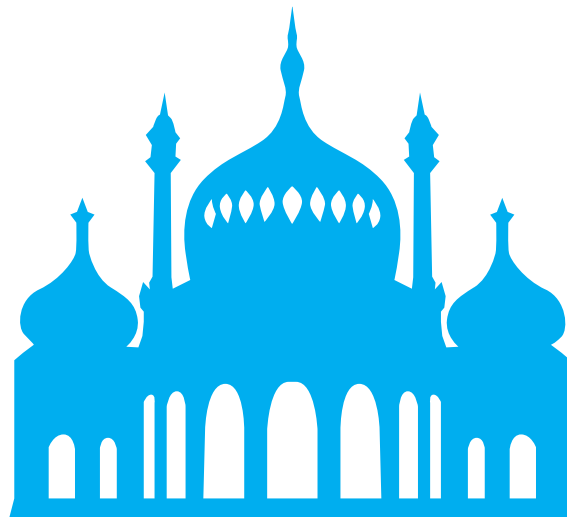


Health and wellbeing in Brighton & Hove

Joint Strategic Needs Assessment (JSNA) Executive Summary May 2024



NEEDS ASSESSMENTS | BH Connected

Community Insight | Reports | Surveys | Needs Assessments | Performance

<http://www.bhconnected.org.uk/content/needs-assessments>

Health and wellbeing in Brighton & Hove

JSNA Executive Summary

The Brighton & Hove Health and Wellbeing Board is required to produce a Joint Strategic Needs Assessment (JSNA). The JSNA provides a description of the current and future health, social care and wellbeing needs of the local population, and does so by collating a variety of evidence, including information from existing in-depth needs assessments; health and social care data and local views and experiences.

The JSNA is used to identify local health and wellbeing issues and inform the commissioning and delivery of local services. This summary gives a snapshot of health and wellbeing in the city. It will be updated regularly in line with Public Health Outcomes Framework updates. See the full set of JSNA resources <http://www.bhconnected.org.uk/content/needs-assessments>

Produced by: Public Health Intelligence Team, Brighton & Hove City Council

For more information: publichealthintelligence@brighton-hove.gov.uk

Key to the summary

Throughout the summary (with the exception of the population page) the colours within charts and icons are based upon whether Brighton & Hove is statistically significantly lower / higher or better / worse than England (where this judgement can be made):

-  Significantly lower than England
-  Not significantly different to England
-  Significantly higher than England
-  Significantly better than England
-  Not significantly different to England
-  Significantly worse than England
-  Significance cannot be calculated

Clicking on the icons and or text in the summary links directly to the source data.

Key issues for Brighton & Hove

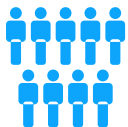
A range of evidence has been collated for the JSNA to inform the key issues for the city presented here, including information gained from in-depth needs assessments, data from public health, NHS and social care outcomes frameworks.

Issues highlighted are those where we are significantly worse than England (or comparator local authorities), where large numbers or people are impacted, or where we have significant inequalities:

	All ages	Starting well	Living well	Ageing well	Dying well
Building blocks of health	Housing Homelessness and rough sleeping Tobacco control Road safety Active travel Crime and safety	Child poverty Education Adverse Childhood Events (ACEs)	Unemployment Good employment and healthy workplaces	Fuel poverty Income deprivation	
Lifestyles / prevention	Domestic and sexual violence Physical activity, healthy weight Food poverty and good nutrition Emotional wellbeing	Risk taking behaviours and the clustering of these behaviours: Smoking Drugs Alcohol Sexual health Emotional wellbeing	Smoking Alcohol and drugs misuse Sexual health (STIs and HIV/AIDS) Suicide prevention and self-harm	Social isolation / loneliness	
Services / support	Mental health Physical disability and impairment Learning disabilities	Children in care Emotional wellbeing and mental ill health support Immunisation	Multiple long-term physical and mental health conditions Cancer (and cancer screening) Heart disease and stroke Musculoskeletal conditions Mental health	Dementia Multiple long-term conditions Immunisation	Support for dying in place of preference

