



## Who are we?

The Health & Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

## Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 12<sup>th</sup> November starting at 4.30pm. It will last about two and a half hours.

There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.



**Health & Wellbeing Board**  
**12 November 2024**  
**4.30pm**  
**Council Chamber, Hove Town Hall**

Who is invited:

**Voting BHCC Members:** Oliveira (Chair), Burden and Grimshaw

**Voting NHS Members:** Tanya Brown-Griffith ((Sussex Integrated Care Board), Adam Fazakerley (Primary Care Collaborative) and Stephen Lightfoot (Integrated Care Board)

**Non-Voting Co-optees:** Tom Lambert (Carers Centre/CVS), Caroline Ridley (Impact Initiatives/CVS), Professor Robin Banerjee (University of Sussex), Professor Nigel Sherriff (University of Brighton), Alan Boyd (Healthwatch), Spt Petra Lazar (Sussex Police), Siobhan Melia (SCFT), Mark Matthews (ESFR), Dr Colin Hicks (SPFT), Deb Austin (BHCC statutory Director of Children's Services), Jess Gibbons (BHCC CEO), Caroline Vass (Interim Director of Public Health) and Steve Hook (BHCC statutory Director of Adult Social Services)

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Date of Publication - Monday, 4 November 2024

*This Agenda and all accompanying reports are printed on recycled paper*

# AGENDA

## Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

### Page

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#### **45 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

#### **46 MINUTES**

**7 - 12**

To consider the minutes of the meeting held on the 16<sup>th</sup> July (copy attached).

#### **47 CHAIR'S COMMUNICATIONS**

#### **48 FORMAL PUBLIC INVOLVEMENT**

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Mark Wall on 01273 291006 or send an email to [mark.wall@brighton-hove.gov.uk](mailto:mark.wall@brighton-hove.gov.uk)

#### **49 MEMBER INVOLVEMENT**

#### **50 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

**13 - 64**

Report of the interim Director of Public Health (copy attached).  
*Ward Affected: All Wards*

#### **51 JOINT HEALTH & WELLBEING STRATEGY: LIVING WELL**

**65 - 76**

Report of the Interim Director of Public Health (copy attached).  
*Ward Affected: All Wards*

#### **52 INTEGRATED COMMUNITY TEAMS**

**77 - 82**

Report of the Corporate Director, Health, Care & Wellbeing and of the Sussex Integrated Care Board (copy attached).  
*Ward Affected: All Wards*



## **53 FUEL POVERTY & AFFORDABLE WARMTH PLAN**

**83 - 104**

Report of the Corporate Director, Health, Care & Wellbeing (copy attached).

*Contact:* Sarah Podmore  
*Ward Affected:* All Wards

*Tel:* 01273 296578

## **54 HEALTH COUNTS**

Presentation by Kate Gilchrist (Head of Public Health Intelligence) and Professor Nigel Sheriff (University of Brighton) on the initial findings of the Health Counts survey (verbal)

## **55 BLACK & RACIALLY MINORITISED HEALTH FORUM**

Discussion of establishing a local Black & Racially Minoritised Health Forum (verbal).

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For further details and general enquiries about this meeting contact Democratic Services, 01273 2910656 or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)



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- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so.

## 1. Procedural Business

**(a) Declaration of Substitutes:** Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

**(b) Declarations of Interest:**

- (a) Disclosable pecuniary interests
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

**(c) Exclusion of Press and Public:** The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

**NOTE:** Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Board.

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.30pm 16 JULY 2024**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors De Oliveira (Chair), Burden (Deputy Chair), Grimshaw

**Also in attendance:** Stephen Lightfoot, Tanya Brown-Griffith (ICB), Dr Adam Fazakerley (Primary Collaborative), Peter Lane (UHSx), Dr Colin Hicks (SPFT), Steve Hook, Alistair Hill, Deb Auston (BHCC), Professor Robin Banerjee (University Of Sussex), Savid Kemp (ESFRS), Joanna Martindale, Tom Lambert (CVS), Alan Boyd (Healthwatch)

**PART ONE**

**37 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**1(a) Substitutes and Apologies**

- 1.1 Dr Colin Hicks was present as substitute for Dr Jane Padmore (SPFT). Jane sent apologies.  
David Kemp attended remotely for ESFR. Mark Matthews sent apologies.

**1(b) Declarations of Interest**

- 1.2 There were none.

**1(c) Exclusion of Press & Public**

- 1.4 **Resolved** – that the press and public be not excluded from the meeting.

**38 MINUTES**

- 2.1 **RESOLVED** The minutes of the 05 March 2024 meeting were agreed as a true record.

**39 CHAIR'S COMMUNICATIONS**

- 3.1 The Chair gave the following communications:

**Physically Active Adults (Aged 19+)**

We have recently received data on physical activity in the city. The latest data covers the period November 2022-2024. This period shows that 80.4% of adults aged 19 or over were undertaking 150 minutes of moderate intensity exercise per week over the previous 28 days when asked.

The value is statistically significantly higher (better) than the previous year's result (72.7%). It is indicative of a recovery in the city to pre-pandemic levels of physical activity.

The city's performance against this indicator is significantly better compared to England (67.1%) and significantly better than the Southeast region (70.2%).

Brighton & Hove ranks 2/152 of all County and Unitary Authorities in England (highest: Bath and North East Somerset, 80.5%).

Brighton & Hove ranks 1st compared to its 15 CIPFA nearest neighbours (2nd highest: Bristol, 75.9%)

**Percentage of Physically Inactive adults (aged 19+)**

Data is also available on the Percentage of Physically Inactive adults (aged 19+).

The latest results indicates that around 1 in 9 people (10.9%) in the city are "inactive". People are identified as inactive if they have done less than 30 minutes of moderate intensity physical activity in the past 28 days.

There has been a significant decrease (better) in the proportion of people are identified as "inactive" in the past 12months (2021-2022 = 18.3%)

The city ranks 1/152 of all County and Unitary Authorities in England for this associated indicator.

At the Health and Wellbeing Board March 2024 we approved "Let's Get Moving", our new Sport and Physical Activity and Strategy. We agreed our vision is to make Brighton & Hove a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be active for life. Physical activity makes a positive contribution to our physical and mental health and wellbeing, addresses inequalities and improves social and economic outcomes in the city so it's great to see us doing so well on both of these newly published measures.

**Health & Wellbeing Board: New Membership**

We have recently changed the membership of the Board, rationalising the number of Cllr members, and offering additional places to our city universities, to Sussex police, to East Sussex Fire & Rescue Service, and to primary care providers. I'm also happy to welcome Stephen Lightfoot, the Sussex ICB Chair, to the HWB. I hope that all these changes will help the Board to work more strategically to improve the health and wellbeing of city residents and to reduce health inequalities.

3.2 As the HWB membership had been revised the Chair thought it might be useful for each member to outline what they hoped the HWB could achieve. Board members all responded:

- Chair: focus on reducing inequalities and fighting poverty
- Cllr Grimshaw: reducing inequalities
- Cllr Burden: advancing health equity
- Stephen Lightfoot: reducing health inequalities across the whole population of Sussex. Align strategic planning across the Sussex health & care system.
- Tanya Brown-Griffith: improve population outcomes and achieve better integration
- Adam Fazakerley: bring clinical experience to the HWB – we need multiple perspectives to solve problems
- Alan Boyd: embedding patient voice at the heart of services
- Colin Hicks: address the disparities in mortality experienced by people with mental health problems or learning disabilities
- Robin Banerjee: better understand the challenges we face and seek to use the work of inter-disciplinary research teams at the university to help meet these challenges
- Tom Lambert: shine a light on community & voluntary sector work in tackling health inequalities and developing new opportunities for partnership working
- Deb Austin – ensuring that the voices of children & young people are heard when making decisions
- Alistair Hill – proving advice and leadership to empower the Board to work effectively to reduce health inequalities and improve healthy life expectancy
- Steve Hook – focus on developing partnership working to meet challenges.

#### **40 FORMAL PUBLIC INVOLVEMENT**

4.1 There were no public engagement items.

#### **41 FORMAL MEMBER INVOLVEMENT**

5.1 There were no member engagement items.

#### **42 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL UPDATE 2023-24**

6.1 This item was presented by Seona Douglas, Brighton & Hove Independent Safeguarding Adults Board (SAB) Chair; and by Guy Jackson, SAB Business Manager.

6.2 Ms Douglas told the Board that she had been appointed in autumn 2023, replacing Annie Callanan. She thanked Ms Callanan for a positive handover. Priorities for SAM over the past year have included developing standardised safeguarding kpis; evaluating the impact that the SAB has had; conducting 2 safeguarding adult reviews; and focusing on better use of data.

6.3 Cllr Burden asked a question about the use of feedback. Ms Douglas responded, agreeing that feedback was key to improving services. There is work to be done on

ensuring a more systematic approach across partners to capturing and evaluating feedback.

- 6.4 In response to a question from Cllr Grimshaw on frontline staff training on trauma, Ms Douglas responded that partners are encouraged to include trauma in staff training. Steve Hook noted that trauma-informed practice is at the heart of work on multiple compound needs and is informing the development of Integrated Community Teams.
- 6.5 Stephen Lightfoot commented that the SAB annual report represented very important work. The case studies in particular make difficult reading but include information that services must learn from. It would be helpful to use this information to inform the Development of Integrated Community Teams. Ms Douglas welcomed this approach.
- 6.6 Professor Banerjee asked how we benchmark against comparators. Ms Douglas responded that benchmarking information can be very useful. However, it does need to be treated with some caution, particularly in terms of looking at regional comparators, as Brighton & Hove is dissimilar to our neighbours in a number of ways.
- 6.7 Ms Douglas agreed to respond outside the meeting on a question around a reduction in domestic assault referrals to SAB from University Hospitals Sussex NHS Foundation Trust.
- 6.8 **RESOLVED** – that the report be noted.

#### **43 SUSSEX SHARED DELIVERY PLAN (SDP) YEAR 2 REFRESH AND BRIGHTON & HOVE SDP UPDATE**

- 43.1 This item was presented by Amy Galea, NHS Sussex Chief Integration and Primary Care officer; and by Chas Walker, Joint Programme Director, Integrated Care Transformation.
- 43.2 Ms Galea explained to the Board that the Sussex Integrated Care Strategy builds on local Joint Health & Wellbeing Strategies and Joint Strategic Needs Assessments. There is particular focus on multiple compound needs, on the development of Integrated Care Teams, and on community mental health services.
- 43.3 Mr Walker told that Board that people with multiple compound needs (MCN) have multiple health or social condition that have a compounding impact on their health and wellbeing. Brighton & Hove has high levels of people with mental health issues, substance misuse problems or homelessness and hence high rates of MCN, with between 600 and 1000 people in the city at the top end of need. A CMN needs assessment in 2020 found that there was a lack of integration and consistent care coordination in services for people with MCN. Since 2022 local work on MCN has been aligned with the national 'Changes Futures' programme. At any one time around 60-80 people receive targeted support in a pilot programme which is due to be rolled out across Sussex in 2024-25.
- 43.4 Members were shown a short film about MCN.

- 43.5 Stephen Lightfoot noted that there was excellent work on MCN happening in the city. However, unlike West or East Sussex, Brighton & Hove does not currently have a housing plan that identifies and supports health needs. Mr Walker agreed that housing is integral, but noted that the city council is currently developing a Housing Strategy that will address these issues. Steve Hook added that the city council had recently moved housing and adult social care into a single directorate, and also revising the Housing Allocations policy, which would help integration of care and housing services.
- 43.6 Cllr Grimshaw welcomed the report and asked to meet in person to learn more. Mr Walker responded that he would be happy to arrange this.
- 43.7 Alistair Hill welcomed the paper. However, he noted that smoking was not really mentioned. This is a city priority, and although smoking rates are falling, we could move further and faster to address this issue.
- 43.8 Alan Boyd welcomed the emphasis on patient voice in this work and asked whether locality learning was shared across Sussex. Ms Galea confirmed that it was, adding that there is also a drive to learn by doing rather than by developing abstract models.
- 43.9 In response to a question from Mr Boyd about health inequalities, Ms Galea told the Board that work is ongoing to develop plans to target health inequalities more effectively. Mr Walker added that the CHIP programme has worked with the most deprived communities, and learning from this work is informing the development of the Integrated Care Teams. Tanya Brown-Griffith stressed the importance of the Voluntary & Community Sector in all of this work.
- 43.10 RESOLVED** – that the report be noted.

#### **44 BETTER CARE FUND END OF YEAR REPORT 2023-24 AND REFRESH OF PLANS FOR 2024-25**

- 44.1 This item was introduced by Tanya Brown-Griffith, NHS Sussex, and by Steve Hook, BHCC. Ms Brown-Griffith outlined the purpose of the Better Care Fund (BCF), explained where funding was focused locally, and informed members of performance against targets.
- 44.2 Cllr Burden asked why the BCF target on reablement had not been met. Steve Hook responded that collecting accurate data on reablement is challenging. However, we do know that reablement services have good outcomes, particularly in terms of post hospital discharge.
- 44.3 Stephen Lightfoot noted that the city council and NHS services work really closely together in Brighton & Hove to deliver BCF priorities, with particular effective work supporting high intensity service users and on social prescribing. It would be helpful to develop some local BCF success measures and for these to be regularly reported to the

Board. There is a significant NHS investment in BCF and it is important that this provides value for money. Local success measures should include, but not be solely focused on hospital discharge. Mr Hook supported the idea of developing local success measures, and the Chair agreed that the Board would schedule regular BCF reports.

44.4 Cllr Grimshaw asked a question about residential care admissions. Mr Hook responded that the ultimate target is to reduce long term admissions to residential care. The number of long-term beds commissioned has been reduced and the management of extra care beds has been moved from Housing to adult social care.

44.5 Tom Lambert asked a question about the involvement of the community sector in BCF. Ms Brown-Griffith replied that the sector will be fully involved in the co-production of this year's planning.

**44.6 RESOLVED** - that the Board:

- Notes performance against the Better Care Fund plan for 2023-24
- Notes the Better Care Fund requirements for 2024-25.
- Approves the revised Brighton & Hove Better Care Fund Plan for 2024-25 recognising these represent a refresh of the 2023-25 plans approved by the Board in July 2023.
- Agrees a recommendation that the Better Care Fund is reported to the Board every six months

The meeting concluded at 6pm

Signed

Chair

Dated this

day of



Title:	Joint Strategic Needs Assessment programme update	
Date of Meeting:	12 <sup>th</sup> November 2024	
Report of:	Acting Director of Public Health	
Contact:	Head of Public Health Intelligence, Kate Gilchrist and Louise Knight, Senior Public Health Intelligence Specialist	Tel: 01273 296580
Email:	<a href="mailto:Kate.gilchrist@brighton-hove.gov.uk">Kate.gilchrist@brighton-hove.gov.uk</a> and <a href="mailto:Louise.knight@brighton-hove.gov.uk">Louise.knight@brighton-hove.gov.uk</a>	
Wards Affected:	All	

## FOR GENERAL RELEASE

### Executive Summary

Since April 2013, local authorities and NHS Clinical Commissioning Groups (now Integrated Care Boards) have had equal and explicit statutory obligations to prepare a Joint Strategic Needs Assessment (JSNA). The JSNA provides a comprehensive analysis of the current and future needs of local people and is used to inform commissioning of services that will improve health outcomes and reduce inequalities. Their outputs are used to help to determine what actions the Council, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The JSNA informed the development and delivery of our Joint Health and Wellbeing Strategy

This duty is discharged by the Health & Wellbeing Board and overseen by the City Needs Assessment Steering Group.

In July 2023 the Board agreed a three-year programme of needs assessments and action plan to further develop the JSNA.

This paper updates on the progress in the first year of the programme, and provides and updated programme for years two and three for the Board to approve.

### Glossary of Terms

- JSNA products refers to the products held on the JSNA website, including in-depth and summary needs assessments, data profiles and summaries,

- reports and briefings, and the Local Insight data mapping platform.
- JSNA stakeholders refer to users including, the Community and Voluntary Sector, NHS Sussex, the local authority, the public, and other partners.

## 1. Decisions, recommendations and any options

- 1.1 That the Board notes the progress in the first year of the three-year JSNA programme
- 1.2 That the Board approves the updated proposed programme of needs assessments for years two and three of the programme (July 2024 to July 2026) (Appendix 2)

## 2. Relevant information

- 2.1 The current JSNA comprises a suite of products and resources held on the City Council website [Joint Strategic Needs Assessment \(JSNA\) \(brighton-hove.gov.uk\)](https://brighton-hove.gov.uk) including:
  - A programme of in-depth needs assessments on a specific theme or population group, approved by the Health and Wellbeing Board. Due to the resource requirements and partnership working involved, there is usually one in-depth needs assessments per year
  - Summary needs assessments which take the form of a range of products including the JSNA executive summary data summaries, briefings, data profiles, and signposting
  - Local Insight, an online resource providing a wide range of data mapped at small area level across the city as well as up to date area reports
  - Additional resources – for example survey briefings and evidence reviews.
- 2.2 In-depth needs assessments provide a comprehensive analysis for a specific topic of the current and future needs of local people to inform commissioners and providers how they can improve health outcomes and reduce inequalities. They also ensure that health strategies are based on high quality evidence and are a valuable resource for community and voluntary sector organisations.
- 2.3 Evidence for the needs assessments usually includes: local demographic and service data; evidence from the public, patients, carers, service users and professionals; national research; and best practice. These elements are brought together to identify need, current services, service gaps and under-provision, unmet need, inequalities, and over-provision of services.
- 2.4 The JSNA informs key Brighton & Hove and Sussex health and wellbeing strategies including the Brighton & Hove Joint Health and Wellbeing Strategy, and the Sussex Health and Care Partnership strategy Improving Lives Together.
- 2.5 The JSNA is delivered by a partnership led by the Brighton & Hove City Council Public Health Intelligence Team. The programme is overseen by the

City Needs Assessment Steering Group which includes representatives from the council's Public Health, Adult Social Care, Families, Children and Learning, Housing, Sustainability, Policy, and Communities Equality & Third Sector teams; NHS Sussex; University Hospitals Sussex Foundation Trust; Healthwatch; Community Works; Sussex Police; and the two universities.

- 2.6 In 2022/23 a JSNA review was completed, reflecting the changing needs with integrated working arrangements including the Sussex Health and Care Partnership and new Place structures (Brighton & Hove) to ensure that the JSNA continues to meet the needs of the city and stakeholders. The Board approved the action plan for development of the JSNA and a three year programme of needs assessments in July 2023.

### **JSNA action plan**

- 2.7 From this review, the 10 key areas for of the action plan for the JSNA programme are:
- Joint Strategic Needs Assessment (JSNA) governance
  - Working with East and West Sussex
  - Engagement, involvement and co-production
  - JSNA production
  - JSNA framework and products
  - Website and JSNA webpages
  - Accessibility of the JSNA website and products
  - Promotion, communication and maximising use of the JSNA
  - Explore potential for additional resources to produce the JSNA
  - JSNA needs assessments prioritisation process.
- 2.8 There has been good progress made with JSNA action plan in the last year. This includes:
- Governance – The City Needs Assessment Steering Group membership and terms of reference have been strengthened
  - JSNA framework and website – new website and framework implemented (further design improvements planned)
  - Production – incorporating stakeholders feedback into product types. Templates and guidance strengthened (e.g. strengthened guidance on inclusion of intersectionality & sustainability and wider determinants of health)
  - Products and accessibility– good progress, Local Insight update, new product types (signposting, key summaries eg Healthy places, evidence reviews) and accessible versions
  - Across Sussex collaboration – good working relationships established, to be further strengthened in years 2 and 3.
- 2.9 One of the key areas for focus in the next year is the promotion, communication and maximising use of the JSNA. We know that JSNA resources are well used, with:
- 2,492 views of Infogram products;

- 2,656 visits to the Local Insight data and mapping platform, and
- JSNA webpages – 360 views to 17<sup>th</sup> June (awaiting updated figures to end Sept)

Between 1<sup>st</sup> April 2024 and end September, but that we need to do more to promote the evidence available.

### **JSNA programme delivery July 2023 – July 2024**

2.10 The following products have been published in year 1 of the programme:

- [JSNA Executive summary](#) update
- [Healthy Places summary](#) (one of the three new key summaries for the JSNA, see appendix 2)
- [Equalities data profiles](#) (12 demographic data profiles for key population groups)
- [Population briefing](#)
- [Child poverty briefing](#)
- [Drugs and alcohol needs assessment](#)
- [Signposting documents for chronic respiratory disease and hypertension](#)
- [Updated mapping and data platform Local Insight](#)
- [Health Counts survey 2024](#) took place, with over 16,500 respondents

2.11 The following are in progress:

- Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25\*) in depth needs assessment. Scoped and initiated stage 1.
- Sexual health JSNA (to be published by March 2025)
- Healthy child programme summary (to be published by March 2025)
- Gypsy, Roma and Travellers needs assessment (commissioned qualitative research)
- Health Counts summary to be published by January 2025), area profiles by March 2025
- Pharmaceutical Needs Assessment (PNA) for October 2025 has commenced – this is a statutory duty of the Board
- Sensory impairment JSNA summary (to be published by March 2025)

### **JSNA programme for July 2024 - July 2025 and July 2025 - July 2026**

2.12 The programme for July 2024-July 2026 is given in Appendix 1. This has been agreed by the City Needs Assessment Steering Group. **The Board is asked to approve this revised programme.**

### **JSNA programme links with the Brighton and Hove Shared Delivery Plan objectives**

2.13 The JSNA directly informs the Brighton and Hove Shared Delivery Plan objectives. In-depth needs assessments on Adults with multiple compound needs (2020), Adults with multiple long-term conditions (2018), and Mental

health (2022), and a summary on Cancer (2022) all inform the current programme. Year 1 of the 3-year JSNA programme: Special Educational Needs and Disabilities, neurodiversity and learning disabilities in-depth needs assessment (ongoing), Hypertension and Chronic Respiratory Disease signposted evidence 2024; Drugs and Alcohol needs assessment (2024), Core20 most deprived and local area evidence (e.g. area profiles for Integrated Community Teams 2023 and Local Insight local data mapping tool update 2024), Core20plus5 and Inclusion Groups (e.g. carers and migrant groups equalities data profiles 2024, ongoing Gypsy, Roma and Travellers needs assessment). Years 2 and 3: summaries on local evidence from the Health Counts survey (2023) on inequalities across population groups and areas; scoping and delivering on topics and populations groups to inform the Shared Delivery Plan objectives (e.g. care leavers/care experienced, globally displaced communities and sex workers).

