaller houses (two or more storeys with three or more occupiers) in five wards where student pressures were

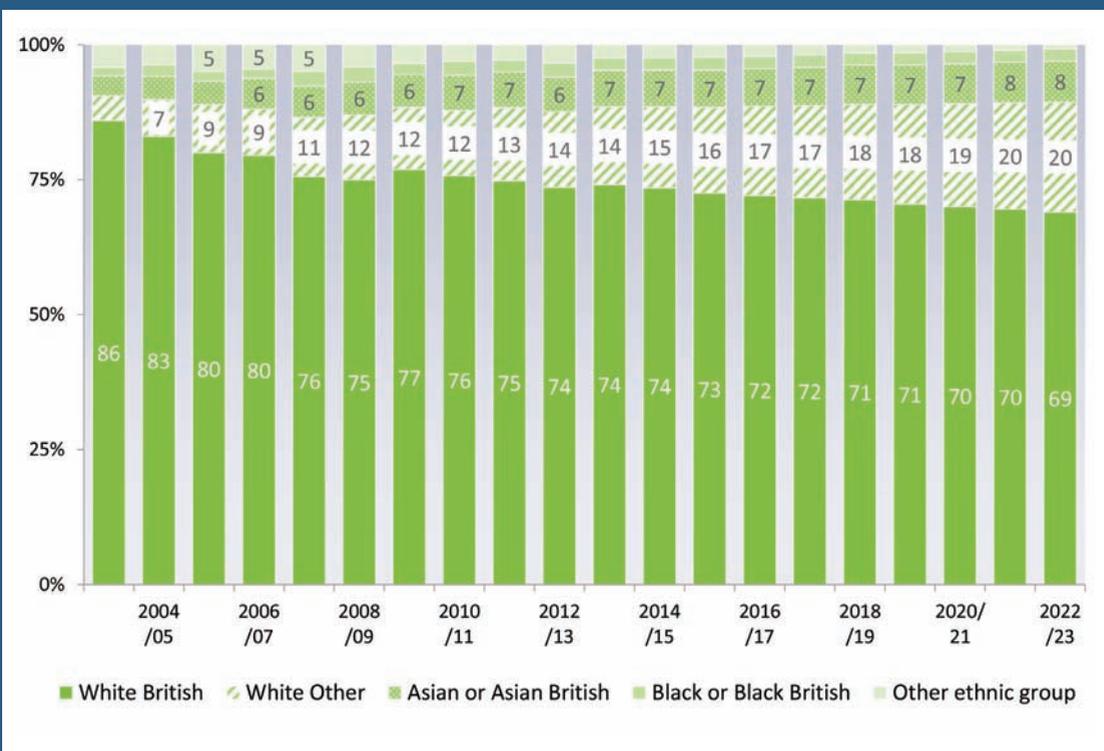
most acute: Hanover and Elm Grove, Moulsecomb and Bevendean, St Peter's and North Laine, Hollingdean and Stanmer and Queen's Park. This had some effect in reducing housing pressure but the issue has dispersed further across the city. The London Road student accommodation block has helped but today we see the same pressures emerging in private housing surrounding the Level, in London Road and even into Patcham. Student accommodation remains a high profile issue for the city.

Student concerns are not restricted to housing and there has been some success with recent transport initiatives. The City Council in collaboration with both universities has introduced the Sustainable

Transport for Students initiative. A combination of incentives and disincentives: separate student parking permits, VAT-free cycle purchase, and shared car use parking vouchers, has seen the number of student cars fall and in 2023, the Student Universities Car Club was estimated to account for 40% of all student car use.

Refuse accumulation and litter scatter remains a problem. Sadly, the numerous litter campaigns and the result of the heated debate on fortnightly litter collection that took place in the late 2010s seem to have had little effect on some people's behaviour.

FIGURE 3 Births by mother's ethnic group, Brighton & Hove, 2003/04 to 2022/03



Source: NHS Brighton & Hove City Council, 2024

[Based upon birth notification information from Sussex maternity units up to 2012/13]

ETHNICITY

The trend in births, with a greater proportion of these from Black and Minority Ethnic groups continues. Back in 2003/04 (when information on ethnicity and births became available) 86% of all births were to mothers who were White British, 5% to White Other (excluding White Irish) and 4% to Asian or Asian British mothers.

The greatest increase has been in the 'White Other' ethnic group. EU labour market changes in 2004 saw the percentage of births to mothers in the White Other group more than double between 2003/04 and 2007/08 – from 5 to 11%. While this rate of increase has slowed, the pattern has continued and today (2022/23), one in five births in the city are to mothers from the White Other ethnic group compared to 69% of births to White British mothers.

A CHANGING AGE PROFILE TEENAGERS

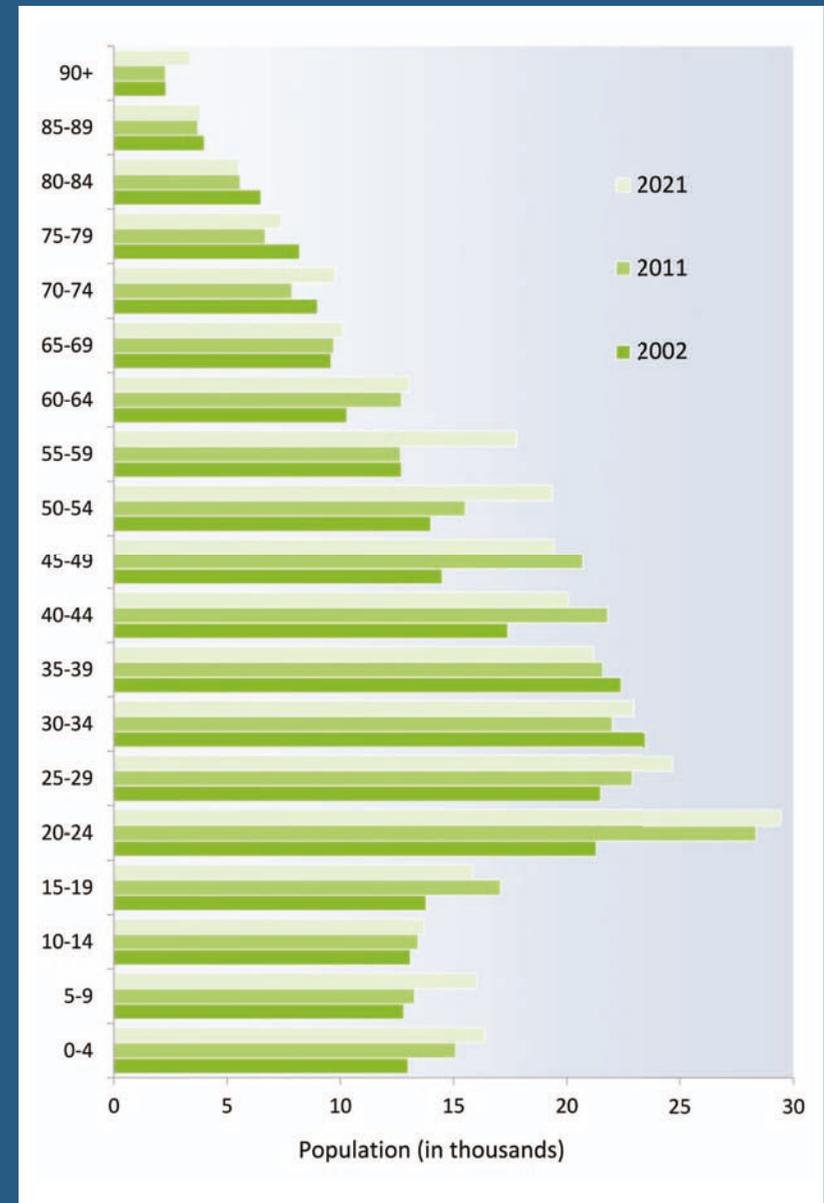
After continued steady growth in Brighton & Hove over several decades, between 2011 and 2021 the population of 15-19 year olds in Brighton & Hove fell by 7% from 17,100 to 15,800. The effects of national educational policy with greater competition for school places have then been less marked in the city in the face of this shrinking older teenage population. The rising number of under 12 year olds however, point to this being a short term effect and pressure for school places is likely to intensify once more over the next 10 years.

THE FABULOUS FIFTIES?

One of the biggest growing groups in the city over the past decade has been the fifty year olds. Between 2011 and 2021, the 50-54 year old group increased by 25% from 15,500 to 19,400 and the 55-59 year old group increased by a huge 40% from 12,700 to 17,800.

This group is generally fit and well, forming a large and relatively well-remunerated proportion of the local workforce. However, this is also the group, particularly among females, with the highest average alcohol consumption. While this may not manifest itself with problems on West Street on Friday and Saturday nights, consumption patterns in this group and indeed in many 60+ year olds place substantial pressures on hospital departments, including liver transplant services.

FIGURE 4 Number of residents in Brighton & Hove 2002 and 2011, and 2021.



Source: Office for National Statistics Mid Year Estimates (2002 and 2011), Subnational population projections (2011 based)

The Health Counts Survey of 2022 also shows that cannabis use, once restricted to young age groups, is emerging as a problem in this pre-retirement population, particularly in the middle class and more affluent areas of the city. This is almost an echo of the 1960s, when prescribed barbiturates for sedative use in a similar age cohort accompanied an increase in mental health issues. There was even a large 1960s spike in suicides among females.

DEMOGRAPHY

While cannabis use has not been linked to suicide, the literature on the associated mental health problems that accompany its use continues to grow.

DEPENDENCY

Dependency ratios measure the distribution between the economically active and economically inactive parts of a population. These ratios are expressed per 100 people of working age, and relate the number of children (aged 0-14 years) and older persons (aged 65 years or over) to what was historically the working age population (aged 15-64 years).⁶ Dependency ratios provide a useful comparative indication of current and future pressures on health, social care and voluntary services.

The current (2024) dependency ratio for Brighton & Hove is 43.2 children and older persons per 100 people of working age: this comprises 18.8 older people and 24.4 children per 100 people of working age. The last figures available for England and the South East (2021) were 62.8 and 59.4 respectively. Brighton & Hove's dependency ratio is then considerably lower than both the South East and England.

Changes in state pension age over the last 15 years mean that the overall dependency ratio is lower than would have been the case had we continued to retire at age 65 years. This is a clear indication of the economic purpose of increasing retirement ages. To put this figure in historical context, the corresponding dependency ratios in 2013 were 42.5 in Brighton & Hove, 59.5 in the South East and 56.6 in England. Without the increase in state pension age, the Brighton & Hove figure would now be approximately 44.7. Even small increases in

the ratio can place substantial extra costs on health and social services.

Of course, the city's unusual population age distribution reflects the number of students. Within demographic analyses, students are treated differently to other adults, as they are generally less likely to work, especially full-time. There are currently 21.7 students per 100 people of working age. If we were to assume that no students (full or part-time) in higher education are also in employment, the overall dependency ratio (43.2) would be adjusted to obtain a dependency ratio of 52.6 children or older people per 100 people of working age. If we go further and students are considered as dependents, a ratio of 74.3 children, students or older people per 100 people of working age is obtained. Of course, students do contribute to the local economy in many different ways so this high ratio is an overestimation, however it does reinforce the potential impact of students to the demography of the city. The relatively low dependency ratio in Brighton & Hove should be treated with some caution in the light of the large body of students and probably lies somewhere in between 43.2 and 52.6.

SUMMARY

As Brighton & Hove continues to grow, albeit at a slightly slower rate than England as a whole, it grows ever more diverse. We now have more students than ever and greater ethnic diversity, particularly from across the EU. The age structure of the city has changed over the last 20 years, placing varying pressures on schools, and consistent pressure on housing reflecting in particular the growing number of students. Increases in retirement ages and the large number of local residents aged between 50 and 60 years has reduced economic pressures, but the health and lifestyle profile of

the city is changing accordingly.

Whether these patterns will continue is for debate. The sub-national population projections, due to be released by the Office for National Statistics later this year will be eagerly awaited by both policy makers and planners alike (as well as those with a penchant for demographic analysis.)

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YOUNG PEOPLE

EDUCATION



Lydie Lawrence



Education policy, policy, policy...

The 21st century is witnessing some dramatic changes in national education policy; changes sometimes accompanied by periods of protest and disruption.

In 2000, a Labour Government introduced Academies - publicly funded schools with private sponsorship and free from local education authority control. Ten years later, the Conservative/ Liberal Democratic Coalition Government introduced Free Schools.

Groups of parents, charities and religious groups could apply to the Department for Education to establish a Free School which, like Academies, were state-funded, free to attend, often with academic sponsors, and not under the control of the local authority.

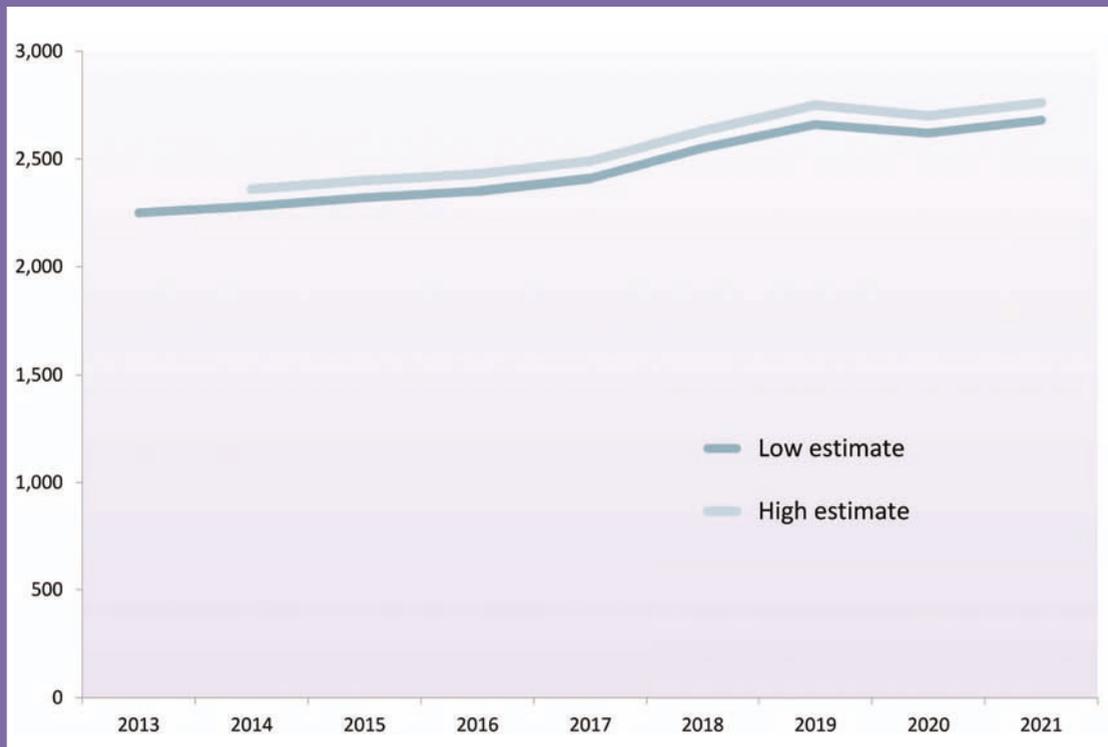
The city embraced these policy changes and in September 2010, Brighton Aldridge Community Academy opened,

replacing Falmer High School. One year later, Portslade Aldridge Community Academy replaced Portslade Community College with the University of Sussex as an Education Partner. Sir Rod Aldridge, OBE, founder of the Capita Group and a former pupil in Brighton & Hove, sponsored both academies. Then, in September 2013, the city's first Free School, Kings Ecumenical Christian Secondary School opened, and although operating for several years from a temporary site, it found itself over-subscribed. In the same year, a free primary school - Brighton & Hove Bilingual Primary School - the first fully bi-lingual primary school in England opened. This policy trend away from local authority control is now a

familiar one nationally and locally, and the relationship between the local authority and local schools is quite different to what it was 20 years ago.

The Conservative/Liberal Democrat Coalition Government of 2010-15 also introduced the pupil premium. Schools received additional funds to target extra resources at struggling pupils. This approach, which at its core has received broad consent across the political spectrum, has continued with some modifications in successive governments.

FIGURE 1 Number of new Year 7 pupils, Brighton & Hove, 2013 - 2021



Source: School Organisation Plan 2014, Department for Education Planning and Contracts

TABLE 1 Number of children and young people, Brighton & Hove, 2002-2021

Age group	2002	2011	2021	Increase 2011-2021
0-4	13,000	15,100	16,400	9%
5-9	12,800	13,300	16,000	21%
10-14	13,100	13,400	13,700	2%
Total 0-14	38,900	41,800	46,100	10%
15-19	13,800	17,100	15,800	-7%

Source: Office for National Statistics. Interim 2011 based Sub-national population projections

PUPILS OR CUSTOMERS?

Over the last decade the number of 0-14 year olds has increased by 10%. The population growth has been particularly marked in 5-9 year olds with consequent pressures on primary school

places. Numbers of Year 7 pupils (first year secondary) have steadily increased. However, the number of teenagers aged 15-19 years is actually 7% less than it was 10 years ago (15,800 as opposed to 17,100). The establishment of new and improving schools alongside a mixed picture on pupil numbers has seen a curb -

at least for the moment - on the relentless historic pressures for secondary school places. There is now greater competition to recruit pupils and there has even been discussion of school mergers.

ACHIEVEMENT

A well established body of evidence shows that high standards of education can improve health, lower mortality, reduce crime and even increase political participation.^{1,2} The importance of providing children with a good education is not to be underestimated. Yet a little over a decade ago, academic performance in Brighton & Hove's secondary schools was considerably, and given the demographics of the population - apparently inexplicably - below the national average.

Over the last 15 years however, there has been steady improvement in school achievement in Brighton & Hove. The measure of '% of pupils achieving five or more A*-C GCSE grades including English and Maths' in Year 11 may no longer be in use since the reform of GCSEs and the new numeric grades, but it, and its successor does allow some retrospective review of performance, albeit with well rehearsed caveats. Just as important as overall results however is the achievement gap or ratio between pupils from more deprived backgrounds (eligible for free school meals [FSM]) and those from more affluent backgrounds (not eligible for FSM). Happily, the ratio between the achievements of the two groups has steadily improved both nationally and in Brighton & Hove over the last 15 years, and there is some evidence that the city

may be catching up on the country as a whole. Improvements in Year 11 results achievement have been more marked in those schools previously considered low achieving and with higher numbers of pupils eligible for FSM.

people who previously left school aged 16 viewed further education as their least preferred option, with employment the overwhelming preference.

Schools have of course adapted and our most popular city schools now are those that alongside academic excellence enjoy good links to employers, training opportunities and apprenticeships. Employment for young people has improved too compared to 10 years ago when it was a European-wide concern, although full employment for young people in Brighton & Hove is still a long way off. The recent 'Brighton & Hove Children and Young People's Education and Workforce Strategy' may go some way to improving this further.³

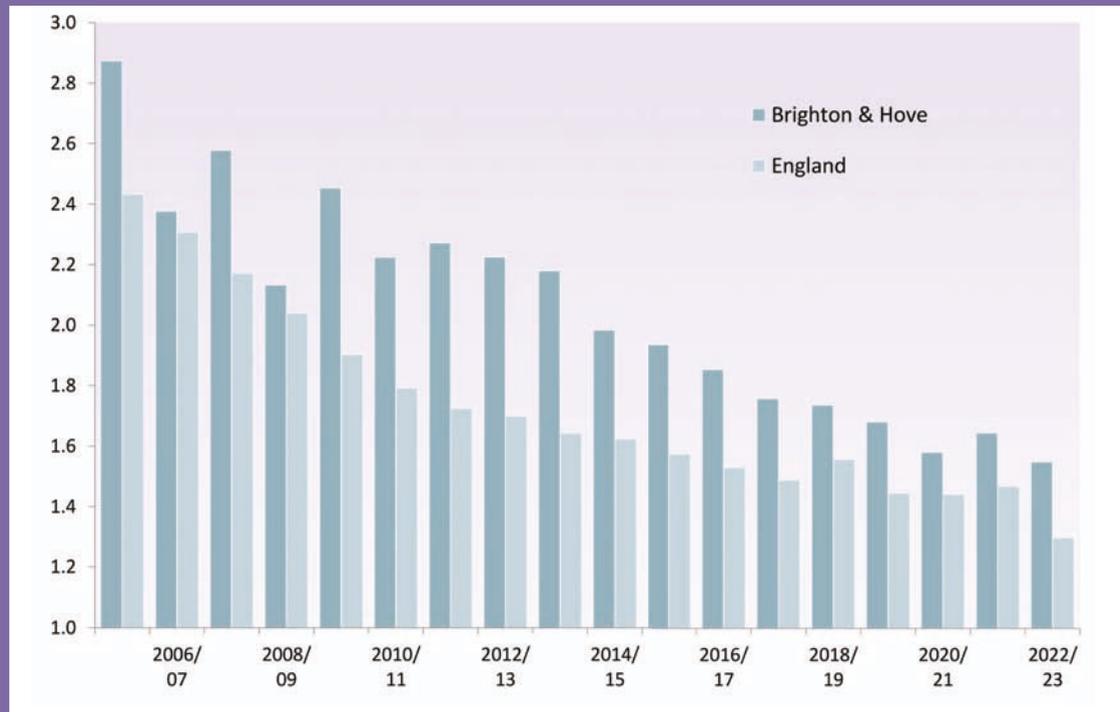
THE YEAR 2024

The trend in school exclusions has also improved. Nevertheless, a gap in educational achievement between relatively deprived and relatively affluent children remains, as does a smaller gap in achievement between pupils with English as their first language, compared to those with English as an additional language (EAL).

LEARNING FOR LONGER

During the Second World War, the school-leaving age was raised to 15 years, and later in 1972 it was raised again to 16 years. The widespread youth unemployment of the early 21st century however saw large numbers of children not in education, employment or training, so-called NEETs. In 2015, the Conservative / Liberal Democrat Coalition Government raised the compulsory school leaving age to 18 years. This policy shift represented a challenge to schools and to many young people. For as was reported at the time in local surveys, the vast majority of young

FIGURE 2 Year 11 School Achievement Ratio: Children Eligible and Not Eligible for Free School Meals, Brighton & Hove and England, 2005/06 - 2022/23



Source: NHS Brighton & Hove City Council, 2024 [Based upon Department for Education Achievements at GCSE (5 A*-C grades including English and Maths) and equivalent for pupils at the end of key stage 4 by free school meal eligibility and local authority 2005/06 to 2012/03]



“ My great gran left school at 14, my gran at 15, and my mum at 16. None of them like went to college or uni. It seems funny to think I might have left at 16, but schools are like totally different now. It's not like you are in school wearing a uniform every day. I get to do training and some volunteering and 'cause like everything's on-line and mobile, it's not like I have to sit looking at a teacher all day. Anyway, I nailed Maths and English first time round so that's good. I'm looking at an apprenticeship when I leave, I quite fancy being a sparky, and there's not enough girls in that line anyway. Uni's not for me; I don't need that sort of debt ”

Gina 17 years

PARTNERSHIPS OF SCHOOLS FOR HEALTH AND WELLBEING

The return of public health to local authorities in 2013 marked a new relationship between schools and public health. The Brighton & Hove Public Health Schools Programme was introduced in 2014 when school nursing came under the responsibility of public health, and the Public Health College Programme followed later in 2016. Schools now receive a biennial public health pupil profile outlining pupil demographics and key indicators of health and wellbeing. These profiles have helped bring schools, teachers, parents and pupils together in discussions and actions to improve their wellbeing.

By 2018, all secondary schools in the city had signed up to the 'parental contract on alcohol' - a commitment by parents not to provide their own children with alcohol. In 2020, the city's Mayor and Director of Public Health jointly formally announced at the Annual Governors Meeting that all schools were now 'tobacco-free' with no teaching staff smoking - tobacco or e-cigs.

Mental wellbeing remains a high priority on the Public Health Schools Programme; across the country exam stress and self-harm are in sharp focus following several well-publicised tragic events and the subsequent publication of a national Children and Young People's Mental Wellbeing Strategy. In Brighton & Hove, the Public Health Schools Programme and in particular the School Commissioning Partnership has helped bring better coordination, efficiency and greater pupil access to cognitive behavioural therapy

(CBT) services. Thresholds for referral to the Adolescent Wellbeing Project have reduced year on year for the last five years with all referrals now seen within a fortnight - the same deadline that exists for urgent cancer referrals.

THE FUTURE OF EDUCATION IN BRIGHTON + HOVE

The pace of technological change shows no sign of deceleration with ever reducing direct teacher contact and more student-centred and directed learning. The emergence of Free Schools has put off-site learning firmly at the centre of the debate, and with all Brighton & Hove school lectures now on-line through the Schools Web Portal, schools look very different to those of even just a generation ago.

It is clear that the successful school of the future will be less about a building and more about an approach; an ethos with connectivity to communities, to business and to an ever-shrinking outside world.

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TECHNOLOGY AND YOUNG PEOPLE



Lauren Shukru



Today's young people are digital natives. Born long after the arrival of the first personal computers, they inhabit a virtual, wireless and truly global world. Global internet use hit the five billion-user mark in 2020¹ and by 2032 the UK will have 100% internet coverage.² New digital technologies have a more significant impact on the lives of young people than any other innovations.³

Young people are digitally intuitive, but not immune to digital risk. Dangerous phenomena such as sexting can appear suddenly and spread rapidly. They are viral and demand a swift, co-ordinated response. Global alliances such as the UK-US task force established in 2013 now work in partnership with digital industries to tackle sexual exploitation, ready access to pornography, cyber-bullying and cyber-threats.⁴

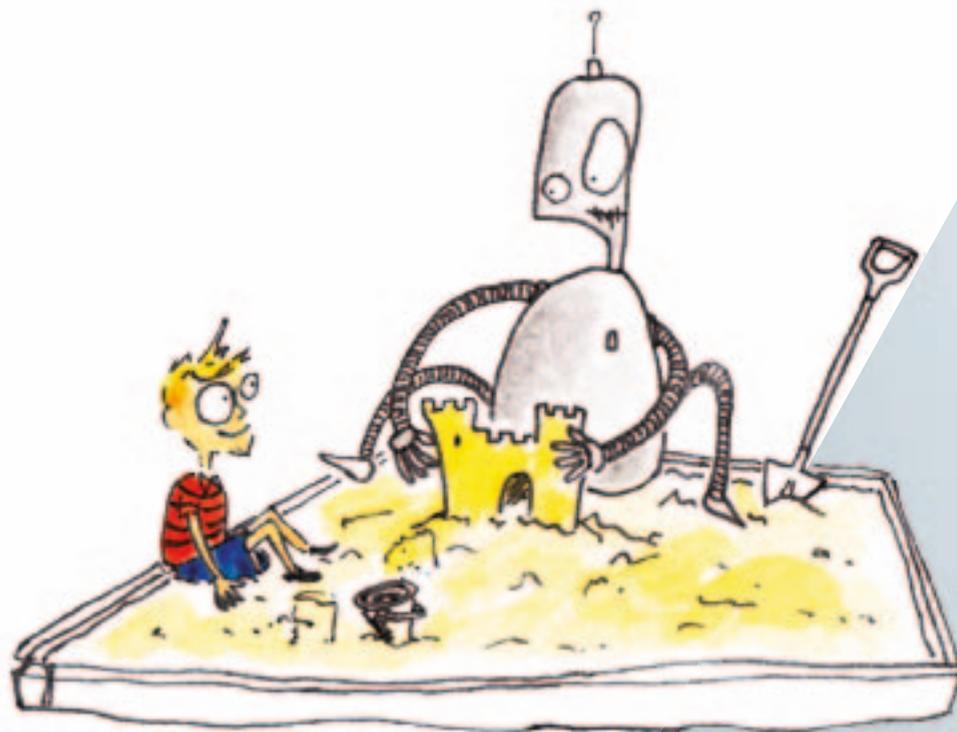
Locally, successful partnership working between the local authority and voluntary sector organisations such as the YMCA has focused on building digital resilience in young people. The move away from the "don't" messages of the 2000s to a more positive approach where young people are encouraged to connect and build their own social capital via virtual communities, such as the city's youth network, appears to be having some success. As virtual hubs replace physical locations, youth agencies can interact with young people in more spontaneous and culturally relevant ways.



Diagnostic apps and on-line GP services are increasingly popular and cost-effective, with many young people preferring to access virtual support for health issues.⁵ E-motion, the city's on-line counselling service for 13-25 year olds, has helped improve access to support services.

