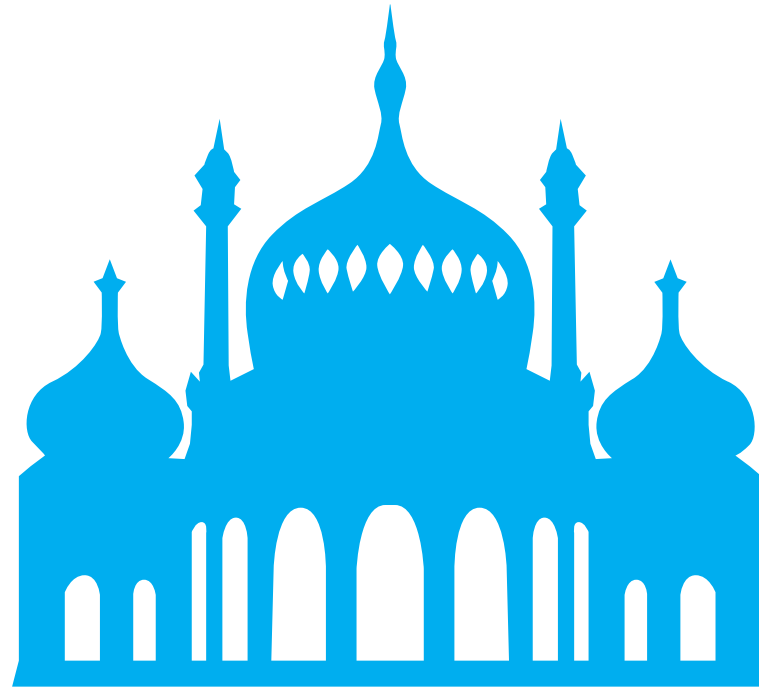


Health and wellbeing in Brighton & Hove

Joint Strategic Needs Assessment (JSNA) Executive Summary November 2021



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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 every three months in line with Public Health Outcomes Framework updates. See the full set of JSNA resources <http://www.bhconnected.org.uk/content/needs-assessments>

For the latest information on Covid please visit :

[Covid-19 key statistics for Brighton & Hove \(brighton-hove.gov.uk\)](http://www.brighton-hove.gov.uk)

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

For more information: kate.gilchrist@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

Where trend data is available, clicking on the icons in the summary links directly to this information.

KEY ISSUES FOR BRIGHTON & HOVE

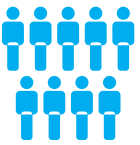
A range of evidence has been collated for the JSNA to inform the key issues for the city presented here, including information gained from in-depth needs assessments, data from public health, NHS and social care outcomes frameworks.

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
Wider determinants	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



291,700

residents (2020)

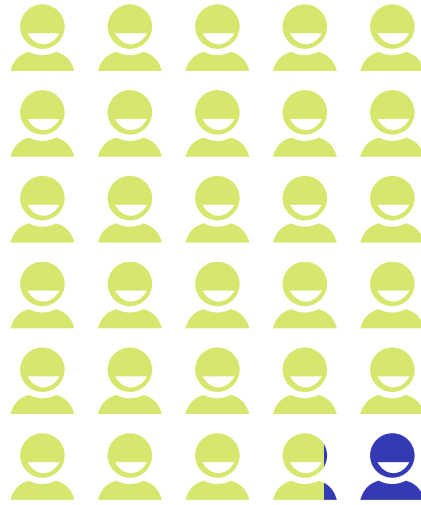
20% Under 20 (24% Eng)

62% 20-59 (52% Eng)

12% 60-74 (16% Eng)

6% 75+ (9% Eng)

Projections



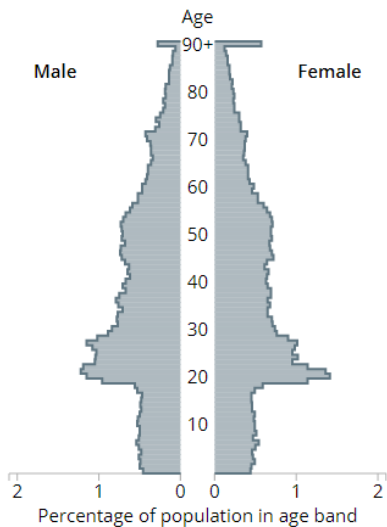
There are projected to be 11,300 more people living in the city by 2030 (compared with 2020, an 4% increase to 303,000 people).