### 3. Important considerations and implications

- 3.1 Legal:** The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. Specifically, from April 2013, local authorities and Clinical Commissioning Groups (now Integrated Care Boards) have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities.

Lawyer consulted: Sandra O'Brien

Date: 14 October 2024

- 3.2 Finance:** The resources required to support the production of the JSNA are funded by public health. The majority of the function is provided by the Council's Public Health team together with some externally funded provision. The Council's TBM net budget for external provision only is £0.025M in 24-25 and is expected to remain the same for 25-26 and 26-27. The Public Health grant allocation has not been confirmed beyond the financial year 2024/25 which may impact on the availability of funding for both staffing and the external provision, though it is anticipated that financial resources will be available to enable the commissioning of the services detailed above from financial year 2025/26 and beyond. Any re-provision or changes will need to be managed within this existing budget.

Finance Officer consulted: Katy Humpries

Date: 10 October 2024

- 3.3 Equalities:** Needs assessments systematically consider specific needs of groups with protected characteristics. The JSNA is a key evidence source to inform action to improve outcomes in all groups and meet the public sector equality duty (including Equality Impact Assessments).

Sustainability:

- 3.4 **Sustainability:** No implications: Sustainability related issues are important determinants of health and wellbeing and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues.
- 3.5 **Health, social care, children's services and public health:** The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners across the city in considering these issues in policy, commissioning & delivering services.

## Supporting documents and information

Appendix1: JSNA programme outline for Years 2 and 3 (July 2024 to July 2026)

Appendix 2: [Healthy Places JSNA summary](#)

## Appendix 1: JSNA programme of topics for next 2 years

**Table 1: Proposed JSNA programme of In-depth needs assessments – Year 2 (July 2024 to July 2025)**

	Topic	Type	Stage by July 2025
1	Pharmaceutical Needs Assessment	Statutory requirement. Commissioned out with some elements to be delivered in-house.	Initiate (Publish by October 2025)
2	Stage 2: Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	Stage 2: potentially commissioned research and engagement. This will be based on stage 1 findings. Potential for new data collection (e.g. qualitative data); views of stakeholders, those with lived experience /service users; young person and families voice evidence (e.g. with a targeted focus on under-represented group and/or intersectional lived experience qualitative insights).	Scope
3	Neurodiversity and learning disabilities (adults aged 18 and over*)	An in-depth look at needs and assets overseen by a Steering Group that represents key stakeholders. To include: collation of currently available data; new data collection (e.g. qualitative data); views of stakeholders, those with lived experience /patients /service users and the public; service mapping and access to services; evidence reviews on inequalities, needs and assets, effective interventions/models of care, and makes recommendations.	Scope

**Table 2: Proposed JSNA programme of summary products – Year 2 (July 2024 to July 2025)**

	Topic	Type	Stage by July 2025
1	Ageing well	Short summary (refresh of 2018). Data from the Health Counts survey is a key source of evidence	Complete
2	Carers	Short summary, data from the Health Counts survey and Safe And Well at School Survey (SAWSS) are key sources of evidence to add to Census profile	Complete
3	Gypsy, Roma and Traveller	Census/data profile	Complete
4	Sensory impairments	Summary	Complete
5	Healthy people	Summary, same format as Health places summary	Complete
6	Learning disabilities (all ages)	Data profiles, equalities. Linked to the timing of the related in-depth needs assessments	Initiate
7	Globally displaced communities	Summary with focus to be confirmed following consultation, different communities' considerations, recent evidence and data availability (last in-depth needs assessment on international migrants 2018)	Scope
8	Sex workers	Summary; Engage with stakeholders and consult community groups to explore evidence gaps (Last summary 2016)	Scope
9	Care leavers/care experienced	Data profiles, equalities. (Need to explore data available)	Scope
10	Gender equity	Scope type (e.g. summary)	Scope

**Table 3: Proposed JSNA programme of In-depth needs assessments – Year 3 (July 2025 to July 2026)**

	Topic	Type	Stage by July 2026
1	Neurodiversity and learning disabilities (adults aged 18 and over*)	See above. To be confirmed depending on scoping.	Initiate
2	Stage 2: Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	See above. To be confirmed depending on agreed need and scope. Potential for commissioned research and engagement.	Initiate if required
3	Reproductive health  The JSNA SG has been provisionally discussing this as an in-depth NA, with “reproductive health” as the working title.	To be scoped. Menstrual health, period poverty and gynaecological conditions. Fertility, pregnancy, pregnancy loss and postnatal support. Menopause.  Set of summaries or in-depth needs assessment. Title and scope to be refined and further discussed with consideration of the Sussex Women’s Health Strategy work that is underway.	Scope
4	Young people in transition between services (aged 16-25*)	Review if needed after SEND/LD/ND and LD/ND+18 have been completed.  Children and young people with long term health conditions (e.g. diabetes, epilepsy, asthma), mental health needs, disability, children in care and care leavers.	Review if required after the children and young people, and adults needs assessments

**Table 4: Proposed JSNA programme of summary products – Year 3 (July 2025 to July 2026)**

	Topic	Type	Stage by July 2026
1	Globally displaced communities	Summary with focus to be confirmed following consultation, different communities' considerations, recent evidence and data availability (last in-depth needs assessment on international migrants 2018).	Initiate
2	Sex workers	Summary; Engage with stakeholders and consult community groups to explore evidence gaps (Last summary 2016).	Initiate
3	Care leavers/care experienced	Data profiles, equalities. (Need to explore data available)	Initiate
4	Gender equity	Scope type (e.g. summary)	Initiate
5	Healthy Lives	Summary, same format as Health places summary	Complete
6	Gypsy, Roma and Traveller	Summary – using health counts and SAWSS data and qualitative data	Scope
7	Childhood immunisations	Data profile	To be confirmed based on data from NHS England
8	Asthma (Children and young people)	Data profile	Scope
9	Diabetes (Children and young people)	Data profile	Scope
10	Epilepsy (Children and young people)	Data profile	Scope





# Brighton & Hove: Healthy places summary

This summary is the first of three key summaries being developed as part of the Joint Strategic Needs Assessment (JSNA) programme, which cover:



## Healthy places

Community assets and the social and environmental building blocks of health.



## Healthy lives

Risk and protective factors for health and wellbeing.



## Healthy people

Physical and mental health conditions, learning disability and neurodiversity.

In addition there is the [JSNA executive summary](#), and [summaries on the city's population and population groups](#).

This summary has been produced by the Brighton & Hove Public Health Intelligence team.

For more information, or feedback, please contact [publichealthintelligence@brighton-hove.gov.uk](mailto:publichealthintelligence@brighton-hove.gov.uk)

### 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>



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Introduction

When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our physical and mental health. This results in poorer physical and mental health, earlier onset of conditions and earlier death.

In parts of Brighton & Hove, people are dying years earlier than they should – for some people eight to nine years earlier.

## In Brighton & Hove:



A woman in the most deprived area will live around 7.7 years less than a woman in the least deprived area and have around 12.5 fewer years in good health



A man in the most deprived area will live around 9.1 years less than a man in the least deprived area and have around 14 fewer years in good health



[Brighton & Hove life expectancy summary](#)

Almost every aspect of our lives impacts our health and ultimately how long we will live – our jobs and homes, access to nature, education and public transport, whether we experience poverty or discrimination and our connections to friends, family and community.

These are the building blocks of health. To create a city where everybody can thrive, we need all of the right building blocks in place:



[Health Foundation: What makes us healthy](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight](#)

# Contents

What makes us healthy?

Population and population density

Climate change

Money and resources

Housing

Education and skills

Good work

Families, friends and communities

Surroundings

Food

Transport and active travel



# What makes us healthy?

Both the built and natural environment make up part of the building blocks of health and influence people's physical and mental health. The quality of the environment can influence many aspects of people's lives, for example social connections within a neighbourhood, quality, cost and availability of housing and food, exposure to air and noise pollution, safe affordable transport including opportunities for active travel.

The planning and sustainable management of places can help promote good health, improve access to services and reduce health inequalities. Whole systems thinking around health in local areas such as around food, alcohol or gambling can improve health and reduce inequalities.

This summary gives an overview of why each of these building blocks is so important, along with a summary of key data showing how well these building blocks are in place for Brighton & Hove. **Data in this summary are correct as at May 2024.**

The summary uses images provided for free use from the Health Foundation, available at [What builds good health?](#)

You can view the Health Foundation short video on what makes a healthy place below:

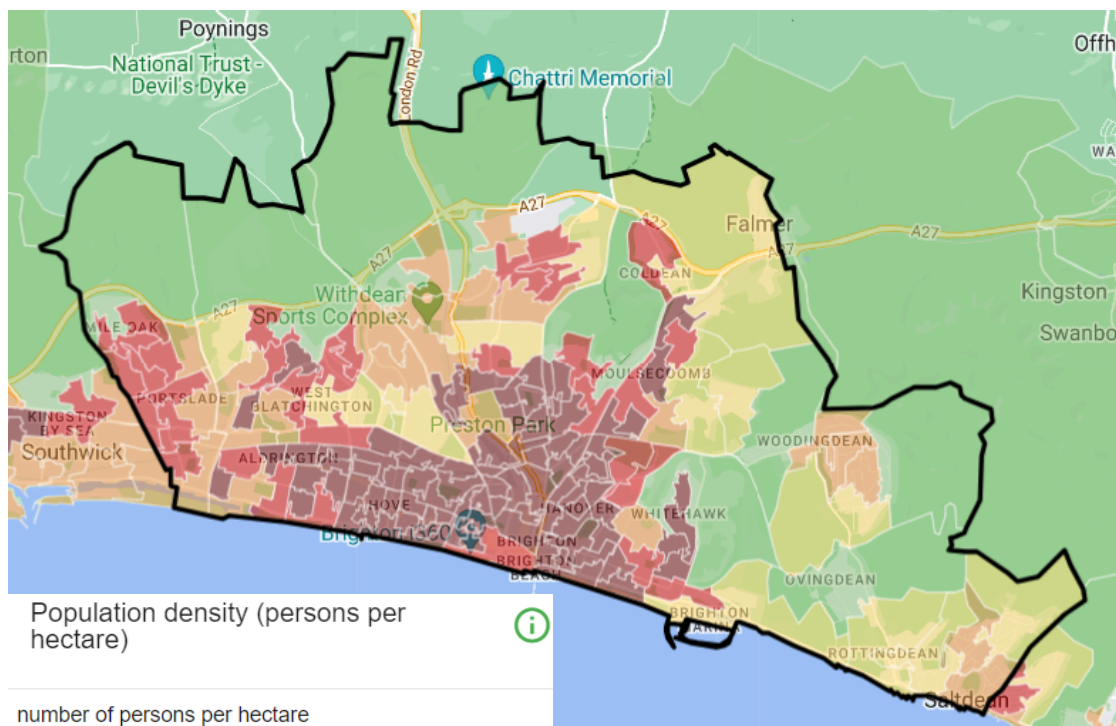


[Health Foundation: What makes us healthy.](#)

## Population and population density

Brighton & Hove is a city with a population of around 278,000 people (2022 Mid Year Estimate).

The city contains some of the most densely populated neighbourhoods in England, with seven neighbourhoods in the 1% most densely populated areas in England.



 Current Level: **Super Output Areas, Lower Layer**

- 0.02 - 8.46  
8.46 - 26.93  
26.93 - 44.45  
44.45 - 66.63  
66.63 - 1,170.43



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight

# Climate change

Climate change is increasing the risk that extreme events, such as heatwaves and flooding, will occur. These events can result in increased deaths, and worse health, especially in more vulnerable groups such as the elderly. Other population groups will also experience impacts such as negative mental health consequences, for example from difficulties sleeping and physical discomfort. Heatwaves may also result in increased pollution levels, although locally we are seeing improving pollution trends - see [Air quality section](#).



[Health effects of climate change - UK Health Security Agency](#)



[Heat and health - World Health Organisation](#)

Climate risk affects all the building blocks of health and all communities. So it is reflected across this summary. In this section, we focus on vulnerability to heat and flood. Climate Just have developed a heat vulnerability index at small area level. This shows areas where people are most at risk of poor outcomes from high temperatures during heat waves. This included indicators relating to:



Age



Income



Health and mobility



Tenure



Physical environment



Social networks

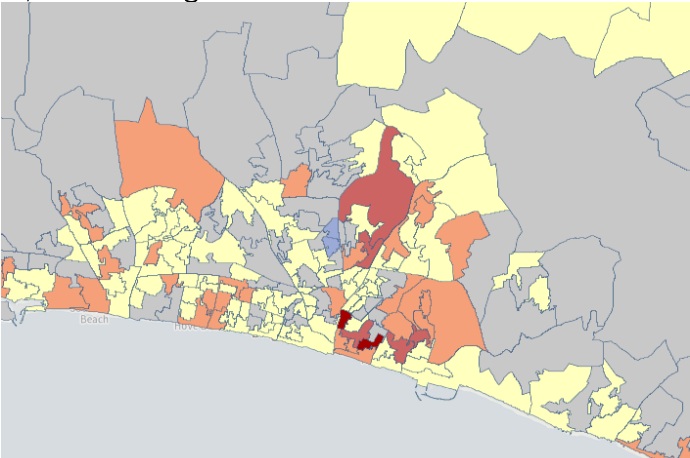
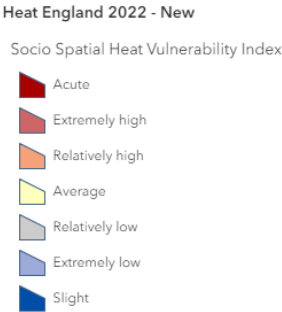


Physical geography



Access to services (eg  
GP)

There are areas in Brighton & Hove with acute or extremely high heat vulnerability around Whitehawk, Kemp Town, Central Brighton and Moulsecoomb.



[Climate Just](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Urban heat islands

In Brighton & Hove, research was carried out using Arup's UHEAT service, to accurately map the hottest areas of the city, with data covering:

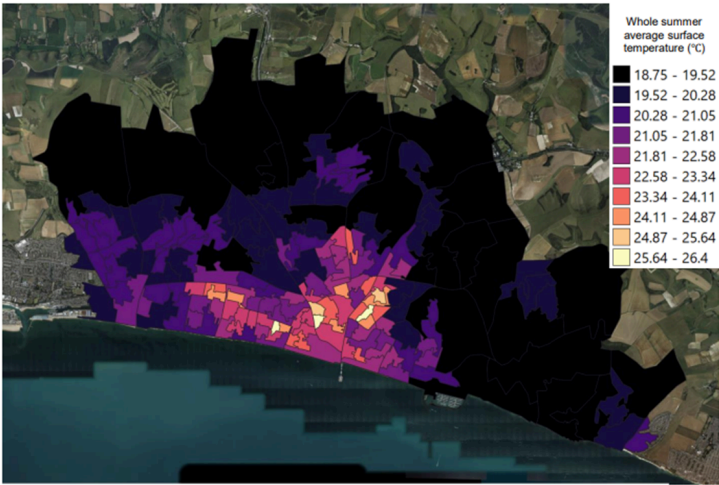
- building heights
- surface albedos (reflectiveness)
- the amount of green and blue infrastructure
- impervious surfaces
- population density and
- the urban climate.

This is a broader range of physical environment factors than considered in the heat vulnerability work by Climate Just. The aim of this analysis was to provide an understanding of the variation in exposure to heat across the city, and an indication of 'hotspots' where the likelihood of overheating during heatwave events is particularly pronounced.

Brighton & Hove has a weak urban heat island effect compared with other global cities. This is due to its location on the coast, with cooling sea breezes, as well as the significant presence of greenspace in the outskirts of the city. The urban centre is also relatively small compared with other cities.

However, there is a clear trend in warmer temperatures in the city centre. The average summer surface temperature uplift is 7.7°C at the worst-impacted area. This follows expected patterns of urban heat where the city centre, with more dark paved/building surfaces gets much hotter than rural areas where greenery and lighter surfaces reflect more solar radiation and maintain lower temperatures.

**Surface temperatures across Brighton aggregated over summer 2022 period presented at Lower Layer Super Output Area (LSOA)**



[Brighton & Hove Climate Risk & Vulnerability Assessment & Adaptation Action Plan](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

Climate change is increasing the risk that storms, heavy rain and flooding will occur. These events can result in increased death, especially in more vulnerable groups such as the elderly. Other population groups will also experience impacts such as negative mental health consequences as a result of damage to homes and livelihoods. The Flood Vulnerability Index measures social vulnerability and flood risk, combining five characteristics of vulnerability.



Susceptibility

Likelihood to experience loss of well-being when exposed to a flood



Ability to prepare

Actions taken by an individual in the absence of a forecast or actual flood likely to reduce the harm they suffer when a future flood occurs.



Ability to respond

An individual's ability to respond is influenced by income, capacity to access and use information, local knowledge and physical mobility.



Ability to recover

The degree to which an individual can aid their own recovery is influenced by income, capacity to use information, and physical mobility.



Community support

How the availability and quality of services; housing; experience of past floods; and social networks influence the severity of harm caused by a flood.



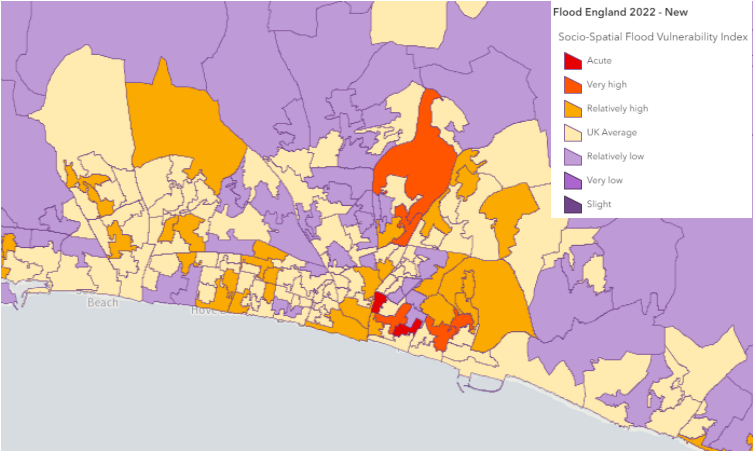
Enhanced exposure

The physical environment, such as the availability of green space or housing characteristics, which tend to accentuate or offset the severity of flood events.

There are areas in Brighton & Hove with acute and very relatively high vulnerability risk in Whitehawk, Kempdown, Central Brighton and Moulsecoomb.



[Climate Just](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight†](#)

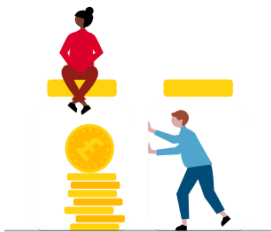
## Money and resources

Money and resources are essential for good health as they unlock access to other building blocks of health, such as good-quality housing and participation in society.

Not having enough money and resources can cause poor health by making it hard to save, feel in control of our circumstances and keep healthy. Having enough money and resources means we're able to have:



## Peace of mind

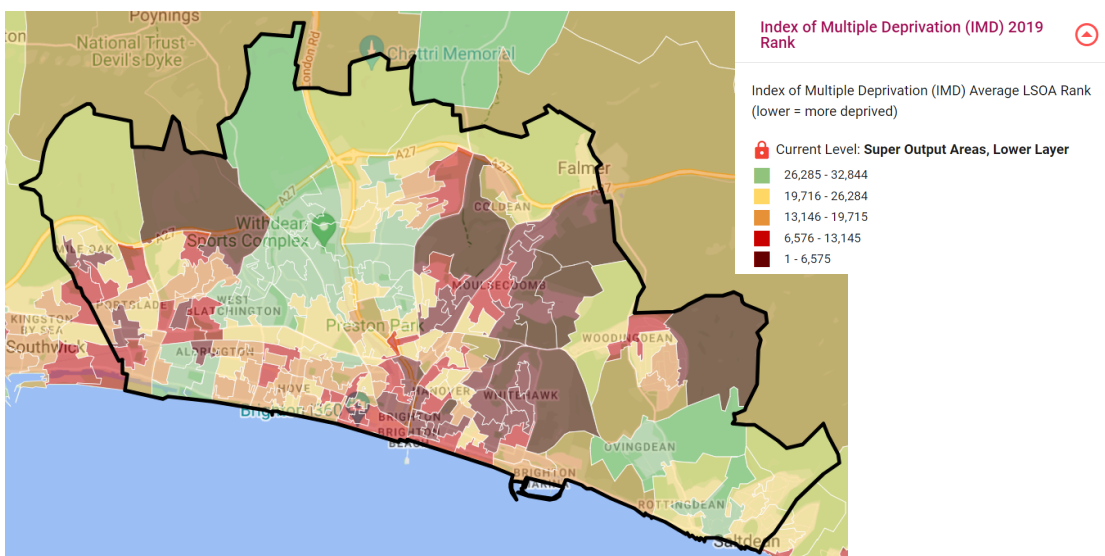


## Savings to fall back on



## Enough to meet children's needs

The city is one of the most deprived local authorities in the South East of England. Some areas are more affected by deprivation than others. The highest concentration of deprivation is in Whitehawk, Moulsecoomb, and Hollingdean. 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. These are the Core20 areas of the city within the [NHS Core20PLUS5 approach to reducing inequalities](#).



Brighton &amp; Hove Index of Multiple Deprivation briefing



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight

# Child and older person poverty

Whilst rates of relative child poverty are lower than for England, there are large numbers of children in the city in relative poverty.



6,250 children living in poverty in the city BEFORE housing costs

That is 1 in every 6 children, but in the highest area of the city is 2 in 3 children



12,750 children living in poverty in the city AFTER housing costs

That is 1 in every 4 children

Relatively more older people in the city live in poverty than for England.