I didn't have to get a lift to the appointment, I could email when I wanted... I felt I had more control over things... I found it helped reading back the replies... I didn't have to explain where I was going... I didn't want anyone to know I was getting counselling... I could think more about how I would reply... I'm not sure if I would've opened up so much if I was sitting with someone there...

Courtesy of E-motion <http://www.mindlive.co.uk>



Belar

Sentient robots can offer companionship and support for those experiencing social isolation³ and interactive gaming and smart-phone apps can encourage exercise, but physical activity in youth is the best predictor of physical activity in later life⁶ and keeping young people physically active is an increasing challenge. According to the latest (2023) e-health school survey rates of physical activity for school age children have remained stable over the last five years although Brighton & Hove performs better than nationally.

Beyond the school environment, the youth service's dedicated social media team works alongside Active For Life⁷ to engage young people in pop-up street sport, active gaming events and traditional festival style events such as TakePart. The last decade has seen more and more interactive technology installed at venues such as basketball courts and skateboard parks across the city to allow people to track their progress and compete with others at remote locations. This approach is proving popular and may prove to be effective in increasing rates of actual physical activity participation in the face of a powerful virtual competitor.

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WHAT THEY SAID THEN



**SALLY POLANSKI -
CEO, BRIGHTON +
HOVE COMMUNITY
WORKS, 2014**

“ Voluntary sector leadership, pooled budgets, co-production and improved mental wellbeing.

The voluntary sector is strong in Brighton & Hove and plays a pivotal role in the city’s social, economic, environmental and cultural priorities. The city’s 2,300 community and voluntary groups generate £127 million and volunteers provide £44 million of their time each year. Reduced public finances, and new commissioning and delivery models however mean that this is set to change. Voluntary organisations need to recognise and face these challenges.

At the same time, our partners need to recognise the leadership that the voluntary sector can play at this time working with our ageing population as well as with young people experiencing family breakdown, illness, neglect and poverty. If the voluntary sector is to pick up where the state no longer can, then we need an investment strategy in the sector with pooled budgets and co-produced services. If we do, we might then reverse the trend of recent years and finally improve the mental and emotional wellbeing of our community. ”

THE HEALTHY WEIGHT QUEST

Lauren Shukru



When the Foresight Report, ‘Tackling Obesities: Future Choices’ was published back in 2007 one in four children aged 4-5 years starting school in England was overweight or obese and in Year 6 (children aged 10-11 years) this rate was almost one in three. The report grabbed the headlines when it predicted that, by 2025, 15% of children and young people under the age of 20 in England would be obese. Furthermore, by 2050 just 45% of boys and 30% of girls would be a normal weight, while overweight and obesity would be the norm.¹

TABLE 1 Percentage of 6-19 year olds predicted to be obese (International Obesity Task Force criteria), by sex, England, 2004 - 2050

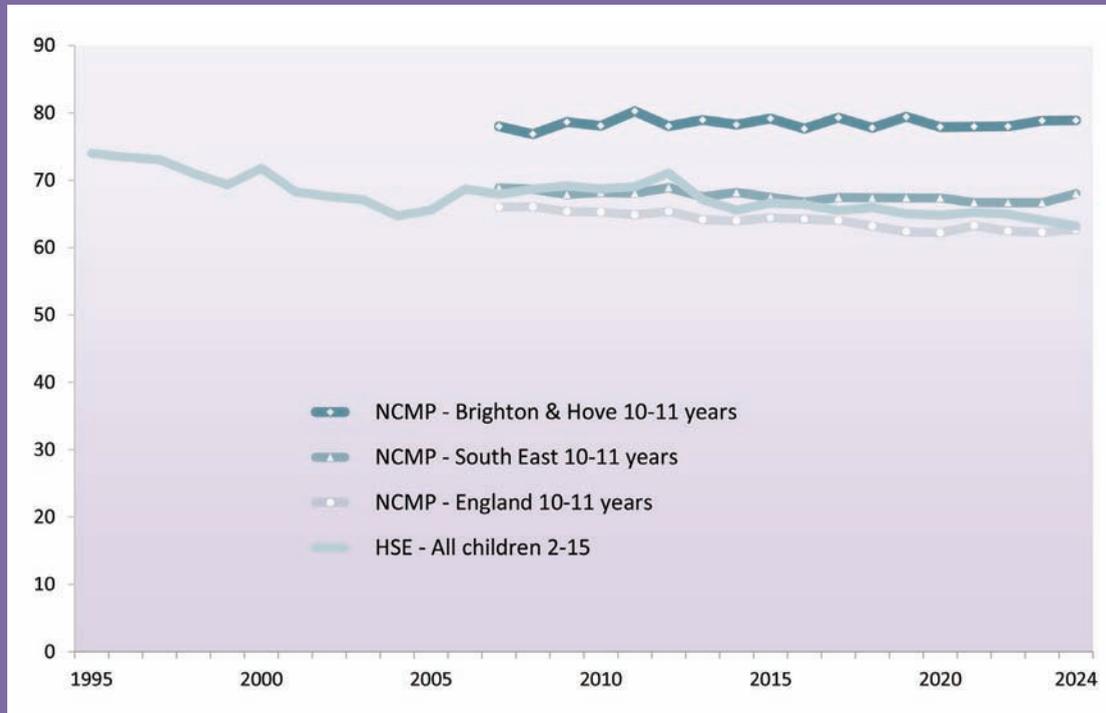
		2004	2025	2050
Boys	6-10 years	10	21	>35
	11-15 years	5	11	23
	All under 20	8	15	25
Girls	6-10 years	10	14	20
	11-15 years	11	22	35
	All under 20	10	15	25

Source: Foresight Report. 2007.

YOUNG PEOPLE



FIGURE 1 Prevalence of healthy weight (%) in year six pupils (aged 10-11 years), Brighton & Hove, South East and England, 2006/07 - 2023/24, and Health Survey for England (children aged 2-15 years), England, 1995 - 2024



Source: NHS Brighton & Hove City Council, 2024

[Based upon trend data to 2012/2013 from National Child Measurement Programme and Health Survey for England (HSE), Health and Social Care Information Centre]

Whether or not the report exaggerated figures, or simply acted as one of several catalysts for behaviour change, remains a topic of debate. However, today's picture is slightly more positive - particularly in Brighton & Hove. Furthermore, in recognition of the pressures around appearance that young people face, pressures that have heightened with the universal use of social media, the language has moved from discussions on obesity, overweight - and normal and underweight - to one of maintaining a 'healthy weight'.

Local National Child Measurement Programme data,² while using slightly different measures compared to the Foresight Report, shows that among five and 11 year olds in Brighton & Hove, the trend in healthy weight has been positive for the last 15 years. Around 80% of 10-11 year olds are a healthy weight today, compared with around 63% in England and 68% in the South East (Figure 1).

In addition to the high prevalence forecasts for overweight and obesity in children, the Foresight Report also predicted - if trends were to continue - steep rises among adults. These figures have also been shown to be overestimates as can be seen in Figure 2. At the national level, around 45% of men and 35% of women would have been obese or morbidly obese by now. The reality is that this figure has not gone above 30% at any point since Foresight published the projection. This level of obesity however, still takes a huge toll on health and unlike the case in children, obesity rates in adults have continued to rise.

REFER AND TREAT – THE EARLIER THE BETTER

This improving trend for children is welcome as 70% of obese children will become obese adults,³ with increased risks of asthma, muscular-skeletal problems, hypertension, low self-esteem and depression,⁴ cardiovascular disease, stroke, diabetes and some cancers. These co-morbidities once associated with adult overweight and obesity now often present in earlier life. Type 2 Diabetes, previously known as adult onset Diabetes Mellitus, is no longer unusual among younger people.^{5,6}

Early referral of overweight and obese children to weight management services can lead to improvements in weight.⁷ However many parents do not recognise the signs in children,⁸ and opportunities for preventative intervention are missed. For years, GP referrals of children to weight management services in the city have been relatively low - despite high numbers of children requiring these services. Many GPs remain reluctant to 'have the conversation'. However, with school nursing services coming under public health in 2014 and the implementation of the Public Health Schools Programme, referrals from schools have increased steadily. GP referrals are largely related to co-morbidities.

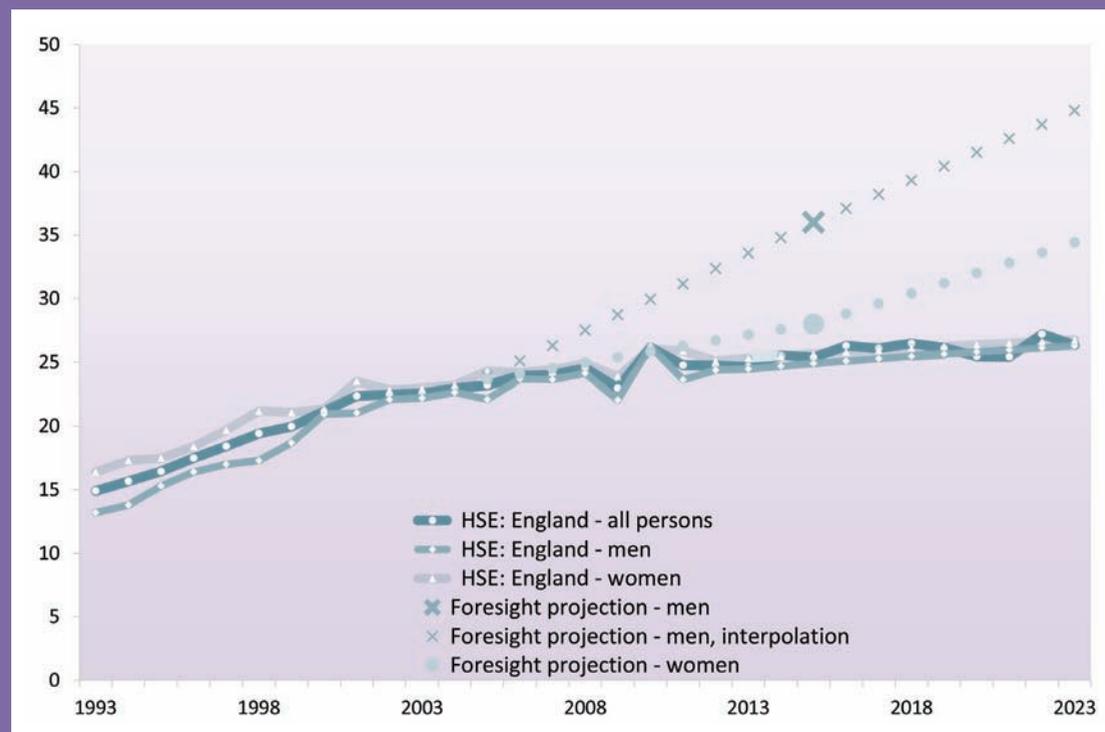
The former Quality and Outcome Framework (QOF) and Local Enhanced Scheme (LES) Healthy Weight Programme has helped facilitate brief interventions in adults and increased referrals to weight management services, but with one in five local children still not a healthy weight this is an area where more progress is required.

IT'S THE ENVIRONMENT STUPID

While arguments about parenting, personal responsibility and sedentary lifestyles continue, the last 10 years have seen considerable efforts to tackle the obesogenic environment.⁹ Even in education and sports facilities, where healthy lifestyles are promoted, young and old have faced mixed messages with a food offer that has not been the healthiest. Bringing the city's environmental health and regulatory services back under public health in 2014 added some value to the approach to licensing local fast food and other restaurants.

Since 2019, across the country, all food outlets are required by law to display calorie, fat and sugar content, although successive governments have resisted the call for a tax on sugar, despite its association with excess energy-intake among young people, and evidence that young people are especially price-sensitive.¹⁰ The food and drinks industry remains ever creative. The electronic shadowing and neuro-behavioural profiling of children employed by food and drink industries are generating increasing debate. Stealth marketing tactics such as in-game advertising, user-generated ads, viral videos, immersive brand-saturated environments and social network blogs are all used - mostly within the law - to promote

FIGURE 2 Percentage of adults obese / morbidly obese, by sex, England, 1993 - 2024



Source: NHS Brighton & Hove City Council, 2024

[Based upon Health Survey for England data Available at: http://data.gov.uk/dataset/health_survey_for_england and the Foresight Report Available at: <https://www.gov.uk/government/publications/reducing-obesity-future-choices>]

IN THE ZONE AT THE TAKEOUT-CLUB ON NORTH STREET



“ People live their lives on the go and want food which is quick and easy, as well as good value. Instead of having to check labels to see if food is healthy, customers can just grab something from our Green Zone, which is at the front of the shop, and know that they are getting a healthy deal. All Green Zone food earns customers “In The Zone” loyalty points and is simply priced to round figures to make things easy, plus it’s right next to the debit station so it really is the quick and easy ‘grab and go’ option. ”

Jamie Widdiecombe,
Nudge winner 2023

unhealthy food and drink products. Nevertheless, following on from Public Health England’s recommendations on food availability in schools, colleges, leisure centres and other places where children gather, in 2018 the last vending machine was finally removed from the city’s education establishments, and a year later from the city’s sports venues and leisure centres. The Healthy Partners Award scheme, now in its seventh year means that over 300 of Brighton & Hove’s cafes and restaurants now routinely offer ‘Me Size’¹¹ plates - proportionately sized and priced to help families make healthy choices. The city’s annual ‘Nudge’ competition regularly rewards schools, leisure centres, cafes, bars and restaurants for innovative design, lay-out and incentives to promote healthy eating.

The city’s One Planet and Biosphere initiatives have done much to promote local food growing with a particular focus on young people. All schools in the city have access to food growing plots and three schools now have fully planted orchards.¹²

The overall picture then is mixed, although the future looks more positive. Adult obesity levels have slowed, while the proportion of children who are a healthy weight continues to increase. Over the last eight years, the Public Health Schools Programme has taken food growing, cookery schemes and breakfast clubs into secondary schools and colleges, where previously these were only available to primary school children. Albion in the Community and Sussex Cricket Club are established partners in this approach. Over 9,000 children in Brighton & Hove between the ages of four and seven now receive a free school meal each day; and with school food standards now applying in further education; healthy, nutritious food is available on-site to all young people at school or college in the city. This is not a war that has been won by any means and much of the food and drink industry has been brought very reluctantly even this far. There will be many struggles ahead, but at least the battle of vending machines in our schools, colleges and leisure centres has been won.



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TOBACCO AND NICOTINE USE IN YOUNG PEOPLE



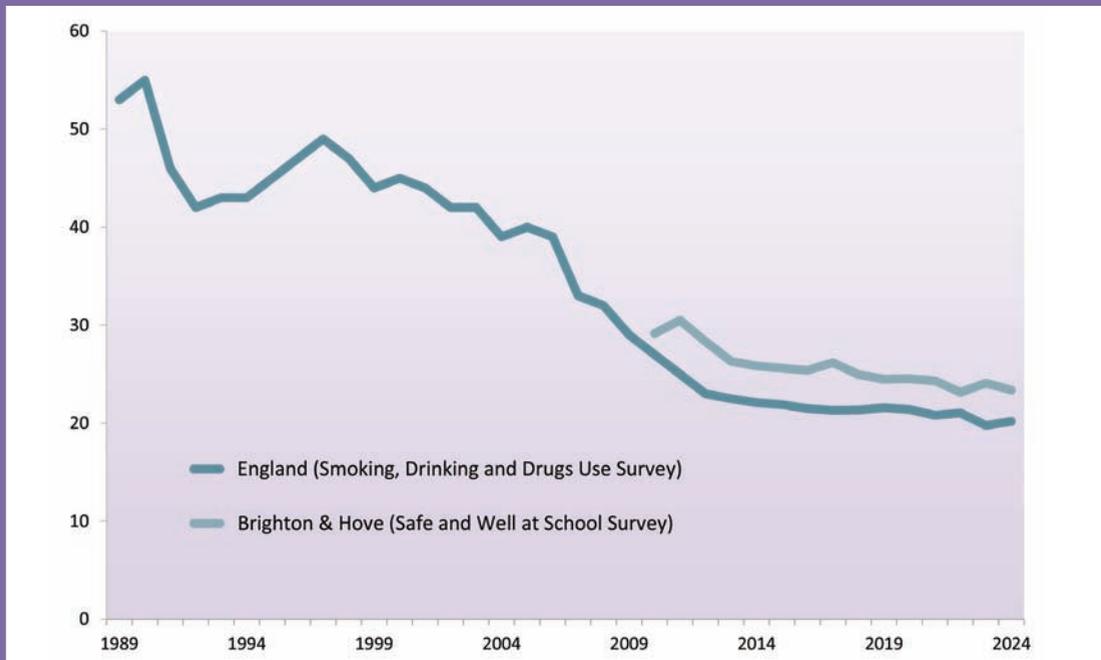
Lauren Shukru

The evidence base for the effects of tobacco on children goes back many years. Children and young people who smoke are up to six times more susceptible to respiratory symptoms than those who do not smoke.¹ In the longer term, smoking in childhood impairs lung growth and causes serious health problems.² Young people become addicted to nicotine very quickly, and as the risk of disease increases with time, those who take up smoking early are at greatest risk of developing lung cancer and heart disease in later life.¹ Even in 2024, with the wealth of information on the harm that tobacco brings, smoking remains a public health priority.³

In the first survey of smoking among secondary school pupils in England (1982), 25% of 15 year olds were regular smokers. Rates declined over the next 30 years, falling to 10% in 2012³ although the decrease has been less steep since. The number of children who have ever tried smoking has also fallen steadily since the 1980s, with a heightened

reduction following the ban on smoking in public places in 2007. Again, the rate of reduction has slowed recently and in Brighton & Hove it remains above national rates. The latest school e-health survey (2023) reported that just 12% of children aged 11-15 years in Brighton & Hove had tried tobacco, although this increased to 26% when e-cigs were included.

FIGURE 1 Percentage of 11-15 year olds who have ever tried smoking, Brighton & Hove and England, 1982 - 2024



Source: NHS Brighton & Hove City Council, 2024

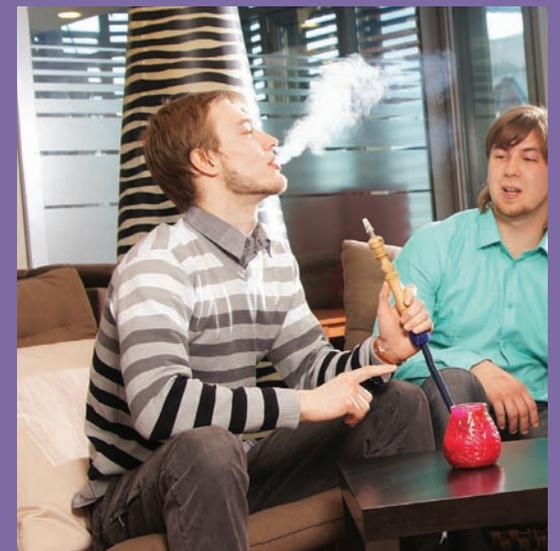
[Based upon Smoking, Drinking and Drugs Use Survey: Health and Social Care Information Centre for England trend 1982-2012 and Brighton & Hove Safe and Well at School Survey for 2010 to 2013]

Current Trends

Product	Method of delivery
Hookah	Water pipes for smoking tobacco flavoured with apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon ⁶
Snus	Finely ground snuff containing tobacco and nicotine for chewing ⁷
Bidis	Small, thin, hand-rolled cigarettes comprising tobacco wrapped in leaves from plants native to Asia – usually secured with a colourful string at one or both ends - and sometimes flavoured with chocolate, cherry, mango ⁸
Kreteks	Sometimes referred to as clove cigarettes—typically contain a mixture of tobacco, cloves, and other additives ⁸
Shisha pen/ vape pens	Battery-operated devices similar to an electronic cigarette, that heat a flavoured liquid turning it into a vapour for inhalation. Most contain water, fruit/herbal flavouring, vegetable glycerin and propylene glycol

ELECTRONIC CIGARETTES – HARMFUL OR HELPFUL?

E-cigarettes emerged in the mid 2010s and for many years have outstripped tobacco sales in adults (see Smoking Section). The current evidence base suggests that



“ If I want good shisha, I always go to the Hookah Lounge: excellent service, some great flavours, an authentic vibe and super chilled music. And if you get hungry, the food’s not bad either. It’s a pretty cool place to hang out, and it’s not like smoking, is it? Although I do stray onto the odd roll-up. Still, it’s not like I’m developing the habit of a lifetime...”

Jay, 22 years

many young people use e-cigarettes interchangeably with traditional cigarettes, and that e-cigarettes encourage experimentation with tobacco products and foster nicotine addiction.⁴ All smoking behaviours are associated with other risk-taking behaviours such as alcohol and drug use.² The extent of the effect nicotine has on the developing adolescent brain is just emerging as a cohort who commenced long-term (e-cigarette) nicotine use in their youth reaches adulthood.

Since 2015, all schools and colleges in Brighton & Hove have prohibited e-cigarettes alongside all tobacco, nicotine and other smoking-imaged products. However, while e-cigarettes can help some people to stop smoking, they have also re-normalised 'smoking' behaviours, and there are increasing concerns that the sustained fall in adult cigarette smoking rates could be reversed. Tobacco and nicotine products, such as hookahs, snus, smokeless tobacco,

pipes, bidis, kreteks, dissolvable tobacco, and e-cigarettes,⁵ as well as other non-nicotine vaping products such as shisha-pens are increasingly popular with young people thanks in part to the packaging, flavouring and aggressive marketing by industry.

Smoking and vaping cessation are established within the Public Health Schools Programme, and embedded into the local PHSE and science curricula. The city's Nicotine Addiction Advisers are working closely with schools to support children in resisting social media marketing campaigns and where necessary dealing early on with their addiction. It is clear however, especially as the evidence base emerges, that national policy makers still have some progress to make with tobacco and nicotine if we are to tackle this emerging health issue with the same vigour (and success) that was applied to traditional cigarettes in the past.

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OLDER PEOPLE

THE RISE AND RISE OF THE 'SUPER-OLD'

Annie Alexander and Barbara Hardcastle

The term 'super-old' first came into common usage about 10 years ago to describe an ever ageing population, but one where members of the older community are fit, healthy and live independent of state support. Health Counts surveys have documented the lifestyles of the city's population over the last 30 years.¹ The number of survey respondents aged 85 years or over may be relatively small, but still the results suggest an interesting trend.



TABLE 1 Percentage of residents aged 85 years or over in 'good or better health' or with a limiting long-term illness or disability, Brighton & Hove, 1992-2022

Brighton & Hove residents aged 85 years or over in 'good or better health'				
1992	2003	2012	2022	
40%	41%	45%	48%	
Brighton & Hove residents aged 85 years and over with a 'limiting long-term illness or disability'				
1992	2003	2012	2022	
61%	73%	84%	88%	

Source: NHS Brighton & Hove City Council, 2024.
[Based upon Health Counts Surveys 1992, 2003 and 20121]

The proportion of older residents who are staying healthier for longer is increasing; however the proportion who state that they have a long-term illness or disability is also increasing. This suggests that many people with a limiting long-term illness or disability still consider that they are in 'good or better health'.

Among retired people living in Brighton & Hove, the most dramatic increase has been in the group age 90 years plus, which has grown by almost 50% in the last 10 years (Figure 1). In 2023 we saw the first centenarian complete the Brighton Marathon and we now have 165 residents in the Brighton & Hove

By Dr Jack Bedeman

100-Plus Club; a trend which has been repeated across the country. Hardly surprising then, that the monarch last year switched from signed Birthday Cards to bespoke Congratulatory Picto-mails.

There has been a change in the gender ratio too, with men continuing to catch up with women, due in part to ever-closer smoking patterns in the two sexes. In the early 1990s, women aged 85 years or over in Brighton & Hove outnumbered men of the same age by two to one, now it is 1.5 to one and falling.

FROM HOMES FOR LIFE TO HOMES FOR SHARED LIVES

Divorce rates in older people continue to rise, and coupled with sustained levels of single parenthood and continuing pressures on housing, we are witnessing a return to the days when several generations shared the same house. The new Homes for Shared Lives development in East Brighton is testament to this, and part of the Council’s Age Friendly City initiative, which has helped stall the exodus of older people to neighbouring towns like Worthing and Eastbourne.

FIGURE 1 Number of 90-99 and 100+ year old residents, Brighton & Hove, 2002 to 2024



Source: NHS Brighton & Hove City Council, 2024
 [Based upon Office for National Statistics (ONS), Sub-national Population Projections to 2021; 2012. Available from URL <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Sub-national+Population+Projections#tab-data-tables> and methodology followed to provide estimates for 2024. As the ONS estimates upper age group is 90+, the trend in the split of 90+ year olds into 90-99 and 100+ year olds from local GP practice register data is applied to the population projections for 90+ year olds]

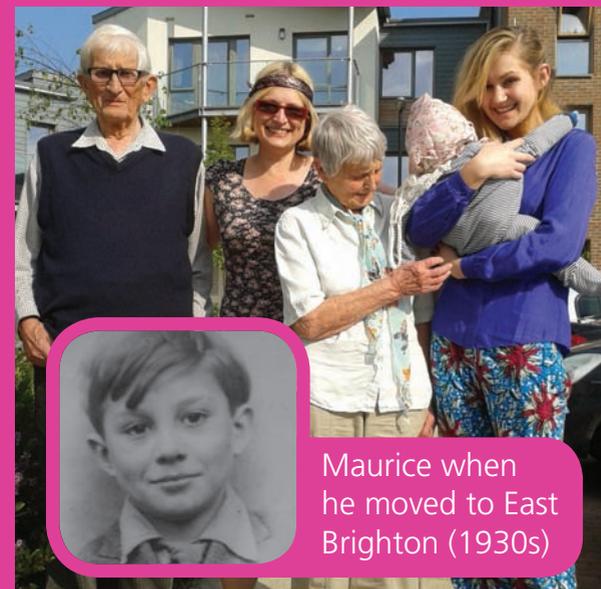


OLDER PEOPLE

Maurice - 101, Beryl -76, Suzanne - 49, Chloe - 20, Babette - 10 months

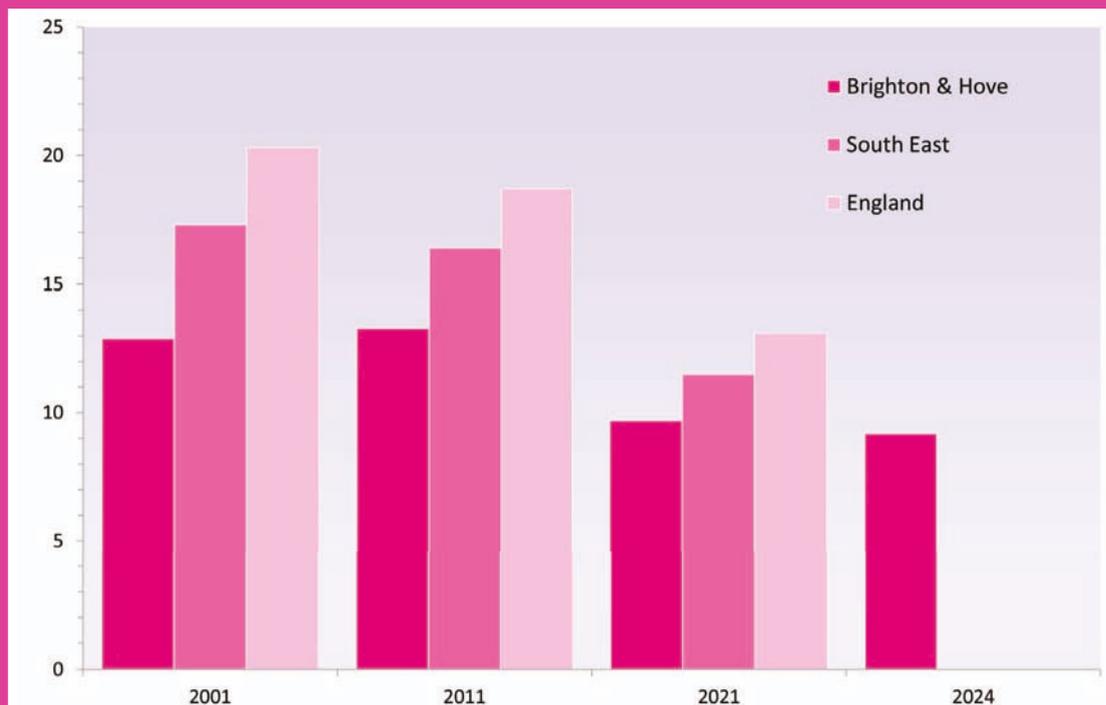
“Of course I’m old enough to remember moving to East Brighton the first time round, between the wars. We came to a big three-bed semi in Whitehawk and my old mum thought she was moving to heaven. Well we had been living in a little flat in Kemptown. Kemptown eh - it’d be a fine thing if we could afford to live there today. Saying that, the new flat’s very nice; it’s got everything we need, and with the lift there’s no stairs to worry about, which helps ‘cause I just had my hip done again last year. I think the rooms could be a bit bigger, but I don’t mind living all together like this, I quite like it, and I don’t hear a lot of the kids’ racket. They look after me and I look after them. I never thought I’d live this long, but people say I don’t look a day over 80... Strange that I’m the only man in the family mind, still fixing the plugs...”