The city's population is predicted to get **older**, with the greatest projected increases by broad age band in the 60-69 years (34%, 7,700 extra people) and 80-84 years (34%, 1,800 extra people).

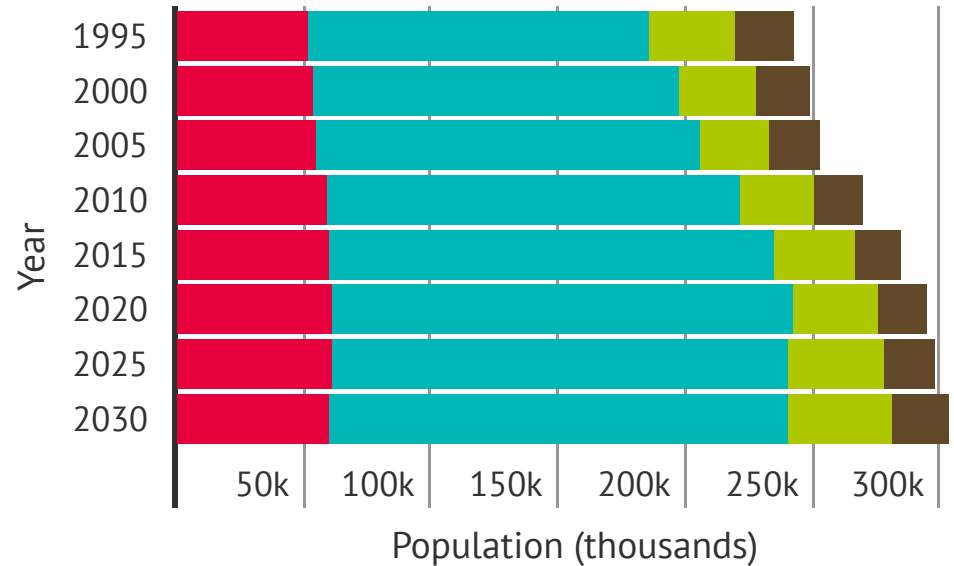
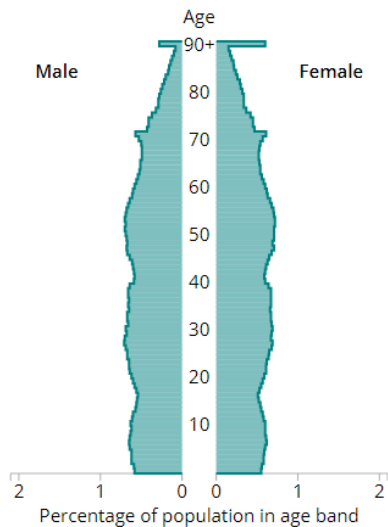
Of note, there are projected to be 400 (11%) more 85-89 year olds and 300 (12%) more 90+ year olds.

Our population profile is younger than England

Brighton & Hove



England



● 0-19 ● 20-59 ● 60-74 ● 75+

[Download data](#)

PEOPLE

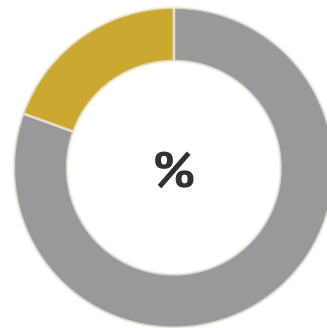
Population groups

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

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

The most up to date data and our best estimates show:

One in five people (19.5%) are from a Black or Minority Ethnic Group (14.5% South East, 20.2% England)



Between **1,500 (0.6%)** and **2,500 (1%)** **trans adults** live in Brighton & Hove, with many more who visit to socialise, study and/or work