PEOPLE

Population



277,965

resident population of
Brighton & Hove, 2022

Our population profile is younger than the South East and England

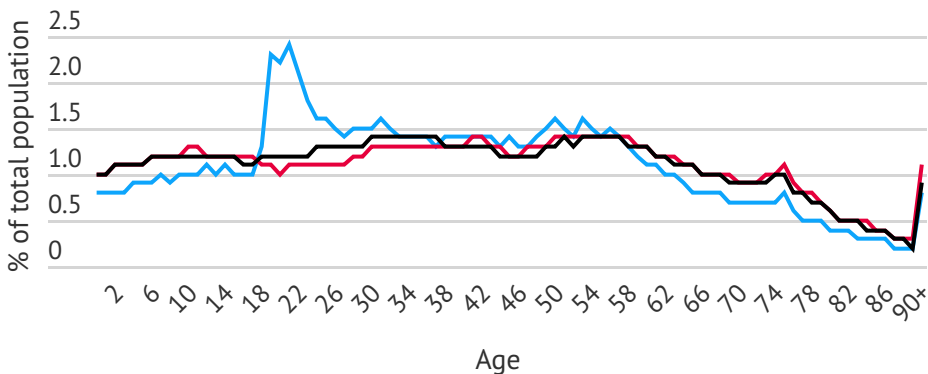


15% (41,300) under 16 (19% South East, 19% England)

73% (201,700) 16 to 66 (64% South East, 65% England)

11% (29,300) 67 to 84 (15%, South East, 14% England)

2% (5,600) 85 or older (3% South East, 2% England)



— Brighton & Hove — South East — England

Population estimates and projections



Please read

Due to the need for the Office for National Statistics (ONS) to rebase national and local population estimates and projections following the 2021 Census there are currently no population projections beyond 2022 available.

According to the ONS release calendar, the new population projections based on the 2021 Census have a provisional release date of 'early' 2025.

In December 2023, the ONS released:

- Rebased national and local population estimates covering the years 2012 to 2020
- Updated 2021 national and local population estimates
- 2022 population estimates

This report will be updated shortly to include these estimates, meanwhile the data is available on the [ONS website](#).

PEOPLE

Population groups

- Our city consists of different population groups living in a range of geographical communities.

- The lesbian, gay, bisexual and trans (LGBT) and BME communities are key characteristics of the city's population profile.

- The most up to date from the 2021 census shows...

 **A quarter of residents are BME.**

72,272 residents (26%) are from a Black or Minority Ethnic group. South East (21%), England (27%)



One in ten residents identify with an LGB+ sexual orientation

At least 25,247 residents age 16+ (10.6%) identified as Gay or Lesbian, Bisexual or Other sexual orientation. Three times higher than seen in the South East (3.1%) and England (3.1%) and the highest proportion seen in any upper tier authority in England.



One in five residents were born outside of the UK

54,343 residents (20%) were born outside of the UK. Higher than seen in the South East (16%) and England (17%).



One in a hundred adult residents identify as Trans

At least 2,341 residents aged 16+ (1.0%) identify with a gender different from their sex registered at birth. Double what is found in the South East (0.5%) and England (0.5%).



Over a half of residents have no religion or belief

152,966 residents (55%) have no religion or belief. Significantly higher than seen in the South East (40%) and England (37%). Highest proportion seen in any upper tier authority in England.

PLACE

Deprivation



131st

most deprived local authority in England (of 317) according to the 2019 Index of Multiple Deprivation (IMD)

In 2019, 17% of the population of the city lived in one of the 20% most deprived areas in England and 13% lived in one of the 20% least deprived areas in England.