Maurice



Maurice when he moved to East Brighton (1930s)

FIGURE 2 Number of 60-74 year olds for every 90+ year old resident, Brighton & Hove, South East and England, 2001 to 2024



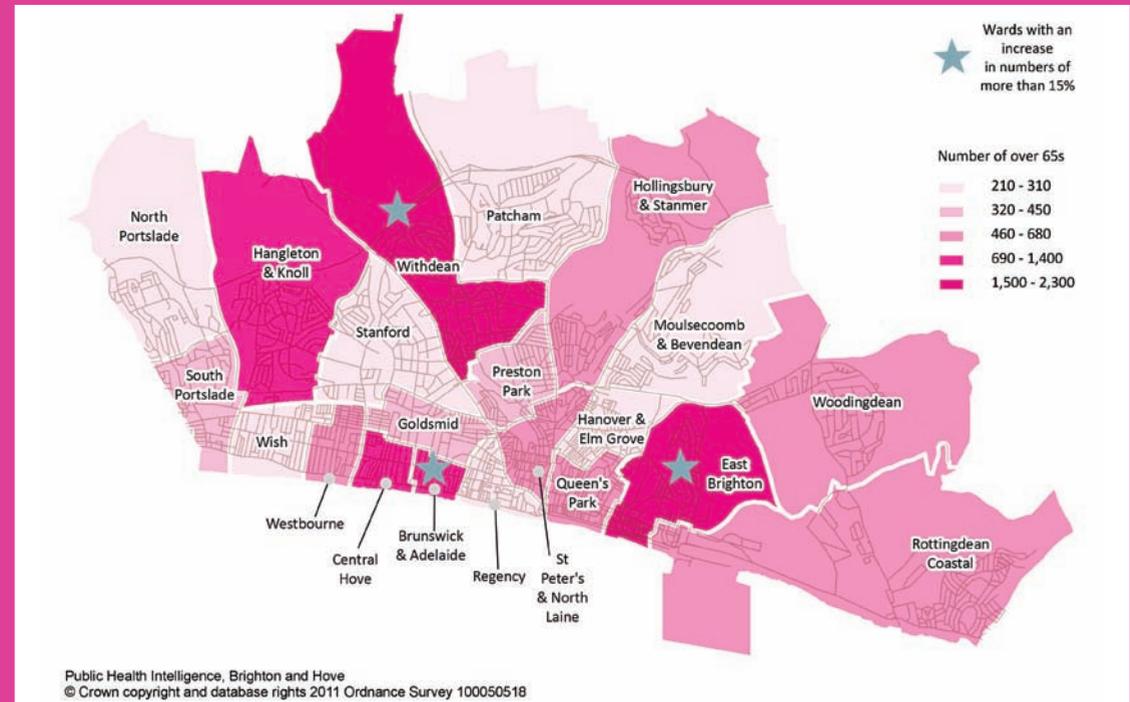
Source: NHS Brighton & Hove City Council, 2024 [Based upon Office for National Statistics (ONS), Subnational Population Projections to 2021; 2012. Available from URL <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Sub-national+Population+Projections#tab-data-tables>, and methodology followed to provide estimates for 2024] Note: 2024 data is currently only available for Brighton & Hove

Sadly, despite many people living healthier for longer, not all of the elderly are ‘super-old’, and while five generations living together in the same home may not be commonplace, across the city many retired residents now live with and care for older parents, in addition to caring for grandchildren whilst their parents work. The new older people dependency ratio first developed in 2001, which compares the number of residents aged 60-74 years with the number aged 90+, has seen a dramatic shift in the last 25 years.

In the first decade of the 21st century, there were around 13 people in early retirement for every resident aged 90-years or over (Figure 2). This figure has now fallen to nine, and it will fall further. Nationally and locally, pressures on social and health care funding have seen this recently retired group take on more and more of the responsibility of caring for the very elderly.

There are also still considerable numbers of elderly people living alone, and the effects of loneliness and isolation on mental wellbeing are evident. Three parts of the city: Withdean, Brunswick and Adelaide and East Brighton - an area traditionally associated with young families - have seen large increases in older people living alone. The More Tablet - Less Tablets initiative led by the single point of care coordinators (SPOCCs) has been vital in helping to combat the adverse effects of this demographic trend.

MAP 1 Number of households comprising one person aged 65 years or over by ward, Brighton & Hove, 2021

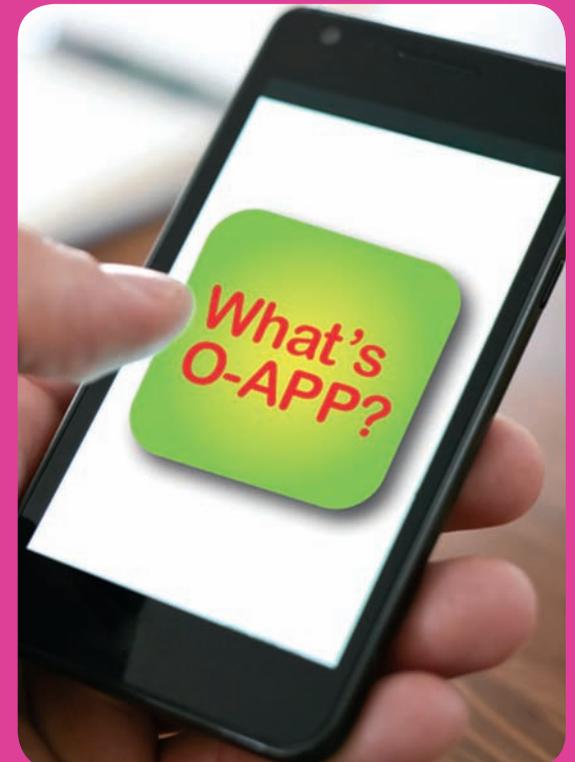


Source: NHS Brighton & Hove City Council, 2024

**MORE
TABLET -
LESS
TABLETS**

Technology plays an ever-increasing role in supporting retired carers. The introduction in 2020 of the NHS Brighton & Hove City Council More Tablet - Less Tablets programme means that every person aged 65 or over living alone or who are a carer – if they so wish - now has electronic tablet communication daily with their SPOCC (Single point of care coordinator) and rapid access to their CHET (Care and Health Team). You can find out more about SPOCCs and CHETs in the Health and Healthcare section.

Our Third Age Hubs, the first of which opened in 2016, are now increasingly well used and last year the city hosted its second Age Friendly City Arts Festival, which saw a strong cast of performers in fields as diverse as music, dance, theatre and cooking as well as some excellent see-touch-and-smell art installations. The More Tablet - Less Tablets programme has spawned a number of apps for older people, some of which have received national recognition. The 'What's O-APP?', developed by the University of Brighton and launched in 2020 has made it easy for older people to find out what is going on, not just at Third Age Hubs but also in retired carers' groups as well as handyman services, travel times and weather forecasts.



WHAT THEY SAID THEN

**GEOFFREY THEOBALD - LEADER,
CONSERVATIVE PARTY, 2014**



“ Integrated services, more supported housing and more Government intervention on alcohol.

The predicted increase in demand for health and social care services that the ageing population will bring, coupled with the increased availability of (often very expensive) drugs and treatments means that the structure and funding of the NHS will come under scrutiny in the next 10 years. In particular, the way that older people's care is provided will look very different

in 2024. I envisage a much more integrated service where there is a relentless focus on prevention and enabling people to remain living at home. Extra care and other forms of supported housing that enable people to retain a degree of independence will become ever more popular.

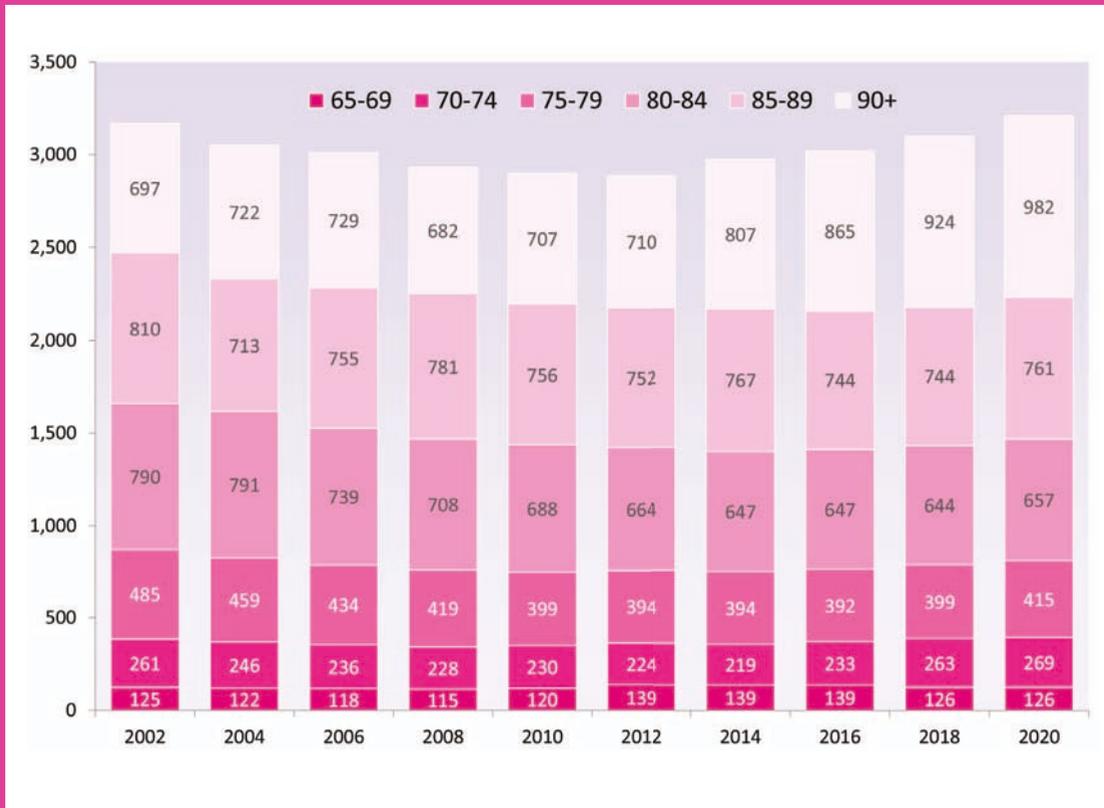
I also sense a greater public acceptance of a harder line and stronger role for Government and councils on public health issues such as alcohol abuse and obesity. The ban on smoking in public places has been a great success and there seems to be a growing consensus that some form of minimum pricing of alcohol will help to reduce binge drinking which exacts an enormous cost on both the individual and wider society. ”

DEMENTIA - AN INTERNATIONAL STRUGGLE

In 2013, the G8 Global Summit on Dementia set a target to find a cure, or disease altering therapy, for sufferers of dementia by 2025. There has been much progress with several new drug treatments, stimulated by a global picture of ageing, and although a cure remains elusive, the progression of the disease has slowed considerably. The emerging research on biomarkers is presenting the country with an ethical dilemma akin to the vocal debate on Assisted Dying that took place in the late 2010s. However, with greater numbers of people living to older age, and no cure, the prevalence of dementia has inevitably increased.

Across England and Wales there are now one million people living with dementia and figures from the Brighton & Hove Memory Assessment Service indicate that there are 3,211 city residents aged 65 or over with dementia - an increase of 239 (8%) in the last 10 years.² The prevalence of dementia reflects the population age structure with one in six of those aged 85 years or over likely to be living with the condition. Back in 2002 there were 3,168 city residents living with dementia. While numbers fell during the first decade of the 21st century, they have increased steadily and are now back to where they were 20 years ago. This reflects the changing age structure the city has seen over the last 20 years, with recent increases in the number of very elderly residents.

FIGURE 3 Number of people with Dementia by age group, Brighton & Hove, 2002 – 2020



Source: NHS Brighton & Hove City Council, 2024 [Based upon NHS Dementia prevalence calculator and ONS mid-year population estimates. Institute of Public Care. Projecting Older People Population Information; 2014. Available at URL www.poppi.org.uk

Considerable progress has been made regarding support for those suffering with dementia over the last 20 years, however, while the total prevalence is similar, there are now more very elderly people with dementia and so the demand for support service is greater than it was 20 years ago.

The Dementia Friendly Community initiative is now in its 10th year and the city now has over 2,000 fully trained Dementia Friends helping to support dementia sufferers so that they can

live in their own homes, manage their finances, travel and shop, and even in some instances work. In 2023, Paula Murray, chair of Brighton & Hove’s Dementia Friends was named Sussex Woman of the Year for her work, in close collaboration with local third sector, health and social care and East Sussex Fire and Rescue Services.



“ I’ve seen the effects of Alzheimer’s at first hand and I wanted to do something that helped other people get the love and care that my relatives received. Getting the EU money for the Dementia Friendly Garden and Allotments meant a lot to me. The garden has been a great success and we got advice and support from the council and from East Sussex Fire and Rescue for the planting. Every day we have visitors to the garden and last year the allotment produced more blueberries than we could eat! The Dementia Friendly Tea Dances are another great success. It’s amazing to see how people who seem to be struggling to walk really find their feet when the music plays and they start to dance. ”

Paula Murray

WHAT THEY SAID THEN

FRANCES MCCABE CHAIR OF HEALTHWATCH, 2014



“ By 2024, I will be in the age group that has a 1 in 6 chance of having dementia. I am hoping that my 3 times a week gym sessions combined with keeping my brain active through Healthwatch and other voluntary and social activities will stand me in good stead - and also that more effective dementia treatments will have been found. If I do need care, I want it customised - I don't want to be just shoe-boxed into whatever is there.

There will also be more clarity about the right to a good death. While I want the opportunity of the same treatment as everyone else and not to suffer discrimination because of age, I don't want my life prolonged if it has no quality: I want the choice and I trust that by 2024, I will have it ”

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LIFESTYLES

We seem to be more stressed than ever, but is it true? It appears not. Life in 2024 may feel more stressful but it seems that people have felt like this at least since Victorian times.¹ What matters in any case is not stress itself, but how it affects our health and wellbeing. This section of the report looks at the lifestyles people sometimes adopt in an effort to reduce stress: tobacco, drugs and sex.



SMOKING – SO LAST CENTURY?

Peter Wilkinson and Tim Nichols

Fifty years ago in 1974, 45% of adults in Great Britain smoked. In 2011, Citigroup Bank predicted that smoking would all but vanish in the UK by 2040.²

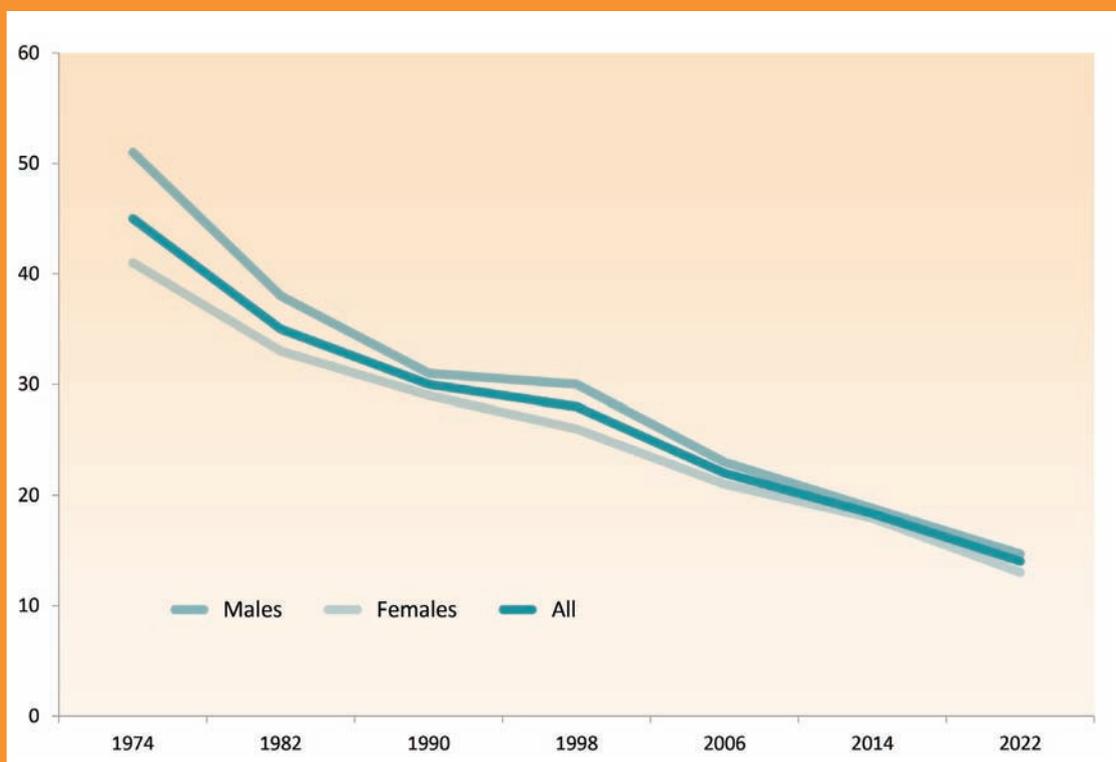


The bank suggested three possible scenarios: firstly, a continuation of the existing downward trend from 1960 until it hit zero around 2040; secondly, the persistence of a hard core of smokers which by 2045 would be less than 10% of the population; thirdly, a societal tipping point whereby smoking became unacceptable and prevalence reached negligible levels by 2030. Today, it seems that the truth is a bit of all three.

Smoking rates have been falling for 50 years and in 2022, just 14% of the UK population smoked. In Brighton & Hove the prevalence of daily and occasional smoking has fallen from 33% in 1992 to 17% in 2022. The decline in daily smoking has been particularly marked: from 27% in 1992 to just 9% in 2022 - so half of our smokers are occasional smokers. However, smoking remains a significant indicator of health inequality, with unemployed people more than twice as likely to smoke as employed people. If anything, as smoking prevalence has fallen, this inequality has increased.

Legislation over the last 25 years: no advertising, the ban on smoking in public places, no shop displays of tobacco, plain packaging and the ban on smoking in cars where there are children, has had a

FIGURE 1 Rates of cigarette smoking in Great Britain, 1974 to 2022



Source: NHS Brighton & Hove City Council, 2024 [Based upon trend data in Action on Smoking and Health (ASH). Smoking statistics who smokes and how much. 2013]

substantial cumulative effect. Action by HM Revenue & Customs on counterfeit and illegal cigarettes has also been productive. In the late 1990s, 25-30% of the total cigarette market comprised illegally imported cigarettes at a cost to the then Government of over £3billion

a year in lost tax revenue. Smuggled tobacco now comprises less than 10% of the UK market and the introduction of invisible security markings on legitimately produced cigarettes has assisted the seizure of counterfeit cigarettes.

Ten years ago, media campaigns such as Stoptober and National No-smoking Day were commonplace and smoking cessation services were busy – between 2008 and 2015 over 2,000 residents of Brighton & Hove quit smoking each year. The change in national policy emphasis from counting smoking quitters to measuring prevalence in 2013 resulted in a shift in approach. Today we put much more effort into work in schools and colleges, and now the Nicotine Cessation Service (previously the smoking cessation service) is half of what it was 10 years ago - a service that marks success by putting itself out of business.

Also, 10 years ago, the use of roll-your-own tobacco was actually increasing, with many people believing incorrectly that it was less harmful than smoking manufactured cigarettes. Media campaigns and the additional messaging on packaging have been successful to some extent in correcting this myth and the use of roll-your-own tobacco is on the decline, although along with shisha, it is the most popular method of smoking tobacco today.

THE PLANET OF THE VAPES

As cigarette smoking has fallen so the vaping of nicotine products has increased, and today, e-cigarettes (battery-operated devices for inhaling nicotine vapour) are accepted, although following public pressure in the 2010s e-cigarettes are subject to the same restrictions as cigarettes. In 2013, an estimated 400,000 of the 1.3 million people in the UK using e-cigarettes had swapped from cigarette smoking.³ The use of e-cigarettes has increased and today (2023) 80% of smokers also use e-cigarettes.

The early e-cigarettes did not meet safety and quality standards with variable nicotine content and other toxic elements which, if present in sufficient doses, could produce adverse effects, particularly in vulnerable groups. Public Health England (PHE) was a vocal supporter of regulation for all nicotine containing products as medicines, and in 2014, the European Parliament approved a directive governing the manufacture, presentation and sale of tobacco and related products including e-cigarettes. Since 2016, e-cigarettes have been regulated either as medicinal products or tobacco products.

The debate about whether e-cigarettes help people quit or start smoking continues, and the answer seems to be both. Initial studies found that (after six months) 7% of people using nicotine e-cigarettes had stopped smoking cigarettes, compared with 6% of people using nicotine patches and 4% of people using the placebo e-cigarette.⁴ In young people, the picture is less clear and there is some evidence that e-cigarettes are a vehicle for future smoking, with a mixed use of roll-ups, shisha and e-cigarettes



being the most typical outcome. (See section on smoking in young people).

UP IN SMOKE?

The proposed EU ban on all tobacco production and sales from 2050 is heralded as the end of tobacco smoking. However, nicotine addiction is not on the retreat as tobacco companies have replaced smokers with e-cigarette nicotine addicts. Furthermore, irrespective of the health impact of e-cigarettes, the impact of previous and current tobacco smoking in thousands of people, particularly those from disadvantaged groups will continue for some time to come. The coronary heart disease and cancers that have resulted from tobacco use will persist for long after the last cigarette has finally been stubbed out.

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SUBSTANCE MISUSE

Peter Wilkinson, Stephen Nicholson and Kerry Clarke

NEW DRUGS CHOICE IN BRIGHTON + HOVE

Substance misuse is an issue that has been with Brighton & Hove for many years; however while use has consistently been higher than across most of the country, the pattern of usage has changed with changing times.

For over 50 years cannabis has been the most popular illegal drug of choice. The late 20th and early 21st centuries saw pressure for the legalisation of cannabis and across the globe several countries and states took this approach. The effects of this legislation are only now becoming clear. In the UK, the emergence of higher strength THC cannabis (super skunk) in the 2010s, with its potential for serious mental health effects, saw a drop in the pressure for similar legalisation. Cannabis use has decreased in the UK including in Brighton & Hove where it has fallen from 11% in 2002/03 to 5% in 2022/23 although it is used by a wider age group. The price of cannabis has fallen considerably over the past 15 years with the increase in the 'home produced' cannabis, including several illegal domestic cannabis farms in Brighton & Hove.

While cannabis has been the most popular illegal drug, its popularity has been superseded by the advent of Novel Psychoactive Substances (NPS) which includes club drugs such as mephedrone

and GBL as well as 'legal highs'. The range of NPS now available and their lack of consistency mean that users are exposed to complex, multi-faceted and unpredictable harm. Unlike the traditional picture of the opiate user, today's NPS user is likely to be middle class, with above average levels of education, in full employment and not necessarily seeking any treatment. Among young people, whereas in the past problematic drug and alcohol use was associated with not being in education, employment or training (so-called NEETs), today, drug use in young people, although at stable levels for the last five years, is found equally across all social groups.

The adaptability of the NPS drug industry has been remarkable with products traded openly on-line. This has set a challenge to traditional ways of policing and regulating drug supply. NPS dealers are outside of traditional organised crime networks. Most on-line NPS still come from the Far East and this has set challenges to trading standards. Furthermore, because NPS compounds are sometimes contaminated with illegal substances, there have been several instances where local people arrested for possession have been unwittingly criminalised. With supply seemingly impossible to regulate, the national and local focus has been on reducing demand. It is fair to say however that, over the last 10 years, public health messages on NPS have had a limited effect.



NPS USE

“



It's pretty easy to get what you want on-line and I can get gear from a number of shops in Brighton, and it's all legal! I think people need to chill out a bit more about drugs, it's not like I'm injecting myself or anything. I don't drink, so I don't get drunk and start smashing up the place or whatever. I know some people go a bit over the top and I've seen a few friends get into trouble with ketamine, but hey! Me, I don't need to recover from anything. I don't want to. I just love clubbing, and like this is my way of having a good time. What's wrong with that? I'm not breaking the law.

Ruby ,19”

Over the last 10 years in Brighton & Hove the proportion of drug users taking methamphetamine, GHB/GBL, and mephedrone have increased while use of ecstasy and ketamine have fallen. Exact figures are hard to come by as most use is hidden, and most users not in treatment. The annual street urine collection - first commenced in 2014 - however, has shown a year on year increase in the use of NPS in Brighton & Hove.



Most NPS users do not use opiates and back in the 2010s the city faced a challenge of designing a service for NPS users with drug-related problems. The first local clinics for NPS users opened in 2014.

RECOVERING IN TREATMENT?

Opiates however, remain the most common drug used by those in treatment for substance misuse, as has been the case for half a century, followed by crack cocaine. The number of heroin and crack users in England and Wales in effective treatment has fallen by 1-2% each year since 2016/17 and now (2022/23) stands

at 140,000. In Brighton & Hove during the same period the figures have been more dramatic still with a reduction from 1,125 to 697. This is due to falling use in younger people, and better rates of full recovery rather than hidden opiate use. Two thirds of current opiate users are aged over 40 years.

A shift in drug treatment focus from harm reduction and maintenance substitution to recovery began in 2010. The greater emphasis on stopping drug use completely, improving drug users' health and wellbeing and enabling them to participate more fully in society, including in employment, has had some success particularly with opiate and crack cocaine use - hence the fall in treatment rates.

The reduction in cannabis use (by over 50%) over the last 20 years has not been accompanied by a similar reduction in the number of people, including some older adults, seeking treatment. This is partly thought to be due to the increased use of higher strength cannabis and whereas 10 years ago treatment solely because of cannabis use was unusual, in 2024 that is not the case. The biggest proportionate rise in the treatment groups however, has been for people using NPS. In the first full year of its operation (2014/15) the Brighton & Hove NPS clinic treated 93 patients (aged over 18 years), last year (2023/24) the number had increased to 326.

SEX AND DRUGS

An area of significant concern over the last decade has been the growth in the use of drugs such as crystal meth, GBL and Mephedrone by HIV positive men at sex parties. These parties, openly advertised on social media, can last for several days. Participants stop their HIV medication and have unprotected sex with many different partners, putting themselves and others at risk of sexually transmitted infections including gonorrhoea, syphilis, hepatitis and HIV. The prevalence of these parties is not fully understood, although sexual health and drug services now work closer together compared to 10 years ago. Nevertheless, the persistence of high rates of HIV in the city after three decades of health advice and widespread understanding of disease spread is an avoidable and expensive public health failure.

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ALCOHOL

Peter Wilkinson
and Tim Nichols



WHOSE ROUND IS IT, THEN?

For decades, Brighton & Hove has carried a reputation for high alcohol consumption. The typical painted picture has been of the party town, with young people filling the town centre and wreaking varying degrees of alcohol-related havoc late into the night. However, the pattern of drinking has changed over the years, and in some surprising ways. In fact drinking has been on the decrease both nationally and in Brighton & Hove for almost 20 years.¹

There has also been a reduction in harmful drinking. Data from Brighton & Hove Health Counts surveys suggests that as well as a decrease in the proportion of adults who drink alcohol, the proportion that drink above safe levels is also falling. Between 2003 and 2012, the proportion of men drinking above safe levels fell by 9% to 18%, while for women it remained at 17%. By 2022, this had fallen for both sexes to 16%. This improvement may reflect to some degree the increasing attention on women drinkers in the city in the last 10 years.