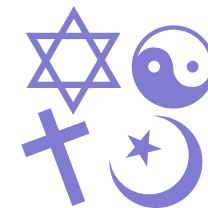
Our best estimate of lesbian, gay and bisexual residents is

11% (27,200 people) to **15%** (39,500 people) of the population aged 16+



55,000 residents were born outside of the UK

19% of the city's population in the year ending December 2020. Similar to the South East (14%) and England (16%)



49% of residents have a religion, lower than the South East (65%) and England (68%)

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 the 20% most deprived areas in England and 17% in the 20% least deprived areas:

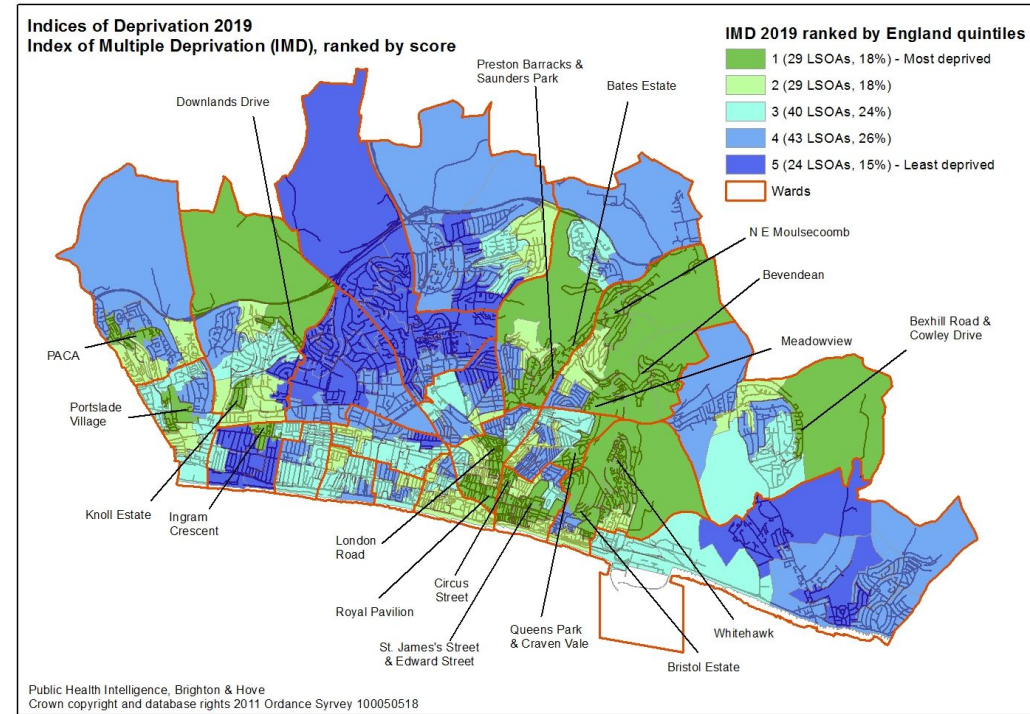
Brighton & Hove



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 the Whitehawk, Moulsecomb, and Hollingbury areas. 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% (14,575 people estimated in 2018 to be in fuel poverty (10% England)

those on the lowest 25% of earnings need **11 times their earning** to afford the lowest 25% of house prices (2020)



64 rough sleepers (Street count 2018)

Air pollution



5.3% of adult mortality (30+) is attributable to particulate air pollution (2019)
(5.2% South East, 5.1% England)

Road safety



57 per 100,000 people killed or seriously injured on the roads in the city (2016-2018) (43 England)