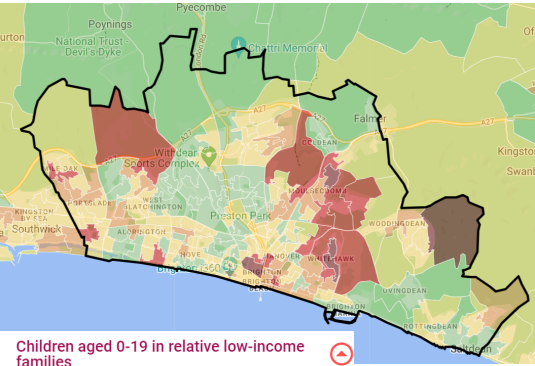


9,500 people aged 60 years or over are living in poverty in the city

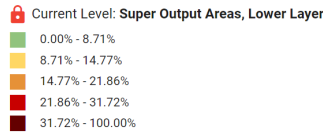
That is 1 in every 5 people aged 60 years or over in the city - for England this is lower at 1 in 7 people.

This figure is 50% of older people in some areas of the city.

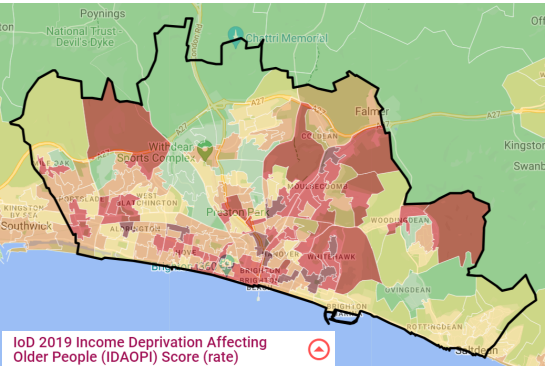
## Children aged 0-19 in relative low income families



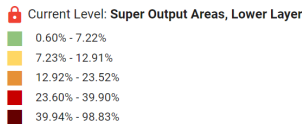
% of children aged 0-19 in relative low-income families



## Income deprivation affecting older people



IoD 2019 Income Deprivation Affecting Older People (IDAOPI) Score (rate) (higher = more deprived)



[Brighton & Hove child poverty summary.](#)

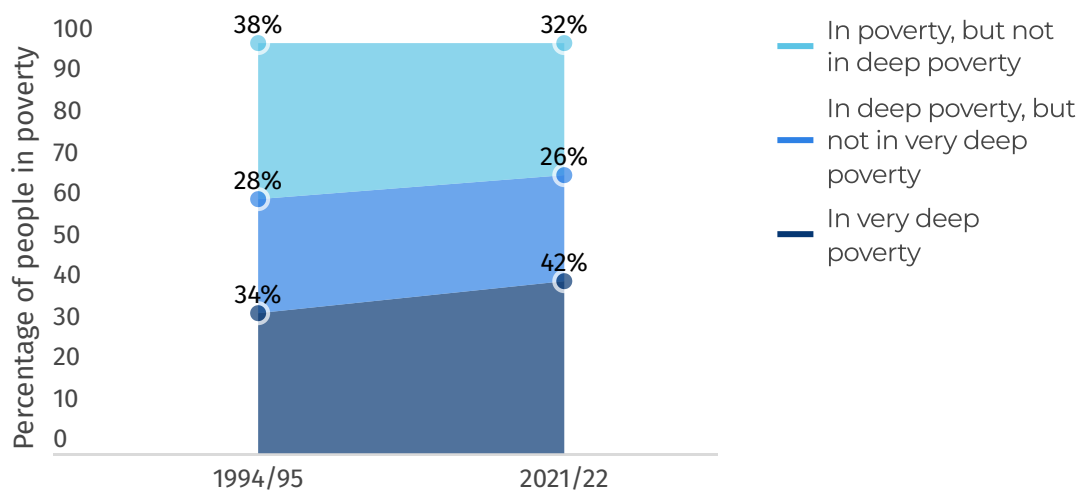


Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Deep poverty and destitution

A [2024 Joseph Rowntree report](#) showed that in the UK, the overall poverty level has changed little since 2010.

However, the depth of poverty has increased since the mid 1990s. In 1994/95 34% of those in poverty were in very deep poverty. By 2021/22 this rose to 42%



 [Download data](#)

Note: Very deep poverty includes people whose equivalised household income after housing costs (AHC) is less than 40% of median AHC income. Deep poverty, but not very deep poverty, is an equivalised AHC household income less than 50% but more than 40% of median AHC income. Poverty, but not deep poverty, is an equivalised AHC household income less than 60% but more than 50% of median AHC income.

Whilst these figures are not available below regional level, a separate analysis on destitution, again by the [Joseph Rowntree Foundation](#), produced estimates at Local Authority level. People are considered destitute if they have not been able to meet their most basic physical needs to stay warm, dry, clean and fed.

## In Brighton & Hove:



6.3% of households in the city are estimated to experience destitution at any point over a period of a year

With 119,000 households according to the 2021 Census, this is an estimated 7,500 households



Brighton & Hove is in the 30% of Local Authorities with the highest (worst) rates in the UK

Ranked 108th highest in the UK (of 360 Local Authorities)

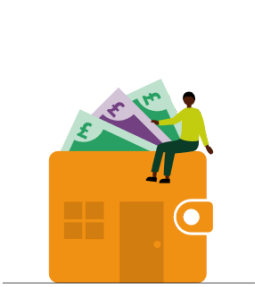


[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>+</sup>](#)

# Housing

We all need somewhere to call home – not just walls and a roof but a secure, stable, safe place to grow up and live in. Our homes influence our health in many ways, both physically and mentally.

Good housing should be:



Affordable to all



Decent quality



Secure and stable

## Affordable housing

Housing affordability matters for our health. Difficulty paying the rent or mortgage can cause stress, affecting our mental health, while spending a high proportion of our income on housing leaves less for other essentials that influence health, such as food and social participation.

Housing in Brighton & Hove is less affordable than England and is continuing to become more expensive.



Those on the lowest 25% of earnings need 12 times their earnings to afford the lowest 25% of house prices (2022)

South East 10.4 times, England 7.3 times



Over the last decade, this has increased from 8.5 times

In Brighton & Hove and by 6.6 times for England



[Brighton & Hove JSNA Executive summary](#)



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Secure and stable housing

Housing stability and security relates to how much people have control over how long they live in their homes, and how secure they feel. Housing instability can cause stress, harming health, while frequent moves can undermine people's engagement with health and other local services, and weaken relationships in the local community.

The 2021 Census records 7.2% of homes in the city as unoccupied, which is a significant increase over the previous 2011 Census figure of 4.2%. However, the 2021 figures may have been affected by impacts of the COVID-19 pandemic.

The type of ownership and housing type are different in Brighton & Hove compared to surrounding areas and England, with greater private renting, which can lead to greater insecurity of housing, and more people living in flats, which might mean less access to outside spaces. The latest Census (2021), showed that:



More than 1 in 3 households in the city are privately rented (40,000)

Compared with around 1 in 5 across the South East and England, and is the highest proportion in England outside of London and the Isles of Scilly



This number increased by 10% between 2011 and 2021



Half of households in the city live in a flat (50%, 60,750 households)

More than double the South East and England (both 22%) and the highest proportion among upper tier local authorities outside of London



[Brighton & Hove 2021 Census briefing.](#)



# Housing quality

The quality or condition of a home is one of the more direct ways in which housing can affect health: a home could be cold or hard to heat, contain hazards such as fall risks or faulty wiring, or be damp and mouldy which can result in respiratory problems and other health issues.



17% of occupied homes in Brighton & Hove are estimated to be non decent under the Decent Homes Standard (20,500 households)

England 15%. In Brighton and Hove, 20% of private rented homes are non-decent, 14% of social rented homes and 15% of owner occupied homes.

Mental health has also been shown to be negatively affected by the financial stress brought on by cold homes and fuel poverty.

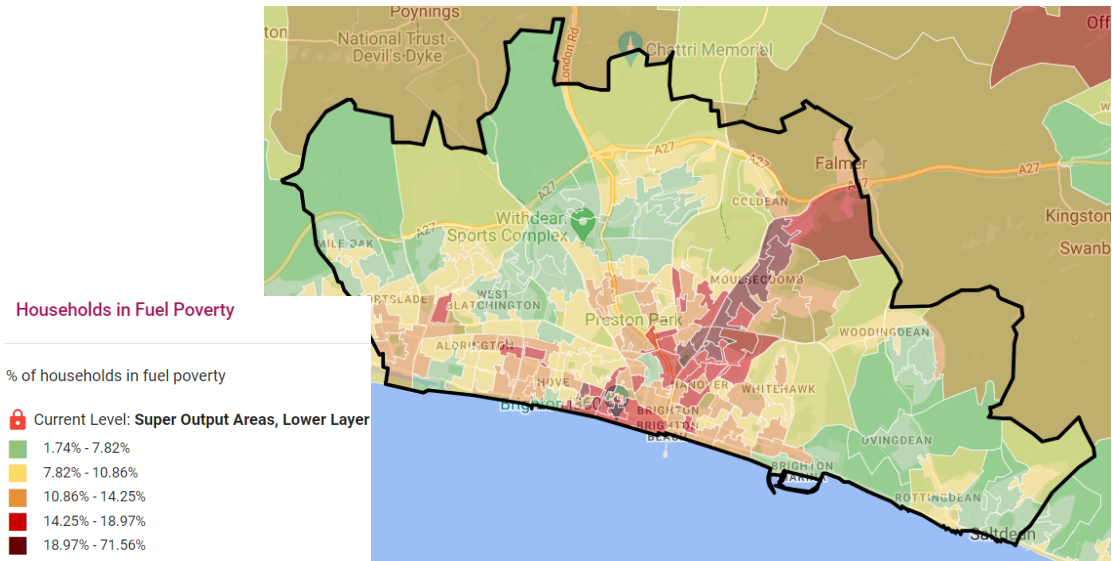
A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below AND when they spend the required amount to heat their home, they are left with income below the official poverty line.



12% of households in Brighton & Hove are estimated to be in fuel poverty (14,400 households)

South East 8%, England 13%

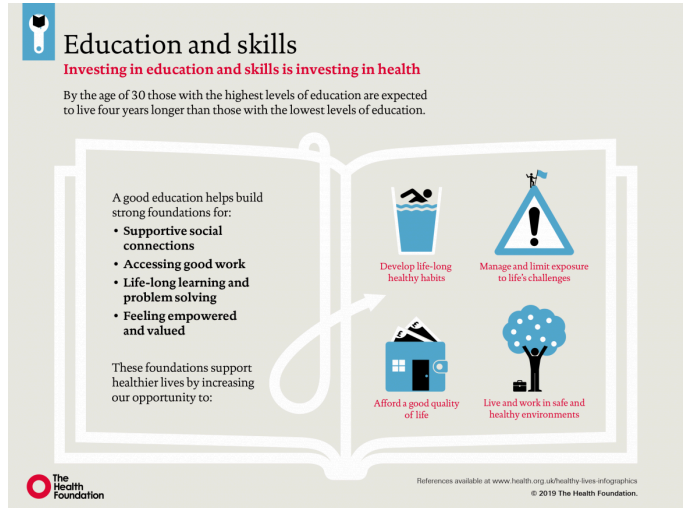
The estimates of fuel poverty at small area level in the city, show higher estimates in city centre areas close to the seafront and areas surrounding the Lewes Road corridor:



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Education and skills

Education has direct consequences on people's long term health outcomes: whether through increasing someone's likelihood of being able to get a good job, afford a good quality life, or through better managing or being less exposed to life's challenges.



Teachers, and everyone who work in schools, colleges, further and higher education are part of the public health workforce. As well as through gaining qualifications, they are critical to:

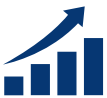
- developing supportive social connections
- accessing good work
- developing an aptitude for life-long learning and problem solving
- feeling empowered and valued.



By the age of 30 those with the highest level of education are expected to live 4 years longer

Than those with the lowest levels of education

Life-long learning and skills are important. Modelling suggests that increasing the proportion of people in a local area with a formal qualification is associated with an increase in the employment rate.



In the most deprived areas, a 1% decrease in the percentage of people without a formal qualification can mean a 0.33 percentage point increase in employment rates

There are significant inequalities in development and education across all ages in the city:



For all pupils at the end of reception, 69% achieve a good level of development

Higher than England (67%)



For those with free school meals status, 52% meet this level

England 52%



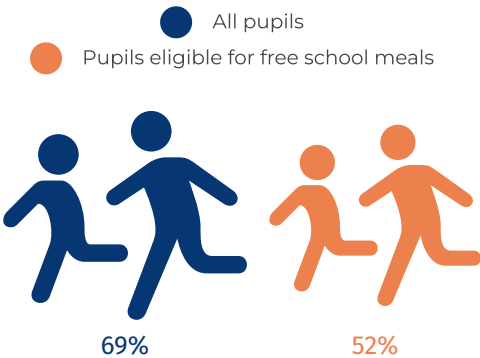
At age 16, Average Attainment 8 score is above England for all pupils in Brighton & Hove, but again those with free school meals status have average lower outcomes

meaning there are wider inequalities in Brighton & Hove than for England

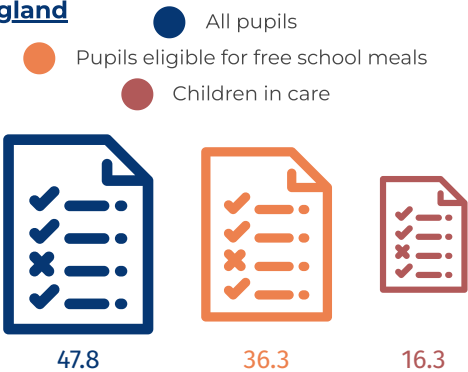


For children in care, the Average Attainment 8 is significantly below attainment of all children and those with free schools meals status

% of pupils at the end of reception achieving good level of development



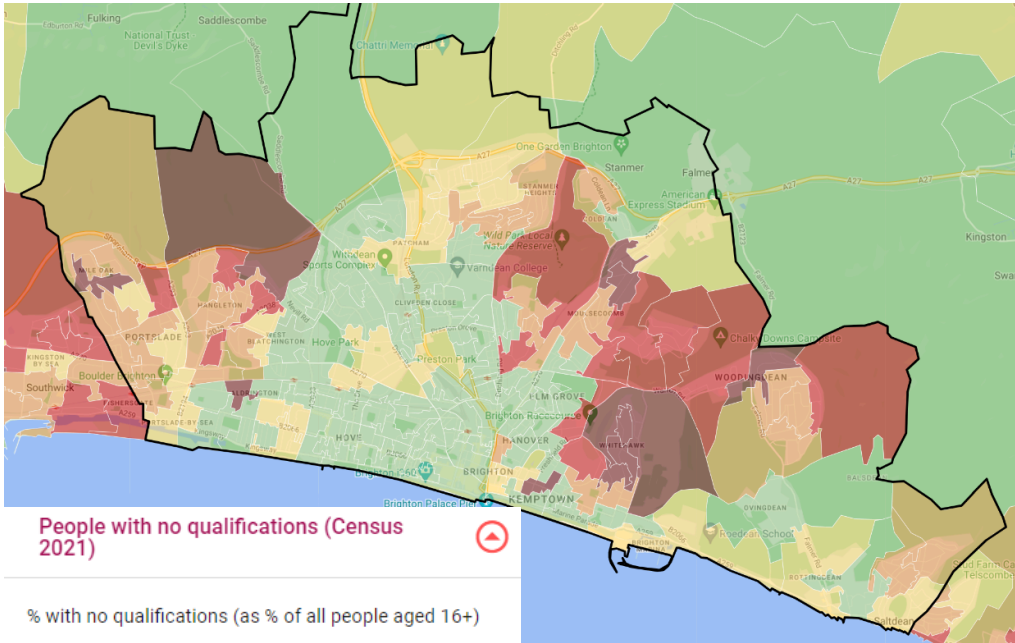
Average Attainment 8 score, by pupil characteristics, Brighton & Hove and England



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>


For adults across England, 18% had no qualifications (2021 Census). In Brighton & Hove, this is lower at 12%.

However, there are significant inequalities in the city - this figure ranges from 4% to 31%. Areas in Hangleton, Mile Oak, Moulsecoomb, Whitehawk, Kemptown and Woodingdean in the 20% of areas in England with the highest rates.



People with no qualifications (Census 2021)

% with no qualifications (as % of all people aged 16+)

-  Current Level: **Super Output Areas, Lower Layer**
- 0.85% - 11.86%
  - 11.86% - 15.71%
  - 15.71% - 19.68%
  - 19.68% - 24.73%
  - 24.74% - 51.65%

# Good work

Access to good-quality jobs is one of the building blocks of a healthy society. It's not just about being paid enough and having enough money to meet basic needs – a good-quality job benefits our health in other ways too.

Good work should provide:



Reliable employment



Job satisfaction



Fair pay



Work-life balance

Evidence shows that good work, including a good working environment, has a positive effect on the health of an individual and their whole family. When we have insecure or irregular work, or poor pay, it is harder to afford decent housing, healthy food or to heat our homes, leading to poor physical and mental health. 'The Marmot report: Fair Society, Healthy Lives' describes good work as:



A living wage and job security



Flexible working hours



Control over your work and job satisfaction



Protection from adverse and dangerous working conditions



In-work development and learning



Support to facilitate return to work for those who have been ill



Supervisor and peer support



Workplace ill health prevention & stress management strategies



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

**In Brighton & Hove:**



75% of people of working age are in employment (155,900 people)

Similar to the South East (78%) and England (76%) (2022/23).  
This has increased from 71% in 2012/13



There is a 66 % point gap in the employment rate for those with a learning disability and the overall employment rate

Lower than the South East (71) and England (71 percentage points) (2022/23).  
This gap has grown from 47 % points in 2012/13



There is a 9 % point gap in the employment rate for those with a physical or mental long term health condition and the overall employment rate

Lower than the South East (9) and England (10 % points) (2022/23)



The median gross weekly full time income is £688

Lower than the South East (£724) but similar to England (£683) (2023)

**Workplace wellbeing**

The Public Health Team offer support to any workplace or charity in Brighton & Hove to improve workplace wellbeing:



[Brighton & Hove Public Health workplace wellbeing offer](#)



# Unemployment

When we have insecure or irregular work, or poor pay, it is harder to afford decent housing, healthy food or to heat our homes, leading to poor physical and mental health.

Research has often focused on the role of unemployment as a hazard for people's health. Unemployment harms health in many ways, and these effects become greater as the time in unemployment increases:



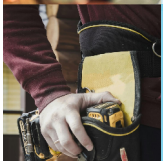
It is a source of stress and can harm mental health



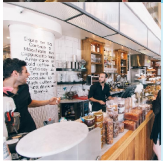
It can result in unhealthy coping behaviours, such as smoking and drinking (although it also reduces the resources available to spend on these)



It can cause poverty, which is in itself damaging to health



A spell of unemployment can affect future employment prospects



People also experience a loss of the health-promoting aspects that good work can offer, such as social connections or a sense of structure and purpose.

## Brighton & Hove has:



73% of residents are aged 16-66 years

Much higher than the South East (64%) and England (65%) (2022)



3.8% of 16-17 year olds are not in education, employment or training

Lower than the South East (6.9%) and England (5.2%) (2022/23)



4.7% (7,700 people) are unemployed

Higher than the South East (3.3%) and England (3.7%) (Year ending Sept 2023)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight†](#)

# Families, friends and communities

Family, friends and communities are the cornerstone of our everyday lives and play an important role in shaping our health and wellbeing.

The nature of our social networks – the quality of our relationships, the support we have, whether we feel we belong where we live, loneliness – can influence our health and wellbeing in a range of ways. We all need:



Connection and companionship



Good relationships

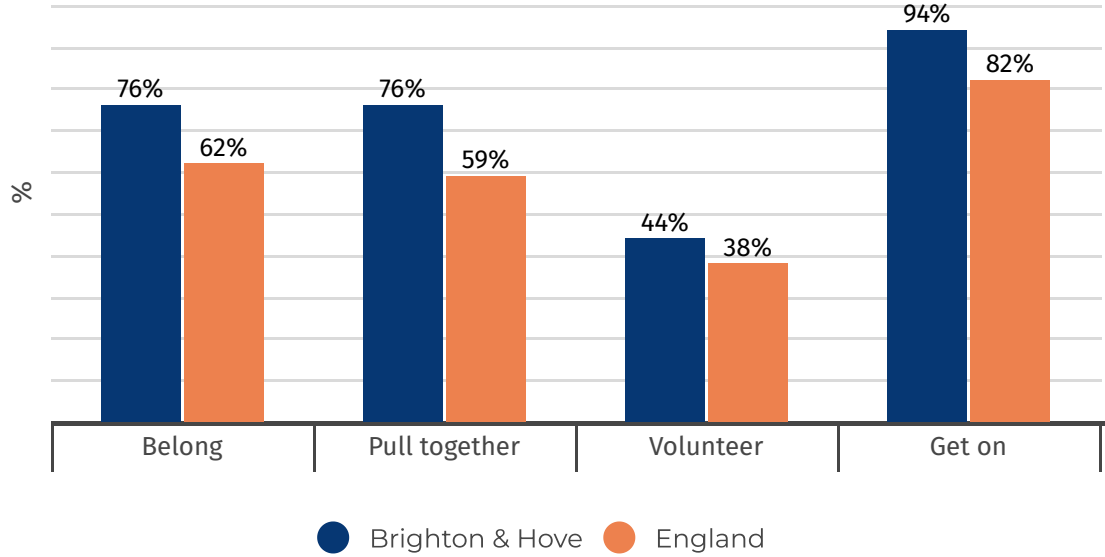


A sense of belonging

There are many assets within communities that can be used to promote health and wellbeing, including leisure centres and social activities, the community and voluntary sector, community groups, but also skills, knowledge and support.

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](#)).

**Percentage of residents who agree/strongly agree that they: belong in their local area; people in their local area pull together; they regularly volunteer, that people in their local area get on:**



[Brighton & Hove 2018 City Tracker Survey](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>+</sup>](#)

# Community needs index

The Community Needs Index was developed to identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life.

The dimensions included in the index are:



## Civic assets

**Presence of key community, civic, educational and cultural assets in and in close proximity to the area.** These include libraries, pubs, green space, community centres, swimming pools – facilities that provide things to do often, at no or little cost, which are important to how positive a community feels about its area.



## Connectedness

**Connectivity to key services, digital infrastructure, isolation and strength of the local jobs market.** It looks at whether residents have access to key services, such as health services, within a reasonable travel distance. It considers how good public transport and digital infrastructure are and how strong the local job market is.



## Active and engaged community

**Levels of third sector civic and community activity and barriers to participation and engagement.** It shows whether charities are active in the area, and whether people appear to be engaged in the broader civic life of their community.

These are combined into an overall index. A higher score on this measure indicates that an area has higher levels of community need.



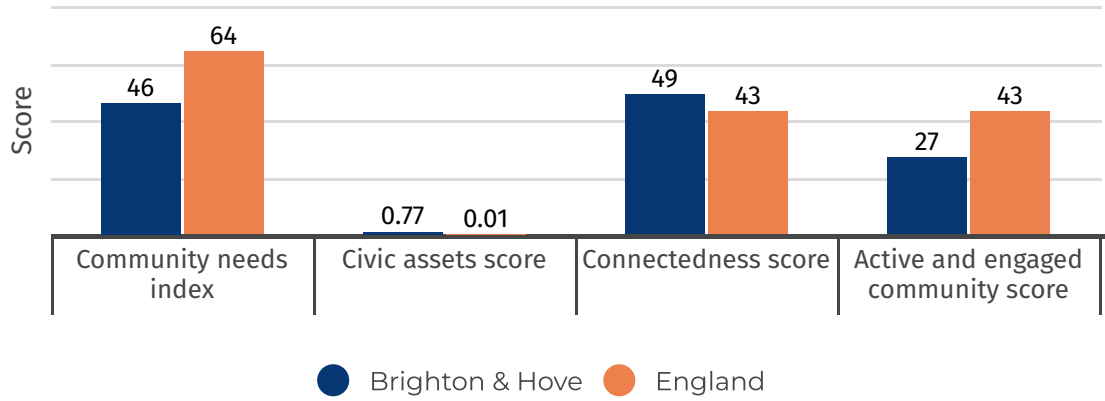
Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

This index suggests Brighton & Hove has lower community needs overall than England.

This is mainly driven by better scores on an active and engaged community score. Meaning that charities and third sector organisations are active in the area, and people are more engaged in the broader civic life of their community.

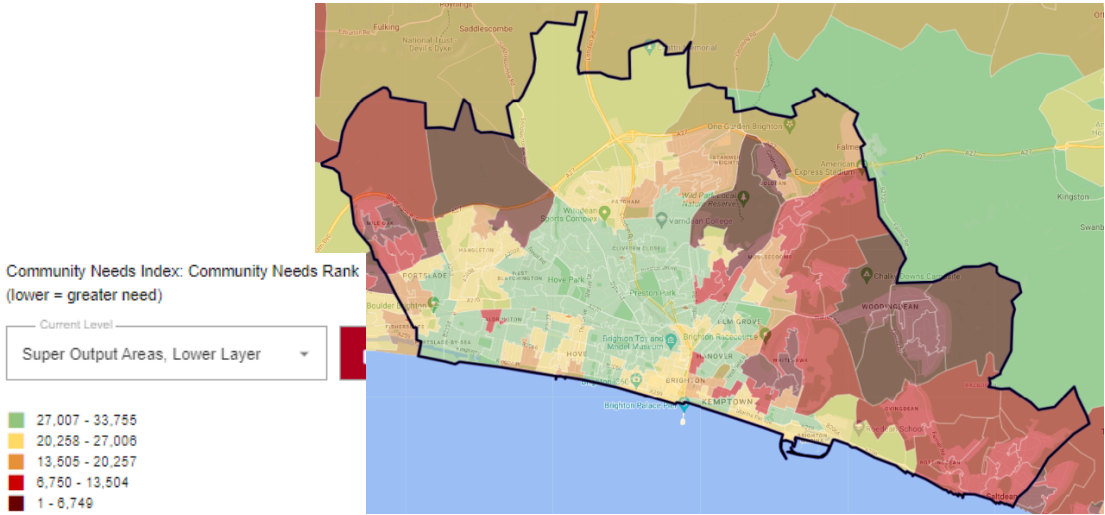
However, Brighton & Hove has greater need, than England, for the civic assets and connectedness domains.

Community needs index, and domains scores, Brighton & Hove & England, 2023



Download data

For the overall community needs rank, areas of Hangleton and Knoll, Mile Oak, Moulsecomb, Whitehawk and Woodingdean are in the 20% of areas in England with the highest needs.




Brighton & Hove Local Insight

Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Active and engaged community


As noted above, Brighton & Hove has better scores on an active and engaged community score. Meaning that charities and third sector organisations are active in the area, and people are more engaged in the broader civic life of their community.

There are greater levels of community involvement in terms of higher voter turnout in local elections, third sector organisations and community owned assets when compared to England:



58% voter turnout

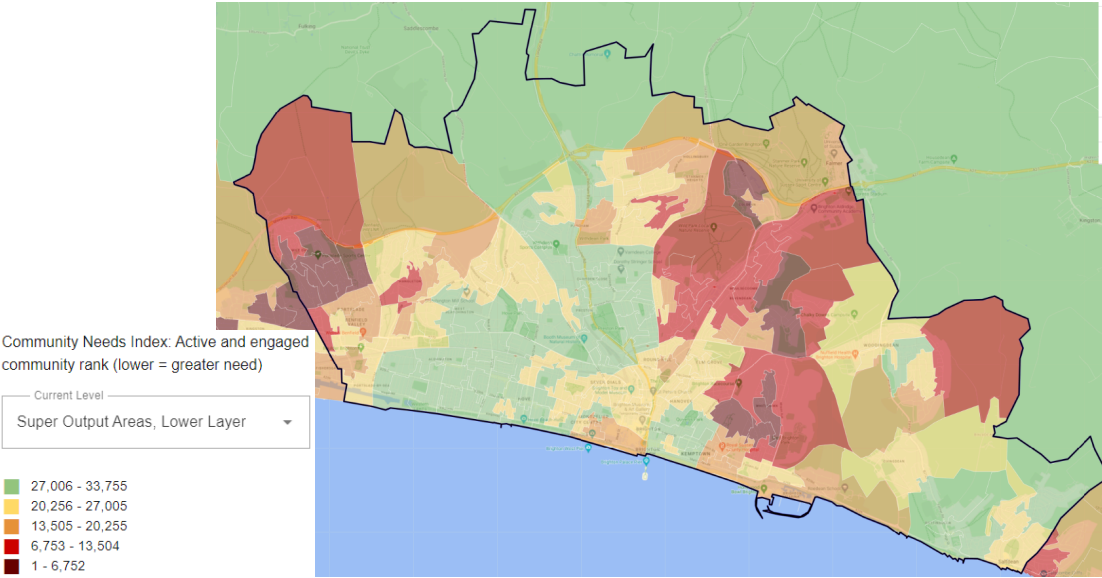
Much higher than England (47%) (2022)



630 third sector organisations per 100,000 people

Higher than England (446) (2023-24)

For the active and engaged community domain, areas of Mile Oak, North Portslade, Moulsecoomb and Bevendean, Coldean and Whitehawk are in the 20% of areas in England with the highest needs for this domain.



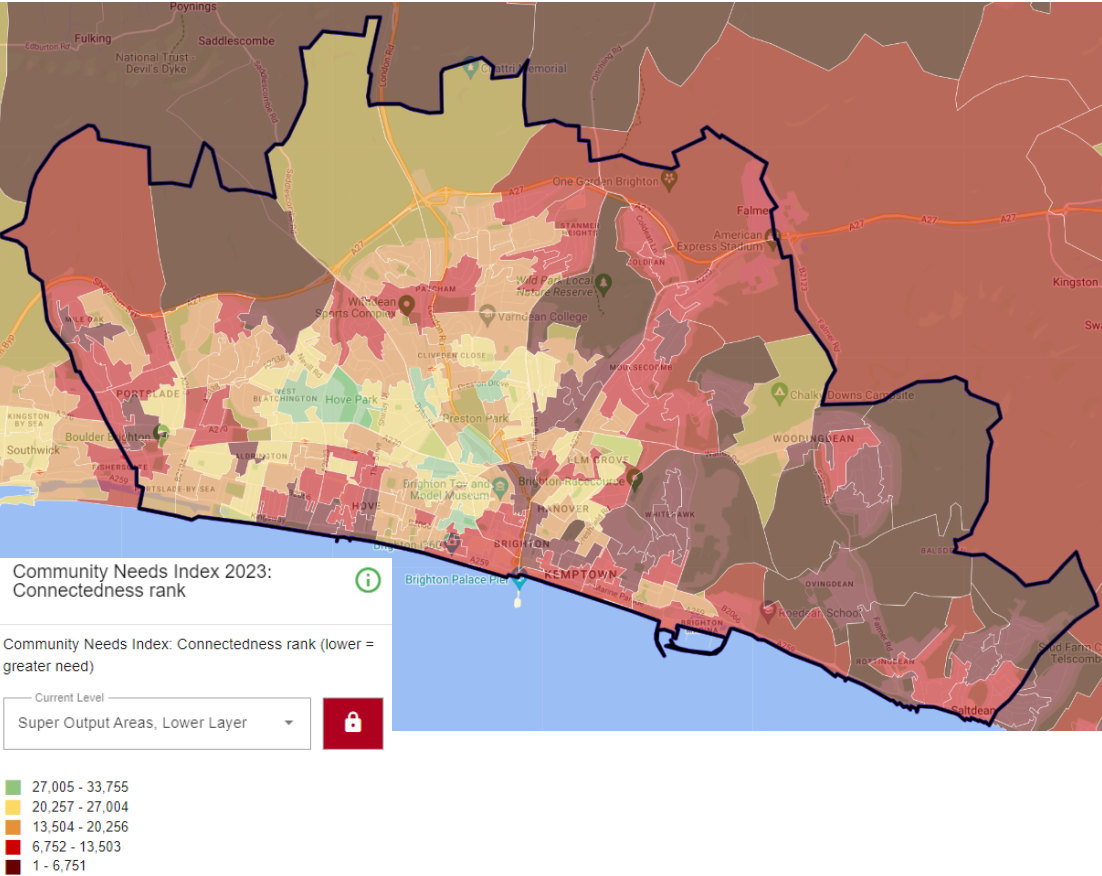
 [Brighton & Hove Local Insight](#)

# Connectedness

Brighton & Hove has worse scores on connectedness domain. This measures the connectivity to key services, digital infrastructure, isolation and strength of the local jobs market. It looks at whether residents have access to key services, such as health services, within a reasonable travel distance. It considers how good public transport and digital infrastructure are and how strong the local job market is.

For the connectedness domain rank, areas of Mile Oak, North Portslade, Hangleton, Hove seafront, Moulsecoomb and Bevendean, Whitehawk, Woodingdean, Rottingdean and Saltdean are in the 20% of areas in England with the highest needs for this domain.

Digital exclusion and isolation are key areas within this domain where there are significant needs in the city, and these are explored further on the next pages.



[Brighton & Hove Local Insight](#)



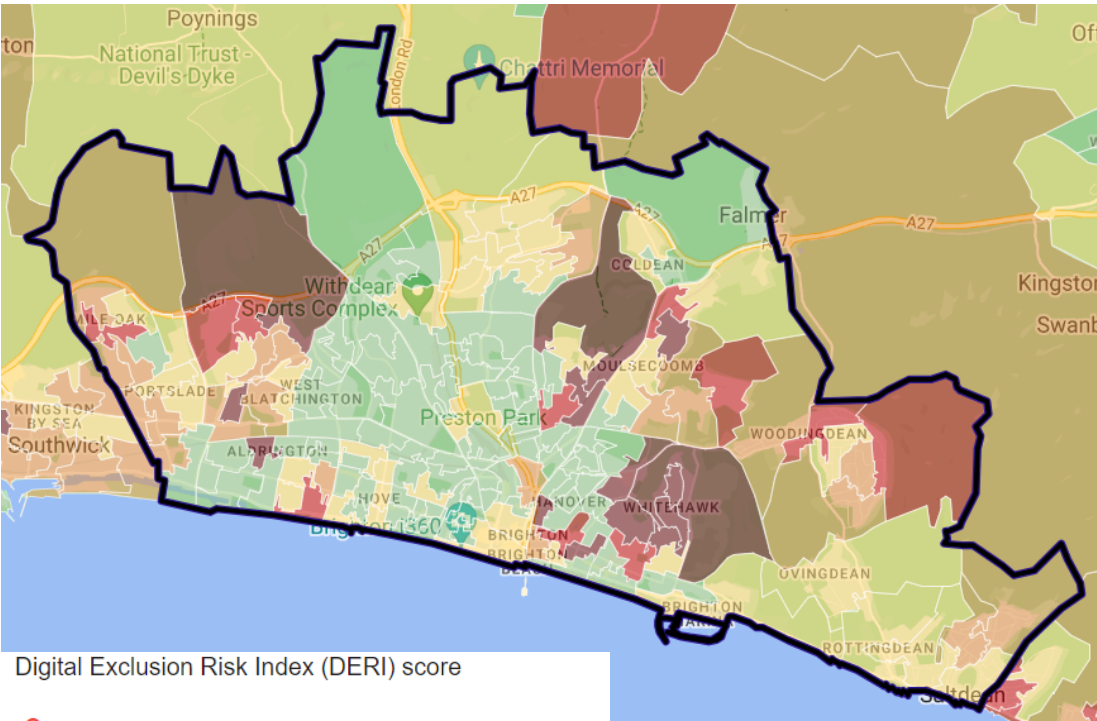
[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)


# Digital exclusion






The extent to which people use the internet can impact on a number of life aspects such as social connections, access to services such as groceries, banking, employment, and access to health services.

The Digital Exclusion Risk Index (DERI) shows the risk of digital exclusion based on three components: age; broadband access, and deprivation. The higher the score, the higher the level of digital exclusion risk. Overall for Brighton & Hove, the digital exclusion risk index is lower than for England (2.6 compared to 3 respectively).

But there are areas in Brighton & Hove in the 20% of areas across England with the greatest risk of digital exclusion. These are in Whitehawk, Kempdown, Hollingdean, Moulsecoomb and Bevendean, and Hangleton.



 Current Level: **Super Output Areas, Lower Layer**

-  1.30 - 2.49
-  2.49 - 2.82
-  2.82 - 3.13
-  3.13 - 3.54
-  3.54 - 5.62



[Brighton & Hove Local Insight](#)






Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Social isolation and loneliness

Social isolation and loneliness, especially when they are long-lasting, have negative impacts on our health. Social isolation is a term used to describe a lack of social contacts, community involvement, or access to services. Loneliness is an unwelcome feeling or lack or loss of companionship.

## Three key ways that loneliness impact health are:


-  less healthy behaviours are more likely in people who are lonely, such as smoking and physical inactivity
-  lower self-esteem, and greater stress responses are more likely in people who are lonely
-  loneliness impacts on our immunity against infections and blood pressure among other physical health impacts

Poor mental health can lead to loneliness, but loneliness can also negatively impact mental health. This can be through things like having more time alone to think about worries and negative thoughts, losing confidence in your ability to socialise, feeling overwhelmed in social settings, and not talking about how you feel, which can lead to feeling even more overwhelmed.

## In Brighton & Hove:

-  19% of adults feel lonely (always/often/some of the time)  
Similar to the South East (21%) and England (22%) (2019/20)
-  32% of adult carers have as much social contact as they would like  
Higher than England (28%) (2021/22)
-  Over a third of older people live alone (38%, 13,900 people aged 66+)  
Much higher than the South East (30%) and England (31%) (2021)

The 2024 Health Counts Survey will give us more up to date information on communities and connections across the city. Data will be added to this briefing when available in 2024/25

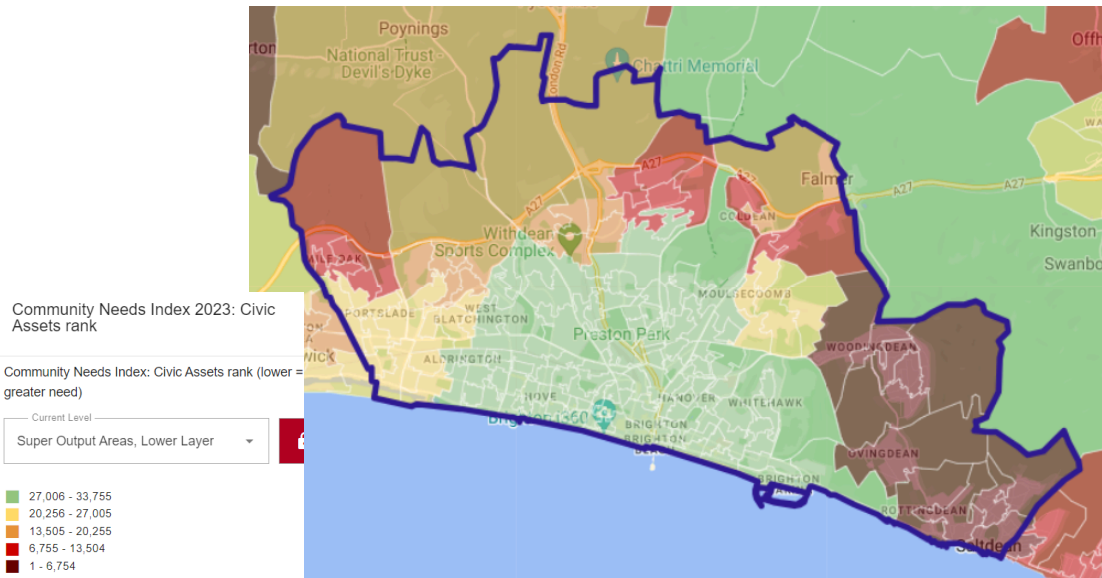
 [Brighton & Hove 2024 Health Counts Survey.](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Civic assets

As noted above, Brighton & Hove has worse scores on the civic assets domain. Areas of Mile Oak, Woodingdean, Rottingdean and Saltdean are in the 20% of areas in England with the highest needs for this domain.



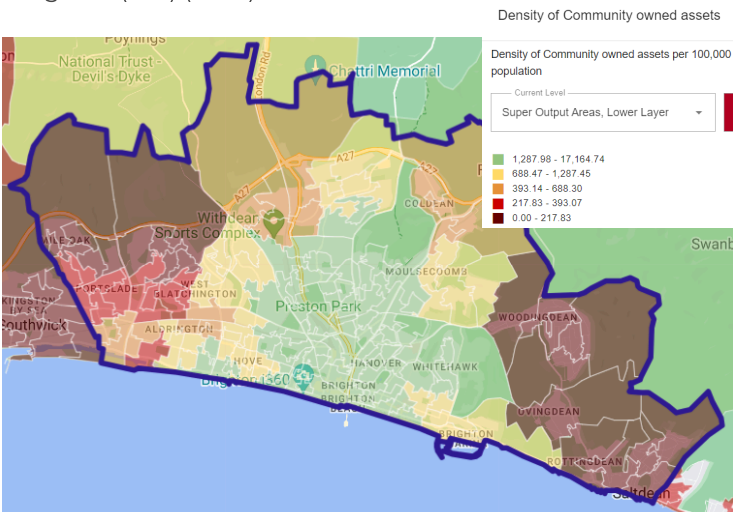
In some areas, the city does better, for example there are greater levels of community owned assets when compared to England.



1,285 community owned assets per 100,000 people

Much higher than England (756) (2023)

Areas of Mile Oak, Hangleton, Woodingdean, Rottingdean and Saltdean are in the 20% of areas in England with lowest levels of community owned assets, with central areas of the city in the 20% of areas with the highest levels in England.



[Brighton & Hove Local Insight](#)



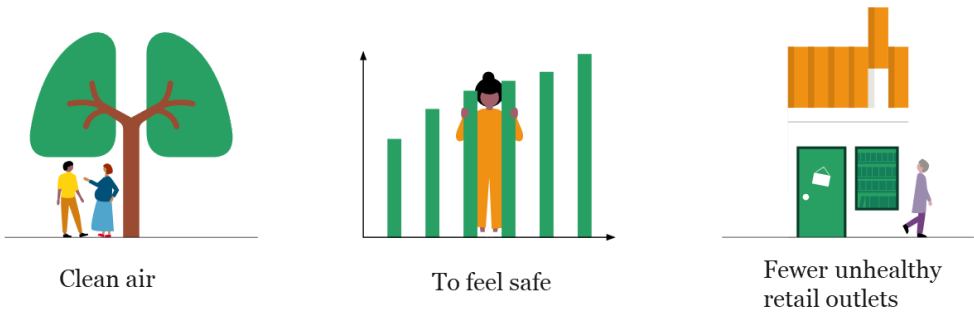
[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Surroundings

Where we live can shape our future health, including how long we can expect to live.

But inequalities between local areas restrict people's opportunities to live a healthy life, from the air people breathe to the goods available to buy locally.

For good health, a neighbourhood needs:



The [Chief Medical Officer's 2021 Annual report](#) focused on health inequalities in coastal areas. It showed that these areas have low life expectancy and high rates of many diseases, compared with non-coastal areas meaning that far shorter lives are spent in far poorer health.

However, coastal communities are not all the same, and each is shaped by its own history and culture. The population of Brighton and Hove is characterised by a relatively large proportion of young working-age people. Many health and quality of life issues today reflect these characteristics.

Brighton & Hove now has similar life expectancy to England, but has higher deaths from cancer, suicide and drugs and significant issues around mental health, sexual health, drugs and alcohol, and homelessness.

We need to design health into the urban environment, enabling residents to become active, connect with their neighbours, and access nature in the green spaces around them.

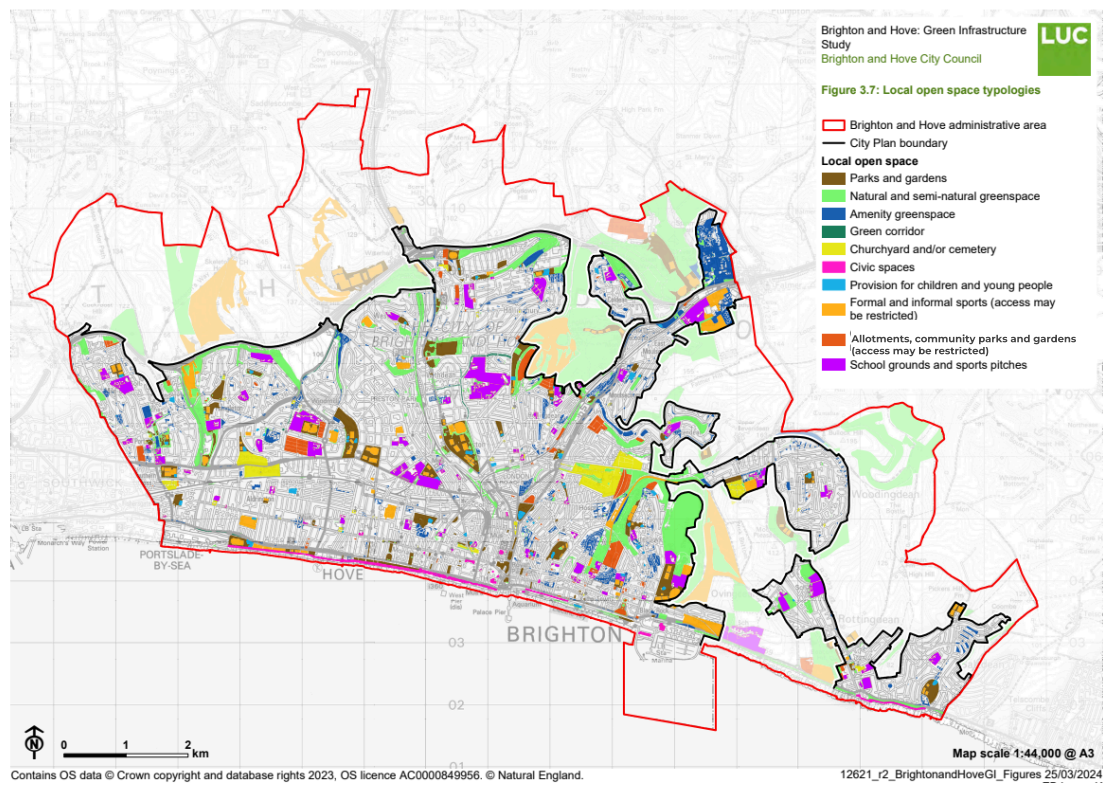
Whilst Brighton & Hove is a relatively small city, access across the city in relation to transport and to the hills in areas of the city, impact accessibility for residents.

# Green spaces

A green infrastructure study of the city was published in 2024. Green infrastructure refers to the network of green and blue spaces that surround and run through the city.

It helps connect people, wildlife and nature and supports the life-sustaining environmental processes which underpin healthy places.

It is not limited to traditional green spaces such as parks. Local open space assets are mapped below:



Brighton & Hove Green infrastructure study 2024



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Green and open spaces

Green and open space, such as parks, the beach, the South Downs National Park, woodland, fields and allotments as well as natural elements including green walls, are an important asset for supporting health and wellbeing.

## In Brighton & Hove:



87% of households are estimated to have a private outdoor space

This includes private gardens, private outdoor spaces (including balcony, yard or patio area) and private communal gardens.

Similar to the South East (89%) and England (88%) (2020)



98% of those living in houses

South East (96%), England (97%)



77% of those living in flats

South East (67%), England (65%)

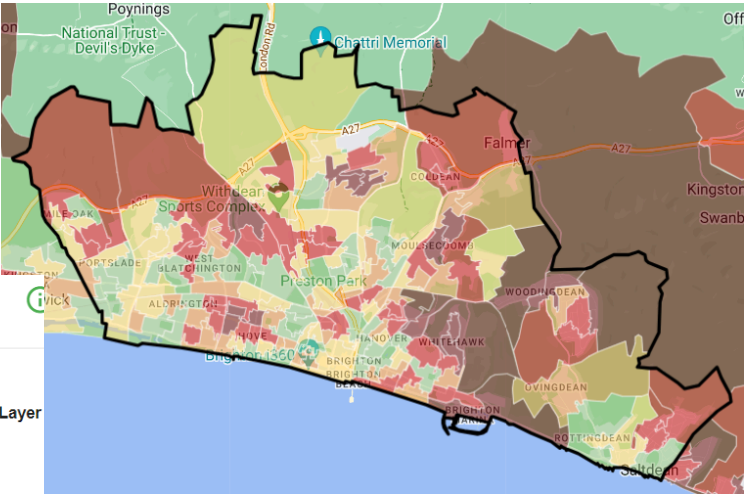


Estimates range from 63% to 99% across the city

At middle super output area level

Across Brighton & Hove, the average distance to the nearest park, public garden or playing field is 308 metres, similar to England (382m). This ranges from 181 metres in South Portslade ward to 678 metres in Whitehawk and Marina ward, one of the city's most deprived areas.

This reflects the distance, but the hills, roads and railways in some parts of the city might make these areas less accessible for some residents.



Average distance to nearest Park, Public Garden, or Playing Field (m)

Distance (m)

- Current Level: **Super Output Areas, Lower Layer**
- 57.26m - 196.73m
- 196.75m - 265.44m
- 265.44m - 351.80m
- 351.81m - 497.88m
- 497.91m - 6,455.62m



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>55</sup>

# Tree cover and blue spaces



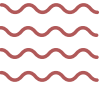
13% of Brighton & Hove has tree cover

Similar to England (14%) (2022)



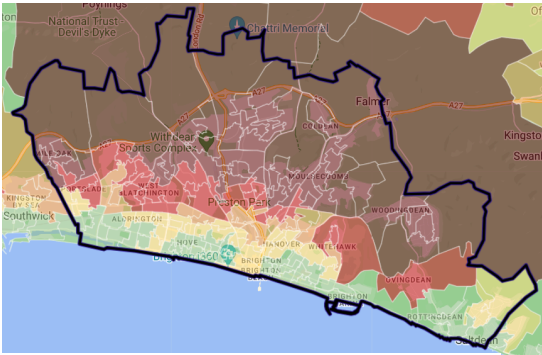
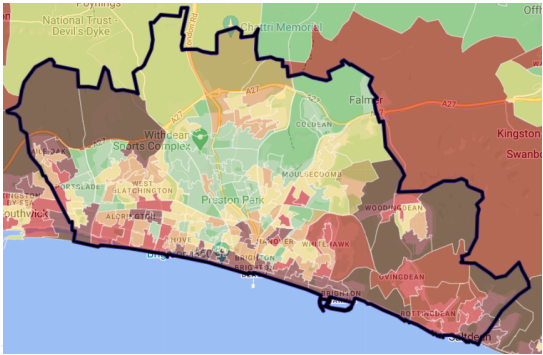
This is just 2% in some areas of Mile Oak, central Brighton, Kempdown and the Marina

And is highest in Coldean and Mouslecoomb North at 43%



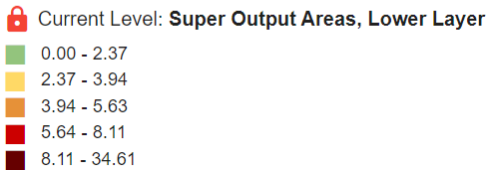
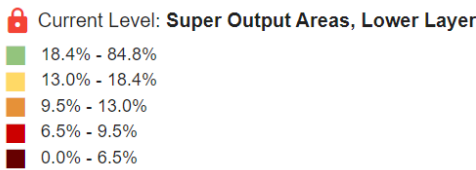
The average driving time to the nearest blue space is 6 minutes

Similar to England (5 minutes) (2022). Highest in Coldean and Mouslecoomb North at 19 minutes. This indicator is not available for time by public transport which would be a more relevant measure for Brighton & Hove



% of tree cover

Driving time to nearest Blue space (minutes)



The Safe and Well at School Survey in 2023 showed that:



91% of primary school pupils, and 81% of secondary school, regularly spend time in nature



[Safe and Well at School Survey](#)

The 2024 Health Counts Survey will give us more up to date information on access to green and open spaces and access to nature across the city. Data will be added to this briefing when available in 2024/25



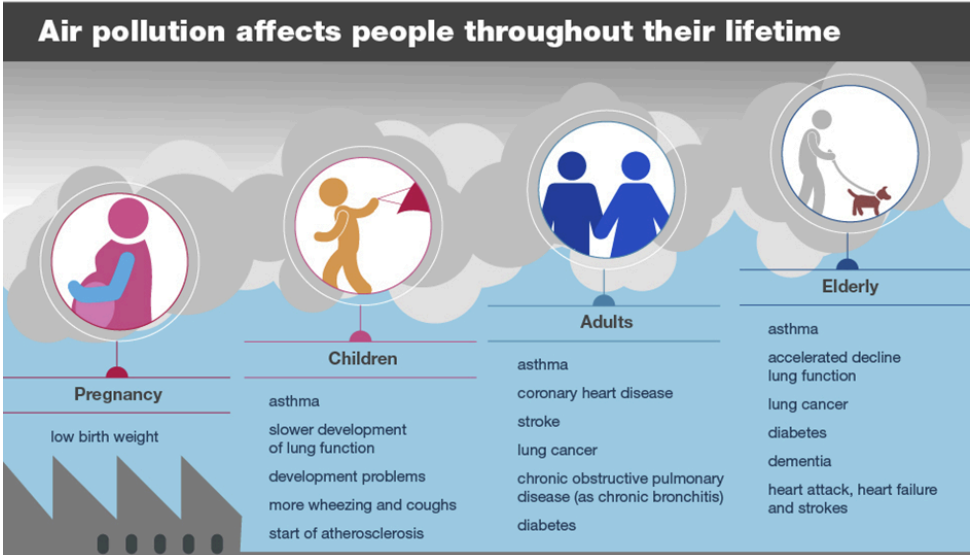
[Brighton & Hove 2024 Health Counts Survey](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Air quality

Poor air quality is the largest environmental risk to public health in the UK. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to early death. In the short term, poor air quality can exacerbate asthma and cause coughs, wheezing and shortness of breath.



We know that air pollution impacts those who live in less affluent areas more greatly, widening health inequalities.



1 in 20 deaths in those aged 30 years or over in Brighton & Hove are estimated to be attributable to particulate air pollution (4.5%)



Similar to England (6%) (2022)

Concentrations of pollutants citywide are gradually improving. In 2023 monitoring suggests English air quality standards for particles and gases are met throughout the city.

By the 2030s, further decarbonisation of the grid and electrification of industry, buildings and transport is expected to deliver cleaner air and associated health benefits.

The City Council's Air Quality Action Plan sets out five priority areas and 58 measures to reduce emissions and make air indoors and outdoors more healthy.



- [Deaths attributable to particulate air pollution](#)
- [Air quality monitoring report](#)
- [Brighton & Hove Air Quality Action Plan](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Safety

The City Tracker survey engaged a representative sample of 1,000 Brighton & Hove adult residents (aged 18+) and asks how safe people feel in the day and after dark, both in their local area and in the city centre. Data from the 2018 survey show that:

## In their local area:



96% of residents feel safe during the day



80% of residents feel safe after dark

## In the city centre:



93% of residents feel safe during the day



64% of residents feel safe after dark

However, some groups within the local population feel less safe than others, and differences are more marked after dark and in the city centre:



Only 53% of females feel safe in the city centre after dark with 34% feeling unsafe

The figures for males are 75% and 15% respectively



In the city centre after dark, 50% of people with a long-term health problem or disability feel safe

Compared to 67% of those without



[Brighton & Hove 2018 City Tracker Survey](#)

The Safe and Well at School Survey in 2023 showed that:



79% of primary school pupils feel safe in their neighbourhood alone or with friends



87% of secondary school pupils feel safe in their neighbourhood alone or with friends



[Safe and Well at School Survey](#)

The 2024 Health Counts Survey will give us more up to date information on how safe people feel across the city, and for population groups. Data will be added to this briefing when available in 2024/25



[Brighton & Hove 2024 Health Counts Survey](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Gambling and alcohol consumption

Gambling and alcohol consumption can be fun recreational activities, however both have the potential to cause great harm to individuals, families and wider society.

Across Brighton & Hove there are higher rates of alcohol harm in city centre areas, and there is a cumulative impact zone (CIZ), which restricts new alcohol licensing, within much of the city centre and coastal areas from Lower Rock Gardens in Brighton to Holland Road in Hove, it also includes the North Laine area up to Trafalgar Street. Gambling premises are also most densely concentrated in city centre areas.

## Brighton & Hove alcohol Cumulative Impact Zone (CIZ):



There are 13.9 premises per square km in Brighton & Hove licensed to sell alcohol (2021/22)



Significantly higher than the South East (1.4) and England (1.3)

The 3rd highest upper tier local authority area in the South East behind Portsmouth and Southampton, and 27th highest in England (of 152 LAs)



Almost a quarter of secondary school pupils aged 11-16 in Brighton & Hove (23%) said they had recently spent money on at least one gambling related activity (2023)



[Safe and Well at School Survey](#)

The 2024 Health Counts Survey will give us information on gambling related harm across the city. Data will be added to this briefing in 2024/25



[Brighton & Hove 2024 Health Counts Survey](#)



[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# Food

Nutritious food is vital for our health and wellbeing, and for children’s development, but for too many of us it’s not accessible or affordable.

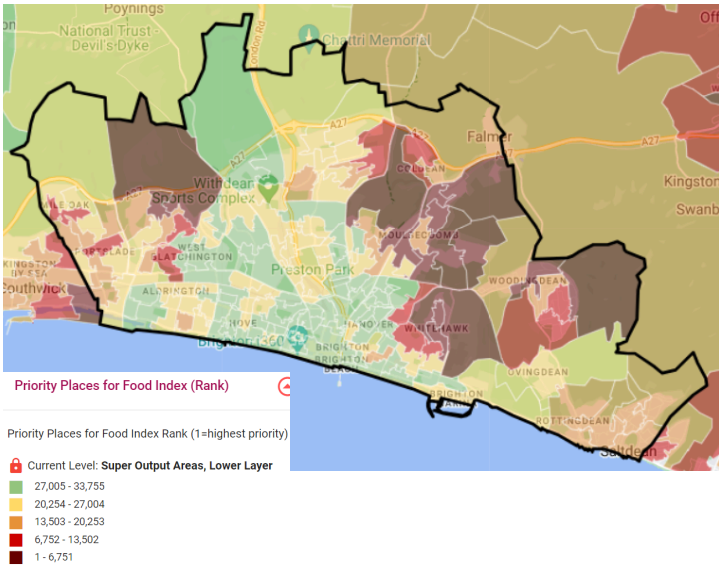
Food that’s high in fat, salt and sugar is often readily available and cheaper than healthier options, and eating this kind of food regularly can cause obesity and other health problems. Healthy food should be:



People can tend to think of eating healthily as being an individual’s choice, but food environments are a combination of the spaces in which people make decisions about food and the foods and drinks that are made available, accessible, affordable and desirable in those spaces. Creating sustainable food systems are important ways to enable people to be able to easily access affordable healthy food and eat well.

Where people are surrounded by foods high in fat, sugar or salt, can lead to these foods becoming the default choice. This tends to be disproportionately the case for lower socio-economic groups. For example, the density of fast-food outlets is greater in more deprived compared to less deprived areas in England.

The Priority Places for Food Index shows areas where poverty, poor public transport and a lack of big supermarkets severely limit access to affordable fresh fruit and vegetables. Parts of Whitehawk, Kempdown, Moulsecoomb and Bevendean, Hollingdean, Queens Park and Woodingdean are areas in the top 20% in England with the greatest food desert characteristics.





38% of adults in the city consume five or more portions of fruit and vegetables per day

Significantly higher than to the South East and England (both 33%) (2022/23).  
This has fallen from 43% in 2020/21

**The percentage of pupils eating the recommended 5 or more portions of fruit and vegetables falls with age from the last year of primary (Year 6, 10-11 year olds) to Year 11 (15-16 year olds):**



● Year 6  
● Year 11

Download data

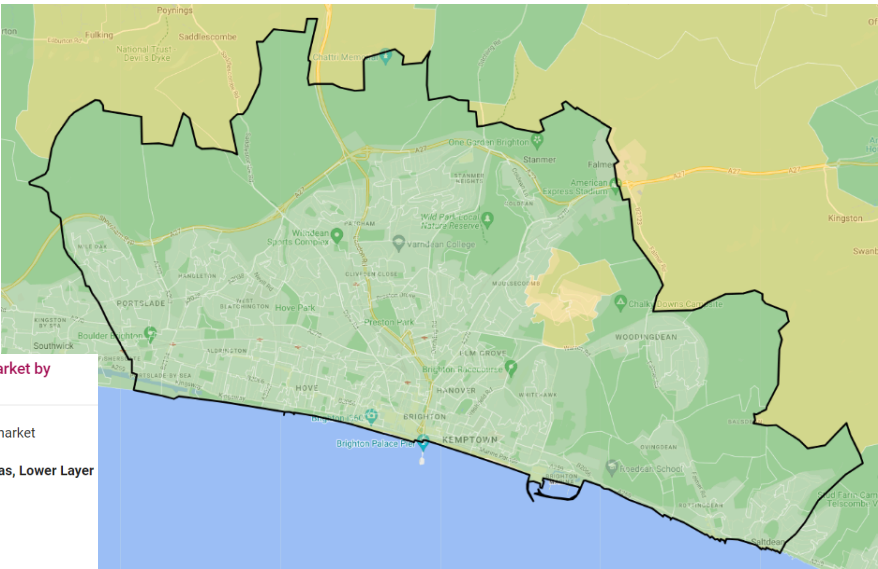
Most of Brighton & Hove is within the 20% of areas in England with the shortest travel time to the nearest supermarket by public transport / walking - on average 7 minutes for Brighton & Hove, the same as the England average.



The average travel time to the nearest supermarket by public transport / walking in Brighton & Hove is 7 minutes

The same as England (2022/23)

In the east of Moulsecomb and Bevendean travel time is slightly higher at 10-12 minutes.



Travel time to nearest supermarket by public transport/walk

Travel time (mins) to nearest supermarket

Current Level: Super Output Areas, Lower Layer

- 5.0 - 9.0
- 10.0 - 14.0
- 15.0 - 19.0
- 20.0 - 24.0
- 25.0 - 31.0

Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Transport and active travel

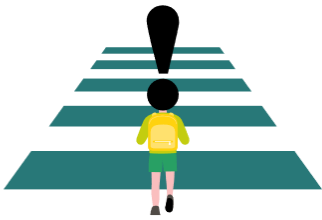
Available, reliable and affordable transport supports the other building blocks of good health, such as connecting us to work and public services. If we don't have access to good transport, it limits our options and opportunities for work, leisure and community participation, which can have a negative impact on our quality of life. **Good transport options and infrastructure can enable:**



Exercise



Employment



Road safety

Sustainable transport not only provides access to the building blocks of good health but also provides opportunities for physical activity and reduces the harms to health from motorised vehicles. These include pollution, road traffic collisions, community severance, climate change and community cohesion.

## Travel poverty

Not everyone has the same transport options. Transport poverty, the term used to describe the lack of transport options, has important health and social implications because it means not everyone has equal access to the building blocks of good health. Public Health Scotland identified **five aspects of the transport system that are important in understanding transport poverty:**



### Available

Connect people, at times & frequency needed, to services and opportunities



### Reliable

Sufficiently reliable so individuals feel confident they can reach destinations at the required time



### Affordable

The cost does not leave the household in financial hardship



### Accessible

Meet everybody's physical, sensory, mobility, cognitive and mental health needs



### Safe

Travel conditions are safe & healthy



Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>

# Active travel

More people in Brighton & Hove travel actively when compared with the South East and England:



33% of adults walk for travel at least 3 days per week  
Much higher than the South East (15%) and England (15%) (2019/20)



5.2% of adults cycle for travel at least 3 days per week  
More than double the South East (2.4%) and England (2.3%) (2019/20)



58% of primary school and 53% of secondary school pupils actively travel to school (2023)



[Walking and cycling statistics](#)



[Travel to school statistics - Safe and Well at School Survey](#)

## Motor vehicle traffic and traffic emissions

The amount of traffic on the road has a direct impact on health through air and noise pollution and road safety.

Cars and taxis make up by far the highest number of motor vehicle miles in the city, followed by light commercial vehicles and then heavy goods vehicles.

### Motor vehicle traffic (vehicle miles) for Brighton & Hove, 2023:



Cars and taxis  
589 million vehicle miles



Light commercial vehicles  
135 million vehicle miles



Heavy goods vehicles  
12 million vehicle miles



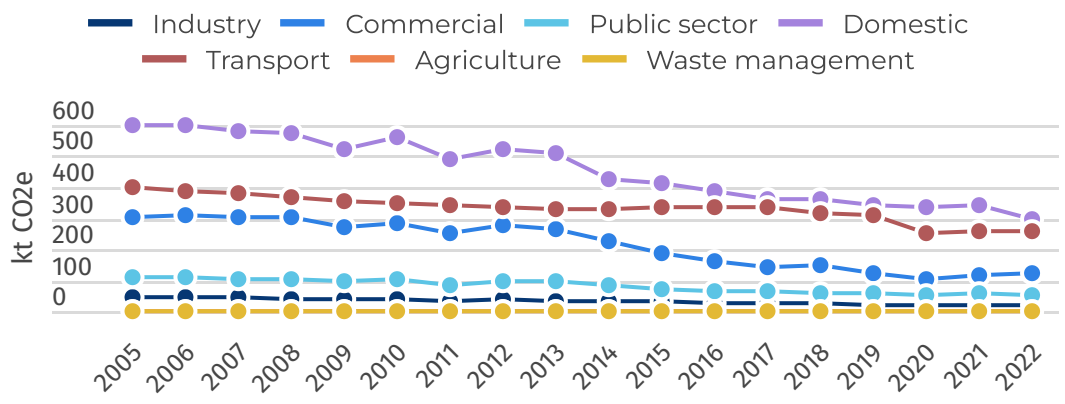
[Road traffic statistics - Department for Transport](#)




[Access to range of data on Brighton & Hove as a Healthy place, including local data at different geographical levels and maps is available locally on Brighton & Hove Community Insight<sup>†</sup>](#)

# CO2 emissions

CO2 emissions make up 80% of greenhouse gas emissions. Looking at CO2 emissions classed as within the scope of local authority control. Domestic accounts for the greatest proportion, followed by transport. Although domestic emissions have halved in the city between 2005 and 2022, and transport CO2 emissions have fallen by a third:



 Download data [UK local authority and regional greenhouse gas emissions statistics, Department for Energy Security and Net Zero](#)

## Road safety

### In Brighton & Hove:



193 people were killed or seriously injured on Brighton & Hove roads in 2022

A rate of 252 per billion vehicle miles. Higher than Similar to the South East (95) and England (95) (2022). The city was the second highest in the South East and 15th highest in England (of 152 local authorities)



This has increased from 158 people in 2017

A rate of 191 per billion vehicle miles.



28 children were killed or seriously injured on roads in Brighton & Hove between 2020 and 2022

A rate of 22 per 100,000 compared to 15 in the South East and 17 in England

At traffic speeds of 30-40 mile per hour (mph), the risks of pedestrian fatalities are 3.5-5.5 times greater than at speeds of 20-30mph.



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Joint Health and Wellbeing Strategy – Living Well update

Date of Meeting: 12 November 2024

Report of: Interim Director of Public Health

Contact: Katy Harker, Consultant in Public Health  
Katie Cuming, Consultant in Public Health

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Wards Affected: All

## **FOR GENERAL RELEASE**

### **Executive Summary**

Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).

The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.

To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas or themes in the Strategy known as the 'Wells': starting well, living well, ageing well, and dying well.



The Health and Wellbeing Board has chosen to receive updates on a specific strategy theme at each Board meeting. This will enable the Board to receive a rich picture of health and social care activity in Brighton & Hove relating to the specific 'Well'.

This paper aims to provide the Board with an overview of the Living Well strategy focus.

The Board will be asked to note the Living Well update and services in place to deliver the strategic aims. There will be a focus on the cardiovascular disease prevention plan and Workplace Health Champions as elements to showcase the Living Well initiatives to deliver the strategic aims

## **Glossary of Terms**

**CIPFA** - Chartered Institute of Public Finance and Accountancy, Nearest Statistical Neighbour Model

Brighton & Hove statistical neighbours are Bournemouth, Christchurch and Poole, Bristol, Coventry, Leeds, Leicester, Liverpool, Manchester, Newcastle upon Tyne, North Tyneside, Plymouth, Portsmouth, Salford, Sheffield, Southampton, Southend-on-Sea

**CVD** – Cardiovascular Disease

**JHWS** – Joint Health and Wellbeing Strategy

**JSNA** – Joint Strategic Needs Assessment

## **1. Decisions, recommendations and any options**

- 1.1 That the Board notes the current status of the Joint Health and Wellbeing Strategy outcome measures and activity relating to Living Well.

## **2. Relevant information**

### **The Joint Health and Wellbeing Strategy**

- 2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy (JHWS) to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).
- 2.2 The Brighton & Hove JHWS was approved by the Health and Wellbeing Board in March 2019. It is a high-level strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove.

- 2.3 The JHWS was developed by a panel nominated from the Health and Wellbeing Board and, in addition to Board representative, included representation from voluntary and community services, Brighton & Hove Chamber of Commerce, and the Brighton & Hove economic partnership. The views of local people and organisations were instrumental in developing the strategy.
- 2.4 The vision of the Board as set out in the JHWS is that: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.
- 2.5 The strategy states our overarching ambition that by 2030:
- People will live more years in good health (reversing the current falling trend in healthy life expectancy) and
  - The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.
- 2.6 The strategy details the challenges and health and wellbeing needs faced by the city: the growing population, and the predicted change to the age profile with an increasing proportion of older people.
- 2.7 It considers the health and wellbeing needs of the population and the corresponding health and care services and focuses on improving health and wellbeing outcomes for local residents across the key stages of life reflected as the four 'Wells': starting well, living well, ageing well, and dying well.
- 2.8 The strategy provides a bridge between local health and care services' plans and strategies which will impact on health and wellbeing, where partners across the city understand that we all have a part to play in ensuring that everyone in Brighton & Hove has the best opportunity to live a healthy, happy and fulfilling life.

### **Development of the outcome measures**

- 2.9 The Board agreed an initial set of outcome measures against which to monitor the delivery and impact of the strategy. These were updated in July 2021 with minor amendments in October 2022.
- 2.10 The criteria for inclusion as an outcome measure are:
- where they are population level outcomes (not system or process indicators)
  - where Brighton & Hove performs poorly against defined comparators
  - where there are significant inequalities within the city.
- 2.11 The outcome measures are predominantly taken from: the Public Health Outcomes Framework; NHS Outcomes Framework; Adult Social Care Outcomes Framework; and Office for Health Improvement and Disparities (OHID) Wider Impacts of Covid-19 dashboard.

## Monitoring the outcome measures

- 2.12 The outcome measures are ideally presented to reflect the status and trend of the measure i.e. whether the trend is worsening or improving.
- 2.13 For this report it is not possible to reflect trends for all indicators. This is due to the re-basing of Office of National Statistics (ONS) mid-year population estimates following the 2021 Census. The current data points use the new ONS population estimates to provide current rates, but the historic population data has not yet been updated to enable comparable assessments over time. When the historic population data are updated trend data will be reinstated.

## Outcome measures update

- 2.14 At the Health and Wellbeing Board in November 2022, the Board opted to receive updates on the JHWS outcome measures at each Board meeting, rather than as a single annual update. This would take the form of focussing on one of the 'Wells' at each meeting.
- 2.15 The rationale for this was to enable the inclusion of a brief narrative of the specific 'Well' theme to provide a more integrated city-wide understanding of the outcomes and the actions in place. This will provide assurance to the Board that local programmes such as the Shared Delivery Plan and other local services are addressing the outcomes where there is the greatest need for improvement.
- 2.16 This report reflects the outcome measures and activity updates for the Strategy area 'Living Well'. The figure below summarises the current status of Living Well outcomes and identifies where they are significantly better than, worse than, or similar to England.
- 2.17 The Living Well outcome measures are reflected in the table below and compares Brighton & Hove data with England, South East local authorities and our 'CIPFA' neighbours (local authorities which are statistically similar in their characteristics to Brighton & Hove).

Table 1

**Summary of Health and Wellbeing Outcomes Living Well Indicators**

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
Healthy life expectancy at birth Male	2018-20	Years	65.6	63.1	Similar	Improved	65.5	64.2	61.7
Healthy life expectancy at birth Female	2018-20	Years	65.3	63.9	Similar	Improved	65.9	64.2	61.3
Inequality in healthy life expectancy at birth LA Male	2009-13	Years	14	No data	Not able to compare (statistically)	No previous data	No data	13.2	15.2
Inequality in healthy life expectancy at birth LA Female	2009-13	Years	12.5	No data	Not able to compare (statistically)	No previous data	No data	12.4	15
Gap in the employment rate between those with a physical or mental long-term health condition (aged 16 to 64) and the overall employment rate	2022/23	%	8.8	10.4	Similar	Worsened	9.4	10	10.1
Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate	2022/23	%	66.4	70.9	Similar	Improved	71.4	70	69.5

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	2020/21	%	66.3	66.1	Similar	Improved	66.7	65.2	67.5
Self-reported wellbeing: people with a low happiness score	2022/23	%	9.4	8.8	Similar	Worsened	8.6	11.2	9.2
Self-reported wellbeing: people with a high anxiety score	2022/23	%	26.7	23.3	Similar	Improved	24	25.1	23.4
Smoking prevalence in adults (aged 15 and over) - current smokers (QOF)	2022/23	%	18.2	14.7	Worse	Improved	No data	15.3	16.5
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2023	%	28.1	19.5	Similar	Worsened	18.4	22.6	21.1
Admission episodes for alcohol-related conditions (Narrow)	2022/23	per 100,000	390	475	Better	Improved	376	412	542
Percentage of physically active adults	2022/23	%	80.4	67.1	Better	Improved	70.2	74.3	68.3
Overweight (including obesity) prevalence in adults	2022/23	%	57.3	64	Better	Improved	62.8	60.6	65.2
Percentage of adults walking for travel at least three days	2019/20	%	33.4	15.1	Better	Worsened	14.9	20.6	20.1

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
per week									
Percentage of adults cycling for travel at least three days per week	2019/20	%	5.2	2.3	Better	Improved	2.4	3	3.4
Percentage of physically inactive adults	2022/23	%	10.9	22.6	Better	Improved	19.3	16	21.7
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	per 100,000	174.4	126.3	Worse	Improved	138.3	173.4	174.7
All new STI diagnoses rate per 100,000	2023	per 100,000	1610	704	Higher	Worsened	511	817	900
Deaths from drug misuse	2020-22	per 100,000	12.7	5.2	Worse	Worsened	4.1	6.8	8.8
Domestic abuse related incidents and crimes	2022/23	per 1,000	20.1	30.6	Not able to compare (statistically)	Improved	25.6	20.1	32.4
Percentage of cancers diagnosed at stages 1 and 2	2021	%	53.8	54.4	Similar	Improved	56.2	54.9	53.2
Suicide rate	2021-23	per 100,000	16.5	10.7	Worse	Worsened	10.4	13.3	11.9
HIV testing rate per 100,000 population	2023	per 100,000	3839	2771	Better	Improved	2272	2665	2935
Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV	2021-23	%	89.2	84.4	Similar	No previous data	87.4	91.5	84.5
Virological success in adults accessing HIV care	2023	%	98.8	97.7	Similar	No previous data	98.4	98.7	97.9

Indicator	Period	Metric	B&H %	England average %	B&H compared to England	B&H compared to previous period	South East average %	Sussex average %	CIPFA neighbour average %
Percentage having enough money to live after bills	2018	%	66	Local indicator	NA	Improved	No data	No data	No data

#### CIPFA - Nearest Statistical Neighbour Model

Brighton & Hove statistical neighbours are Bournemouth, Christchurch and Poole, Bristol, Coventry, Leeds, Leicester, Liverpool, Manchester, Newcastle upon Tyne, North Tyneside, Plymouth, Portsmouth, Salford, Sheffield, Southampton, Southend-on-Sea

**Sussex average** has been calculated using data for Brighton and Hove, East Sussex and West Sussex

- 2.18 The Living Well section of the joint health and wellbeing strategy is the longest section and a number of the metrics and programmes that are included here are part of a programme of annual reporting to the Health and Wellbeing Board, separate to the update on the JHWS, so will not be showcased at this session for selected HWB Living Well Indicators:
- 2.19 As table 1 shows, where possible to calculate, Brighton and Hove have statistically similar or better rates than England in all measures except drug deaths, deaths by suicide and hospital admissions for self harm.
- 2.20 An update on drug deaths data will be presented to the Health and Wellbeing Board in 2025 alongside the Reducing Harms from Drugs and Alcohol Strategy. The recent Drug Deaths Audit has led to a programme of development of multi-agency recommendations and these are being refined alongside the strategy action planning.
- 2.21 The Health and Wellbeing Board in March 2025 is scheduled to receive an update on progress against the city's three-year suicide prevention action plan.<sup>1</sup> which sets of city and Sussex wide work to reduce deaths by suicide. .
- 2.22 Data from the national Active Lives Survey published in April 2024 shows Brighton and Hove to be the most active city nationally with 79% of the adult population physically active for 150 minutes per week. Public Health Outcomes Framework data shows Brighton and Hove a close second place to Bath and SE Somerset with 80.4 and 80.5% of adults physically active (this data includes a slightly different age range and gardening activity). More importantly for health and wellbeing benefits Brighton and Hove is the least inactive local authority area in the country. Underneath this extremely positive headline result are significant inequalities, with those living in more deprived areas, those with health conditions and disabilities, and those from some ethnic groups more like to be inactive.
- 2.23 BHCC are delivering multiple programmes with the aim of improving health and quality of life for residents. The sections below describe two key local initiatives which contribute to the aims of the Living Well strategy. These elements will be a focus of discussion at the Health and Wellbeing Board.

### **Cardiovascular Disease Prevention Plan for the City**

- 2.24 Developing a cardiovascular disease (CVD) prevention plan was a year-1 Shared Delivery Plan (SDP) milestone for Brighton and Hove. In March 2024, a list of the activities being delivered to reduce the impact of CVD in Brighton and Hove was taken to the Health and Wellbeing Board. Based on feedback from the board, NHS Sussex and Brighton and Hove City Council Public Health have worked together to develop a CVD prevention plan.

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<sup>1</sup> [BH suicide prevention Action Plan 2024-2027 - final.pdf](#)

- 2.25 The plan sets out the actions we will take as a system to prevent cardiovascular disease (CVD) and premature mortality from it, with the overarching aims of Increasing life expectancy and healthy life expectancy and reducing the inequalities gap that exists in these.
- 2.26 Delivery of the actions will be aligned with the Core20Plus5 approach, targeting our most disadvantaged communities and the plus groups that have been agreed for Brighton and Hove wherever appropriate. We'll also take into account the needs of inclusion health groups.
- 2.27 We have identified five priority areas of action, where we may have the biggest impact on population health outcomes and health inequalities. These are:
- NHS Health Checks
  - Tier 2 Weight management
  - Smoking cessation
  - Hypertension and hyperlipidaemia
  - Healthy communities
- 2.28 To address these issues, a number of local actions have been agreed, working together with local partners. Short/medium and long term outcomes have been agreed and these can be found in the detailed action plan which will be included with this paper.

### **Workplace Health Champion Scheme**

- 2.29 To support organisations in Brighton & Hove to improve the health of their workforce, Brighton & Hove City Council's Public Health team created a Workplace Health Champion Scheme which launched in January 2021.
- 2.30 The scheme recruits staff members as volunteers from businesses across the city. With a proportion of workplaces coming from priority areas: Education, manual workers / construction, health and care, public service, and public administration/defence. We use the Health Champions expert knowledge of their organisation to ensure a tailored offer that is effective. Combined with our expert knowledge on health improvement we work together to achieve the best health outcomes for staff.
- 2.31 This scheme acts as an umbrella for a range of public health and wider health determinant related priorities to be implemented across our adult working age population and their wider families and peers. It encompasses a very effective 'community development' model, whereby people in the workplace are trained followed by acting as Health Champions in the workplace. And brings together a network of interested businesses and provides them with evidence-based information and interventions on health and well-being.

- 2.32 To conclude, there is considerable health and care partnership and collaboration working across the NHS, BHCC, with voluntary and community services to support the strategic aims and outcomes measures associated with Living Well.

### **3. Important considerations and implications**

Legal:

- 3.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment.
- 3.2 The report updates the Board on the outcome measures and activity for the Strategy area 'Living Well'.

Lawyer consulted: Natasha Watson

Date: 04.11.2024

Finance:

- 3.3 The Health and Wellbeing Strategy informs priorities, budget development and the Medium-Term Financial strategy of the Council, Health and other partners. There are no direct financial implications from this report. The strategies operate within the resources available.

Finance Officer consulted: Jamiu Ibrahim

Date: 30.10.24

Equalities:

- 3.4 The strategy, and the outcomes measures set out within this paper, includes a strong focus on reducing health inequalities. The strategy and its delivery is underpinned by the data within our Joint Strategic Needs Assessment which takes the life course approach identifying specific actions for children and young people; adults of working age and older people; and key areas for action that reflect specific equalities issues including inclusive growth and supporting disabled people and people with long-term conditions into work. An Equalities Impact Assessment is not required for the strategy itself but should be completed for specific projects, programmes and commissioning and investment decisions taking forward the strategy, as indicated within this delivery plan.

## **Supporting documents and information**

Appendix 1:

Supporting information:

Brighton Health & Wellbeing Strategy 2019-2030



<https://www.brighton-hove.gov.uk/health-and-wellbeing/about-public-health/brighton-hove-joint-health-and-wellbeing-strategy-2019-2030>



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex), the Local Safeguarding Boards for Children and Adults and Healthwatch.*

Title:	Integrated Community Teams Report
Date of Meeting:	12 November 2024
Report of:	Corporate Director, Housing, Care & Wellbeing; Managing Director, NHS Sussex (Brighton & Hove)
Contact:	Chas Walker
Email:	<a href="mailto:Chas.walker@brighton-hove.gov.uk">Chas.walker@brighton-hove.gov.uk</a>
Wards Affected:	All
<b>FOR GENERAL RELEASE</b>	
<b>Executive Summary</b> This paper provides the Health & Wellbeing Board with an update that covers the proposed changes to our Integrated Community Teams footprint for Brighton & Hove and progress on delivering the Shared Delivery Plan objectives that support the Integrated Care Strategy – Improving Lives Together - and the ambition for Integrated Community Teams.	

## **1 Decisions, recommendations and any options**

- 1.1 The Health & Wellbeing Board is asked to note the report for the purpose of adding its endorsement to the proposed change to the city's Integrated Community Teams (ICT) footprint. The report is also for information and progress on delivering our ICT Shared Delivery Plan objectives.

## **2 Relevant information.**

- 2.1 Our Integrated Care Strategy, Improving Lives Together sets out our vision for the development of ICTs to deliver clinically led, sustainable services, that are easy to access and improve people's experience of care, deliver better outcomes and address health inequalities across Sussex wide ICT footprint. In 2022/23 partners from across the Sussex Health and Care Partnership, came together to develop a programme of work to design, implement and develop this strategic aim. The development of ICTs is a national approach being developed by Integrated Care Systems across the Country. It aligns with NHS England's 2024/25 priorities and operational planning guidance, for the NHS, to improve health at every stage of life. It is also aligned to the new Government's reforms that will look to "shift our NHS away from a model geared towards late diagnosis and treatment, to a model where more services are delivered in local communities.
- 2.2 How we will deliver ICTs is set out in our Sussex [Shared-Delivery-Plan](#). This year's Sussex ICT Shared Delivery Plan objectives are set out in the table below. The Board is asked to specifically note the refocusing of ICT development to be Place Partnership led

**The actions we are taking this year (2024-25) to progress Integrated Community Teams are:**

What we will do	What we will achieve	When
We will refocus the development of ICTs to be place-led in Brighton & Hove, East Sussex and West Sussex.	Oversight and delivery from the full range of health and care partners within the three place Health and Care Partnerships.	June 2024
We will complete a mapping of community assets, services and leadership in each ICT area.	Greater understanding of what is currently available and the baseline for development of the ICT.	Sept 2024
We will codesign a service specification for the 'core offer'.	Working through our system collaboratives there will be wide system involvement in the development of the 'core offer'.	Nov 2024
We will implement the 'core offer' with an initial focus on delivering proactive care to the most complex and vulnerable patients.	The aim will be to reduce avoidable exacerbations of ill-health and improving the quality of care for older and frail people. We will start with the coordination of care for people who have regular and ongoing complex care needs by providing support with managing multiple long-term physical and mental health conditions, and frailty.	Dec 2024
We will develop plans for piloting our approaches to the preventative aspect of the 'core offer'.	To provide a clear way forward to address prevention through the ICTs.	March 2025
We will develop the scope for our critical enabling infrastructure which will support delivery of our ICTs, in collaboration with our estate, workforce and digital programmes.	To ensure that ICTs are fully supported by the necessary infrastructure to be successful.	March 2025

### 3 Brighton & Hove Integrated Community Teams Footprint

- 3.1 The current four Brighton & Hove ICT footprints were originally set to the Local Authority's (LA) operational boundaries, which were artificially created across the city, rather than its statutory boundary. At that time, it was felt to be a way to divide the city for ICT delivery. It is important to note that East & West Sussex ICT footprints are aligned to District & Borough statutory boundaries, making Brighton and Hove an outlier in this design.

- 3.2 Over the last 6 months, there has been a multitude of complexities in trying to use the four artificial boundaries for our ICT footprints, and this has led to several challenges in our local work to implement ICTs. These challenges include incomplete ICT data packs with difficulty getting some data as much of our Local Authority data can only be defined at city level (i.e. statutory boundary). Our current four ICT footprints cut across health partners boundaries, adding a further layer of complexity and barriers to consistent engagement with ICT development and implementation. The current ICT footprints are also now out of alignment with our local Neighbourhood Mental Health Teams (NMHT) which have been agreed as three teams and launching in October using the city-wide footprint.
- 3.3 Of note, last year our Community Oversight Board identified operationalising the ICT Core offer across the existing four ICT footprints as high risk to establishing and achieving the aims of the ICT programme in the agreed timeframes as they were not aligned to PCN groupings and patient lists.
- 3.4 The Brighton and Hove Health and Care Partnership Executive Board has spent the last few months consulting with partners and wider stakeholders and the consistent message after much discussion indicated that the best solution would be to realign its ICT design footprint to reflect its statutory boundary.
- 3.5 A proposal paper went through our local Community Oversight Board and our Health & Care Partnership Executive Board's over September where all partners agreed to setting the Brighton & Hove ICT footprint boundary as the statutory local authority boundary for the city would be the best decision. This would not only create a consistent methodology across Sussex for ICT footprints but also provide local partners in Brighton and Hove with an ICT footprint that would be a natural hub with greater level of flexibility to develop spokes that supported operationalising community delivery across the city in terms of core and local offer at a much faster pace.
- 3.6 This proposal has also been through the Sussex Integrated Community Teams Delivery Board which endorsed the change. As this is a fundamental change to Sussex Integrated Care Strategy this will need final sign off by the Sussex System Oversight Board at end of October.
- 3.7 In anticipation of this approval there has been renewed energy and enthusiasm across partners who have already begun to develop the spokes as three Brighton and Hove ICT Partnership Delivery groups. These delivery partners will sit within the overarching single ICT footprint Hub reporting into our Community Oversight Board and have already begun to align the physical health and care delivery with the three Neighbourhood Mental Health Teams and so signals that joining up of care to improve outcomes for our population has already commenced.