FIGURE 1 Alcohol-related hospital admissions per 100,000, Brighton & Hove, 2008/9 - 2022/23



Source: NHS Brighton & Hove City Council, 2024

TABLE 1 Proportion of the adult population consuming alcohol in the previous week in England & Wales and in an average week in Brighton & Hove, 1992-2022

	1992		2005 England /2003 Brighton & Hove		2012		2022	
	M	F	M	F	M	F	M	F
England & Wales			72%	57%	64%	52%	56%	49%
Brighton & Hove	63%	46%	72%	58%	67%	58%	61%	55%

Source: NHS Brighton & Hove City Council, 2024 [Based upon: England data from the Office for National Statistics Part of Opinions and Lifestyle Survey, Drinking Habits Amongst Adult for 2005 and 2012. Available at: <http://www.ons.gov.uk/ons/rel/ghs/opinions-and-lifestyle-survey/drinking-habits-amongst-adults--2012/sty-alcohol-consumption.html> and Brighton & Hove Health Counts Surveys 1992 to 2012. Available at URL: <http://www.bhconnected.org.uk/content/surveys>]

Both nationally and locally, the total alcohol-related hospital admissions have been falling. In Brighton & Hove, although there was a steady increase in local alcohol-related hospital admissions up until 2012, this began to fall in 2013 and the gradual downward trend has continued since then.

LOCAL AND NATIONAL ACTION

Readers of a certain age may remember the Big Alcohol Debate that took place in the city in 2011-12. Since then, there has been a sustained programme of innovative work by an Alcohol Programme Board in

the city to address the problems associated with alcohol. The Board has included representatives from business as well as health, the local authority, the universities, the police and the third sector.

A cumulative impact zone in the city centre has curbed the expansion of alcohol retail sales. The “Sensible on Strength” initiative which began in 2014 now covers all off-sale alcohol retail businesses in the city with most established and all new off-sales retailers signed up to not selling beers and ciders with an ABV of 6% or over. Street drinking has fallen steadily since as has alcohol-related crime. A court diversion scheme has also helped reduce

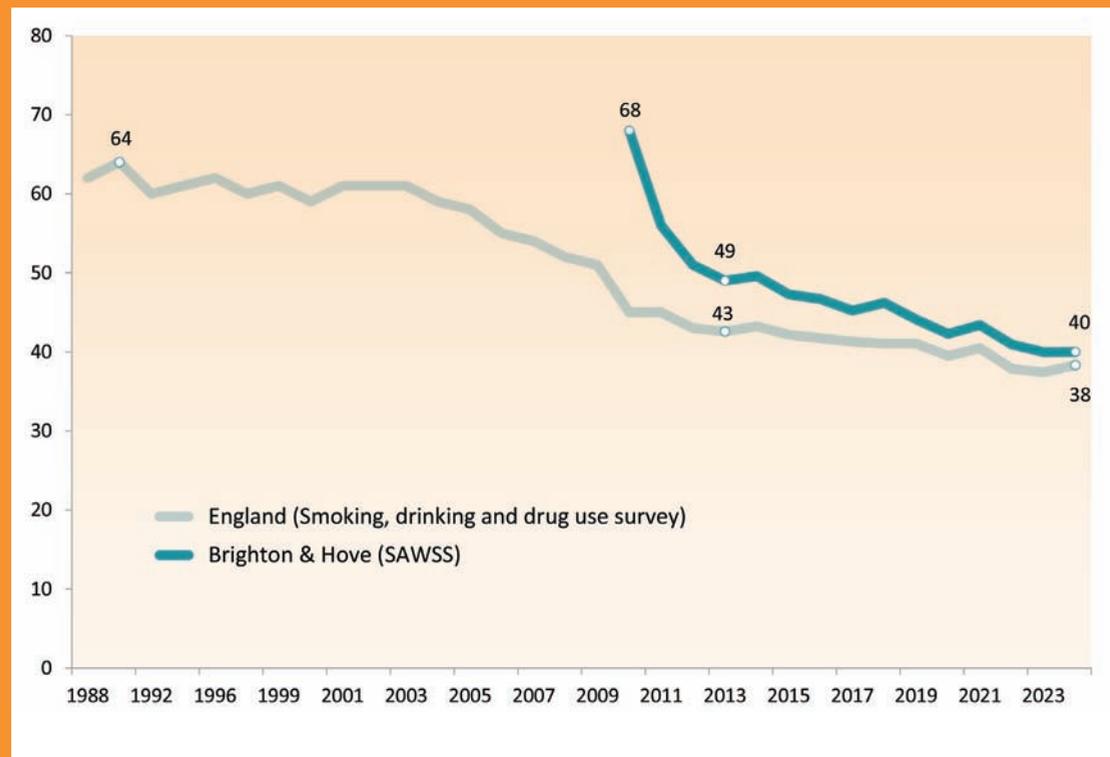
alcohol-related crime. The ‘Cardiff Model’ agreed with A&E consultants means that information on the scene of any alcohol-related assault or crime resulting in an A&E attendance is routinely shared with police. All licence applications for the last 10 years have been assessed against an alcohol-related harm framework developed by the public health team.

One of the biggest successes in the city has been the falling alcohol consumption in younger people. Rates, as reported in the Safe and Well at School Surveys started to fall around 2012. Then with the implementation of the Public Health Schools Programme in 2014, along with the Early Help Strategy and MASH (Multi-agency Safeguarding Hub) in 2015 numbers continued to fall. Now in the city, all secondary schools have signed Parental Contracts, whereby parents commit not to provide their children with alcohol. These contracts are based on the Effekt Programme in Sweden which was shown to be very effective in reducing age of first drinking of alcohol, and ‘being drunk in the previous month’ in young people. The number of 11-15 year olds in the city drinking alcohol has fallen steadily and is now almost at the average national rates.

Nationally, the big news has been the adoption, after much debate, of a minimum price for alcohol sales, which following the election of the government of 2015-2020 received cross party support.

The introduction of the minimum unit price for alcohol has clearly had an impact. As far back as 2010, NICE² had stated that “making alcohol less affordable is the

FIGURE 2 Figure 2: Percentage of 11 to 15 year olds who have ever tried alcohol, England and Brighton & Hove, 1988-2024.



Source: NHS Brighton & Hove City Council, 2024
 [Based on the Smoking, drinking and drug use survey, Health and Social Care Information Centre and the Brighton & Hove Safe and Well at School Survey]

most effective way of reducing alcohol-related harm". The guidance referenced extensive international and national evidence to justify policies on pricing to reduce the affordability of alcohol.

A study published in the Lancet back in 2014 suggested several likely benefits³:

- that a minimum price of 45 pence per unit would have an immediate impact on consumption;
- that moderate drinkers would be the group least affected by a minimum price, both in terms of consumption and expenditure;
- that the greatest impact on behavioural change would be amongst harmful drinkers, particularly those with the lowest incomes;
- that the health benefits would be equally distributed across the population, but that the lowest socioeconomic groups would benefit in terms of reduced premature deaths and more quality adjusted life years.

These findings have largely materialised although debate continues about at what exact level the minimum alcohol price should be set.

WHAT'LL IT BE THEN?

The last decade has seen a shift to healthier lifestyles, and alcohol has played some part in that. Although there are some alcohol-free bars in the city now, alcohol remains popular.

Discount retail off-sales remain an issue, influencing home drinking. Between 1992 and 2011, the volume of alcoholic drinks brought into the home in the UK increased from 527ml per person per week to 728 ml. In the following 10 years, it increased further to 810ml per week (2021). By contrast, the amount of alcohol consumed outside the home fell and now sits at 254 ml per person per week.⁴

Looking to the future, traditional on-sales such as going to bars and pubs are increasingly being replaced by more specialised and occasion based drinking with very specialist retail models. Walk-in cocktail bars are growing in popularity and alcohol mists bars may have a future. Recent media discussion has been focused on the possible release onto the market of an alcohol-like drug that does not cause a hangover. This cocktail-type drink stems from a concept devised by David Nutt, former chair of the Advisory Council of the Misuse of Drugs back in the 2010s. It is reported to look, smell and taste like alcohol and make people feel relaxed, sociable and chatty, but without the associated aggression, dependency and hangover. Scientists are also working on an antidote, which could mean that people can go out, take the antidote, and drive safely home half an hour later.

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SEXUAL HEALTH

Stephen Nicholson, Peter Wilkinson and Kerry Clarke

With its particular population demographics Brighton & Hove has long been home to 'above average' levels of sexual activity - and some associated features. Above average sexually transmitted disease rates go back decades, and the high rates of teenage pregnancy and what was once referred to as 'sex outside of marriage' over a century. There is something about this seaside place...

CHANGING SEX LIVES

Now, across the country as a whole - as it ever was - attitudes to sex are changing. It may seem from the media that 'there is an awful lot of it about', but over the last three decades, as demonstrated in the four national surveys of sexual behaviour among men and women aged 16 to 74 years there have been some quite surprising changes in our sex lives. (Natsal-1 in 1990/91 and every 10 years since – Natsal: National Surveys of Sexual Attitudes and Lifestyles)¹

Women are 'catching up' with men and now report almost the same number of lifetime partners, and the same proportion of men and women report having at least one new partner in the previous year. Sexual intercourse itself is falling in popularity; 30 years ago people reported almost double the amount of sexual activity they do today. Perhaps with more of our lives on-line, intimacy has become

as virtual as it is real. The proportion of men who report a same sex experience has been relatively stable at around 8% over the last 20 years, but one in six women now report at least one same sex experience, compared to just one in 25 thirty years ago. While risky sexual behaviour (as defined by having at least two partners with no condom use in the past year) in men is falling, in women it is increasing and now stands at the same level - 9% (Table 1, overleaf).

TEENAGERS IN LOVE?

It is now beyond published academic doubt, that teenage pregnancy results in poorer outcomes for mother and baby in a whole range of health, social, educational and economic indicators. For decades, Brighton & Hove and teenage pregnancy seemed to go hand in hand. Then, back in 2008, teenage pregnancy rates began to fall: in Brighton & Hove, in the UK and indeed across the entire globe.



Arguments still rage about what exactly has been responsible for this reduction. Cultural shifts without doubt play a large part. However, better sex education, a focus on lifetime aspirations and improved sexual health services have all played a role in reducing teenage pregnancy and promoting safer sex practices, although their effects on sexual activity remain a matter of some dispute.

In 2014, based on data dating back to 1992, Public Health England released projections (with confidence intervals) for local authority teenage pregnancy rates to 2020. As can be seen in Figure 1 (overleaf), progress in the city has not been as strong as predicted (and remains higher than the national figure) - though still within the confidence intervals –17.9 per 1,000 females 15-17 years in Brighton & Hove in 2020 (versus 12.5 in England). Nevertheless, the number of conceptions in under 18s has fallen from 187 in 1998, to 112 in 2012² and to 52 in 2020 – a welcome trend.

TABLE 1 Changes in sexual behaviours in England & Wales (Natsal 1990/1, 1999/2001, 2010/12, 2020/22)

	Men				Women			
	Natsal-1 1990/91	Natsal-2 1999/00	Natsal-3 2010/12	Natsal-4 2020/22	Natsal-1 1990/91	Natsal-2 1999/20	Natsal-3 2010/12	Natsal-4 2020/22
Sexual partners of the opposite sex								
Mean number of opposite sex partners over lifetime	8.6	12.6	11.7	10.1	3.7	6.5	7.7	9
Mean number of opposite sex partners in last year	1.2	1.5	1.5	1.2	1	1.2	1.3	1.3
At least one new partner in last year	NA	30%	28%	24%	NA	21%	22%	23%
Number of occasions of sexual intercourse in last four weeks	6.4	6.2	4.9	3.4	6.1	6.3	4.8	3
Sexual partners of the same sex								
Any sexual experience/contact with same sex partner	6%	8%	7%	8%	4%	10%	16%	18%
At least one same sex partner in past five years	2%	3%	3%	3%	1%	2%	5%	6%
Risk behaviours for HIV and STIs								
At least two sexual partners with whom no condom was used in past year	NA	14%	11%	9%	NA	8%	8%	9%

Source: NHS Brighton & Hove City Council, 2024

[Based upon Natsal data to 2010/12 from Mercer CH, Tanton C, Prah P, Erens B, Sonnenberg P, Clifton S, et al. Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*. 2013 Nov 20;382(9907):1781-94]

ABORTION

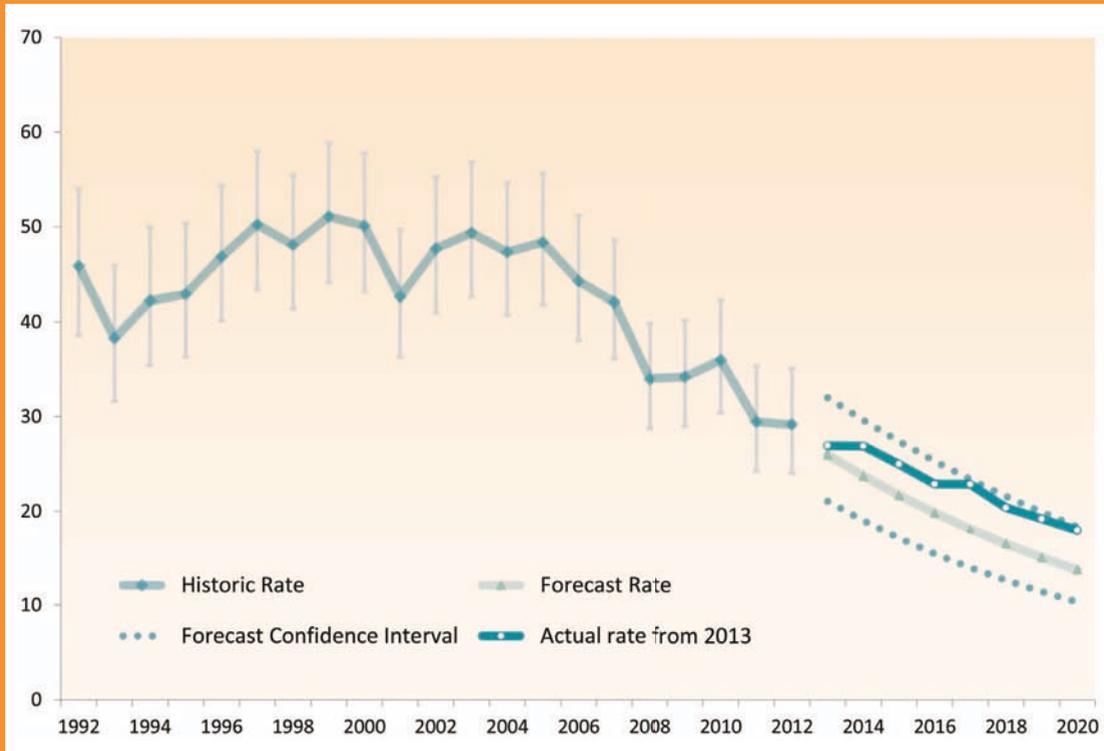
Sadly, the proportion of conceptions which lead to abortion in teenagers has remained higher in Brighton & Hove compared to England as a whole, where around half of teenage conceptions result in termination. In 2003, Brighton & Hove was in line with England with half of conceptions in women under 18 leading to a termination.

However, by 2012, this had risen to 63%, and by 2020, it had risen further to 68% (Figure 2, overleaf) with 36 of the 52 under 18 conceptions resulting in termination, although almost all within the ten weeks target.

Indeed, among all childbearing women, termination of pregnancy rates in Brighton

& Hove are higher - albeit marginally - when compared to England. This however, is an improvement because for many years, abortion rates (all childbearing women) were much higher in the city compared to the country as whole. In line with the national trend, local rates (among all childbearing women) have been reducing since the early 2000s but have remained higher

FIGURE 1 Under 18 conception rates (per 1,000 females aged 15-17 years), Brighton & Hove, 1992-2020
Hove, 2008/9 - 2022/23



Source: NHS Brighton & Hove City Council, 2024

[Based upon Public Health England. Teenage Pregnancy Forecasts. London: Public Health England; 2014.

Available from URL: <http://www.apho.org.uk/resource/view.aspx?RID=116352>]

SEXUALLY TRANSMITTED INFECTIONS - A STORY OF SUCCESS AND FAILURE

than the rate for England overall (Figure 3, overleaf). Over the last 20 years, access to contraception, and particularly long acting methods (LARC) has improved, and free over the counter emergency contraception has been extended to all under 25 year olds. These measures have helped to reduce abortion rates, although it is clear that more action is required to improve rates, particularly in women aged less than 18 years.

Brighton & Hove mirrors this national picture of sexual behaviour with one important distinction - and one in common with other cities that have a large gay population. The recent economic downturn with some traditional venues closing, and the adoption of new technology such as smart phone GPS /satellite applications, has meant that potential sexual partners can be easily located for immediate meetings.

Coupled with the wider availability of certain recreational drugs like GBL - gammabutyrolactone, the city has seen a small group of men who have sex with men (MSM) engage in very high-risk sexual behaviour. Domestic drug and sex parties are just as popular as they were back in the mid 2010s when they first received media attention. The continued high rates of HIV infection, of syphilis and of drug resistant gonorrhoea in MSM are all testament to this social sexual phenomenon.

Among young people, chlamydia screening has increased from 10% of the eligible population (15-24 year olds) in 2007/8 when the programme first started, to 39% in 2014 and now to 42% in 2023. Improvements in testing capability introduced in the mid 2010s mean that now all samples are screened for gonorrhoea. This move has seen a fall in gonorrhoea rates among young heterosexual adults. However, the harder to reach sub-group of MSM with high risk-taking behaviour continue to present with repeat sexually transmitted infections, and syphilis is an infection that remains largely confined to the MSM community. There may however be a glimmer of hope and the most recent figures suggest that at last syphilis rates may be at last returning to levels last seen in the early 2010s (Figure 4, overleaf).

Approximately 85% of local HIV patients in treatment acquired the infection through sex with men. Like syphilis, new HIV infection rates may at last be levelling off. However, this might be more a reflection of the introduction of the pre-exposure prophylaxis (PrEP) anti-retroviral

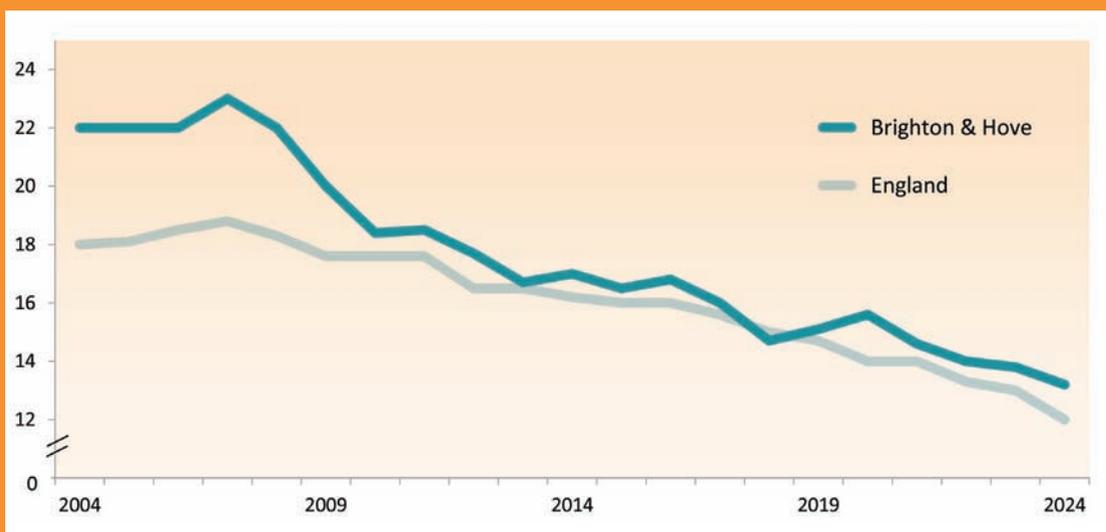
FIGURE 2 Percentage of under 18 conceptions leading to abortion, Brighton & Hove, 1998-2020



Source: NHS Brighton & Hove City Council, 2024

[Based upon Office for National Statistics. Conception Statistics, England and Wales. ONS; 2012 [accessed 2014 May 11]. Available from URL: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-332828>]

FIGURE 3 Rate of abortions per 1,000 women aged 15-44 years, Brighton & Hove and England, 2004-2024



Source: NHS Brighton & Hove City Council, 2024

[Based upon Department of Health. Abortion Statistics, England and Wales annual reports. London: Department of Health; 2013. Available from URL: <https://www.gov.uk/government/publications/report-on-abortion-statistics-in-england-and-wales-for-2012>. Brighton & Hove data – BPAS activity data]

programme, continued improvements in the efficacy of drugs, as well as the increasing use of HIV self-diagnostic kits, as opposed to the success of any public health message. Around 5% of HIV positive MSM are co-infected with Hepatitis C; this rate has remained steady throughout the last decade.

The school-based human papillomavirus (HPV) vaccination programme for girls (12-13 years) that began in 2008 and was modified in 2011 to include additional protection against genital warts, has been very successful across the whole country. In 2023, in Brighton & Hove, among women aged 25 and under there were no new cases of genital warts seen in the sexual health clinic who reported receiving the HPV vaccination and nationwide cervical cancer has become extremely rare in women aged under 35. However, there has been little change in the incidence rates of warts in MSM - a group disproportionately affected by HPV-related cancers such as anal cancer. In the absence of a national programme of



HPV vaccination for men, the city’s Health and Wellbeing Board approved a voluntary vaccine programme for men at increased risk of HPV infection - the first in the country. Take up of the HPV vaccine, particularly in MSM, has improved year-on-year and the rewards of these efforts should become apparent over the next 10 years.

FUTURE SEXUAL HEALTH CHALLENGES

Sexual behaviours are changing and women - in some respects - are behaving more like men, though not with regard to same sex experiences. Sexually transmitted infections are very much

still with us although there has been considerable improvement over the last 10 years, helped by improved screening and vaccination.

Ten years ago, sexual health and drug services for adults and young people were redesigned with co-located services. Following evidence that people who had had several sexual partners in the past year were less happy than those with one partner, the city also introduced a new wellbeing service for MSM with a financial incentive included in the GUM services contract to reward reducing numbers of patients presenting with repeat infections.

These service improvements are reaping rewards. However, there continues to be a small core group of people in the city, in the main a sub-group of the MSM population, who remain resistant to behaviour change. New drug treatments, vaccinations and over-the-counter self-diagnostic kits have taken us so far, and at a cost. Behaviour change on the other hand - if we could only achieve it - would take us much further and the cost would be substantially lower.

FIGURE 4 Numbers of infectious syphilis cases in Brighton & Hove, 1998-2024



Source: NHS Brighton & Hove City Council, 2024
 [Based upon trend from Brighton & Sussex University Hospitals GUM clinic data 1998-2012]

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- 1 Mercer CH, Tanton C, Prah P, Erens B, Sonnenberg P, Clifton S, et al. Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*. 2013 Nov 20;382(9907):1781-94
- 2 Office for National Statistics. Made available by Public Health England. Under 18 conceptions (numbers and rates) and outcome, 1998-2012. Office for National Statistics; 2014. Available from URL: <http://www.apho.org.uk/resource/view.aspx?RID=116352>

HEALTH AND HEALTHCARE

'IN SICKNESS AND IN HEALTH'

Max Kammerling and Anjum Memon

It may have taken some time: there have been three NHS and one major local authority reorganisations since the idea first surfaced, but the city's single health and social care commissioning organisation is now established.

The catalysts for NHS Brighton & Hove City Council have been many: the city's Health and Wellbeing Board, a cross-party national political steer, and most of all, the enormous challenge of an ageing population with ever-tighter public sector budgets - a pressure that it seems will always be with us. Nevertheless, as the city's Mayor said at the inaugural meeting, 'For better or for worse, in sickness and

in health, this is a 'til death us do part relationship.'

The main population changes in the city in the 21st century, as discussed in the Section on The Changing Face of Brighton & Hove, have been the increases in the young adult, approaching retirement and very elderly populations.

The NHS logo, consisting of the letters 'NHS' in white, bold, sans-serif font, set against a blue rectangular background. The logo is positioned in the lower right quadrant of the page, overlaid on a background image of a modern building with a glass facade and a green roof.

NHS

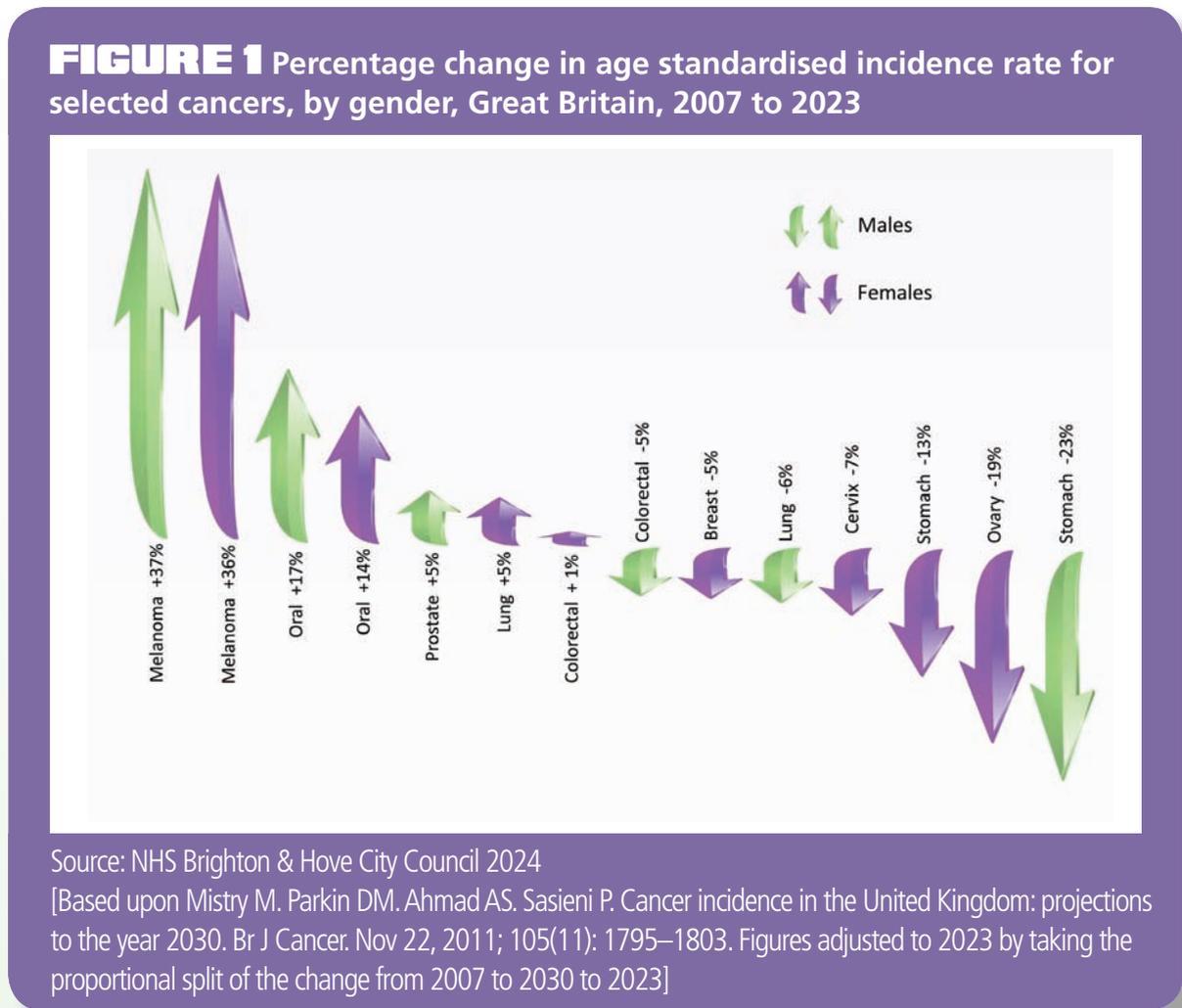
Just as important as these changing demographics has been the shifting health and wellbeing profile of the city. Nationally, over the last 15 years we have seen:

- 52% increase in the number of people with multiple long term conditions;
- 40% increase in the number of people with obesity;
- 40% increase in the number of people with diabetes and at risk of long-term complications.

With its younger and generally fitter - even among older people - population, Brighton & Hove has fared better in terms of disease burden. The improving weight and exercise profile of the city, which first emerged in children in the early 2010s, has extended to young and older adults over the last 10 years. Consequently, mortality rates have improved although it is only in the area of cardiovascular disease that we can say that the city is performing well above average.