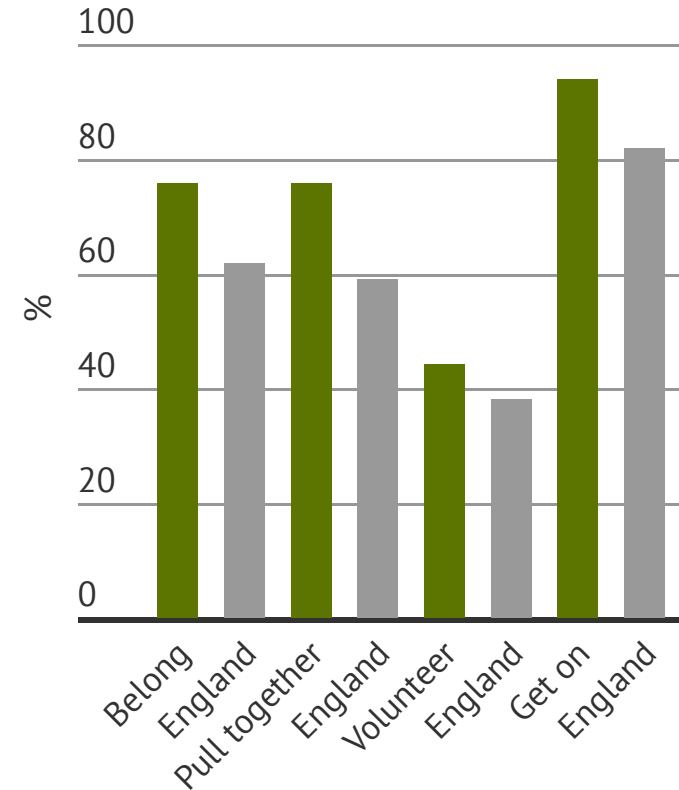
Community safety



38 per 100,000 people admitted to hospital due to violent crime (incl. sexual assault) (2017/18 to 2019/20)
(46 per 100,000 England)

Community resilience

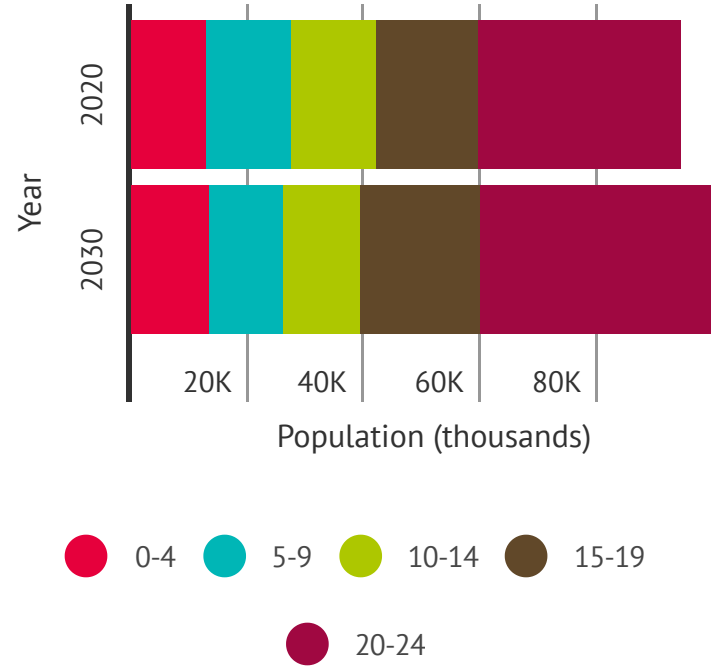
Brighton & Hove has a strong community with higher rates of belonging, pulling together, formal volunteering and feeling that people from different backgrounds get on to England (City Tracker survey results 2018):



STARTING WELL

Population

The number of 0-24 year olds is projected to increase by 6% (5,600) between 2020 and 2030, from 94,100 to 99,700 children and young people. The biggest % increase is expected in 15 to 24 year olds, (16%, 8,200 people)



[Download data](#)

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 in care. 53 South East, 67 England (31 March 2020)



School readiness



72% achieving a good level of development at end of reception. (75% South East 72% England (2019))

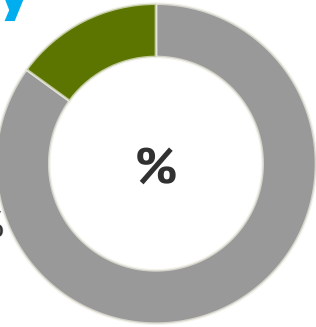
Education



Educational progress pupils make between primary and secondary schools is in line with the England average (2018/19)

Child poverty

16% of children live in poverty
 13% South East, 17% England (2016)



Youth unemployment

5.0% 16-17 year olds not in education, employment or training
 5.5% England (2018)



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

Healthy weight



77% of 4-5 year olds are a healthy weight - 2019/20 (England 76%)



71% of 10-11 year olds a healthy weight - 2019/20 (England 63%)

However, it is estimated that **14,000** children and young people in the city are **overweight or obese**

Maternal & infant health



88% breastfeeding by 48 hours
75% England (2016/17)



6% (140 people) smoking at delivery.
10% South East and England (2019/20)



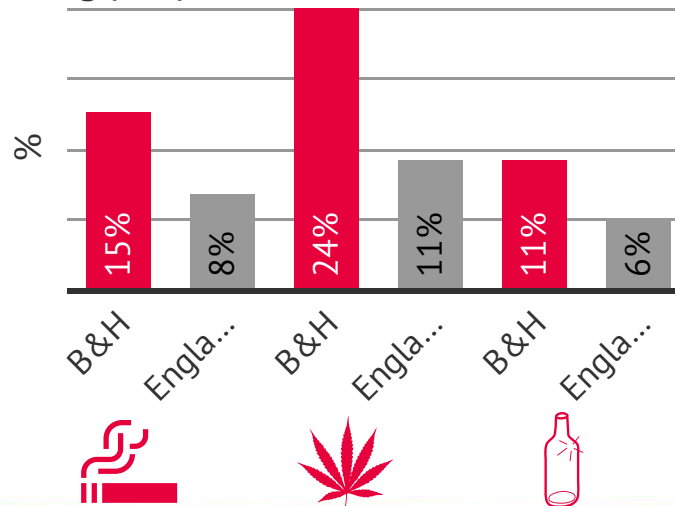
All childhood immunisations, including MMR at five years (2019/20), are **below the 95% required for population protection**



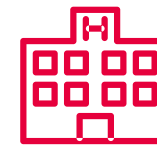
13 per 1,000 (51 people) under 18 conceptions (2018)
(17 per 1,000 England)

Young people

We have the highest % of 15 yr 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



538 per 100,000 (365 people) 10-24 yr olds admitted to hospital for self-harm (2019/20)
(444 per 100,000 England)



17% of 14-16 yr olds say they often / sometimes have suicidal thoughts and

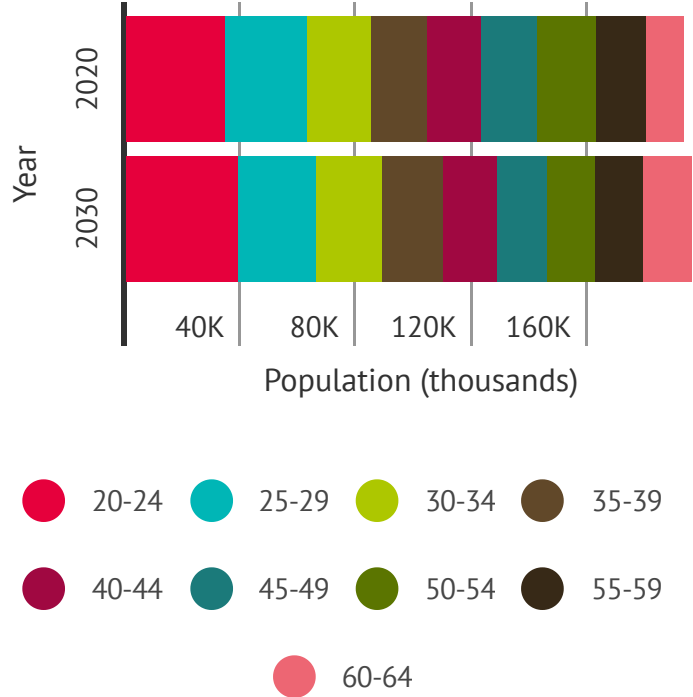


10% say that they often / sometimes hurt or harm themselves (2018)

LIVING WELL

Population

The number of 20-64 year olds is projected to increase by 1.6% (3,200) 2020 to 2030 from 193,200 to 196,300 people. The biggest % increase is expected in 60-64 year olds (27%, 3,500 people), but falls in 45-59 year olds (10%, 5,700).




[Download data](#)


Employment and work

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

 **5.2%** (8,800 people are unemployed (July 20-June 21))

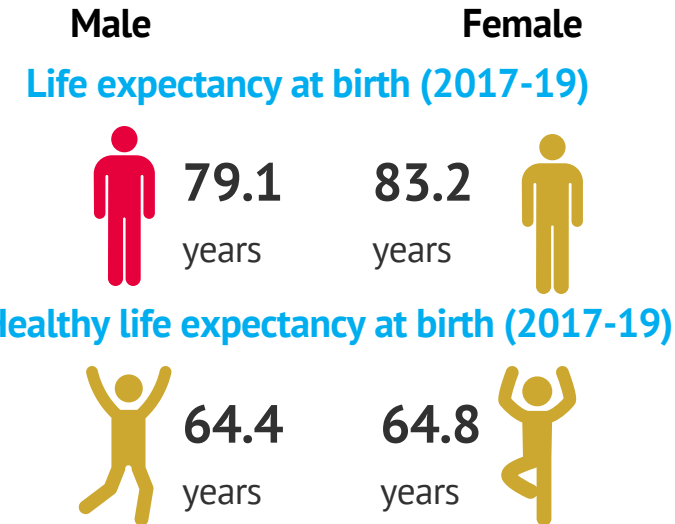
Employment rates are lower for those with: long-term conditions; a learning disability; and those in contact with secondary mental health services (2019/20).

 **13%** of households have no individuals aged 16 or over in employment (2020)

 **£496** the median gross weekly earnings in pounds (2020 Provisional)

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.



There are large differences in both life expectancy and healthy life expectancy across the city

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



17.5% of adults (42,107 people) are current smokers (2019) (England 13.9%)



582 per 100,000 (1,580) hospital admission episodes for a alcohol-specific condition in 2019/20 (England 644 per 100,000)



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)



We have the **highest** rates of new STI diagnosis and HIV prevalence (2018) outside of London



72% of adults are physically active and 18% inactive (2019/20) England 66% and 23% respectively.



16% of adults cycle at least once a week, for **leisure (8%)** and or **travel (8%)** (2019/20). England 12%, 9% and 5% respectively.

Emotional health

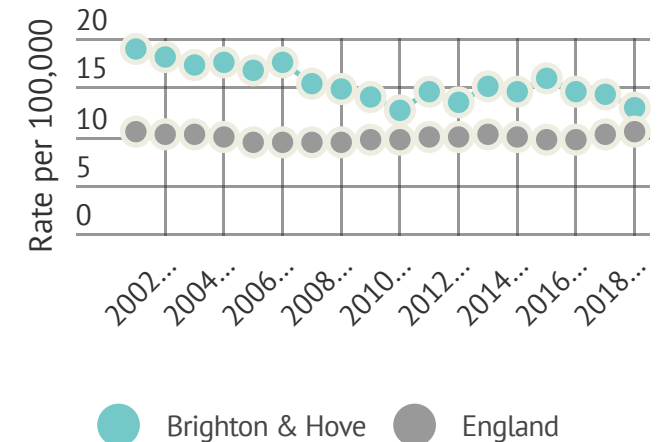
Brighton & Hove has average levels of mental health issues and suicides



12% of adults (31,870 people) are on GP practice depression registers and 1.2% severe mental illness (2019/20)

13 per 100,000 (102 people)

suicide & undetermined injury deaths in 2018-20. (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)



18,500 (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 (2017) are:



Cancers



Musculoskeletal conditions



Heart conditions



Neurological conditions (including dementia)



Mental health

Cancer screening



Screening rates for breast, cervical and bowel cancer are all lower than England (2020)

Healthy life expectancy

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

Male

Female

Life expectancy at birth (2017-19)



79.1
years

83.2
years



Healthy life expectancy at birth (2017-19)



64.4
years

64.8
years



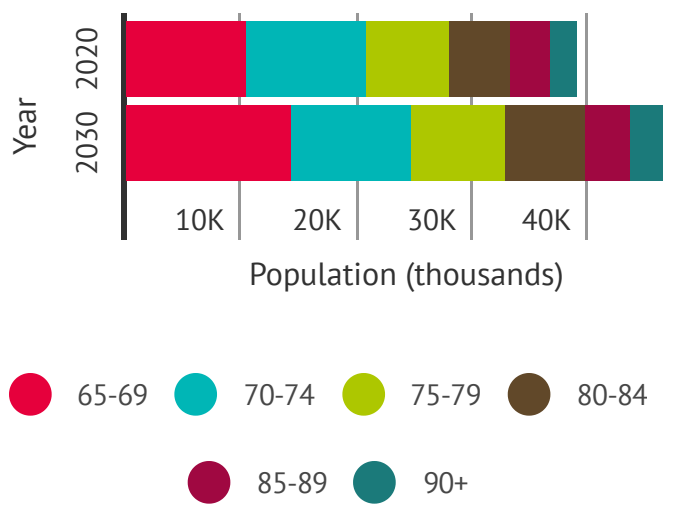
There are large differences in both life expectancy and healthy life expectancy across the city

AGEING WELL

Population

The number of 65+ year olds is projected to increase by 19% (7,400) from 39,000 to 46,400 people between 2020 and 2030

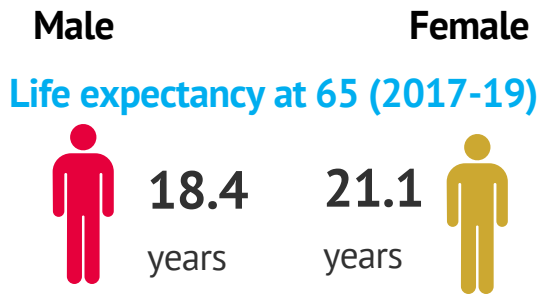
The biggest % increase is expected in 65-69 years (36%, 3,700 more people) and 80-84 (33%, 1,800 people). There are projected to be 500 (14%) more 85-89 year olds and 300 (13%) more 90+ year olds



[Download data](#)

Life expectancy at 65

Life expectancy at 65 is similar to England for females but worse than England for males (2017-19)



Healthy life expectancy at 65 (2017-19)



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



64% of those surveyed receiving adult social care had good quality of life (2019/20)



Similar carer quality of life to England (2019/20)



41% of people aged 65+ live alone according to the 2011 Census (England 31%)



One in five residents aged 60 years or over (**18.7%, 9,500 people**) are living in income deprivation (2019) (England 14.2%)

AGEING WELL

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



4.2% of 65+ yr olds have a record of dementia (2020)

(England 4.0%)

139 in every 100,000 65+ year olds (54 people) have age-

related macular degeneration, preventable sight loss, (2019/20)

(England 105 per 100,000)



Flu immunisation



Flu immunisation uptake at **67.9%** in 65+ year olds (2019/20) is below the goal of 75% (England 72.4%)

Falls and hip fractures



2,415 per 100,000 (1,010 people) aged 65+ were

admitted as an emergency to hospital due to a fall (2019/20)

(England 2,222 per 100,000)

597 per 100,000 (250 people) aged 65+ had a hip

fracture (2019/20)

(England 572 per 100,000)



DYING WELL

Place of death

The majority of people would prefer to die at home. In **half**

of all deaths (51%), the place of death is the place of usual residence (2017)

This is above England (47%) and has increased from 40% in 2008

There were **5% more deaths** (5 people) of 85+ year olds in

winter in the period August 2018 to July 2019 than would be expected if the rates were the same as non-winter months (England 18%)



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