## **4 Local development & implementation of Integrated Community Teams**

- 4.1 **Shared Delivery Plans** - Below is our local Shared Delivery Plan objectives that are supporting our work at Place to develop and implement ICTs

What we will do	What we will achieve	When
<b>Multiple compound needs (MCN) community frontrunner-</b> as part of our Central ICT we will use the learning from the MCN transformation programme to establish an MCN Integrated Community Team	<ul style="list-style-type: none"> <li>Complete the external evaluation of the multidisciplinary team pilot</li> <li>Develop the detailed plan for repurposing what we already have and how we transition to a city wide MCN Integrated Community Team with integrated commissioning approach</li> <li>Sign off MCN partners compact agreement</li> </ul>	March 2025
<b>NEW Integrated Community Teams (ICT)-</b> to support the development of our new ICT footprints. We will establish a local ICT implementation plan that builds on our community development approach and establishes strong local partnerships	<ul style="list-style-type: none"> <li>Map of our local ICT community assets across the four ICT footprints</li> <li>Align ICT development with our Healthy Communities, Family Hubs and Community Mental Health programmes</li> <li>Establish four Health Forums and test two ICT partnership pilots across our four ICT areas</li> </ul>	March 2025

- 4.2 **Multiple Compound Needs (MCNs)** - we are using the learning from our Changing Futures Programme to inform the development of an MCN Integrated Community Team model for the city. On the 11<sup>th</sup> November the Chair of the Health and Wellbeing Board is chairing an MCN Summit event that will bring together MCN partners to agree the next steps to meeting this aim and lead to an MCN partners compact agreement. The summit event will include our external evaluation partner presenting their interim evaluation report findings.
- 4.3 **Healthy Communities Programme** - this programme is led by our two community development partners Hangleton & Knoll Project and Trust for Developing Communities. The programme supports the leadership of our community health forums, our three ICT partnership delivery groups and their ICT test of change programmes. The programme also drives our partnership delivery of our localised health inequality and population health programmes. The healthy communities programme has been a significant part of our local development of ICTs and has been recognised as an exemplar of integrated neighbourhood working at an upcoming NHSE regional event.
- 4.4 **Neighbourhood mental health teams-** is a key part of ICT development and will be presented in more detail at our actual meeting
- 4.5 **Children & Young People-** we wanted to ensure sure there is clear ICT plan for children, young people and families. To support this approach we have agreed to align the work of the city's Family Help Board and the associated Family Hubs in the city with the development of ICTs.
- 4.6 **Assets Mapping** – We are carrying out a piece of work scoping and listing the assets we have in the City including estates, digital, service delivery, partnerships and working on how we utilise these to best impact for our Brighton and Hove Population by reducing complexities and duplication.

### 3. Important considerations and implications

Legal:



3.1 As set out in the report the development of Integrated Community Teams (ICT) is a national approach being developed by Integrated Care Systems across the Country, which should align with NHS England's 2024/25 priorities and operational planning guidance to improve health at every stage of life.

3.2 The Board is asked to note the refocusing of ICT development to be Place Partnership led

Lawyer consulted: Natasha Watson Date: 4.11.2024

Finance:

3.3 The Sussex Integrated Care Strategy and Shared Delivery Plan provides the integrated care system with a flexible framework which builds on existing system and place strategies and plans, including Joint Health and Wellbeing Board Strategies. The Shared Delivery plan outlines the measures to be taken to deliver the Strategy's system and place priorities for the short and long-term.

3.4 This informs budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Finance Officer consulted: Jamiu Ibraheem Date: 22/10/2024

Equalities:

3.5 The development of ICTs has been informed by Equality Impact Assessments. ICTs are focused on reducing health inequalities across our local system. Our local ICT programme has been developed through the learning from last year's Community Health Inequalities programme

Sustainability:

3.6 No implications identified.

Health, social care, children's services and public health:

3.7 Covered in the main body of the report

## Supporting documents and information

None



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Sussex Integrated Care Board (ICB), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Brighton & Hove Fuel Poverty & Affordable Warmth Plan

Date of Meeting: 12 November 2024

Report of: Corporate Director for Housing, Care & Wellbeing

Contacts:

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Wards Affected: All

## FOR GENERAL RELEASE

### Executive Summary

Many households face challenges in heating their home, particularly over the winter months. Fuel poverty is the problem faced by households living on a low income in a home which cannot be kept warm at reasonable cost. For many households, the result can be living in a home that is cold and/or falling into debt, both of which have cumulative negative impacts on health and wellbeing.

The previous local Fuel Poverty & Affordable Warmth Strategy was developed in response to the release of the National Institute for Health and Care Excellence (NICE) NG6 guideline (2015), '[Excess winter deaths and illness and the health risks associated with cold homes](#)' and agreed at the Health and Wellbeing Board in 2016.

Reflecting a revised national strategy and changes to the national definition of fuel poverty, our intention is for this refreshed Fuel Poverty & Affordable Warmth Plan to both reflect and drive local action to tackle fuel poverty and cold homes. The objectives



and subsequent actions will be jointly owned by the Brighton & Hove Fuel Poverty & Affordable Warmth Steering Group and wider city partners as appropriate.

## 1. Decisions, recommendations and any options

- 1.1 The Board is asked to note the content of this report and the plan as attached at Appendix 1.

## 2. Relevant information

- 2.1 The Fuel Poverty & Affordable Warmth (FPAW) Plan has been developed as an update to the [Brighton & Hove Fuel Poverty & Affordable Warmth Strategy 2016-2020](#), agreed at the Health and Wellbeing Board in 2016. It seeks to respond to the National Fuel Poverty Strategy for England, [Sustainable warmth: protecting vulnerable households in England](#) (2021) and the ongoing cost of living (COL) crisis and higher energy prices experienced since 2022.
- 2.2 The previous local FPAW strategy was developed in response to the release of the National Institute for Health and Care Excellence (NICE) NG6 guideline released in 2015, [Excess winter deaths and illness and the health risks associated with cold homes](#). This guidance provides evidence-based recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The NICE guideline and the risks identified remain current today.
- 2.3 The current national definition for fuel poverty measurement was released in 2021. The Low Income Low Energy Efficiency (LILEE) measure<sup>1</sup> considers a household to be fuel poor if:
- it lives in a property with an energy efficiency rating below Band C<sup>2</sup>
  - it's disposable income (after housing and energy costs) would be below the poverty line<sup>3</sup>
- 2.4 A household's fuel poverty status using the LILEE measure depends on the interaction of four key drivers: home energy efficiency, household income, housing costs and energy prices. The LILEE measure shows both the extent as well as the severity of fuel poverty, through the fuel poverty gap. The [latest available figures released in April 2024](#) using this definition estimate that in 2022, 13.2% of households in Brighton and Hove were in fuel poverty, which equates to 16,527 households in the city (9.7% of households in the South

<sup>1</sup> [Annual fuel poverty statistics in England, 2024 \(2023 data\) \(publishing.service.gov.uk\)](#)

<sup>2</sup> Energy efficiency rating is measured using [Fuel Poverty Energy Efficiency Rating \(FPEER\)](#)

<sup>3</sup> The poverty line (income poverty) is defined as an equivalised disposable income of less than 60% of the national median in Section 2 of the ONS publication, [Persistent poverty in the UK and EU: 2017](#)

East and 13.1% of households in England were estimated to be in fuel poverty in 2022)<sup>4</sup>.

- 2.5 Following approval of the previous local strategy, the Fuel Poverty & Affordable Warmth (FPAW) Steering Group<sup>5</sup> was convened to coordinate our collaborative approach to tackling fuel poverty and cold homes. Co-chaired by Public Health and Housing officers, the multi-agency group brings together key statutory partners including Public Health, Housing, Food Policy and Welfare teams in the council, East Sussex Fire and Rescue Service and Community and Voluntary Sector partners. The group meets on a quarterly basis with frequency increased as required e.g. during the pandemic and subsequent COL and energy crises.
- 2.6 The FPAW Steering Group has facilitated extensive and dynamic partnership working between the council, NHS and Community & Voluntary Sector partners since 2016. This work includes coordination of national and local funding streams, development of synergistic initiatives across the city to support residents experiencing fuel poverty and cold homes and developing successful bids for significant external funding (e.g. £395,000 from British Gas Energy Trust during 2016-17 and £110,000 from UK Power Networks and SGN during 2023-24, with a continuation bid currently in development to access further funds for 2024-26).
- 2.7 Key support currently available to residents in the city experiencing fuel poverty includes:
- [Energyworks](#)<sup>6</sup> (Citizen's Advice Brighton & Hove and Brighton & Hove Energy Services Cooperative, BHESCO) - single point of contact energy advice service, offering energy advice and home energy checks.
  - [LEAP](#) (Local Energy Advice Partnership) – free national service providing personalised advice and small energy efficiency measures via phone and home visits to help people keep warm and reduce their energy bills.
  - Details of Housing specific actions, including the current solar PV installation programme, are detailed in the plan at Appendix 1.
- 2.8 Reflecting the national strategy, our intention is for the Brighton & Hove Fuel Poverty & Affordable Warmth Plan to be a 'living document', aligned with

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<sup>4</sup> Sub-regional fuel poverty modelling provides estimates of the level of fuel poverty for all Output Areas (OAs) across England, using a regression model that uses predictors of fuel poverty from the English Housing Survey (EHS) data.

<sup>5</sup> Membership of this group consists of representatives from the Council's Public Health, Housing, Food Policy, and Welfare, Revenues & Business Support teams, East Sussex Fire & Rescue Service, as well as Community & Voluntary Sector organisations including Brighton & Hove Energy Services Cooperative (BHESCO), Citizen's Advice Brighton & Hove, Money Advice Plus, National Energy Action, and the British Red Cross.

<sup>6</sup> Energyworks is promoted through the local network of community and voluntary organisations and key Council and NHS services. To ensure the support is targeted and available to households in greatest need, it is not advertised widely to the general public due to capacity constraints.

current local and national strategy, that both reflects and drives local action to tackle fuel poverty and cold homes. The over-arching objectives and subsequent actions will be jointly owned by the Brighton & Hove Fuel Poverty & Affordable Warmth (FPAW) Steering Group and wider city partners as appropriate.

- 2.9 The following objectives have been developed to reflect those within the national fuel poverty strategy, in consultation and collaboration with the FPAW Steering Group, the Council's Net Zero and Policy Teams, and insights from the citywide Cost of Living Action Plan consultation (autumn 2023):

- 1. Improve the energy efficiency of the city's housing stock and increase access to cheaper, lower carbon energy**
- 2. Support residents struggling to pay their energy bills**
- 3. Increase effective targeting of households experiencing fuel poverty, prioritising those who are most disadvantaged and vulnerable**
- 4. Work together to tackle fuel poverty through partnership and learning**
- 5. Maximise resources and opportunities for tackling fuel poverty in the city and providing support for residents**

The plan supports delivery of the Brighton & Hove City Council Plan to create 'A better Brighton & Hove for all - a city to be proud of, a healthy, fair and inclusive city where everyone thrives', and in particular supports delivery across Outcomes 1, 2 and 3. Further key local and national strategies and workstreams are detailed within the plan at Appendix 1.

### **3. Important considerations and implications**

#### **Legal:**

- 3.1 The HWBB are asked to note the Fuel Poverty & Affordable Warmth (FPAW) Plan developed as an update to the Brighton & Hove Fuel Poverty & Affordable Warmth Strategy 2016-2020. Under the National Fuel Poverty Strategy for England (published under the previous government in 2021) to which the report refers a household is in fuel poverty "if they are on a lower income and unable to heat their home for a reasonable cost."

Addressing the issues arising from fuel poverty identified in the report will assist the Council, NHS and other agencies to meet their statutory duties to a range of vulnerable people, including by a focus on the city's housing stock as set out in Section 6 of the plan.

Lawyer consulted: Natasha Watson

Date: 28.10.2024

### **Finance:**

- 3.2 As indicated in the report the funding will come from external funding and therefore have no financial implications on General fund.

Finance Officer consulted: Jamiu Ibraheem

Date: 28/10/2024

### **Equalities:**

- 3.3 An associated Equalities Impact Assessment to inform implementation of the plan is underway in collaboration with council Equalities, Diversity and Inclusion Officer. The nature of the causes and severity of fuel poverty means that it has a disproportionate impact on some groups. These impacts have been identified within the plan and will be reflected in the subsequent work to deliver the objectives, in particular under Objective 3: 'Increase effective targeting of households experiencing fuel poverty, prioritising those who are most disadvantaged and vulnerable'.

### **Sustainability:**

- 3.4 Much of the work carried out through the plan and associated workstreams will have positive sustainability outcomes as they are aimed at improving the energy efficiency of homes and advising households on how to safely reduce energy use and bills.

Improving the energy efficiency of the city's housing stock and access to cheaper renewable sources of energy will directly impact the carbon emissions of the city. Where possible through these workstreams we will also explore wider sustainability benefits that can enhance and protect the environment and bio-diversity in the city.

### **Health, social care, children's services and public health:**

- 3.5 The plan and objectives are underpinned by the NG6 NICE guideline, 'Excess winter deaths and illness and the health risks associated with cold homes'. This guideline provides evidence-based recommendations on reducing the risk of death and ill health associated with living in a cold home and identifies groups at elevated risk. The FPAW Plan will therefore contribute to improvement of health and wellbeing and reduction of health inequalities related to fuel poverty and cold homes.

## **Supporting documents and information**

Appendix 1: Brighton & Hove Fuel Poverty & Affordable Warmth Plan



## Brighton & Hove Fuel Poverty & Affordable Warmth Plan 2024

### 1. Overview

Many households face challenges in heating their home, particularly over the winter months. Fuel poverty is the problem faced by households living on a low income in a home which cannot be kept warm at reasonable cost. This can mean making difficult choices between heating the home and other essentials such as food, clothing or falling into debt. For many households, the result can be living in a home that is cold and/or falling into debt, both of which have cumulative negative impacts on health and wellbeing. Cold homes also present a greater likelihood of additional poor housing conditions, such as damp and mould, which bring further associated health risks.

A national statutory fuel poverty target was set in December 2014, binding successive governments to ensure that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of Band C, by 2030. The national strategy 'Sustainable Warmth: Protecting Vulnerable Households in England' sets out the approach that the government will take in order to meet the target.

Reflecting the national strategy, our intention is for this Brighton & Hove Fuel Poverty & Affordable Warmth Plan to be a 'living document', aligned with current local and national strategy, that both reflects and drives local action to tackle fuel poverty and cold homes. The objectives and subsequent actions will be jointly owned by the Brighton & Hove Fuel Poverty & Affordable Warmth (FPAW) Steering Group and wider city partners as appropriate.

The following overarching objectives have been developed to reflect those within the national fuel poverty strategy, in consultation and collaboration with the FPAW Steering Group, the Council's Net Zero and Policy Teams, and insights from the citywide Cost of Living Action Plan consultation (autumn 2023):

- 1. Improve the energy efficiency of the city's housing stock and increase access to cheaper, lower carbon energy**
- 2. Support residents struggling to pay their energy bills**
- 3. Increase effective targeting of households experiencing fuel poverty, prioritising those who are most disadvantaged and vulnerable**
- 4. Work together to tackle fuel poverty through partnership and learning**
- 5. Maximise resources and opportunities for tackling fuel poverty in the city and providing support for residents**

This plan supports delivery of the Brighton & Hove City Council Plan to create 'A better Brighton & Hove for all - a city to be proud of, a healthy, fair and inclusive city where everyone thrives', and in particular supports delivery across Outcomes 1, 2 and 3:

# Brighton & Hove City Council

1. A city to be proud of
  - i. Investing in our city
  - ii. An accessible, clean, and sustainable city
2. A fair and inclusive city
  - i. An inclusive and more equitable city
  - ii. A city where people feel safe, included and welcome
  - iii. Homes for everyone
3. A healthy city where people thrive
  - i. A better future for children and young people
  - ii. Living and ageing well

This plan also aligns with the following key local and national strategies and workstreams:

## National:

- Sustainable Warmth – Protecting Vulnerable Households in England
- Excess winter deaths and illness and the health risks associated with cold homes
- Adverse Weather and Health Plan - GOV.UK ([www.gov.uk](http://www.gov.uk))

## Brighton & Hove:

- [Cost of Living Action Plan](#)
- Joint Health and Wellbeing Strategy 2019-2030 ([brighton-hove.gov.uk](http://brighton-hove.gov.uk))
- Joint Strategic Needs Assessment (JSNA)
- Carbon Neutral 2030 programme ([brighton-hove.gov.uk](http://brighton-hove.gov.uk))
- [Brighton & Hove City Council Housing Strategy - Homes for Everyone 2024-2029](#)
- Brighton & Hove Food Strategy Action Plan 2025-2030 (*to be agreed at Cabinet on 14/11/24*)

This plan reflects the already extensive and dynamic partnership work across the city, recognising the significant value and expertise of our local Community and Voluntary Sector (CVS) partners. The plan details the national and local context and relevant drivers for action, describes the impacts of fuel poverty and cold homes, considers the local challenges, resources and opportunities and outlines how, as a city, we will continue our response to this significant issue.

# Brighton & Hove City Council

## 2. Context & Background

This Fuel Poverty & Affordable Warmth (FPAW) Plan has been developed as an update to the [Brighton & Hove Fuel Poverty & Affordable Warmth Strategy 2016-2020](#), agreed at the Health and Wellbeing Board in 2016. It seeks to respond to the National Fuel Poverty Strategy for England, [Sustainable warmth: protecting vulnerable households in England](#) (2021) and the ongoing cost of living (COL) crisis and high energy prices experienced since 2022.

The previous local FPAW Strategy was developed in response to the release of the National Institute for Health and Care Excellence (NICE) NG6 guideline released in 2015, [Excess winter deaths and illness and the health risks associated with cold homes](#). This guidance provides evidence-based recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The NICE guideline and the risks identified remain current today.

The current national definition for fuel poverty measurement was released in 2021. The Low Income Low Energy Efficiency (LILEE) measure<sup>1</sup> considers a household to be fuel poor if:

- it lives in a property with an energy efficiency rating below Band C<sup>2</sup>
- it's disposable income (after housing and energy costs) would be below the poverty line<sup>3</sup>

A household's fuel poverty status using the LILEE measure depends on the interaction of four key drivers: **home energy efficiency, household income, housing costs and energy prices**. The LILEE measure indicates both the extent as well as the depth, or severity, of fuel poverty (the fuel poverty gap).

The [latest available figures released in April 2024](#) using the LILEE definition, estimate that in 2022, 13.2 per cent of households in Brighton and Hove were in fuel poverty, which equates to 16,527 households in the city (9.7 per cent of households in the South East and 13.1 per cent of households in England were estimated to be in fuel poverty in 2022).<sup>4</sup>

The fuel poverty gap is the estimated reduction in annual fuel costs needed for a household to not be in fuel poverty. In 2022, the average fuel poverty gap for England was estimated to be £348. This is estimated to have increased to £417 in 2023, reflecting the increase in the price of energy in this period.<sup>1</sup>

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<sup>1</sup> [Annual fuel poverty statistics in England, 2024 \(2023 data\) \(publishing.service.gov.uk\)](#)

<sup>2</sup> Energy efficiency rating is measured using [Fuel Poverty Energy Efficiency Rating \(FPEER\)](#)

<sup>3</sup> The poverty line (income poverty) is defined as an equivalised disposable income of less than 60 per cent of the national median in Section 2 of the ONS publication, [Persistent poverty in the UK and EU: 2017](#)

<sup>4</sup> Sub-regional fuel poverty modelling provides estimates of the level of fuel poverty for all Output Areas (OAs) across England, using a regression model that uses predictors of fuel poverty from the English Housing Survey (EHS) data.



# Brighton & Hove City Council

## 3. Fuel poverty in Brighton & Hove

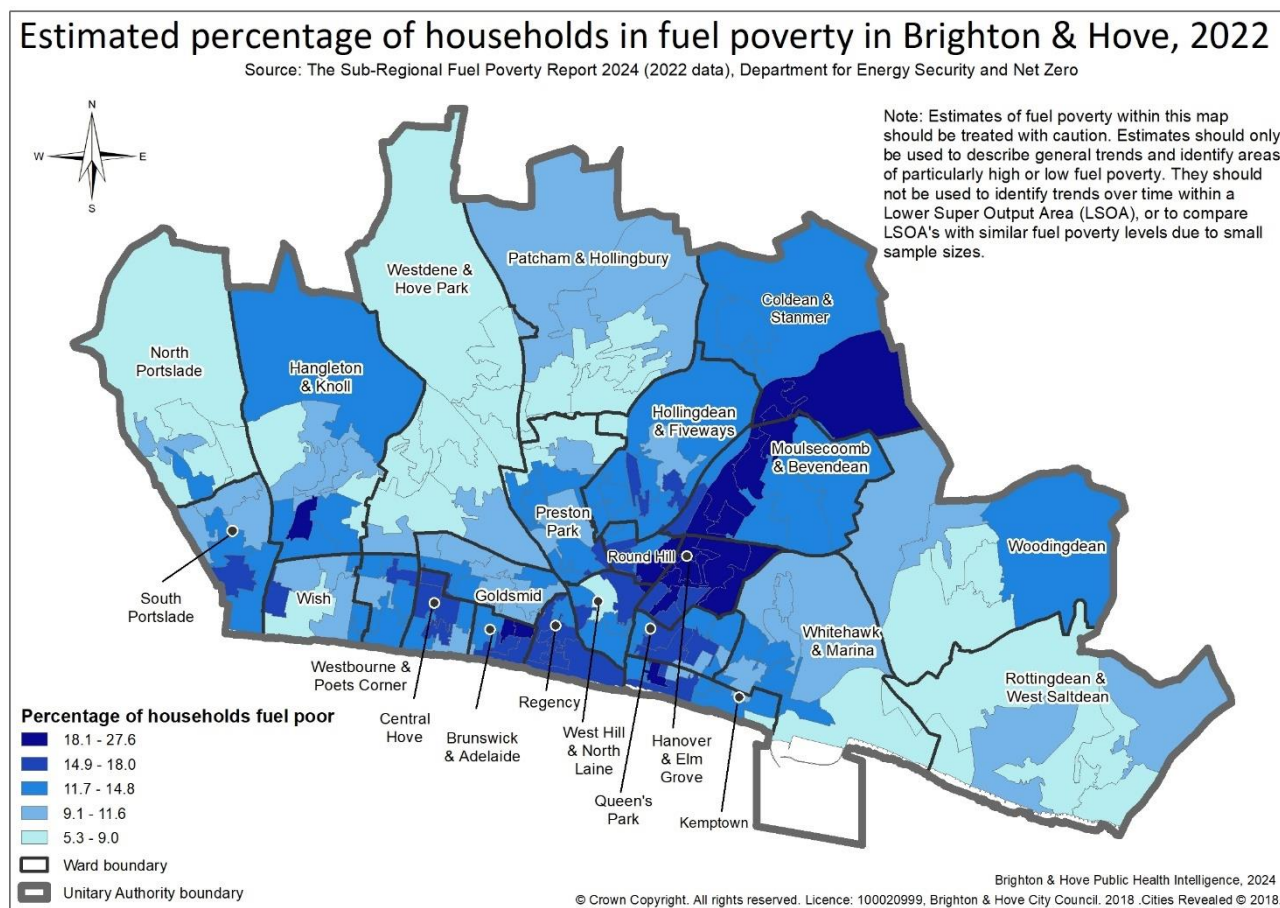
The below table shows the estimated change in fuel poverty, locally and nationally, from the oldest data available under the LILEE definition (2019) to the most recent data available (2022).<sup>5</sup>

### Estimated percentage of households in fuel poverty (LILEE definition)

Year	Brighton & Hove (%)	South East (%)	England (%)
2022	13.2	9.7	13.1
2021	11.6	8.4	13.1
2020	12	8.6	13.2
2019	10.5	7.5	13.4

The CIPFA (Chartered Institute of Public Finance and Accountancy) Nearest Neighbours Model uses a wide range of socio-economic indicators to identify comparable local authorities. In 2022, Brighton & Hove ranked sixth lowest of 16 statistically comparable local authority areas, with the average percentage of households in fuel poverty across these local authorities at 15.4 per cent.