CANCER - WHY BRIGHTON + HOVE? INCIDENCE

The pattern and incidence of cancer nationally and in the city has altered over the last 25 years. As people live longer, more develop cancer, while improvements in treatment mean that people with cancer also live longer than they did 10 or 20 years ago. In Brighton & Hove between 2001 and 2020 the number of new cases of cancer per year has increased by 33%. With continually improving and genetically targeted treatments, by 2040 it is estimated that 25% of the population aged over 65 years will be a cancer survivor. The risk of cancer increases exponentially



with age but lifestyle and environmental factors also play an important role. Age and sex-standardised incidence rates reflect the influence of lifestyle and environmental factors. There has been a substantial decline in the incidence of lung cancer in both sexes over the past forty or so years; which is essentially due to the success of public health efforts, legislation for tobacco control, and stop smoking services. Smoking also increases the risk of colorectal cancer, as does diet and obesity and the similar changes in colorectal patterns in men and women reflect the population shifts in these factors. Across most Western countries, malignant melanoma incidence rates have

increased in both men and women over the last 40 years. Climate change and in particular the change in the ozone layer, has been implicated in this, as has more foreign travel and the trend in the late 20th and early 21st century for tanning, including tanning salon use. Most local authorities, including this one, have put an end to unregulated tanning salons, while new treatments are saving more lives; however the increasing incidence remains a concern. The rise in oral cancer rates has been attributed to a number of factors: smoking, alcohol and an increase in human papilloma virus (HPV) infection rates. The introduction of the HPV vaccine in the 2010s, and falling smoking

HEALTH AND HEALTHCARE

prevalence and alcohol consumption may see a reduction in oral cancer rates in the next 10 years. The reasons for the increase in prostate cancer incidence rates are less certain but probably reflect ageing of the population and improved detection rates.

MORTALITY

Nationally, cancer mortality rates (European age-standardised) for people of all ages were relatively stable between the early 1970s and the early 1990s at around 220 people per 100,000, then in the early 1990s rates started to decline (Figure 2). This decline continued and in 2023 cancer mortality rates were 150 per 100,000. For males, the drop has been from 275 in the early 1990s to 200 in the early 2010s, to 174 per 100,000 in 2023,

while for females, the rate fell from 185 per 100,000 in the early 1990s to 130 per 100,000 in 2023.¹

For many years, premature cancer mortality rates (that is mortality rates for those under 75 years) nationally have lagged behind the best in Europe although the gap has improved over the last 10 years.

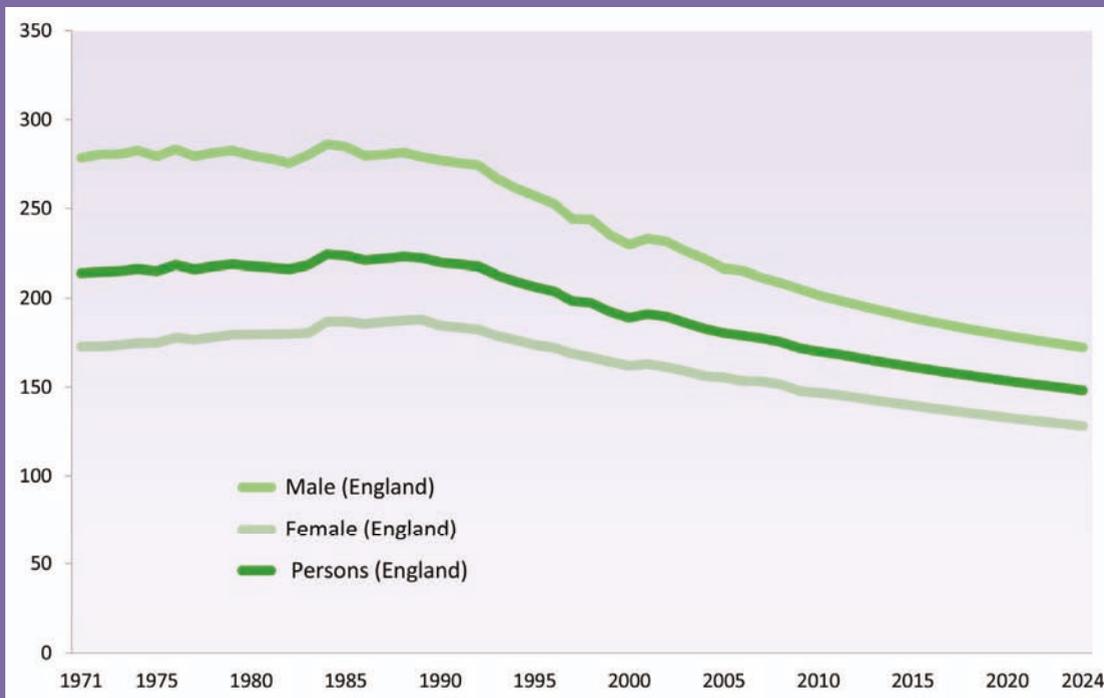
In Brighton & Hove at the turn of the century, the improvement in under-75s cancer mortality rates, which had previously been lower than the national average, slowed and rates became higher than national equivalents. Despite considerable local analysis, the reasons for this change have never been fully established, although late presentation

for treatment was likely to be a factor. The gap between Brighton & Hove and England's mortality rates has however reduced over the last five years. This may reflect several initiatives to improve stage of presentation as well as treatment with the establishment of the new hospital.

Cancer survival in the city is improving. The Catch Cancer Early campaign has increased the awareness of cancer symptoms and stage of presentation and the MacMillan Sussex Cancer Centre is now well established. The introduction of the Single Point of Care Coordinator (SPOCC) and Care and Health Teams (CHETs) means that better physical and mental wellbeing care is now combined with practical support for day-to-day tasks such as cleaning and shopping as well as a link to a named health trainer.

The Combined Universities Foundation Trust (CUFT), formerly the 3Ts development, has dramatically increased local specialisation. Cancer patients travelling to London seems like a distant memory and patients now have prompt access to the full range of specialist surgery, radiotherapy and chemotherapeutic options on their doorstep with new technology like Image-guided Radiotherapy (IGRT), Intensity-modulated Radiotherapy (IMRT) and Volumetric Modulated Arc Therapy (VMAT) the city's hospital now delivers state of the art treatment to residents and people living in the Greater Brighton area. Recruitment of high quality nursing staff however, remains a challenge and the Trust will shortly publish its second Global Recruitment Strategy.

FIGURE 2 Directly age standardised mortality rate from all cancers, per 100,000 people of all ages, UK, 1971 to 2023



Source: Cancer Research UK. Cancer mortality projections for all cancers combined. 2012. Available at: <http://www.cancerresearchuk.org/cancer-info/cancerstats/mortality/mortality-projections/>



“ I have been diabetic for a few years and I see the nurse regularly, but it was only when I got the propaganda from the Hub on my Tablet, that I realised that my stomach problem might be serious. Diane, my SPOCC (Single Point of Care Coordinator) - I've known Diane for a long time because of the diabetes - well, she spoke to my GP and before I knew it, I was in the Sussex Cancer Centre. The care in there is excellent; so modern, so clean and very kind staff - but too busy if you ask me. That was a year ago, and I see my GP and the CHET. I never used to bother with the Health Trainer but Diane and my GP persuaded me. Now I see Sally regularly and to be honest, I feel even better than I did before the cancer.

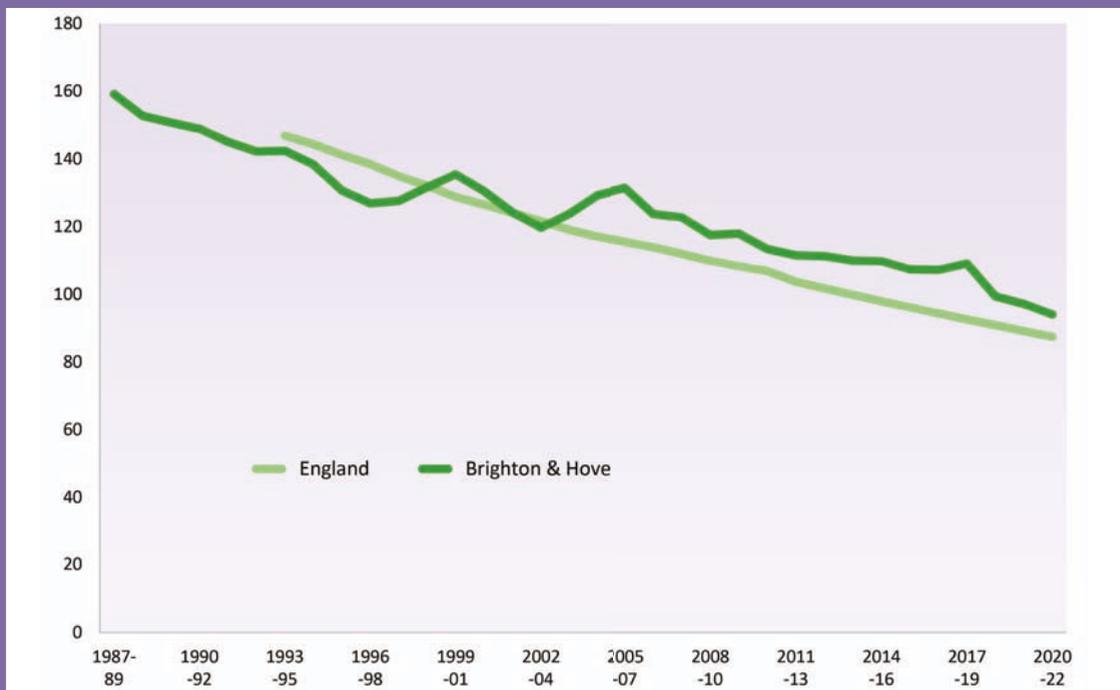
Dinesh, 45 ”

TABLE 1 Prevalence of cardiovascular disease (all ages), Brighton & Hove and England, 2006 - 2023

Prevalence of Cardiovascular Disease (all age groups)	2006	2010	2015	2020	2023	Number of people in 2023
England (CVD TOTAL)	6.5%	6.7%	7.0%	7.4%	7.8%	
Brighton & Hove (CVD TOTAL)	6.2%	6.0%	6.1%	6.2%	6.1%	14,000
Brighton & Hove (Stroke)	2.4%	2.3%	2.3%	2.3%	2.4%	5,500

Source: Association for Public Health Observatories (APHO). CVD projections. 2008

FIGURE 3 Directly age standardised mortality rate from all cancers, per 100,000 people aged under 75 years, Brighton & Hove and England, 1987-99 to 2020-22



Source: NHS Brighton & Hove City Council, 2024

[Based upon trend data from 1987-89 to 2010-12 from Health and Social Care Information Centre Indicator Portal and local data from Office for National Statistics for earlier years]

WHAT THEY SAID THEN

DR XAVIER NALLETAMBY, CHAIR OF BRIGHTON + HOVE CLINICAL COMMISSIONING GROUP, 2014



“ Today, things are difficult following the most severe recession of my lifetime. The NHS seems moribund after yet another reorganisation. We have a recruitment crisis with too few doctors and nurses and many patients find it virtually impossible to get a routine appointment.

The 21st century IT revolution will change everything just as the industrial revolution did in the 19th century. We've started to use smartphones, although Skype is mainly used for international calling, a lot of the technological advances available currently seem unaffordable.

Ten years from now general practice will be on-line with apps helping patients to manage their own and others' diabetes, children's illnesses, even dementia. Patients will be able to order medications on-line, know what viruses are 'going round', understand their symptoms better, talk (on-line) to a health advisor, a pharmacist, a doctor. Most importantly, information will be shared securely and patients visiting hospital specialists won't need to repeat their story, again and again.

Doctors and nurses will be supportive, as ever, but patients won't need to go to the surgery like they do today, they will be able to talk on Skype or e-mail.

The NHS will remain free and it will be the 'best it has ever been' - still the pride of our nation.

”

CARDIOVASCULAR DISEASE - MUCH BETTER THAN IT LOOKS

The total population prevalence of cardiovascular disease in Brighton & Hove has remained relatively stable over the last 20 years. However, this represents progress, as the figure reflects an ageing population where cardiovascular disease is more common, a contrasting national increase in cardiovascular disease prevalence, and continuing increases in rates of diabetes mellitus. Most importantly of all, mortality rates are improving.

Nationally, the treatment of stroke has improved dramatically over the last 20 years. The FAST - Face, Arm, Speech, Time campaign that ran in the early to mid 2010s along with the introduction of Specialised Stroke Units, which started about the same time, marked a shift in prognosis for stroke patients. The Brighton & Hove Enhanced Stroke Recovery Service now has outcomes in the second top national quartile and this year (2023), 96.8% of all patients admitted to the stroke unit were scanned within 90 minutes of symptom onset. The city now has 10 approved community rehabilitation centres, embedded within the Care and Health teams (CHETs) and under the coordination of the Single Point of Care Coordinators (SPOCCs).

DIABETES - NOT SO SWEET

The number of people with diabetes continues to increase both nationally and locally. The annual NHS costs attributable

to diabetes in England have risen from £9.8 Billion in 2010 to £12.4 Billion with costs projected to rise to £16.9 Billion by 2035. This is in part a population effect with increasing age and an ever-changing ethnic structure but half of this increase is estimated to be as a result of obesity. In Brighton & Hove, the story is better than nationally but still makes for salutary reading. As reported in the Healthy Weight Section, our obesity prevalence over the last decade has not increased by as much as earlier figures suggested. This means we now have an estimated 15,500 people with diabetes in the city, approximately 750 fewer than if obesity rates had continued to rise at pre-2010 rates (Figure 5, overleaf). This corresponds to an estimated prevalence of approximately 6.7%. Back in 2013 we identified approximately 75% of the estimated total number of people with diabetes in GP practice registers²; this has now risen to over 80% and represents continued progress in our early diagnosis and treatment of diabetic residents. The difference between modelled estimates and figures recorded on GP disease registers may then be due to local variations and not solely under-diagnosis or under-recording of diagnoses.

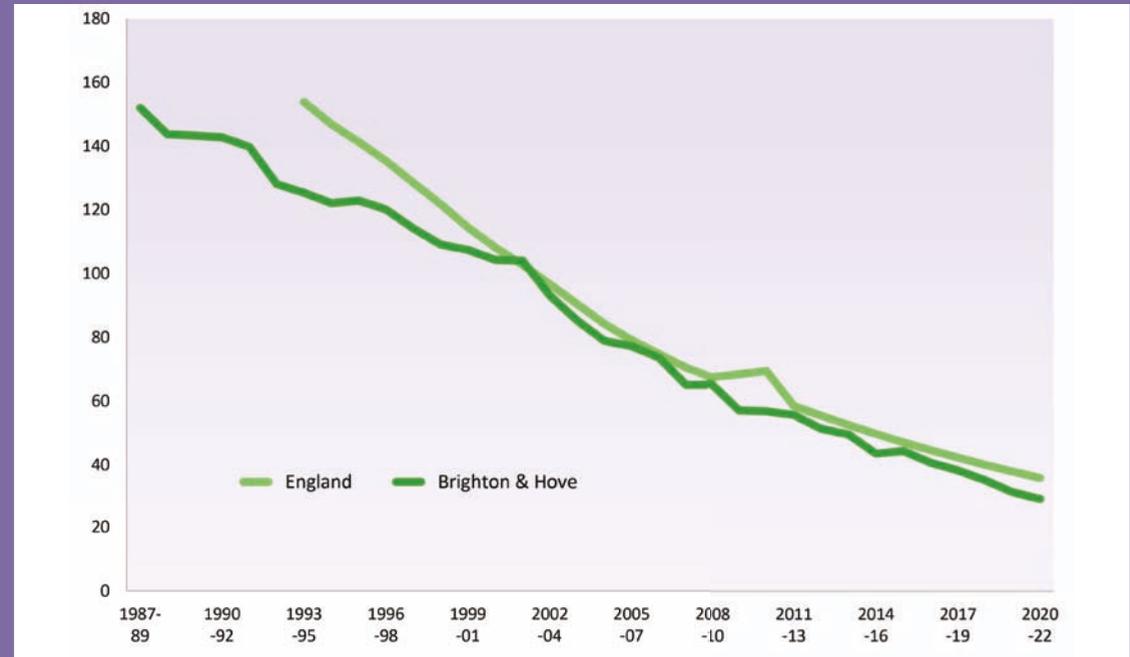
Technology plays an ever increasing role in the management of diabetes and the recently reported national Selfie-Retinal Screening (SRS) Trial suggests that this will shortly be the default option for many patients. Technology may also be part of the reason for increasing rates of diabetes with better and earlier detection. The universal e-health check programme now means that every resident aged over 50 years has access to an on-line

comprehensive cardiovascular check-up. Take up, particularly among the younger eligible cohort in the more deprived parts of Brighton & Hove remains an issue: 76% of total eligible population in the city's least affluent quartile have been screened compared to 97% of those in the most affluent quartile. These checks have been rolled out through the Third Age Hubs and in 2022 for the first time and in keeping with the National Public Health Outcome Framework, 95% of all residents aged 65 years and over had a completed e-health check with blood sugar and lipid measurement and cardiovascular risk profile.

SPECIALISED OR COMMUNITY SERVICES - DO WE HAVE TO CHOOSE?

One of the concerns discussed during the development of the new specialised hospital was the potential for a loss of focus on 'district general hospital (DGH)' services and adverse consequences for essential community services. Certainly, the excellence of the Regional Trauma Centre comes at a financial price, and the current pressures on routine A&E services do not seem so different from 10 years ago despite the extension of Brighton Station Walk-in Centre. However, the Combined Universities Foundation Trust

FIGURE 4 Directly age standardised mortality rate from cardiovascular disease, per 100,000 people aged under 75 years, Brighton & Hove and England, 1987-99 to 2020-22



Source: NHS Brighton & Hove City Council, 2024
 [Based upon trend data from 1987-89 to 2010-12 from Health and Social Care Information Centre. Indicator Portal and local data from Office for National Statistics for earlier years]

WHAT THEY SAID THEN

MATTHEW KERSHAW, CHIEF EXECUTIVE OF BRIGHTON AND SUSSEX UNIVERSITIES HOSPITAL, 2014



“ A Sussex hub for trauma and other specialist clinical care and research excellence.

The next 10 years will see a shift to more integrated working between hospital, community, primary and social care, with consequent reductions in hospital admissions. The Better Care Fund will be a catalyst for this change. We will also see a number of major developments at the hospital as part

of the 3Ts - Teaching, Trauma and Tertiary Care development and the local NHS will flourish as a Sussex hub for hospital services, a leading Medical School and a base for high quality clinical research and specialist clinical care.

2015 Establishment of emergency neurosurgical services at the Royal Sussex County Hospital

2015 Expansion of radiotherapy services including new units at Eastbourne and Chichester

2016 Helipad for major trauma cases operational so all trauma cases in Sussex can be treated locally

2019 Completion of first stage of construction of 3Ts development

2021 Completion of second stage of 3Ts with additional teaching facilities

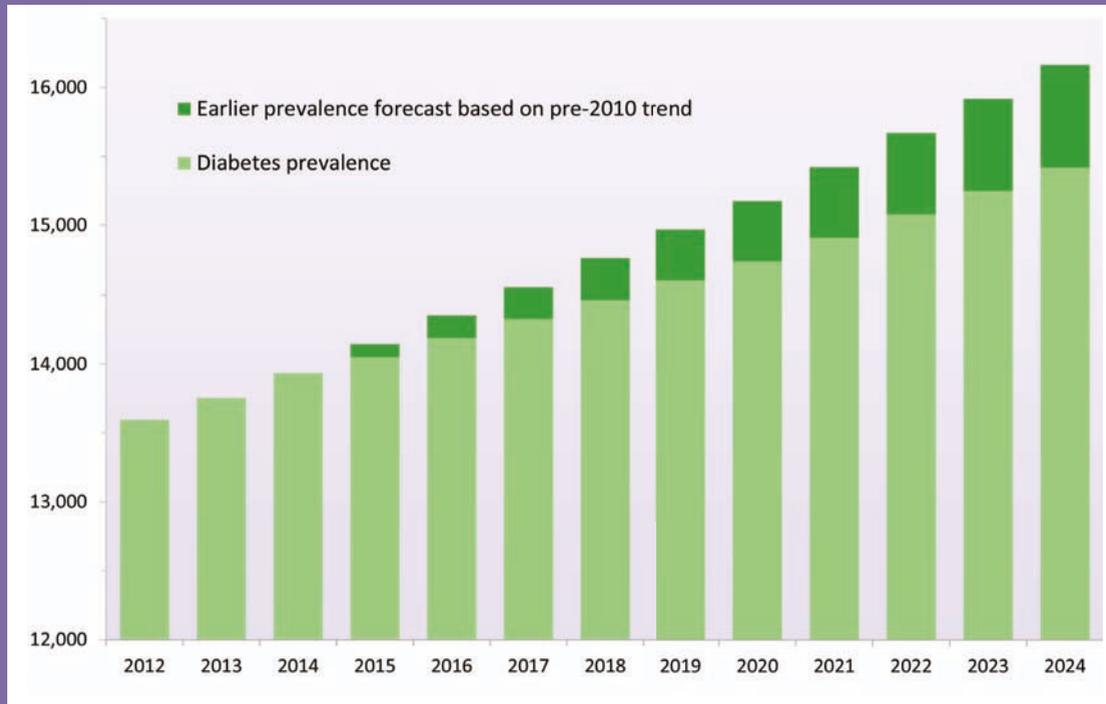
The 3Ts development will mean more accessible and integrated services on and off site, closer working between different clinical disciplines, and in the end higher quality and safer care for all our patients.

”

(CUFT) could not function without sound community services. The former Clinical Commissioning Group and now NHS Brighton & Hove City Council have worked hand in hand with Sussex Community Trust to ensure that community health and social care services can flourish.

There are well-established Care and Health Teams (CHETs) in each of the city's three localities. Each CHET comprises staff from social care, health visiting, primary care and the voluntary sector, and include several Single Point of Care Coordinators (SPOCCs). The health trainer programme has also been fully integrated. The Vulnerable People Programme, which emerged from the 2015 Better Care initiative, means that the city now has a single and up-to-date, real-time list of vulnerable residents who require social, health and wellbeing support. Through the SPOCCs who have daily e-contact with all their caseload, the CHETs offer coordinated preventative, curative and rehabilitative health and social care treatment. SPOCCs are responsible for the coordination of routine hospital admission and discharge, as well as for care in the third sector. The benefits of this improved coordination have been substantial in the face of an ageing population and more chronic disease. Most notably, hospital admission and readmission rates have now fallen year on year for the last 4 years and patient satisfaction has improved. The national NHS Friends and Family Test results for 2023 showed that 92% of patients would recommend the CUFT to family and friends, and 96% of residents would similarly recommend Sussex Community Trust services.

FIGURE 5 Modelled diabetes prevalence (number of adults), Brighton & Hove, 2012 - 2024



Source: Yorkshire and Humber Public Health Observatory. Diabetes Prevalence Model



As has ever been the case, healthier lifestyles, a health and wellbeing promoting environment, public health interventions and legislation, increased awareness, easy self-assessment and prompt access to high quality treatment is the recipe for better health outcomes for the city's residents. In some respects, adult obesity is 'the new smoking' and diabetes is the principle conduit to premature mortality. There remains a need for stronger measures to improve the nation's diet, both locally and nationally as we saw with smoking. Prevalence of obesity may be lower locally, but it is still too high; moving the population to a healthy weight remains the great public health challenge of the 21st century.



DIANE JOHNSTON, SPOCC IN PORTSLADE NORTH

“ When I first read the job ad for the SPOCCs (Single Point of Care Coordinators), I had this vision of a sort of Star Trek thing. You know, I thought I might have to dress up in a Starship Enterprise uniform and wear pointy ears or something. It is nothing like that of course and ideally suited to someone like me. I love dealing with people, I like to get 'out and about', and I'm naturally a bit nosy, so I always want to know what is

going on and I'm never afraid to ask. I was worried that using the Tablets might mean that people never actually got to see me face-to-face, but it doesn't. It just means that I can prioritise who I visit and when. I know everyone in our CHET (Care and Health Team) really well too and we SPOCCs meet with them monthly. The integration of the GP Federation with the CHETs has been crucial to their success. It's funny to think back on just how much things have changed- just in the last 10 years...



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- 1 Cancer Research UK. Cancer mortality projections for all cancers combined. 2012. Available at: <http://www.cancerresearchuk.org/cancer-info/cancerstats/mortality/mortality-projections/> Projected trends of mortality for all cancers combined shown here have been created using the same methodology as for the incidence projections: M Mistry, DM Parkin, A Ahmad, P Sasieni, Cancer incidence in the UK: Projections to the year 2030, Br J Cancer, 2011. Note: The all cancers projection has been calculated by taking the individual projections for 21 sites in males and 23 in females and combining these projections to create an all cancers (C00-C97 including C44) projection.
- 2 Health and Social Care Information Centre. Quality and Outcomes Framework 2012-13, Disease Prevalence. Available at URL: <http://www.hscic.gov.uk/catalogue/PUB12262/qof-12-13-data-tab-ccg.zip>

WHAT THEY SAID THEN

JASON KITCAT - GREEN PARTY AND LEADER OF THE COUNCIL, 2014



“ Pooled budgets, decentralisation and a focus on the broader determinants of health.

The demographic shift and pressure on resources that we will see over the next decade means that ‘business as usual’ is not an option. The Council and the NHS currently split the responsibility for looking after our residents’ health; there’s a lot of overlap, but also a shared interest in working better together. We recently agreed to pool our resources to reduce conflict and duplication, and make better decisions about funding improvements in our residents’ health. In the future, this will be the norm.

I also anticipate more decentralisation of services into smaller local community facilities that provide all-round health services. This will mean that we can provide healthcare, health education and health promotion programmes locally to whole families, schools and communities.

Finally, I believe there will be greater recognition of the impact of our lifestyles and environments with more focus on broader factors like housing, pollution, and work/life balance – which if improved, could radically improve everyone’s health and wellbeing.”

COMMUNITY AND VOLUNTARY SECTOR

Becky Woodiwiss



CHANGED DAYS, CHANGED WAYS

The Community and Voluntary (often called the Third) Sector has played a pivotal role in shaping Brighton & Hove, stimulating social capital and making a substantial contribution to the economy. However, the last 25 years have seen a remarkable transformation. Many voluntary organisations began life as advocates for vulnerable groups; then as commissioning took off in the health and social care sector several became providers, often looking to the statutory sector as a key source of income. Curbs on public spending and a shrinking statutory sector over the last 10 years in particular, has presented the Third Sector with a financial challenge, which has seen organisations merge and others close, while at the same time the importance of volunteers has increased considerably.¹⁻³

The pressures felt by the Third Sector - continuing demand for advice and support when financial support is ever more limited - have resulted in a greater reliance on volunteering. This has been challenging but has not been without its benefits. Today (2024), an estimated 63% of adults in the city volunteer at least once a month compared to 44% back in 2012/13. A decade ago the profile of the typical volunteer was the white adult professional female aged 35 – 49 years.⁴ Over the last 10 years there has been an increase in volunteering across black and minority ethnic groups, in less affluent neighbourhoods and among older people. Single Point of Care Coordinators (SPOCCs) and local Care and Health Teams (CHETs)

(See Section on Health and Healthcare) work ever closer with the Third Sector, including Volunteer Organisations.

BUILDING THE ASSETS

Following the ground breaking NESTA report 'Radical Efficiency' in 2013, the Third Sector has accessed a much more varied funding system including crowd funding, mutuals, co-operatives and community collaboratives.⁵

The Public Services (Social Value) Act enacted in 2012 required commissioners to include social value in public service contracts, and assess its contribution and impact in

all services. The Third Sector has played a high profile role in helping to identify and measure the social value of public sector commissioned work. Social value has wider benefits, for example on employability, community cohesion, the wider determinants of health and the environment.^{6,7}

Developments - originally pioneered in Lambeth - in ownership and management of community assets such as community centres and parks, as seen in some neighbourhoods in the city, demonstrate that communities are more than capable of delivering high quality local services. Residents have taken up new learning and corresponding employment and

SOCIAL CAPITAL

volunteer opportunities. This approach has also helped build social capital, as has been demonstrated by the Hollingdean Development Trust, Hangleton and Knoll Project and Due East in east Brighton.⁸

Community involvement fosters self-efficacy, a greater sense of control over life and helps people to make more healthy choices.⁹ It also builds social capital although there has been little change in this in the last 20 years.