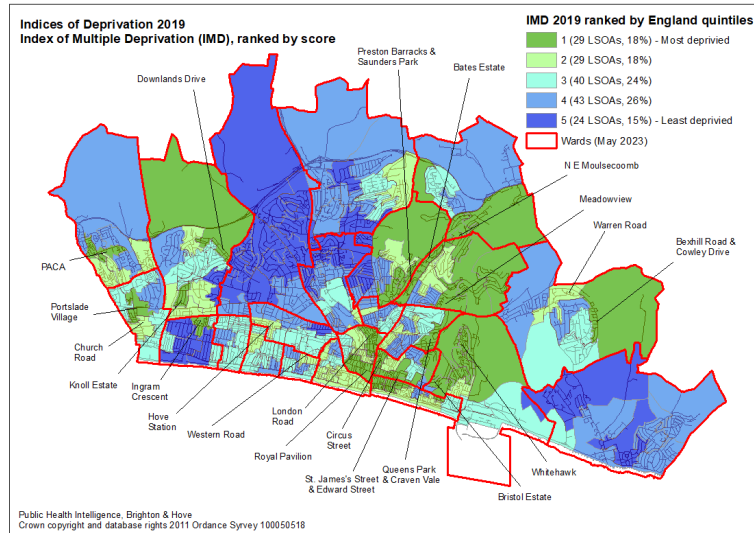
Brighton & Hove



England



● 1 (most deprived) ● 2 ● 3 ● 4 ● 5 (least deprived)



Some areas are more affected by deprivation than others. The highest concentration of deprivation is in Whitehawk, Moulsecoomb, and Hollingbury. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England.

PLACE

Our health and wellbeing is influenced by a wide range of social, economic and environmental factors:

Housing and homelessness



11.6% (14,400 households) estimated in 2021 to be in fuel poverty (South East - 8.4%, England - 13.1%)



Those on the lowest 25% of earnings need **12 times their earning** to afford the lowest 25% of house prices (2022) (South East 10.4, England 7.3)



52 rough sleepers (Street count 20223)

Air pollution



4.5% of adult mortality (30+) is attributable to particulate air pollution (2022) (5.7% South East, 5.8% England)

Road safety



252 people killed or seriously injured per billion vehicle miles (2022). South East (95), England (95)

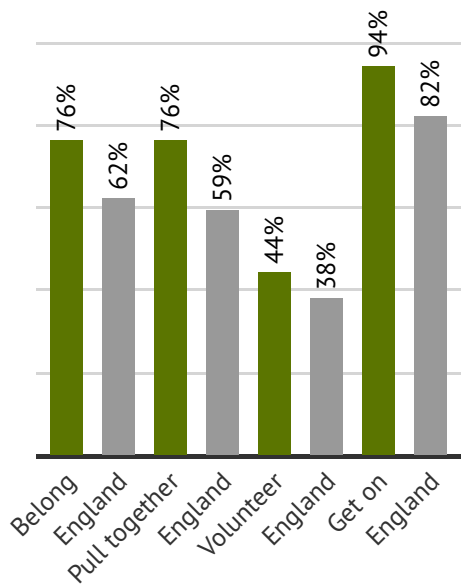
Community safety



37 per 100,000 people admitted to hospital due to violent crime, including sexual assault (2018/19 to 2020/21). South East (29), England (42)

Community resilience

Brighton & Hove has a strong community with higher rates of belonging, pulling together, formal volunteering and feeling that people from different backgrounds get on to England (City Tracker survey results 2018)

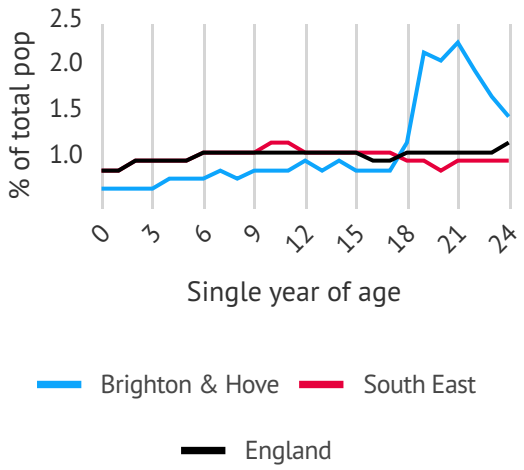


STARTING WELL

Population

In 2022 it is estimated that Brighton & Hove has a **significantly smaller number of children aged under 18** (46,900 people, 17%) compared to the South East (21%) and England (21%) and a **significantly higher number of young adults aged 18 to 24** (38,100 people, 14%) compared to the South East (5%) and England (6%)