The map below shows the estimated distribution of fuel poverty in Brighton & Hove in 2022.



<sup>5</sup> Fuel poverty statistics - GOV.UK ([www.gov.uk](http://www.gov.uk))

# Brighton & Hove City Council

There are multiple contributing factors that influence levels of fuel poverty in Brighton & Hove, as nationally. Levels of fuel poverty in the city have historically been higher than the regional average for the South East and lower than CIPFA neighbours. Contributory factors for levels of fuel poverty in Brighton & Hove include older, less energy efficient housing stock, high housing costs, levels of household income and a large private rented sector. The latest national statistics indicate that nationally the private rented sector has the highest levels of fuel poverty of all housing tenures with 24.1% of these households living in fuel poverty.<sup>6</sup>

As identified in the Brighton & Hove Housing Strategy '[Homes for everyone](#)' 2024-2029, the local housing stock presents a number of challenges with regards to how it impacts on the levels and depth of fuel poverty in the city, in terms of housing tenure, condition and affordability:

- 58 per cent of Brighton & Hove's housing was built before 1940 including a significant number of 'hard to treat properties' (e.g. those with solid walls) in relation to energy efficiency measures.
- Brighton & Hove is increasingly less affordable than England with an average house price of £421,950 (August 2023)
- Average house prices are 12.3 times average earnings in the city (2022), higher than the average for England (8.3) and the South East (10.4)
- 33 per cent of homes are rented privately (20 per cent in England and 19 per cent in the South East)
- In September 2023, average private rent was £1,300 per month in Brighton & Hove (compared with £850 in England and £1,050 in the South East)
- There are more than 4,200 Houses of Multiple Occupation (HMOs) in the city.

## 4. Impact of fuel poverty & cold homes

The latest national statistics identify those households most likely to be in fuel poverty and to what extent. The [Annual Fuel Poverty Statistics in England, 2024](#), reports that in 2023:

- **Tenure:** the highest rate of fuel poverty was in the private rented sector, with 24.1 per cent of these households being fuel poor. Owner occupiers had the lowest level of fuel poverty. Owner occupied and privately rented properties had lower median energy efficient ratings, which resulted in higher energy costs and a higher average fuel poverty gap.
- **Household composition:** Single parent households had the highest proportion of households in fuel poverty. In 2023, 28.8 per cent of single parent households were in fuel poverty, however, their average fuel poverty gap was below average (£393). Couples under 60 with no dependent children had the lowest prevalence of fuel poverty (6.3 per cent) but the highest average gap (£474).
- **Ethnicity:** households with an ethnically minoritised 'household reference person' (HRP) had a higher proportion of households in fuel poverty at 16.6 per cent,

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<sup>6</sup> [Annual fuel poverty statistics report: 2024 - GOV.UK \(www.gov.uk\)](#)

## Brighton & Hove City Council

compared with 12.4 per cent for households with a white HRP. Households with a white HRP had a higher average fuel poverty gap of £435 compared with £326 for households with an ethnically minoritised HRP.

- **Age:** households containing children and young people had the highest likelihood of being in fuel poverty. In 2023, 25.3 per cent of households where the oldest member was aged 16 to 24 years were fuel poor, with an average gap of £521.
- **Employment:** those in full-time work and retired had the lowest rates of fuel poverty (8.3 per cent and 12.0 per cent, respectively), whereas households where the HRP is unemployed (36.9 per cent) or a full-time student (35.1 per cent) had the highest incidence of being in fuel poverty.

### Health

[Fuel poverty, cold homes and health inequalities in the UK](#) (Institute of Health Equity, 2022), highlights that the health impacts of fuel poverty are driven by households having to live in cold homes. Cold homes are linked to an increased risk of developing a wide range of health conditions, especially respiratory and cardiovascular, as well as poor mental health and unintentional injury. Cold homes do not necessarily reflect extreme outdoor temperatures, and the National Institute of Clinical Excellence (NICE) reports that most negative health impacts from cold homes occur when outdoor temperatures are around 6°C.<sup>7</sup>

The Institute of Health Equity also highlights that households in fuel poverty are less able to adequately ventilate their homes, which causes poor indoor air quality from particulate matter, damp and mould. As well as the risk of damp in cold homes, poorly fitted or single measure retrofitting can also exacerbate damp due to loss of ventilation. Exposure to cold temperatures increases blood pressure and risk of blood clotting, heart failure / attack and stroke. It also suppresses the immune system, diminishes the lungs' capacity to fight infection and increases the risk of bronchitis and pneumonia. When a house is damp as well as cold, mould is likely to occur. This increases the risk of respiratory illness, particularly asthma. In 2019 the Local Government Association estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp and unsafe homes.<sup>7</sup>

Therefore, people living in cold homes during the winter months are at increased risk of negative health outcomes, including winter deaths.<sup>7</sup> It is estimated that 10 per cent of excess winter deaths (the number of deaths in the winter period compared with the average number of deaths in the non-winter period) are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes.<sup>7</sup>

Some fuel poor households are more at risk from the impacts of living in a cold home than others, even if they are not the most severely fuel poor. Babies, children, older people and those with pre-existing health problems are at greatest risk of health problems as a result of living in cold homes, and therefore are particularly at risk to the health consequences of fuel

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<sup>7</sup> <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

# Brighton & Hove City Council

poverty.<sup>7</sup> The NG6 NICE guideline on [Excess winter deaths and illness and the health risks associated with cold homes](#), considers the following groups to be most vulnerable to the cold:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- disabled people
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant people
- people on a low income.

## Wider impacts

The [Institute of Health Equity](#) highlights that those living in fuel poverty will by definition also experience other types of deprivation. Fuel poverty therefore exacerbates health inequalities by impacting physical and mental health for both adults and children. The Institute of Health Equity reports that:

- In particular, many households in fuel poverty struggle to afford and cook sufficient and healthy foods.
- High fuel costs reduce available resources for transport, socialising and meeting with family, house repairs and access to essential services.
- Fuel poverty increases the number of days of missed education or work.
- Households with insufficient funds may have to choose between heating and online access at home, causing potential for digital exclusion and it's subsequent wider impacts.
- Deprivation affects how a person's body grows and develops. Epigenetic changes can occur when children are exposed to consequences of cold, damp housing such as mould and disrupted sleep.

# Brighton & Hove City Council

## 6. Local action

Following approval of the previous local strategy, the Fuel Poverty & Affordable Warmth (FPAW) Steering Group<sup>8</sup> was convened to coordinate our collaborative approach to tackling fuel poverty and cold homes. Co-chaired by Public Health and Housing officers, the multi-agency group brings together key statutory partners including BHCC Public Health, Housing, Food Policy and Welfare teams, East Sussex Fire and Rescue Service and Community and Voluntary Sector partners. The group meets on a quarterly basis with frequency increased as required e.g. during the pandemic and subsequent COL and energy crises.

The FPAW Steering Group, as well as the longstanding partnership between the council's Public Health and Housing departments, has facilitated extensive and dynamic collaborative working between BHCC, NHS and CVS partners since 2016. This work includes coordination of national and local funding streams and development of synergistic initiatives across the city to support residents experiencing fuel poverty and cold homes. Some key examples of this work since 2016 include:

- Annual BHCC Public Health commissioned Warmth for Wellbeing programme to add capacity to key CVS projects supporting residents experiencing fuel poverty and cold homes, aligned with the NG6 NICE guideline. Initiatives previously funded include thermometer cards, warm packs and emergency warmth items, money and energy advice, small energy grants and home energy checks. Between September 2021 and May 2024, CVS organisations were funded to deliver money advice and casework to approximately 1,000 residents, emergency fuel grants to 585 residents and home energy checks with advice and installation of small energy saving measures to 260 residents.
- A range of collaborative work with NHS partners including: development of business cases with NHS savings profiling for Primary Care Trust funding; collaborative working with Integrated Primary Care Teams and GP practices; identifying and offering personalised support to older people with key long term conditions on GP registers; energy desks in GP waiting rooms; training key NHS community teams to recognise fuel poverty, give basic advice and refer patients for support.
- Significant Council housing investment in energy efficiency measures. Council housing in the city now has an average EPC rating of C; significant investment through boiler replacement programme on upgrading to A rated boilers; new windows and doors. More recently the council has installed over 300 solar PV systems on council homes, targeting the least energy efficient homes in areas of higher fuel poverty. A further 500 systems will be installed in the next two years.

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<sup>8</sup> Membership of this group consists of representatives from the Council's Public Health, Housing, Food Policy, and Welfare, Revenues & Business Support teams, East Sussex Fire & Rescue Service, as well as Community & Voluntary Sector organisations including Brighton & Hove Energy Services Cooperative (BHESCo), Citizen's Advice Brighton & Hove, Money Advice Plus, National Energy Action, and the British Red Cross.

## Brighton & Hove City Council

- The SHINE project (2016-20), funded by the EU, offered advice to council tenants on saving energy and funded the installation of small measures and smart controls to reduce energy bills.
- Between 2017-2024 the Disabled Facilities Grants (DFG) Warm Safe Homes Grant supported 346 eligible households with measures to reduce energy bills and support warm and safe homes.

The council has also supported multiple successful, collaborative bids with CVS partners for external funding, including:

- £395,000 from the British Gas Energy Trust to run a single point of contact for residents experiencing cold homes and a programme of associated support during 2016-17.
- Big Energy Saving Network - government funding to help households get the best deal on their energy bills and reduce energy use.
- Rampion Fund - set up by Rampion Offshore Wind to support community organisations support residents across Sussex with energy costs.
- Energy Redress Scheme - £362,000 to provide a single point of contact energy advice service, small grants and home energy checks with small energy saving measures during 2023-25.
- £110,000 from UK Power Networks and SGN during 2023-24 to provide energy grants for vulnerable residents with referrals for energy and money advice. A bid for continuation and development of this programme of work during 2024-2026 is currently underway.

The Brighton & Hove Fuel Poverty & Affordable Warmth Plan and the coordinated work around it, including that of the steering group, enables the city to be responsive and agile in scaling up, supporting and collaborating to leverage significant additional resource into the city to support vulnerable households. Accessing funding from external sources, whether from the energy industry, central Government funding or charitable sources, has achieved greater success through a clear strategic plan and dynamic partnership working in the city that supports a network of stakeholders to provide coordinated and targeted support that can respond at pace to the differing requirements of funders. The council has received feedback from both funders and CVS partners over recent years echoing this. Our strategic approach and coordination makes the city more attractive to funders who have specific obligations or targets they need to achieve through the funding they provide. Securing additional funding and delivering this can be a resource intensive process that many individual organisations struggle to achieve on their own. The network and citywide partnership working we have developed and continue to facilitate via the FPAW Steering Group enables citywide partners to access significant additional resource for the city that may otherwise be missed.

# Brighton & Hove City Council

Key support currently available to residents experiencing fuel poverty includes:

- [Energyworks](#)<sup>9</sup> (funded by the national Energy Redress Scheme and provided by Citizen's Advice Brighton & Hove and Brighton & Hove Energy Services Cooperative, BHESCo) - single point of contact energy advice service, offering energy advice, small grants and home energy checks. Council officers work collaboratively with Energyworks to fund additional support via internal and external funding sources (e.g. Household Support Fund), including money advice and casework and small energy bill grants, delivered by [Moneyworks](#) partners. From February 2022 to July 2024, Energyworks supported 2,499 residents with energy advice, 216 residents with money advice, 1,160 residents with fuel grants (totalling £186,000) and 327 residents with home energy checks.
- [LEAP](#) (Local Energy Advice Partnership) - in 2019, the Council launched a partnership with LEAP, a free national service funded via the Warm Homes Discount Industry Initiative. LEAP provides personalised advice and small energy efficiency measures via phone and home visits to help people keep warm and reduce their energy bills. Since 2019, LEAP has supported 878 households in Brighton & Hove.
- Housing Revenue Account Solar PV programme 2023-2026 – installing up to 800 solar PV systems to Council houses and bungalows focussing on the least energy efficient homes in areas of the city with higher levels of fuel poverty.
- Private sector housing grant schemes Home Upgrade Grant, Energy Company Obligation and Great British Insulation Scheme – providing funding for energy efficiency improvements to less energy efficient homes for private renters and owner occupiers with lower household incomes.
- Further support is provided for eligible residents through the [Local Discretionary Social Fund](#), the [Community Hub](#) and the Household Support Fund, distributed by the council and a wide range of community and voluntary sector organisations.
- The Council has also worked with community partners to set up an online '[Warm Welcome Directory](#)' with information on free indoor activities and places residents can go to keep warm across the city.
- The council's [Help with energy bills](#) webpages provide information and advice for residents on energy bills, home energy efficiency and keeping warm and well. Each winter, a resource document is also cascaded to the city's frontline workforce via email, listing key local support that residents can be signposted or referred to.

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<sup>9</sup> Energyworks is promoted through the local network of community and voluntary organisations and key Council and NHS services. To ensure the support is targeted and available to households in greatest need, it is not advertised widely to the general public due to capacity constraints.

# Brighton & Hove City Council

## 7. Net Zero

A key consideration in the coming years, alongside national strategy and policy, is to ensure households have access to sustainable, low-carbon warmth as we transition to Net Zero. While improving the energy efficiency of homes across the city will help tackle the levels and depth of fuel poverty experienced by households, it also has the potential to support our journey to net zero. We need to prioritise the least efficient homes, develop cost effective options locally and regionally, and consider how best to support vulnerable households.

Decarbonising the built environment, including housing, is set out in the citywide 2030 Carbon Neutral programme. Domestic properties are the largest single source of greenhouse gas emitted in the city, caused by the dominance of gas boilers for heating properties. The challenge to meet the citywide carbon neutral ambition relies on a shift towards low-carbon heating technologies, such as heat pumps and low-carbon heat networks.

A key issue is how to bring fuel poor households along on this journey to net zero without making heating their homes even less affordable for them. For example, while studies have found air source heat pumps can be installed in all types of properties, they may not currently result in cheaper running costs, creating a potential conflict with fuel poverty.

The National Energy Action Fuel Poverty Monitor found significant barriers to achieving the benefits of reaching net zero. In particular, that the upfront costs of low-carbon technologies are a barrier to fuel poor households decarbonising their heating, alongside a perceived lack of clarity on the medium- and long-term future of energy efficiency and low carbon heat schemes nationally. National Energy Action identifies that the UK will not reach net zero without addressing fuel poverty and similarly, we will not end fuel poverty unless we harness the drive towards net zero.

In order to reach the net zero and the national statutory fuel poverty target, it is important that we address the barriers to decarbonising heating for fuel poor households. This plan, the objectives set out below and our future partnership working across the city will need to address these main barriers to fuel poor households decarbonising:

1. Financial barriers (including the unaffordability of up front and ongoing costs)
2. Physical barriers, including poor housing and the need for better connections to the electricity grid
3. The lack of advice to help households decarbonise their homes effectively

To inform a 'just transition', the council commissioned a Decarbonisation Pathways Study, which identified short- and medium-term interventions to decarbonise the city's energy system, taking into account the need to tackle fuel poverty at every stage of the transition. In the short-term, the study identified fabric improvements (e.g. loft insulation and glazing upgrades) as 'no-regrets' options to lower residents' energy bills and prepare homes for low-carbon heating technologies. To reach net zero, the Decarbonisation Pathways Study estimates that fabric improvements are needed in over 105,000 properties across Brighton & Hove, only 6% of which are in council ownership. The study recommends targeting households in fuel poverty and leveraging the external funding such as the Great British

# Brighton & Hove City Council

Insulation Scheme, Warm Homes: Local Grant, Warm Homes: Social Housing Fund, and the Energy Company Obligation to fund these measures.

In the mid-term, the Decarbonisation Pathways Study has identified a few areas of the city that would benefit from the development of heat networks. A heat network – sometimes called district heating – is a distribution system of insulated pipes that takes heat from a central source and delivers it to a number of domestic or non-domestic buildings. Heat networks are a crucial part of how the UK will reach its net zero targets as they are one of the most cost-effective ways of decarbonising heating in built-up areas at a fair price to consumers. In Brighton & Hove, heat networks have the greatest potential to lower energy bills in the city centre where there is a high prevalence of fuel poor households and direct-electric heated properties, and where there may be more restrictions on the installation of heat pumps and solar PV systems.

In the medium- to long-term, as able-to-pay households adopt low-carbon heating technologies and disconnect from the gas grid, there is a risk that households remaining on the grid may face higher gas prices, for example due to the costs of network maintenance falling on fewer customers. For this reason, it is critical that households experiencing fuel poverty are not 'left behind' but rather are supported in adopting low-carbon heat technologies.

Our plans to decarbonise the city's housing stock need to support an 'equitable transition' to net zero. Future Housing energy strategies and asset investment programmes will reflect this and place residents at the centre of the decarbonisation journey. As the energy system changes in preparation for Net Zero, we also want to understand how households in fuel poverty can benefit from this transition rather than simply avoiding negative impacts.

## 8. Conclusion

Fuel poverty and cold homes are a significant and complex issue, both nationally and in Brighton & Hove, worsened by the cost of living crisis and high energy prices. This plan details both our approach and commitment to continue working collaboratively and dynamically with partners within the city council, across Brighton & Hove and beyond to tackle this ongoing challenge and support residents to live affordably in warm and healthy homes.

## 9. Objectives

Delivery of the following objectives will be overseen by the Fuel Poverty & Affordable Warmth Steering Group, reporting into the council's strategic Poverty Reduction Steering Group.

# Brighton & Hove City Council

## Objective 1

### **Improve the energy efficiency of the city's housing stock and increase access to cheaper, lower carbon energy**

- 1.1** Support and encourage residents to improve the energy efficiency of their homes, including access to information, advice and local and national schemes and funding opportunities
- 1.2** Continued investment into the council's own housing stock through available grant funding and the Housing and Revenue Account (HRA) capital programme, in line with a revised HRA Asset Management Strategy & HRA Energy Action Plan
- 1.3** Consideration of fuel poverty and affordable warmth in decision making on all HRA repairs and maintenance, planned and major project programmes
- 1.4** Ensure energy efficiency and fuel poverty considerations are built into all Council new builds and new housing acquisition decisions
- 1.5** Work with private landlords, letting agents and tenants to ensure compliance with Minimum Energy Efficiency Standards and through Mandatory and Additional Licensing for Houses of Multiple Occupation and selective licensing for other rented homes to improve the energy efficiency of private rented homes
- 1.6** Work with stakeholders in the city and wider region to develop schemes that support access to cheaper low carbon technologies and heat, for example collective purchasing schemes and development of heat networks

## Objective 2

### **Support residents struggling to pay their energy bills**

- 2.1** Work with local and national partners to ensure residents have access to information, advice and support on home energy efficiency, energy usage and costs
- 2.2** Work with local and national partners to ensure residents have access to information, advice and support on money, including debt, benefits and financial support and inclusion
- 2.3** Work with local and national partners to ensure residents have access to information, advice and support on housing and employment
- 2.4** Work collaboratively with partners to reach and support marginalised and isolated individuals and communities across the city

# Brighton & Hove City Council

## Objective 3

### **Increase effective targeting of households experiencing fuel poverty, prioritising those who are most disadvantaged and vulnerable**

**3.1** Work with partners across the city to ensure eligibility criteria for pertinent local schemes targets those who are most disadvantaged and vulnerable

**3.2** Work with partners across the city, including Council services, the Community and Voluntary Sector and NHS, to identify groups who are most disadvantaged and vulnerable and increase information sharing, advice and referrals for support

**3.3** Work collaboratively to increase awareness and understanding of the health risks of cold homes to increase awareness and referral for support of those who are most vulnerable

**3.4** Work with partners across the city to utilise data and intelligence to target information, advice and support to those who are most disadvantaged and vulnerable

## Objective 4

### **Work together to tackle fuel poverty through partnership and learning**

**4.1** Work collaboratively through our multi-agency Fuel Poverty and Affordable Warmth Steering Group to support a coordinated, city-wide approach to tackling fuel poverty and supporting residents

**4.2** Work collaboratively with other Council workstreams and in line with the Council Plan to support a coordinated, One Council approach to supporting residents experiencing poverty and inequalities

**4.3** Work in partnership with local, regional and national strategic groups and partners, including the Brighton & Hove Health & Wellbeing Board, to tackle the drivers of fuel poverty and support residents

**4.4** Share available resources, learning and training with partners in the council and across the city to increase awareness and understanding of fuel poverty, the health impacts of cold homes and available support

**4.5** Align our local response with relevant national policy and guidance, including the national fuel poverty strategy and the NG6 National Institute for Health & Care Excellence (NICE) guideline

## Objective 5

### **Maximise resources and opportunities for tackling fuel poverty in the city and providing support for residents**

**5.1** Collaborate with partners across the city to coordinate and develop proposals and applications for additional funding and resources to tackle the drivers of fuel poverty and provide support for residents

**5.2** Working in partnership, coordinate and share resources to ensure support is targeted and maximised to the benefit of the most disadvantaged and vulnerable residents

**5.3** Ensure meaningful links to other strategies and work streams across all sectors, to maximise opportunities, synergies, value for money and impact

**5.4** Investment planning in collaboration with internal and external partners to maximise resources and develop preventative and sustainable models of support. Where appropriate, work with local partners within the Greater Brighton Region and beyond to scale investment and support.