This approach is not a panacea; there remains a need for high quality statutory health and social care services. Nevertheless, investing in local community solutions and stimulating social participation has the potential to bring added benefits such as reduced isolation and, through increases in social capital, improved health outcomes for all.

TABLE 1 Social Capital (percentage of respondents who feel that they belong, who see or speak to neighbours, and who can ask for help if they are ill) in Brighton & Hove, 2003 to 2022

	2003	2012	2022
Feel very or fairly strongly that you belong to your immediate area	N/A	58%	60%
See or speak to neighbours at least once or twice a week	80%	68%	78%
If you were ill at home and needed help, could ask someone for help	69%	76%	78%

Source: NHS Brighton & Hove City Council, 2024

[Based upon Health Counts in Brighton & Hove: Health and lifestyle surveys 1992 to 2012; 2013.

Available at URL <http://www.bhconnected.org.uk/content/surveys>]

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WHAT THEY SAID THEN
PENNY THOMPSON CBE -
CEO BRIGHTON + HOVE CITY
COUNCIL, 2014



“ Openness, influence rather than control, and an enduring requirement for social contact

One of the big changes I foresee in the next 10 years is the relationship between the state and the community. There will be more openness, with shared information the norm. The power dynamic will change and leadership will be more about influencing people rather than controlling resources. All this will come with new obligations for neighbourhoods and citizens. We will move from an era of entitlement to one where the solutions won't necessarily come from services but from communities themselves.

Technology will be increasingly important in this but the virtual cannot become a substitute for the actual. We will need social contact more than ever and so we will need to use technology to facilitate that contact, rather than replace it. ”

MENTAL AND EMOTIONAL WELLBEING

Clare Mitchison



CONNECTING FOR BETTER HEALTH

Over the last 20 years, more and more of the population have come to understand what makes for good mental health. Physical health is a leading driver of emotional wellbeing¹: around 30% of people with a long-term physical condition also have a mental health problem and approximately half of people with a mental health problem have a long-term physical health condition.² It works both ways; good mental health protects against poor physical health and good physical health improves mental health.³ Most dramatically perhaps, the impact of inadequate social relationships on mortality is at least as significant as other risk factors such as obesity.⁴ We can't maintain good mental or physical health by ourselves, we need to connect.

Although many older people (including the 'Super-old' - see Older people Section) remain fit and independent, a city survey in 2018 estimated that, as predicted in 2011, one in 20 people had a diagnosis of three or more chronic conditions⁵; this constituted an increase of one-third over the previous 10 years. Integrating mental, physical and social care has therefore been a key priority for the city, which culminated in the establishment of NHS Brighton & Hove City Council. This formal integration has helped cement multidisciplinary teams of hospital, community, and voluntary sectors. Since 2017, self-referral for mental wellbeing assessments has been the norm, though GPs and SPOCCs (single point of contact care coordinators) retain their essential roles in assessment, advice and support.

'MINDSKILLS', 'FIVE WAYS' AND NOW 'TEN WAYS'

Training in mental health - now a revalidation requirement for all frontline doctors and nurses - has helped to break down some of the barriers for people with poor mental health. In addition, in Brighton & Hove, a 'MindSkills' module, delivered by health trainers and based on work by the Mental Health Foundation and Royal College of Psychiatrists is available in schools and workplaces. The module consists of a mix of online and face-to-face sessions; a version for eight to 13 year olds is also available. The aims are to:

- develop competence in the basic life skills of positive self-talk, cognitive behavioural therapy (CBT) and mindfulness;

FIVE PLUS FIVE - TEN WAYS

1. Be active	6. Keep your weight healthy
2. Connect with others	7. Drink sensibly
3. Give	8. Eat fruit and vegetables every day
4. Keep learning	9. Keep sex safe
5. Take notice	10. Avoid smoking, drugs and highs

- provide a toolkit for building emotional resilience in everyday life;
- promote confidence in identifying mental health problems, supporting friends and family, and knowing when to seek professional help.

The importance of emotional resilience including the Five Ways message has become very familiar to the public in Brighton & Hove over the past decade. An extended message; Five plus Five - The Ten Ways, emphasises the interaction between mental and physical health, and was launched on World Happiness Day.

HAPPINESS

In the Office for National Statistics (ONS) Wellbeing Survey for England (2021), Brighton & Hove scored above average for anxiety and within an average range for 'happiness', 'life satisfaction' and for 'the things you do in life being worthwhile'.⁶

Over the last decade, overall scores have stayed relatively stable in Brighton & Hove, as they have across England, although there have been examples of

local improvement. The Health Counts Survey (2022) showed improvement in some population groups where there were concerns 10 years ago, for example the Muslim community. This has not been by accident and the city's Happiness Strategy Group - now in its 10th year - has overseen a number of well-received community initiatives.

As might have been anticipated, there remains a certain consistency in many of the groups at higher risk of lower wellbeing scores: single, separated and divorced people, the unemployed, those in rented accommodation and people with a limiting long-term illness or disability. By the same token, the age group with the best scores for self-reported wellbeing is still the newly retired (68 – 74).⁷ ONS annual national surveys show similar findings to the 2022 Health Counts Survey.⁸

'CROWD-SOURCING' AND NEW SERVICES

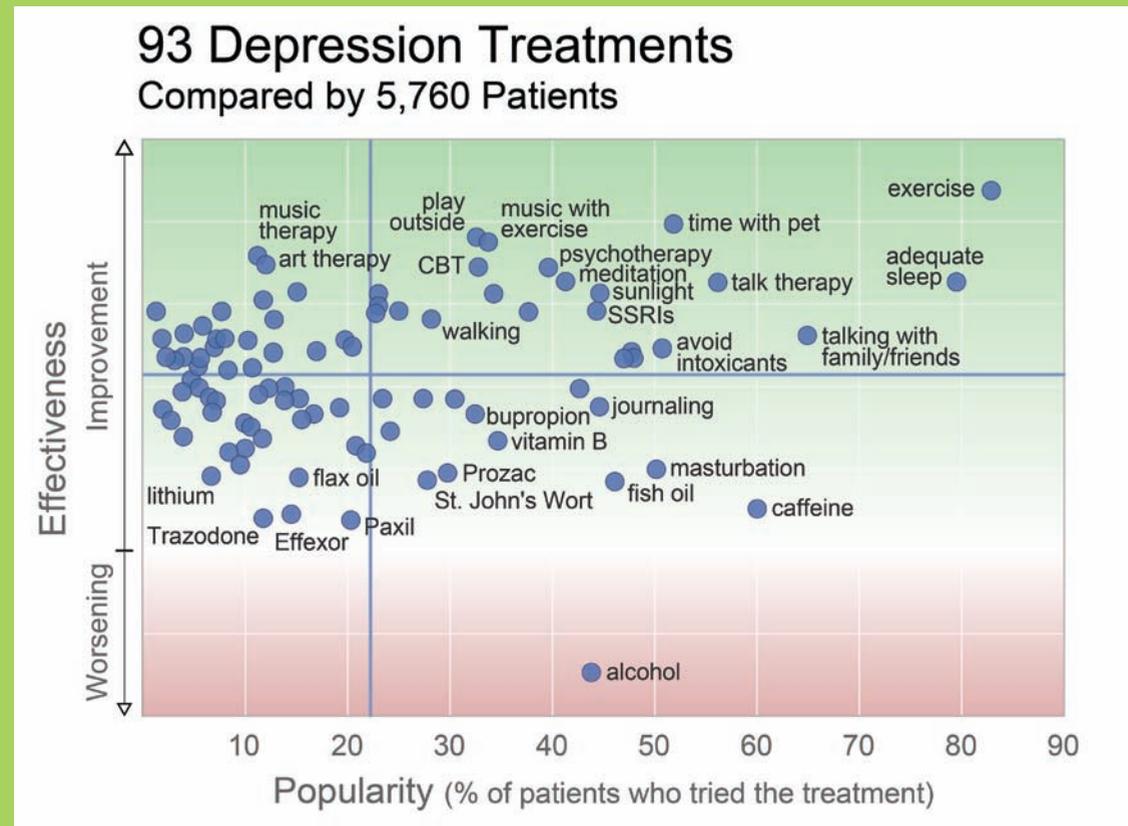
Although the Health Counts and Safe and Well at School Surveys have continued, albeit largely online, in recent years more detailed local 'Crowdsourcing surveys' have helped pinpoint benefits from specific initiatives. Crowdsourcing - whereby the views of a large group of people on an initiative or potential solution are quickly harnessed - came to popularity back in the 2010s after it was used to assess the relative benefits of treatment approaches to depression.

The technique has been used to particularly good effect by the Happiness Strategy Group, backed up by published evidence:

- Significant improvements in wellbeing have been reported by users of parks and outdoor spaces, especially for people with physical disabilities and diagnosed mental or physical ill-health.⁹
- Provision of eldercare by local employers has reduced stress among employees with responsibilities for caring for elderly relatives with health conditions.¹⁰
- Participation in 'The Shed', a make-and-mend project has been linked to significant improvements in mental wellbeing among older men.¹¹

Access to services for common mental health problems in Brighton & Hove has never been easier. There are now 40 access points located in schools, libraries, voluntary organisations, Third Age Hubs,

FIGURE 1 An early example of Crowdsourcing for the effectiveness of treatments for depression was used to shape Brighton & Hove services: investment has been increased in physical activity to promote emotional wellbeing, as well as sleep advice.



Source: cure-together-depression-treatments.png

as well as GP practices. Over the past decade, there has been a 20% increase in adults accessing talking therapies.

Increased service provision has followed rising demand for talking therapies, so online support now forms a key component of services. Moderated peer support groups, with computerised CBT, and individual support and feedback programmes, have helped build individual and community emotional resilience.¹² Waiting times for talking therapies have fallen year on year for the last seven years,

although waiting times for psychotherapy can be as long as six weeks.

Residents now have the option of face-to-face, telephone, email or Skype consultations, although all care packages include at least one annual face-to-face meeting with therapists.¹³ Currently (2023), in Brighton & Hove, 30% of all talking therapy contacts are virtual. Social media support networks are however proving increasingly popular, including twitter feeds, especially for special interest groups such as new mothers. Netmums



“ I know it’s been around for a number of years but I only found out about the Men’s Shed recently and it’s been great for me. I’m not really comfortable talking about feelings and all that; that’s not how I was brought up, well it’s not what we did in my day. At The Shed, I’ve got more interested in carpentry, turning wood and that, and for me, it’s been a God-send. I’ve really turned a corner and for the first time since my wife died I can honestly say I’ve felt happy. A group of us is renovating a building at a local school and that’s been great too. I was a bit scared of kids to be honest - I know it sounds funny but I don’t have any grand-kids -so I wouldn’t get on a bus if there was a lot of them on there, larking about, but the kids at the school have been really nice, interested and that. First time I’ve spoken to kids in years. We should have more sheds, really, it’s changed my life. ”

FIGURE 2 Three-year self-harm rates per 100,000 population aged 10-24 years, Brighton & Hove, 2007/08 - 2021/22



Source: NHS Brighton & Hove City Council, 2024

[Based on CHIMAT Child Health Profile self-harm admission rates, with policy intervention designed to reduce self-harm rates [Accessed 13/05/2014]. Available at: <http://www.chimat.org.uk/profiles>]

Brighton now has over 2,000 members. In 2020, e-mail and text reminders for appointments and medications were integrated into all electronic care packages and these measures have seen outpatient appointment DNA (did not attend) rates fall to below 1%.

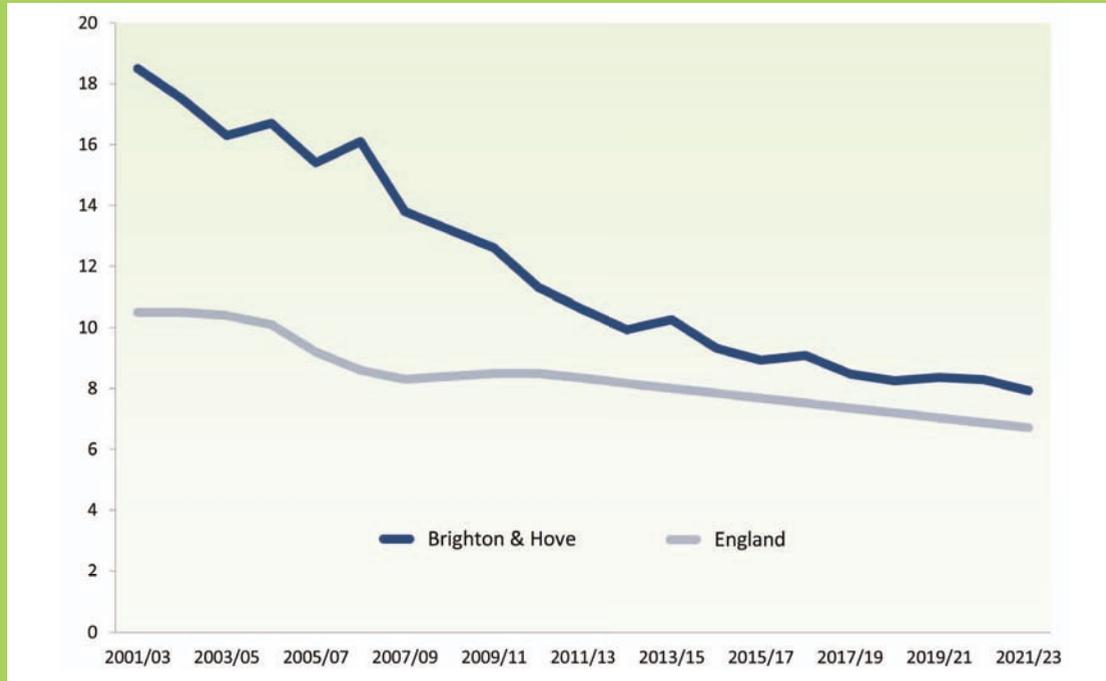
As discussed in the Health and Healthcare Section, following a successful pilot scheme, all service users are now offered a ‘care navigator’, a SPOCC - single point of care coordinator. SPOCCs help clients to identify the best treatment options, the most accessible treatment venues, as well as any additional support that might be required for parents or children at home.

They also support people to become experts in their own care and recovery.

SELF-HARM AND SUICIDE

Self-harm has been one of the mental ill-health phenomena of the 21st century. Rates of self-harm increased steadily, in all ages, until 2018 but have fallen since although rates remain high among young people (Figure 2).¹⁴ The 2022 Health Counts survey confirmed a significant association between deprivation and self-harm, as had been shown in previous surveys.

FIGURE 3 Age-standardised mortality rate, per 100,000 population from suicide and injury of undetermined intent, Brighton & Hove 2001 – 2023



Source: NHS Brighton & Hove City Council, 2024

[Based upon trend data from the Public Health England: Public Health Outcomes Framework [Accessed 06/04/2014]. Available at: <http://www.phoutcomes.info/public-health-outcomes-framework#gjd/1000049/par/E12000004>]

The national initiative on self-harm has helped drive some of this recent improvement without doubt. Ten years ago in Brighton & Hove, there were complaints about the emotional care received by some of these young people, particularly in A&E. A programme of more intensive staff training commenced in 2016 in line with National Institute for Health and Care Excellence (NICE) recommendations.¹⁵ This has helped facilitate the recent improvements in self-harm rates. A recent local survey showed that 95% of those trained rated the course highly for improving their confidence in supporting young people who self-harm. The stepped referrals

pathway for self-harm to voluntary and statutory support is now well-established.

The decline in local suicide mortality rates in Brighton & Hove, which was relatively steep over the first decade of the 21st century, has slowed somewhat although the rate is still falling. Over the past two decades, the rate has fallen from a high of about 18 per 100 000 population to around eight per 100,000 population. Rates remain above the national average, which has also been falling in recent years after a small rise during 2008–15 - some of this rise is considered to be due to economic recession at that time.

CRISIS SUPPORT IN WEST STREET

The Crisis Support Centre in West Street, first opened in 2017, provides 24-hour, seven days a week support to anyone in a mental crisis, whether contemplating suicide, self-harming or just unable to cope. Trained staff are familiar with local voluntary organisations and the available pathways for physical healthcare or social care. They also have 24/7 access to a rota of psychiatric professionals and security staff, managed through the Brighton Urgent Referral Service (BURS).

Family and friends feedback has shown that patients find the centre soothing, quiet and safe, and that they are treated with kindness and concern. Skilled listening is the mainstay of treatment with assessment and referral as required.

Reasons for this fall in mortality from suicide are complex but improved help in crisis situations, as well as the public campaign 'Suicide Safer Brighton & Hove'¹⁶ have probably contributed to this fall in rates. Brighton & Hove, once the suicide capital of the country, is now overcoming what was for decades considered to be the most intractable, as well as tragic, mental health issue. While overall happiness levels in the city might not have changed over the last 10 years, this has been a decade of improvement in mental health in Brighton & Hove.

WHAT THEY SAID THEN

WARREN MORGAN - LEADER OF THE LABOUR PARTY, 2014



“ Free accessible care, preventive treatment, debt and social inequity, modern living...

The challenge of the next decade will be to ensure that everyone continues to have access to quality medical care, free at the point of use. Even more importantly, we must promote healthy lifestyles so people need medical care less, particularly with an ageing population; we need to ensure that preventive care gets the investment it needs, and that care services are integrated.

Debt and social inequity cannot be allowed to take us back to a time when living conditions and lack of access to affordable medical treatment meant many died early and unnecessarily. Today, poor mental health is increasing and this is rightly seen as a public health challenge rather than a private issue. So keeping people alive for longer is no achievement if they are not healthy and able to enjoy a good quality of life. Tackling the aspects of modern life that make people ill will be the new challenge we all face.

”

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WIDER DETERMINANTS

IT'S THE ECONOMY

Nick Hibberd



RECOVERY AND GROWTH

The economic recovery that began in the UK in 2013 has been uneven with London and the South East initially pulling further away from other parts of the country, although there has been some more recent 'catch-up'. Brighton & Hove has benefited from its proximity to London and from local drivers for growth - in particular the two universities.

Over the last decade the city and its surrounding area has become an important urban economy – Greater Brighton - a high-growth creative economy maximising the potential of a highly qualified workforce. The Creative Tech Cluster has been the fastest growing economic sector as new businesses have combined creative, digital and information technology skills – so-called 'Superfused' Companies.

Two new sectors have emerged with some prominence in the Greater Brighton economy: Life and Medical Sciences, and Environmental Technologies. New businesses have formed on the back of the Combined Universities Hospital Trust development (previously referred to as the 3Ts), and the success of University of Sussex's Bio-Innovation facility. An increasing number of environmental industries are emerging in Newhaven and Shoreham following the Rampion Wind Farm development. Newhaven University Technical College is providing skills in clean technology and marine engineering, and Shoreham Harbour is

now beginning to thrive with Eco Port status.

Strong Private Sector jobs growth has continued over the last 10 years, with new jobs across the finance, retail and tourist economies, as well as growth in new sectors, while after a decade of 'downsizing' the public sector in Brighton & Hove is at last stabilising.

GREATER BRIGHTON

The Scottish Independence Referendum of 2015 threw into sharp focus the case for greater devolution of powers and resources to regions. Greater Brighton, stretching from Newhaven to Shoreham in the south, and up to mid Sussex in the north, has fostered growth and innovation across the south coast. Over the next 10 years, city regions can expect to enjoy the freedoms and flexibilities enjoyed by European counterparts.

Local government, even with the pressures it has faced over the last decade, has

played an important role in this economic growth, working in partnership through the Greater Brighton Economic Board. The two universities are the city region's anchor businesses, after extending their presence, commercialising technologies linked to their expertise, supporting graduate business start-ups, and working with local businesses on research and development. Lewes Road, a mixed-use sustainable academic corridor, has multiple facilities to support Brighton's new business community.

RETAIL

Much of the growth of private sector jobs within the city centre has been in the service industry and in knowledge intensive business services (KIBS) jobs, which benefit from close proximity to clients, collaborators and competitors. Retailers, including independent retailers in the North Laine and Lanes have survived a difficult period. The launch of the on-line 'virtual Laines' has bolstered support in the light of a continuing shift to on-line shopping.

WIDER DETERMINANTS

The last decade saw a period of co-ordinated investment in the city centre with improvements to transport infrastructure and the public realm (Valley Gardens project), leisure amenities (dance studio at Circus Street), a new leisure centre and 'quality of place' (the new renaissance centre on the seafront). This has helped ensure that the city centre remains active throughout the week, supporting retail, cafes and restaurants as well as other business sectors.

The improved public realm has helped connect different parts of the city for example, through the Valley Gardens project, producing a more active city with a shared space for motorists, cyclists and pedestrians.

REGENERATION

The city now offers a contemporary and world class visitor destination, a year-round programme of events, and following on from success of the Rugby World Cup in 2015 and the retention of Premier League football status, several key sporting events.

Brighton & Hove also plays an important role as the gateway to the South Downs National Park, with the i360 offering views of the entire park. The number of visitors to the city, even during the transition of the Brighton Centre, has continued to increase and the latest figures for 2020 gave 9.61 million day visitors to the city (Figure 1) with over 700,000 visitors to the i360.¹

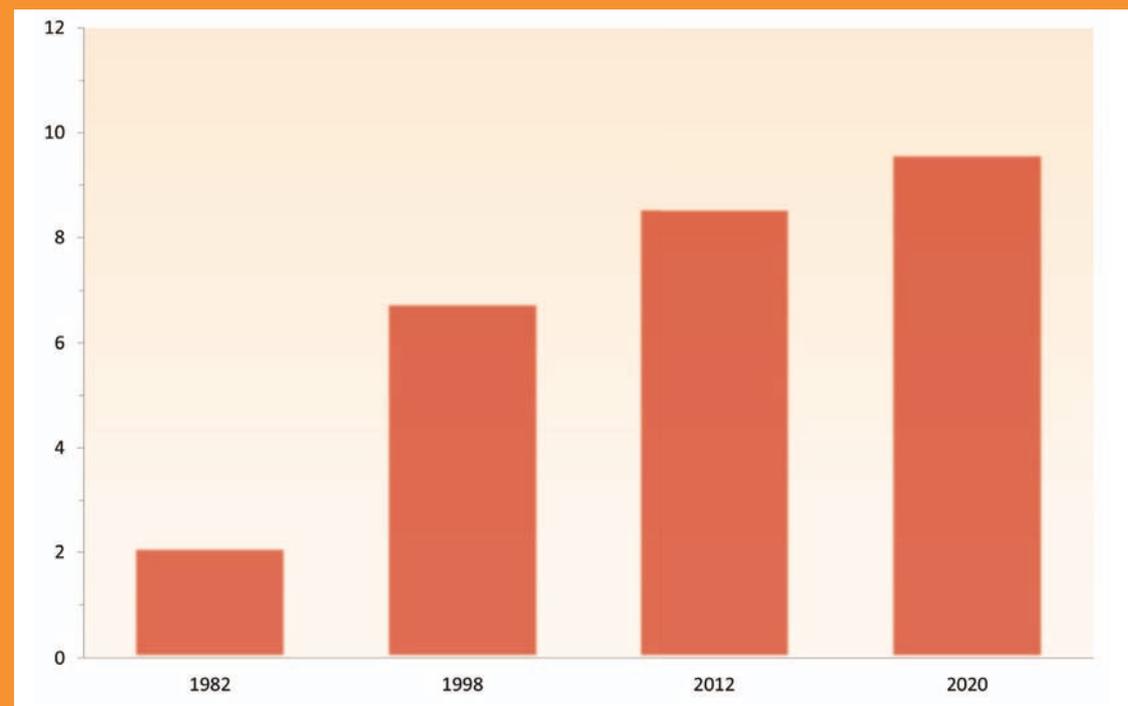
PAST, PRESENT AND FUTURE PRESSURES

The last decade has seen significant investment and development across the city, with the building of new housing, office and retail space and leisure facilities. However, Brighton & Hove continues to be constrained by the South Downs and the sea, and as development has become more intensive, there has been more pressure on infrastructure: housing and transport in particular, despite new developments such as Toad's Hole Valley and Preston Barracks.

Outlying areas of the city may at last be benefiting from the estate regeneration programme such as the Homes for Shared Lives programme, but the continued lack of affordable housing and high cost of private sector housing means that housing need remains very high.

So while the city and wider Greater Brighton region continues to flourish, residents and workers face a steep challenge if they wish to settle in the city. Sadly, this was how it was in the past, how it is now, and how it is likely to be for the foreseeable future...

FIGURE 1 Number of visitors (in millions) to Brighton & Hove, 1982 to 2020

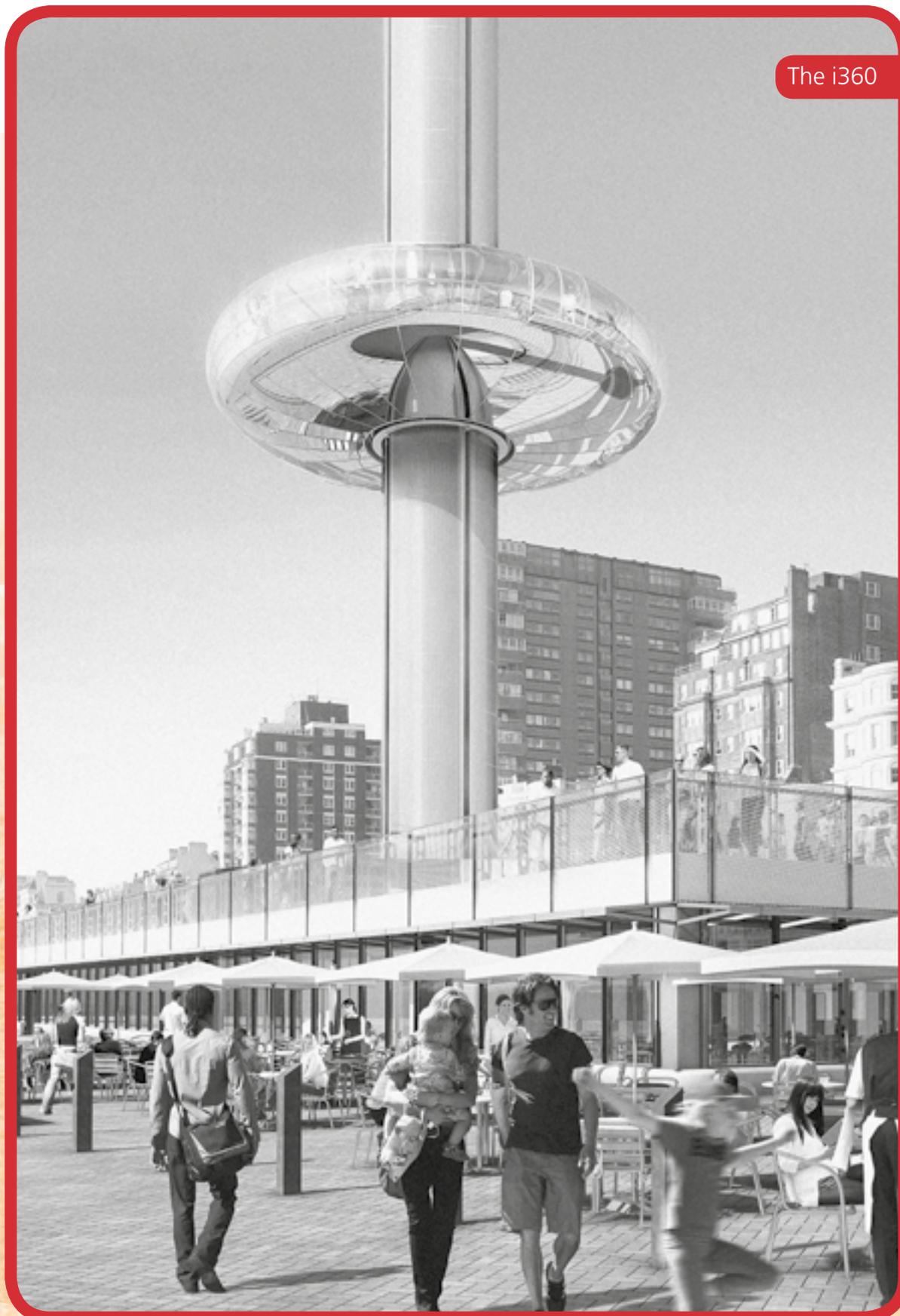


[Based upon trend from 1998-2012 from The Economic Impact of Tourism, Brighton & Hove, 2012. Available at: <http://www.visitbrighton.com/partners/strategy-and-research/tourism-research> and Tourism Statistics – A comparison between 1982 and 1998. Available at: <http://www.visitbrighton.com/xsdbimngs/Tourism%20Statistics.pdf>]

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The i360



WIDER DETERMINANTS

HOME - IT'S WHERE WE LIVE

Alistair Hill

Living in Brighton & Hove and indeed much of the country over the last 50 years you might be forgiven for thinking that housing was simply a commodity: real estate; a potential source of income; something to be traded from one person or investment group to another. For many, stepping on 'the property ladder' has not meant owning a first home, and then a larger one to accommodate children and family, but rather making a series of strategic capital investment decisions.



