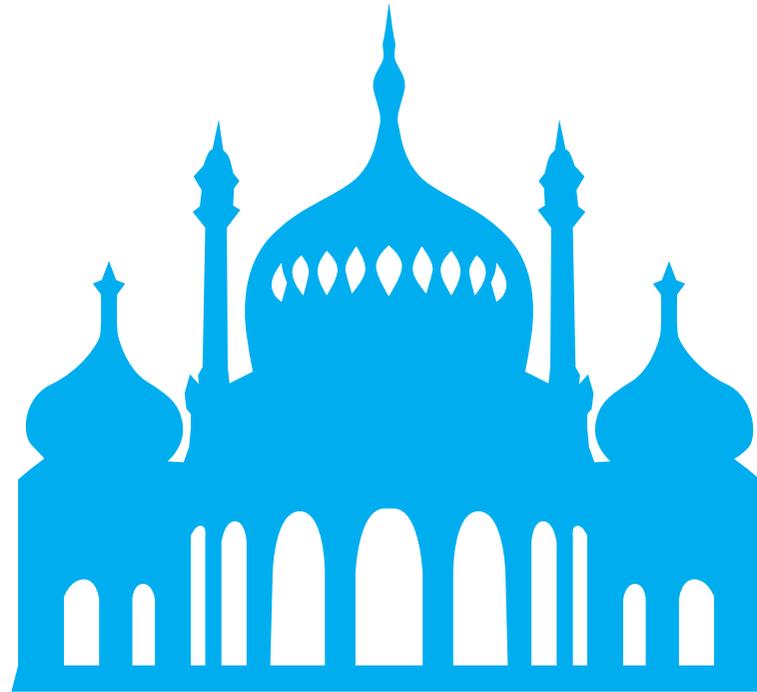


Health and wellbeing in Brighton & Hove

Joint Strategic Needs Assessment (JSNA) Executive Summary March 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



290,900

residents (2019)



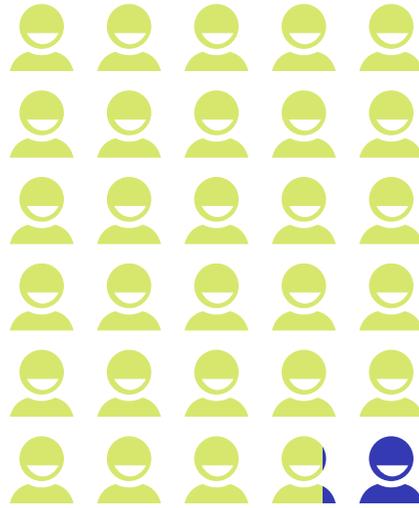
21% Under 20 (24% Eng)

62% 20-59 (52% Eng)

11% 60-74 (15% Eng)

6% 75+ (8% Eng)

Projections



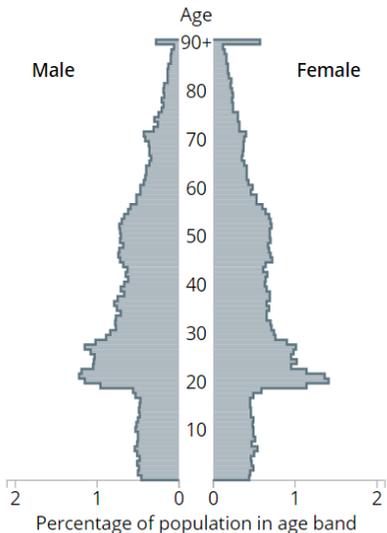
There are projected to be **12,100 more people** living in the city by 2030 (compared with 2019, an 4% increase to 303,000 people).

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).