Proportion of residents aged 0 to 24 years old, 2022



Our children and young people's wellbeing is influenced by a wide range of social, economic and environmental factors:

Children in care

74 per 10,000 children and young people (0-17 years old) in care (31 March 2023) South East (57), England (71)



School readiness

69% achieving a good level of development at end of reception (2022/23) South East (70%) England (67%)



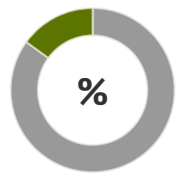
Education

Educational progress pupils make between primary and secondary schools is above the England average (2021/22)



Child poverty (IDACI)

15% of children live in poverty (2019) South East (13%), England (17%).



Youth unemployment

3.8% 16-17 year olds (200 people) not in education, employment or training (2022/23) South East (6.9%), England (5.2%).



Disabilities and sensory impairments

More than 4,500 children and young people with a disability on the local register (2019/20)



It is estimated that there up to **600** children and young people with Autistic Spectrum Conditions living in the city

STARTING WELL

We do well in many areas: fewer mothers smoke, more breastfeed and more children are a healthy weight

However, we have worse rates of smoking, drinking and drugs use and poorer emotional wellbeing impacting young people's current & future wellbeing

Maternal & infant health



71% breastfeeding after 6 to 8 weeks. 49% England (2022/23)



7% (153 people) smoking at delivery (2022/23). South East (8%), England (9%).



All childhood immunisations, including MMR at five years are **below the 95% required for population protection** (2022/23)



10 per 1,000 (41 people) under 18 conceptions, 2021. South East (11 per 1,000, England (13 per 1,000))

Healthy weight



80% of 4-5 year olds are a healthy weight -2022/23 (England 78%)

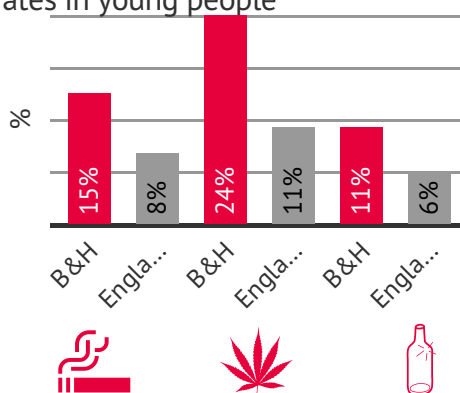


68% of 10-11 year olds a healthy weight - 2022/23 (England 61%)

However, it is estimated that **11,000** children and young people in the city are **overweight or obese**

Young people

We have the highest percentage of 15 year olds who smoke, have tried cannabis and the 3rd highest drinking weekly in England (2014) and high Sexually Transmitted Infection (STI) rates in young people



Emotional wellbeing



486 per 100,000 10-24 year olds admitted to hospital for self-harm (2022/23). South East (364) England (319)



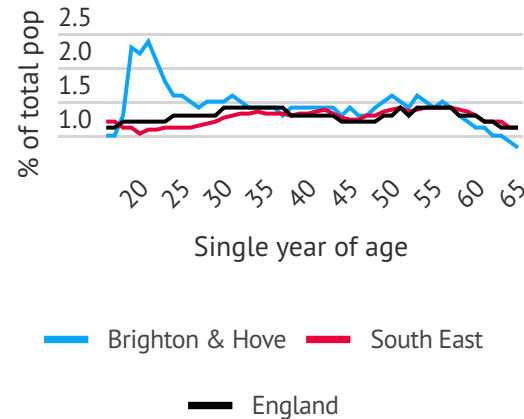
12% of secondary school children in the city say that they often or sometimes self harm (2023)

LIVING WELL

Population

In 2022, Brighton & Hove has a significantly higher proportion of adults aged 16 to 65 years old (72%, 199,400 people) compared to both the South East (63%) and England (64%). The difference is most pronounced between the ages of 19 and 24. Brighton & Hove (12%, 34,500 people) South East (6%) and England (7%).