Over the last 10 years however, the story has been changing, part of a wider international discussion about building communities and reducing inequalities. For at its heart 'housing' is where we live - it's our home, our family, our community - and consequently, housing has a huge influence on our health and wellbeing.

UNDER PRESSURE

Over the past 20 years (between 2002 and 2022) the population of Brighton & Hove has grown from 249,700 residents to 289,900 - an increase of 16%.^{1,2} At the same time the costs of renting and buying has increased faster still, fuelled by a combination of high demand and lack of supply. This has meant an even tougher challenge in how we support the city's most vulnerable citizens.

The dominance of London and the South East during the national economic recovery saw a steady influx of young professionals and commuters looking to live in Brighton & Hove. The expansion of local universities has also continued, for example, between 2013 and 2018 Sussex University's student numbers increased from 13,000 to 18,000.³ While this growth has had a positive impact on employment skills and cultural life, it has also contributed to housing pressures. Fifteen years after 'studentification' was first raised as an issue, family homes continue to be converted to student accommodation, and despite changes in national policy, the relatively high cost of private sector rents excludes many people from living in the city. (See 'The Changing Faces of

Brighton & Hove' for a full discussion of 'studentification')

Ten years ago it was predicted that to accommodate population pressures, the city would require an extra 800 to 1,000 homes per year until 2030 (an additional 16-20,000 homes).⁴ Improving housing supply has been a local priority over the last 15 years. Better use of council owned land has provided opportunities for building more affordable housing, including some social housing. However, the constraints in building in Brighton & Hove have meant that the city has not met the overall challenge and demand still far outstrips supply.

NEW BUILDS AND NEW WAYS OF LIVING

Brighton & Hove is constrained by several factors: the sea and the South Downs; limited ‘brownfield’ (previously developed) sites; competition for land from other needs such as employment; a unique and fragile environment (recognised by UNESCO as part of the Biosphere reserve) and an historic city centre. Land values have remained relatively high for 40 years now, squeezing opportunities for development.

Part of the solution, presented in the City Plan (first submitted in 2013),⁵ was to build to higher densities with taller buildings. Density of housing in the city centre has also increased as a result of many of our older office spaces, especially over shops, being converted to loft style apartments, which proved popular with affluent commuters.



CHRIS NAYLOR - BRIGHTON ROOF-TOP BEEKEEPERS ASSOCIATION

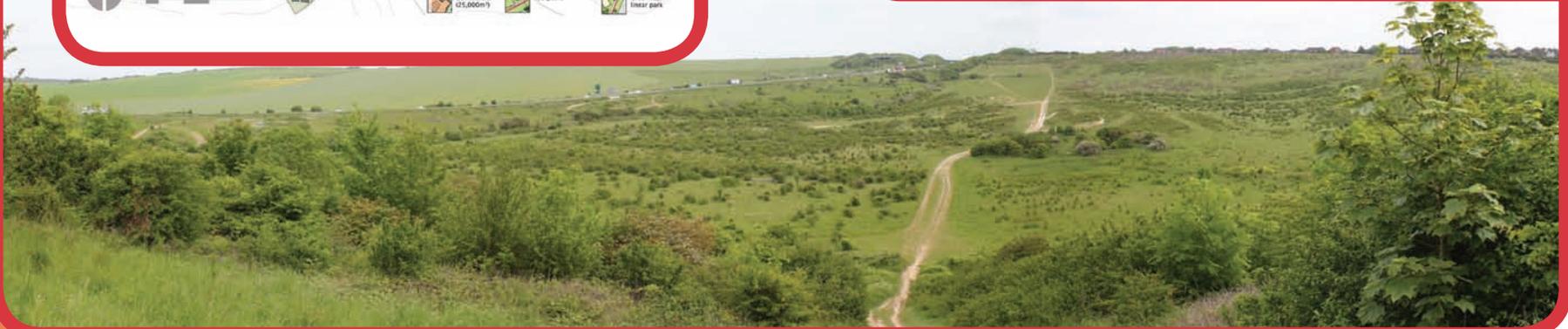


“ When I retired five years ago I didn’t want to just sit around; well, I’ve never been that sort. I had lots of good connections from working in health and in the council, and I’ve been a beekeeper for nearly 20 years now so this seemed like a good idea. Bees are much healthier in urban environments, there is

actually more diversity in the plant life. A lot - too much - of the countryside is given over to monoculture, and there is less use of pesticides in the city so bee colonies tend to do better. The council has been really supportive in getting a new hive on top of all new builds over 4 stories. My job - if you can call it that - is to work with the residents to look after the hives, and the best bit - to collect the honey. When our New England Quarter Honey won Best in Class at the Sussex Beekeepers Association last year I was grinning from ear to ear.

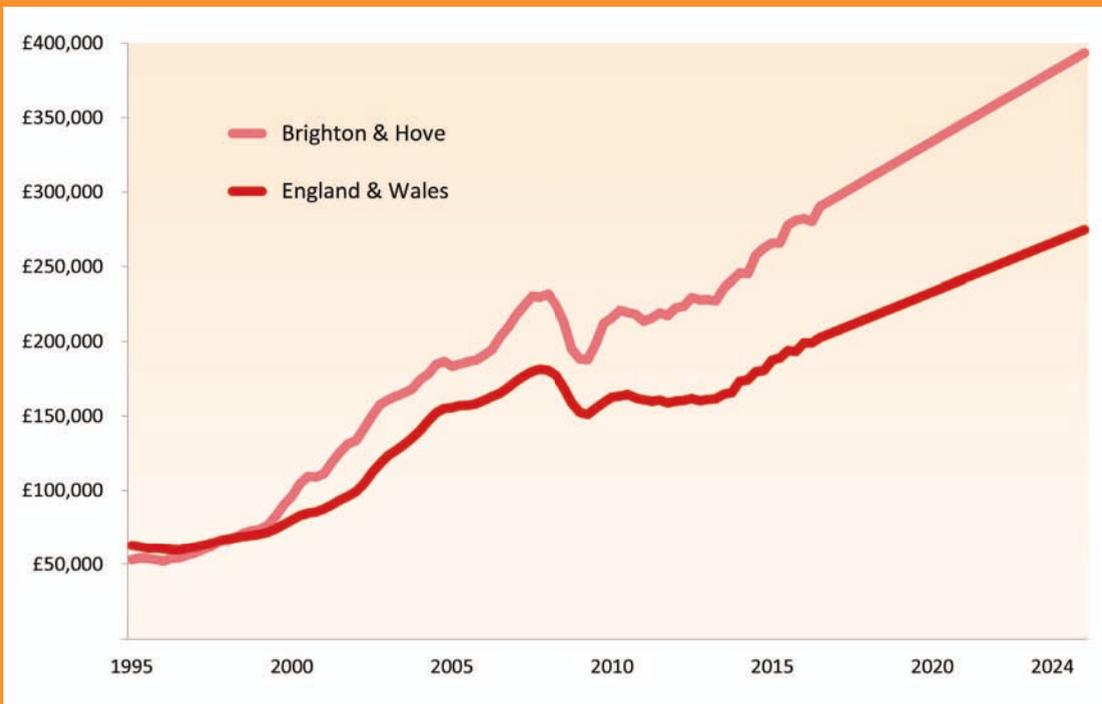
”

Below Toads Hole Valley as it was 10 years ago (2014) **Left** and today (2024)



WIDER DETERMINANTS

FIGURE 1 Average property price trend, Brighton & Hove and England, 1995 – 2024



Source: NHS Brighton & Hove City Council, 2024 [Based upon trend from Land Registry]

Brighton & Hove is increasingly a city of flat-dwellers, and access to outside space highly valued. Building on the World Health Organisation (WHO) Healthy City Initiative of over 20 years ago, most new blocks of flats now have roof gardens, and the support of the local community and voluntary sector on innovative local planning guidance⁶ means that new developments have shared food-growing facilities.

The flagship Toads Hole Valley Eco Village is finally nearing completion. Community involvement and sustainable housing are now pre-requisites of any design, and developers are embracing the importance of homes that balance human, community and environmental needs.

The Homes for Shared Lives programme (see Section on Older People) in Moulsecoomb is proving popular. This initiative has probably been partly responsible for the fall in hospital admissions in older people. It has however also been responsible for a slight increase in noise complaints - occasionally against a resident in the same household. Residents are able to access services via Council Connect Services' social media portal to help them to resolve these tensions.

MIND THE AFFORDABILITY GAP...

Ten years ago, the average property price in Brighton & Hove was 44% higher than the England & Wales average, the average 1-bed flat cost 6.5 times the

median annual household income, and a typical 3-bed house cost over 12 times the median annual household income.⁷ Property prices have continued to increase over the last decade and the affordability gap has increased yet further.

Consequently, more young people who work in the city are choosing to buy in other areas in the Greater Brighton Region. The resultant increase in commuting into the city has placed additional and continuing pressures on the region's transport system.

The most defining feature of housing in Brighton & Hove over the last twenty-five years has been the phenomenal rise of the private rented sector and emergence of 'Generation Rent'⁸, a term coined nationally to describe a generation with greatly reduced prospects of owning their own home.

In the first 10 years of the 21st century the proportion of local households renting their home from private landlords increased by a staggering 46%; by 2011, almost three in ten were renting from a private landlord. This was twice the average for the South East and made Brighton & Hove the 9th largest private renting sector in England. This shift has continued over the last decade and four in ten households now rent from private landlords - approaching the same proportion of owner occupied households.

Renting is not a cheap option: a one-bed flat in Brighton & Hove requires more than a third of the average (median annual) household income, while renting a three-bed house requires more than two thirds

of the average (median annual) household income, making its unaffordable to many.

Nationally and locally, private sector rented housing still has the highest proportion of non-decent homes. The work of the Private Sector Housing Team in supporting tenants and working with landlords to improve conditions in the sector has ameliorated some of this, although the ageing local housing stock means that a large challenge remains.

HOMELESSNESS - IT'S WHERE WE DON'T LIVE...

One inevitable consequence of the housing crisis has been the impact on homelessness. The last recession, combined with a shortage of affordable housing in Brighton & Hove, saw an increase in homelessness, including street homelessness. Local research demonstrated the high levels of physical health, mental health and substance misuse needs amongst homeless people.⁹ The effects of the national welfare reform programme in Brighton & Hove, including their impact on homelessness, were well described in the Public Health funded research that took place in the mid 2010s.¹⁰

In addition to the direct effects of poor (or no) housing on people, there is a substantial impact on health and social care services, which in the face of a decade of public sector budget pressures, has placed severe pressures on the city.

WHAT THEY SAID THEN

TONY MERNAGH - MD OF B+H BUSINESS FORUM AND EXEC DIRECTOR OF THE ECONOMIC PARTNERSHIP, 2014



“ Housing - the lynchpin of Brighton & Hove’s economic empire.

Although there is little research that links housing with success in the wider economy, it is compelling to conclude that, in ten years time, it will indeed be the determinant of Brighton & Hove’s economic success. London is heading for one almighty bursting of a housing bubble, but once pricked it will simply re-inflate in another cycle of boom and bust.

With each inflation more people will cash-in and head south for a better life, thus driving up prices further in Brighton & Hove. As local prices spiral [they have already exceeded their pre-recession peak] people working in the city will be obliged to commute longer distances from home to work. Already, increasing numbers are prepared to come from Eastbourne or Worthing, neither of which is well served by any quick means of transport in the rush hour - other than a helicopter.

Commuter fatigue will see clever young entrepreneurs establish their own companies where they live, and growing companies will be attracted to relocate to locations where there is a ready young workforce, where office accommodation doesn’t carry a ‘trendy Brighton’ premium, and where housing doesn’t cost 40% more than the UK average.

Every empire in history has had its fatal flaw that eventually leads to its collapse. A dire inability to accommodate the predicted need of an extra 20,000 homes over the next twenty years could be Brighton’s fault line.

”

WIDER DETERMINANTS

A CONTINUING CHALLENGE

The experience of the last twenty years has demonstrated the impact that housing conditions, overcrowding, housing costs and homelessness have on inequalities in health. Related household costs such as fuel and food have increased substantially, and residents today are even more vulnerable to food and fuel poverty - and their health consequences. Despite local innovative initiatives and building programmes, overcrowding - a well-recognised issue 10 years ago - remains a pressure today.¹¹

Moulsecoomb and Bevendean were historically predominantly areas of family housing. The Houses in Multiple Occupation (HMO) licensing schemes¹² confirmed that hundreds of homes had been converted to shared housing, many occupied by students or other young single people. At the same time, a greater proportion of families, especially the most vulnerable families, found themselves in the private rented sector, often in areas where families did not typically live. Recent housing developments in these areas are starting to see a return of families, including inter-generational families.

Twenty or thirty years ago, many homeless people would have been permanently housed in 'social housing'. However, the supply of available properties has reduced and this has become less and less an option. Some respite has been provided by adopting more innovative approaches, including extending the approach pioneered by the Richardson's Yard 'shipping container homes' near Preston Circus a decade ago.

Services across the city have had to adapt to this changing housing environment.

NHS health professionals now work hand in hand with housing and homelessness services delivered by the community and voluntary sector and Council. The involvement of homeless and ex-homeless people in designing health services has also improved their effectiveness and enabled vulnerable and homeless people to turn round their lives. However, continuing national housing and economic pressures mean that housing remains a daunting national challenge and a long term solution is sometime off.



Shipping container homes in Brighton

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FUEL POVERTY

Sarah Podmore and Miles Davidson



A CHALLENGE TOO FAR

The Warm Homes and Energy Conservation Act placed a legal obligation on the Government to eradicate fuel poverty by

2016, as far as reasonably practicable.¹

While there has been ongoing debate about the definition of fuel poverty, local authorities across the country including including Brighton & Hove missed this target.

Living in a cold home significantly increases the risk of respiratory and circulatory illnesses, as well as poor mental health, particularly in very young and older people, or those vulnerable through having a long-term illness.² As illustrated, Excess Winter Death figures vary depending on the severity of the weather, but in the UK each year around 28,000 people die during winter - equivalent to around 140 deaths in Brighton & Hove. Around 40% of these are due to poor quality, cold housing.³ High fuel prices, low incomes and poor home energy efficiency – more common in privately rented properties - are the key contributors to fuel poverty.⁴ Brighton & Hove has a huge

and increasing proportion of privately rented homes, many of which are old and with solid walls.⁵

THE SOLUTIONS

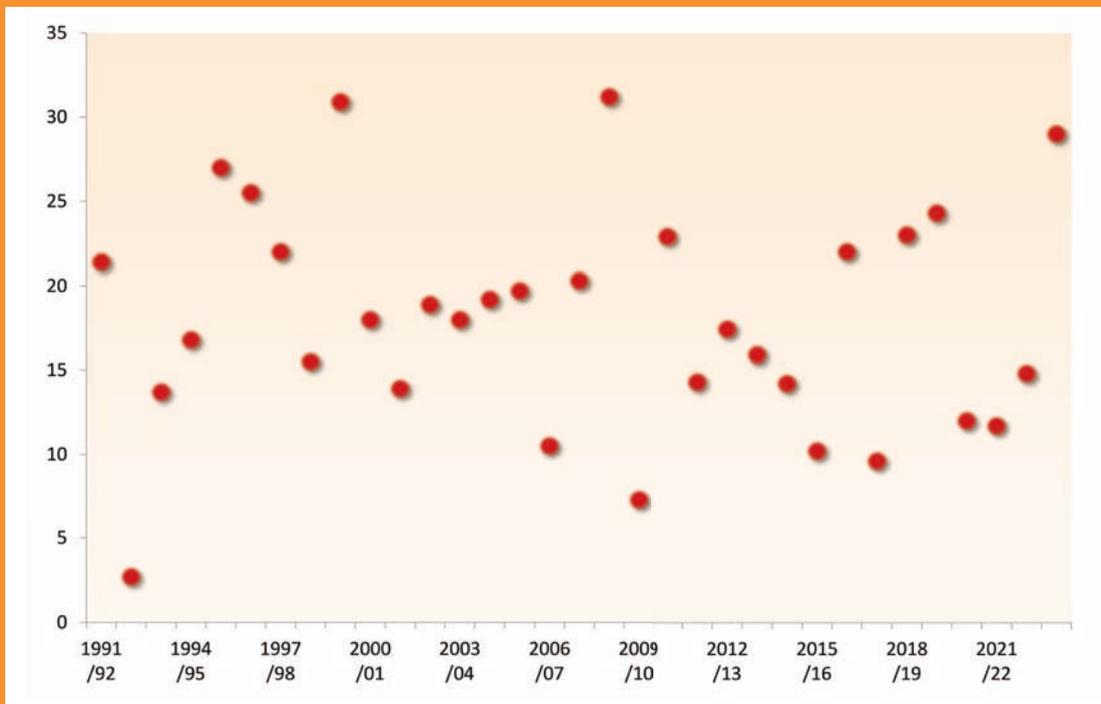
Brighton & Hove City Council has been externally insulating (over-cladding) 'hard to treat' council housing since the 1990s, including high-rise properties such as those on the Bristol Estate. The last 20 years have seen an ongoing programme of boiler replacement in council premises and District Heat Networks (efficient local networks) are now being trialled in the city.

Report%20%28Oct-Dec%29.pdf

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WIDER DETERMINANTS

FIGURE 1 Excess Winter Death Index, Brighton & Hove, 1991/92 - 2023/24



Source: NHS Brighton & Hove City Council, 2024

[Based on Office for National Statistics (ONS) Excess Winter Mortality in England and Wales, 2012/13 (Provisional) and 2011/12 (Final) tables, Table 3 [Accessed 15/05/2014]. Available at: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-326925>]

Note: Excess winter deaths are defined by the Office for National Statistics as the difference between the number of deaths during the four winter months (Dec to Mar) and the average number of deaths during the preceding autumn (Aug to Nov) and the following summer (Apr to Jul). The index is calculated as the number of excess winter deaths divided by the average non-winter deaths, expressed as a percentage. An index value of 20 shows that there were 20 per cent more deaths in winter compared with the non-winter period.

In Brighton & Hove, privately rented housing now outnumbers council rented housing by nearly five to one. A raft of legislation through the 2010s has made it illegal for landlords to rent out less energy efficient properties, although this has been difficult to regulate.

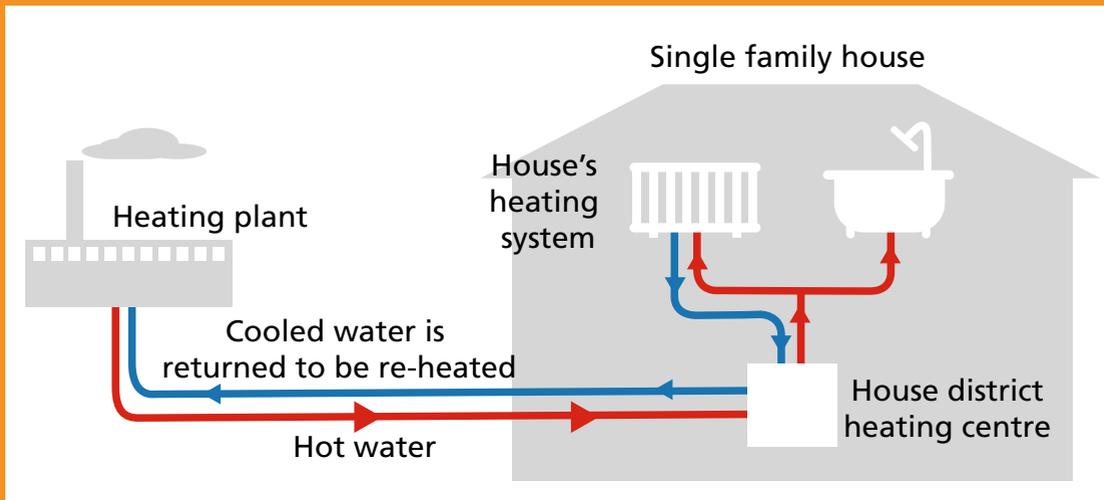
Solar panel use in council housing has increased dramatically in the past ten years, with approximately 2,000 homes now benefitting from solar energy. The national Green Deal and Energy Company Obligation (ECO) schemes, first launched over 10 years ago, have seen tenants and landlords make energy efficient improvements to their homes. This initiative has benefited from joint local authority working across Sussex.

New buildings in the city have achieved zero carbon standards since 2016 and the city's first highly energy efficient 'Passive Houses' have provided some cause for optimism. However, there is much to do and local authorities, the NHS, business and community groups, as well as landlords, will need to work much more closely if the ideals set out in the One Planet City approach over a decade ago are to be realised.

TABLE 1 Number of solar panel installations in Brighton & Hove City Council housing

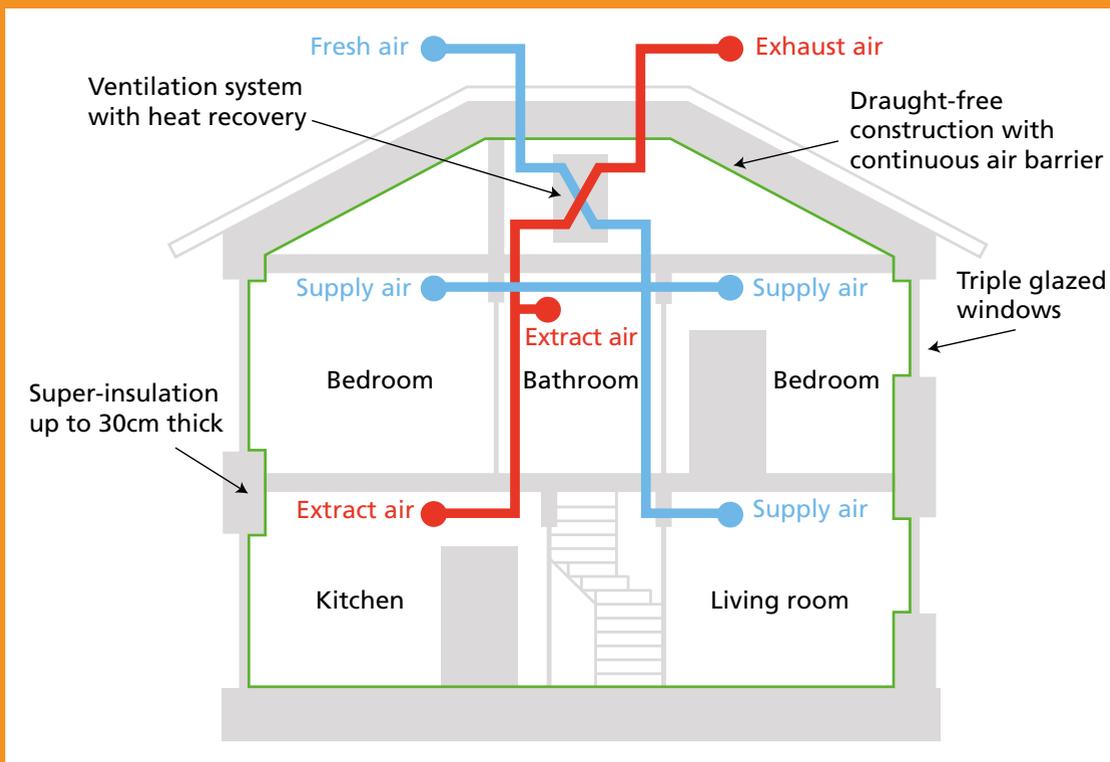
Year	Number of solar panel installs
2014	170
2015	350
2016	1,000
2024	2,000

HOW DISTRICT HEATING WORKS



Environment Administration, City of Stockholm
<http://preematravelseurope.blogspot.co.uk/2010/07/stockholm-tradition-and-innovation.html>

HOW A PASSIVE HOUSE WORKS



The Passivhaus's fabric-first approach to energy efficiency.
<http://www.theguardian.com/artanddesign/2013/nov/01/passivhaus-fabric-first-energy-efficiency>

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WIDER DETERMINANTS

TRANSPORT AND AIR QUALITY

Sam Rouse, Tim Nichols and John Guzek

LEGISLATING FOR FRESH AIR

The Clean Air Act of 1956, passed as a response to the Great Smog of 1952, introduced smokeless fuels, while the Clean Air Act of 1968 introduced tall chimneys to disperse air pollution from burning coal and other fuels. Both Acts had dramatic effects on air quality as the notorious pea-souper smogs became 'a thing of the past'.^{1,2}

The Environment Act, passed almost 30 years ago in 1995, and which established the Environment Agency and among other matters, required the Secretary of State to produce a National Air Quality Strategy has not produced the same dramatic results.³

AIR QUALITY IN THE CITY

Today, the long and short-term health impacts of Ozone (O₃), Particulate Pollution (PM_{2.5}) and Nitrogen Dioxide (NO₂) - the anthropogenic pollutants of concern - are well recognised. The Committee on the Medical Effects of Air Pollutants (COMEAP) cites an increased risk of asthma, respiratory infections, some cancers, cardiovascular disease and even all cause mortality.⁴ However air quality predictions of twenty years ago (2003/04)⁵ have not been fully realised. These predictions assumed substantial improvement in NO₂ emissions with successive EU standards. However, the

means (as opposed to the aspiration) of how this might be achieved were not well understood at the time, and the improvements were not realised.

In Brighton & Hove for example, NO₂ pollutant levels monitored at the centre of town in North Street deteriorated at the start of the 21st century. However, over the past five years, there has been some improvement and for the past three years air quality in Brighton & Hove has met EU Limit Values apart from the approaches of some junctions.⁶

As figure 1 shows, NO₂ levels in North Street increased from 2007 due to the re-routing of some buses. Bus counts eventually settled at about 2,600 per day. Heavy diesel bus and taxi traffic in a confined area increased NO₂ concentrations, principally as more buses were fitted with particulate traps without Selective Catalytic Reduction (SCR): these traps produce additional



NO₂ and were not effective in mitigating the finest nano-particulate from diesel. The low emission zone from 2015 reduced NO₂ emissions and required SCR retrofits of older vehicles, and as new efficient low emission, hybrid engines replaced conventional diesel engines there were further reductions in pollution levels in city streets. If a centrally powered underground system were constructed then emission levels in North Street would potentially fall to the level indicated in the final column.

Research has revealed the limitations of conventional technology and raised the bar for Best Available Techniques (BAT) and Best Practical Means (BPM).⁸ The newest hybrid buses in the city now use an advanced blend of hybrid electrical-gas with complementary regenerative

breaking, and computer diagnostics can adjust engine and tail pipe temperatures to keep emission rates down to trace levels. All vehicles engines shut off if stationary for more than 45 seconds. These have seen improvements in the city's Low Emission Zone (LEZ). Although many of the city routes still employ twelve-year old diesel buses, current plans are to phase out these buses entirely by 2026.