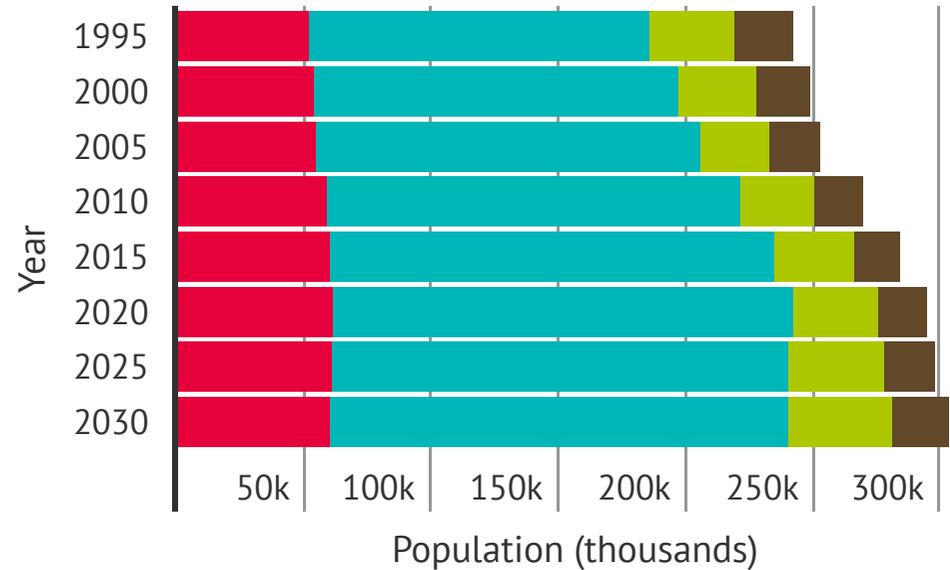
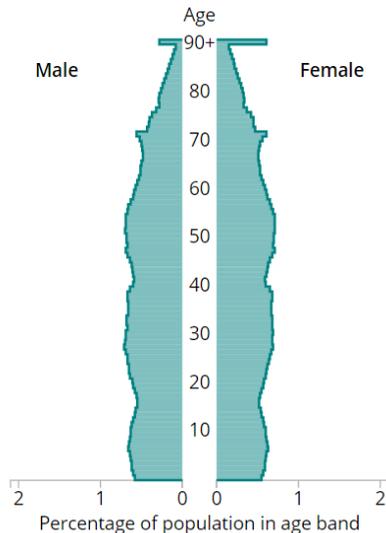
Of note, there are projected to be 400 (11%) more 85-89 year olds and 300 (12%) more 90+ year olds.

Our population profile is younger than England

Brighton & Hove



England



● 0-19 ● 20-59 ● 60-74 ● 75+

[Download data](#)

PEOPLE

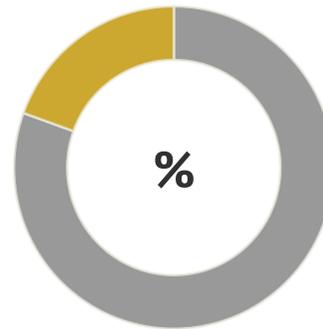
Population groups

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 and 2,500 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% to 15% of the population aged 16+

49,000 residents were born outside of the UK

17% of the city's population in the year ending June 2020. Higher than the South East (13%) and England (15%)



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



PLACE

Deprivation

Our city is the
according to the
2019 Index of
Multiple
Deprivation (IMD)



131st

most deprived
local authority in
England (of 317)

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

Brighton & Hove

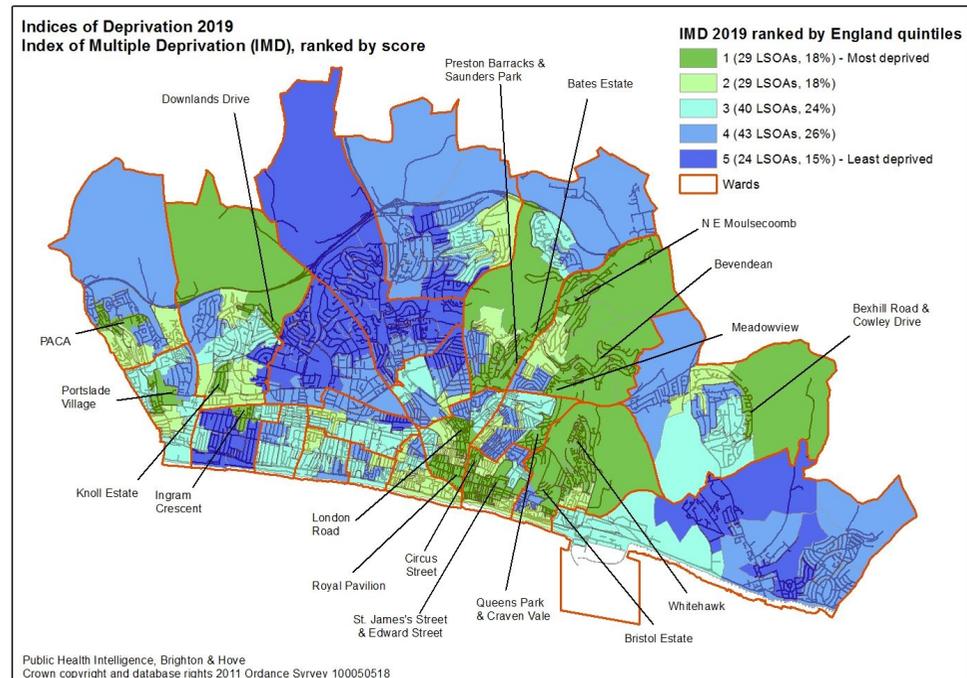


England



● 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, Moulsecoomb, 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 to be in fuel poverty (2018) (10% England)



those on the lowest 25% of earnings need **12 times their earning** to afford the lowest 25% of house prices (2019)



64 rough sleepers (Street count 2018)

Air pollution



5.3% of adult mortality (30+) is attributable to particulate air pollution (2018) (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)

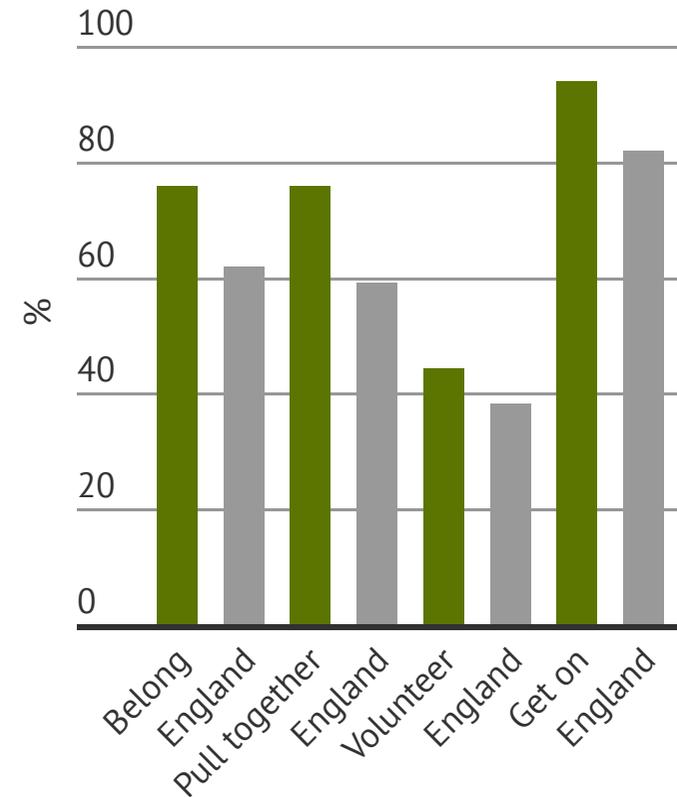
Community safety



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):

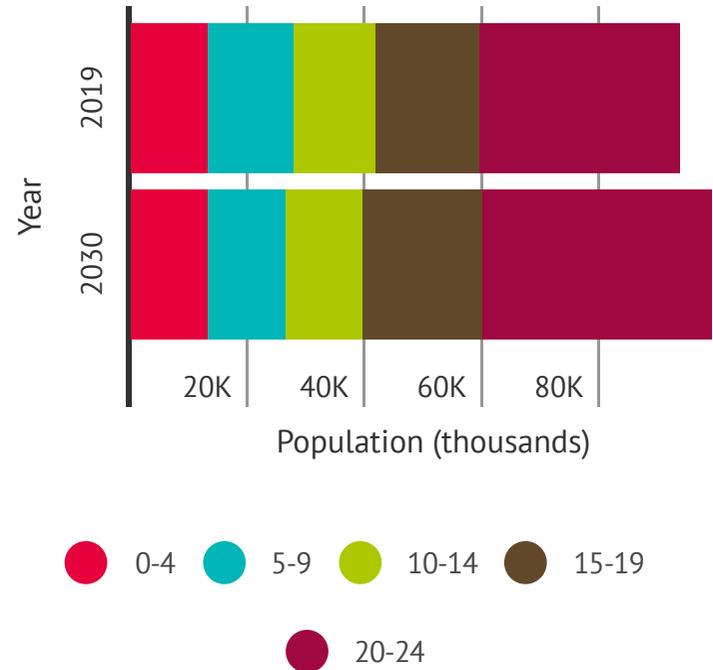


STARTING WELL

Population

The number of 0-24 year olds is projected to increase by 6% (5,600) between 2019 and 2030, from 93,700 to 99,300 children and young people

The biggest % increase is expected in 15 to 24 year olds, (16%, 8,100 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))

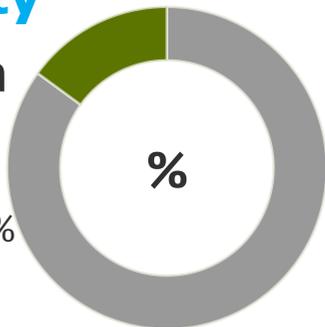
Education



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

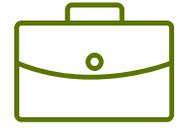
Child poverty

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



Youth unemployment

4.6% 16-17 year olds not in education, employment or training
5.5% England (2018)



Disabilities and sensory impairments

There are 2,153 children and young people with a disability or impairment 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



79% of 4-5 year olds are a healthy weight - 2018/19 (England 76%)



73% of 10-11 year olds a healthy weight - 2018/19 (England 64%)

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% smoking at delivery
10% South East and England (2019/20)



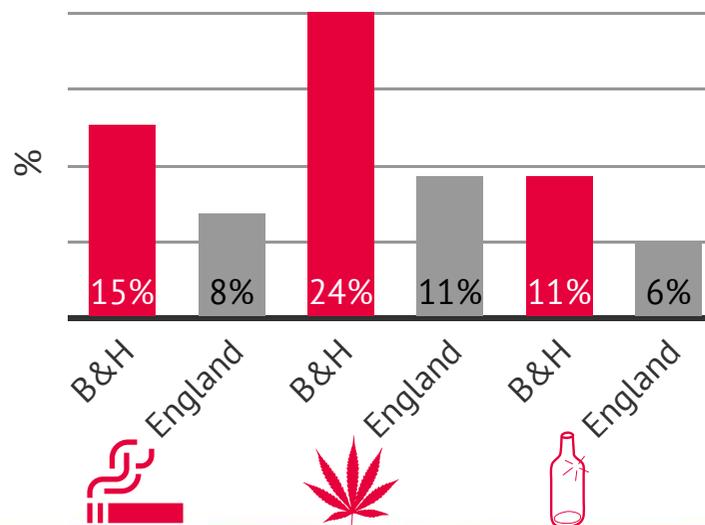
Most childhood immunisations, including MMR at five years (2018/19), are **below the 95% required for population protection**



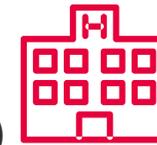
Under 18 conceptions **13 per 1,000** (2018)
(17 per 1,000 England)

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



519 per 100,000

10-24 yr olds admitted to hospital for self-harm (2018/19)
(444 per 100,000 England)



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



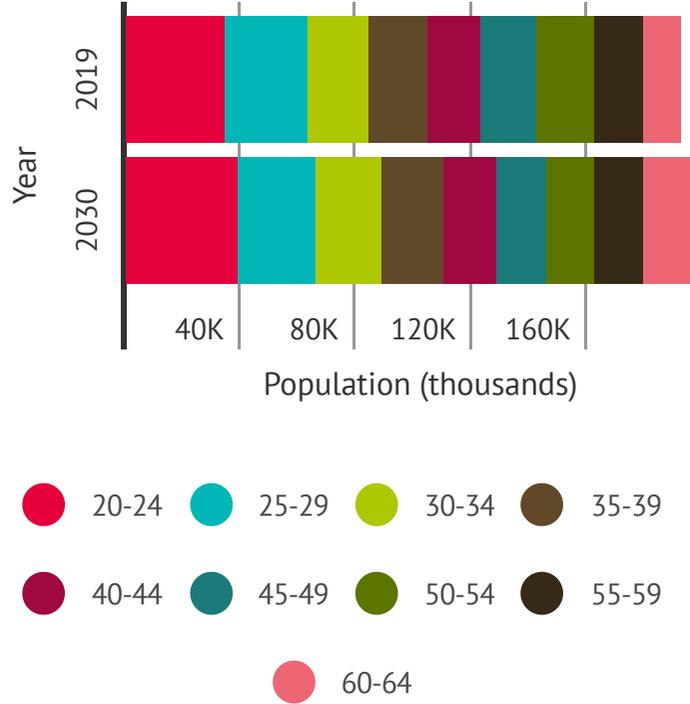
10% say that they often / sometimes hurt or harm themselves (2018)

LIVING WELL

Population

The number of 20-64 year olds is projected to increase by 2% (4,000) 2019 to 2030 from 192,300 to 196,300 people

The biggest % increase is expected in 60-64 year olds (32%, 4,000 people), but falls in 45-54 year olds (14%, 5,700)



[Download data](#)

Employment and work

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

 **4.1%** (6,800 people are unemployed (Oct 19-Sept 20)

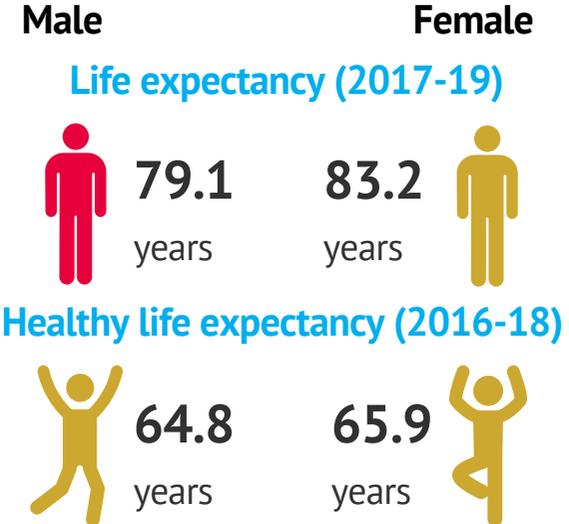
Employment rates are lower for those with: **long-term conditions**; **a learning disability**; and **those in contact with secondary mental health services** (2018/19)

 **4%** of 16-64 year olds are out of work due to long-term sickness (Oct 2018 to Sept 2019)

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

Healthy life expectancy

Whilst life expectancy has been increasing, 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 are current smokers (2019)



488 per 100,000 people had alcohol specific hospital admissions in 2018/19



10.0 adults per 1,000 aged 15-64 estimated to use opiates and /or crack cocaine (2016/17)



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



76% of adults are physically active and 15% inactive (2018/19)



16% of adults cycle **at least once a week**, for **leisure (7%)** and or **travel (11%)** (2018/19)

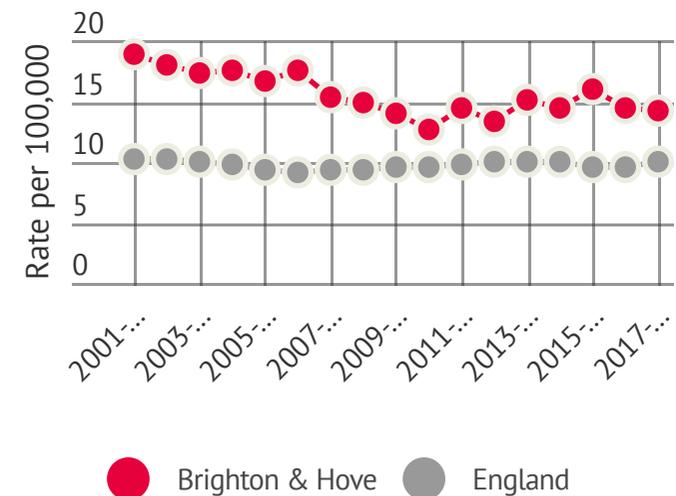
Emotional health

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



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

14 per 100,000 suicide & undetermined injury deaths (2017-19), the 4th highest rate in England



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 (2017-19)



79.1
years

83.2
years



Healthy life expectancy (2016-18)



64.8
years

65.9
years



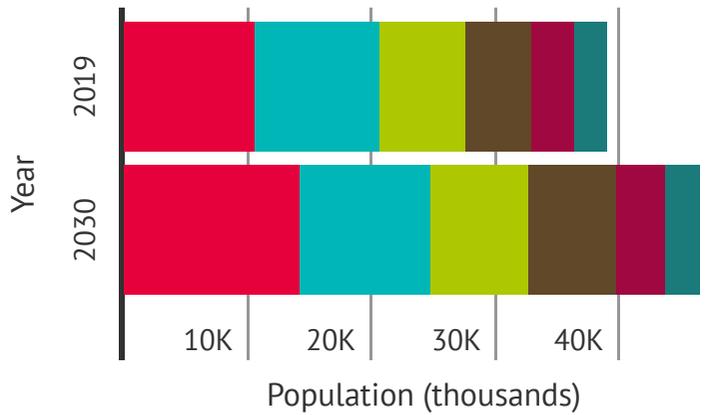
There are large differences in both life expectancy and healthy life expectancy across the city

AGEING WELL

Population

The number of 65+ year olds is projected to increase by 20% (7,600) from 38,800 to 46,400 people between 2019 and 2030

The biggest % increase is expected in 80-84 years (34%, 1,800 more people). There are projected to be 400 (11%) more 85-89 year olds and 300 (12%) 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)



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

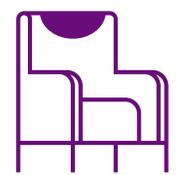
Social care



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



18.7% of older people are income deprived (2019)

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)



94 in every 100,000 65+ year olds have age-related macular degeneration (preventable sight loss) (2018/19)

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 people aged 65+ were admitted as an emergency to hospital due to a fall-2019/20 (England 2,222)



and **597 per 100,000** people aged 65+ had a hip fracture-2019/20 (England 572)

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 and has increased from 40% in 2006



There were **5% more deaths 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

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