Proportion of residents aged 16 to 65 years old, 2022



Employment and work

Getting people into, and remaining in, good work is a priority for physical and mental health



4.7% (7,700 people are unemployed (year ending September 2023). South East (3.3%), Great Britain (3.7%)

Employment rates are lower for adults with **long-term conditions** (22/23); a **learning disability**; and **those in contact with secondary mental health services** (21/22).



11% (10,300 household) have no individuals aged 16 or over in employment (2022). South East (11%), Great Britain (14%)



£688 The median gross weekly full time employee earnings (2023). SE (£724) and GB (£683)

Healthy life expectancy

Whilst life expectancy has been steady, healthy life expectancy has not in recent years. People are living longer in ill health. This, alongside the rising retirement age, means increasing numbers of people of working age are living in ill-health.

Female

Male

Life expectancy at birth (2020-22)



83.1
years

78.8
years



Healthy life expectancy at birth (2018-20)



65.3
years

65.6
years



There are large differences in both life expectancy and healthy life expectancy across the city (see section on living well).

LIVING WELL

Lifestyles

Some lifestyle behaviours can have a negative impact on our health. Smoking, alcohol & drug misuse, and sexual health are significant issues in the city

However, we have more physically active residents and fewer obese/overweight adults than England

531 per 100,000 (1,415 people) hospital admission episodes for alcohol-specific conditions in 2021/22. South East (587 per 100,000), England (626 per 100,000)



12.8% of adults are current smokers (2022). South East (11.5%), England (12.7%)



10.0 adults per 1,000 aged 15-64 (2,065 people) estimated to use opiates and or crack cocaine in 2016/17. (England 8.9 per 1,000)



Among the **highest** rates of new STI diagnosis and HIV prevalence outside of London (2022)



59% of adults are overweight or obese (2021/22). England (64%)



73% of adults are physically active and **18%** inactive (2021/22). England (67% and 22% respectively)



19% of adults cycle at least once a week and 9% cycle at least once a week for leisure (2022). South East (11% and 7%, England (9% and 5%)

Emotional health

Brighton & Hove has above average levels of mental health issues and higher rates of suicide deaths

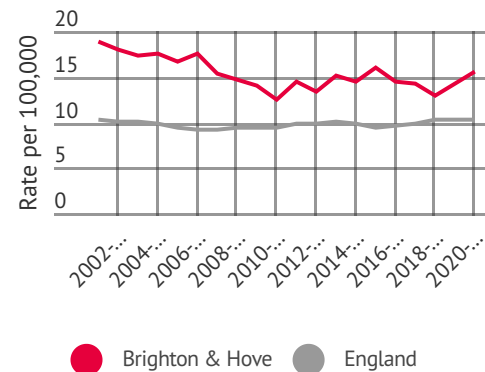
13.4% of adults (37,346



people) are on GP practice depression registers and 1.3% (4,496 people) severe mental illness (2022/23)

16 per 100,000 (120 people)

suicide & undetermined injury deaths in 2020-22. England (10 per 100,000)



LIVING WELL

Long-term conditions

There are over **50,900 adults**



(22%) aged 20+ with two or more long-term physical or mental health conditions in the city - with a strong link with deprivation (54% with one or more condition)



19,060 (8% of adults) have mental **and** physical health conditions



Without scaling up prevention, there will be **over 10,500 more adults** with two or more conditions **by 2030**

Global burden of disease

Locally, conditions with the greatest burden (2019) are:



Cancers



Heart conditions



Musculoskeletal conditions



Mental health



Neurological conditions (including dementia)



Cancer screening

Screening rates for breast, cervical and bowel cancer are all lower than England (2022)

Healthy life expectancy

There are large differences in life expectancy across the city with people living in the most deprived areas dying younger: we can see that men in the most deprived areas die 9.1 years younger than men in least deprived areas.