ACTION FOR FRESH AIR

The recent improvement in air quality reflects several actions taken on the European stage, nationally and locally over the last two decades. There are ever tougher EU emission standards for new cars, and all new taxis are licensed to petrol hybrid Euro standards. Nationally, fuel duty legislation has

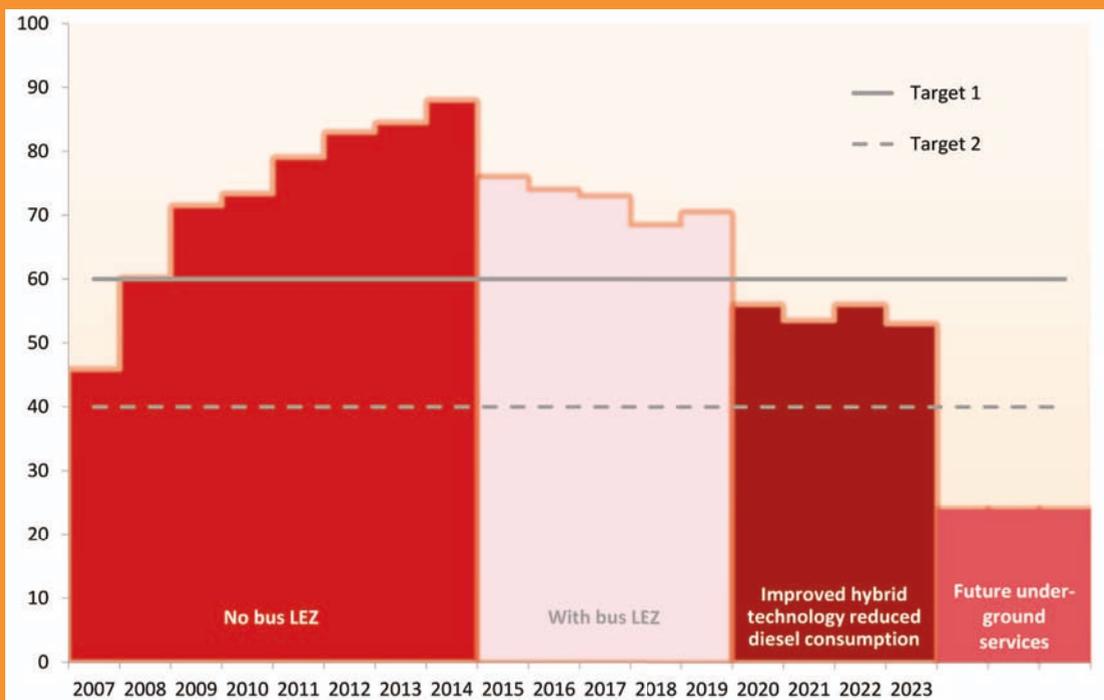
played a key role in altering car, and especially diesel car, use. Locally, there have been improvements in traffic management - with several Multi-Modal Shared Spaces (MMSS) and ever increasing cycle use; a Low Emission Zone; a decade of cleaner bus technology investment and increasing bus patronage (up by 10% in last five years).

The Living Streets programme has designated more and more of the city's narrow streets within the urban core as Multi-Modal Shared Spaces (MMSS).⁹ The same programme has seen the removal of kerbs, as well as alterations to road surface markings and traffic signs. Living Streets has seen increases in walking and cycling rates.

In 2001 in the city, just 3,000 people cycled to work.¹⁰ By 2011, this figure had more than doubled to 6,600⁹ and another 10 years later (2023) an estimated 13,000 people cycle to work. Improvements in cycle lanes, more secure cycle storage, events such as the Annual Workplace Cycle Challenge and the Sustainable Transport for Students initiative have all played their part.¹¹ The Super Bike Lock facilities at both Brighton and Hove train stations mean that the city now has capacity to lock and store thousands of bikes just like many towns across the Netherlands.

The Low Emission Zone (LEZ) with its use of real time information now limits the number of heavy vehicles entering the LEZ at any one time and has seen the volume of heavy vehicles entering the zone reduce by 17% in the past three years. Other

FIGURE 1 Average Nitrogen Dioxide readings (ug/m3 NO₂) in middle North Street, Brighton 2007-2023⁷



WIDER DETERMINANTS

reductions in traffic volume as a result of improvements to the Victoria Gardens-Pavilion Park area have in turn encouraged more pedestrians and cyclists, and of course tourists.

Mortality rates from respiratory disease and cardiovascular disease have been falling steadily over the last 10 years (See section on Health and Health Care) although asthma rates have not seen the same improvement. Air pollution plays a role in asthma and it is beyond doubt that further improvements in air quality would lead to reductions in asthma hospital admissions.

...AND THE FUTURE?

Mortality related to air pollution is now improving and there has been recent progress in Brighton & Hove with a host of new measures to improve traffic flows, increase cycling and walking, and reduce pollution. Over the years, the city has witnessed a number of high profile big ideas on transport including a monorail. The latest concept idea is an underground express bus-train running between St James Street - Churchill Square – Regency Square I-360 - Brunswick Square and Hove. Whether this will ever become reality is - for the moment - a matter for conjecture. However, in 1993 there were 23 million bus journeys in Brighton & Hove, increasing to 45 million by 2013 and 53 million 2023. In 10 years time (2034) this figure may reach 60 million. Bus congestion, even with low emission vehicles, is increasingly a factor in pollution and late running services. No matter how smooth transport flows are in the city, one thing is certain, the debate will run and run.

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 - 7 Notes for chart: The nitrogen monitor sits six metres from the carriageway on the nearest building façade. The figure for 2024 is a projection of potential air quality if an underground rail-bus system as outlined below were to be constructed.
- LEZ = low emission zone for buses.
Targets 1 and 2 are EU standards written in to the English air quality strategy for the protection of human health (also recommendations of the world health organisation). Target one annual mean: 60 µg/m³ is deemed equivalent to the hourly average standard for nitrogen dioxide that is: 200 µg/m³ (99.8 percentile) and can be where more concentrated pollution occurs over short durations leading to more acute effects on health. Target two annual mean: > 40 µg/m³ must be achieved (where there is relevant people exposure) before the air quality management area can be revoked and potential infringement from the EU avoided. This should be our solid line aim for local air quality improvement.
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CLIMATE CHANGE

Kevin Claxton and Thurstan Crockett



The earth's climate is unequivocally warming and the consensus scientific opinion is that human activities are to a large part responsible. For the last 10 years climate change has been in the top five of the World Economic Forum risk list,¹ whilst over the last 25 years, the manifestations of climate change have been seen in agriculture, water quality and availability, biodiversity, soil, the economy and human health. The UK Climate Change Act of 2008 set the goal of reducing the six greenhouse gases indentified in the Kyoto agreement by 80% between a baseline of 1990 and the target year of 2050, with the UK becoming a low carbon economy.²

LOCAL IMPACT

Brighton & Hove has long been ambitious to cut carbon emissions and at the same time reduce fuel poverty (See Section on Fuel Poverty). The biggest focus of the city's Zero Carbon Plan, and the top priority of its One Planet City Sustainability Action Plan is to cut fuel poverty by insulating and improving the energy efficiency of homes across the city, improving residents' health while increasing local jobs in the sector.

The city has been performing reasonably well against its 21st century Carbon Dioxide (CO₂) emission target. Between 2005 and 2011, CO₂ emissions per resident from energy and fuel consumption reduced by 23.2% (against a target of 24%). Since then, there have been improvements in home energy efficiency, some pioneer district heating networks and solar arrays have been established, and a wind farm is now operational.

However, the city continues to face some difficult challenges from climate change. Whilst in the UK these severe weather events have not been as disastrous as in some - typically poorer - countries, the effects have been dramatic, and Brighton & Hove has not been exempt:

- Coastal erosion with cliff loss at nearby Telscombe Cliffs and Saltdean;
- Heat waves with associated premature mortality, particularly in older people;
- Severe winter weather events with disruption to transport and vulnerable residents isolated from routine support;
- Several instances of floods, at one time referred to as 'once in a hundred years events,' in the wake of persistent rainfall and rising groundwater levels.

Over the last decade, incidence rates of malignant melanoma in both men and women in Brighton & Hove have increased dramatically (See Health and Healthcare

Section). These rates reflect increased exposure to sunlight over many years.

Excess winter mortality figures over the last 20 years have varied (See Fuel poverty Section) but there is no evidence that the increase in summer temperature has offset any excess winter mortality.^{3,4}



Patcham village, Brighton.

WIDER DETERMINANTS

RAMPION WIND FARM



Source: Image provided by E.ON

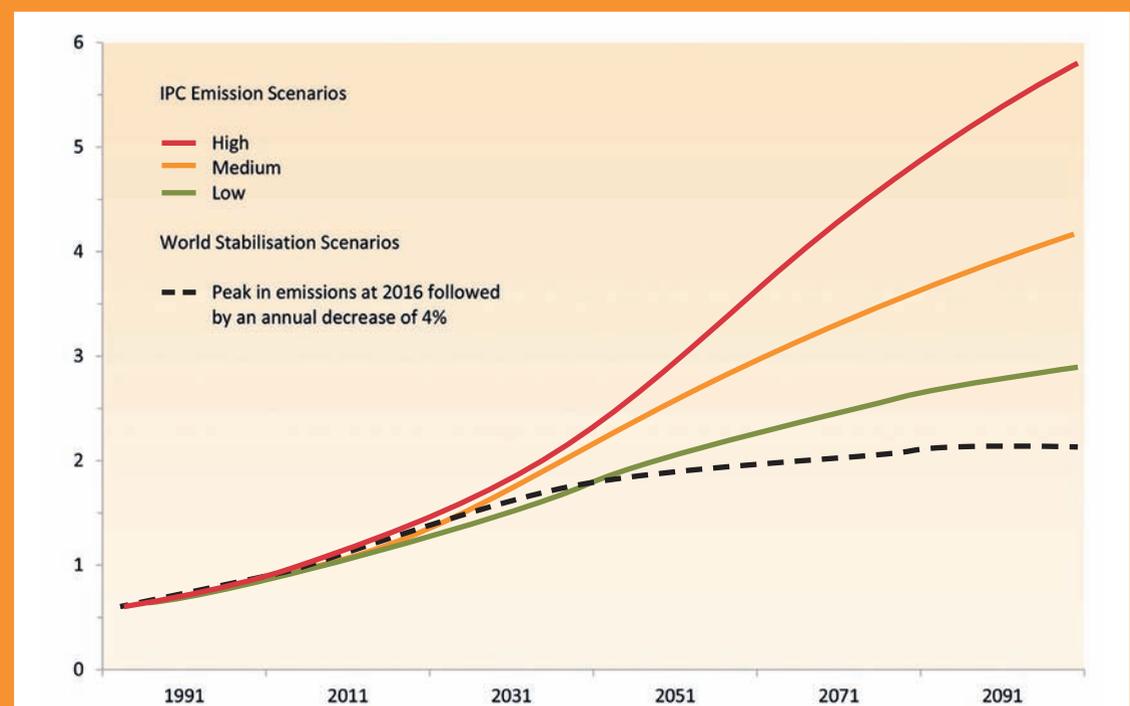
Note: Photomontages are photographic illustration tools, which give an indication of the potential scale and extent of the proposed development; they are intended for guidance only.

LOCAL ACTION

Effective action on climate change requires global, European and national political commitment and in the UK since the Climate Change Act of 2008, a full Climate Change Risk Assessment (CCRA) has taken place every five years. Actions however, can, and must be taken locally and some of the efforts to reduce fuel emissions in the city are described in the Section on Air Quality.

Brighton & Hove's Emergency Planning and Business Continuity Plans have been tested regularly since the first severe flood in Patcham in 2000/1. Following the heavy rainfall and groundwater flooding of 2013/14 the City Council established Community Resilience Groups bringing together the Local Area Teams (LATs) and the Patient Participation Groups of the then Clinical Commissioning Group.

FIGURE 1 Global mean temperatures (temperature rise °C)



Source: report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/69257/pb13274-uk-climate-projections-090617.pdf

These groups have been instrumental in responding to several of the severe weather events since: spreading pavement grit, distributing sandbags, clearing pathways - including vital school routes, as well as supporting the Vulnerable People Plan by door knocking at-risk residents and helping to coordinate support.⁵

The National Risk Assessment lists a risk regarding power failures due to lack of infrastructure capacity. An application made by E.ON to 'National Infrastructure Planning' for a Development Consent Order to build the Rampion Wind Farm off the Brighton & Hove/Sussex Coast was made in March 2013.⁶ Following the examining authorities recommendation in April 2014, and a decision by the Secretary of State in July 2014, the development (now laying 12 – 23 kms off the coast and 167 Km²), generates 700MW of electricity, supplying power for 450,000 homes to a sub-station near Bolney in Central Sussex.⁷ The Rampion Offshore Wind Farm's turbines now generate enough electricity for most of Sussex's homes (450,000); and as the closest offshore wind farm to any UK city, it has had a significant impact on how the population of Brighton & Hove view renewable energy - the first choice for a city tackling climate change.

FUTURE CLIMATE

The projected average temperature increases over the 21st century appear to be materialising and the manifestations of this are becoming increasingly apparent. However, a number of future scenarios are still possible, depending on current and future emission control (Figure 1).⁸ In Brighton & Hove, community resilience can play a full

role, but there are also key roles for planning, economic development, transport, and health care. The establishment of the Health Protection Subgroup of the Health and Wellbeing Board in 2014 set the tone for what is now a citywide executive body with senior input from across the city as a whole. The effects of climate change are now self-

evident, and while there has been some local progress, the city faces a long-term challenge.

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AND FINALLY

TEN CHALLENGES OVER TEN YEARS

This final section of the report pulls out ten challenges that the city faced over the last years and what we have learned during this last decade (2014-2024).

1

Changing demography: the total number of people aged over 75 years fell. However, there was an increase in the very elderly (aged over 90 years) and many recently retired residents found that they had care duties across generations (elderly parents and grandchildren). Improved carer support packages (mutual / virtual support systems, respite care, low cost home adjustments) have helped carers cope, supported more residents in their own homes, and kept residential health and social care costs at (almost) affordable levels.

2

Brighton & Hove – University City: student numbers have continued to grow and students form the majority of residents in the 20-24 year old age group. The presence of the university has helped to drive local economic development and the student body has fuelled the night-time economy and stimulated local cultural life. The growth in student numbers has also placed more pressure on housing, transport, parking, city clean services and some emergency hospital services such as A&E.

The positive economic and social capital contribution of the universities has been maximised through a much greater local authority and university partnership. This partnership has also seen the specific adverse impacts of students on city life reduced by building more student housing – which has also helped local authority revenues, incentivised greener student transport, and greater vigour in tackling adverse behaviour patterns.

3

Tobacco and nicotine consumption: the focus on cigarette smoking and helping people to quit of ten years ago has changed. Patterns of tobacco consumption have altered with an extended range of more diverse products such as hookahs and shisha-pens, tied to social activities in communal settings. E-cigarettes are popular as a means of stopping smoking for some, and for others as a conduit to tobacco use. Local tobacco control services have had to adapt to tackle a wider range of products and new patterns of consumption.

4

Obesity: while healthy weight rates in children have steadily improved, obesity rates in adults have continued to increase with corresponding rising rates of diabetes. National legislation that promotes healthier eating is now having some effect. However, the city was able to act in advance of this with a Public Health Schools programme that promoted exercise initiatives across young people and through them their families, incentives for restaurants, take-aways and supermarkets to promote menu calorie counts, me-size portions, trans-fat free, low salt and lower sugar options.

5

Sexual health: sexually transmitted infection rates have fallen however, a small group of individuals - a sub-set of men who have sex with men - continue to engage in very high risk sexual activity tied to recreational drug use, and remain resistant to behaviour change. Sexual health services now work hand in hand with drug services. The addition of behaviour change and mental wellbeing specialists in a new service model is at last helping to change longstanding behaviour patterns.

6

Cancer: incidence rates have continued to rise, in part due to the ageing of the population, however, melanoma rates have increased substantially in younger people. Service models have adapted and we now have higher skill levels in primary care, with GP specialist use of dermoscopy, and more rapid access to prompt diagnosis and treatment with an expanding range of drug options. Recent national sun tanning salon legislation was preceded in Brighton & Hove by better regulation of salons and a successful publicity campaign on the dangers of sun tanning salons.

7

Mental wellbeing: suicide rates have decreased although population happiness levels are similar to those of 2014. Loneliness and isolation however, are much more common. Health and social care services have been able to meet this challenge by investing more in mental wellbeing, delivered across a range of approaches including arts and culture, and including volunteers. This investment has in turn realised better mental and physical health, and lower social and healthcare costs.

8

Transport, air quality and climate change: the move towards greener forms of transport has continued, although emissions from diesel engines and resulting air quality problems are still problematic. Climate change has manifested itself in severe weather events and coastal erosion. The frequency of these severe weather events has resulted in greater local authority and health coordination and collaboration with communities to foster local resilience, and events are now met with much more collective confidence.

9

Housing: a lack of affordable homes for ownership and rent continues despite some innovative developments. Over the last 10 years, still more family homes have been divided into houses of multiple occupation, targeted at students. To counter this, the local authority and universities have together built more houses, specifically for students. This has provided a source of local authority income as well as helped to protect family homes, and keep rents down.

10

Public funding pressures: already well publicised in advance, these pressures continue throughout the 2010s and public services have shrunk accordingly. In Brighton & Hove, health and social care commissioning came together as did providers, with resulting better care. The local authority role regarding schools has changed as more academies and free schools have been established. The city council of 2024 is more concerned with leadership, influence, joint commissioning, the promotion of economic development and local resilience.

Too often public services have been simply reactive, sometimes appearing to be at the mercy of events. The Annual Report of the Director of Public Health has presented the city with an opportunity to help change that. Public, voluntary and business sectors can create and seize opportunities to mould the city's future, and in doing so have built a Brighton & Hove that is better for all of us.

DR TOM SCANLON
Director of Public Health

PROJECTIONS, ASSUMPTIONS AND UNCERTAINTY

Tom Scanlon and Kate Gilchrist

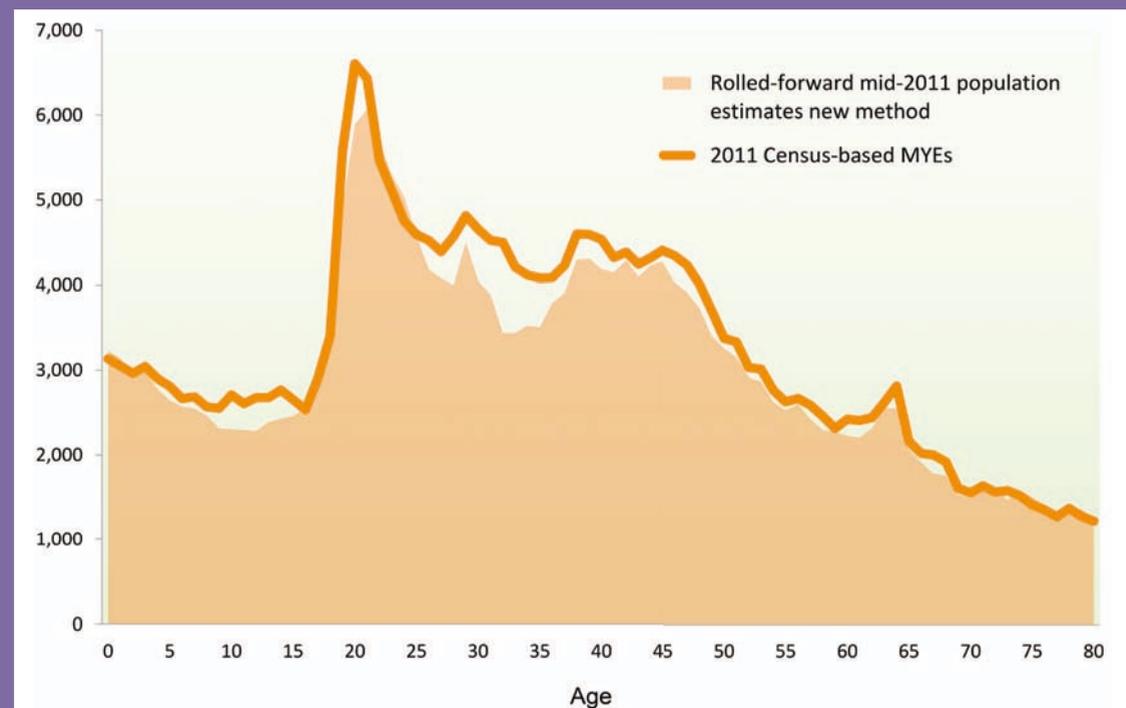
This report has been written as if it were taking place 10 years hence, in 2024. The population projections used within it are based upon assumptions, in turn based on previous and anticipated changes. However, there will always be unknown and unexpected factors which will affect these patterns in unforeseen ways, and so projections always come with a degree of uncertainty.

POPULATION PATTERNS

Our knowledge of the population changes over preceding years, including numbers of births, deaths and migration patterns allow for calculations of future births and death, and to some extent migration rates. By rolling forward estimates one year at a time, we can then apply other static or changing rates, such as disease incidences to each year of population and forecast what a given population might be like, including disease profiles, years into the future. However, small differences between projected and actual rates in births, deaths and migration can over time result in substantial population differences. Population projections lose validity the further into the future they go, and current thinking is that their accuracy reduces substantially after 10 years or so.

There are also issues of data quality and availability, particularly regarding migration and certain groups. Young people may not register with a GP, so

FIGURE 1 Single year of age comparison chart between 2011 Census and Rolled forward Mid-2011 population estimates (number of people), Brighton & Hove, 2011



Source: Office for National Statistics, Local authority single year of age population comparisons charts. September 2012. Available at: www.ons.gov.uk/Fons/2Fguide-method/2Fmethod-quality/2Fspecific/2Fpopulation-and-migration/2Fpopulation-statistics-research-unit--psru-/2Fla-syoa-population-comparison-charts.xls&ei=EVhqU4rML4TfOMm0gJAM&usg=AFQjCNHgPTY-sgHAjwH8XYyYICtxvNHgzA

the GP datasets that we use do not capture certain groups so well. Similarly, international passengers may not fill out the International Passenger Survey, which collects information about passengers entering and leaving the UK, and has been running continuously since 1961 – one of the main uses of this is to estimate the numbers and characteristics of migrants into and out of the UK.

If an underlying population calculation is incorrect, then the applied calculated rates for fertility, mortality and migration are also incorrect. The Census provides an opportunity to reflect on how far our estimates are out by providing the most accurate picture of the current population. At the time of the 2011 Census, the previously calculated mid-year estimates for 2011 were about 1% out (lower) for the UK. This effect was larger or smaller in certain areas and among certain age groups. In 2011, Brighton & Hove had the 12th greatest underestimation of the population from the rolled forward population estimates for 2011 in comparison with the Census population for the city¹ - with 14,600 extra people in the 2011 Census than the rolled forward estimate – a 6% difference; the biggest differences were in those aged 25-40 years.²

So while the best available literature and demographic estimates have been used, this report comes with a health warning and we will just have to wait until 2024 to see if the predictions within prove to be accurate.

PLANNING

As is discussed in the report, factors other than births and deaths increasingly affect a population's characteristics. Migration is a key factor, but migration in turn is influenced considerably by local planning and development, such as the establishment of a university. Housing availability also acts as a pull or constraint. If insufficient houses are available to meet local demand then the population projection might overestimate. Conversely, if many houses are constructed, then house prices will drop and people will move in, resulting in the projection being an underestimate.

The availability of different types of housing is important in determining demographics. For example, a relative lack of family homes will lead to families, as they grow, moving elsewhere. Social norms regarding household structure, or second/holiday homes - for example in Brighton Marina - are also important. In times of economic crisis, the average household size tends to increase and second homes may be sold off. Office for National Statistics (ONS) estimates assume unlimited housing supply for those who demand it with a 5% error to show the range within this. Housing is a critical factor in Brighton & Hove and so how the housing strategy develops over the next 10 years will have a strong influence on how the population looks in 10 years time.

HOW CERTAIN CAN WE REALLY BE?

The Office for National Statistics has produced estimates for England, based upon varying assumptions (called a sensitivity analysis), including low and high fertility rates, low and high life expectancy and low and high rates of migration. In addition to scenarios with these low and high assumptions combined to give extremes for population change (Figure 2 overleaf).

For 2024, the principal population projection for England is 58.1million people, but if the low fertility, life expectancy and migration rates all apply then the population could be as low as 56.7million (2.4% lower than the principal projection). Alternatively, if the assumptions of high fertility, life expectancy and migration are all correct then the 2024 population of England may be as high as 59.5million people (2.5% higher than the principal projection).³

Whilst these estimates are not available at local authority level if we take the broad -2.4%/+2.5% figures for the extreme scenarios, the population of Brighton & Hove in 2021 may be as low as 282,900 or as high as 297,200 (the principal projection is that there will be 289,900 people resident in the city in 2021).⁴

AND FINALLY

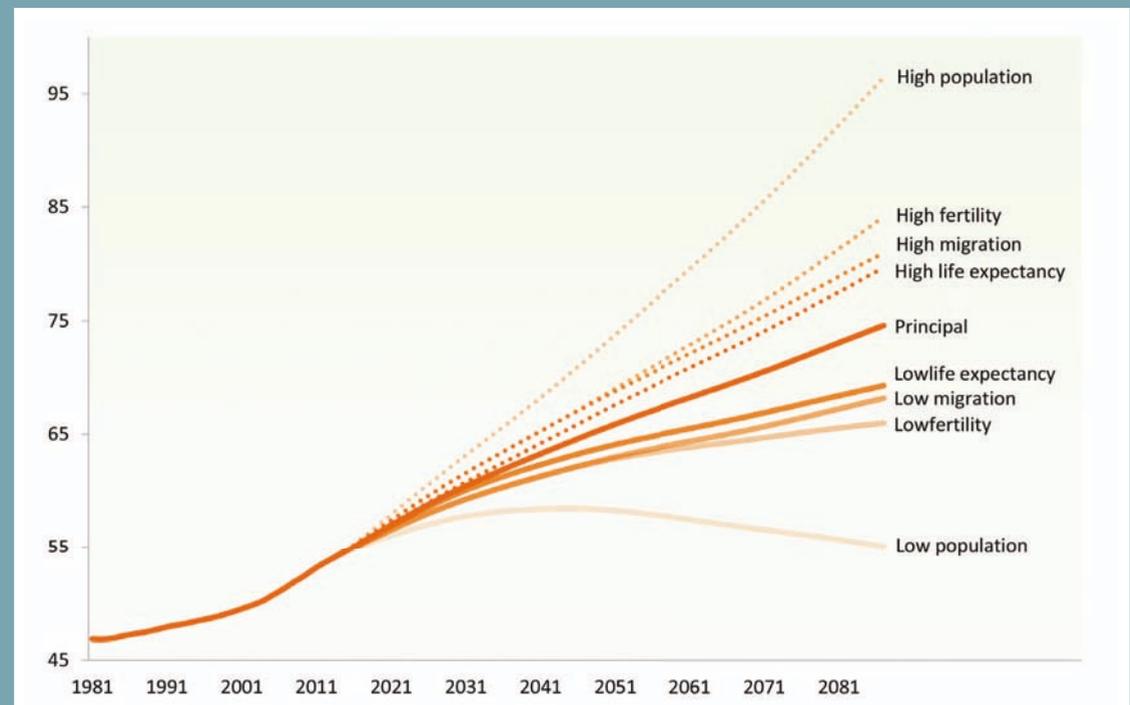
POSTSCRIPT

There is one further footnote of uncertainty. At the 'last hour' of drafting of this report, the Office for National Statistics released an updated set of sub-national population projections.⁵ Each new set of projections does vary, to some extent, from the last as new information becomes available.

The latest (June 2014) 2012-based projections showed a total population size in 2024 of 298,422 for Brighton & Hove; 1.7% higher than the projection used in this report. However, while there are small differences in the age structure seen in each projection, no one five-year age group has changed in proportion of the total city population by more than 1%.

Due to the similarities in the age structure between the two projections, the same conclusions, if based on slightly different figures, would be drawn were the report re-written on these latest data.

FIGURE 2 Estimated and projected total population (millions of people), England, year ending mid-1981 to year ending mid-2087 Hove, 2011



Source: Office for National Statistics. Summary Results, 2012-based National Population Projections, Appendix A: England Charts. Available at <http://www.ons.gov.uk/ons/rel/npp/national-population-projections/2012-based-projections/rep-summary-results.html#tab-Appendix-A--England-Charts>

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LIST OF CONTRIBUTORS

Annie Alexander

Jack Bedeman

Ramona Booth

Kerry Clarke

Kevin Claxton

Thurstan Crockett

Helen Curr

Miles Davidson

Chris Dorling

Hilary Ferries

Anne Foster

Alex Fox

Rob Fraser

Kate Gilchrist

John Guzek

Barbara Hardcastle

Linda Harrington

Doreen Harrison

Nick Hibberd

Alistair Hill

Peter Huntbach

Francesca Iliffe

Becky Jarvis

Max Kammerling

Ellie Katsourides

Matthew Kershaw

Jason Kitcat

Lydie Lawrence

Jane MacDonald

Frances McCabe

Anna McDevitt

Anjum Memon

Tony Mernagh

Clare Mitchison

Warren Morgan

Paula Murray

Xavier Nalletamby

Chris Naylor

Tim Nichols

Stephen Nicholson

Michael Nix

Sarah Podmore

Sally Polanski

Martin Reid

Sam Rouse

Tom Scanlon

Lauren Shukru

Geoffrey Theobald

Penny Thompson

Peter Wilkinson

Becky Woodiwiss