Female

Male

Inequality in life expectancy at birth (2018-20)



7.7
years

9.1
years



Inequality in healthy life expectancy at birth (2009-13)



12.5
years

14.0
years

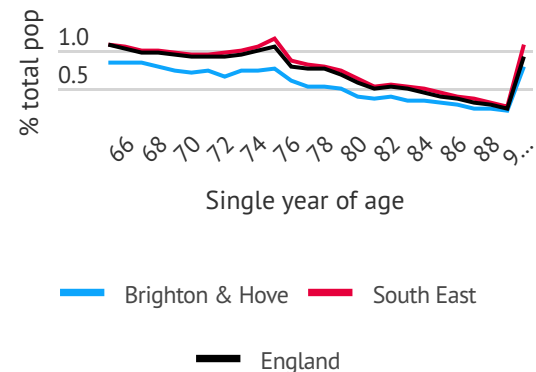


AGEING WELL

Population

In 2022, Brighton & Hove has a significantly lower proportion of adults aged 65 years or older (14%, 39,500 people) compared to both the South East (20%) and England (19%). The difference is most pronounced between the ages of 70 and 79. Brighton & Hove (6%, 17,800 people) South East (9%) and England (9%). After the age of 85 the difference is smaller with 5,600 adults aged 85 years or older in Brighton & Hove (2.0%) compared to 2.8% in the South East and 2.5% in England.

Proportion of residents aged 65 years old or older, 2022



Life expectancy at 65

Life expectancy and healthy life expectancy at 65 is similar to England (2018-20)

Female **Male**
Life expectancy at 65 (2020-22)



Healthy life expectancy at 65 (2018-20)



Social isolation

Brighton & Hove has a relatively large proportion of older people living alone and a higher percentage of older people who are income deprived

Social care

50.2% of adult social care users have as much social contact as they would like (2022/23). South East (45.2) England 44.4%)



This was **32.3%** for adult carers (2021/22) (England 28.0%)

Over a third of older people live alone. 13,875 residents aged 66+ (38%) live alone (2021). Significantly higher than the South East (30%) and England (31%).



An estimated one in five residents aged 60 years or over (**18.7%, 10,100 people**) are living in income deprivation (2022). England (14.2%)



AGEING WELL

We have similar rates of age-related macular degeneration (preventable sight loss) and hip fractures but higher rates of diagnosed dementia in older people and falls. Immunisation for flu in those aged 65+ is also lower than England.



4.2% of 65+ year olds (1,781 people) have a record of dementia (2020). South East (4.0%), England 4.0%



61 in every 100,000 65+ year olds (24 people) have age-related macular degeneration, preventable sight loss, (2022/23). England (106 per 100,000)

Flu immunisation



Flu immunisation uptake at **75.1%** in 65+ year olds (2022/23) meets the goal of 75% (England 79.9%)

Falls and hip fractures



2,574 per 100,000 (1,050 people) aged 65+ were admitted as an emergency to hospital due to a fall (2021/22) (England 2,100 per 100,000)



528 per 100,000 (220 people) aged 65+ had a hip fracture (2022/23) (England 558 per 100,000)

DYING WELL

Place of death



The majority of people would prefer to die at home. **In over a quarter of all deaths (29%), the death occurred at home** (2022). This is the same as England (29%)



There were **13% more deaths** (30 people) of 85+ year olds in winter in the period August 2021 to July 2022 than would be expected if the rates were the same as non-winter months (England 11%)

Joint Strategic Needs Assessment (JSNA)

Our Joint Strategic Needs Assessment (JSNA) helps us identify the current and future health and wellbeing needs of people living in Brighton & Hove. These web pages have replaced the BH Connected website

<https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna>