



Who are we?

The Health & Wellbeing Board is the forum where representatives of the City 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 at Hove Town Hall on **22 July 2025** starting at 4.00pm.



Health & Wellbeing Board

Date: **22 July 2025**

Time: **4.00pm**

Venue: **Council Chamber, Hove Town Hall**

Who is invited:

B&HCC members: Councillors: Baghoth (Chair),

Co-Opted members: Tanya Brown-Griffith (NHS Sussex (Sussex Integrated Care Board)), Adam Fazarkerley (Primary Care Rep) and Stephen Lightfoot (Integrated Care Board)

Non-voting members: Deb Austin (BHCC Director Children's Services), Professor Robin Banerjee (University of Sussex), Professor Nigel Sherriff (University of Brighton), Alan Boyd (Healthwatch), Jess Gibbons (BHCC CEO), Dr Colin Hicks (Sussex Partnership NHS Foundation Trust), Steve Hook (BHCC Director Adult Social Services), Tom Lambert (Carers Centre), Peter Lane (University Hospitals Sussex NHS Foundation Trust), Spt Petra Lazar (Sussex Police), Siobhan Melia (Sussex Community NHS Foundation Trust), Caroline Ridley (Impact Initiatives), Caroline Vass (Director of Public Health) and Hannah Youldon (ESFRS)

Contact: Giles Rossington

giles.rossington@brighton-hove.gov.uk

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This agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 14 July 2025

AGENDA

Formal matters of procedure

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

Part One

Page

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

2 MINUTES

7 - 12

The Board will review the minutes of the last meeting held on the 8th April 2025, decide whether these are accurate and if so agree them.

3 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

4 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.

5 FORMAL MEMBER INVOLVEMENT

6 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL UPDATE 2024-25

13 - 62

Report of the Independent Chair of the Safeguarding Adults Board (copy attached).

Contact Officer: Guy Jackson
Ward Affected: All Wards

7 BRIGHTON & HOVE PHARMACEUTICAL NEEDS ASSESSMENT 2025

63 - 68

Report of the Director of Public Health (copy attached).

Contact Officer: Katy Harker
Ward Affected: All Wards

8 NHS REFORM

69 - 80

Report of the Chair of Sussex Integrated Care Board (copy attached).

Contact Officer: Giles Rossington
Ward Affected: All Wards

Tel: 01273 295514

9 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - A WHOLE CITY APPROACH TO HEALTHY WEIGHT 81 - 146

Report of the Director of Public Health (copy attached).

Contact Officer: Caroline Vass
Ward Affected: All Wards

10 HEALTH COUNTS: PUBLICATION; HWB PARTNERSHIP EVENT; AND NEXT STEPS 147 - 176

Report of the Director of Public Health (copy attached).

Contact Officer: Kate Gilchrist
Ward Affected: All Wards

Tel: 01273 290457

11 REDUCING HARMS FROM DRUGS & ALCOHOL: A DRUGS & ALCOHOL STRATEGY 2024-2030 177 - 204

Report of the Director of Public Health (copy attached).

12 BETTER CARE FUND (BCF) 2024-25 END OF YEAR REPORT 205 - 214

Report of the Director of Adult Social Services (copy attached).

Contact Officer: Giles Rossington
Ward Affected: All Wards

Tel: 01273 295514

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The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

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Further information

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Date of Publication - Monday, 14 July 2025

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 8 APRIL 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Baghoth (Chair)

Also in attendance: Councillor Grimshaw

Other Members present: Stephen Lightfoot, Tanya Brown-Griffith, Dr Adam Fazakerley (NHS Sussex); Dr Colin Hicks (SPFT); Caroline Ridley, Tom Lambert (CVS); Deb Austin, Steve Hook, Caroline Vass (BHCC); David Kemp (ESFR), Nigel Sherriff (University of Brighton); Alan Boyd (Healthwatch)

PART ONE

22 APPOINTMENT OF HEALTH & WELLBEING BOARD CHAIR

- 22.1 Board members agreed that Cllr Faiza Baghoth should be appointed as Chair of the Health & Wellbeing Board.

23 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 23.1 Apologies were received from Cllr Tristram Burden and from Peter Lane (University Hospitals Sussex). David Kemp attended as substitute for Hannah Youldon (East Sussex Fire & Rescue Service).

- 23.2 There were no declarations of interest.

- 23.3 RESOLVED** – that the press & public be not excluded from the meeting.

24 MINUTES

- 24.1 RESOLVED** - that the minutes of the 11 February 2025 meeting be agreed as an accurate record.

25 CHAIR'S COMMUNICATIONS

- 25.1 The Chair gave the following communications:

It's exciting to be asked to be the Chair of the Health & Wellbeing Board. I'm looking forward to getting to know my fellow board members over the coming weeks and months.

Like everyone on the board, I am committed to reducing the health inequalities that exist in our city. It's only by partners working closely together that we're going to tackle the problems we have.

I am particularly interested in 2 aspects of health and care improvement: firstly, what we can do as a system to move from a model that focuses on treating people in crisis to one that intervenes earlier to prevent ill health. And secondly, how partners can work together to support independence, giving people the help they need to live good quality independent lives.

It's good to see that the reports we're looking at today have a real focus on prevention and on supporting independence, and it will be really interesting for me to find out more about how the system is working to deliver these aims.

26 FORMAL PUBLIC INVOLVEMENT

26.1 There was a public question from Mr Adrian Hart. Mr Hart asked:

For several years, a very serious schools safeguarding matter raised by parents has been rebuffed by BHCC. I refer to my question at Full Council 20/07/23 but `also to the parents trying desperately to alert BHCC to the plight of their children who are typically autistic, female and same sex attracted (you will be aware of this case - see [1]). These pupils represent a subset of the group who have been 'affirmed' at school (i.e. henceforth, the child identifies as the opposite sex and the school participates with the process of 'socially transition'). The logical next step for these pupils has been to seek puberty blockers and/or proceed along a medical pathway to transition. While it has been argued that the latest version of the 'Toolkit' guidance adheres to legal safeguarding requirements, will the Chair meet with PSHE Brighton parents and listen to their truly shocking accounts?

26.2 The Chair responded:

As you will be aware it is not appropriate for the Board to consider or comment upon individual cases. Equally, it is not a function of the Board to examine your perception of decisions made by medical practitioners or schools. The role of the Chair is to chair the meetings where decisions are made by Board members; it does not extend to nor would it be within the proper functions of the role for the Chair to meet with individuals outside of the Board meetings to discuss issues specific to them. Any individual wishing to raise an issue or complaint can utilise the Council's complaints processes, NHS Sussex ICB complaints process or the Health and Social Care Ombudsman.

26.3 Mr Hart asked a supplementary question, enquiring whether the Board agreed with the findings of the Cass Review.

26.4 The Chair told Mr Hart that a written response to his supplementary question would be provided following the meeting.

27 FORMAL MEMBER INVOLVEMENT

27.1 There was a member question from Cllr Bruno De Oliveira. Cllr De Oliveira asked:

Chair, given the government's planned tightening of Personal Independence Payment (PIP) eligibility, the halving of health-related Universal Credit for new claimants, and the withdrawal of incapacity top-ups for under-22s, could you explain to our residents how these austerity-driven reforms will affect the lived realities of disabled and chronically ill residents in deprived local areas of Brighton and Hove—many of whom already experience systemic exclusion from the labour market?

27.2 The Chair responded:

The Government's recently announced welfare reforms are wide ranging, and while they may have a positive impact for some people, I recognise that there are bound to be city residents who are going to be affected negatively. The council is committed to doing all it can to support local people who are struggling financially. Our poverty reduction work includes working closely with partners to understand the local data on poverty; encouraging people to take up all the benefits they are entitled to; signposting to support services, whether run by the council or our community & voluntary sector partners; and providing direct support through our local Fairness Fund.

28 SHARED DELIVERY PLAN ANNUAL UPDATE

28.1 This item was presented by Steve Hook (BHCC Director of Adult Social Services) and by Tanya Brown-Griffith, NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove. The Board also heard from Imogen Blood of Imogen Blood Associates, the external evaluators of the Multiple Compound Needs (MCN) programme; and from members of Common Ambition, the lived experience group supporting the MCN programme, and from Nicky Pyper the group coordinator.

28.2 Mr Hook outlined work that has taken place in terms of implementing the Shared Delivery Plan (SDP) including the development of Integrated Community Teams, and the transfer of the multiple compound needs (MCN) programme from pilot to a permanent programme.

28.3 Stephen Lightfoot welcomed the report and gave particularly thanks to the members of Common Ambition for all their work which has been instrumental in making the MCN pilot a success. Learning from the MCN pilot can be used to inform approaches to other issues, potentially including care for the frail elderly and care for people with cardiovascular disease. However, the recently announced cuts to funding for NHS Sussex staff may have an impact on the ability of NHS Sussex to contribute to this year's activity.

28.4 RESOLVED – (1) that performance of the delivery of the 2024-25 Shared Delivery Plan objectives be noted; and (2) that the draft Shared Delivery Plan objectives for 2025-26 be approved.

29 SUICIDE PREVENTION IN BRIGHTON AND HOVE ACTION PLAN AND SUSSEX STRATEGY

- 28.1 This item was presented by Bernadette Alves, BHCC Consultant in Public Health; Agnes Munday, Head of Training, Grassroots Suicide Prevention; and Emma Sharpe, B&H School Mental Health Service, Brighton & Hove City Council.
- 28.2 Ms Alves introduced the report, outlining the challenges facing the city and the work being undertaken to address them.
- 28.3 Members asked questions on issues including:
- Suicide awareness training availability and who should receive training
 - What can be done to focus more on treating the causes rather than the symptoms of suicide and self-harm
 - The impact of violence against women and girls (VAWG) on suicide and self-harm and how VAWG colleagues are engaged
 - The lack of supported housing, particularly for young women in crisis
 - The general crisis on mental health, particularly in terms of services being too stretched to deal properly with people seeking help and support
 - Preventative work being undertaken in school settings
 - The use of Integrated Care Teams to help bridge the gaps between primary care and statutory mental health services
 - Out of hours access to services.
- 28.4 Dr Colin Hicks noted that Sussex Partnership NHS Foundation Trust has been refreshing the Trust Strategy, and that the number 1 priority going forward will be suicide, with a commitment to deliver a 20% reduction in community suicides and to have no suicides in mental health beds. This priority will be supported by the additional adult mental health beds recently opened at Mill View hospital, by reducing out of area placements, and by plans to provide better crisis support for young people.
- 28.5 Stephen Lightfoot noted that the key to improving local outcomes is to build on the current good partnership working to ensure that services work together as effectively as possible.
- 28.6 RESOLVED** – that the Board (1) notes progress against the three-year Brighton & Hove Suicide Prevention Action Plan 2024-27; and (2) supports future progress of the Brighton & Hove Suicide Prevention Action Plan.

30 BETTER CARE FUND (BCF)

- 30.1 This report was presented by Chas Walker, Joint Programme Director, Integrated Service Transformation.
- 30.2 In response to a question from Tom Lambert on the involvement of the CVS in future Better Care Fund (BCF) planning, Mr Lambert received assurances that the plan was to work in close partnership with the sector.
- 30.3 Stephen Lightfoot noted that he was content to approve BCF plans with confidence since they are not impacted with the recently announced cuts to NHS England and to Integrated Care Systems.

- 30.4 Steve Hook noted that the local BCF spend is closely aligned to Shared Deliver Plan priorities. For example, BCF investment into hospital discharge will support the system priority to best manage winter surge pressures. In response to a query from Stephen Lightfoot, Mr Hook told the Board that locality-based discharge metrics for the current year are still being finalised. However, recent performance in this area shows that the measures being taken are working: e.g. there were 20 adult social care related discharge delays in January 2025, but this has been reduced to 11; there were 26 mental health discharge delays in January, but this has been reduced to 15. System partners are confident that these successes can be continued over the coming year.
- 30.5 **RESOLVED** – that the Board approves the BCF Planning Submission 2025-26 to NHS England.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of



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
Safeguarding Adults
Board Annual Update
2014-25

Date of Meeting: 22
July 2025

Report of: The
Independent SAB
Chair

Contact: Guy
Jackson, SAB
Business Manager

Tel: 01273

Email:
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Wards Affected: all

FOR GENERAL RELEASE

Executive Summary

The Brighton & Hove Safeguarding Adults Board (B&H SAB) comprises senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for safeguarding adults with care and support needs.

The Board co-ordinates local safeguarding activity. It ensures the effectiveness of local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard



and promote the welfare of adults with care and support needs

- Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency learning reviews, audits and qualitative reviews as well as sharing learning opportunities
- Collecting and analysing safeguarding data
- Drawing evidence from the testimony of adults with care and support needs and frontline professionals
- Publishing an annual report

This annual report outlines progress the B&H SAB has made over the last year in respect to safeguarding adults with care and support needs. It covers the period 1st April 2024 to 31st March 2025.

1. Decisions, recommendations and any options

- 1.1 That the Board notes the report and commends partner agencies for their contribution to safeguarding adults with care and support needs; and
- 1.2 Notes SAB achievements and challenges (in **Appendix 1**).

2. Relevant information

- 2.1 It is a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.
- 2.2 The B&H SAB has continued to work in partnership with member agencies to safeguard adults with care and support needs, and to minimise any adverse consequences of abuse.
- 2.3 Details of the Safeguarding Board's work this year can be found in the Annual Report (**Appendix 1**).

3. Important considerations and implications

Legal:

- 3.1 Schedule 2 to The Care Act 2014 requires the SAB to publish an annual report and provide a copy of the same to the Health and Wellbeing Board.

Lawyer consulted: Sandra O'Brien Date: 14 June 2022

Finance:

- 3.2 The Brighton and Hove Safeguarding Adults Board has an agreed budget with multi-agency funding and received the following contributions in financial year 2024/25; the Local Authority £0.110m, the Police and Crime Commissioner for Sussex £0.023m and NHS Sussex ICB £0.027m. These contributions cover the running costs of the board and the expenditure is detailed in the annual report.

Finance Officer consulted: Sophie Warburton Date: 01/07/2025

Equalities:

- 3.3 The SAB, through the City Council and other partner agencies, will continue to work to ensure people with care and support needs and their carers have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Where reviews recommend ways to better meet needs of people sharing a protected characteristic, these are provided to the relevant organisations, implemented and monitored.

Sustainability:

- 3.4 The SAB is a statutory requirement. It needs to be appropriately resourced to fulfil its statutory obligations. All SAB multi agency meetings are currently being conducted virtually. This is being considered as an ongoing arrangement due to infection control requirements but also due to reducing travel across the county.

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

- 3.5 These are discussed in the annual report (**Appendix 1**).

Supporting documents and information

Appendix1: B&H SAB Annual Report 2024-25

Brighton & Hove

SAB

Safeguarding
Adults Board



Annual Report

2024-25

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A Message from our Independent Chair

It is a privilege to introduce the Annual Report for Brighton and Hove Safeguarding Adults Board (BHSAB) 2024-25.

The report highlights the work that the Board has been engaged with over the year. I am grateful to all partners for their ongoing contributions to the Board, and their continuing support. As I stated in my last Annual Report it is important to lead the BHSAB in delivery of priorities as part of the continuous learning journey for all engaged in adult safeguarding and the well-being of residents in Brighton and Hove.



The Report highlights that all partners of the Board have continued to deliver services, provide care and support to people, and continue to respond to the changing safeguarding needs and risks that occur, alongside the ever-changing demands, and pressures upon organisations which is evidenced in the data section and other information provided. A new feature of the work undertaken by the SAB is to oversee and include rough sleeping within its assurance role. As a result of a Safeguarding Adults Review in the City, and one in East Sussex, our focus this year has been upon out of area homeless housing. The SAB recently learnt that this is reducing. Some excellent work has been undertaken in addressing this; however, demand remains high in the city. The SAB is continuing to focus our assurance upon the services to avert rough sleeping in the next year.

The SAB partners have increased the number of face-to-face learning events, and the value of learning together is not to be understated. The Multi-Agency Risk Management (MARM) framework has been introduced, ensuring professionals are coordinated with the individual at risk so they are supported appropriately. This is a preventative process that reduces the need for safeguarding interventions. Prevention is a key component to the work and included in our priorities next year. You will see that further work in this area features significantly.

It is important we continue to learn from Safeguarding Adult Reviews (SARs) locally, and you will note that we have published SAR Oliver, referred to later in this Report. Along with the second National Analysis of Safeguarding Adult Reviews (2019-23) the SAB has considered the evidence and impact of the learning to prevent abuse and neglect where at all possible. A further priority in 2025-26 will be actively hearing the voice of those involved in adult safeguarding, and implementing effective learning from this, which is critical to the Board's assurance function.

A further significant area of work this year has been progressing Board budget discussions so we can reach agreement in principle for annual uplifts in line with other partners' budgets. This is important for the continued development of the SAB and its ability to meet its statutory duties.

Outcomes of the work undertaken this year, in line with the current three-year Strategic Plan, have informed our future priorities and this will ensure support for the continuing work / learning and will direct us to further areas of intervention and assurance.

Finally, I would like to thank all the Chairs for the subgroups and Guy Jackson the Board Manager and his staff for effectively and efficiently managing the business of the Board and for their ongoing commitment to the Board. I would also like to acknowledge the work of the staff and managers across all the statutory, voluntary and community partners who are committed to working together to keep people safe in the City.



Seona Douglas
Independent Chair, Brighton and Hove Safeguarding Adults Board

A Message from Healthwatch

I am pleased to provide commentary on this year's Safeguarding Adults Board Annual Report 2024-25 on behalf of Healthwatch Brighton and Hove.

This year's report highlights the impact that good safeguarding practice can make to individuals and their families. The Safeguarding Adults Board (SAB) met this year to discuss forthcoming priorities for the next three years and it was heartening to hear all members recognise the need to collect and embed the voice of the service user in our work.

This year has seen some significant developments in safeguarding practice stemming from published Safeguarding Adult Reviews (SARs). Our Healthwatch representative, Brigid Day, has continued to act in the capacity of Chair of the SAR Subgroup which reports into the SAB. Recommendations from published SARs in 2024-5 have resulted in:

- a Multi-Agency Risk Management (MARM) framework being established in Brighton & Hove that meets on a regular basis and is led by the local authority. MARM will evidence better safeguarding practice once it is established.
- the importance of a clearly identified lead professional, or agency being incorporated across a range of pan-Sussex SAB policies and protocols that includes multi-agency working guidance in the Sussex Safeguarding Procedures.
- a significant development within the partnership through Sussex Partnership Foundation NHS Trust, Sussex Police, and South-East Coast Ambulance NHS Trust working together to design and implement the Blue Light Line. This is a new Rapid Response service which has been launched in Sussex to support the emergency services when they are responding to a person in mental distress to ensure they receive timely and appropriate help.

My thanks to Brigid for her continued dedication as Chair of the SAR subgroup.

Other notable developments this year include a necessary system-level focus on multi-agency transitions with a strategy in development to support people transitioning from Children to Adult services, and multi-agency guidance to support professionals working with adults who move out of area.

It is evident that the SAB is making good progress under the Chair of Seona Douglas and her team and Healthwatch looks forward to our continued collaboration with the Board.



Alan Boyd
Chief Executive Officer, Healthwatch Brighton and Hove

Our Board

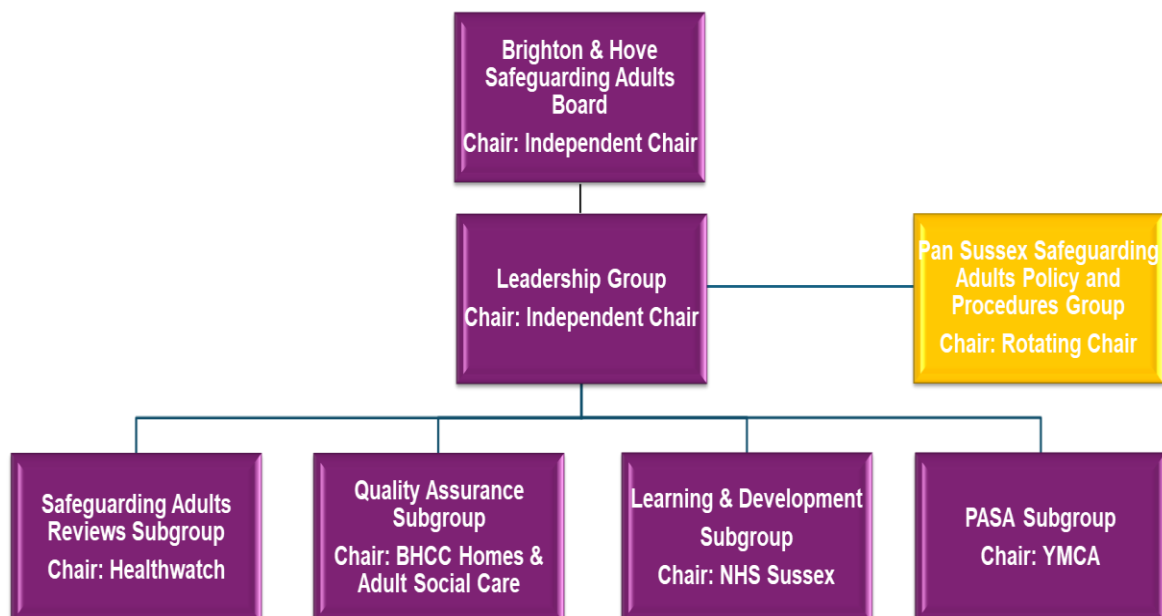
There is a requirement under the Care Act 2014 for each local authority area to establish a Safeguarding Adults Board (SAB). SABs are multi-agency partnerships that work together to oversee and lead adult safeguarding arrangements for people who have care and support needs and protect them from abuse and neglect.

Our Statutory Partners

- Brighton & Hove City Council
- NHS Sussex
- Sussex Police

The Brighton & Hove SAB recognises the importance of public, private and community organisations working in partnership through our full board and across our subgroups to ensure people are able to live together in safety, free from abuse, neglect and exploitation in a city that does not tolerate this. Working in partnership actively prevents abuse occurring and ensuring that when it does happen everyone knows how to report it.

Our Board Structure



What have we done this year?

This has been the last year of our current three-year Strategic Plan (2022-25) which contains four overarching strategic aims, with several objectives under each strategic aim. These four strategic aims are –

Accountability and Leadership

Performance and Quality

Promotion and Engagement

Integration and Workforce Development

Each year the SAB partners review the progress made in delivering the strategic priorities based on local information, learning from SAB activities, and individual issues identified by partners. Areas of focus are identified and work plans for the board and subgroups developed to take forward key areas for improvement. The key areas of focus for 2024-25 were –

- **Embedding learning from SAB activities**
- **Transitional Safeguarding**
- **Developing Effective Outcomes to Self-Neglect**
- **Embedding learning from trauma-informed and multiple compound needs**

The work undertaken by the SAB in relation to these four areas of focus is summarised below and the area indicated under the strategic priorities (in *italics*). Other work is also undertaken which relates to the role and responsibilities of the SAB.

A glossary is included at the end of this report to provide further detail on acronyms and terms used. An * is used to identify that further information can be found in the glossary.

Accountability and Leadership

An-person Strategic Development Event was held with partner organisations to review and update the SAB Constitution, governance arrangements, and overall progress over the last three years. This has been used to support the development of the new SAB Strategic Plan for 2025-28 and to identify agreed areas of focus for the partnership going forward.

- Embedding learning from SAB activities, Transitional Safeguarding, Development of effective outcomes in self-neglect, Embedding **trauma-informed and multiple and intersectional* needs into organisational practice**

As part of our bi-annual self-assessment and peer challenge process the SAB has worked with our colleagues from the East and West Sussex SABs to develop a pan-Sussex Self-Assessment tool for 2025. This is used to gain assurance from partner organisations as to their safeguarding arrangements and how they use learning from SAB activities.

- Embedding learning from SAB activities

Full board, leadership, subgroup, and affiliated meetings have taken place throughout the year to progress the strategic priorities and areas of focus. Membership of the full board and subgroups has continued to increase, with the Department of Work and Pensions, Rough Sleeper commissioning services, and several third sector organisations joining our groups.

- Embedding learning from SAB activities

Performance and Quality

In line with the identified priorities for 2024-25 the SAB has developed a multi-agency data dashboard, to increase oversight and assurance of adult safeguarding activity. Data from the local authority's Adult Social Care and Housing departments, as well as internal SAB processes, has started this process and directly led to a multi-agency audit on homelessness as well as an increasing focus on SAR protected characteristics data.

- Embedding learning from SAB activities

The SAB has published one mandatory SAR, Oliver, this year with three further SARs in progress. There are more details on SAR Oliver, including the key learning themes – transitions and transitional safeguarding, mental health and housing, as well as safeguarding processes, on page 18 of this report. Three in-person SAR learning events have been held this year with attendees from over 30 organisations.

- Transitional Safeguarding

A multi-agency audit undertaken jointly with the East Sussex SAB on adults who move across local authority areas has been completed, with multi-agency guidance to support work with adults who move out of area developed as an outcome. A further multi-agency audit on local homeless deaths is in progress to gain assurance around the use of the SAR pathway and other multi-agency processes in place.

- Development of effective outcomes in self-neglect

Promotion and Engagement

Case studies and presentations to the board have come from organisations that include Public Health, Families Children and Learning directorate, Housing services, and Mental Health services. These have focused on a range of topics including hoarding, multi-agency risk, and organisational abuse.

- Transitional Safeguarding, Development of effective outcomes in self-neglect

The SAB has delivered presentations and updates on our work at a range of settings including the Voluntary and Community Social Enterprise (VCSE) Mental Health network, YMCA Safeguarding Forum, Parents who have children removed from their care forum, Safeguarding Children Partnership Exploitation Workshop, Home Care forum, and Changing Futures Stakeholder forum.

- Embedding trauma-informed and multiple and intersectional needs into practice

The SAB has attended national SAB and Regional South-East SAB meetings, both regional and local Trauma-Informed Communities of Practice, Suicide Prevention Steering Group, and Safeguarding Children Partnership Exploitation subgroup. The SAB has also attended webinars on Discriminatory Abuse, Homelessness, as well as the second national SAR analysis with learning integrated into current SARs and subgroup processes.

- Embedding learning from SAB activities

Integration and Workforce Development

The SAB has worked with our colleagues in the East and West Sussex SABs and statutory partners to publish Version 5 of the Pan-Sussex Safeguarding Adult Policy and Procedures. These include new and updated chapters on topics such as multiple compound needs, trauma-informed approaches, multi-agency working, and Domestic Abuse. The multi-agency self-neglect procedures have been updated and standalone guidance published.

- Development of effective outcomes in self-neglect, Embedding trauma-informed and multiple and intersectional needs into organisational practice

The SAB has developed a range of learning and development resources during 2024-25 to support workforce development. These include transitional safeguarding and trauma-informed approaches, SAR learning briefings, and Multi-Agency Risk Management resources and guidance (to support the implementation of the new MARM pilot framework)

- Transitional Safeguarding, Embedding trauma-informed and multiple and intersectional needs into organisational practice

The SAB collaborated with our colleagues in the East and West Sussex SABs to produce a webinar on preventing self-neglect as part of the NHS Sussex 2024 Safeguarding fortnight. This was attended by over 100 representatives from organisations across Sussex and a video of the webinar produced that is available on the BHSAB website.

- Development of effective outcomes in self-neglect

What difference is this making?

The SAB is keen to focus on the difference being made as a result of work undertaken both collectively as well as individually by partners. Here are examples of feedback received during 2024-25 from both people using services and professionals.

Feedback provided by BHCC Homes and Adult Social Care from people who received a safeguarding enquiry.

A safeguarding enquiry into physical abuse by a paid carer

“V said she was happy with this outcome and just wanted to put everything to do with the incident behind her now and get on with her life.”

A safeguarding enquiry undertaken into domestic abuse

“N does not want any support from Adult Social Care, saying she is 'ok' and 'fine at the moment' but agreed she will call GP, where she can talk more” confidentially, if she

A safeguarding enquiry where the person's outcomes were met

“P was asked what she would like to happen. She stated that she wants to remain in her flat with T caring for her but knows that the state of the flat needs to be managed to make it safe for them to continue to live in and to stop Z (housing providers) from taking action to evict them.”

A safeguarding enquiry into self-neglect and hoarding behaviour

“W does not want a deep clean. W does not want to reduce hoarded items. W does not want to lose his tenancy, although does cite a desire to move from X. W wishes to move to a larger property so he can purchase more items.”

Feedback provided by University Hospitals Sussex staff on their Level 3 Safeguarding training programme.

"The blended learning was a good way of delivering this course. It presented at the right level, and it was informative, helpful and interesting. Well presented."

Feedback Demonstrating Impact of Sessions

- 1** I will bear this in mind with the work that I do with neurodiverse young people, it was interesting and inspirational
- 2** I will use my learning to inform my strategic planning for families affected
- 3** I will share with my team and be more aware of the option to utilise Prevent and other channels

- 4** It was very helpful to learn about the national strategy for supporting unaccompanied minors.
- 5** Training flowed well, included interesting, relevant and challenging cases as well as a practical guide to assessment and referrals.
- 6** My role has some strategic elements - I will use this learning in my current and future practice

Feedback provided by BHCC Adult Social Care staff on being required to undertake safeguarding enquiries training.

"I have attended several safeguarding sessions in the past. I felt that it was interactive and the case studies used were relevant to our places of work. The course lead was approachable and inclusive of all attendees."

"Alison kept it moving at a good pace. There was a chance to split into groups and have discussions and contribution was encouraged."

"This was a fantastic course with a really good trainer, both interesting and informative. I have learnt a lot and enjoyed the experience of group learning with others from differing areas of social care."

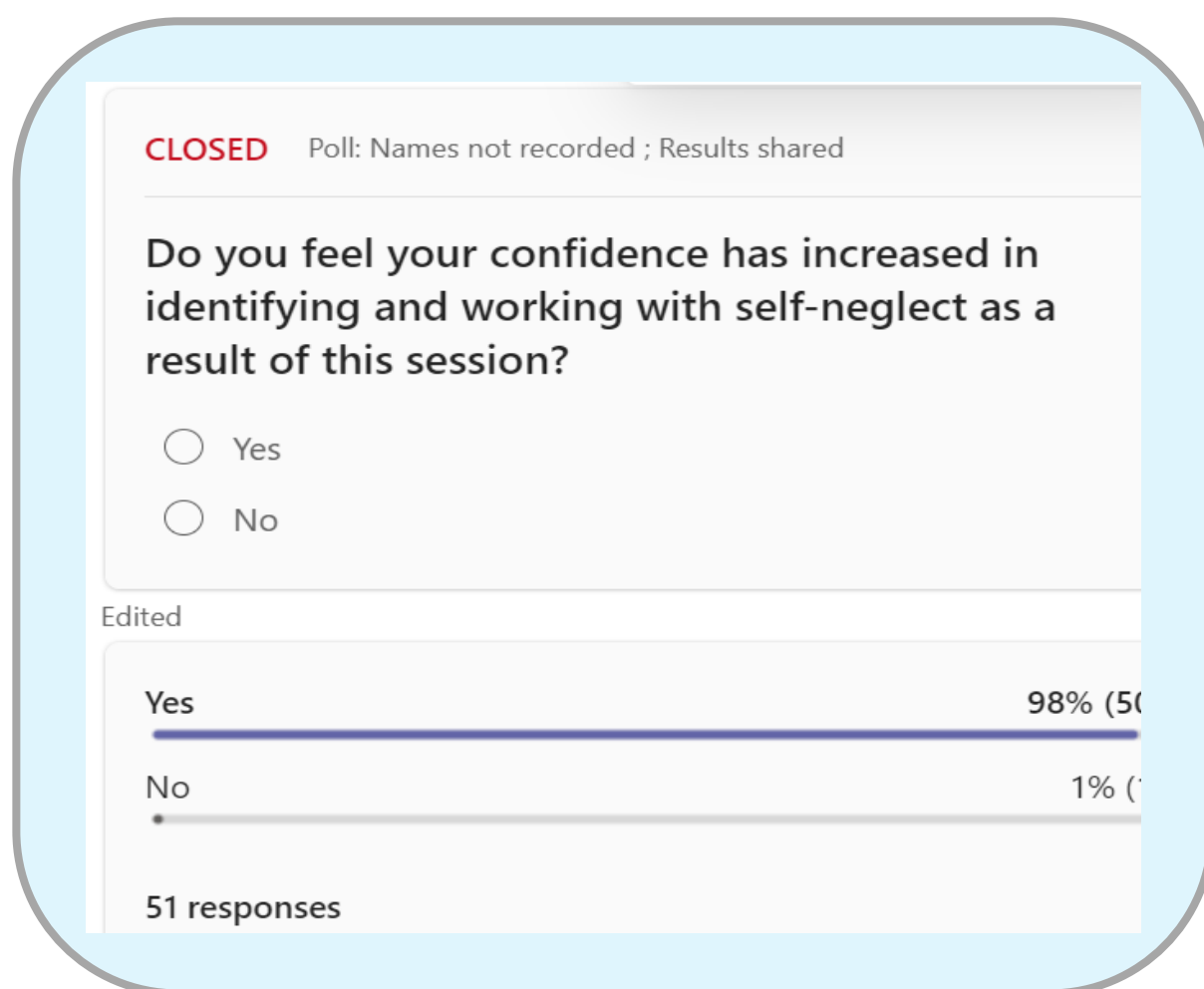
Feedback from a Pan-Sussex Safeguarding Adults Board webinar providing guidance on working with people who self-neglect.

This webinar was attended by a wide range of frontline professionals across both children and adult services that included GPs, Medical Consultants, Nurses, Occupational Therapists, Social Workers, Mental Health practitioners, Housing Education and Employment representatives, Social Prescribers, and colleagues from domestic violence agencies including Victim Support.

"Polished delivery - some of the best training I have attended in recent years. Thank you."

"Thank you that was very useful and

"Hoping the rest of the training this fortnight is as relevant and helpful as this, thank you."



Safeguarding Adults Reviews

Under section 44 of the Care Act 2014 Safeguarding Adults Boards (SABs) have a statutory duty to commission Safeguarding Adults Reviews (SARs).

Mandatory SARs must be undertaken when an adult with care and support in its area dies, or experiences serious harm, and it is suspected this was as a result of abuse or neglect, including self-neglect and there is concern organisations could have worked together more effectively to protect the adult from harm.

Discretionary SARs can be undertaken by SABs in situations where this duty is not met, but it is considered there would be benefit in a review being undertaken. This is usually where it is thought learning could reduce the likelihood of something similar occurring in the future or it is in the public interest.

The purpose of SARs is to identify effective multi-agency learning, which can be shared and applied in the future to prevent similar harm re-occurring. They are not about apportioning blame, or any one organisation being held accountable.

During 2024-25 the SAB received five SAR referrals, with one of these relating to four separate individuals. The categories of abuse and neglect identified in these referrals are:

- **Neglect**
- **Self-neglect**
- **Organisational Abuse**
- **Physical abuse**
- **Sexual Abuse**
- **Financial abuse**
- **Exploitation**

Further information is being gathered in relation to three of the referrals, with the most recent referral being processed.

There are two mandatory SARs currently in progress, which will be concluded during the next year. A discretionary SAR has recently concluded and will be published shortly. The SAB continues to utilise a diverse range of approaches and methodologies with this discretionary review taking the form of an appreciative enquiry, with a facilitated panel discussion and a concise systems report produced by one of our statutory partner organisations who were not involved.

The SAB published one mandatory SAR during 2024-25 and you can find a summary of this below, which has informed local strategy development for young people who need support in transitioning to adulthood.

We have continued to develop our SAR governance arrangements with learning from the second national analysis of SARs shared with the group. New data collection processes have been created to capture an increasing range of information going forward, which include protected characteristics, more detailed consideration of abuse and neglect categories, and timelines. Learning from the national analysis and internal data collection has been used to improve existing processes including increasing focus on protected characteristics in independent reviewer contracts.

The subgroup terms of reference have been reviewed and updated, and the accompanying members pack is also being reviewed and updated.

Oliver

Oliver was a 25-year-old white, British, male who had experienced abuse growing up and had been a looked after child. As he grew older he had mental health and substance misuse issues, and as an adult a history of offending behaviour with Oliver serving two custodial sentences. He received support from a range of both statutory and non-statutory organisations across children and adult services and lived in several different settings, including staying with family and in supported accommodation.

In mid-2022 Oliver started using alcohol heavily and safeguarding concerns were raised after he disclosed sexual abuse. A safeguarding enquiry was undertaken but organisations struggled to engage with Oliver. Further safeguarding concerns were raised in relation to his general wellbeing, mental health in particular, but these were not progressed as abuse or neglect was not identified.

Oliver agreed to a voluntary admission to a private residential mental health setting but was discharged due to drug and alcohol use and after presenting as homeless was placed in emergency accommodation in East Sussex due to a lack of availability locally.

Oliver and his family requested he be moved back to Brighton & Hove but there were no suitable options available. He continued to use alcohol and substances heavily and expressed suicidal ideation. He was discharged by mental health services shortly after this and found deceased in the emergency accommodation ten days later.

This SAR focused on several themes: transitions and transitional safeguarding, mental health and unstable housing / homelessness, as well as safeguarding processes and procedures.

10 recommendations were made, which include the implementation of formal transitions processes, a review of temporary accommodation processes, and the creation of stronger links between Leaving Care and Adult Social Care services.

You can find the full report [here](#) and a summarised learning briefing via our SAR website page [here](#).

An Action Plan has been developed to take the recommendations forward.

Our Board Partners' Data

Brighton and Hove City Council Homes and Adult Social Care

Overview

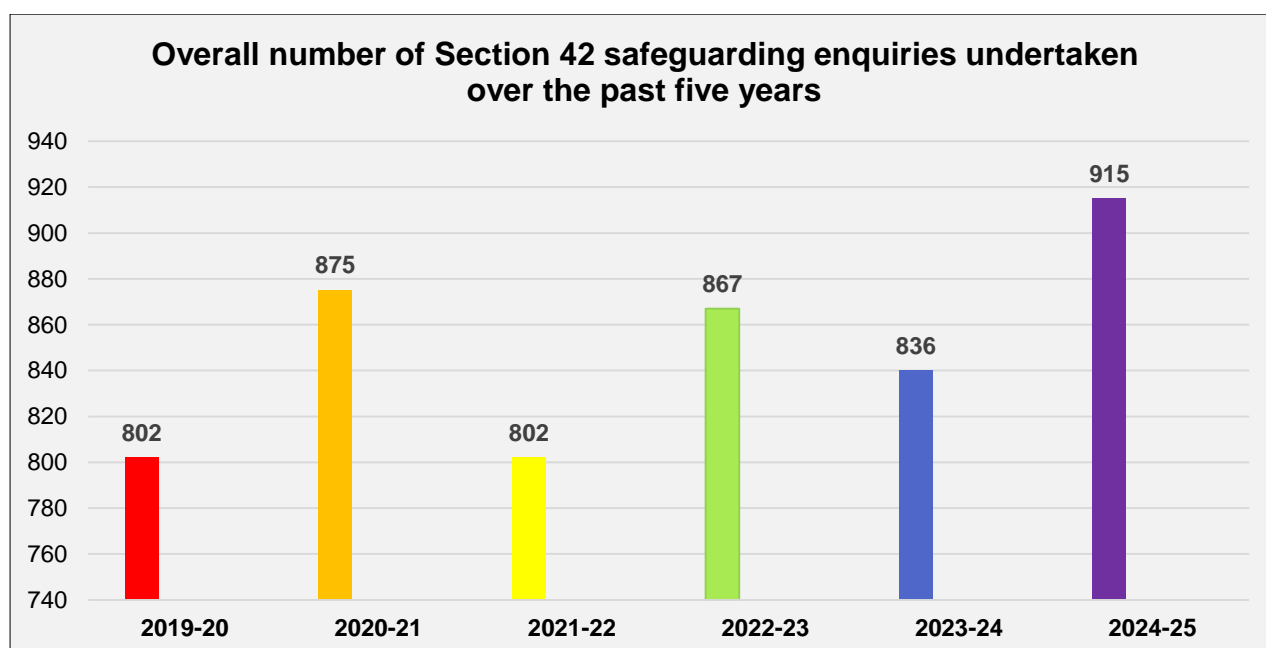
The Homes and Adult Social Care directorate, which was formerly known as Health Care and Wellbeing, continues to ensure robust oversight of safeguarding adults across all areas of our service. Through the implementation of Power BI (a data analytics reporting tool), we have significantly enhanced our oversight of safeguarding adults performance across adult social care. Power BI has enabled us to centralise, visualise, and analyse safeguarding data in real time, offering a comprehensive and accessible view for our practitioners and managers.

Additional oversight and governance is provided via a monthly performance oversight senior management board and led by a quarterly safeguarding steering group comprising adult social care senior leadership team members and chaired by Steve Hook, Director of Adult Social Care.

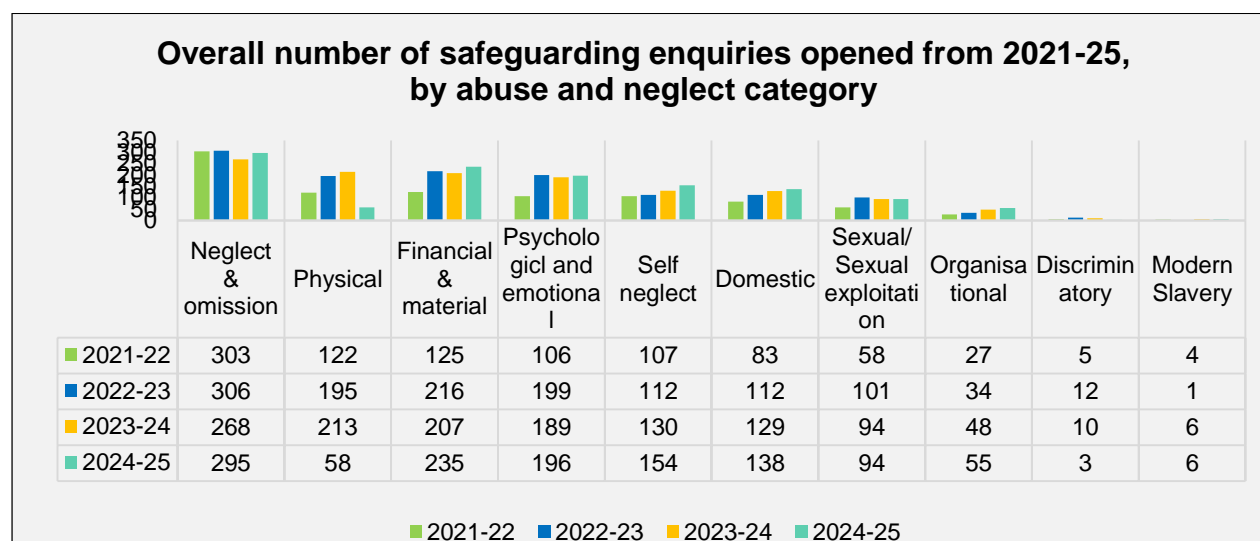
What our Performance Data tells us

During this year we received 5485 safeguarding concerns, with a conversion rate overall across the year of 16.91%, predominantly in our front door Adult Safeguarding and Duty Service and within Mental Services where our social work teams are based (S.75 agreement). This is an increase from last year when 4601 concerns were received.

From those concerns we completed 915 safeguarding adults enquiries under section 42 of the Care Act, an increase from 836 last year.



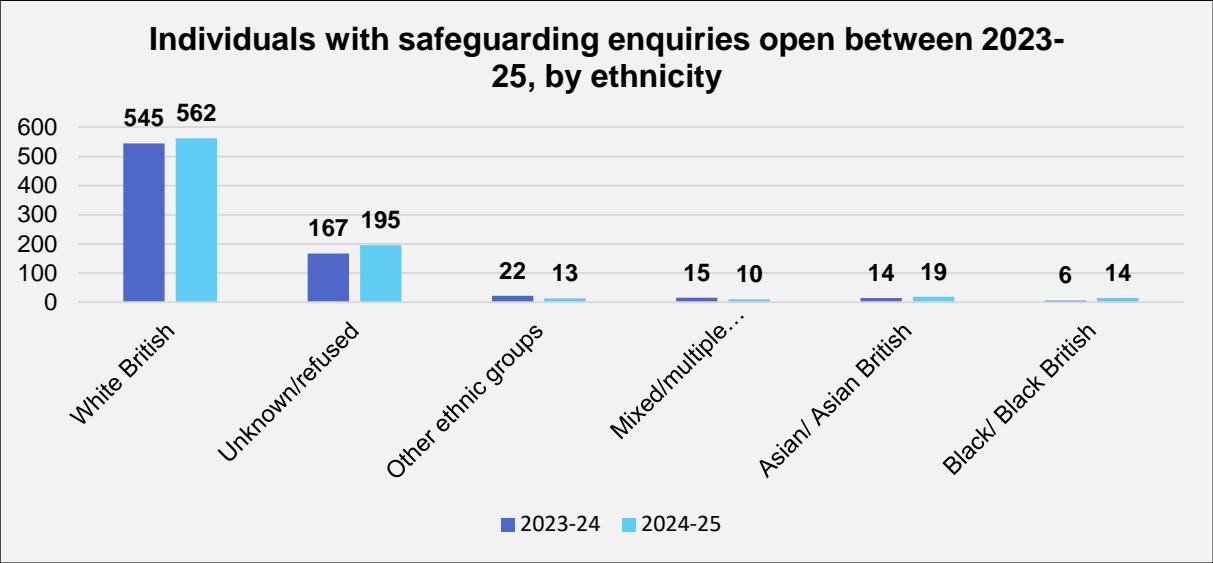
Neglect and omission continue to represent our greatest proportion of safeguarding enquiries, almost 25% of all undertaken in the last year. Taking a closer look at this data we can see that these enquiries recorded 31% of these concerns taking place in the person's own home, 21% taking place in a care home with nursing and 15% in an acute hospital setting. Almost 40% of all enquiries were regarding people aged 65-84 years of age with 49% of these regarding people recorded as female gender and 48% for male gender, a slight decrease from the year prior of 56% female.



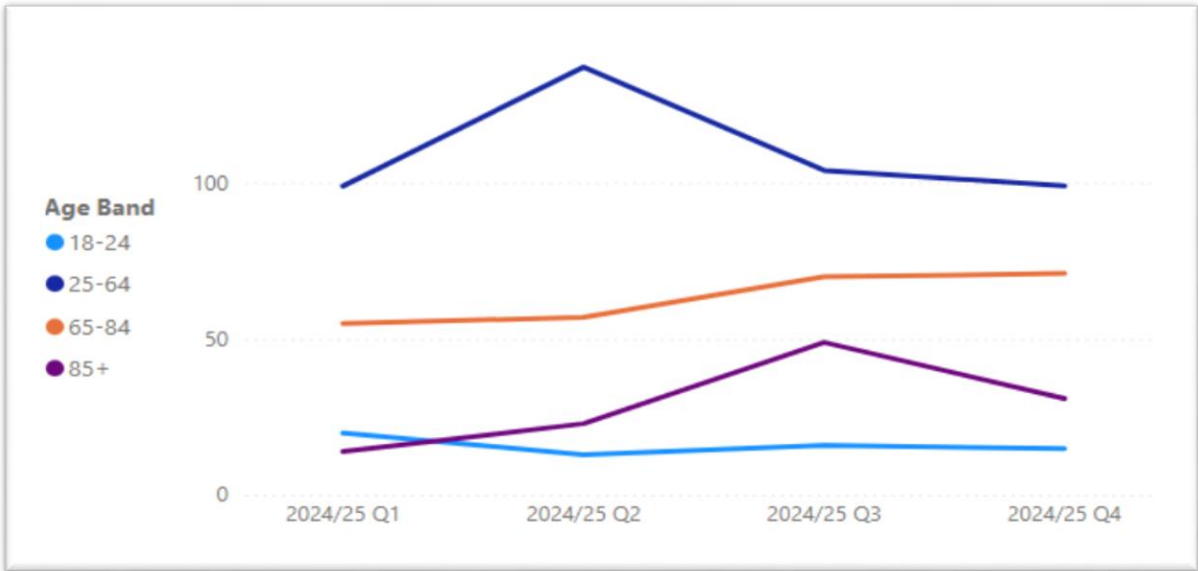
We have observed a static figure of 6 enquiries completed regarding modern slavery of people with care and support needs, however there is an increasing trend with regard to concerns being reported around care workers (care homes and care agencies in the communities). While these are not taken forward under our Care Act safeguarding duties if these individuals are not indicated to have care and support needs themselves, this information is shared with community safety and exploitation and quality monitoring partners across the Local Authority, and with our colleagues in Sussex Police. We understand this reflects an increasing trend regionally/nationally.

| Type of Risk | 2024/25 Q1 | 2024/25 Q2 | 2024/25 Q3 | 2024/25 Q4 | Total |
|------------------------------|----------------|----------------|----------------|----------------|----------------|
| Neglect and acts of omission | 18.31% | 17.07% | 23.81% | 24.44% | 20.95% |
| Financial or material abuse | 20.42% | 15.99% | 15.61% | 14.92% | 16.57% |
| Physical abuse | 13.73% | 17.89% | 15.08% | 16.19% | 15.82% |
| Psychological abuse | 14.08% | 16.80% | 11.90% | 12.06% | 13.74% |
| Self-neglect | 13.73% | 10.30% | 10.32% | 12.70% | 11.59% |
| Domestic abuse | 9.15% | 11.11% | 10.32% | 11.43% | 10.55% |
| Sexual abuse | 5.99% | 4.88% | 6.61% | 5.71% | 5.79% |
| Organisational abuse | 2.11% | 3.52% | 4.76% | 1.59% | 3.12% |
| Sexual exploitation | 2.46% | 1.08% | 0.79% | 0.63% | 1.19% |
| Modern slavery | | 1.08% | 0.26% | 0.32% | 0.45% |
| Discriminatory abuse | | 0.27% | 0.53% | | 0.22% |
| Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

Demographics

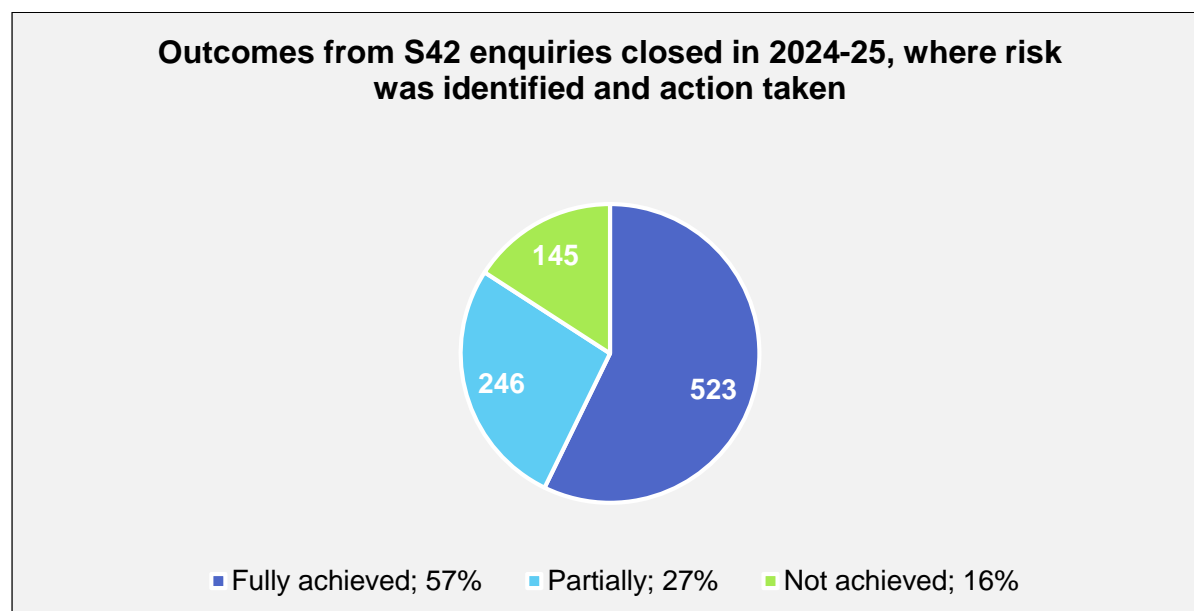


| Location of Risk | 2024/25 Q1 | 2024/25 Q2 | 2024/25 Q3 | 2024/25 Q4 | Total |
|--|------------|------------|------------|------------|---------|
| Own home | 52.75% | 41.89% | 45.61% | 39.60% | 44.83% |
| In the community (excluding community services) | 11.93% | 13.51% | 10.81% | 12.00% | 11.97% |
| Care home - nursing | 10.09% | 13.06% | 8.45% | 10.80% | 10.45% |
| In a community service (including supported accommodation) | 6.88% | 12.61% | 8.78% | 7.60% | 8.92% |
| Care home - residential | 9.17% | 3.60% | 9.80% | 6.80% | 7.51% |
| Hospital - acute | 3.21% | 4.95% | 8.11% | 11.20% | 7.10% |
| Hospital - mental health | 3.21% | 5.86% | 3.72% | 7.60% | 5.07% |
| Other | 1.38% | 4.05% | 4.05% | 3.20% | 3.25% |
| Hospital - community | 1.38% | 0.45% | 0.68% | 1.20% | 0.91% |
| Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |



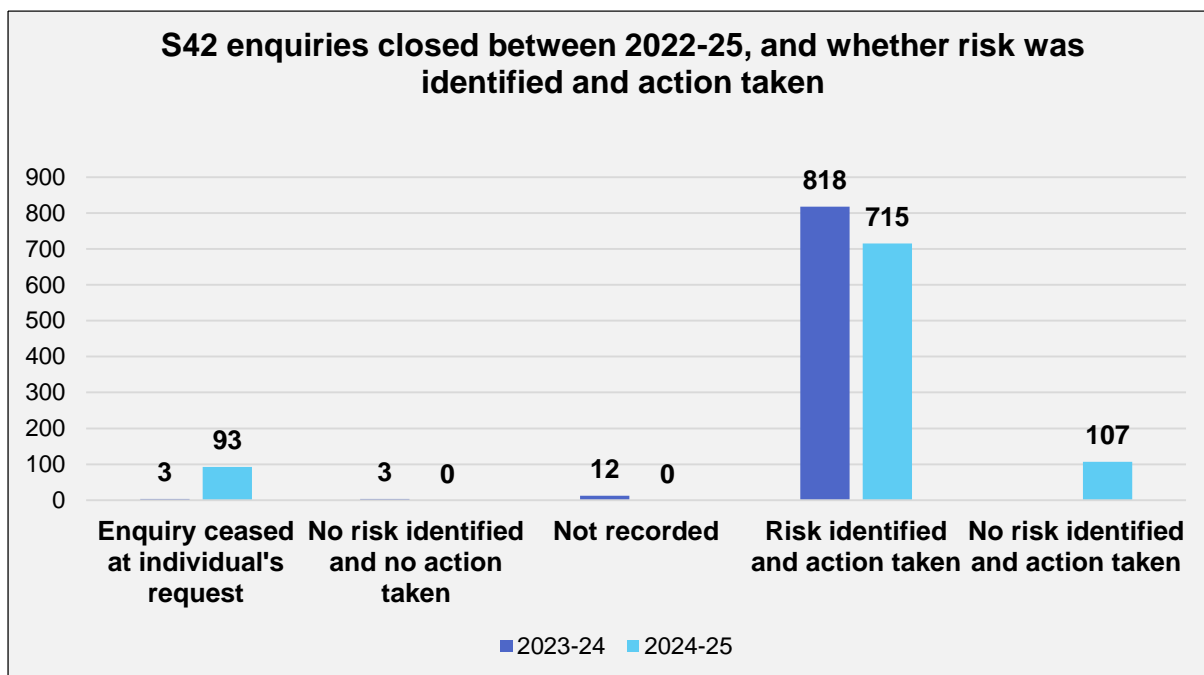
Over the year period 45% of all abuse and neglect was reported to take place in the person's own home, and predominantly for people between the ages of 25-64 years old (49.88%) with 29.36% of people 65-84 years old. We have observed increasing trends this year in safeguarding concerns with the location recorded as acute hospital (3.21% Quarter 1 to 11.16% Quarter 4) and in mental health hospitals (3.21% Quarter 1 to 7.57% Quarter 4).

Outcomes



People's outcomes were fully or partially met in 84.15% of enquiries this year, evidencing our ongoing commitment to Making Safeguarding Personal with consistent good performance and recording in this key area. Due to the introduction of a new post in adult social care of a Safeguarding Development Officer supporting the Head of Safeguarding Adults, we have been able to expand our quality assurance offer providing both quarterly data monitoring and an extended Making Safeguarding Personal Quality Assurance task in relation to safeguarding enquiries themselves and the person's feedback. Good practice around working with people to understand their aims and objectives and recording these within our enquiries is consistently evident.

This is fed back regularly to front line practitioners and managers, recognising their good practice and dedication, and reported quarterly to the SAB Quality Assurance Subgroup and the Professional Practice Team to support our safeguarding practice audit framework, which has a quarterly completion cycle and regular oversight.



Quality Assurance: Data and Development

On a quarterly basis, we report the number of safeguarding enquiries undertaken, the types of abuse and neglect which are prevalent, our conversion rates, and a sample of qualitative feedback from people receiving safeguarding responses to the Safeguarding Adults Board Quality Assurance Group. We have committed to developing a measure around referral data, if this is possible, and are currently exploring this. We acknowledge that, if this would bring further benefits for ourselves and for our partners in understanding more about where our referrals come from, particularly repeat referrals and those which do not indicate care and support or abuse or neglect.

Quality Assurance: Working Together

Through an extensive period of working jointly with East Sussex Fire and Rescue Service and information governance and performance colleagues we have been able to develop automated monthly reporting for people who wish to receive a fire safety check. This recently went live and will bring benefits to our front-line practitioners in reducing manual paperwork completion, strengthening our commitment to prevention and working together to find creative information sharing solutions with our partners.

Progress has been made on a focused area of causing others enquiries, with partners meeting regularly to review open enquiries and keep sight of these. Themes are also being addressed by the provider with oversight at strategic level, enabling further assurance and aims.

Challenges

The challenges noted in last year's annual report remain, with adult social care continuing to receive a very high level of information submissions from partners that

do not indicate a need for social care advice / information, a need for care and support assessment or review, or abuse and neglect safeguarding concerns.

These predominantly include information highlighting a need for a person to access community wellbeing mental health or GP / health services. Discussions are ongoing working with partners to ensure that people are signposted to relevant services at the right time to support their needs. This is key, both to ensure that we focus our resources on abuse and neglect of people with care and support needs, but also that people who are experiencing difficulties with their wellbeing and mental health are directed to appropriate community-based support services at the right time.

While we have achieved some progress within the Sussex-wide partnership with this in terms of opening the conversation, there is more work to do. We aim to design a local briefing for partner agencies this year outlining the remit of adult social care and continuing to encourage partners to signpost people to wellbeing support and, where needed, to share concerns regarding mental health and wellbeing with appropriate primary care services.

We have recently observed a substantial increase in the number of requests for information for DARDR – Domestic Abuse Related Death Review (formerly Domestic Homicide Review) following the expanded scope nationally. Reviews now cover cases where a victim has died by suicide, neglect, or in unexplained circumstances, as long as domestic abuse is a contributing factor.

NHS Sussex (Integrated Care Board)

NHS Sussex, the Integrated Care Board (ICB), remains committed to working alongside both statutory and the wider partners of the Safeguarding Adults Board (SAB) to safeguard the local population and continues to take an active role as a statutory partner of the SAB in driving safeguarding improvements.

NHS Sussex is represented on all SAB subgroups and the SAB's leadership group and supports all key decision-making functions of the SAB as one of three lead partner agencies alongside adult social care and the police. NHS Sussex also continues to chair the Learning and Development Subgroup.

We continue to support the enhancing of safeguarding practice across the health economy in Brighton and Hove, and wider across the Sussex footprint. The NHS: Safeguarding accountability and assurance framework was revised during 2024-25 and NHS Sussex reviewed arrangements to ensure that we continue to meet statutory obligations. Below are key highlights of our achievements in 2024-25.

Clinical Safeguarding Advice and support

NHS Sussex ICB provide an important clinical safeguarding advisory role across the health and social care system. Where safeguarding concerns of a clinical nature have been raised, the Local Authority will consider the need for a safeguarding response under Section 42 of the Care Act as indicated below.

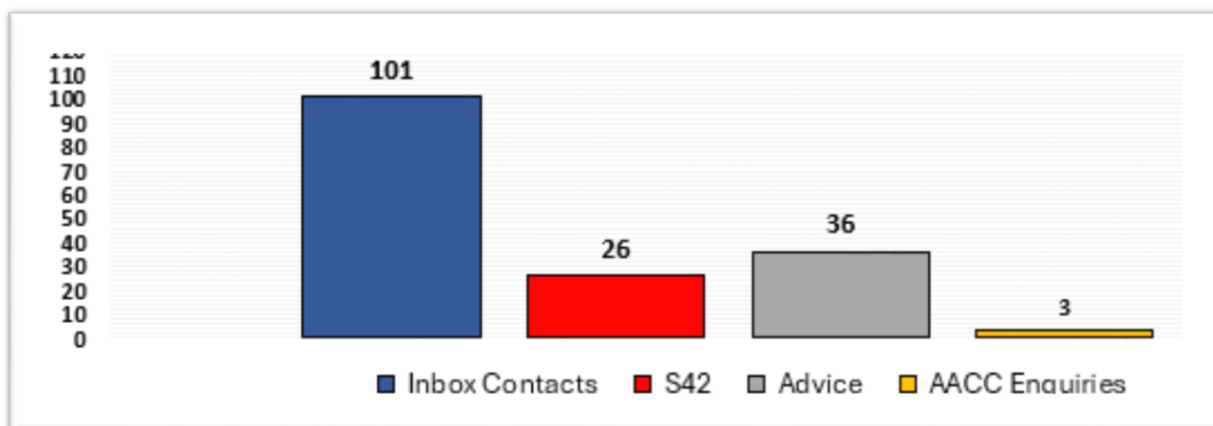
2.3. Receiving concerns and undertaking enquiries | Section 2 | Sussex Safeguarding Adults Policy and Procedures

Practical examples of the support and guidance from NHS Sussex include (not an exhaustive list):

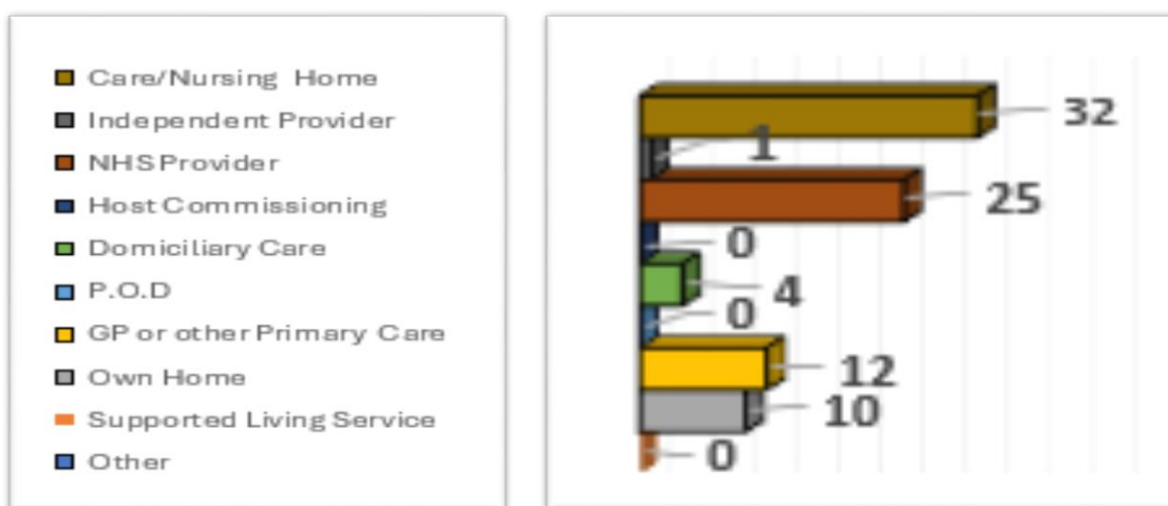
- Advice and support for cases involving multiple providers and / or multiple health professionals (when there is a clinical element); in this circumstance NHS Sussex MUST be involved / notified of the concerns.
- Offering advice to the lead enquiry officer at the local authority as to the appropriate questions to ask regarding the clinical aspects of an enquiry.
- Advice or scrutiny of a report received from a health provider, where significant concerns remain regarding the quality of a response and / or where an impartial view and oversight is required.
- Support for undertaking an enquiry where this is a clinical element in a service where the provider is a small independent service, and it is identified by the lead enquiry officer or the provider that there is no one else within the provider to support undertaking the enquiry.
- Advice and support for highly contentious clinical cases where there may be adverse publicity/high level challenge from family members.
- Where the Adult Death Protocol has been followed and leads to concerns about a provider's ability in regard to clinical care.
- Complex situations where applications to the Court of Protection may need to be considered.
- Poor engagement from a provider.
- Support for independently evaluating and triangulating information / evidence gained in an enquiry from a provider, regarding clinical care aspects, and presenting this within safeguarding meetings as deemed appropriate.
- This is to be determined on a case-by-case basis, and the NHS Sussex Safeguarding team will advise where external advice may be required, and where possible how this can be provided.
- Where the NHS Sussex Safeguarding Team are to be involved in a safeguarding enquiry, agreement will be sought by the local authority regarding attendance at any safeguarding planning, review and conclusion meetings and what information will be required for such meetings.

To this end, we have developed a duty rota to cover the ICB safeguarding inbox and offer a robust advice and signposting service to ensure multi agency colleagues across Brighton and Hove are supported with health-related safeguarding issues. Our Named GPs for safeguarding offer a separate advice line for GP practices, and this data is not currently included in this report. We aim to merge this data going forward from Q1, 2025/26.

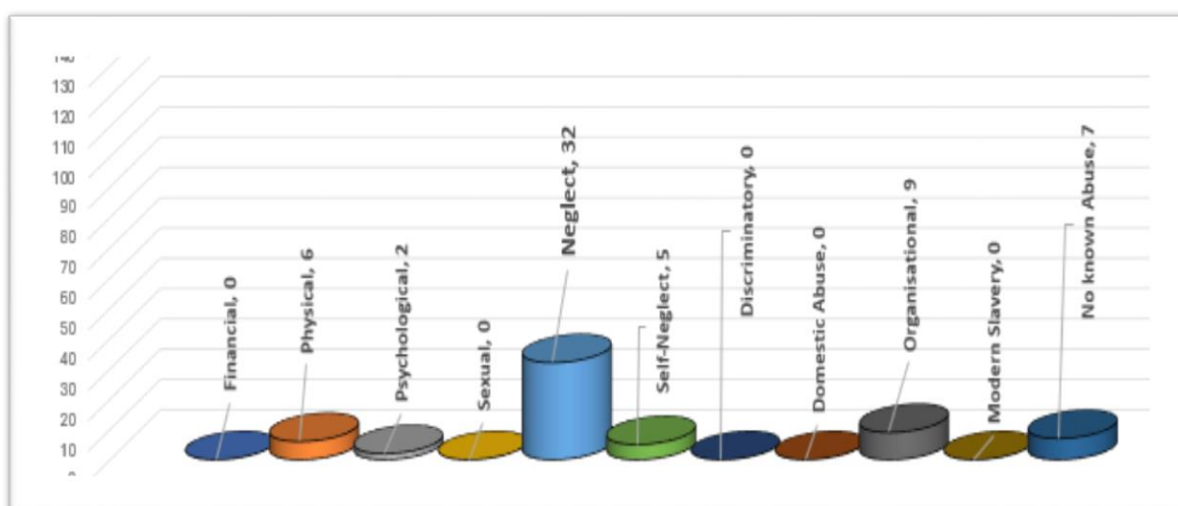
The first graph below represents the total number of Brighton and Hove related contacts received via the generic Safeguarding Inbox or via the designated safeguarding adults nurses directly during 2024-25. Out of this total, 26 related to Section 42s and 36 related to professionals asking for advice. A further three were specific to AACC (All Age Continuing Care) enquiries and the remaining not shown would have mostly been 'information only' emails.



The second graph below relates to the 'Provider / Service Type' in connection to the relevant contacts from the first graph showing the highest number of contacts came from Care / Nursing Homes and NHS Providers.

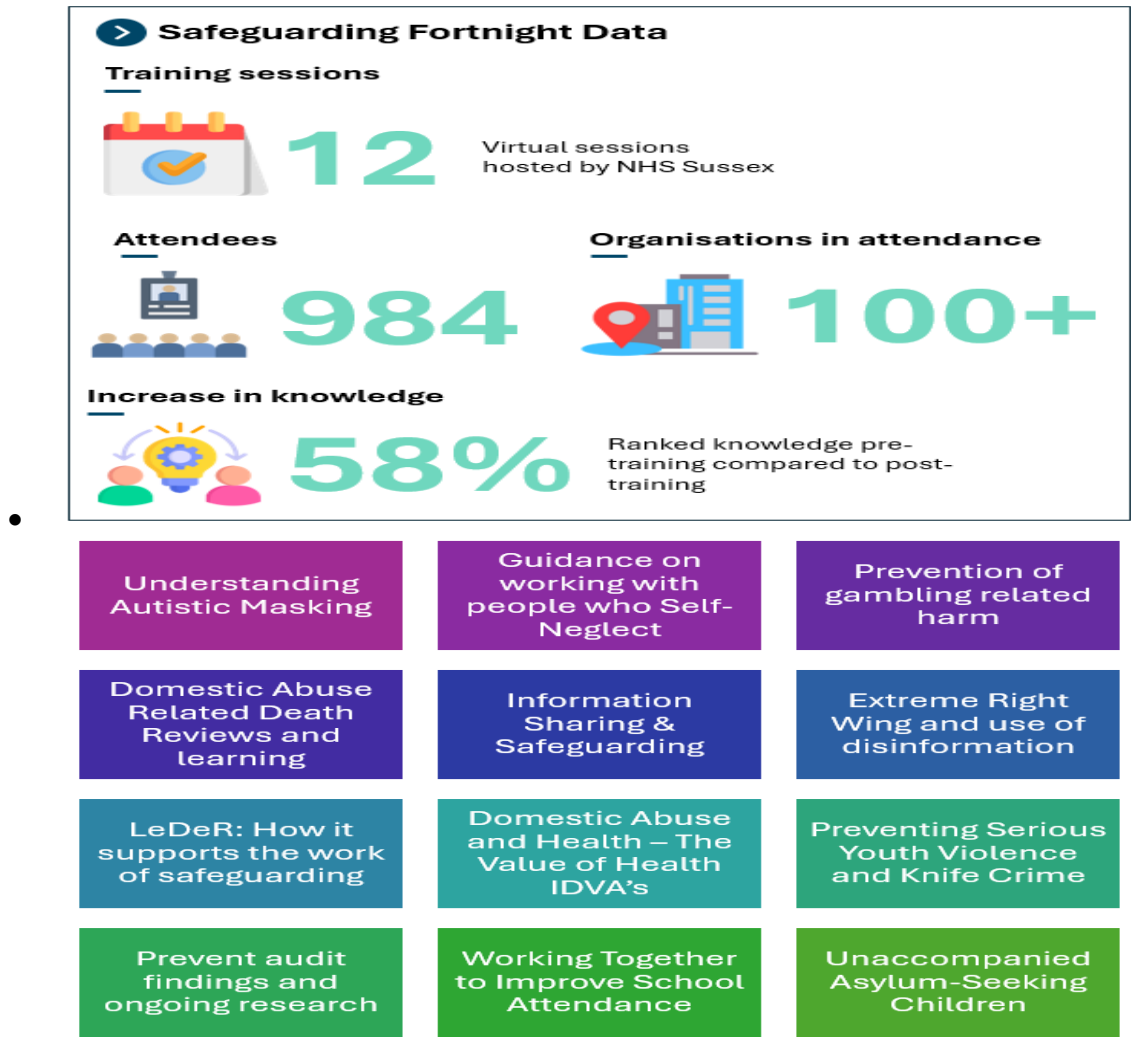


The third graph follows on from the previous two and shows as with the Homes and ASC date the most common form of abuse escalated to the inbox is neglect.



It should be noted that the total number of Inbox Contacts in the first graph does not equal the totals on the other graphs because the contact may not be relevant and NHS Sussex are not always provided with the relevant information to accurately record this.

NHS Sussex held the Safeguarding and Children in Care fortnight in November 2024 with the theme of ‘Hidden Harm’. These training sessions gave frontline professionals and their managers across Sussex the opportunity for a learning and reflective space to improve understanding and awareness. This year marked the first year of collaboration with the three Safeguarding Children Partnerships and three Safeguarding Adults Boards to share resources and increase impact and awareness across the system.



Provider assurance

NHS Sussex have gained assurance from health providers in Brighton and Hove through quarterly exception reporting, biannual safeguarding assurance self-assessment and through site visiting. The quarterly exception report was reviewed in 24/25 and has been amended to ensure we receive the data required to provide a picture of where gaps may be, or to highlight good practice. It has been agreed that relevant data collected can be shared with Brighton and Hove to inform the Board multi-agency data dashboard in 2025/26.

Working in Partnership to Provide Effective Safeguarding Arrangements

During 2024-25, following a joint SAR commissioned by East Sussex SAB, NHS Sussex led on a collaborative piece of work developing a Self-Neglect Management Flow Chart for use by primary care across Sussex to support and improve practice around identifying self-neglect, making referrals and undertaking carers assessment. The tool was promoted during Safeguarding Fortnight and initial feedback from providers was positive, further work is planned to gain feedback about the impact on practice from primary care in 2025-26.

Sexual Safety Charter

During 2024, NHS Sussex led and supported implementation and roll out of the NHSE Sexual Safety Charter that launched in September 2023 across both ICBs and the provider network. The aim of the Charter is to ensure a systematic, trauma-informed approach to sexual misconduct and violence throughout the workplace. A gap analysis and action plan were developed in the last year, to ensure improvements were in place and relevant safeguarding and HR policies were updated. A mandatory virtual training package 'understanding sexual misconduct in the workplace' was launched in Q3, which will enable staff to recognise and report sexual misconduct and to understand how to support colleagues (victims and witnesses).

Mental Capacity Act (MCA)

Following the identification of gaps in learning in recent SARs, specific MCA training has been delivered to 93 primary care staff across Sussex throughout 2024 to support the embedding of MCA in GP practice. The training was refreshed in January 2025 and is offered to ICB clinical staff on a bi-monthly basis and includes practical application of the MCA. 60 people attended the sessions in Q4 with practitioners feeling more competent in applying MCA to practice based on feedback. Focused development work and training has been undertaken with All Age Continuing Care (AACC) to ensure application of MCA for 16/17-year-olds and an MCA Competency Framework will be developed by end of 2025-26 to strengthen compliance.

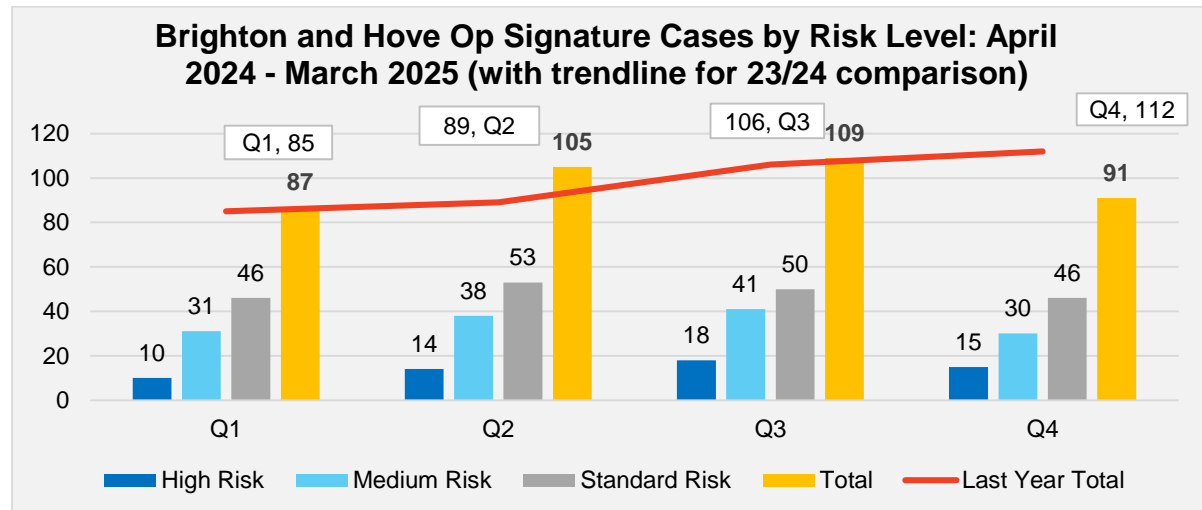
All Age Continuing Care

During Q2 of 2024, NHS Sussex introduced a dedicated safeguarding specialist nurse role to join the AACC team and provide daily safeguarding support to AACC staff and management of complex safeguarding cases. This role was developed following recognition of complexities of cases and an increase of safeguarding concerns relating to people with care needs funded by NHS Continuing Care. The nurse is supported by the safeguarding team through supervision.

Sussex Police

Operation Signature (known as Op Signature) ensures all vulnerable fraud victims receive a visit from a uniformed officer or Police Community Support Officer (PCSO), who provide reassurance and support, and makes referrals to or signposts to other agencies who can help. The data used in this report is taken from the Sussex Police Fraud Power BI dashboard. In order to focus on vulnerable victims, this report uses Op Signature data unless stated otherwise.

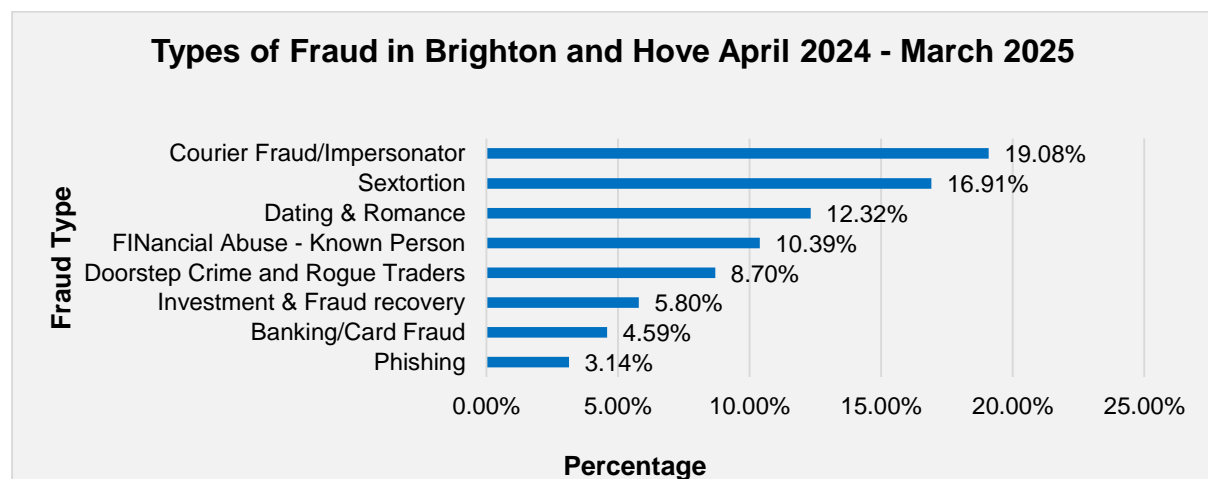
As Sextortion is a blackmail offence and not fraud, this has not been included within the Brighton and Hove overview demographic data. This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data. The data period in this report is inclusive of data between April 2024 – March 2025. There is also data from April 2023 – March 2024 included within this report, when comparing trends.



There was a continual increase in the number of Operation Signature cases between Q1 and Q3 in Brighton and Hove, before a decrease in Q4. Cases were at their lowest in Q1 and peaked in Q3, compared to previous year where the number of cases grew every quarter. However, the total number of cases for the year was identical to 23/24 with a total of 392.

High risk reports were at their lowest in Q1(10 actual) and peaked in Q3(18 actual). Medium risk reports were at their lowest in Q4 (30 actual) and peaked in Q3 (41 actual). Standard risk reports were at their lowest in Q1 & Q4 (46 actual) and peaked in Q2 (53 actual).

There was a total of £4.16 million lost in Brighton and Hove between April 2023 – March 2024. Between April 2024 – March 2025 the total lost was £4.77 million. The equates to an average loss per victim of £11,628.



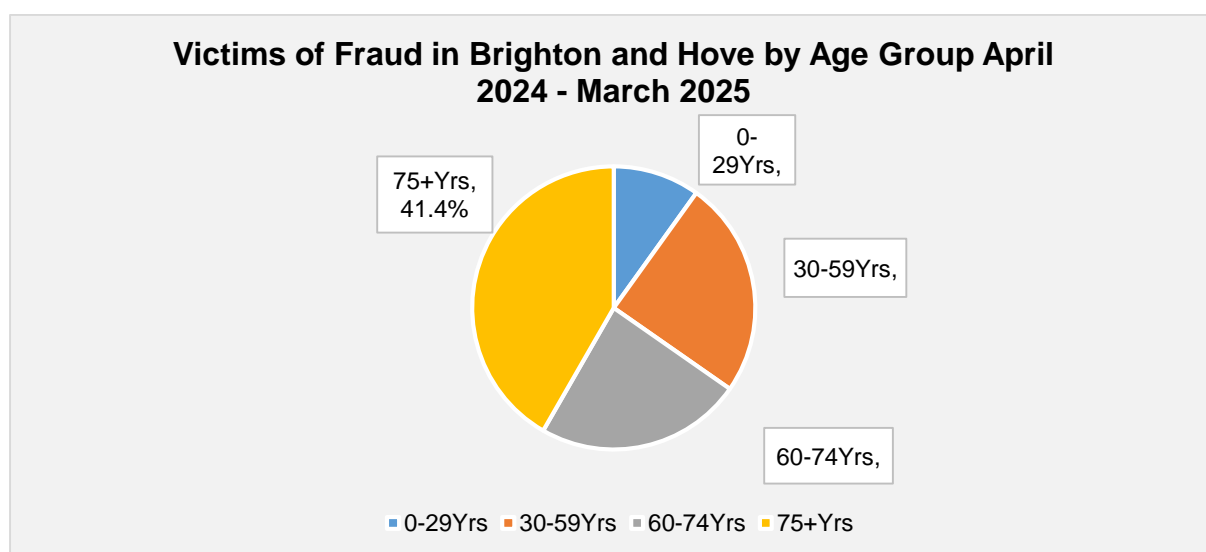
Between April 2024 and March 2025 in Brighton and Hove, the top three fraud types were Courier fraud / impersonator, Sextortion and Dating and romance. Compared to the previous year we have the same three fraud types. However, Courier fraud/impersonator has overtaken sextortion to be the most reported fraud type. This change could possibly be accounted for as victims of sextortion under the age of 18 are no longer coming into Operation Signature as they have in previous years.

Courier fraud / impersonator offences accounted for almost a fifth of all fraud reports in Brighton and Hove in the last year (19%) and compared to the previous year the number of reports increased by approximately 36% (increase of 21 actual). Victims of this type of fraud were most frequently female (72%), this differs considerably from the previous year where 52% of victims were male. Over two thirds of the victims were over the age of 75 (67.1%) and 55.7% of victims lived alone.

Sextortion is a form of blackmail where a perpetrator threatens to reveal intimate images of the victim online unless they give in to their demands – these demands are typically for money or further images. Criminals might befriend victims online by using a fake identify and then persuade them to perform sexual acts in front of their webcam. Criminals will then threaten to share the images with the victims' friends and family which can make the victims feel embarrassed and ashamed and prevent them from coming forward to report the incident.

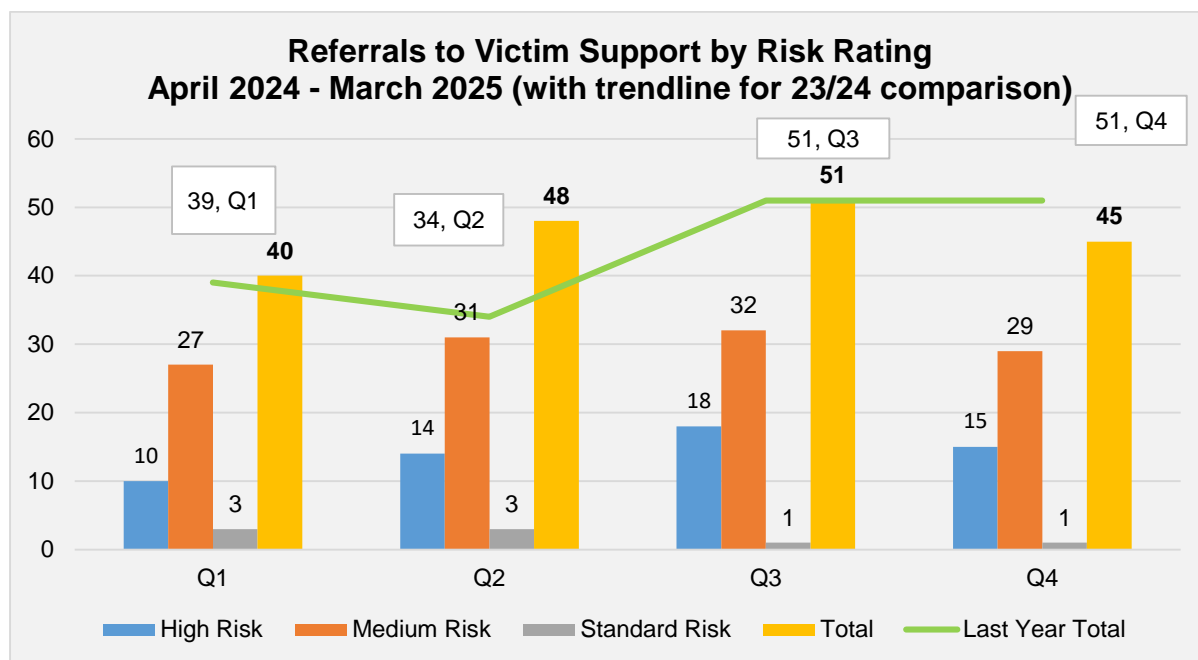
Sextortion offences was the second most frequent reported offence accounting for nearly 17% of fraud offences in Brighton and Hove in the last year. Compared to the previous year, the number of reports has decreased by 36.4% - an actual decrease of 40 cases. In the last year, 67% of victims were aged 0-29 years old. Males were the most frequent victims of sextortion offences accounting for 87% of victims; victims more frequently did not live alone (80%).

Dating and Romance fraud was the third most frequent type of fraud between April 2024 - March 2025. The number of reports is identical to the number reported the previous year (51 actual). There were slightly more male victims than female (a difference of 1 actual). Victims' age groups were most frequently aged 30-59 (33.3%). It was more frequent that victims of Dating and romance fraud lived alone (61%).

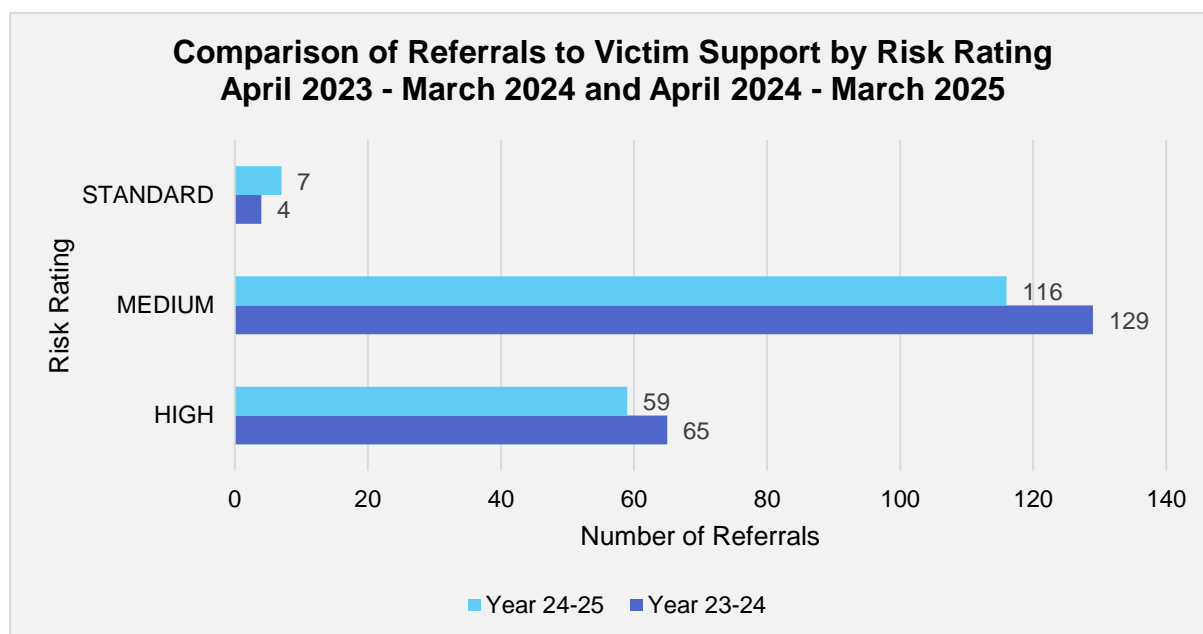


NOTE: As sextortion is blackmail and not fraud, this has not been included within the Brighton and Hove overview demographic data (above). This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data.

Between April 2024 - March 2025, just over 40% of victims in Brighton and Hove were aged 75 and over (144 actual). Compared to the previous year this is an increase of 23% of victims being over the age of 75.



Between April 2024 - March 2025, the number of referrals to Victim Support increased from Q1 to Q3. Q4 saw a decrease. Q1 had the lowest number of referrals. However, referrals peaked in Q3, a difference of 11 to Q1.



Medium and High-Risk referrals to Victim Support in April 2024 – March 2025 decreased compared to the previous year. The number of standard risk case referrals increased. Overall, the number of referrals to Victim Support decreased by 8% compared to the previous year. Medium risk referrals were the most frequent risk referral risk rating.

Sussex Partnership NHS Foundation Trust (SPFT)

Brighton and Hove adult mental health services are provided jointly by the Local Authority and Sussex Partnership NHS Foundation Trust (SPFT) under a Section 75 (NHS Act 2000) agreement, which allows for the integration of health and social care services.

SPFT has a dedicated Safeguarding Service that supports the Trust to carry out its work in line with safeguarding legislation and best practice. The service delivers safeguarding training across the Trust, provides safeguarding consultations for clinical staff, contributes to quality reviews of its services and is involved in specific safeguarding issues as they arise. The service represents the Trust in multi-agency safeguarding forums, such as the Brighton and Hove Safeguarding Adults Board.

Safeguarding Incidents

Table 1 shows the number of safeguarding adult incidents that were raised by SPFT teams working in Brighton and Hove in 2024-25; numbers in brackets are the previous year's figures. The overall numbers increased compared to the previous year. Part of this increase is likely due to greater understanding of safeguarding concerns and the requirement to record and raise them with the local authority.

Table 1 - Adult Safeguarding Concern Incident Numbers 2024-25

| Categories of Abuse | 2024/25 |
|----------------------------|------------------|
| Physical | 79 (91) |
| Sexual | 32 (19) |
| Financial | 34 (34) |
| Discriminatory | 2 (2) |
| Domestic | 34 (45) |
| Psychological/emotional | 52 (29) |
| Neglect & acts of omission | 53 (36) |
| Self-neglect | 26 (32) |
| Organisational | 22 (10) |
| Modern slavery | 0 (0) |
| Total | 334 (298) |

Section 42 Enquiries

SPFT safeguarding enquiry information records 24 enquiries within Brighton and Hove where the Trust was named as the cause of risk. This was an increase of 10 on the previous year. Most of these enquiries were linked to inpatient mental health settings

and were classified as neglect and acts of omission. The integrated working of SPFT and Brighton & Hove City Council Adult Social Care Mental Health Teams enables close working to manage these safeguarding enquiries in line with the desired outcomes of the adult at risk. The enquiries are undertaken by social care staff who are seconded within SPFT mental health services.

Safeguarding Adult Reviews

SPFT participates in the Safeguarding Adults Review (SAR) work of the SAB. In September, the SAB published SAR Oliver. This was a significant review for SPFT because Oliver was a mental health service user who had been open to its services shortly before he died. SPFT, alongside partner agencies, is addressing the recommendations arising from the review. For SPFT, the recommendations focus on maintaining contact and service provision with patients who move between different geographical areas. The review highlights the challenges of multi-agency working and service provision for people with multiple compound needs.

Safeguarding Initiatives and Projects

Prevent - The Trust reviewed and updated its Prevent Policy to reflect changes to terminology and definitions arising from the national review of Prevent in 2023. The Trust also began a project to analyse 130 cases referred by SPFT to the Prevent Channel Panel process. The work will conclude in 2025, and its results will be shared to inform all services of the characteristics of people being referred to Prevent who are linked to mental health services. It is hoped that the report will lead to publication of an academic paper in this area of work.

Responding to Trust to staff experiencing or perpetrating domestic abuse - The Trust reviewed its staff domestic abuse policy to ensure that support of its own staff who experience domestic abuse is in line with best practice.

Changing the language: a guide to language for mental health - The Trust's safeguarding service contributed to the development of a new language guide for mental health. Learning from SARs about the power of language to engage or exclude was shared with the project and is reflected in the guide. The guide can be found at [Changing the Language Guide](#) and is for use by all agencies.

Self-harm within inpatient settings - The safeguarding service has developed guidance on when inpatient self-harm incidents should be raised as safeguarding concerns with local authorities. Self-harm, and suicide, is not a category of abuse under the Care Act 2014, however, when it occurs in an inpatient setting it can lead to concerns that it might have been preventable and that the harm resulted from neglect of care. This guidance will aid decision making about how to apply safeguarding criteria to self-harm.

Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust (SCFT) serves a wide geographical area which includes; West Sussex, Brighton and Hove, High Weald, Lewes and Havens, and provides health services in the community to both adults and children.

Safeguarding is a fundamental part of our recruitment process, ensuring appropriate checks are in place to ensure all staff are employed within SCFT services to contribute to the delivery of excellent care within the community. All staff have access to mandatory and statutory safeguarding training for adults and children appropriate to their role and position within the Trust, including higher-level training for those in specialist roles.

SCFT has a safeguarding team which provides specialist advice for both adults and children across all services and supports staff to recognise signs of abuse and how to report it. The Trust works effectively with all safeguarding partnerships to ensure a multi-disciplinary and cross-agency approach.

The safeguarding team works closely with new service developments to ensure we provide high quality and effective health services. The team is part of a Quality and Safety Department, which enables close working both with specialist safety teams and clinical staff. This ensures that we focus on learning for improvement and strengthens our personalised approach to safeguarding. In 2025-26 there will be a Trust-wide focus on developing good practice around the Mental Capacity Act and Mental Capacity Act assessments.

We continue to work in line with our safeguarding strategy, which underpins our commitment to providing excellent care at the heart of the community. The aim of the strategy is to ensure that everything we do, wherever it takes place, ensures the safety, security, and well-being of children and adults who are involved with our services. This will be achieved through achieving the following goals, which reflect the priorities of the Trust's Strategy:

Our People - We will provide effective safeguarding advice and guidance to our staff, volunteers, and carers to enable them to support people with safeguarding concerns.

Inclusive - We will recognise and respect diversity to meet the safeguarding needs of marginalised and seldom-heard groups, reducing inequalities and deprivation within our communities.

Learning - We will continue to promote a culture of continuous safeguarding improvement and learning in the face of economic uncertainty.

Partnerships - We will build on internal and external partnerships to strengthen our safeguarding practice. Developed with the help of SAB partners, the strategy sets out how we will deliver our commitment to safeguarding and our strategic priorities for the next three years.

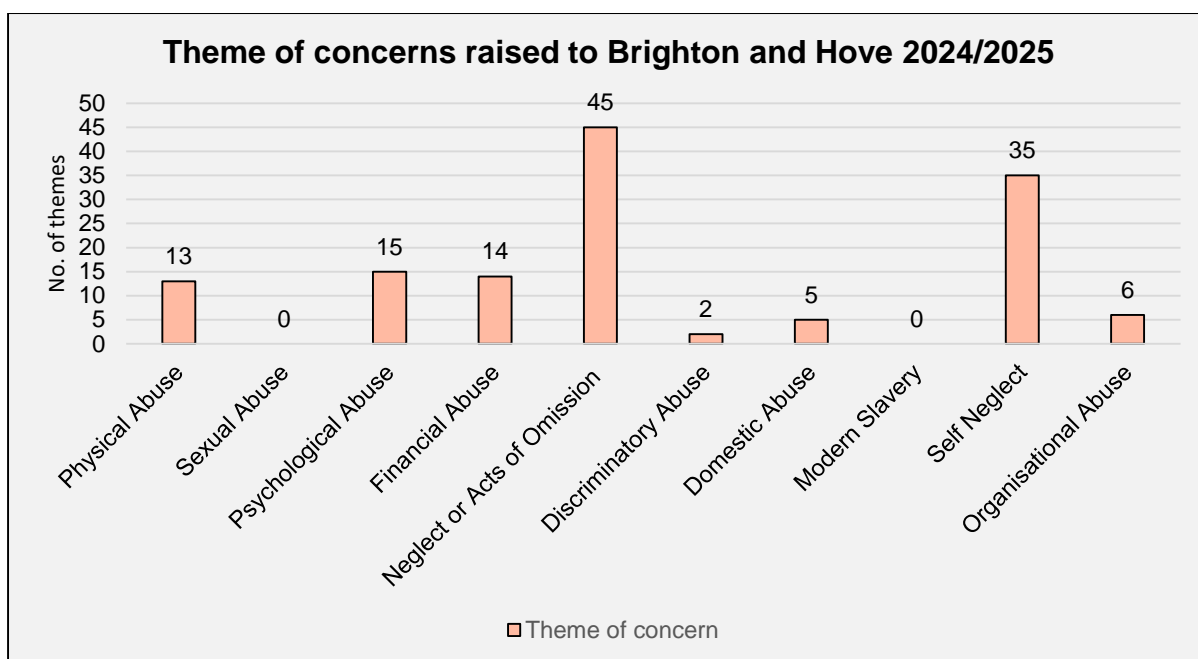
Safeguarding Adults Training

| Level | Target Cohort | Target Compliance | 2024-25 Data | Analysis of Variance |
|----------------|--|-------------------|-------------------------------|---|
| L2 | Mandatory for all staff | 85% | 98% | Compliance remained above SCFT compliance target of 95%. |
| L3 | Mandatory for all Adult and Specialist Services registered nursing and AHP staff Band 5-8a | 85% | 90.5% | In line with the NHS Intercollegiate Guidance the annual target is 85%. |
| L3 WRAP | Mandatory for Adult and Specialist Services staff that require Adult Safeguarding L3, and Childrens Services. | 85% | 97.5% | Compliance evidences that the final stretched third year target of 85% by Q4 2023-24 has been met. |
| L3 MCA | Mandatory training for all new starters (in L3 cohort) and is also accessible to all staff should they chose to complete it. | | New starter compliance: 96.4% | ESR Module MCA: Assessing Mental Capacity. Completion will fluctuate depending on new staff flow into SCFT, and substantive staff choice to complete. |

Raising safeguarding concerns

SCFT staff demonstrate an awareness of risk and escalate adult safeguarding concerns to ensure support is provided to the adults involved. Safeguarding concerns raised to Brighton and Hove City Council are as follows:

| Adult safeguarding concerns raised by SCFT to BHCC 2024-25 | |
|--|------------|
| BHCC | 102 |



The table above shows the various safeguarding themes captured within the concerns raised to BHCC, and the key theme of neglect / acts of omission is as expected given the broad scope of issues encompassed within this category across health and social care services. These concerns may relate to care provided by SCFT, care delivered by other health or social care providers of care given by unpaid carers, such as family members and friends.

SCFT Internal Safeguarding Adults Advice Line

SCFT staff have access to specialist advice via the SCFT safeguarding advice line. This support enables SCFT staff to improve their practice, knowledge and confidence in safeguarding and supports better outcomes for adults who need care and support. This also reinforces a culture of developing improved outcomes in the promotion of safeguarding adults from harm and abuse in line with the values expected from all healthcare professionals.

| | |
|--|----------------|
| SCFT: Safeguarding Adults Advice Line | 2024-25 |
| Contacts (Trust-wide) | 552 |

Advice line contact demonstrates that staff discuss concerns directly with patients (when appropriate to do so and in line with consideration of mental capacity), provide risk mitigation where possible, provide safety netting information and case management, and contact Adult Social Care directly when urgency is required. The SCFT Safeguarding Adults team also escalates potential quality issues within other provider services to the NHS Sussex Integrated Care Board (ICB) Safeguarding Team for wider consideration.

East Sussex Fire and Rescue Service (ESFRS)

Table 1 below shows the number of Home Safety Visits (HSV) conducted by East Sussex Fire and Rescue Service in 2024-25 and includes the number of HSV referrals received from Brighton and Hove Homes and ASC, and Brighton and Hove Carelink. There is a slight increase from the overall number of visits undertaken last year of 2,412 with a more consistent number taking place throughout this year.

The work BHCC Homes and Adult Social Care have been undertaking with the Fire service to automate referral processes should support continued consistency in this area going forward.

| Table 1: Home Safety Visits and Referrals in Brighton and Hove 2024-25 | Q1 Total | Q2 Total | Q3 Total | Q4 Total | Total |
|---|---------------------|---------------------|---------------------|---------------------|--------------|
| Home Safety Visits Completed | 625 | 662 | 608 | 607 | 2502 |
| Home Safety visit Referrals from B&H Adult Social Care/Access | 30 | 14 | 21 | 19 | 84 |
| Home Safety visit Referrals from B&H Carelink | 21 | 24 | 25 | 2 | 72 |

Table 2 below shows the number of CTN (Coming to Notice) Safeguarding Concerns raised by ESFRS in Brighton and Hove over the past year. The total number of visits this year (121) has reduced from last year with a reduction in the number of CTN concerns raised in relation to hoarding, which has reduced from 59 in 2023-24 to 39 this year.

The work being undertaken to increase understanding and awareness of self-neglect, and hoarding behaviour, through the Responding to Hoarding Behaviour framework, updated Pan-Sussex Self-Neglect procedures and accompanying webinars should help in improving earlier multi-agency responses to these issues.

| | |
|---|-------------------|
| Table 2: Safeguarding Coming to Notice forms raised to Adult Social Care 2024-25 | Total: 121 |
| Additional Support | 37 |

| | |
|---------------------------------|----|
| Hoarding | 39 |
| Living Conditions | 16 |
| Mental Health | 6 |
| Self-Neglect | 4 |
| Unsuitable Living accommodation | 4 |
| Alcohol | 3 |
| Suicidal/Self Harm | 3 |
| Smoking | 2 |
| Unattended Cooking | 2 |
| Cuckooing | 1 |
| Domestic Abuse | 1 |
| Financial Abuse | 1 |
| Possible Abuse | 1 |
| Welfare Concerns | 1 |
| Arson (inc threats) | 0 |
| ASB | 0 |
| Bariatric | 0 |
| Building Concerns | 0 |
| County lines | 0 |
| Falls | 0 |
| Firewise - Firesetting | 0 |
| Hate Crime | 0 |
| Modern Slavery | 0 |
| Repeats Incidents | 0 |
| Substance Misuse | 0 |
| Threats of Harm | 0 |

University Hospitals Sussex NHS Foundation Trust

University Hospitals Sussex NHS Foundation Trust (UH Sussex) is one of the largest organisations in the NHS. It employs approximately 20,000 staff and serves a population of 1.8 million people. The Trust delivers services from seven hospitals across Brighton and Hove, West and Mid Sussex and part of East Sussex.

The Safeguarding Adults Team at UH Sussex offers specialist support across all hospital sites and outlying services. The team faced some challenges towards the latter half of the year due to staff vacancies and changes to the senior leadership team. However, all vacant posts have been successfully recruited into, and a new safeguarding senior leadership team have been appointed to ensure UH Sussex continues to embed the principles of safeguarding practice throughout the organisation.

Figure 1 below pertains to the number of safeguarding concerns raised by UH Sussex staff, across all categories of harm or abuse, on behalf of people attending our hospitals who are residents of Brighton and Hove. It also provides a comparator with the number of safeguarding concerns raised the previous year.

Fig 1: Safeguarding Concerns raised by UH Sussex

This shows that in common with other partners the highest number of safeguarding concerns were raised in relation to neglect and omission, and that there was a significant increase in this area from the previous year. There were also increases in relation to psychological abuse, self-neglect and domestic violence. Figures 2 and 3 show the number of safeguarding concerns raised by gender and age, with just under 50% in relation to individuals aged over 65.

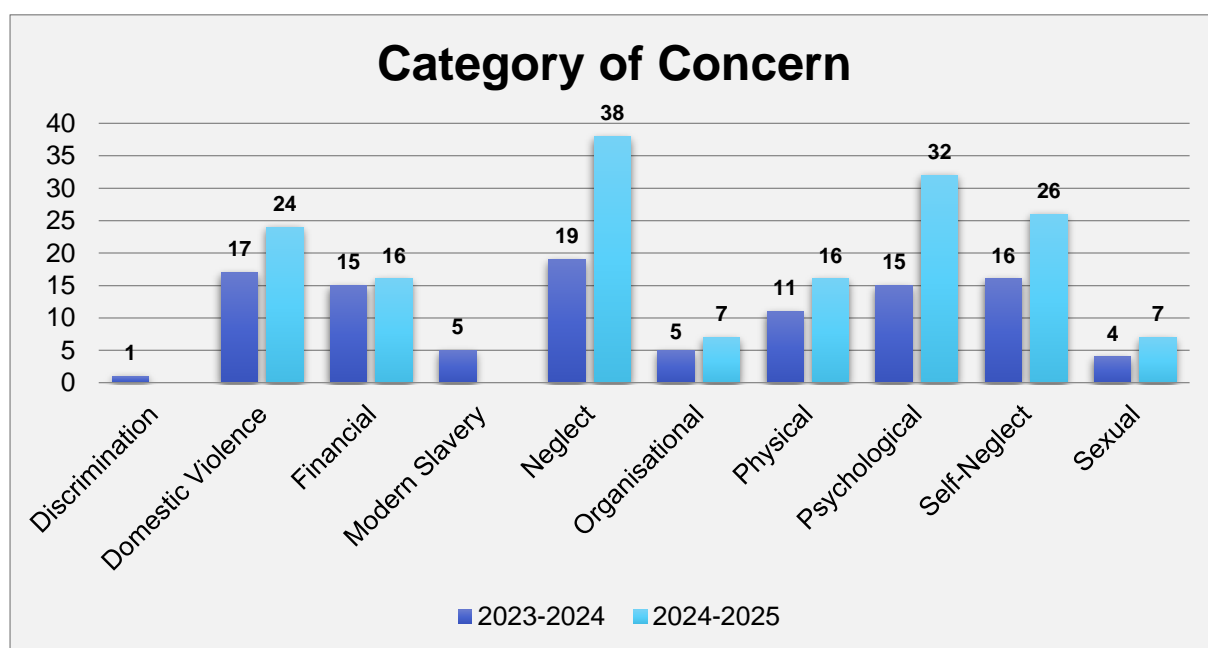


Fig 2: Safeguarding Concerns Raised by Gender 2024 – 2025

Figures 2 and 3 provide additional data pertaining to safeguarding concerns raised by UH Sussex staff during 2024-25 in relation to gender and age categories.

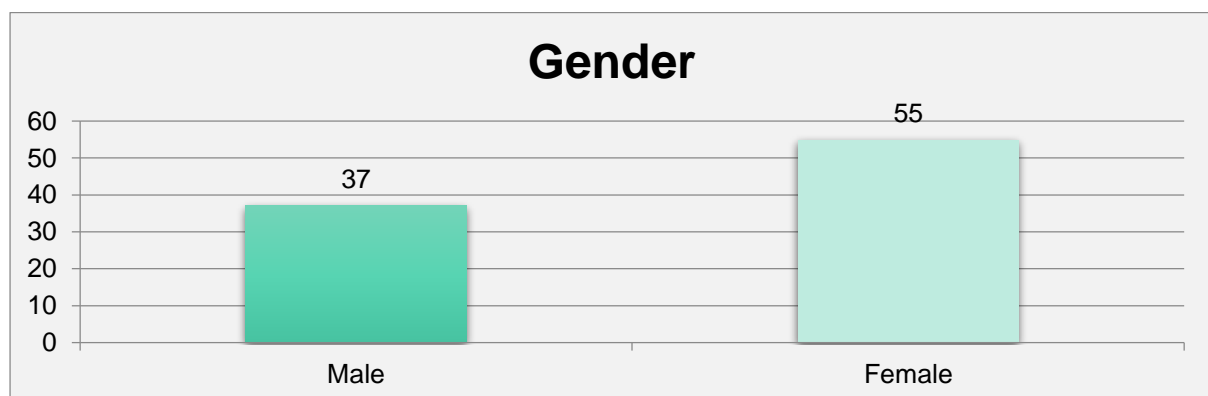
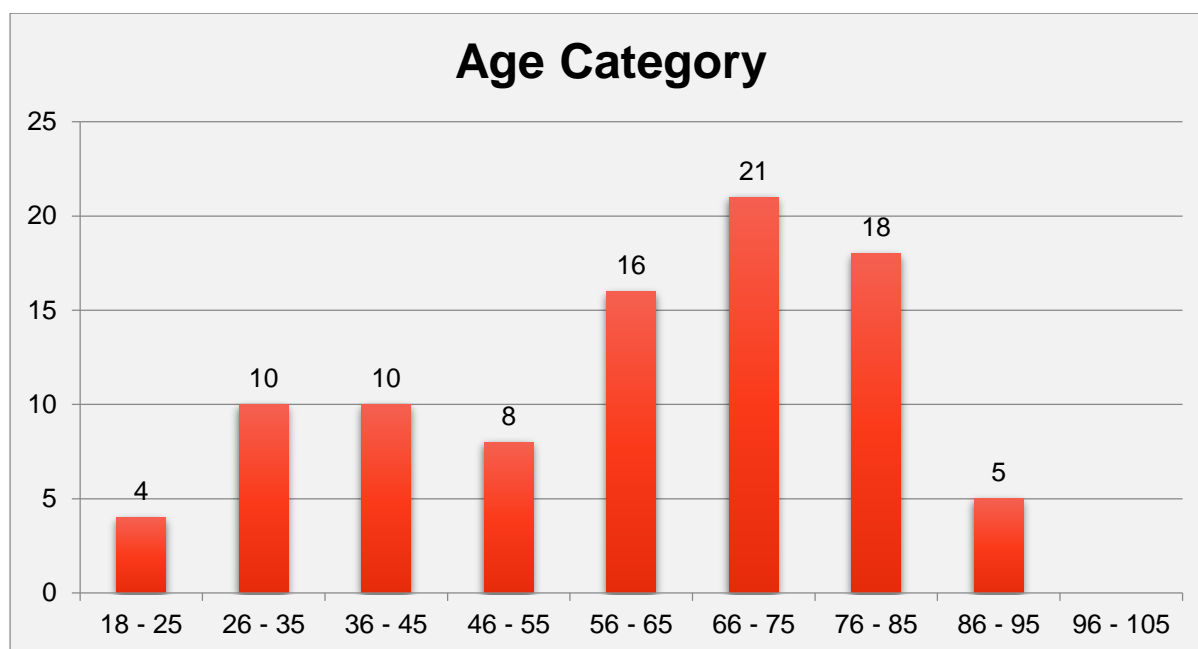


Fig 3: Safeguarding Concerns Raised by Age 2024-25



Domestic Abuse

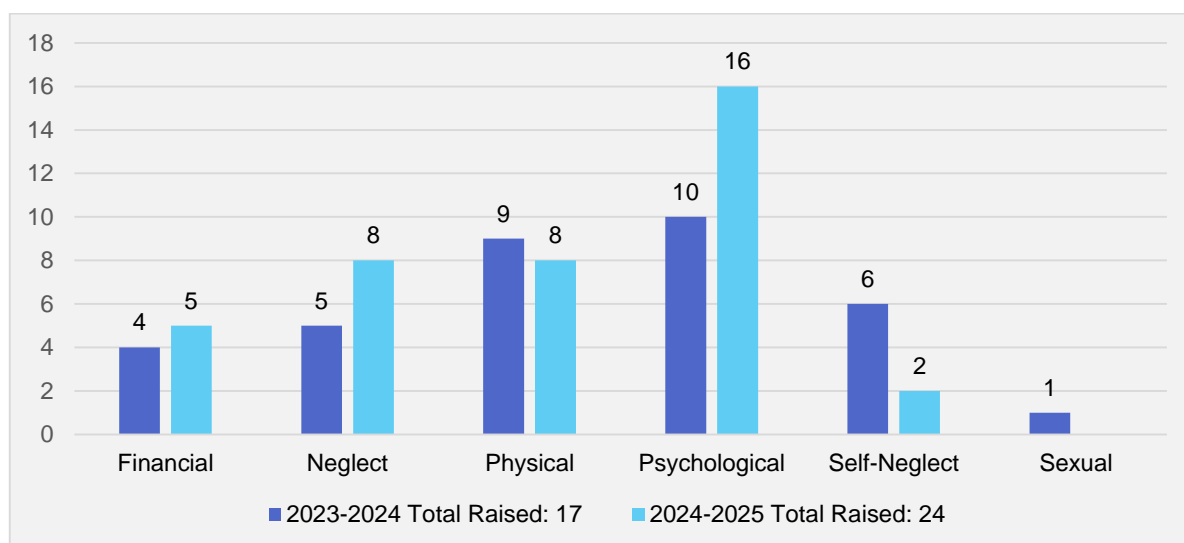
Figure 4 below pertains to adult safeguarding concerns raised by UH Sussex staff specifically relating to domestic abuse. It is worth noting that one safeguarding concern may relate to multiple categories of harm and abuse that constitute domestic abuse.

Victim Support provide specialist domestic services across Brighton and Hove. They employ a Health Independent Domestic Violence Advisor (HIDVA) who provides onsite specialist support to the Royal Sussex County Hospital in Brighton. The HIDVA works closely with the UH Sussex safeguarding teams, supporting people accessing hospital services across paediatric, maternity and adult healthcare services. Moving forward in 2025-26, UH Sussex is working with Victim Support to facilitate the provision of male HIDVA onsite support to the hospital. As well as raising safeguarding concerns relating to domestic abuse, UH Sussex staff can refer direct to the onsite HIDVA or Victim Support.

Awareness of domestic abuse is included in mandatory safeguarding adults training. The HIDVA supported the safeguarding adults team in the delivery of additional bespoke training to clinical staff and, in particular, has delivered multiple training sessions for staff working within the Emergency Department at the Royal Sussex County Hospital in Brighton.

The revised UH Sussex Domestic Abuse policy was ratified in December 2024 and is in place across the organisation to support staff with the recognition and response to domestic abuse.

Fig 4: Safeguarding Concerns Raised Relating to Domestic Abuse



Training

Safeguarding adults training has continued to be an area of focus and, in particular, the Safeguarding Adults team have undertaken significant work to improve compliance amongst frontline clinical staff with Level 3 safeguarding adults. The team implemented a blended learning programme consisting of e-learning modules as well as face to face training which includes discussion of case studies and learning from SARs. The Safeguarding Adults training also includes Prevent, Mental Capacity Act and Deprivation of Liberty Safeguards. Completing all elements of the blended learning programme is mandatory for clinical staff. Since implementing the programme at the start of Q3, compliance with Level 3 safeguarding adults training has improved significantly from 55% to 88% at the end of Quarter 4.

Level 1 safeguarding adults training is included as part of induction the UH Sussex for all staff. Level 2 training is provided via an e-learning module developed for staff during COVID -19. Reviewing and updating level 2 training is one of the team objectives for 2025-26.

Partnership working

The safeguarding adults team continues to work in partnership with the SAB throughout 2024-25, contributing to an increasing number of Safeguarding Adults Reviews and Domestic Abuse Related Death Reviews, many of which are ongoing or awaiting publication. These include SAR Frank and Paul, SAR Henry, and SAR Hassan.

As part of ongoing actions from the previous SAR Craig, UH Sussex continues to improve MCA processes across the organisation. A revised template document for completion of Mental Capacity Assessments is mandated for use by clinicians across all UH Sussex hospitals. Moving forward into 2025-26, a new Mental Capacity Act and DoLS Operational Group is to be implemented. The Terms of Reference have been

agreed by the UH Sussex Safeguarding Strategy Committee and membership includes senior nursing leadership, medical staff, allied health professionals, local authority DoLS leads, the LeDeR* senior reviewer and the programme lead at NHS Sussex. The first meeting of the Operational Group is expected to take place in Q1 and, moving forward, will be chaired by the newly appointed Head of Nursing for Safeguarding Adults and Learning Disability.

The Sussex SAB protocols are highlighted during staff training to include raising awareness of, for example, the SAR protocol and the Adult Death Protocol. The Sussex Safeguarding Threshold Document is accessible to all staff via the Safeguarding Adults Team Infonet page and an electronic copy is sent to all staff attending the Level 3 training.

The Lead Nurse for Safeguarding Adults continues to act as vice-chair of the SAB Learning and Development subgroup and represents UH Sussex at the SAR subgroup and Quality Assurance subgroup.

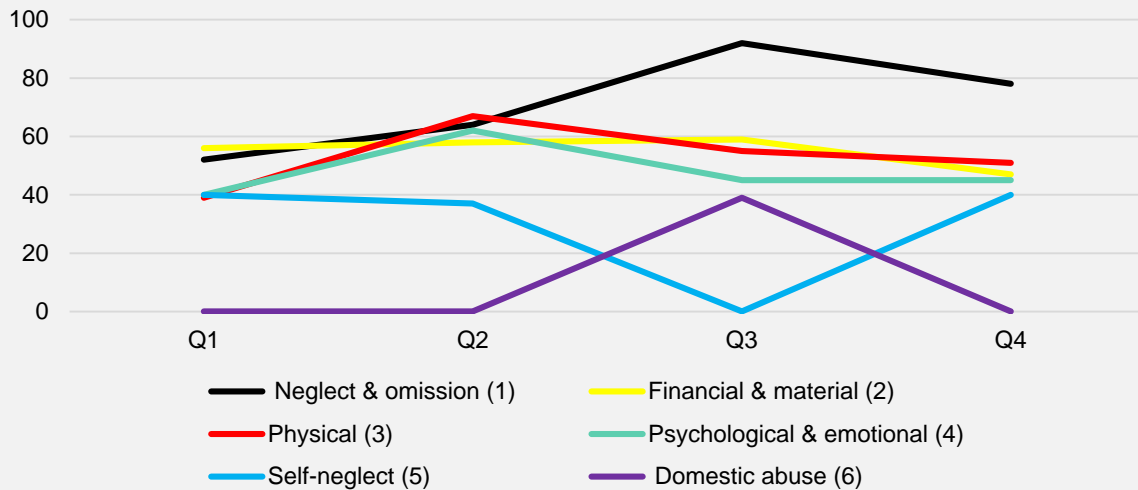
2024-25 BHSAB data dashboard end of year summary data

The following charts provide oversight of select data sets included on the BHSAB's data dashboard from the council's Homes and Adult Social Care directorate.

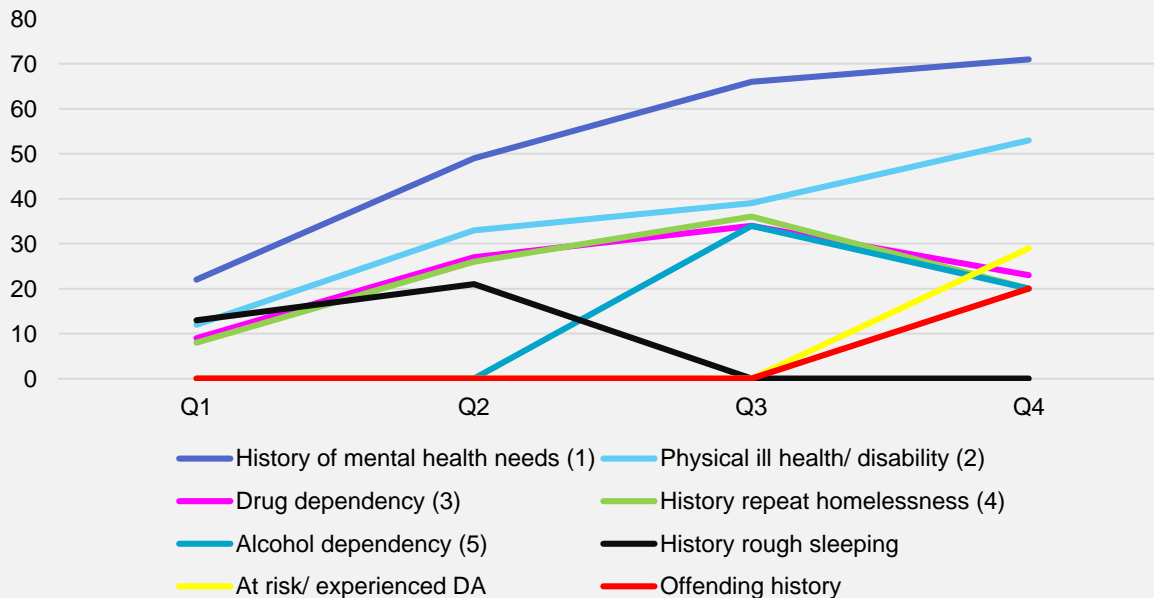
These provide an overview of the categories of abuse and neglect identified in section 42 enquiries throughout the year in the first table and in the second table the most prevalent categories of need for homeless individuals accommodated out of area. This shows that a history of mental health needs is the most common category and reflects the increase seen in recent years in individuals who experience multiple compound needs.

N.B. '0' on these charts represents that the applicable category did not appear within the top five for that quarter.

Most prevalent categories of abuse and neglect in S42s opened per quarter, 2024-25



Most prevalent categories of need for homeless individuals accommodated out of area who have at least 3 recorded needs, per quarter 2024-25



Future Priorities

The previous BHSAB three-year Strategic Plan has now concluded. An in-person learning event has been held with our partners to review progress over this period and to identify and agree future priorities to inform the next three-year BHSAB Strategic Plan. These reflect priorities identified from recently published and ongoing SARs, other SAB activities, individual partner priorities, as well as the previous self-assessment and peer challenge process.

Partners consider that whilst some updates are required, the four previous strategic priorities – Leadership and Accountability, Performance and Quality, Communication and Engagement, and Workforce Development all remain key. A further fifth strategic priority has been identified, the need to understand the informed voice of those involved in adult safeguarding processes and for this to be used to inform future improvement actions. This will be taken forward through a targeted piece of work over the next year.

A key focus for the partnership is the board becoming more evidence-based through the increased use of data as well as quality assurance mechanisms and continuing to develop our relationships with other boards and partnerships. These will be woven through the new Strategic Plan for 2025-28 and are crucial elements of the three specific areas of focus. These are framed as questions that will be posed to the partnership

The new areas of focus that will be taken forward are -

- **How do we know we are learning?**
- **How does Transitional Safeguarding support people?**
- **How do we deliver prevention in safeguarding?**

Safeguarding Adult Reviews (SARs)

The SAB will continue to progress the SARs already underway and those in the process of being commissioned to ensure these are completed in a timely manner and learning is effectively shared across the partnership.

We will continue to progress SAR action plans already underway, including the implementation of new transitional safeguarding arrangements locally, and working in partnership with independent reviewers and partners to translate recommendations made into effective improvement actions.

We will continue to incorporate learning from a range of forces, including the second national SAR analysis, into our internal processes and publish recently updated guidance to support partner organisations in providing accurate and timely information to support SAR processes.

Quality Assurance

Quality assurance is a key part in the board becoming more evidence-based and data driven. Following the recruitment of a Board Support Officer last year a multi-agency

data dashboard has been developed. Detailed information from the local authority Housing and Adult Social Care directorates is being regularly gathered and analysed, before being presented to the Quality Assurance subgroup and full board. This provides assurance on statutory adult safeguarding activity across the city, including themes and emerging issues, and as part of a preventative approach to adult safeguarding. This has already led to a multi-agency audit exploring multi-agency working arrangements in relation to the death of homeless individuals. The next phase of the data dashboard will be incorporating information from other statutory partners, Sussex Police and NHS Sussex, that includes community safety data.

We will continue our SAB multi-agency quality assurance audit programme, firstly concluding the audit currently underway on homeless deaths and multi-agency working arrangements, before expanding the programme to incorporate reviews of previous audits undertaken. This will help the board understand developments introduced since the audits were undertaken and current arrangements.

The introduction of a new partner quality assurance spotlight at subgroup meetings will enable the board to understand internal quality assurance processes being undertaken and where there are learning opportunities that can be shared.

A further quality assurance activity that will be undertaken during 2025-26 will be the bi-annual Pan-Sussex Self-Assessment and Peer Challenge. The BHSAB has collaborated with the East Sussex and West Sussex Safeguarding Adults Boards to develop a self-assessment tool that will be circulated to all board partners for completion ahead of a peer challenge event taking place.

Learning and Development

The learning and development priorities for 2024-25 aligned to the BHSAB areas of focus. The progress made will be reviewed and new learning and development priorities agreed for 2025-26 and activities identified and undertaken. These will be based on the BHSAB priorities and areas of focus, learning from Safeguarding Adult Reviews, quality assurance processes, and adult safeguarding themes and issues identified as priorities by individual partner members.

Embedding learning at all layers has been identified as a continuing area of focus for the BHSAB during 2025-26. As part of an evidence-based approach we will look to evaluate the effectiveness of how learning from previous SARs, and other SAB activities including previous areas of focus, is being embedded across the partnership and where there are areas for further development.

We will continue developing our relationships with other boards and partnerships, identifying shared themes and opportunities for joint learning and development activities such as system networking events. As transitional safeguarding arrangements develop locally the BHSAB will undertake learning and development activities to support with raising knowledge and awareness of this.

We will use the learning and development subgroup to continue to request updates from partner agencies in relation to internal learning and development activities being undertaken to gain assurance as well as seeking to share learning opportunities where relevant.

Communication and Engagement

Communication and engagement with communities is a priority for the BHSAB during 2025-26 and we will develop new approaches that reach adults, communities, and professionals across organisations with involvement in adult safeguarding.

This will include reviewing the membership of the board and subgroups, developing a communication and engagement strategy to increase knowledge and understanding of the work of the BHSAB, as well as commissioning a piece of work to understand the experiences of those with an informed voice who have had lived experience in adult safeguarding and to use this to inform future improvement actions.

The Practitioners Alliance for Safeguarding Adults (PASA) became a formal subgroup of the SAB during 2024-25 and during the year ahead we will continue to increase the membership so that professionals across the system in safeguarding roles, whether in the statutory or independent sectors, can use this to increase their knowledge and understanding of adult safeguarding. We will also involve PASA members in contributing to the development of policies and procedures appropriate and seek to understand how they are involving individuals with lived experience in their processes and where there are examples of good practice we can learn from.

The Brighton and Hove SAB will continue to work with our colleagues at the East Sussex and West Sussex SABs, and our statutory partners, in relation to the pan-Sussex safeguarding procedures and shared resources that support a consistent approach to adult safeguarding across Sussex wherever possible. This includes a new website to host the pan-Sussex Safeguarding Policy and Procedures that will improve accessibility and contains several new and updated chapters reflecting learning from recently published SARs.

Appendix

Glossary of Terms

Changing Futures

Changing Futures Sussex is one of 15 programmes set up across the country to improve the way local systems and services work for adults experiencing multiple disadvantage. The aim is to create an environment where individuals experiencing multiple disadvantage can receive flexible, trauma informed, person-centred support when they need it, leading to increased periods of stability and more opportunities to make positive changes in their lives.

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty safeguards (DoLS) ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.

Intersectional (Multiple and Intersectional Needs)

In this context intersectional needs is used to describe the ways that multiple needs (for example homelessness, mental health issues, substance use, domestic abuse and current or historical offending behaviour) interact or compound and exacerbate each other, so that a combination of increasing health and social care needs are experienced simultaneously.

LeDeR (Learning Disabilities Mortality Review Programme)

LeDeR is a service improvement programme, funded by the NHS, established to improve healthcare for people with a learning disability and autistic people. It aims to

improve care for people with a learning disability and autistic people, reduce health inequalities for people with a learning disability and autistic people, and prevent people with a learning disability and autistic people from early deaths.

Practitioners Alliance for Safeguarding Adults (PASA)

This is a group that enables frontline professionals from organisations involved in adult safeguarding, including those working in the independent and voluntary sector, to come together to identify and discuss current or emerging adult safeguarding themes and issues. It provides an opportunity for these themes or issues to be communicated to the SAB and for the group to provide direct feedback on work undertaken by the board, and by individual partner organisations, and for members of PASA to contribute to the development of this work.

Prevent

Prevent is a government-led, multi-agency counter-terrorism programme that aims to stop individuals felt to be vulnerable to potential radicalisation becoming involved in or supporting terrorism. A range of partners participate in the Prevent programme, including Police, the local authority, and community organisations.

Our Partners

In addition to the three statutory partners the further partners of the Brighton and Hove SAB are:

- University Hospitals Sussex NHS Trust
- East Sussex Fire and Rescue Service
- Healthwatch Brighton and Hove
- National Probation Service
- South-East Coast Ambulance Service NHS Foundation Trust
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Department of Work and Pensions
- Bridging Change
- Voluntary and Community Sector representation (represented by the Practitioners' Alliance for Safeguarding Adults)
- Brighton and Hove Safeguarding Children Partnership

In addition, the SAB Board maintains links with the following:

- East Sussex SAB
- West Sussex SAB
- The National Network of Chairs of SABs
- The Safeguarding Adults Board Manager Network
- Brighton and Hove Community Safety Partnership
- South-East Regional SAB Network

Partner Attendance at BHSAB Board Meetings during 2024-25

| Organisation | June 2024 | Sept 2024 | Dec 2024 | March 2025 |
|--------------|-----------|-----------|----------|------------|
|--------------|-----------|-----------|----------|------------|

| | | | | |
|---|---|---|---|---|
| BHCC Cabinet Members for Adult Social Care and Health and Wellbeing Board | ✓ | ✓ | ✓ | ✓ |
| BHCC Adult Social Care | ✓ | ✓ | ✓ | ✓ |
| BHCC Housing People Services | ✓ | ✓ | ✓ | ✓ |
| Bridging Change | ✓ | | ✓ | ✓ |
| Brighton & Hove and East Sussex Probation Services | ✓ | ✓ | ✓ | ✓ |
| Change Grow Live | ✓ | | ✓ | ✓ |
| Department of Work and Pensions | ✓ | ✓ | ✓ | ✓ |
| East Sussex Fire and Rescue Service | ✓ | ✓ | ✓ | ✓ |
| Healthwatch | ✓ | ✓ | ✓ | ✓ |
| Money Advice Plus | ✓ | | ✓ | ✓ |
| NHS Sussex | ✓ | ✓ | ✓ | ✓ |
| NHS Sussex Named GP for Safeguarding | ✓ | | ✓ | ✓ |
| Public Health | ✓ | ✓ | | ✓ |
| South-East Coast Ambulance Service | | | | |
| Sussex Police | ✓ | ✓ | ✓ | ✓ |
| Sussex CFT | ✓ | ✓ | ✓ | ✓ |
| Sussex SPFT | ✓ | ✓ | ✓ | |
| University Hospitals Sussex | ✓ | ✓ | | ✓ |
| YMCA | ✓ | ✓ | ✓ | ✓ |

Our Budget

The Brighton and Hove SAB has a pooled budget; Partner agencies contribute to the running of the board financially, and by chairing and facilitating meetings, providing use of their buildings and facilities, and contributing time and expertise to learning events.

Income for 2024-25

| | |
|--------------------------------|-----------------|
| Brighton and Hove City Council | £110,040 |
| Sussex Police | £22,610 |
| NHS Sussex | £26,600 |
| Total | £159,250 |

With a full staffing complement expenditure was higher during 204-25 than during the previous year. Review costs were less than anticipated with one review previously anticipated as being completed during this year now concluding in 2025-26.

Expenditure in 2024-25

| Item | Subtotal | Total |
|----------|----------|----------|
| Staffing | | £150,254 |

| | | |
|---------------------------------|---------|-----------------|
| <i>Business Manager</i> | £71,758 | |
| <i>Administrator</i> | £23,089 | |
| <i>Board Support Officer</i> | £43,112 | |
| <i>Independent Chair</i> | £11,359 | |
| <i>Other</i> | £936 | |
| Safeguarding Adult Reviews | | £5,400 |
| Website costs | | £1,066 |
| BHSAB Events | | £1,062 |
| Other costs | | £1,170 |
| <i>Sundry costs</i> | £539 | |
| <i>Apprenticeship levy</i> | £581 | |
| <i>Learning and Development</i> | £50 | |
| Total | | £158,952 |



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

| | |
|------------------|--|
| Title: | Draft Pharmaceutical Needs Assessment Report update 2025 |
| Date of Meeting: | 22 July 2025 |
| Report of: | Caroline Vass, Director of Public Health |
| Contact: | Katy Harker, Consultant in Public Health or Janet Rittman, Pharmaceutical Advisor. |
| Email: | Katy.harker@brighton-hove.gov.uk or Janet.rittman@brighton-hove.gov.uk |
| Wards Affected: | All |

FOR GENERAL RELEASE

Executive Summary

The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a revised Pharmaceutical Needs Assessment (PNA) every three years. The PNA maps current pharmaceutical services, identifying gaps and exploring possible future needs. It's used by NHS England and Sussex Integrated Care Board to decide upon applications to open new pharmacies and informs the commissioning of pharmaceutical services.

This paper provides an update to the Health and Wellbeing Board on the draft 2025 PNA report. The report describes the changes that have taken place in the provision of pharmaceutical services to the city since the last report was published in 2022.

The draft PNA is out to consultation from 27th May 2025 until 27th July 2025 and can be found here: [Project: Comment on our draft Pharmaceutical Needs Asses... | Brighton & Hove City Council](#). Comments will be reviewed and the final version agreed by the steering group.



The Board are asked to note the draft report and to submit comments if they wish.

The DPH has delegated authority to approve the PNA, a full and final PNA report will be presented to the Health and Wellbeing Board in September 2025.

Glossary of Terms

DSP - Distance Selling Pharmacy

JSNA - Joint Strategic Needs Assessment

PNA – Pharmaceutical Needs Assessment

1. Decisions, recommendations and any options

- 1.1 That the Board note the draft Pharmaceutical Needs Assessment report and identify any additional information required to inform its decision on the final version of the PNA when it comes to the Board for approval in September 2025.

2. Relevant information

- 2.1 The Pharmaceutical Needs Assessment (PNA) has been developed on behalf of the Brighton & Hove Health and Wellbeing Board (HWB) in line with statutory requirements under the National Health Service (NHS) (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The purpose of the PNA is to evaluate the current and future need for pharmaceutical services in Brighton & Hove, ensure services meet the needs of the local population, and support commissioning decisions. It provides a framework for determining the adequacy of pharmaceutical provision and informs decisions about future applications to the pharmaceutical list.

- 2.2 The PNA was prepared by Soar Beyond Ltd on behalf of Brighton & Hove City Council (BHCC) and overseen by a multi-stakeholder Steering Group. A structured process was undertaken, including:

- Comprehensive data gathering on pharmaceutical services and population health needs.
- Public engagement exercise to understand the views on pharmacy access and use. A total of 358 responses were received.
- Mapping of service provision across the city and analysis of service gaps.
- Public and stakeholder engagement, including a 60-day consultation.
- Consideration of local strategies and statutory duties, including the Joint Strategic Needs Assessment (JSNA), NHS Long Term Plan, and the Brighton & Hove Joint Health and Wellbeing Strategy.

- 2.3 Brighton & Hove has a population of 279,600 (mid-year estimate 2023) with diverse demographics and a growing proportion of older adults. Health inequalities persist across the city. There are 51 community pharmacies,

including one Distance Selling Pharmacy (DSP), equating to 18.2 pharmacies per 100,000 population, slightly above the England average (18.1).

2.4 Access to pharmacies is good across the city:

- 100% of residents who have access to a car can reach a pharmacy within 10 minutes.
- 98.1% of residents can walk to a pharmacy within 20 minutes.
- 100% of residents using public transport can reach a pharmacy within 20 minutes.

Pharmacy opening hours show:

- 35% of pharmacies open after 6 pm on weekdays.
- 71% of pharmacies open on Saturdays, offering good weekend access.
- 8% of pharmacies are open on Sundays, reflecting broader trends in weekend healthcare access.

2.5 Advanced Services such as Pharmacy First, New Medicine Service, Flu Vaccination Service and Hypertension Case-Finding are widely offered, with high uptake among providers. Enhanced Services, including COVID-19 vaccination, are also available. Locally commissioned services (e.g. emergency contraception, supervised consumption, smoking cessation) are provided across a wide pharmacy network.

2.6 No current or future gaps have been identified in the provision of Essential Services and there is good access to other services across Brighton & Hove.

2.7 The 2025 PNA concludes that pharmaceutical services in Brighton & Hove are well distributed and accessible, meeting the current and projected needs of the population. No gaps have been identified in the provision of Necessary Services during or outside normal working hours. Advanced and Enhanced Services are widely available, and locally commissioned services contribute to improved access and public health outcomes.

2.8 The current community pharmacy network in Brighton & Hove should be supported to strengthen service delivery, particularly through improved public awareness, enhanced uptake of Advanced Services in areas of need, and alignment with local health priorities.

Next steps

2.9 The draft PNA is out to consultation from 27th May 2025 until 27th July 2025 and can be found here: [Project: Comment on our draft Pharmaceutical Needs Asses... | Brighton & Hove City Council](#).

2.10 Comments will be reviewed and the final version agreed by the steering group.

2.11 The Board are asked to note the draft report and to submit comments if they wish.

- 2.12 The DPH has delegated authority to approve the PNA, a full and final PNA report will be presented to the Health and Wellbeing Board in September 2025.

3. Important considerations and implications

Legal:

- 3.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”) set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA. The proposals set out in this paper are consistent with ensuring that the HWB is in a position to discharge its duties.

Lawyer consulted: Natasha Watson

Date: 10.7.2025

Finance:

- 3.2 There are no financial implications as a direct result of the recommendations of this report

Finance Officer consulted: Steve Williams

Date: 09/07/25

Equalities:

- 3.3 We have incorporated Equality Act 2010 requirements throughout the PNA document. During the PNA process we have taken into consideration protected characteristics and vulnerable groups at each stage of the process and details relating to how services affect different groups are detailed in the main report.

Sustainability:

- 3.4 A Sussex wide scheme within primary care has included the involvement of community pharmacies in the lower carbon inhaler scheme where patients are encouraged to change to the lower carbon inhaler devices. A number of pharmacies across the city also offer recycling facilities for medicine blister packaging. The Community Pharmacy and Public Health Forum intend to review sustainability initiatives and how they can support further sustainably measures in Brighton & Hove.

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

This paper was prepared by the Public Health Team.



Supporting documents and information

Appendix1: [Project: Comment on our draft Pharmaceutical Needs Asses... | Brighton & Hove City Council](#).

Appendix 2: Draft Recommendations

1. Local authority and Sussex ICB to formally embed community pharmacies within prevention strategies at the neighbourhood and PCN level, ensuring pharmacies are recognised as first-line providers for public health interventions, screening, and early detection activities.
2. As commissioning for vaccination services transitions to the ICB in 2026, there is an opportunity to expand pharmacy delivery beyond flu and COVID-19 to include pneumococcal, shingles, and RSV vaccinations, supporting early prevention and population immunisation targets. This builds on the recommendation from the previous PNA.
3. A targeted public awareness campaign should be developed to raise awareness of preventive health services available through community pharmacies, ensuring communication reaches underserved populations and those with the highest health risks, aligning to the 'PLUS5' groups for Brighton & Hove.
4. Sussex ICB and Public Health should consider developing incentives for pharmacies located in under-served or deprived areas to expand delivery of Locally Commissioned Services, particularly services like sexual health advice.
5. Sussex ICB, PCNs, and Brighton & Hove City Council should look to formally integrate community pharmacy services into neighbourhood multidisciplinary teams, enabling seamless referral pathways between general practice, pharmacy, and other primary care services.
6. Sussex ICB should work with Community Pharmacy Surrey and Sussex (LPC) to commission a pharmacy workforce development programme, focusing on clinical skills development and service delivery under the Community Pharmacy Contractual Framework (CPCF), and preparation for independent prescribing.
7. System partners should prepare to maximise the opportunity presented by independent prescribing from 2026 by:
 - a. Identifying early pharmacy prescribers.
 - b. Supporting mentoring and supervision arrangements.
 - c. Aligning service pathways to support pharmacies managing common conditions and long-term diseases.
8. Building a digitally connected, accessible, and well-informed community pharmacy network will be vital to improving early diagnosis, empowering residents to manage their health, and supporting integrated, person-centred care across Brighton & Hove



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

| | |
|------------------|---|
| Title: | NHS Reform |
| Date of Meeting: | 22 July 2025 |
| Report of: | Stephen Lightfoot, Sussex Integrated Care Board Chair |
| Email: | stephenlightfoot@nhs.net |
| Wards Affected: | all |

FOR GENERAL RELEASE

Executive Summary

This paper summarises the journey from the Independent Investigation of the NHS conducted by Lord Darzi and published in September 2024, through the biggest public conversation on the future of the NHS to help inform the development of the Government's 10 Year Health Plan during the winter of 2024/25, to the announcement of the major organisational changes and cost saving targets for the NHS in March 2025.

These announcements included the national direction for all NHS Integrated Care Boards (ICBs), including NHS Sussex, to reduce their running costs by an average of 50% to £18.76 per head of weighted population by December 2025.

The paper then describes the NHS Sussex response to this national direction and the proposal to create a new Sussex and Surrey ICB from 1 April 2026. The paper details the approach being taken, the transition arrangements and the significant impact on our people.

Although the transition to a new Sussex and Surrey ICB will be difficult and painful

to implement, we are determined that the new ICB will take the best from both of our systems and become the excellent strategic commissioner we need to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money from the NHS services that serve the population of 3 million people living in Sussex and Surrey in line with the Government's 10 Year Health Plan.

Glossary of Terms

Decisions, recommendations and any options

That the Board **Note** the submission from NHS Sussex to NHS England which responds to national guidance on Model Integrated Care Boards and next steps for the transition arrangements for Sussex

What NHS reforms have been announced and how is NHS Sussex responding to the requirement to reduce its organisational costs by 53%?

Independent investigation of the NHS

- 1 In July 2024, the new Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an immediate and independent investigation of the NHS in England assessing patient access, quality of care and the overall performance of the health system.
- 2 On 12 September 2024, Lord Darzi published his detailed report 'The State of NHS in England', and it made very difficult reading. His conclusion was that "the NHS is in critical condition, but its vital signs are strong". He went on to say that "some have suggested this is primarily a failure of NHS management, but they are wrong". Lord Darzi then went on to summarise the major themes for improvement:
 - Re-engage staff and re-empower patients
 - Lock in the shift of care closer to home
 - Simplify and innovate care delivery for a neighbourhood NHS
 - Drive productivity in hospitals
 - Tilt towards technology
 - Contribute to the nation's prosperity
 - Reform to make the structure deliver

Public conversation on the NHS

- 3 In October 2024, the Department of Health & Social Care and NHS England launched 'Change NHS' to help shape a new 10 Year Health Plan. This was the biggest ever public conversation about the future of the NHS with more than 220,000 contributions from members of the public and health and care staff. This culminated in the Change NHS National Summit held on 4 April 2025, which brought back hundreds of members of the public and health and care staff who had taken part in earlier events across the country, to review the draft proposals. In addition to the national events, NHS Sussex delivered four face-to-face public meetings across Sussex, four online workshops and a staff session as part of the process so that the contributions of 433 people from Sussex could be incorporated into this national conversation about the NHS.

10 Year Health Plan

- 4 The Government is expected to publish its 10 Year Health Plan for England in the first week of July 2025, but this was not available at the time of writing this report. However, the 10 Year Health Plan is expected to describe how the Government will deliver three key shifts in the way that healthcare services are delivered in the future:
 - From hospital to community
 - From analogue to digital
 - From treatment to prevention

The NHS 10 Year Health Plan has subsequently been published: [Fit for the future: 10 Year Health Plan for England](#)

Major NHS announcements

- 5 On 13 March 2025, and in advance of the 10 Year Health Plan being published, the Government announced three major reform and cost saving programmes in the NHS:
 - The abolition of NHS England (NHSE) and the integration of its functions into the Department of Health and Social Care with a 50% reduction in the 18,000 staff currently employed by both organisations over the next two years
 - All Integrated Care Boards (ICBs), including NHS Sussex, must reduce their running costs by an average of 50% by December 2025
 - All NHS Trusts must reduce their corporate services cost growth since 2018/19 (ie before the COVID-19 pandemic) by 50% by December 2025

- 6 These announcements followed the resignation of the former Chair, Chief Executive, Chief Finance Officer, Chief Operating Officer and Chief Delivery Officer of NHS England in the preceding weeks, as well as the subsequent appointment of a new Chair (Dr Penny Dash) and a new Transition Chief Executive (Sir James Mackey) for NHS England from 1 April 2025.

Foundations for the reform of the NHS

- 7 On 1 April 2025, the new Transition Chief Executive of NHSE sent a letter to all ICB and NHS Trust Chairs and Chief Executives setting out the priorities for working together in 2025/26 to lay the foundations for the reform of the NHS. The immediate priority is for every system to achieve a financial breakeven position in 2025/26 and then maintain a sustainable financial breakeven position when every system moves towards a nationally defined 'fair shares' funding allocation based on the size and demographics of their population over the next three years.
- 8 These national financial priorities are challenging for Sussex as our system did not have a breakeven financial plan for 2025/26 on 1 April 2025. In addition, the national modelling identified that the NHS in Sussex currently receives £186 million of over-funding compared to the national formula, which is equivalent to 4% of our total NHS Sussex funding allocation of £4.5 billion in 2025/26. However, following further discussions, system partners in Sussex agreed to take on more financial risk so we could re-submit a breakeven plan for 2025/26. Work has also started on developing a Sustainability Plan with the aim of meeting the growing demand for NHS services in Sussex with a 4% lower 'fair shares' financial allocation over the next 3 years.
- 9 The NHSE letter on 1 April 2025 reinforced that ICBs, like NHS Sussex, have a critical role to play as strategic commissioners and this is going to be central to realising the ambitions that will be set out in the 10 Year Health Plan. The ambition of these changes is to avoid duplication of activities and streamline the roles and responsibilities of each part of the national, regional and local NHS.

Model ICB

- 10 On 10 April 2025, NHSE published the guidance that all ICBs would need to operate within a financial allocation of £18.76 per head of their weighted population and this target is the same for all ICBs across the country. The current cost base for NHS Sussex is equivalent to £39.83 per head of population, which means that the running costs of NHS Sussex must be reduced by 53% by December 2025.

11 On 6 May 2025, NHSE published its Model ICB Blueprint to inform the development of the new organisational structure for ICBs in their role as a strategic commissioner. Importantly, it confirmed that ICBs exist to improve their population's health and ensure access to consistently high-quality services with the accountability for ensuring the best use of their population's health budget. This will be achieved by four core functions:

- **Understanding local context** – *assessing population needs and the quality, performance and productivity of existing healthcare provision*
- **Developing long-term population health strategy** – *long term population health planning and care pathway redesign to maximise value based on evidence*
- **Delivering the strategy through payer functions and resource allocation** – *assurance on what is purchased and whether it delivers the outcomes required*
- **Evaluating impact** – *user feedback and evaluation to ensure optimal use of NHS resources and improved health outcomes for the population*

12 The Model ICB Blueprint also identified 18 functions and activities for ICBs to transfer out to other national, regional and provider organisations over an unspecified time period, although some of these functions will require a change in the law before they can be fully transferred:

- Oversight of provider performance
- Emergency Preparedness, Resilience and Response (EPRR)
- High level strategic workforce planning
- Local workforce development and training
- Research, development and innovation
- Green Plan and sustainability
- Digital and technology leadership and transformation
- Data collection, management and processing
- Infection prevention and control
- Safeguarding
- Special Educational Needs and Disability (SEND)
- Development of neighbourhood and place-based partnerships
- Primary care operations and transformation
- Medicines optimisation
- Pathway and service development programmes
- NHS Continuing Healthcare
- Estates and infrastructure strategy
- General Practice IT

NHS Sussex response

- 13 NHS Sussex then had 18 working days to develop and submit a costed proposal to NHS England on how we could deliver the Model ICB Blueprint in Sussex, whilst continuing to deliver all our current statutory responsibilities before any functions are transferred out of the ICB, within the financial target of £18.76 per head of weighted population from 1 January 2026. This required intensive work from our executive team and the involvement of our NHS Sussex Board to meet this national deadline. Although there was some discussion with our key partners about the options during the month of May, the national timetable did not allow sufficient time to consult all of our stakeholders and the public on our proposed ICB changes as we would have wanted.
- 14 After considering the outline options, the NHS Sussex Board requested that our executive team develop and cost two different ICB options to compare with our existing NHS Sussex annual cost base of £74.7 million:
- Existing Sussex geographical footprint (coterminous with the proposed Sussex combined mayoral authority) with a 1.876 million weighted population and a £35.2 million annual cost base
 - New Sussex and Surrey geographical footprint (coterminous with the two proposed mayoral authorities in Sussex and Surrey, which also includes the Surrey Heath and Farnham areas of Surrey currently covered by the NHS Frimley ICB) with a 3.06 million weighted population and a £57.7 million annual cost base.
- 15 On 21 May 2025, the NHS Sussex Board considered the two proposals and the viability of each option. It was recognised that with either option, the significance of the changes would mean the creation of a new organisation, with a new purpose and a different way of working to how we have worked previously.
- 16 The analysis of the Sussex only ICB option demonstrated that despite implementing substantial cuts of up to 76% in some functions, the total funds required to operate a safe and resilient organisation exceeded the target operating cost by approximately £12 million. These additional costs resulted primarily from the need to enhance the efficiency of all current ICB functions and maintain their operation before some of them can be transferred to other entities, and this option would simply not meet the ICB cost target set by NHS England. Furthermore, this Sussex only ICB option would have significantly reduced capacity in all of its functions, no place-based resource to commission

neighbourhood health services and limited capacity to engage with system partners or the public on service redesign.

- 17 By comparison, the larger financial operating target for the combined Sussex and Surrey option would retain the capacity, capability and resilience to deliver the core ICB functions required by NHS England, as well as some place-based resource to work with and commission services with the new unitary authorities in Sussex and Surrey. There are also long-established health partnerships across the two geographical areas with the Surrey & Sussex Cancer Alliance, Surrey & Sussex Local Medical Committee and Community Pharmacy Surrey & Sussex, as well as NHS providers such as Surrey & Sussex Healthcare NHS Trust, South East Coast Ambulance Service NHS Foundation Trust, Queen Victoria Hospital NHS Foundation Trust and Royal Surrey NHS Foundation Trust who provide NHS services to patients in Sussex and Surrey.
- 18 The Sussex and Surrey proposal also includes the retention of two separate Integrated Care Partnerships, one for Sussex (which is currently called the Sussex Health & Care Assembly) and one for Surrey (which is currently combined with the Surrey Health & Wellbeing Board) so that an independent focus can be maintained on the population health needs in each of the two proposed Mayoral Authorities. This approach of one ICB, two systems and five places (assuming local government reorganisation results in three unitary authorities in Sussex and two unitary authorities in Surrey) will help to retain local leadership and decision making on the development of neighbourhood health services and the delivery of the priorities set by each Health & Wellbeing Board.
- 19 The NHS Sussex Board reviewed these options at its meeting on 21 May 2025 and agreed by a majority vote to submit the Sussex and Surrey ICB proposal with all the completed cost templates to NHS England for approval by the deadline of 30 May 2025. The NHS Surrey Heartlands Board also met on 21 May and agreed to submit the same proposal to NHS England.
- 20 It should be noted that all four upper tier local authorities in Sussex and Surrey have stated their opposition to the proposed Sussex and Surrey ICB as they believe it is contrary to Government guidelines on Mayoral Combined Authorities, and it will not enable meaningful and effective neighbourhood healthcare to be delivered on the larger ICB footprint, and that it could lead to even greater cuts in NHS expenditure for their local communities. However, NHS Sussex and its successor organisation will continue to work with local authorities and our wider system partners to ensure we deliver on our shared ambition to improve the health outcomes and reduce the health inequalities within the population we serve.

Current Status of New ICB Proposals

- 21 Following numerous meetings and discussions during the month of June, NHS England confirmed on 23 June 2025 that the NHS England Executive and Ministers have agreed to move from a total of 42 ICBs across England to 26. This new total will consist of 11 ICBs remaining on their existing footprints and 15 new ICB clusters being formed from the other 31 ICBs.
- 22 On 24 June 2025, NHS England confirmed that the new ICB boundaries across Sussex and Surrey, including Surrey Heath and Farnham, have been accepted. NHS England has also encouraged NHS Sussex and NHS Surrey Heartlands to progress their proposal at pace so that the cost reductions can be achieved by 31 December 2025 and the new Sussex and Surrey ICB can be legally constituted by 1 April 2026.
- 23 NHS England also published new Job Descriptions for an ICB Chair and Chief Executive on 23 June 2025 with the stated aim of completing the ICB Chair appointments by the end of July 2025. The new Chairs will then work with their NHS Regional Director to appoint the new ICB Chief Executives as soon as possible after that.
- 24 A Model ICB Design Group, with the input of the Local Government Association and the Association of Directors of Adult Social Services, will be set up to develop further national guidance on the transfer out of ICBs of Continuing Healthcare, Safeguarding and services for people with SEND, as well as medicines management.

NHS Sussex Leadership Changes

- 25 Non-Executive Chairs are usually appointed for a term of three years and Stephen Lightfoot's term as the Chair of NHS Sussex was due to end on 30 June 2025. Having reflected on his personal priorities for the next three years, Stephen confirmed to NHS England in April that he did not want to be reappointed for another term as either the Chair of NHS Sussex or the Chair of the new Sussex and Surrey ICB. However, Stephen has agreed to stay on as Chair of NHS Sussex until September to support the transition and allow sufficient time to appoint his successor for the new organisation.
- 26 The NHS Sussex Chief Executive Officer Adam has been working on assignment with NHS England for part of his time over the last two years, and this

assignment became full-time from 13 January 2025. As a result, Mark Smith was appointed as Interim Chief Executive Officer and Indiana Pearce was appointed as Interim Chief People Officer of NHS Sussex from the same date.

27 Adam Doyle's assignment with NHS England has now concluded and Adam returned to his substantive role as Chief Executive Officer of NHS Sussex on a full-time basis from 4 June 2025.

28 Recognising the additional workload and leadership required for the creation of a new Sussex and Surrey ICB, Mark Smith has been appointed as the NHS Sussex Deputy Chief Executive Officer and Transition Director for nine months until 1 April 2026. In further discussion with NHS Surrey Heartlands, it was agreed that Mark will also be the Transition Director for Surrey and will be responsible for leading a joint transition support team across both ICBs.

Transition arrangements

29 Work has focused on establishing a Joint Transition Team, developing programme management methodology, joint governance, structural design and development of the resources necessary to take us into formal staff consultation on the proposed organisational changes during the summer of 2025. The Joint Transition Team will include staff from Sussex and Surrey organised into a matrix of workstreams across Design & Operating Model, People, Finance and Communications & Engagement.

30 A Joint Transition Committee (JTC) has also been established as a Joint Committee of both ICB Boards to provide bi-weekly strategic oversight of transition planning and implementation in line with the national and local priorities. Chaired on rotation by the ICB Chairs, membership will include the Chief Executive and one Non-Executive Director from each ICB, plus the Joint Director of Transition and the NHS England Regional Director of Strategy and Transformation.

31 In addition to the transition arrangements in Sussex and Surrey, we are also continuing to explore how some ICB functions and services could be delivered more efficiently and consistently at scale across all four of the new ICBs in the South East Region. This approach has already been established with the delegation of specialised commissioning for 70 specialist services from NHS England through the Joint Committee of South East ICBs from 1 April 2025.

32 A new operating model is being developed for the new Sussex and Surrey ICB with the following design principles:



- Prioritising strategic commissioning capability in line with national expectations
- Enabling integration at place and neighbourhood levels, with system-wide coordination
- Delivering a modular, scalable structure capable of adapting to future needs
- Ensuring role clarity, naming consistency, and job matching to mitigate equal pay risks
- Maximising digital enablement and interoperability to streamline delivery
- Costing no more than £18.76 per head of weighted population.

33 Throughout this process, it is recognised that communications and engagement will be vital to the effective transition into a new ICB organisation. A joint communication plan is being developed to provide regular and consistent communication to internal and external audiences across Sussex and Surrey.

Impact on our People

34 This paper provides a functional overview of how the current changes to the NHS originated and how they are being implemented. However, the impact on around 1,350 staff employed by NHS Sussex and NHS Surrey Heartlands ICBs must not be underestimated. Our staff have experienced a period of extreme uncertainty since the announcement to halve the running costs of ICBs was made on 13 March 2025. This uncertainty applies to all our employees.

35 When the new target operating model for the new organisation has been developed, we will need to consult all our staff in Sussex and Surrey on the proposed changes. This process has not yet been conducted, and the final numbers have not yet been determined, but we are expecting a significant number of posts will be disestablished to achieve the required annual cost base of £18.76 per head of weighted population by 31 December 2025. This will have a direct and significant impact on our valued and highly skilled staff members across Sussex and Surrey many are members of our local communities.

36 We are offering as much support as we can to our staff, holding regular meetings, being transparent with regular communications, offering advice and providing online support programmes. We are also working closely with our staff networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this significant period of change.

Conclusion

37 Although the transition to a new Sussex and Surrey ICB will be difficult and painful to implement, we are determined that the new ICB will take the best from both of our systems and become the excellent strategic commissioner we need to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money from the NHS services that

serve the population of 3 million people living in Sussex and Surrey in line with the Government's 10 Year Health Plan.

3. Important considerations and implications

Legal:

- 3.1 The report sets out the major organisational changes and cost saving targets for the NHS, the submission from NHS Sussex to NHS England responding to national guidance on Model Integrated Care Boards and next steps for the transition arrangements for Sussex.
- 3.2 In June 2025 NHS England confirmed the new ICB boundaries across Sussex and Surrey. It is envisaged that the new Sussex and Surrey ICB can be legally constituted by 1 April 2026. This will have major implications for staff and current organisational arrangements in order for the new body to deliver the duties assigned to it.
- 3.3 The Government published its 10 Year Health Plan for England: fit for the future on 3 July 2025, The new ICBs will be crucial to delivering this plan.

Lawyer consulted: Natasha Watson

Date: 11/07/25

Finance:

- 3.4 The new ICB will focus on strategic commissioning including the long-term population health strategy, resource allocation and integrating care. This will inform priorities, budget development and the Medium-Term Financial strategy of the partner organisations. 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. Governance arrangements will need to be established to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.

Finance Officer consulted: Sophie Warburton

Date: 09/07/2025





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: | Director of Public Health Annual Report: A whole City Approach to Healthy Weight |
| Date of Meeting: | 22 July 2025 |
| Report of: | Caroline Vass, Director of Public Health |
| Contact: | Caroline Vass, Director of Public Health Katie Cuming, Consultant in Public Health |
| Email: | Caroline.vass@brighton-hove.gov.uk Kathleen.cuming@brighton-hove.gov.uk |
| Wards Affected: | All |
| FOR GENERAL RELEASE | |
| Executive Summary | |
| <p>The Health and Social Care Act 2012, sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.</p> <p>The reports can highlight areas of specific concern and make recommendations for change</p> <p>The 2024 DPH Annual Report for Brighton & Hove describes our One Council and Whole City Approach to Healthy Weight.</p> <p>The report:</p> <ul style="list-style-type: none"> • sets the scene and makes the case for the importance of focus on healthy weight in Brighton & Hove • describes our Brighton & Hove journey and achievements over the past 20 years • provides a model for whole systems working that can be used across | |

- multiple topics
- highlights what we have done in Brighton & Hove to make it easier to maintain a healthy weight, using a life-course approach, and a whole city approach
- sets out recommendations that will support the ongoing journey to becoming a city where it is easy to maintain a healthy weight.

Glossary of Terms

DPH – Director of Public Health

1. Decisions, recommendations and any options

- 1.1 That the Board notes the DPH annual report of 2024
- 1.2 The Board acknowledges the continuing commitment of all partners to make Brighton & Hove a place where it is easier to maintain a healthy weight.

2. Relevant information

- 2.1 This paper introduces the DPH annual report for 2024. This report delivers the requirement of the Health and Social Care Act 2012 for directors of public health to produce an independent annual report on an element of the health of their local population, and for the local authority to publish it.
- 2.2 The reports can highlight specific issues and make recommendations for change. The DPH Annual Report for 2024 describes our whole city approach to Healthy Weight. Where we are working together to make in Brighton & Hove a city where it is easy for everyone of every age to be a healthy weight.
- 2.3 Chapter one makes the case for the health and wellbeing benefits of a healthy weight, and the financial and health impacts of obesity. Exploring the data that shows:
 - 80% of 4-5 year olds are a healthy weight
 - 70% of 10-11 year olds are a healthy weight
 - 43% of adults are a healthy weight
 - Although presenting a better picture than the national average, we are seeing a worsening trend in healthy weight in adults and 10-11 year olds
- 2.4 The data go on to show the impact of deprivation on healthy weight, shining a spotlight on this and other factors leading to inequalities in health such as age, black and racially minoritised groups, people with disabilities, or poorer mental health.
- 2.5 This chapter also looks at the environmental, social and physical factors that play a part in our ability to maintain a healthy weight. Looking at the food

environment, for example the density of fast food outlets, and physical activity and opportunities for active travel.

2.6 Chapter two describes the past 20 years of the whole systems approach to health weight and some of the achievements of Brighton & Hove.

2.7 Of particular note is the journey map on page X plotting our local initiatives alongside national policy drivers. This highlights some of our achievements such as:

- The B&H concept of Sugar Smart in 2015 which has been adopted by many other local authorities
- Initiatives such as 'Peas Please', and 'Work on Veg' to try to increase the number of different vegetables people chose to eat

2.8 Other achievements include:

- 6th highest levels of healthy weight in year 6 children
- Highest levels of physical activity and lowest levels of inactivity in the country
- Silver and Gold sustainable city awards
- High levels of active travel
- 75% of babies breastfeeding compared to 53% nationally (23/24)

2.9 Chapters 3 and 4 describe the whole systems approach model and how we apply this to Brighton & Hove and Healthy Weight.

2.10 The whole systems approach reflects the complexity of the issue and the need to address rising rates of obesity and improve the environmental, social, political and economic environment to help make Brighton & Hove an easy place to maintain a healthy weight.

2.11 The report takes a life course approach to healthy weight, starting with the first pregnancy and childhood and the first 1000 days, the school years, young adults, older adults and then the wider city elements that can support a health weight and physical activity.

2.12 Chapter 4 describes why healthy weight is important and showcases activity and innovation in Brighton & Hove, for example:

- Breastfeeding support
- Family Hub support for young children and families, and introductions to fresh food and toothbrushing via TasteEd
- Active lessons in schools, healthy choice breakfast clubs
- Parks and a range of green and blue space
- Holiday activities and food programme
- 'This Girl Can' events
- Leisure centre improvement plans

- Support for healthy workplaces
- Community garden scheme
- Food and community partnership

2.13 Chapter 5 describes recommendations that help to support the life course: healthy weight in the early years, a whole school healthy weight approach, business and workplace support. With further recommendations for healthy weight environments, including advertising, and accessible food offers. Including:

- Pregnant parents
- Healthy food offer in early years setting
- Healthy affordable school meals
- Active schools
- Encourage an active workday
- Advertising restrictions
- Healthier food offer in the out-of-home setting

2.14 This report reflects a whole city collaboration, and I am proud to present it as the DPH annual report for 2024.

3. Important considerations and implications

Legal:

3.1 The DPH is mandated to write an annual report that highlights an issue relevant to the population and the local authority is required to publish it. This report meets that Health and Social Care Act requirement.

Lawyer consulted: Natasha Watson

Date: 11/07/25

Finance:

3.2 There are no financial implications identified from this annual report that are additional to the current grant commitments

Finance Officer consulted: Steve Williams

Date: 07/07/25

Equalities:

3.3 The report highlights significant inequalities in health outcomes and healthy weight for cohorts in Brighton & Hove, considers drivers for healthy weight and obesity, and identifies opportunities to address these inequalities in the recommendations.

Sustainability:

3.4 No issues identified

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

3.5 This report is the Annual Report of the Director of Public Health

Supporting documents and information

Appendix1: The Annual report of the Director of Public Health 2024

Annual Report of the Director of Public Health 2024

Annual Report of the Director of Public Health 2024



Whole City Healthy Weight –

Annual Report of the Director of Public Health 2024

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Councillor Mitchie Alexander
Cabinet Member for Communities, Equalities,
Public Health, and Adult Social Care

I welcome this report with its focus on food and healthy weight for all our city's residents. Our work in Brighton and Hove exemplifies an innovative approach working with multiple partners, including the Brighton and Hove Food Partnership, and has been developed over many years. As a city proud to be one of the most physically active in the country, we know that there are still many opportunities to develop work to influence our physical and commercial environments, from food growing to healthier advertising to work with food businesses and our transport partners. This report and series of recommendations provide a useful guide for the next steps for all our city and community partners.



Councillor Faiza Baghoth
Chair of Health & Wellbeing Board

As the chair of the Health and Wellbeing Board I'm delighted to support this partnership approach to addressing an important health and wellbeing issue for our city. Brighton and Hove has a long-standing collaborative commitment to working on healthy weight and food. Although we recognise some good progress, we know that there is still some way to go before every child growing up in the city lives in an environment that makes the healthy choice an easy choice.

Foreward

Director of Public Health for Brighton & Hove City Council, Caroline Vass

Each year the Director of Public Health (DPH) writes an annual report that highlights an important issue for Brighton & Hove.

Last year, the then Director of Public Health, Alistair Hill, delivered a report focussed on the learning we took from the management and experience of the Covid 19 pandemic.

This year the Annual Report of the DPH explores a whole systems approach to healthy weight and makes recommendations that continue to develop this work and the achievements of the whole council and city-wide approach to a healthy weight.

This report recognises the complex and interconnected factors which influence people's ability to maintain a healthy weight. Achieving and maintaining a healthy weight is about far more than individual willpower. It is about the environment that we live in, the opportunities we have, and the elements which shape our daily lives – from what we

learn about healthy eating in schools, to the food available on our high streets, and includes the ways we can be active in our day to day lives.

The whole systems approach described here embodies the approach of the council and the report clearly shows how we are embedding our **5 pillars of support to create a better Brighton & Hove for all:**



across the council, with the public, with the business and voluntary sector is helping to make Brighton & Hove a city where it is easy for everyone to be a healthy weight.

Be connected –

The whole systems approach highlights our connectedness as a council and city where partnership working



Be confident – Obesity is a complex issue: we are constantly learning how to improve our approach to tackling this challenge.

Over the past 20 years we have shared what works and embedded learning to continue to develop our approach to a healthy weight.



Be innovative and creative –

In Brighton & Hove some of our innovative approaches are now commonplace. Our Sugar Smart initiative

established in 2015 is now replicated by many other areas and influenced the national sugar drinks levy in 2016.



Be diverse and inclusive –

Our approach is data-led, and the report highlights groups of people who are less likely to be

a healthy weight, and in the particular

importance of inequalities of outcomes by deprivation, and the disparity between the most and least deprived communities. In the report we describe our inclusive partnership working with our vision of a city that provides inclusive services to everyone who needs them.



Be healthy and psychologically safe
– The report makes the case for the benefits of a healthy weight: the risk of long term

preventable physical and mental health conditions that are reduced with a healthy weight, including some cancers, and cardiovascular disease. It looks at some of the financial impacts of obesity and trends in data for healthy weight in our population.

The report shows that for residents of every age there are many opportunities for our whole city environment to support a healthier lifestyle, from accessing green and blue spaces, to the buildings where we spend our learning and work time, the roads that we travel around our city and the spaces where we relax and enjoy.

The report concludes with recommendations that continue to deliver our city-wide healthy weight ambitions:

- Supporting healthy weight opportunities in early years
- Taking a schools-based approach
- Working with business and workplaces to encourage access to healthy food
- A whole city approach looking at opportunities for urban planning, marketing, access for employees, residents, and visitors to healthy food options, and the Let's Get Moving physical activity offer.



Brighton & Hove has a long tradition of progressive, community-led action to support health and wellbeing. By continuing to work together, across sectors and with our communities, we can make our city a place where everyone – regardless of age, income, or background – has the opportunity to live well and achieve a healthy weight in a supportive environment.

I would like to thank everyone across the council and in the city who enables a whole city approach to our healthy weight programmes. We have included many people in the list of contributors but there are many more who have contributed, and I hope they feel proud to see the achievements outlined in this report.

I also hope this report supports further understanding, ambition and collaboration as we take the next steps in our journey towards a healthier, more equitable Brighton & Hove.



Caroline Vass
Director of Public Health

Introduction

A whole city approach to healthy weight



This report describes how we work together to make Brighton & Hove a city where it is easy for everyone of every age to be a healthy weight.

In Brighton & Hove, only two out of three children are a healthy weight by the time they leave primary school aged 11. In some schools as few as one in three children are a healthy weight. Being a healthy weight throughout childhood has long lasting impacts for children's physical health, mental health and social wellbeing, and reduces the risk of becoming overweight or obese in adulthood.

More than one in two adults in the city are obese or overweight, increasing the risk of diet and weight related diseases including diabetes, some cancer, heart disease, joint problems and so much more. This impacts on the health and social care system, quality of life, economy and everyday life in the city.

The impact of Covid (COVID-19) on our lifestyles and weight, alongside a cost-of-living crisis, brought challenges to Brighton & Hove where levels of healthy weight have been better than many other areas in England in recent years.

Chapter 1 contains data describing the residents and the city's healthy weight environment.

Obesity is a complex issue, with no single solution.¹ Public Health England and the Local Government Association introduced a model of a whole systems approach to healthy weight in 2015,² providing useful guidance on a whole city approach to tackling this challenge. In our city there is already so much positive work going on that we can build on, with multiple benefits for physical and mental wellbeing and for the living environment.



Traditionally, much of the discussion about weight or obesity has focussed on individual responsibility. However, as nationally, two thirds of adults are overweight and obese, with this increasing over the last few decades, we know that individual behaviour change is not working and that we need to make systemic changes to provide a healthier environment for everyone, in a compassionate and supportive way.

Chapter 2 describes the Brighton & Hove story outlining some of the successes and achievements to date.

Chapter 3 outlines the approach to whole systems working to support healthy weight and local activities. to date. This work is based on partnerships, relationships, shared goals and activities with partners who work on food; health; transport and travel; education; in business; planning; sports and activity; events; and with residents from across the life course. Whole city healthy weight partners contributed to work over many years and provided the examples in this report and are listed in acknowledgements.

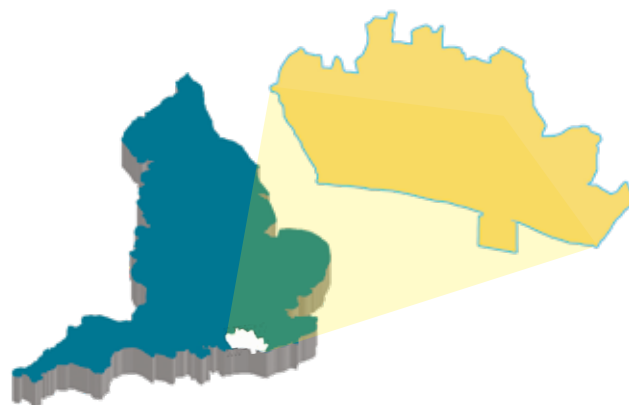
Chapter 4 highlights the sorts of changes we can and are already making at different stages of the life course, from pregnancy through to early childhood, into preschool, primary and secondary schools, further education, the working environment and older age. For residents of every age there are many opportunities for our whole city environment to support a healthier lifestyle, from green and blue spaces to the buildings where we spend our learning and work time, the roads that we travel around our city and the spaces where we relax and enjoy.

1. Why healthy weight is important



This chapter outlines some of the key data and trends in healthy weight in Brighton & Hove, the benefits of improving healthy weight and shows some of the environmental drivers that support a healthy weight.

Being a healthy weight is not just about what an individual chooses to eat or how much physical activity they participate in. It is far more complicated, with social, economic, and environmental factors playing a significant role. There isn't one single thing that can solve this problem; we need a whole systems approach to healthy weight.



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.

Benefits of a healthy weight

There are a wealth of benefits of healthy weight at an individual, population, and societal level.

Evidence suggests that maintaining a healthy weight through staying physically active and eating well provides many benefits:

✓ Reduced risk of preventable long-term conditions - Including:

- Type 2 diabetes 
- Musculoskeletal issues 
- Cardiovascular disease 
- Respiratory diseases
- Liver disease

✓ Reduced risk of some cancers - Including:

- Breast cancer 
- Bowel cancer
- Liver cancer
- Pancreatic cancer
- Oesophageal cancer

✓ Improved mental wellbeing

- Improved mood and resilience
- Reduced risk of depression and anxiety*



✓ Improved productivity and reduced sickness in the workplace

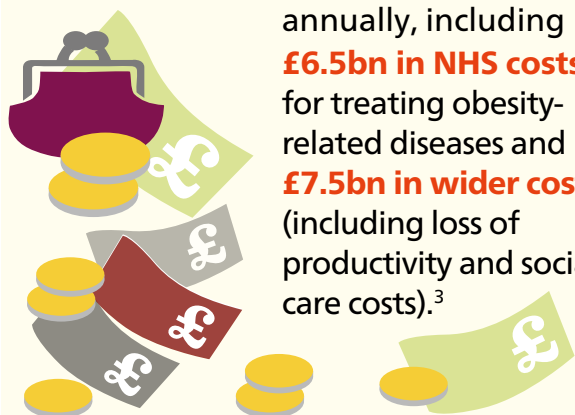
*It should be noted that the relationship between being above a healthy weight and poor mental health is complex and bi-directional.

Financial impacts of obesity

Supporting healthy weight for all is good for our economy.

Recent analysis considering the direct and indirect costs of obesity estimated that obesity costs **£58bn in the UK**

annually, including **£6.5bn in NHS costs** for treating obesity-related diseases and **£7.5bn in wider costs** (including loss of productivity and social care costs).³



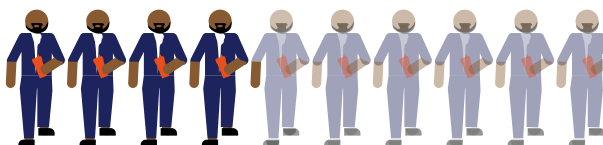
Healthy weight prevalence %⁴



80% of 4 to 5 year olds are a healthy weight



70% of 10 to 11 year olds are a healthy weight



43% of adults are a healthy weight**

Compared to England, relatively **more children, young people and adults are a healthy weight in Brighton & Hove.**

However, there are a large number of **people in the city above a healthy weight.**



There are an estimated **11,000⁵** children and young people aged 2-15, and **131,500** adults **in the city** above a healthy weight.

**Note that for adults, figures are not published for healthy weight, the figure presented here includes underweight and healthy weight.

Sadly we are seeing a worsening trend in healthy weight for young people and for adults, and we are moving closer to the poorer national picture.⁵

Age 4 to 5 years (not shown on chart):
Healthy weight has remained similar since 2016/17 to 2023/24

10 to 11 year olds:
The prevalence of healthy weight in Brighton & Hove fell from 73% to 70% from 2016/17 to 2023/24, but remained similar across England, (64% in 2016/17 and 63% in 2023/24)

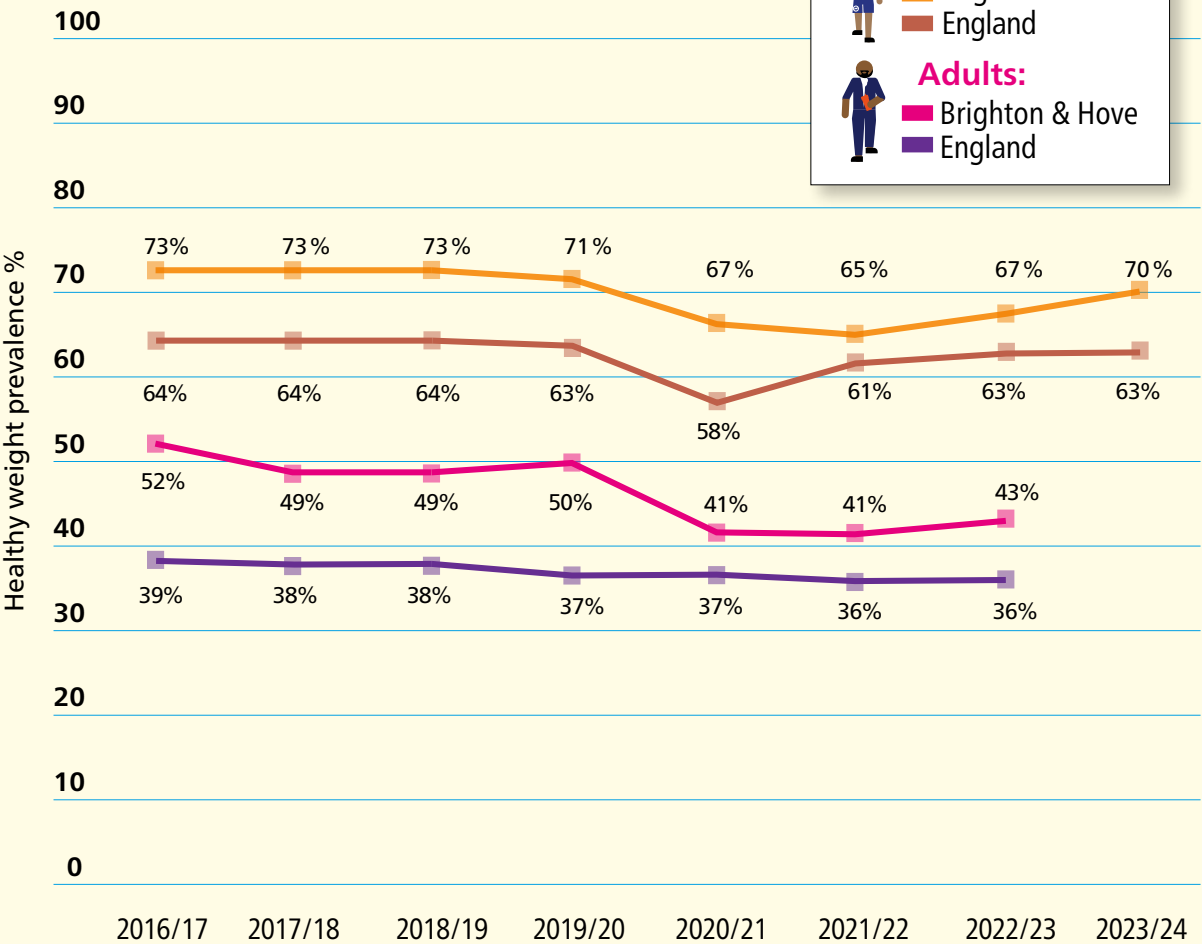
Adults:
The prevalence in Brighton & Hove fell from 52% (2016/17) to 43% (2022/23), and fell less sharply for England from 39% (2016/17) to 36% (2022/23)

*Note that for adults, figures are not published for healthy weight, the figure presented here includes underweight and healthy weight

The gap between England and Brighton & Hove healthy weight prevalence has reduced for both children and adults.

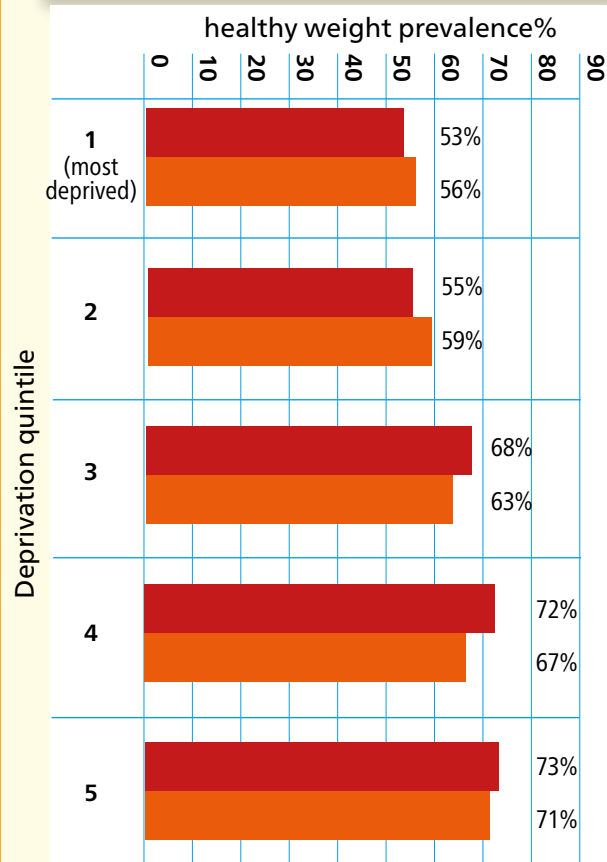
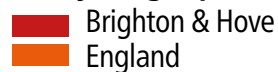
Healthy weight trend (2016/17 to 2023/24)

10-11 year olds and adults in Brighton & Hove and England



% of children aged 10-11 years (Year 6) who are a healthy weight, by deprivation quintile, Brighton & Hove, 2023/24

Healthy weight prevalence % - Year 6:

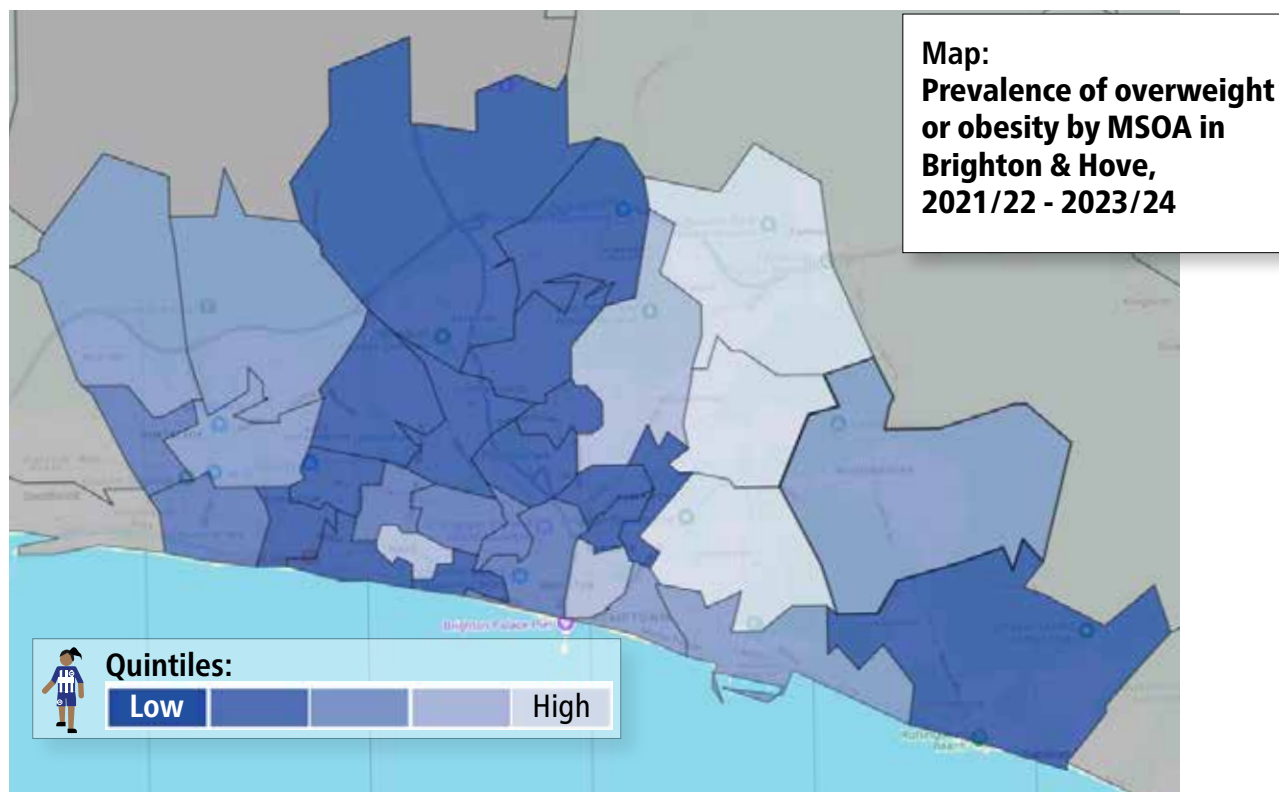


Source: Brighton & Hove Public Health Intelligence team, from National Child Measurement Programme data NCMP 2023/24 by Brighton & Hove City Council - Infogram⁶

There are significant inequalities across the city. Our insights show how the most deprived areas (20% of the city) compare to the least deprived areas (20% of the city), and how particular groups of people are more or less likely to be a healthy weight.

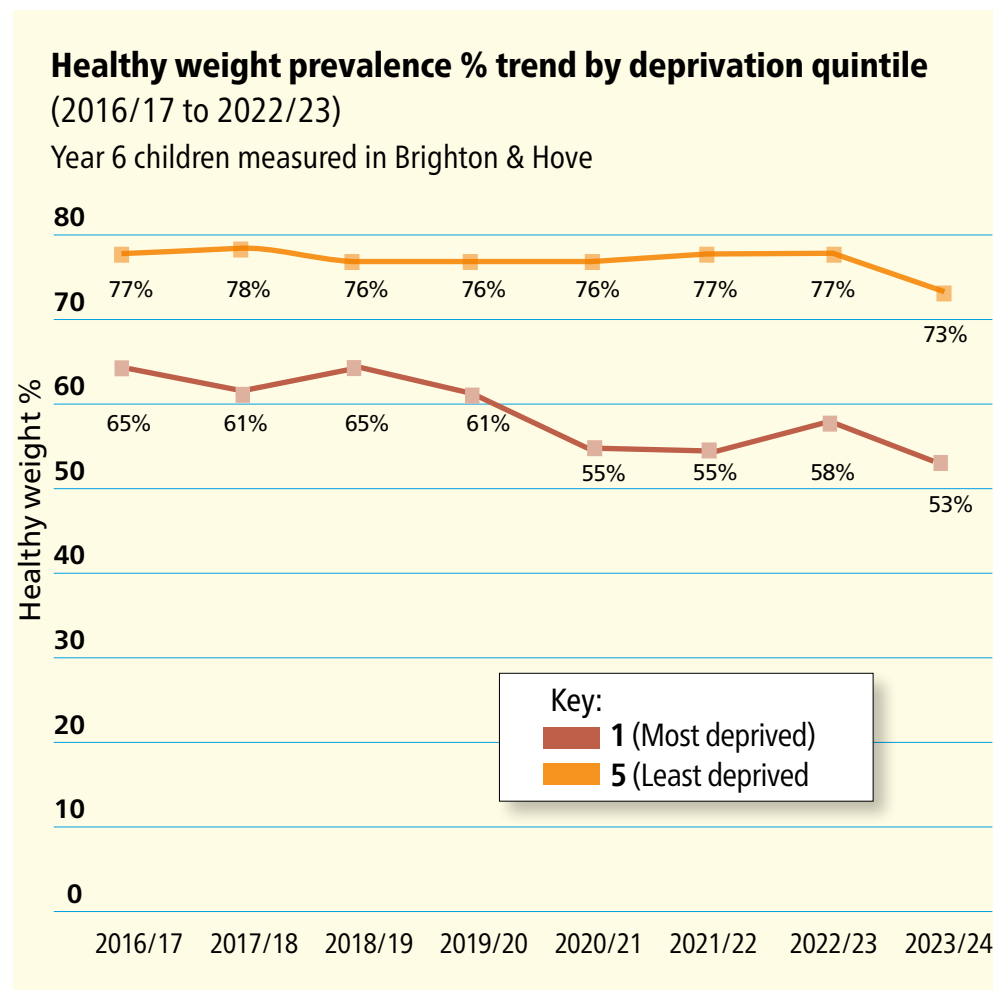
For 10 to 11 year olds:

- 53% of those living in the most deprived areas in the city are a healthy weight compared to 73% of those living in the least deprived areas
- The lowest levels of healthy weight are in Moulsecoomb and Bevendean, Whitehawk and in Hollingdean and Coldean
- Those from Asian or Asian British, Black, or Black British, Mixed, or other ethnicity than White are significantly less likely to be a healthy weight
- Boys are less likely to be a healthy weight than girls (68% boys, 73% girls).



Source: Obesity Profile - Data | Fingertips | Department of Health and Social Care⁷

There is evidence that these inequalities are also widening across the city



Between 2016/17 and 2022/23 the prevalence of healthy weight in 10-11 year olds fell to 73% for those living in the least deprived areas, and fell from 63% to 58% in the most deprived areas – thus widening inequalities across the city.

Health Counts 2024 – evidence of inequalities⁸

- In 2012, the percentage of adults eating five or more fruits or vegetables per day was 46% for residents in the most deprived areas (based on England quintile), and this fell to 42% in 2024. Whereas in the least deprived areas, it increased from 54% to 56%, so we have seen a widening of inequality.
- In 2012 the rate of healthy weight was 45% for residents in the most deprived areas (based on England quintile) and fell to 34% in 2024. Whereas in the least deprived areas, it fell from 51% to 38%. There is now less difference between the most and least deprived areas, but inequality persists.
- Groups who are **less likely** to be a healthy weight in 2024, compared to all respondents (37%) include:
 - Older adults (aged 45-84 years) – 33% for 45-54 year olds falling to 29% for 75-84 year olds
 - Black, Black British, Caribbean or African residents (17%)
 - Males (33%)
 - Adults with a disability (31%)
 - Unpaid carers (31%)
 - Adults with –
 - developmental conditions (24%),
 - sensory impairments (25%),
 - a physical or visible difference with a disabling or discriminatory impact (24% and 25% respectively),
 - Autism (29%),
 - physical health conditions (29%),
 - mental health conditions (33%) and
 - learning disability (35%).

Drivers of healthy weight

Although, fundamentally, excess weight gain occurs when energy intake exceeds energy expended on a regular basis, the factors influencing this are multi-faceted and often interact.

People on lower incomes are more likely to experience food insecurity and have less disposable income for food, presenting a barrier to eating a healthy diet. Additionally, deprivation can impact on mental wellbeing and increase stress levels, which in turn, can influence the ability to choose or prepare healthy food.

Whole systems thinking around health in local areas such as around food and healthy weight can improve health and reduce inequalities.

Some of these areas are outlined here.

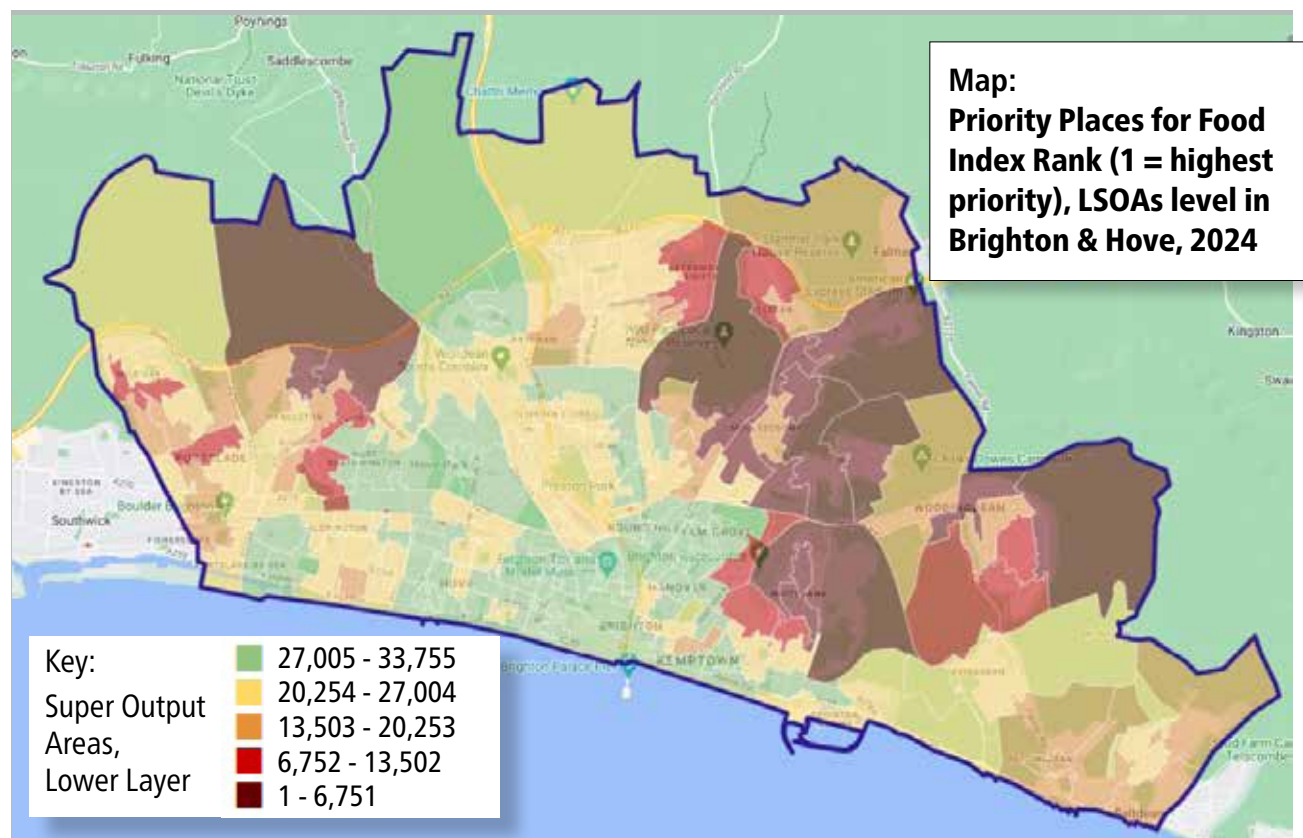
Our surroundings and communities

The places and communities where people grow up, live, work and socialise also influence weight. Healthy food environments, where people have access to affordable and healthy food, can support people to maintain a healthy weight. On the other hand, 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.⁹

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. Areas in Whitehawk, Hangleton and Bevendean, Hollingdean, Queens Park and Woodingdean are in the top 20% of areas in England for the greatest food desert like characteristics.



Source: Map | Local Insight ¹⁰

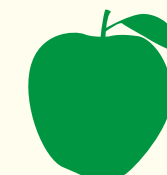
The food environment

Good nutrition is vital for living a healthy life. People 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, with a focus on increasing local outdoor spaces for growing food and developing local supply chains are important ways to enable people to be able to easily access affordable healthy food and eat well.

Adults in Brighton & Hove are significantly more likely to consume five or more portions of fruit and vegetables per day compared to the England average (38% compared to 33% in 2022/23), but this has fallen from 43% in 2020/21).

For children and young people in the city, meeting these recommendations falls with age, but the figures have also been falling since 2018, with the biggest change seen in 14-16 year olds (from 60% in 2018 to 51% in 2023).¹¹

The % 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):



69% in Year 6



53% in Year 11



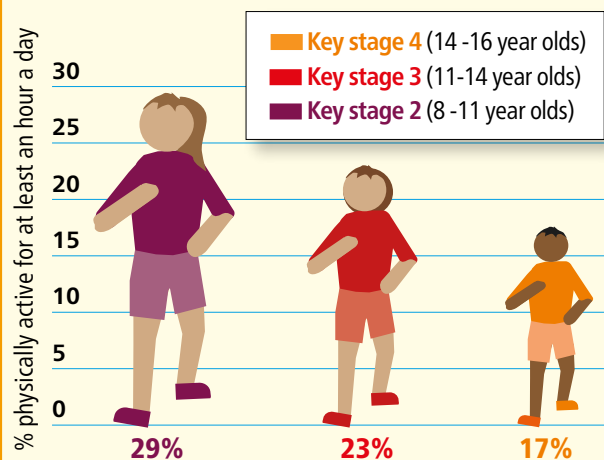
Physical activity

Physical activity is a key factor in maintaining a healthy weight. In Brighton & Hove, adults are more physically active compared to England (80% compared to 67% in England).¹²

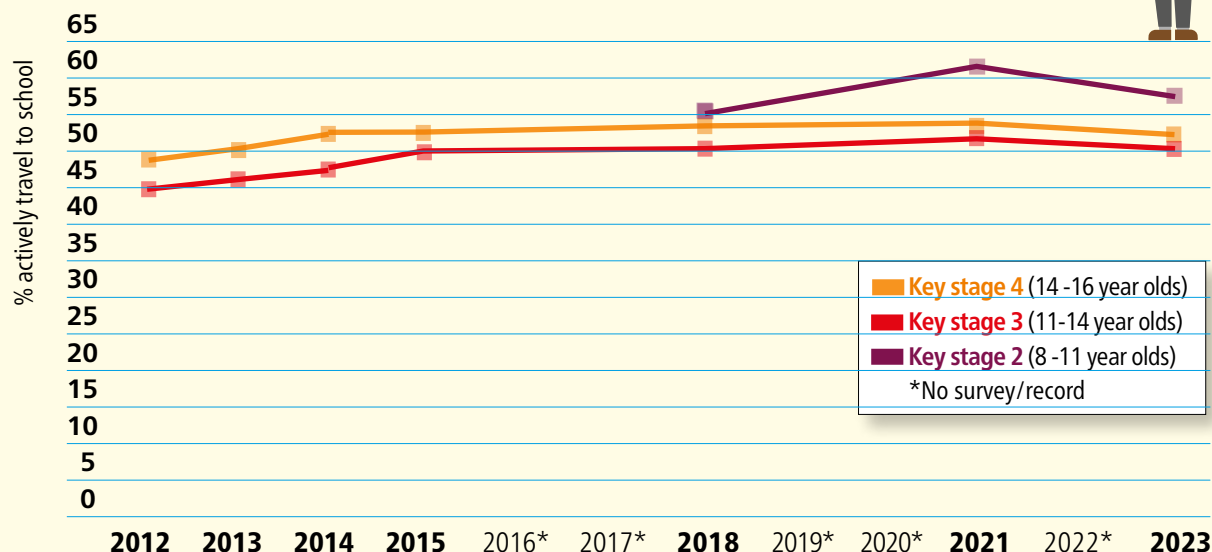
We had seen reductions in physical activity in adults between 2016/17 to 2020/21, but since then they have increased and are at the highest level since this data was available.

Our local school survey data suggests that children and young people become less physically active as they get older. In addition, girls, LGBTQ+ pupils, those who did not identify with their gender at birth and Asian or Asian British pupils are all significantly less likely to meet physically activity recommendations.

Proportion of children who are physically active for at least an hour a day (SAWSS 2023)



Percentage of pupils travelling to school (walk, cycle, skateboard/scooter): (2016/17 to 2022/23) Year 6 children measured in Brighton & Hove



Active travel

The built environment also has a role to play in encouraging active travel which supports people to be more physically active and a healthy weight.

One third (34%) of adults are estimated to walk or cycle as a form of transport at least three times a week in Brighton & Hove, compared to 20% in England.¹³

Younger school pupils in the city are more likely to travel actively to school, but active

travel has fallen in the latest schools' survey for primary and secondary school pupils.¹⁴

Whilst these behaviours are important to monitor and aim to influence, they are strongly influenced by socio-economic factors, societal and cultural influences, and the food environment.

The next chapter tells the Brighton & Hove story bringing some of this data and the achievements to life.

2. Achievements in healthy weight



This section of the report describes the whole systems journey over the past 20 years in the city

Food systems and partnership working have been embedded in Brighton & Hove since 2003, when the Brighton & Hove Food Partnership was established. This partnership brings together the community and voluntary sector, Brighton & Hove City Council, and public health partners.

In 2004, Brighton & Hove became a World Health Organisation (WHO) Healthy City, with a focus on healthy urban planning. This included joint working between our council's public health and planning teams on healthy weight issues, such as the regulation of hot food takeaways. Health and wellbeing are integral themes in the city plan and are embedded across planning and transport policy agendas.

In 2008, the city introduced the national free swimming programme for younger residents and has continued to support it to this day. That same year, the Healthy Choice

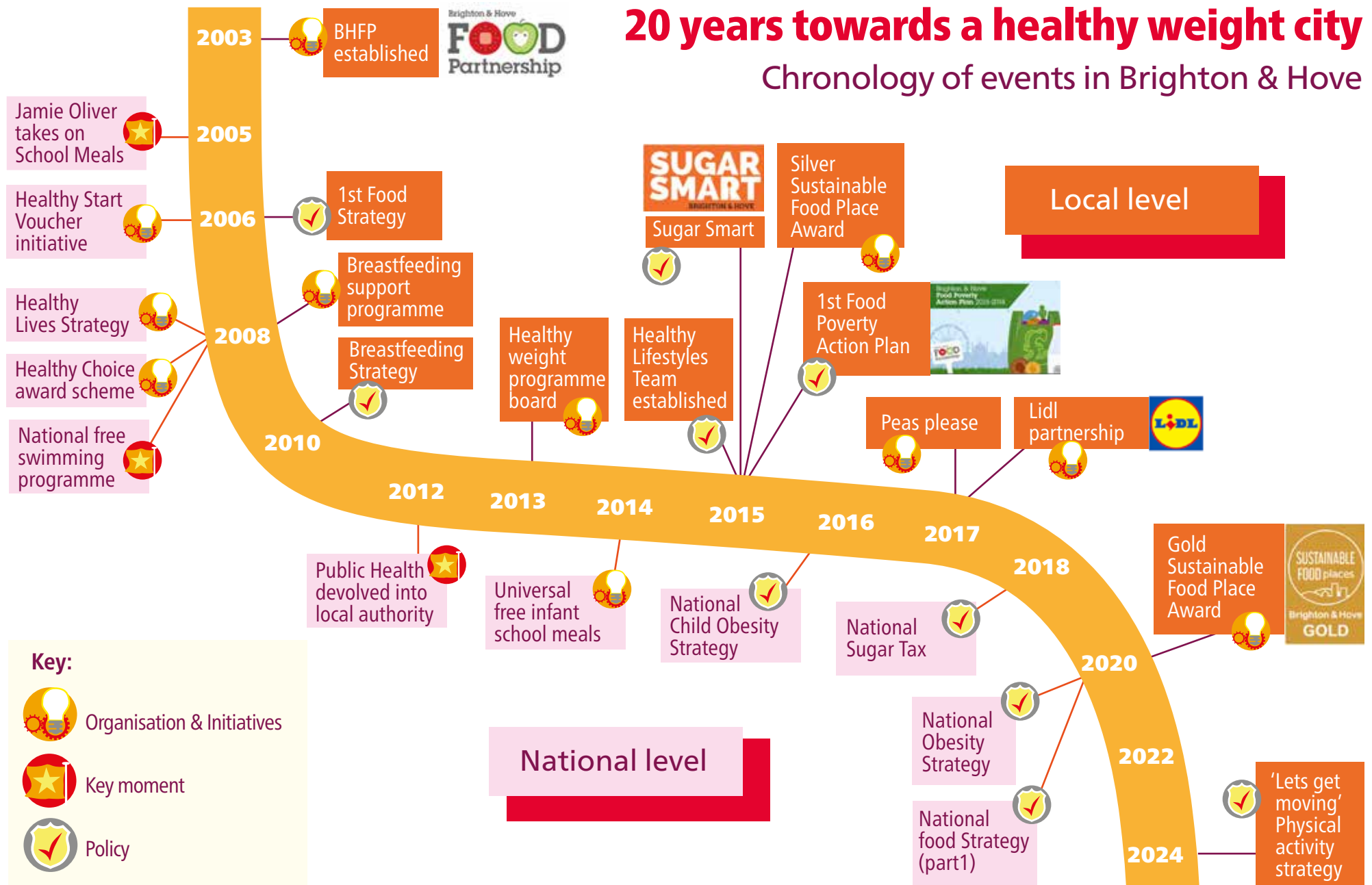
Award was developed to incentivise local food providers – including cafés, restaurants, caterers, school breakfast clubs and nurseries – to improve the healthier options they offer.

The national Healthy Start voucher scheme was introduced while infant feeding continued to be prioritised locally. Under the city's breastfeeding strategy, strategic leadership and peer support programmes contributed to maintaining one of the highest breastfeeding rates in the country - 20% above the national average.

In 2013, a collaborative Healthy Weight Programme Board was established. It brings together partners from the Council, Food Partnership, NHS, planning and transport, sport and leisure, workplace wellbeing, and other organisations. This has laid the foundation for a whole systems approach involving many partners, which continues to grow.

20 years towards a healthy weight city

Chronology of events in Brighton & Hove



Brighton & Hove has developed successive food strategies and taken an innovative approach to tackling food poverty, underpinned by a dedicated action plan that continues to galvanise partner organisations. The city achieved Silver Sustainable Food Place status in 2015 and went on to become the first city to achieve Gold status in 2020.

In 2015, the Brighton & Hove Public Health Team developed the concept of 'Sugar Smart' — a campaign to raise awareness of the sugar content in food and drinks, its impact on weight and diet-related health conditions, and how to make healthier choices easier for residents. Working with key partners, including the Jamie Oliver Food Foundation and the Brighton & Hove Food Partnership, the team introduced the first local voluntary sugar tax. This influenced national thinking and helped pave the way for the Soft Drinks Industry Levy.

The 'Sugar Smart' concept has now been adopted by many other local authority areas and is a great example of how a local low-cost idea can influence the national policy agenda and improve the public's health.

Headlines from the 2015 'Sugar Smart' campaign



As the Local Government Association (LGA) / Public Health England approach on Whole Systems Approaches to Obesity was released, Brighton & Hove was pleased to present and share the developing 'systems approach' at several different fora.

Initiatives included work on vegetables, and 'Peas Please' in 2017 (the latter being a Food Foundation coordinated initiative in partnership with LIDL) aimed to increase the number of different vegetables on the plate. These projects were informed by research with families on a low income in East Brighton.

The national obesity strategy and childhood obesity plans published during 2015, 2016, 2018 and 2019 provided the driver for increased action at a local level.

In 2024, Brighton & Hove published 'Let's Get Moving', a physical activity strategy for the city developed during the covid years. This focusses on further developing the whole systems approach to make 'moving a bit more every day' easier for all, complementing the approach to healthy weight. The vision – to make Brighton & Hove the most active city in the country over the course of the next 10 years is being achieved as the strategy launches, with the latest Active Lives data showing Brighton & Hove to have amongst the most active and least inactive adult residents in the country.

What have we achieved:

- **Lower childhood obesity rates than many areas around the country over a number of years** – in 2023, our year 6 children had the sixth highest levels of healthy weight in the country (70% compared to 63% nationally)
- **The highest levels of physical activity and lowest levels of physical inactivity** in the country for adults and the highest levels of physical activity for children according to the Active Lives Survey (2023)
- **Silver and Gold Sustainable Food City award** (the first in the country at both levels)
- **Developed Sugar Smart as a concept in 2015**, introducing a local voluntary sugary drinks tax, which influenced the introduction of the national sugar drinks industry levy, announced in 2016



- **High levels of active travel**, with one in three adults the highest proportion of residents travelling actively to work on at least three days a week nationally in 2019/20.
- **One of the highest breastfeeding rates in the country** with 75% of babies breastfeeding at 6 to 8 weeks, compared to 53% nationally in 2023/4.

3. A whole systems approach



This chapter describes the model for whole systems working and our local approach.

Obesity and its causes are complicated and involve many interrelated factors. The Foresight Tackling Obesities Future Choices Project Report¹⁵ explains that each of these areas play a role

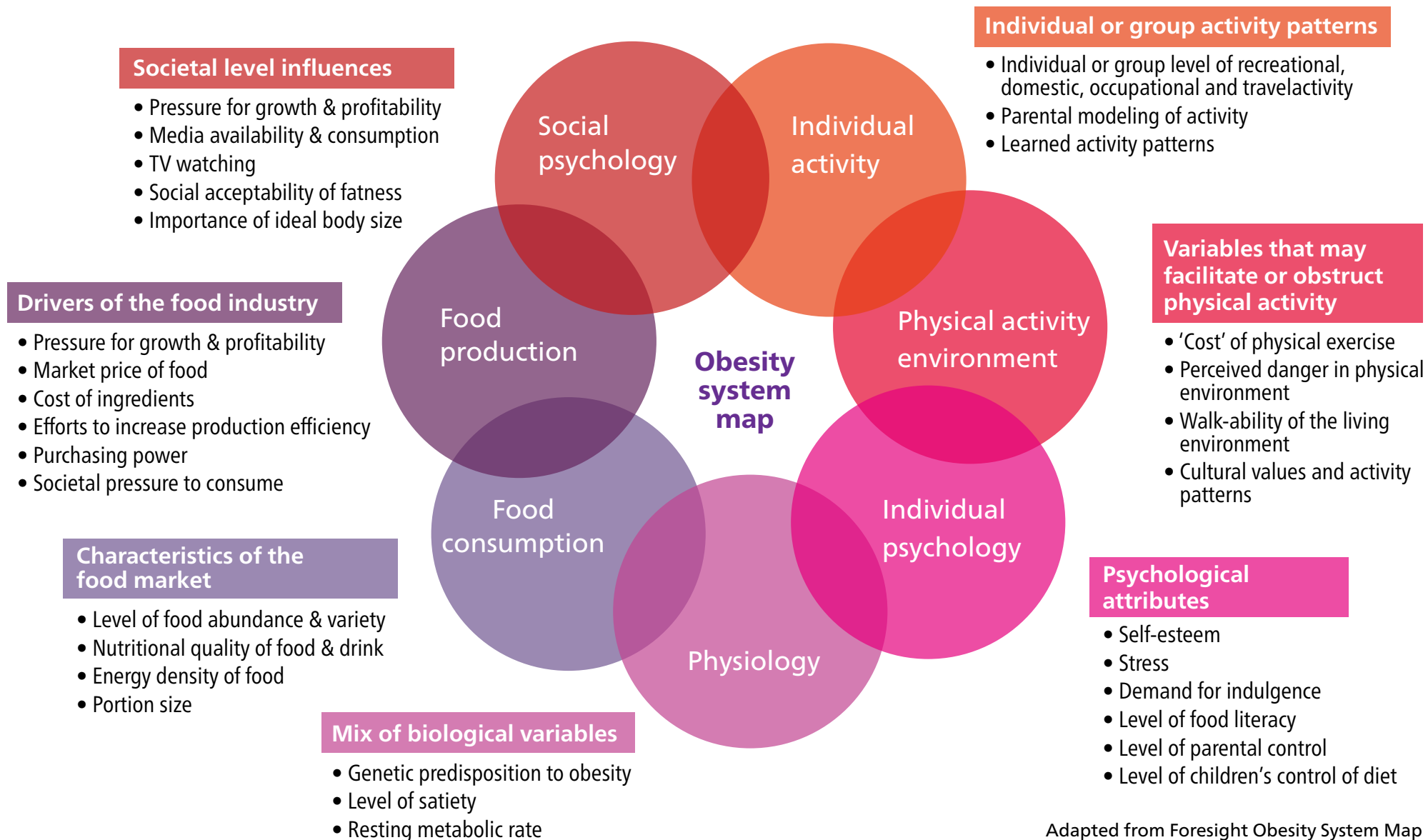
- culture
- food production
- eating habits
- biology
- personal choices
- activity levels,
- and the environment.

It shows that society is complex and hard to predict, so addressing obesity needs long-term, overall solutions.

Public Health England (now the Office for Health Improvement and Disparities) and the LGA, published the whole systems approach to obesity guide to support local authorities and partners to develop and deliver a local approach.

They advise that “a local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.”¹⁶

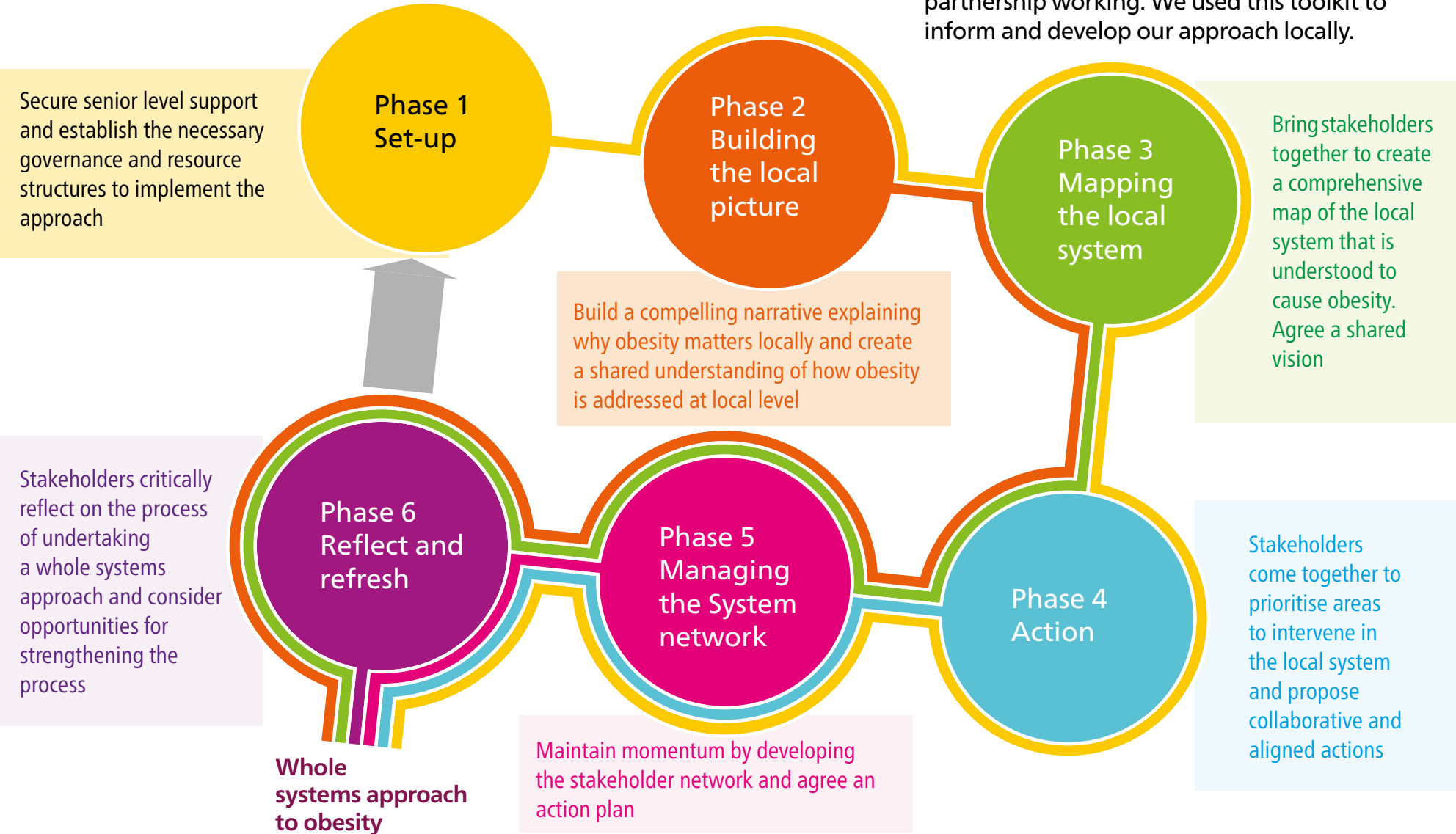
Multiple interacting and dynamic 'factors' that compose what is termed as an obesity system



Adapted from Foresight Obesity System Map

Process for implementing whole systems approach to healthy weight ¹⁷

The PHE toolkit describes six stages, with a set of systems behaviours to support inclusive partnership working. We used this toolkit to inform and develop our approach locally.



Our approach so far

Brighton & Hove has worked on developing a whole systems approach to healthy weight for over ten years through the Healthy Weight Programme Board, and multiple interventions and innovations previously described.

As the city emerged from the pandemic lockdown, the Brighton & Hove Public Health team started mapping key stakeholders, relevant city strategies and coordinated a visioning workshop.

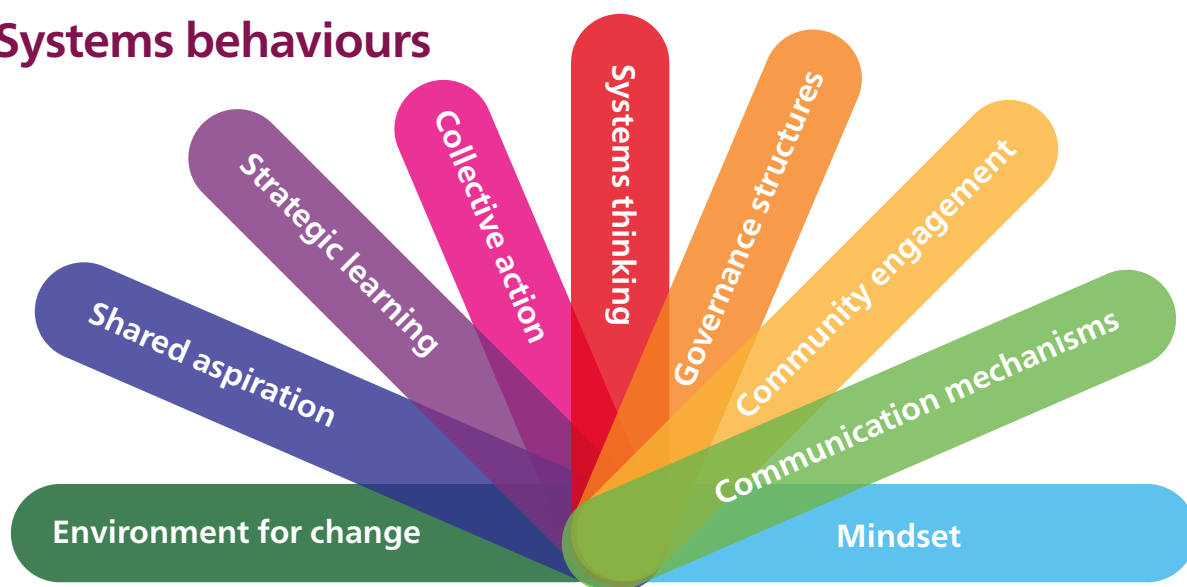
From this workshop, the following next steps emerged:

- Agree a vision
- Make the healthy weight agenda everyone's business
- Collaborate with partners
- Focus on the city as a whole
- Trial ideas without fear of failure
- Review what works and share good practice
- Prioritise the actions that have the greatest impact

Vision: A city that puts the wellbeing of residents at the heart of everything it does, by making eating well and moving more, a natural, accessible and easy choice and provides inclusive services to everyone who needs them.

Vision emerged from the 2023 workshops

Systems behaviours



| Item: March 2023 | Objective |
|--|--|
| Arriving | For a 9.30 start time |
| Welcome | |
| Icebreaker | <ul style="list-style-type: none"> • Speed dating – speak to x 3 people – name, what do you do? |
| Introduction to Healthy Weight agenda | <ul style="list-style-type: none"> • Overview of Health in All Policies • Headline data • Common outcomes • Integrate case study examples |
| Case Studies: <ol style="list-style-type: none"> 1. Inspiring events 2. Food partnership 3. Healthy Choice Award and Food Business 4. A Physically Active City | <ul style="list-style-type: none"> • The opportunities and challenges events in the City pose • Nutrition, healthy weight, sustainability & FILM • Overview of both initiatives • Overview of strategy and pathway to an active city |
| Break- teas/ coffees | |
| <ol style="list-style-type: none"> 5. Engaging residents in need 6. Children & Young People 7. The impact of local businesses | <ul style="list-style-type: none"> • Wellsbourne engaging residents and Beezees commission • eg breakfast clubs and initiatives schools are delivering • What are local businesses doing to support the agenda |
| Table discussions | <ul style="list-style-type: none"> • Wider determinants model utilised to stimulate discussions • Challenges, Opportunities, Actions |
| Final thoughts | |

Face to face workshops in March and October 2023:

In March and October of 2023, two face to face workshops were attended by a range of organisations,¹⁸ included in the list of contributors.

These workshops aimed to

- explore whole systems healthy weight approaches
- identify gaps and opportunities to work together, identifying the multiple co-benefits from this work
- outline examples of work in the city.

The information gathered during these sessions was examined using thematic analysis – a process of identifying categories and grouping them into themes. These themes now inform the workstreams of the whole systems working groups: starting well and healthy environments.

Research from the institute for Development Studies shared research findings focused on Brighton & Hove's approach to whole systems work – A whole system approach to childhood obesity: how a supportive environment was created in the city of Brighton & Hove, United Kingdom¹⁹.

Key stakeholders from the Brighton & Hove Healthy Weight Programme Board and partners were interviewed as part of the research. A group activity focused on children and how to support a holistic, healthy environment, produced rich information and ideas to inform the next steps and recommendations as highlighted at the end of this report.

Key themes from the workshops

Starting well

- Education setting and learning
- Psychological wellbeing
- Social/Community networks
- Exercise/Transport/Infrastructure
- Family networks
- Lifestyle
- Food culture
- Sustainability
- Information sharing
- Life course



Healthy environments

- Food industry
- Health and social care industry
- Cultural assets
- Natural capital
- Accessible exercise
- Economically disadvantaged
- Transport
- Cost of living crisis
- Working conditions
- Housing



As the whole system healthy weight agenda develops, strategic work on relevant areas has progressed. Some of these include the 'Let's Get Moving... physical activity and sports strategy', urban planning projects and the review of the Brighton & Hove food strategy action plan.



4. Delivering a whole city approach to healthy weight in Brighton & Hove

This section covers where we spend our time in Brighton & Hove, highlighting some of the changes that we have made and that can make it easier to maintain a healthy weight. Starting with pregnancy and childhood, through education and into working age, with the final section considering older adults as well as whole city elements.





Pregnancy and Baby

Why it's important

Being a healthy weight during pregnancy is good for a healthy pregnancy for both parent and baby. Healthy eating and moving more can benefit both mother and baby.

Between April 2023 and March 2024, over 1,000 pregnant people attending the Royal Sussex County Hospital were overweight or obese. Being overweight can increase the risk of having a miscarriage or a still birth, giving birth early, having a big baby, diabetes, high blood pressure, having a caesarian or a longer stay in hospital.

Breastfeeding is the starting point for a life course approach to healthy weight, it protects against obesity, which can further reduce long-term negative health outcomes for both women and children.²⁰

Case study: Specialist Infant Feeding team

Sussex Community NHS Foundation Trust Health Visiting Team

Practical support is available across the city for all new mums to feed their babies. We provide families with evidenced based information to enable fully informed infant feeding choices. We offer accessible and non-judgemental support to women and their families, however they choose to feed their babies. We support women to breastfeed as much as or for as long as they would like. The Specialist Infant Feeding Team includes lactation consultants, breastfeeding specialists and breastfeeding peer support coordinators.

The Specialist Infant Feeding team gained Stage 2 Baby Friendly Initiative status in 2023 and was due to be assessed for Stage 3 in 2024. This has increased staff confidence and promoted a system wide common language, supporting continuity of care.



The Specialist Infant Feeding team

Support includes:

- Brighton Breastfeeding Drop-In providing parent-to-parent support
- Peer support programme providing mother-to-mother support from the postnatal ward and into the MILK groups
- Regular MILK Infant Feeding Groups for common challenges like returning to work, starting solids and feeding in public
- A specialist 1-1 service for persistent and complex feeding challenges.

Brighton & Hove has one of the highest breastfeeding rates in the country with 75% of babies breastfeeding at 6 to 8 weeks, compared to 53% in England in 2023/24.

In Brighton & Hove, there is:

- Free weight management support available for pregnant people
- Free physical activity programmes.
- Healthy Start vouchers have been available for families since 2006. Healthy Start vouchers are prepaid cards that help eligible families and pregnant people buy healthy food and vitamins.
- Infant feeding support (see case study) Specialist Infant Feeding Team

Food for thought

Is your workplace baby friendly?

Follow the steps listed on the World Health Organisation website: bit.ly/4huO2ZY

Early Years

Why it's important

Good nutrition for babies and young children is a key element of providing the best start in life, establishing a firm foundation for a child's development which in turn promotes and supports lifelong health and wellbeing.

One in five children in the city are already an unhealthy weight by the time they start school, so the early years period is a critical time for prevention and laying down good habits for life. There are significant health inequalities across the city with higher rates among children of overweight parents, those in deprived areas and some ethnic groups. Over time, these disparities can contribute to wider social and economic inequalities, as poor health impacts education, employment opportunities, and overall quality of life.

Children living with obesity are at increased risk of poor health outcomes such as type 2 diabetes, poor mental health and tooth decay.

Family Hubs

Family Hubs were launched in 2023 and there are currently four across the city that support families with children and young people 0-19 years and young people with special educational needs or disabilities (SEND) up to the age of 25 years. The hubs in the city are: Tarner, Whitehawk, Moulsecoomb and Hangleton.

Case study: TastEd

Addressing health inequalities in the early years.



TastEd provides lively and fun introductions to fresh foods and toothbrushing which is free for families. The intention of the programme is to make small changes to have a lasting impact on children and families across the city.

Play areas

Playgrounds provide free access for young children and their families to play and be active in outdoor spaces. This is good for physical and mental wellbeing, for socialising and development.

With over 50 playgrounds across the city and recent investments for improvements and new builds, there are many opportunities for families to engage with safe outdoor public spaces.

There has been a £4.3 million programme to improve park play areas across the city. The Whitehawk Way play area is an example of this (see case study).

Case Study: Level Up

'Level Up' your play at Withdean Sports Complex. Level Up is an innovative and exciting new soft play facility which opened at Withdean Sports Complex at the end of April 2024. Providing opportunities for active play at one of the council run leisure centres, with areas for ages from 0 up to 12 years, and dedicated SEND sessions.



Case Study: Playground in Whitehawk Way



Playground in Whitehawk Way brings joy for Noah

In 2023, the council completed an exciting playground refurbishment at Top Park in Whitehawk Way, pictured here. As well as wildlife themed zones to represent local Whitehawk buildings, the playground includes fantastic accessible play equipment for children and young people with special educational needs and disabilities. The council asked parents and carers to help shape their local play areas for children and young people. All the

feedback was carefully considered to help shape the future of play provision.

Noah's seat

Noah, who lives in Whitehawk, loves visiting parks with hammock swings and has special educational needs and disabilities. We included a hammock swing named 'Noah's seat' as part of the refurbishment. Noah was the first child to enter the park and try out the swing.



Primary schools

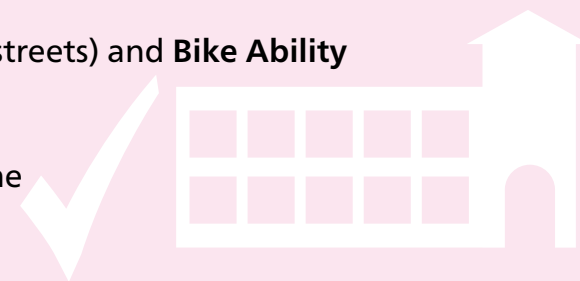
Why it's important

Schools are a key setting for influencing and supporting children to maintain a healthy weight through the taught curriculum, policies and leadership, and the environment in which they spend their time during the school day. This includes the journey to and from school, the classroom, the playground, lunchtime and breaks, school trips, fairs and celebrations.

Every year, children in reception and year 6 are weighed and measured by the School Nurse team as part of the National Child Measurement Programme (NCMP). Our local data shows us that during the primary school years overweight and obesity increases from one in five in reception to one in three in Year 6, providing a great opportunity in primary schools to help reverse this trend.

A Recipe for a Healthy Weight School:

- ✓ **Leadership** from senior leadership team
- ✓ **Active travel** to and from school (school streets) and **Bike Ability**
- ✓ **Active 60**
- ✓ **Active lessons**, learning and teaching time
- ✓ **Daily mile** or equivalent
- ✓ **Optimal school lunch environment** – high free school meal take-up
- ✓ **Water bottles and water fountains**
- ✓ **Healthy lunchbox and snacks policy** – including after school clubs
- ✓ **Healthy choice breakfast club** with activities
- ✓ **Play, playground equipment and activities** including green spaces and gardens
- ✓ **Policies** including fundraising and Parent Teachers Association (PTA)
- ✓ Consider the **shops and businesses** on the way home (include ice-cream vans outside school gates)



In Brighton & Hove, one in three young people aged 5-16 years do less than 30 minutes of physical activity every day.

Secondary school pupils who said they often felt happy recently, were more likely to get an hour of physical activity every day, than those who said that they had not felt happy.

Parks

Why it's important

Parks are free, close to where many of our residents live and a local green space for all, but are especially important for those who don't have their own garden. They are places where people of all ages and abilities can move more, play, relax and be social.

There are opportunities for park cafes to provide a healthier offer, provide tap water to drink, and for customers to connect with others.

Did you know that Brighton & Hove has 147 parks and green spaces and eight Green Flag parks?

In Brighton & Hove 91% of primary school pupils said they regularly spent time in at least one place outdoors outside of school. The most common place pupils spent time in both secondary and primary schools was parks/playing fields/playgrounds.²¹

Brighton & Hove respondents to the 2024 Health Counts survey of adults were more likely to spend time in nature daily (22% for Brighton & Hove compared to 16% for England).²²



Free swimming

Why it's important

Brighton & Hove is one of the only local authorities in the country to provide free swimming for children and young people aged 18 and under since 2008. As a coastal city, free swimming allows people to stay active and keep safe by the sea.

Children can swim for free at:

- King Alfred Leisure Centre
- Prince Regent Swimming Complex
- St Luke's Community Swimming Pool
- Saltdean Lido (between May and August)



Holiday Activities and Food Programme (HAF)

HAF is a government funded programme (2021 - 2024) that can be delivered locally in a way that supports healthy weight habits for the children attending. The programme provides support to school aged children in Reception to Year 11 who receive benefits-related free school meals (FSM), by providing healthy meals and enriching activities over the school Easter, summer, and Christmas holidays.

The aim of the programme is to benefit the health, wellbeing, and learning of children from low-income families, who we know are at higher risk of becoming an unhealthy weight. At each session they receive a nutritious meal, healthy snack taste test, and take part in everything from sport, music, drama, coding, a variety of playschemes, family cookery workshops and more. Most importantly, the children and young people have fun meeting new friends in safe and secure settings.

In the city, 45 different activity providers have supported the HAF programme, ranging from schools, private providers, charities, and youth clubs and the programme has benefitted from working closely with Social Workers and Family Hubs, to reach children and young people known to them. In 2023, 1,672 children (one in five of all the children who are eligible for free school meals) attended 13,587 HAF sessions.

“ We are very fortunate as my daughter is adopted, we can access HAF activities, it is a blessing, it's very intense being a single parent, but being a single parent with an adopted child can at times be overwhelming. One thing that always bonds us together and really helps her to relax is cooking. It is a way for us to build confidence with other children and build up our relationship.... it's a really good time for us to connect and bond over our love of food ... ”



(Brighton & Hove Food Partnership, 2024 available at bit.ly/4kG6di8)

Food poverty work

Food poverty affects families in a wide range of ways including missing meals, less access to healthy foods and more restricted food choices.

In recognition that families are facing increasing financial pressures, the Public Health team have undertaken a number of initiatives to support healthy eating on a budget.

For example, in 2023/24, we worked with Wholesome Kitchen to produce budget-friendly recipe books for families and distributed over 3,500 throughout the city.



Food poverty grants were made available to schools to support initiatives tackling food poverty. Twenty schools received grants for projects including cooking classes for parents, food banks, equipment for cooking, purchasing healthier food options for students who were hungry at school and growing projects.



Healthy Choice Breakfast Club Award

Why it's important

Primary schools are offered the opportunity to join the Healthy Choice Breakfast Club Award.

To achieve the award, breakfast clubs must demonstrate how they provide a range of healthy foods for breakfast and limit sugar. Gold awards are awarded to schools who also offer physical activity, this year we introduced a platinum award for schools who also provide a toothbrushing station. In 2023/24, six primary schools achieved a gold award and ten achieved a platinum award.

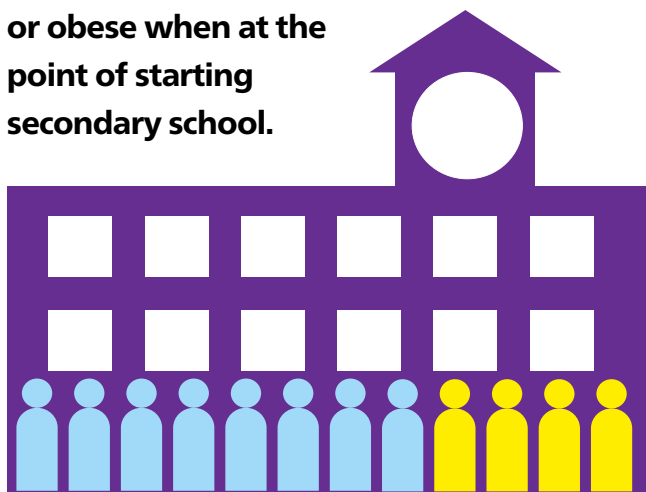
The 2024 National autumn budget announced funding for school breakfast clubs, providing opportunities to roll out healthy options for children from families on a low income.



Secondary school

Why it's important

In some schools in the city, two thirds of Year 6 children (aged 10-11 years) are already overweight or obese when at the point of starting secondary school.



Secondary schools provide great opportunities to influence the choices that young people make in terms of the food they eat and whether and how they continue to be active through sport, PE and active travel. Between the ages of 11 and 16, young people in the city will be developing many of the habits that stay with them for life.

There are opportunities for a much healthier and more sustainable food offer for secondary schools across the city:

- One secondary school in the city used food poverty funding to buy a fridge to store healthy breakfast snacks prepared by food technology students. These were then available for pupils coming to school without having had breakfast
- Secondary schools in the city promote refillable water bottles and water fountain use, reducing single use plastic drink bottle purchase – great for health and for the environment too, linked to Our City our World
- Encouraging and enabling pupils to travel actively to school
- Including additional healthy lifestyles and nutrition content in PHSE lessons
- Working with secondary schools' caterers and business managers on a healthier more sustainable offer, that's good for business too.

There is more that can be done collectively to influence the food offer on route to and from school, during lunch and break times (see case study).

Focus on fast food & young people

Brighton & Hove has one of the highest numbers of fast food outlets per head of population in the South East.²³ Planning and public health teams mapped fast food takeaways around secondary schools in 2010 and showed that despite a high number of these outlets in some areas of the city there was a low number and density within 400m (5 mins walk) and 800m of schools. Some local areas have introduced planning policies called Supplementary Planning Directive (SPD)s to limit fast food outlets opening on the basis of number, density and proximity of the food businesses to places where children spend time, particularly schools.

The local approach has included working with fast food outlets to support healthier choice menu options, and the introduction of healthier cooking methods. However, as habits change and some areas of high streets become dominated by fast food businesses there is potential for restricting or managing fast food businesses with benefits for health and the local economy.



Case study: This Girl Can

This Girl Can - Be Inspired by

An event for secondary school pupils in Brighton & Hove:

- Only 15% of secondary school aged girls in the city said they got **1 hour of physical activity** every day in the past 7 days, compared with 27% of boys
- 17% of girls agreed that **'Nothing stops me'** from taking part in physical activity, compared with 44% of boys
- 45% of girls agreed one reason for not taking part was **'I don't like other people watching me'** compared with 16% of boys.²⁴



The Active for Life and Schools Games team worked in partnership with Active Sussex and the Sussex Cricket Foundation to develop an event for secondary schools in Brighton & Hove to inspire girls about physical activity and create an open and safe space to discuss barriers around girls' participation. The event was open to each school in the city to bring along 10 female, including transgender and non-binary students, some who participate in PE and school sport and some who are disengaged with physical activity at school.

Inspirational women from various backgrounds in sport and physical activity spoke to the students about their own personal journeys and the importance of sport and physical activity for women's health and wellbeing. Students then took part in three workshops themed around menstrual health and being active, knowing more about sports bras, and a student voice activity which gave them the opportunity to speak openly about the issues affecting them from taking part in physical activity at school.

Local research:

Policies for transforming the UK's food system

Local people told us there was too much **advertising of unhealthy food** (high in sugar, salt and fat), particularly around schools and school routes home, and they wanted to see an end to supermarkets pushing deals of unhealthy food such as 2-for-1 offers.

Parents told us they wanted **schools to teach children and young people skills around food** and increase opportunities for them to learn where food came from and how to feed themselves well.





Further & Higher Education

Why it's important

Brighton & Hove has a large population of young people. From 16 years old there are further opportunities and challenges in supporting a healthy weight environment for young people to help them adopt life long healthier habits, as they are making more independent choices.

In the city, there are higher rates of young people with poor mental health which may contribute to overeating as a way of coping with difficult emotions.²⁵ PE and sport are no longer compulsory in these settings which coincides with the age when a higher proportion of young people are not achieving recommended levels of physical activity.²⁶



For the academic year 2021/2022 there were 37,700 students at the University of Sussex and University of Brighton. There are also in the region of a thousand Higher Education students at smaller institutions including those for music and dance.

Opportunities for improving the healthy weight environment in further and higher education:

- Providing healthier, affordable and more sustainable food options
- Developing skills to prepare healthy, affordable meals
- Introducing opportunities for physical activity and moving more for all students
- Enabling accessible and affordable active travel.

Case study: University of Brighton

To support healthy weight, Brighton university has introduced the following policies:

- **Sugar tax**
 - 10p tax added to drinks with higher sugar levels
- **Meal deal**
 - in the cafes the meal deal includes a piece of fruit as the free option



- **Food Hub**
 - when purchasing a main meal, a side salad is offered as an alternative to fries
 - menu includes dishes where protein such as chicken is chargrilled or steamed
 - salads are offered all year round.

Leisure centres

There are currently seven council run leisure centres and four paddling pools/water features in the city, along with two school sports facilities. The Council has a ten-year plan to improve leisure facilities in the city, to encourage everybody to be more active more often, including ensuring they are fully accessible and inclusive.²⁷



Food for thought

How healthy is the food at your 6th form or further education college?

Youth centres

Youth centres are vital spaces for young people and play a crucial role in empowering young individuals to make informed choices about their health and wellbeing.

They:

- Provide a supportive environment where young people can engage in physical activities, such as sports and fitness programs, which encourage regular exercise and active lifestyles

- Offer educational workshops on nutrition and healthy eating habits, helping to instil lifelong practices

- Foster a sense of community and belonging, address social isolation.

The major redevelopment of the Brighton Youth Centre is underway. It will be fully accessible with upgrades to all existing facilities as well as a cafe space, counselling and GP rooms.

On the top floor there will be an extension to the skatepark which will provide a larger seating area overlooking the city.

Based on Edward Street, it's important to acknowledge that people from other parts of the city, especially those in disadvantaged areas, may find it difficult to access services due to distance, financial constraints and the potential lack of awareness.



Water fountains

The ability to refill a water bottle with local tap water, rather than buying a processed drink in a single use plastic bottle, is an example of the way that we can make it easier to make a healthier free choice that is better for the environment.

Water fountains in the city make it easier for everyone to refill water bottles out and about. Many food business and cafes will refill customers' water bottles.



Working age



Work places

Why it's important

Workplaces are a crucial setting for promoting health and wellbeing, providing a unique environment where individuals spend a significant portion of their time and can access resources, support, and community.

A healthy workplace supports employees and impacts positively on their physical and emotional wellbeing. While some aspects of the workplace may have an impact on healthy weight (for example, shift work, sitting for long periods of the day and the psychosocial environment), workplaces can offer opportunities for people to adopt healthy behaviours and access healthy information/advice.



Making health your business

Annual Report of the Director of Public Health
Brighton & Hove 2019

Food

Are healthy fresh affordable options available at the time when workers need to eat (standard working hours and antisocial shifts)?

- Is there somewhere to sit and eat and time to eat?
- Do any vending machines contain healthy options?
- Are food heating and fridge storage options available?
- Are healthy refreshments available at events or meetings?



Physical activity

Do you encourage, facilitate and reward active travel (travel by bicycle, on foot or public transport) by providing cycle to work schemes, on-site showers and cycle storage, subsidising public transport costs and active travel challenges?

You can reduce inactivity or sedentary behaviour during the working day with active breaks, walking meetings and standing desks, and encourage physical activity in and around the working day through workplace initiatives like lunchtime yoga, walks or 'Couch to 5k'.



Food for thought

Is your workplace good for your health?

Support healthy weight

You could subsidise or provide time for workers to attend weight management classes, gym or wellness sessions as part of their working week. Great for health and the productivity of the workforce.

Healthcare settings

Why it's important

These are important settings for patients, their families and the staff who work in them.

Healthy and affordable food is important for prevention, to speed recovery and keep the workforce happy and healthy. It is also critical that the organisations that are treating and advising on health problems, provide a food offer in line with their recommendations.

Maintaining a physically active environment and supporting patients to keep activity and independence before, during and following a hospital stay, supports better outcomes for patients and reduces costs for the healthcare economy. Green spaces and active travel infrastructure around healthcare buildings supports staying active and cleaner air. Making healthy options more accessible than unhealthy options is effective. A study in an Aberdeen hospital demonstrated that only when 75% of the food offer was healthy, did more than half of study participants select a healthy option.²⁸

Case study: Wairau Hospital

Wairau Hospital

A hospital in New Zealand (Wairau Hospital) hit the headlines when the Nelson Marlborough District Health Board stopped selling sugary drinks in 2014.

Hospitals ban sugary drinks - Maintenance and Operations (healthcarefacilities.today.com)



Hospitals ban sugary drinks

New Zealand healthcare facilities will phase out soft drinks, sports drinks, energy drinks and flavoured milk.

Hospital visitors craving a soft drink won't find any in Nelson and Marlborough, New Zealand, according to an article on the NZ City news website.

Anchor Institutions

Anchor institutions is a term for large organisations, for example hospitals, colleges and universities, GP practices, community centres and religious buildings, that are invested in their local area and are unlikely to relocate.

They can support their local community's health and wellbeing and tackle health inequalities, for example, through employment, professional development, buildings, relationships and the services that they deliver.

They hold a significant interest in the health and wellbeing of Brighton & Hove residents and are well placed to influence positive health outcomes for the local population. Examples of their work to support healthy weight are included throughout the report.



Businesses / Retailers

Why it's important

It is estimated that one in six adults and one in five children consume foods out of the home at least once a week.²⁹

Meals eaten outside homes are often higher in calories and have a poorer nutritional value. Working with these businesses to encourage healthier food provision is one of several recommendations to improve healthy weight in the city.³⁰ Public Health England produced a toolkit (bit.ly/4bMCnV5) for local councils working with small food businesses.

The council's Healthy Choice catering scheme is one of several business initiatives run by the council, which supports and awards businesses that prepare, cook and serve healthy meals. A fifth of businesses say that they are interested to hear more about healthy choice catering in the city and caterers involved in the scheme often support health and wellbeing projects within the community.

Case study: The Community Hub

Brighton & Hove Albion Foundation Community Hub

The community Hub is a place for local people to meet, have a coffee, and enjoy some great healthy food. The sales support the BHAFC Foundation, allowing them to run community projects across Sussex.



Food for thought

Did you know that there are currently 3,115 food businesses registered in Brighton & Hove?

The city is known for its vibrant food scene so working with businesses on a range of health and wellbeing initiatives is a key aspect of our healthy weight work.

It is three times more expensive to get the energy we need from healthy foods than unhealthy foods



Events and festivals

In Brighton & Hove, the vibrant food businesses, bustling visitor economy, and numerous events and festivals, play a significant role in shaping dietary habits.



The abundance of easily accessible fast-food outlets and indulgent festival treats can encourage unhealthy eating patterns, especially during events. This can create environments where high-calorie, low-nutrient foods are often the norm. The social aspect of dining out and indulging during festivities may lead to overconsumption.

Balancing these enjoyable offerings with healthier options and promoting physical activity, could be key to mitigating this issue. In Brighton & Hove all events are now mandated to have a healthy option, priced in line with other food options, that meet the healthy food guidelines.



Community gardens

Why it's important

We know from the 2021 Census that in the city 50% of residents live in flats with limited access to green space; therefore, outdoor spaces that people can freely access are key to accessing nature and moving more outdoors.³²

There are over 70 community gardens, orchards and outdoor projects across the city where people come together to grow food, learn new skills, volunteer and socialise with others. The **Land Use Plus project** and the **Soil in the City project** are positive examples of food initiatives that have positive impacts on physical and mental wellbeing.

Case study

Community composting scheme

Over 1,200 households use the scheme at 56 locations across the city.

Compost produced from these schemes is offered to members, with leftovers donated to parks, community gardens and food growing projects in local schools.



Adults with learning disabilities

People with a learning disability are at greater risk of being obese than the general population: 37% of people with learning disabilities are obese compared to 30% of people without learning disabilities. This leads to a higher risk of obesity related physical and mental health problems.³²

People with learning disabilities are invited for an annual health check which is an opportunity to review BMI, levels of activity, healthy eating and other lifestyle choice within the context that the younger person or adult is living.³³

The Compass Card is a free leisure discount card for children and young people with special educational needs or disabilities in Brighton & Hove. The card can be used at many places, including restaurants, sports and activities, and family days out.

There is a specialist weight management service for people with learning disabilities in the city provided by Gloji.



Parents and parenting – Healthy weight in the home

Why it's important

The environment our young children grow up in, and the way that they are parented or cared for, has a significant impact on the likelihood of maintaining a healthy weight through childhood and into adulthood.

Aspects of parenting, including language, habits, education, values, and cultural influences, play a crucial role in shaping children's healthy weight throughout their lives. Parents are often primary role models, demonstrating dietary choices and physical activity levels that children are likely to emulate. As such, a child's BMI is strongly related to their parents BMI: ³⁴

The language used around food, whether it focuses on health, enjoyment, or guilt, can significantly impact a child's relationship with eating. Instilling positive habits, such as regular mealtimes and family cooking, fosters a sense of routine and encourages nutritious choices. Cultural values and traditions surrounding food can further influence dietary patterns, while peer pressure can sway children's attitudes toward health and body image. By nurturing a supportive environment that emphasises balanced nutrition and active lifestyles, parents can support their children toward achieving and maintaining a healthy weight.

7% of children

whose mothers are a healthy weight are obese, compared with



27% of children

whose mothers are obese

8% of children

with fathers who are a healthy weight are obese compared to



23% of children

with fathers who are obese

Case study: TripleP

The Triple P Positive Parenting Programme was developed at the University of Queensland. The programme can help parents to develop skills, strategies and confidence to handle any parenting situation.

The council's parenting team provides free Triple P courses and workshops for Brighton & Hove residents. Courses are for parents of children and young people of different ages, or for parent carers who are separated. For information visit: <https://www.brighton-hove.gov.uk/families-children-and-learning/childcare-and-family-support/triple-p-courses-and-talks>



There are also free courses for parents of children with special educational needs and disabilities (SEND), co-facilitated by Amaze. **Amaze** is a charity that gives information, advice and support to families with children and young people with special educational needs and disabilities in Brighton & Hove.



Menopause

Why it's important

Weight gain is one of the most common side effects of perimenopause and menopause affecting at least half of women. Most of this weight accumulates around the abdomen and upper body which increases risk of cardiovascular disease and diabetes.

It is important for individuals to live a healthy lifestyle to reduce this risk and eating well and exercising can reduce severity and frequency of some symptoms during this transition. Over a third of women aged 45-54 years do not meet the Chief Medical Officer (CMO) recommended levels of physical activity, and almost a quarter are inactive.³⁵ Due to stigma and lack of awareness about the menopause, individuals may withdraw from being active. A reduction in confidence and self-esteem can impact on an individual's motivation and ability to either continue or become more active.

Case study: Menopause at work project



The Public Health team delivered free monthly menopause healthwalks.

A menopause specialist

attended to answer questions and our healthwalks volunteer leads a walk along the seafront/Hove Park to encourage women to be more active during and for the menopause.

Other menopause programme elements are:

- Training for physical activity workers, personal trainers, dance teachers and sport coaches by health professionals, to educate them on the menopause transition and how to create a menopause friendly environment for individuals to be more active.

- Menopause physical activity sessions with Freedom Leisure available from Autumn 2024.

- Online videos from the Active for Life team: Brighton & Hove Healthy Lifestyles Team - YouTube (https://www.youtube.com/channel/UC3UDPP981RoXR5_EUUhmsRQ)





Community/Third Sector

Why it's important

Food and community: Making an impact

Brighton & Hove's inclusive and welcoming nature is reflected in its sense of community. The city is home to many third sector organisations which connect, inspire and work together to help improve people's wellbeing whilst contributing to the city's economic growth.

Brighton & Hove

FOOD
Partnership

access a healthy diet, grow their own food and waste less food. It is a key leader in the city on whole systems food work.

Brighton & Hove Food Partnership is a non-profit organisation helping people to learn to cook,

Supported by a panel of experts from the public, business and voluntary sector, the Food Partnership recently refreshed the city's Food Strategy Action Plan (2025-2030), that aims for a sustainable, healthy and fair food system. At the time of writing, the food strategy action plan was still in draft.

Across this section of the report, the contribution of the third sector is clear. Other important examples for the Whole Systems Healthy Weight work from the community and voluntary sector include:



THE COMMUNITY KITCHEN has cooked with over 5,000 different people over five years, and 140 people have given over 10,000 hours of volunteer time to support the work



THE SURPLUS FOOD NETWORK data shows that in 2023 Brighton & Hove saved 1,626 tonnes of food from being wasted (equivalent to 46 elephants), feeding 6,400 people per week and saving our planet from 6,146 tonnes of CO2 emissions.

Sustainable food city gold award



In 2020, Brighton & Hove became the first place to receive the gold sustainable food places award recognising achievements on a range of key food issues.

In 2023, THE EMERGENCY FOOD NETWORK comprised of 51 member projects operating out of more than 60 locations. Over 1,300 emergency food parcels were provided and Affordable food providers gave out 632 shops to members.



Advertising, marketing and promotion

Advertising, marketing, and promotion affect many of the choices and actions people make.

Food advertising and promotion of unhealthy foods is a risk factor for less healthy food purchases, food consumption and the development of overweight and obesity.³⁶ Advertising and promotions are more common in more deprived areas, where the risk of obesity is higher. In these areas, the high cost of living makes cheap, processed foods seem like a more appealing option.³⁷

Evaluation of a high fat salt sugar advertising ban on the Transport for London (TfL) system showed a reduction in weekly purchases of unhealthy foods, with a particular reduction in chocolate and confectionary.³⁸ Concerns raised regarding the restrictions on advertising associated revenue were allayed as the introduction of the policy on TfL and in other local authority areas has not resulted in a negative impact on



revenue from advertising space. Associated economic modelling demonstrated a reduction in obesity and costs to the NHS from the TfL intervention.³⁹

Case study: BHCC

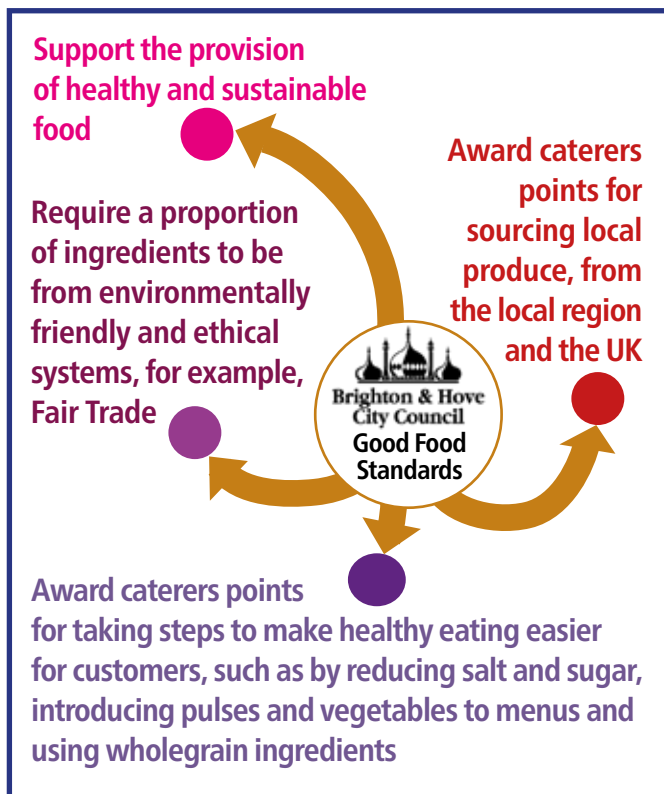
A ban on advertising high energy drinks and fast food

on council owned advertising space was voted on by council leaders in an all-party notice of motion in 2022. In December 2023, the council approved the introduction of a restriction on advertising of high fat salt sugar items on council bus stop and other advertising spaces.



Good Food Standards

Procurement, Public Health and the Food Partnership worked together to develop the Brighton & Hove City Council Good Food Standards.⁴⁰ These are the Council's standards for purchasing food and catering services.



These standards support improved nutritional value of food and a reduction in the environmental impact of food and catering, with benefits for healthy weight and sustainability.

Allotments

Why it's important

Allotments provide residents with opportunities to cultivate and manage a small plot of land to grow vegetables, fruit, and flowers. They support mental and physical wellbeing as well as providing environmental benefits.

Across the city there are **37 allotment sites with over 3,000 plots, covering an area of 166 acres.** These are available to any Brighton & Hove resident to rent from the council for a yearly fee.

While allotments can be a valuable resource for healthy living, their benefits may not be equally accessible to everyone, further contributing to health and social inequalities in the community. Programmes that make allotments more affordable and accessible, or that provide community gardens in under-resourced areas, could help bridge this gap and support healthier lifestyles for all residents.



Value and benefits of allotments

Recent findings of research commissioned by Brighton & Hove Allotment Federation on the value of benefits allotments (<https://www.bhaf.org.uk/content/about/issues/the-financial-value-benefits-of-allotments>) show that

City allotments...



...provide 481 tons of produce, with a value of £1.12 million



...support up to **54** times more bees & pollinators than other types of council managed land

...reduce levels of self-reported stress, depression, and loneliness in those using allotments.⁴¹

Green spaces

Why it's important

Greenspace, such as parks, woodland, fields and allotments as well as natural elements including green walls, roofs and incidental vegetation, are increasingly being recognised as an important asset for supporting health and wellbeing. This 'natural capital' can help local authorities address local issues that they face, including improving health and wellbeing, managing health and social care costs, reducing health inequalities, improving social cohesion and taking positive action to address climate change.⁴²

With a focus on healthy weight, the fantastic green spaces available for residents and visitors in Brighton & Hove provide space to play, stay active, grow food or just spend time which is so good for our mental health and wellbeing.



Case study: Healthwalks

Pheonix identifies as non-binary and heard about the Healthwalks through our social media and would like to attend more walks, regularly.

“Thank you, I really enjoyed today, was so good for my anxiety and important that it was an LGBTQ walk as well. Very much what I needed, manageable, friendly socialising by the sea.”

Pheonix, age 40



In addition to the city's parks, community gardens and allotments, the City Downland Estate is in the South Downs National Park and is made up of over 5,200 hectares of farmland, nature reserve, and recreational space owned by the council. An estimated 3.8 million people visit each year to enjoy public rights of way, heritage sites and nature reserves. The council is working to make this landscape more accessible for everyone in the city.

Sports pitches

Did you know
that throughout
the city, there are



50 grass football pitches,
4 cricket squares,
8 tennis courts,
3 hockey pitches, and
3 multipurpose
3G pitches



managed by the
council and available
for public use?



By reducing barriers, such as costs and accessibility, we can encourage greater community use of these facilities. The council is currently undertaking a **Play Pitch Strategy** to understand the demand for sports pitches in the city and understand how we can develop these facilities to meet the needs of local people.

Blue spaces

Why it's important

Brighton & Hove beaches and seafront welcomes residents and visitors of every age to walk, cycle, scoot, swim and enjoy water sports. The seafront food and drink options, including cafes, kiosks and the pier, could provide great opportunities for a healthy choice alongside seaside visit treats.



Benefits of green and blue space research has shown that people who have good access to blue space are 24% more likely to be active.⁴³ Brighton & Hove has seen recent improvements to increase accessibility ramps onto shingle areas along the seafront for wheelchair users, as well as the instalment of new beach huts at Saltdean.

Commitments such as Carbon Neutral by 2030 highlight the importance of preserving our natural resources as well as promoting them as areas for leisure and play.

Case study: The Living Coast

The mission of The Living Coast is to protect wildlife and habitats, promote sustainable economy and communities, and encourage environmental education, training and research.

2024 marks the first decade of The Living Coast UNESCO Biosphere. The journey so far has been marked by significant achievements, from rejuvenating marine life with a trawling ban, water

preservation, to

introducing the ground-breaking City Downland Estate Plan's sustainable management of Brighton & Hove's rural estate which impacts the quality of blue spaces in the city.



Planning and healthy weight

Local authority planning teams play a critical role in whole systems health weight by creating environments that support healthy behaviors, such as access to nutritious food, safe spaces for physical activity, and infrastructure that promotes active living.⁴⁴ Their strategic decisions around land use, zoning, and community services are key to fostering long-term public health improvements and addressing the root causes of obesity and related conditions.



How planning can help support healthy weight environments:

- Proximity to services influences how people travel to access those services
- Mitigate any impacts from national changes to the planning system - which allow change of use from commercial, business and service uses to residential uses without the need for planning permission, which can have a knock on effect to the loss of these services and facilities across the city
- The Planning Policy team undertook work to remove this permitted development right in a number of locations across the city, focused on the designated retail and employment centres. This includes Brighton City Centre; town centres such as Hove and London Road; district centres such as Lewes Road, Boundary Road and St James Street; as well as the many local centres and important local parades that exist across the city.

Safe and active travel

Why it's important

In 2019/20, one in three adults in the city (33%, 15% for England) walk for travel at least three days a week, the highest level in the country, and 5% cycle (England 2%).⁴⁵

A road network has to work for those who want to walk, cycle and wheel, for public transport vehicles as well as cars. Safe roads and the perception of safe roads, is so important people of all ages travelling actively around the city. There are a number of recent and proposed active travel schemes in the city, including Valley Gardens, A23; A259; Western Road; Bus Service Improvement Plan Schemes, including dementia friendly training for bus drivers and; the Local Cycling and Walking Infrastructure Plan.



Roads, railways and hills in the city can act as barriers to connecting communities, and for residents to access services and green and blue spaces. Crossing and bridges are essential to address these barriers, providing safe crossing points and can enable active travel, accessible for all residents as well as providing wildlife corridors.

Brighton & Hove Buses provide a safe and reliable transport service that helps residents stay active by promoting easy access to walking and cycling opportunities, contributing to healthier lifestyles and supporting the maintenance of a healthy weight.

Case study: Betterpoints



People in Brighton & Hove can get rewards when they choose active and sustainable travel through the 'Move for Change' initiative, powered by the BetterPoints app.

Ruth lives in Fiveways with her partner and three children. She is a GP in Peacehaven and since buying a bike through the cycle to work scheme last year, has been an advocate for active travel to her colleagues and patients.

“ I heard about the campaign through our Green Team in my surgery and through council outreach to help local businesses become greener. I was keen to get cycling to work and the app has helped encourage me to make the change... ”



Case study: **School Streets** programme

School Streets programme

The School Streets programme is an initiative aimed at creating safer and healthier environments for children and families around schools in Brighton & Hove. It involves closing certain streets to motor vehicles during school drop-off and pick-up times, making the area more pedestrian-friendly and reducing traffic-related air pollution. This initiative is part of a wider effort to encourage active travel, such as walking and cycling, while improving the local environment and promoting healthier lifestyles.



The programme has multiple positive impacts:

1. Increased physical activity:

With safer streets, children and parents/carers are more likely to walk or cycle to school, increasing daily physical activity, which is crucial for maintaining a healthy weight

2. Reduced air pollution:

Less traffic means cleaner air, reducing the health risks associated with air pollution, which disproportionately affect children's respiratory health

3. Community wellbeing:

By prioritising public space for walking and playing, the programme fosters a sense of community, reduces stress, and promotes mental well-being, all of which are associated with healthy weight outcomes.

5. Recommendations



Supporting healthy weight in the early years

- Support for all pregnant parents around a healthy diet and to remain active to maintain a healthy weight.
- WHO baby friendly approach to support infant feeding across the city, maintaining our high breastfeeding rates with a focus on addressing inequalities.

Support for a healthy weight approach for all early year's settings with a focus on a healthy food offer and active play.



Whole school healthy weight approach

- Work with schools to implement a whole school food policy for every school in the city including snacks, lunchboxes, fundraising and celebrations, drinks and breakfast clubs/after school clubs.
- Healthy, affordable, sustainable school meals available for all school children in the city.
- Increase free school meal uptake.
- Support every school to be an active school through active travel, play, learning and curriculum and PE and sports.



Business and Workplaces

- To work with the Chambers of Commerce and other business networks and workplace health champions to support any Brighton & Hove business to become a healthy workplace.
- To support businesses to enable their employees and customers to access a healthy, affordable food offer during working hours.
- To support businesses to encourage employees and customers to move more, through an active workday, active travel and active design principles.



Planning for healthy weight environments

- To integrate healthy food environments into urban planning and public spaces. Exploring planning mechanisms for restricting the density of less healthy food businesses while encouraging the provision of affordable healthier options more equitably across the city.
- Ensuring active design principles (e.g., walkability, cycling) are part of the city's overall design to support healthy weight and reduce inactivity.



Action on advertising, marketing and promotion

- Build on the High Fat Salt Sugar (HFSS) advertising restrictions in Brighton & Hove, to reduce further the exposure of children and young people to unhealthy food and drink advertising.
- To influence policy, map the unhealthy food advertisement environment in the city with a focus on areas of deprivation where levels of unhealthy weight are higher.
- Support national government action on developing more responsible policies for advertising, social media, and outdoor media, particularly that which influences or targets children and young people.

Healthy, Affordable, Accessible Food Offer in Public Sector Premises

- Implement Good Food Standards in public sector food procurement.
- Support public sector premises to provide healthy affordable meals with healthier choices promoted through price and placement
- Support healthy vending and catering

Healthier Food Offer in the Out-of-Home Setting

- To support the out-of-home (OOH) food sector (e.g., restaurants, cafes, takeaways) in offering healthier choices to customers, recognised through a local accreditation scheme, such as Healthy Choice.
- Continue to promote City-wide adoption of food labelling to help customers make healthier choices
- Support and incentivise event organisers and food businesses to make a healthier food offer available at all events where the target audience includes families and young people.

"Let's Get Moving" Integrated into Everything

- Promoting moving more for all through the lifecourse and with a particular focus on groups with a higher level of inactivity. (add link)
- Embedding the 5 pillars of the Let's Get Moving strategy into partnership work across the city (link to the strategy)

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We would particularly like to thank Roisin Thurstan for her commitment to seeing the report to its conclusion, the council graphic design team for making the report look so great, and Katie Cuming and Kate Gilchrist for helping to pull this report together.

Thank you.





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

Title: Health Counts: Publication, Health and Wellbeing Board partnership event and next steps

Date of Meeting: 22 July 2025

Report of: Caroline Vass, Director of Public Health

Contact: Kate Gilchrist, Head of Public Health Intelligence and Research or Louise Knight, Senior Public Health Intelligence and Research Specialist

Email: Kate.gilchrist@brighton-hove.gov.uk or Louise.knight@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The Health Counts survey is a large health and wellbeing survey of over 16,700 adults in the city. It provides give some of the best evidence on the population of the city, their health and wellbeing, and the stark inequalities across the city.

This paper sets out some of the findings from the first publications of results, the themes from the Health and Wellbeing Board partnership event in June 2025 focused on what we might do differently as a system to tackle the inequalities evidenced in Health Counts.

It then sets out the next steps for using Health Counts evidence in the city to tackle inequalities.

The Board are asked to note the report and support the next steps and partnership approach to these.



Glossary of Terms

TNBI - Trans, non-binary or intersex

LGBQ+ - Lesbian, gay, bisexual, asexual, queer or other term to describe sexual orientation but are not heterosexual

ICT – Integrated Community Team

1. Decisions, recommendations and any options

- 1.1 That the Board note the publication of the Health Counts summary and full report, the update from the Health Counts Health and Wellbeing Board partnership event and
- 1.2 That the Board support the next steps.

2. Relevant information

The Health Counts survey

- 2.1 Health and lifestyle surveys are vital in helping us understand the health and wellbeing of the population of our city and the inequalities that our residents experience. By gathering robust data that can be broken down by different areas in the city and by population groups, we can identify key trends, and highlight emerging public health issues, while also revealing the extent of inequalities in health and wellbeing across different communities.
- 2.2 The Public Health team has commissioned Health Counts surveys in Brighton & Hove approximately once every decade since 1992 (1992, 2003, 2012 and 2024). The 2024 survey includes new questions, reflecting important Public Health issues in the city, covering gambling-related harm, suicidal thoughts and attempts, harassment and hate crime, alongside access to nature and the natural environment, for the first time.
- 2.3 We have seen many economic, societal and lifestyle changes nationally over the last 10 years that may have impacted people's health and wellbeing and widened inequalities.
- 2.4 The latest survey was the largest health and wellbeing survey we have undertaken in the city, with a weighted sample of 16,729 people - 7% of the resident population aged 18 or over. The research was led by the University of Brighton, in collaboration with the Public Health Intelligence team, Brighton & Sussex Medical School, NHS Sussex, Healthwatch and Brighton & Hove Federation. This was funded by Public Health.
- 2.5 The Health Counts 2024 survey findings give some of the best evidence on the population of the city, their health and wellbeing, and the stark inequalities across the city - whether by area of the city, or for particular communities. Some of the findings are not an easy read, covering sensitive areas, and evidencing health inequities affecting our communities, while recognising their strengths and resilience.

2.6 Emerging findings were presented to the Health and Wellbeing Board in November 2024.

Published results

2.7 A summary and fuller report were published in June 2025. These provide breakdowns by communities of place and identity.

2.8 In terms of trends, there has been a worsening trend for general health; happiness and anxiety, pain, drugs use, community cohesion (belonging, social contact and support) and community safety. There has been an improving trend in smoking. Not all areas have trend data.

2.9 Comparing to other surveys, some with Brighton & Hove data, some only national, there are worse rates for general health, happiness and anxiety, self-harm and suicidal thoughts, vaping, drugs use, healthy weight, visiting the dentist, feeling safe at night, harassment. There are better rates for time spent in nature and taking actions due to the cost of living.

2.10 Some of the findings around inequalities by place (more available within the summary and full report) include:

10.1. 56% of adults in the most deprived 20% of areas in the city are in good or better health compared to 76% in the least deprived areas – and this gap has widened

10.2. 35% of adults in the most deprived 20% of areas in the have a low happiness score compared to 17% in the least deprived areas – and this gap has widened

10.3. 25% of adults in the most deprived 20% of areas in the city smoke compared to 9% in the least deprived areas – though this gap has narrowed

10.4. 65% of adults in the most deprived 20% of areas in the city do less than 30 minutes of sport/fitness activity a week compared to 48% in the least deprived areas

10.5. 27% of adults in the most deprived 20% of areas in the city are worried about their housing conditions compared to 10% in the least deprived areas

10.6. 45% of adults in the most deprived 20% of areas in the city feel they belong compared to 64% in the least deprived areas.

2.11 As well as health and wellbeing, Health Counts gives us important evidence on population groups in the city. Providing better estimates for our TNBI and LGBTQ+ adults and information on communities we haven't had evidence for before (eg neurodivergent adults and adults with experience of the care system as a child or young person) and on the inequalities faced by communities of identity.

2.12 With such a large sample, we can also analyse health and wellbeing data by intersectionality to further understand the impacts of intersectional vulnerabilities on health and wellbeing. These insights will be included in future analysis.

The Health Counts Health and Wellbeing Board partnership event



- 2.13 The University of Brighton hosted a Health and Wellbeing Board partnership event on the 18th June 2025, to facilitate multi-organisation conversations about what we might do differently as a system to tackle the inequalities evidenced in Health Counts. The event was funded by the University of Brighton and NHS England (South East School of Public Health Workforce, Training & Education).
- 2.14 For the question “what might we do differently as a system to tackle these inequalities?” the themes are:
- ❖ Reframe system culture and leadership
 - ❖ Strengthen collaboration and resource alignment & transform the way we fund services
 - ❖ Use data as a tool for action and insight
 - ❖ Make prevention foundational
 - ❖ Empower communities and local assets
 - ❖ Focus on building blocks of health and connectedness
 - ❖ Refocus on equity and representation
 - ❖ Improve communication and narrative
- 2.15 The impactful ideas from each table were:
- ❖ Take a place-based approach to use Health Counts data and insight to determine priorities and impactful, collaborative solutions by repurposing the Health & Wellbeing Board to be a locus of decision making – to include housing and the wider determinants of health.
 - ❖ Refresh our health and wellbeing strategy to respond to Health Counts and the safe and well at school survey results. To be co-designed with communities and partners.
 - ❖ Focus on achieving generational change through better services for children and young people.
 - ❖ Take time to use data, form a plan and then act together. Proactive and early intervention.
 - ❖ Put in place a framework/model of collaborative working that is used across the system – based on what has been proven to reduce inequalities.
 - ❖ Adopt a health equity emergency response approach acting early to prevent inequalities cutting through bureaucracy and focusing system efforts on what matters most to communities, guided by the knowledge of those working closest to them.
 - ❖ Shifting to a social determinants approach to engaging disadvantaged communities/groups to seek health outcome benefits and improved access to timely treatment and prevention.
 - ❖ To re-commission services based on need and only related to key population outcomes for no less than five years, that is able to adapt/flex.
 - ❖ Prioritise, shift and redirect resources from expensive services such as acute trusts towards community services especially those who are most disadvantaged.

Next steps

- 2.16 Statutory partners have both legal and strategic drivers to tackle local health inequalities. Health Counts data provides an important benchmark against which we can measure progress.
- 2.17 The Health and Wellbeing Board has a Shared Delivery Plan priority for 2025/26 to act on the results of the Health Counts survey.
- 2.18 Health Counts data will be used to inform the Local Authority's Corporate Plan objectives for Living and Ageing Well and support the Sussex Integrated Care Strategy.
- 2.19 Health Counts data will be used to inform planning for the Joint Strategic Needs Assessment (a statutory duty of the Health and Wellbeing Board) and the delivery and refresh of the Joint Health and Wellbeing Strategy.
- 2.20 Health Counts data has been used to refresh our local Integrated Community Team (ICT) profiles. Data has been mapped to our three ICT neighbourhood partnership boundaries.
- 2.21 Each of our ICT leadership groups is using the data to inform their localised ICT plans to ensure ICTs reflect and respond to the needs of their local communities.
- 2.22 The launch of the first report is the first step in presenting what the Health Counts survey tells us about our residents. There will be further profiles by area and by community of identity as well as a unique opportunity to provide robust evidence on intersectionality.
- 2.23 The Public Health team, in partnership with the University of Sussex, undertake biennial surveys of school pupils, called the Safe and Well at School Survey. The next survey is scheduled to take place in autumn 2025. It is proposed to use the data to inform a children and young people focussed Health and Wellbeing Board partnership event in 2026, similar to the Health Counts event in June 2025.

3. Important considerations and implications

Legal:

- 3.1 Health and lifestyle surveys assist in understanding the health and wellbeing of the population of our city, including any inequalities that our residents experience. This can inform the execution of public sector equalities duty and the approach to the delivery of duties in respect of health and wellbeing across different public agencies.

Lawyer consulted: Natasha Watson

Date: 11/07/25

Finance:

- 3.2 Although there are no immediate direct financial implications arising from this report any proposals emerging from the Health Counts survey, will need to be considered as part of a costed implementation plan.

Finance Officer consulted: Steve Williams

Date: 09/07/25

Equalities:

- 3.3 The Health Counts survey provides a rich picture of the health and wellbeing of groups with protected characteristics. The survey 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 No implications.

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

- 3.5 Covered within the paper

Supporting documents and information

Appendix1: Health Counts 2024 Summary and full report available at [Health Counts](#)

HEALTH COUNTS 2024



University of Brighton

 **brighton and sussex**
medical school



Brighton and Hove Federation
Primary Care for our local community

healthwatch

NHS
Sussex



Brighton & Hove
City Council

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Foreword

Health and lifestyle surveys are vital in helping us understand the health and wellbeing of the population of our city and the inequalities that our residents experience. By gathering robust data that can be broken down by different areas in the city and by population groups, we can identify key trends, and highlight emerging public health issues, while also revealing the extent of inequalities in health and wellbeing across different communities.

Our Public Health team has commissioned Health Counts surveys in Brighton & Hove approximately once every decade since 1992 (1992, 2003, 2012 and 2024).

The 2024 survey includes new questions, reflecting important Public Health issues in the city, covering gambling-related harm, suicidal thoughts and attempts, harassment and hate crime, alongside access to nature and the natural environment, for the first time.

While we have seen many economic, societal and lifestyle changes nationally over the last 10 years that may have impacted people's health and wellbeing and widened inequalities, this data focuses on the local level picture that informs inclusive and accessible service provision, community cohesion, promoting better health and wellbeing for all, and reducing unfair differences between those with the best and poorest health outcomes.

I am incredibly grateful to everyone in the city who completed this confidential survey. By sharing information about your health and wellbeing and your experience of your local community, we can better understand the health and wellbeing of our population. The latest survey was the largest health and wellbeing survey we have undertaken in the city, with a weighted sample of 16,729 people - 7% of the resident population aged 18 or over.

The Health Counts 2024 survey findings give some of the best evidence on the population of the city, their health and wellbeing, and the stark inequalities across the city - whether by area of the city, or for particular communities. Some of the findings are not an easy read, covering sensitive areas, and evidencing health inequities affecting our communities, while recognising their strengths and resilience.

We are committed, alongside our partners in the NHS and community and voluntary sector, to use this deeper understanding to maintain and improve health and wellbeing for everyone across our city and to tackle inequalities.

I would like to thank Professor Nigel Sherriff and the University of Brighton team who led the research, in collaboration with Brighton & Sussex Medical School, our Public Health Intelligence team, particularly Kate Gilchrist, our Head of Public Health Intelligence and Research, NHS Sussex, HealthWatch Brighton & Hove and the Brighton & Hove Federation of Primary Care - as well as our GP practices, and community and voluntary sector for supporting and promoting the survey to make it possible to have this rich picture of our population.



Caroline Vass
Acting Director of Public Health

About Health Counts

Health Counts is a health and wellbeing survey of Brighton & Hove residents conducted around once a decade. The findings highlight health and lifestyle issues, revealing inequalities across the city. This evidence informs the Joint Strategic Needs Assessment (JSNA) and local strategies to improve health and wellbeing and reduce inequalities.

The 2024 survey, funded by Brighton & Hove City Council's Public Health Department, had a weighted sample of 16,729 adults - 7.2% of the resident population aged 18 or over.

Conducted by researchers at the University of Brighton, in collaboration with Brighton & Sussex Medical School, Brighton & Hove City Council Public Health Intelligence team, NHS Sussex, Healthwatch Brighton & Hove, and Brighton & Hove Federation, it provides detailed insights by population groups and areas of the city.

Information on the survey methods is available in the full report on www.brighton-hove.gov.uk/health-counts

This summary, and a longer report with more detail on each theme covered in the survey, are the first reports from the 2024 survey to be published. The fuller report provides breakdowns by population groups, areas of the city, and trends where available. Please note that figures may not sum to 100% due to rounding.

Further area and population group profiles will be published in future.

For more information contact publichealth@brighton-hove.gov.uk

Key:

Throughout the report we use the following icons to show trends, comparisons and inequalities:



Trend

The arrows indicate whether there has been an increase or a decrease since previous Health Counts surveys. For some things a decrease will be better, like the percentage of adults who smoke, for others a decrease could be worse, like lower feelings of safety at night.



Comparison

This shows how data in the Brighton & Hove's Health Counts findings compares with data from other surveys. Some data is available at a local level, some only national.



Inequalities

This shows which population groups and areas of the city are more, or less, likely to experience the factor being considered in that section. Throughout the summary report, the most and least deprived areas each represent 20% of the total city.

Demographics

Data collected on many demographic characteristics is similar to the 2021 Census, giving reassurance that the weighted sample is representative of the city population.

However, we know that the Census figures were a considerable underestimate of our TNBI and LGBTQ+ adults. Health Counts gives much higher estimates, which we believe are more representative of the city's significant TNBI and LGBTQ+ populations.

Health Counts also provides population data for communities we haven't been able to provide estimates for previously, like adults who have ever lived in care as a child or young person, adults living in temporary or emergency accommodation and neurodivergent adults.

With such a large sample, it is also possible to look at intersectionality and future work will look at this.

5% TNBI

(Trans, non-binary or intersex)

Higher than the 2021 Census at 1% of adults.

28% LGBTQ+

(Lesbian, gay, bisexual, asexual, queer or prefer another term to describe their sexual orientation but are not heterosexual)

Higher than the 2021 Census at 11% of adults.

13% Neurodivergent adults

No comparative data available.

24% Black and Racially Minoritised

(Non-White British) Similar to the 2021 Census at 26%.

60% have no religion

Similar to the 2021 Census at 55%. 28% have a Christian religion, compared to 31% in 2021 Census. 2% are Muslim compared to 3% in 2021 Census, while people who have a Buddhism, Judaism, Hinduism and Sikhism faith represent 1% each, which is similar to the 2021 Census.

0.9% live in temporary or emergency accommodation

This is the first time these results are able to be presented in Health Counts.

16% provide some unpaid care

Higher than the 2021 Census at 8%.

35% married or in a civil partnership

Similar to the 2021 Census at 33%.

0.4% are a refugee and 0.2% are an asylum seeker

No comparative data available.

4% have ever lived in care as a child or young person

This is the first time that this question has been asked. No comparative figure available.

1.5% previously served in the regular UK Armed Forces, 0.6% reserve

Similar to the 2021 Census at 1.7% (regular) and 0.6% (reserve).

General health and disability

In all four Health Counts surveys, respondents were asked about their perception of their own health.

This provides a valuable, personal perspective on an individual's overall health status, often reflecting their lived experience and can be a strong predictor of health outcomes. In addition, we ask about long-term physical and mental health conditions, neurodiversity and disability.

 **69%** of adults perceive themselves to be in good, very good or excellent health

 **Trend**
A decrease from 2012 (83%), 2003 (79%) and 1992 (82%) Health Counts.

 **Inequalities**
56% of people living in the most deprived areas are in good or better health compared to 76% of people in the least deprived areas.

The absolute inequality gap has widened from 15% in 2003 to 20% in 2024 Health Counts.

People in the following groups are less likely to be in good or better health:

Adults aged 75+, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child/young person, and unpaid carers.

And people living in the following areas:

Whitehawk, Moulsecomb and Bevendean, Coldean and Stanmer, Kemptown, Central Brighton, Portslade, Hangleton and Knoll, and Woodingdean.


 **22%** perceive themselves to be in fair health

 **Trend**
An increase from 12% in Health Counts 2012.


 **10%** perceive themselves to be in poor health

 **Trend**
An increase from 5% in Health Counts 2012.

 **37%** report that their day-to-day activities are limited by a long-term physical or mental health condition or illness

 **Trend**
An increase from 26% of adults who said they had a long-standing illness, disability or health problem in Health Counts 2012.

 **Comparison**
Higher than 19% reported in 2021 Census for Brighton & Hove.

 **Inequalities**
People in the following groups are more likely to be a disabled adult:

Similar to the groups for general health, with the addition of adults from Mixed/multiple ethnic groups and Gypsy, Roma, and/or Traveller ethnic groups.

Falls and pains

Many falls and fractures experienced by older adults can be prevented through appropriate support and environmental changes. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older adults.

Chronic pain affects millions of people in the UK and can have a huge impact on quality of life, in terms of both physical and mental wellbeing.



19% of adults have had a fall in the past year

13% reported having one fall and 7% reported more than one fall.



Trend

Health Counts 2012 asked - have you fallen in the past six months, with 16% having fallen in this time period.



Inequalities

Falls are very age related with 14% of 35–44-year-olds having fallen in the past year compared to 43% of those aged 85+.

Falls are slightly higher for younger people, than for 35–44-year-olds, with 19% of 18-24-year-olds and 15% of 25–34-year-olds reporting a fall in the past year.



For **13%** pain interferes with their normal work extremely or quite a bit

This includes both work outside the home and housework.



Trend

An increase from in 2003 and 2012 (9%), and in 1992 (7%) Health Counts.



Inequalities:

Pain is very age related, at 9% of 18–24-year-olds to 29% of those aged 85+.

Emotional wellbeing and mental health

We know that emotional wellbeing and mental health are significant issues in Brighton & Hove.

There are more people experiencing mental health challenges when compared to England, higher hospital admissions for self-harm and high rates of suicide and undetermined injury deaths.

Health Counts gives us greater understanding of this key public health issue in the city.



24% of adults have a low happiness score

Scoring between 0 – 4 on a scale of 0 (not at all happy) to 10 (completely happy).



Trend

An increase from 11% in Health Counts 2012



Comparison

Higher than 9% reported in the 2022/23 Office for National Statistics (ONS) survey for Brighton & Hove (based upon the ONS Annual Population Survey which is currently being reviewed for quality of results due to sample size at local authority level).



Inequalities:

35% of people in the most deprived areas have a low happiness score, compared to 17% of those in the least deprived areas.



38% have a high anxiety score

Scoring between 6 – 10 on a scale of 0 (not anxious) to 10 (completely anxious).



Trend

An increase from 25% in Health Counts 2012.



Comparison

Higher than 27% reported in 2022/23 ONS survey for Brighton & Hove and an increase from 25% in 2012 Health Counts.



Inequalities

These groups are similar for low happiness and anxiety, and so only anxiety is shown here, both are available in the full report.

People in the following groups are more likely to have a higher anxiety score:

Adults living in more deprived areas, aged 18-34, Black and Racially Minoritised adults, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child/young person, and unpaid carers.


And people living in the following areas:

Whitehawk, Moulsecoomb and Bevendean, Coldean and Stanmer, Kemptown, Central Brighton, and some areas in the West of the city.


Self-harm and suicidal thoughts and attempts

Sensitive questions


Support organisations' contact details were provided at this point during the survey, and once the survey was submitted. **If you would rather skip this content, please turn to the next page.**



9% of adults have self-harmed in the last 12 months



Comparison
7% of adults were reported to have **ever** self-harmed in the 2014 Adult Psychiatric Morbidity survey for England (the 2023/24 Adult Psychiatric Morbidity survey results are due to be published in June 2025).




Inequalities
These groups are similar for suicidal thoughts and attempts, and so only self-harm is shown here.

12% of people living in the most deprived areas have self-harmed in the last 12 months, compared to 6% in the least deprived areas.


People in the following groups are more likely to have self-harmed:
Adults living in more deprived areas, aged 18-34 (28% of 18-24-year-olds said they had self-harmed, compared to less than 1% of people aged 65 or over), from Mixed/multiple ethnic groups, Gypsy, Roma, and/or Traveller adults, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child/young person.

And people living in the following areas:
Areas of Moulsecoomb and Bevendean, Coldean and Stanmer, Kempton, and Central Brighton.




25% have experienced suicidal thoughts in the last 12 months


That is, thought of taking their life, even though they would not actually do it.




Comparison
5% of adults aged 16-74 in England said they had suicidal thoughts in the last 12 months as reported in the 2014 Adult Psychiatric morbidity survey (the 2023/24 Adult Psychiatric Morbidity survey results are due to be published in June 2025).



12% have ever attempted to take their life



Inequalities
30% of those living in the most deprived areas have experienced suicidal thoughts in the last 12 months, compared to 18% of those in the least deprived areas.




2% have attempted to take their life in the last 12 months

Smoking and vaping


While smoking rates are falling, smoking remains the greatest cause of inequality and preventable ill health and early death in the UK.

Vaping is one of the most effective aids to help adults stop smoking. Although it is not risk free, vaping is significantly less harmful compared with smoking.

 **17%** of adults currently smoke - either occasionally (7%) or daily (10%)

 **Trend**
A decrease from 2012 (23%) and halved from 1992 (33%)
Health Counts.

 **Comparison**
This is similar to the smoking prevalence on GP registers and the GP patient survey for Brighton & Hove, both at 18%.

 **Inequalities**
25% of adults living in the most deprived areas smoke, compared to 9% of those living in the least deprived areas.

This absolute inequality gap in Health Counts has narrowed from 23% in 2012 to 16% in 2024

People in the following groups are more likely to smoke:

Adults living in more deprived areas, aged 18-34, Black and Racially Minoritised adults, males, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child/young person.


These groups are similar for vaping.

And people living in the following areas:


Moulsecoomb and Bevendean, Coldean and Stanmer, Whitehawk, Kempdown, Central Brighton, and some areas in the West of the city.

 **41%** of current smokers have tried to give up smoking in the last 12 months

 **25%** of current smokers usually smoke or use tobacco within five minutes of waking up

 **13%** of adults currently vape - either occasionally (5%) or daily (9%)

 **Comparison**
Higher than the estimated 10% for people aged 16 or over in Great Britain in 2023 from the Office for National Statistics Opinions and Lifestyle Survey (no Brighton & Hove figure available).

 **Inequalities**
18% of adults living in the most deprived areas vape, compared to 8% of those living in the least deprived areas.

Alcohol and drugs

Drugs and alcohol are key public health issues in Brighton & Hove, with higher rates of drug use and drug related deaths in the city compared to England.



56% of adults don't drink, or drink at low risk levels



Inequalities

Adults living in less deprived areas are more likely to drink at increasing, higher risk, or possible dependence level (combined).



44% drink at increasing risk (28%), higher risk (14%) or possible dependence levels (2%)



Inequalities

48% of those in the least deprived areas compared to 37% of those in the most deprived areas.



16% binge drink weekly



2% daily or almost daily



Inequalities

People in the following groups are more likely to binge drink daily or almost daily:

Adults aged 55-74,, males, adults with a mental health condition or a physical difference (limiting their physical activities), living in temporary/emergency accommodation.



20% of adults have taken drugs not prescribed for them and not available at a chemist or pharmacy in the last 12 months Health Counts

Most commonly used drugs are cannabis and cocaine.



Trend

An increase from 17% in Health Counts 2012.



Comparison

Higher than estimates from the Crime Survey for England and Wales (10% of adults aged 16-59). 35% of 18-24-year-olds in the city have used drugs in the last year, almost double the estimate from the Crime Survey for England and Wales for 16-24-year-olds.



Inequalities

People in the following groups are more likely to have taken drugs in the last 12 months:

Adults living in 20 – 40% most deprived areas of the city, aged 18-44, adults from Mixed/multiple ethnic groups, Gypsy, Roma, and/or Traveller adults, males, TNBI and LGBTQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Central Hove to Kemptown, West Hill and North Laine, Round Hill and Hanover and Elm Grove, and Coldean and Stanmer.

Gambling and gambling-related harms

Gambling-related harm is associated with poorer mental and physical health. With a greater risk of gambling-related harm among people experiencing health challenges and lower life satisfaction.

Health Counts asked individuals about both their own gambling, and that of people close to them for the first time in the 2024 survey.



21% of adults gamble, even if only occasionally



19% of adults who gamble experience at least one gambling-related harm

The most common harms for those who gamble are:

- Reducing/cutting back on spending on everyday items (11%)
- Feeling isolated, left out or completely alone (10%)



24% of adults have someone they are close to who gambles, even if only occasionally



18% of people with someone close to them who gambles experience at least one harm

The most common harms for those with someone close to them who gambles are:

- Experiencing conflicts or arguments (12%)
- Feeling isolated, left out or completely alone (9%)



Inequalities:

25% of adults living in the most deprived areas (20% of the city) experience gambling-related

harms compared to 14% living in the least deprived areas.

Of those who gamble, people in the following groups are more likely to experience gambling related harm:

Adults living in the most deprived areas, aged 18-24, Black and Racially Minoritised, Asian or Asian British or Arab adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

South Portslade, Whitehawk and Marina, Coldean and Stanmer, and Moulsecoomb and Bevendean wards.

Sexual health and HIV

Brighton & Hove has the highest rate of sexually transmitted infections (STIs) in people under 25 outside of London and the second highest rate for all ages outside of London (after Manchester). The city also has the highest prevalence of HIV outside of London.

Questions on sexual health and HIV were therefore included in Health Counts. These differ from the questions asked in 2012, so no trend is available.



37% of adults who reported that they had sex with a new partner in the last year used a condom every time

35% sometimes, 16% never, 9% said this was not applicable and 3% preferred not to say.



Inequalities
Of those who had sex with a new partner in the last year, people in the following groups are more likely to never use a condom:

Adults living in the most deprived areas, aged 55-64, Gypsy, Roma, and/or Traveller adults, neurodivergent adults, adults with some physical and mental health conditions, adults with experience of the care system as a child or young person.



38% of adults had ever had a test for HIV

11% had a test in the last year and 55% had never had a test for HIV.



35% have heard of PrEP (pre-exposure prophylaxis), which can reduce the chance of getting HIV from sex or injection drug use

60% have not heard of PrEP and 5% are not sure.



5% of those who have heard of PrEP were currently using it

3% have used it in the past.

Activity and diet

Being active and eating a healthy diet is good for both our mental and physical health and reduces our risk of developing a number of health conditions.

 **53%** of adults did less than 30 minutes of sport or fitness activity which raised their breathing rate in the past week

This doesn't give the full picture of physical activity as it excludes walking and cycling.

 **Inequalities**
65% of adults living in the most deprived areas did less than 30 minutes of sport and fitness activity, compared to 48% of those living in the least deprived areas.

People in the following groups/areas of the city are more likely to have done less than 30 minutes of sport or fitness activity:

Adults living in the most deprived areas, aged 65+, adults from Asian or Asian British, Black, Black British, Caribbean or African, and Arab ethnic groups, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system, and unpaid carers.

And people living in the following areas: Whitehawk and Marina, South Portslade, Moulsecoomb and Bevendean, Coldean and Stanmer, Woodingdean, North Portslade, Hangleton and Knoll, and Queen's Park wards.

 **28%** of adults sit for 10 or more hours during a weekday

Including time spent at work, at home, studying, and during leisure time.



Inequalities

People in the following groups are more likely to sit for 10 or more hours during a weekday:

Adults living in the most deprived 40% of areas, aged 18-34, adults who are Black and Racially Minoritised, Mixed/multiple ethnic groups, White Irish or other White, males, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions.

And people living in the following areas:

Central Hove to Regency, West Hill and North Laine, Moulsecoomb and Bevendean, and Coldean and Stanmer.



49% of adults eat five or more portions of fruit and vegetables per day



Trend

A decrease from 2012 (52%), but an increase from 2003 (43%) Health Counts.

Inequalities



People in the following groups are less likely to eat five or more portions of fruits or vegetables a day:

Adults living in the most deprived areas, aged 18-44, from Black and Racially Minoritised, Asian or Asian British, Black, Black British, Caribbean or African, and Arab ethnic groups, males, TNBI and LGBTQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Coldean and Stanmer, Moulsecoomb and Bevendean and Kemptown wards.

Healthy weight and access to nature

There are a wealth of benefits from being a healthy weight at an individual, population, and societal level. We need to make systemic changes to provide a healthier environment for everyone.

Green and open spaces are an important asset for supporting physical and mental health and wellbeing. We included questions on access to nature for the first time in the 2024 Health Counts.



37% of adults are a healthy weight, 36% are overweight and 25% are obese



Comparison

The Office for Health Improvement and Disparities (OHID) for the city estimate that 43% of adults are a healthy weight, 42% are overweight and 15% are obese.



Inequalities

People in the following groups are less likely to be a healthy weight:

Adults living in the most deprived areas, aged 45-84, adults from Black, Black British, Caribbean or African ethnic groups, males, disabled adults, neurodivergent adults, adults with physical and mental health conditions, and unpaid carers.

And people in the following areas:

Woodingdean, Whitehawk and Marina, Wish, South Portslade, North Portslade and Rottingdean and West Saltdean ward.



22% of adults spend time in nature daily

The beach, then parks, are the most commonly visited.



Comparison

Higher than estimates in the People and Nature Survey for England 2023/24 (16%) (this survey does not provide figures by area).



Inequalities

82% of those living in the most deprived areas spend time in nature at least monthly, compared to 92% of those living in the least deprived areas.

People in the following groups are less likely to spend free time in nature at least monthly:

Adults living in the most deprived areas, aged 25-34, adults from Black and Racially Minoritised, Asian or Asian British, Black, Black British, Caribbean or African, and Arab ethnic groups, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child or young person.


And people living in the following areas:


Whitehawk and Marina, and Moulsecoomb and Bevendean wards.


Oral health


Good oral health is an important part of general health and wellbeing, allowing people to eat, speak and communicate effectively and socialise free from pain, discomfort or embarrassment.

Questions on oral health and access to dentists were included in the Health Counts 2024 for the first time, so no trend is available.

**75%** of adults clean their teeth at least twice a day

**Comparison**
Similar to the 2021 Adult Oral Health Survey for England (77%) (this survey does not provide figures by area).

**Inequalities**
67% of those living in the most deprived areas brush their teeth at least twice a day, compared to 81% of those living in the least deprived areas.

**Comparison**
Lower than the 2021 Adult Oral Health Survey for England (74%).

**10%** never visit the dentist

The most common reasons for those who never visit the dentist are:

- Unable to register with an NHS dentist (49%)
- Unable to afford to see a private dentist (37%)
- Not felt I needed to see a dentist (30%)
- Have fear / anxiety about seeing a dentist (28%)

**Inequalities**
People in the following groups are more likely to never visit the dentist:
Adults living in the most deprived areas, aged 25-34, adults from Black British, Caribbean or African, and Arab ethnic groups, males, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child or young person.

And people living in the following areas:
Kemptown, West Hill and North Laine and Preston Park wards.

Cost of living and housing concerns

Feeling in control of our circumstances and the quality or condition of a home are some of the most direct ways finance and housing can affect health. Cost of living and housing condition worries were therefore included in Health Counts 2024.

£ 85% of adults are taking at least one action due to the cost of living

The most common actions are:

- Reducing leisure activities (45%)
- Shopping around more (43%)
- Spending less on food (40%)
- Using less fuel at home (38%)
- Using savings (33%)
- Using credit cards, loans or overdrafts more (20%)
- Using support from charities, e.g. food banks (4%)

Comparison



Lower than 91% for England reported in the 2023 ONS Opinions and Lifestyle Survey (this survey does not provide figures by area).

Inequalities



People in the following groups are more likely to be taking any actions due to the increases in cost of living:

Adults living in the most deprived areas, aged 18-44, adults from Black and Racially Minoritised, Asian or Asian British, Black British, Caribbean or African, Gypsy, Roma, and/or Traveller, White Irish or White other ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the

care system as a child or young person, and unpaid carers.

And people living in the following areas:

Moulsecoomb and Bevendean, Coldean and Stanmer, Brunswick and Adelaide, Whitehawk and Marina, Roundhill and Hanover and Elm Grove wards.



21% of adults are fairly or very worried about their housing conditions e.g. damp, cold and leaks



Inequalities:

27% of those living in the most deprived areas worry about their housing conditions, compared to 10% of those living in the least deprived areas.

People in the following groups are more likely to be fairly/very worried about their housing conditions:

Adults living in the most deprived areas, aged 18-44, adults from Black and Racially Minoritised, Black, Black British, Caribbean or African, Gypsy, Roma, and/or Traveller, White Irish or White other or other ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child or young person, and unpaid carers.

And people living in the following areas:

There are concentrations of areas where adults are more likely to be worried about housing conditions along the seafront wards from Central Hove to Kemptown and inland to West Hill and North Laine, Roundhill, Hanover and Elm Grove and Moulsecoomb and Bevendean. At small area level there are also areas in Hangleton and Knoll with higher rates.

Community cohesion

Family, friends and communities are the cornerstone of our everyday lives.

The nature of our social networks – the quality of our relationships, the support we have, whether we feel we belong where we live – all influence our health and wellbeing.



81% of adults are very or fairly satisfied with their local area as a place to live



Trend

A decrease from 88% in Health Counts 2012.



Inequalities

69% of those living in the most deprived areas are very/fairly satisfied with their local area as a place to live, compared to 90% of those living in the least deprived areas.



8% are fairly or very dissatisfied with their local area as a place to live



Trend

An increase from 5% in Health Counts 2012.



53% feel that they belong to their immediate neighbourhood very/fairly strongly



Trend

A decrease from 58% in Health Counts 2012.



Inequalities

This breakdown is available for all community cohesions questions in the full report, but only shown here for belonging.

45% of those living in the most deprived areas have a very/fairly strong sense of belonging, compared to 64% of those living in the least deprived areas.

People in the following groups are less likely to have a very or fairly strong feeling of belonging:

Adults living in the most deprived areas, aged 18-34, adults from Asian or Asian British, Black, Black British, Caribbean or African, Arab or White Irish or White other ethnic groups, males, TNBI and LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Hangleton and Knoll, parts of Portslade, central seafront and city centre, Kemptown, Hanover and Elm Grove and Whitehawk, Moulsecoomb and Bevendean and Coldean and Stanmer.

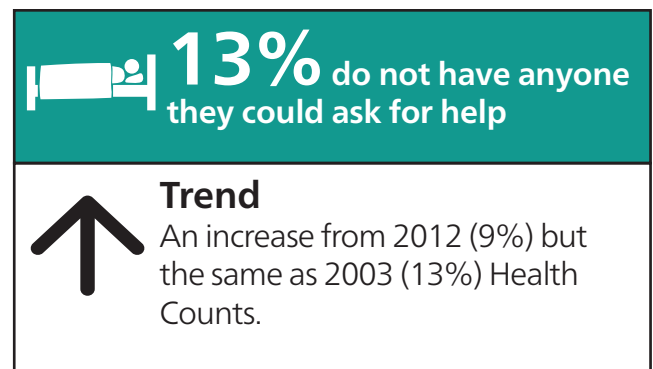
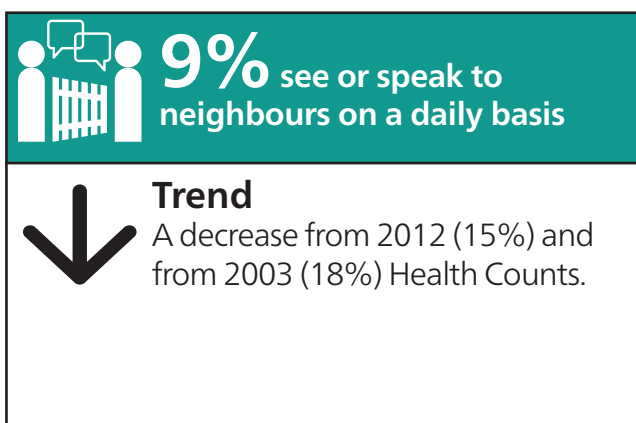
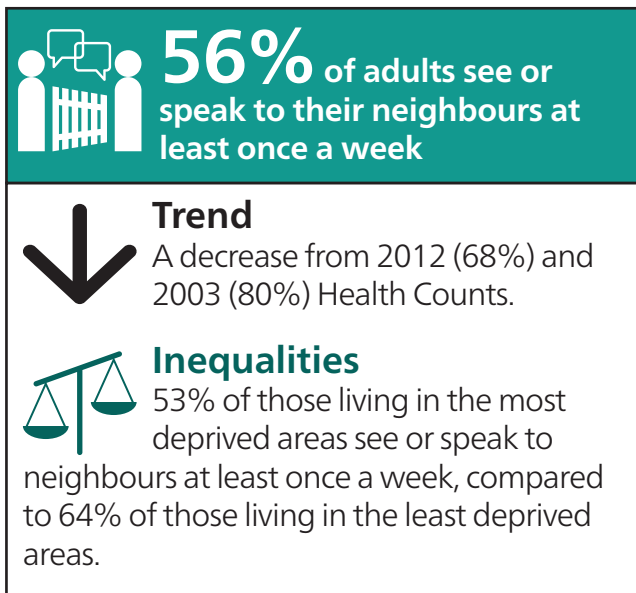


42% rate their sense of belonging as not very strong or not at all



Trend

An increase from 38% in Health Counts 2012.



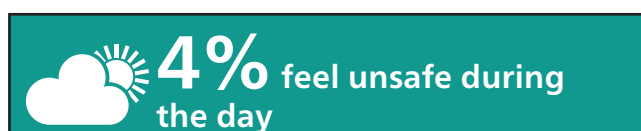
Community safety

Crime affects physical and mental health in many ways. Feeling unsafe can also have psychological effects and directly reduce health promoting behaviours, such as physical activity and social contact. These areas were therefore added into Health Counts 2024.



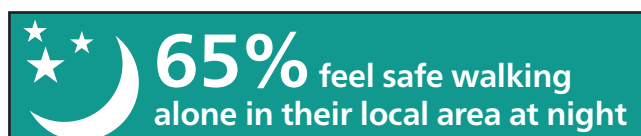
Comparison

The same as the 2018 Brighton & Hove City Tracker Survey.



Comparison

Higher than 1% in the 2018 Brighton & Hove City Tracker Survey.



Comparison

Lower than 79% in the 2018 Brighton & Hove City Tracker Survey.



8% feel very unsafe at night



Comparison:

Higher than 3% in the 2018 Brighton & Hove City Tracker Survey.



Inequalities

48% of those living in the most deprived areas of the city feel very or a bit unsafe at night, compared to 25% of those living in the least deprived areas.

People in the following groups are more likely to feel very or a bit unsafe at night:

Adults living in the most deprived areas, aged 18-34 and 85+, adults from Gypsy, Roma, and/or Traveller ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Central Brighton, Whitehawk, Queen's Park, Moulsecoomb and Bevendean, Falmer, Woodingdean, Hangleton and Knoll and Portslade.

Harassment and violence

Sensitive questions

Support organisations' contact details were provided at this point during the survey, and once the survey was submitted. **If you would rather skip this content, please turn to the next page.**

Harassment and violence have significant impacts, including on health and wellbeing, and can have far reaching consequences. These questions were included for the first time in Health Counts 2024.

40% of adults experienced any of the listed types of harassment in the past 12 months



Comparison

Higher than 22% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey (this survey does not provide figures by area).



14% have felt physically threatened by a stranger in a public space



Comparison

Higher than 6% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.



25% have been insulted or shouted at by a stranger in a public space



Comparison

Higher than 12% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.



16% have experienced catcalls, whistles, unwanted sexual comments or jokes from a stranger in a public space



Comparison

Higher than 8% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.



13% have felt like they were being followed



Comparison

Higher than 7% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.

People are very or fairly worried about:

24%

Physical violence against a family member

22%

Physical violence against themselves

21%

Being sexually assaulted/raped



Inequalities:

31% of those living in the most deprived areas feel very or fairly worried about physical violence against them, compared to 15% of those living in the least deprived areas.

People in the following groups are more likely to feel very or fairly worried about physical violence against them:

Adults living in the most deprived areas, aged 18-34, adults from Mixed/multiple and Gypsy, Roma, and/or Traveller or other ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

Hate crime

Hate crime can have a profound impact on both individual and community health and wellbeing.

Beyond the individual, hate crime can create a climate of fear and mistrust within communities, reducing social cohesion and making people feel unsafe in their everyday lives. Questions about hate crime were included for the first time in the 2024 survey.

30% of LGBTQ+ adults were very or fairly worried about being targeted by perpetrators of hate crime because of their sexual orientation or perceived sexual orientation

This was highest for:

- Queer adults (50%)
- Gay or lesbian adults (38%)

67% of TNBI adults were very or fairly worried about being targeted by perpetrators of hate crime because they are trans, non-binary or present as gender divergent

This was highest for:

- Trans adults (74%)
- Non-binary adults (67%)

23% of adults who are Black and Racially Minoritised were very or fairly worried about being targeted by perpetrators of hate crime because of their ethnic heritage or religion or their perceived ethnic heritage or religion

This was highest for:

- Sikh adults (69%)
- Muslim adults (45%)
- Refugee or asylum seeker adults (44%)
- Jewish adults (43%)
- Arab adults (40%)

11% of disabled adults were very or fairly worried about being targeted by perpetrators of hate crime because of their disability or assumed disability

This was highest among adults with:

- Speech and language conditions (50%)
- Developmental conditions (e.g. affecting motor, cognitive, social or language) (49%)
- Learning disabilities (45%)
- A visible difference with a disabling and/or discriminatory impact (42%)

Acknowledgements and citation

The Health Counts 2024 research was led by the University of Brighton, in collaboration with Brighton & Sussex Medical School, Healthwatch Brighton & Hove, the Brighton and Hove Federation of Primary Care, NHS Sussex and Brighton & Hove City Council.

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Acknowledgements

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Brighton & Sussex Medical School Prof Carrie Llewellyn

Brighton & Hove City Council Kate Gilchrist, John Guzek, Louise Knight, Caroline Vass, Georgina Watson

Healthwatch Brighton and Hove Dr Lester Coleman

Brighton & Hove Federation Mark Cannon, Kate Waller

NHS Sussex Integrated Care Board Lola Banjoko, Natasha Darby

GP Practice Manager Forum Cheryl Palmer

Primary Care Network (PCN) managers Tori Lawrence, Gemma Clayton, Laura Fernandez-Kayne, Samantha Lade, Carol Witney, Peter Sutcliffe

If using Health Counts 2024 results – please use the following citation:

Gilchrist, K., Sherriff, N.S., Huber, J., Galvin, K., Mirandola, M., Murtagh, S., Llewellyn, C., Vass, C., Knight, L., Guzek, J., Aicken, C., Sawyer, A., Davidson, S., & Gray, C (2024). Health Counts 2024: Summary of Results. Brighton, Brighton & Hove City Council.

Accessing and using Health Counts data:

If you are a researcher who wants to apply to use the Health Counts data for research, there is an editorial board approval process. If you work within Brighton & Hove City Council, NHS or a Community and Voluntary Sector organisation and want to discuss use of/access to the data, then please contact the Health Counts team.

For details of the application process for using Health Counts data for research and contact details, visit www.brighton-hove.gov.uk/health-counts or for further information visit www.brighton.ac.uk/research/health-counts-2024

HEALTH COUNTS 2024



University of Brighton

 **brighton and sussex**
medical school



Brighton and Hove Federation
Primary Care for our local community

healthwatch

NHS
Sussex



Brighton & Hove
City Council



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: | Reducing Harms from Drugs and Alcohol, a drugs and alcohol strategy 2024-2030 |
| Date of Meeting: | 22 July 2025 |
| Report of: | Caroline Vass, Director of Public Health |
| Contact: | Fran Piccoletti, Drugs and Alcohol programme manager |
| Email: | Fran.piccoletti@brighton-hove.gov.uk Caroline.vass@brighton-hov.gov.uk |
| Wards Affected: | All wards |
| FOR GENERAL RELEASE | |
| Executive Summary | |
| <p>This paper presents 'Reducing Harms from Drugs and Alcohol, the Brighton & Hove Drugs and Alcohol Strategy 2024-2030'. Appendix 1</p> <p>Brighton & Hove residents experience significant harms associated with drugs and alcohol. Drug and alcohol use can increase inequalities in health outcomes; reduce the number of years we spend in good health; exacerbate poor mental health; and negatively impact on all areas of life including relationships with family and friends, employment and housing.</p> <p>The Drugs and Alcohol Strategy sets out how we will work in partnership to reduce the harms to our residents from drugs and alcohol by:</p> <ul style="list-style-type: none"> • Reducing the supply of drugs to our city and reducing drug and alcohol related crime • Delivering a world class treatment and recovery service | |



- Delivering a generational shift in demand for drugs and alcohol.

The strategy development was led by the multi-agency Combating Drugs Partnership board and will be delivered by multiple agencies working in partnership.

Glossary of Terms

CDP – Combating Drugs Partnership

1. Decisions, recommendations and any options

- 1.1 That the Board notes the ‘Reducing Harms from Drugs and Alcohol’ a Drugs and Alcohol Strategy 2024-2030’ (appendix 1)
- 1.2 That the Health and Wellbeing Board supports the approach that the Strategy is best delivered in partnership with the multi-agency Combating Drugs Partnership Board, and that this Board retains oversight to the effective implementation and monitoring of the strategic aims and action planning to deliver the strategy aims.

2. Relevant information

- 2.1 Brighton & Hove residents experience significant harms associated with drugs and alcohol including high rates of drug deaths. Drug and alcohol use can increase inequalities in health outcomes; reduce the number of years we spend in good health; exacerbate poor mental health; and negatively impact on all areas of life including relationships with family and friends, employment and housing.
- 2.2 The global availability and threat from drugs is higher than ever before and impacts on our communities, with the exploitation of children and vulnerable people by organised crime gangs.
- 2.3 In Brighton & Hove we have:
 - The 7th highest age standardized rates of drug misuse deaths in England
 - An estimated 3030 people using opiates and /or crack cocaine, significantly higher than in the rest of the South East
 - More than double the England average rate of alcohol specific mortality rates
 - 10% of secondary school pupils admitting to getting drunk at least once or twice a month
 - 20% of 14-16 year olds report trying cannabis
 - 991 police recorded drug offences
 - Approx 1500 drug litter incidents managed by the Council
- 2.4 The strategy acknowledges and reflects the multiple and complex risk factors associated with harmful drug and alcohol use, which can be both causes of drug

and alcohol use or exacerbated by drug or alcohol use. Of particular note in Brighton & Hove is:

- Housing insecurity and homelessness: the cost of housing and access to housing, leads to housing insecurity, a risk factor for drug and alcohol use, exacerbated by harmful drug and alcohol use leading to antisocial or offending behaviours, which impacts on communities and housing options.
- The number of residents experiencing multiple compound need, that is experiencing 3 or more of: drug or alcohol use; poor mental health; poor physical health; domestic abuse; offending behaviours; and, homelessness.
- Co-occurring drug and alcohol use with unmet need around poor mental health

2.5 Combatting Drugs Partnership

2.6 In 2022, Brighton & Hove established a multi-agency partnership board, the Combatting Drugs Partnership (CDP), to take a collaborative and whole systems approach to addressing the harms from drug and alcohol use.

2.7 The CDP comprises leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the Council, including elected members, Police, Probation service, NHS, treatment and recovery services, treatment providers, mental health providers, community and voluntary sector, and people with lived experience.

2.8 The Strategy development was led by the CDP and the priorities and the associated objectives are delivered by three workstreams.

2.9 Strategy Development

2.10 The first step to developing the strategy was to undertake a needs assessment and to review the strategies of all partners to identify those objectives aligned to the three priority areas for action. (Strategy appendix 4)

2.11 At the start of the strategy development, the CDP undertook a series of engagement and consultation sessions with people currently accessing services, or who had previously accessed services, to hear views, and these are reflected in the strategy. (Strategy appendix 3)

2.12 This work was invaluable to the development of our understanding of the harms we are aiming to address and commitment to engaging with people with experience. We have subsequently formalized this engagement using supplementary funding to commission Common Ambition to support a programme of engagement, to ensure that we can continue to benefit from people's experiences and that they can benefit from our support. This approach

helps to mitigate some findings in the Equalities Impact Assessment such as understanding better the experience of communities with complex intersections of disadvantage.

2.13 In addition, work with community forums on drug harms and the community impacts also fed into the strategy development and understanding of where community responses and partnerships could be strengthened.

2.14 Following significant engagement with a range of groups, and committees such as People Overview and Scrutiny Committee, a further public consultation was held in early 2025, using the Council Your Voice platform in which we received 64 responses. Most responses reflected the strategy content, which is unsurprising since the final draft had already been consulted widely on. However, given the feedback, the strategy was further strengthened to reflect the impact of neurodivergence and care experience as risk factors for drug and alcohol harms, and aspects relating to community safety.

2.15 There was limited engagement with people with lived experience from Black or Racially Minority (BRM) groups. Sessions were set up with the aim of consulting with specific cohorts, however there was very little uptake. The CDP is committed to exploring better ways to consult and engage with all groups, and specifically BRM cohorts

2.16 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards.

2.17 The Strategy

2.18 The strategy sets out the vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, it is not a comprehensive alcohol strategy. Alcohol is included where there is alignment with drug harms in the management of these harms: in community safety, treatment and recovery services, and the cultural approach to alcohol and drug use in Brighton & Hove. The strategy does not review alcohol licensing policy as this is undertaken within a separate workstream.

2.19 The strategy leads with the vision to make Brighton & Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

2.20 Our three strategic priorities aim to deliver the strategy vision as follows:

2.21 Priority one – to disrupt the local drugs and alcohol supply chain, reduce the availability of drugs and tackle and disrupt drug and alcohol related crime. To work collaboratively across the community safety teams, police and communities to disrupt local drug supply chains and alcohol and drug related crime to create

safe and thriving communities. The overarching objectives which inform the workstream one action planning are:

- Disrupt the flow of drugs into the city
- Prevent children and young people from becoming involved with organized crime groups
- Safeguard children, young people and adults who are being exploited
- Work towards a thriving nighttime economy free from drug and alcohol related violence
- Increase support and communications to communities experiencing drug and alcohol related crime and antisocial behaviour
- Improve pathways between the criminal justice system and treatment services.

2.22 Priority two – to deliver a world class treatment and recovery service. To enhance both the quality and the capacity of our drug and alcohol treatment and recovery service, to provide person-centred support to everyone who needs it, focusing on those at higher risk. The overarching objectives which inform the workstream two action planning are:

- Increase access to structured treatment for people with drug or alcohol treatment needs
- Improve the capability of services to support clients with multiple needs
- Improve access to and the experience of services for adults and children and young people, especially people from under-served cohorts
- Enhance the harm reduction provision for people using drugs and alcohol
- Develop an integrated response for people with co-occurring substance use with other needs, including poor mental health, housing issues, neurodiversity, etc.
- Develop a better understanding of emerging drug trends and higher risk drugs.

2.23 Priority three – to achieve a generational shift in demand for drugs and alcohol. We will challenge the normalisation of drug and alcohol use, and address the causes of harmful drug and alcohol use, for example untreated mental health conditions, housing issues or homelessness, domestic abuse or the impact of trauma. The overarching objectives which inform the workstream three action planning are:

- Challenge the normalisation of all drug and alcohol use in children and young people and adults, and raise awareness of the detrimental impact of use
- Promote healthy lifestyles in children and young people and families

- Improve awareness of and access into a range of services to support children and young people eg: mental health pathways.

2.24 The Strategy priorities and the associated objectives are delivered by three workstreams. Each workstream has developed and agreed the objectives to meet the strategy aims with associated action plans that sit under each objective. Since the establishment of the CDP the workstreams have monitored actions for a full year and this has provided a benchmark of activity to take this work forwards, in line with the strategic aims.

2.25 The strategy and action plans are supported by analytical input to develop a monitoring process to enable the CDP to review progress according to clear expectations of outcomes.

2.26 The CDP comprises representatives from multiple boards and achieves full reach across the system to ensure that all partners are fully engaged in the programme of work.

2.27 BHCC Cabinet has supported the next phase in the programme to reduce harms from drugs and alcohol in Brighton & Hove, and the delivery of the three priority areas, with the CDP to provide oversight to this work.

2.28 This programme of work is part of the prescribed responsibility of the public health function in Brighton & Hove. Some of these elements would be delivered regardless of the structure proposed in the strategy, however the strategy ensures a whole system approach, which is required to manage the complexity of the issues reflected here.

2.29 It should be noted that the artwork in the drugs and alcohol strategy was provided by the art group of Cascade Creative Recovery, a lived experience recovery group, that supports people on their recovery journey.

3. Important considerations and implications

Legal:

- 3.1 The Health and Social Care Act 2012, associated Regulations and Government Guidance provide for the local authority to have strategies in place to prevent and reduce drug and alcohol related harm, commission relevant services and engage in multi-agency working

Lawyer consulted: Sandra O'Brien

Date: 22/05/25

Finance:

- 3.2 The Combatting Drugs Partnership and the services delivered are via multiple agencies and partners. In addition to other partners' funding arrangements, the Public Health team funding comprises a core grant element and additional



supplementary drug and alcohol treatment funding from The Department of Health and Social Care (DHSC). The supplementary element is predicated on retaining the core grant budget for the drug and alcohol programme

- 3.3 The total funding available for this programme in 2025/26 is £10.480m of which £5.821m is allocated from the core Public Health Grant and £4.659m from external sources including DHSC, NHS, and other partners

Finance Officer consulted: David Ellis

Date: 05/06/25

Equalities:

- 3.4 A formal Equalities Impact Assessment has been completed and approved by the Equalities Team. The EIA identifies the impacts of drug and alcohol harms on multiple cohorts who may experience inequalities of outcomes, or vulnerability, and particularly considers complexity associated with intersectional vulnerabilities.
- 3.5 The EIA notes that the Strategy has well considered many cohorts' inequalities and noted their risk factors, and mitigations required, and the EIA has additionally informed actions and recommendations to further mitigate any disproportionate impacts
- 3.6 There is particular acknowledgement that vulnerabilities in experience of drug and alcohol harms or access to services are linked to: age, disability – including poor mental health and neurodiversity, our diverse population, trans peoples' experience, sexuality, parents, carers, being care experienced, domestic or sexual abuse survivors, and homelessness. It is also noted that there is increased complexity of experience when considering intersectionality
- 3.7 The strategy and EIA noted that there was limited engagement with people with lived experience from Black or Racially Minority groups. Sessions were set up with the aim of consulting with specific cohorts, however there was very little uptake. The CDP is committed to exploring better ways to consult and engage with all groups, and specifically BRM cohorts.
- 3.8 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards
- 3.9 The EIA is summarised in the appendices of the strategy.

Sustainability:

- 3.10 None identified

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

- 3.11 The Director of Public Health is the Senior Responsible Officer and Chair of the CDP and Public Health led and supported the development of the strategy

Supporting documents and information

Appendix1: Reducing Harms From Drug and Alcohol A Strategy for 2024-2030



Drug and alcohol
strategy 2024 - 2030.



Reducing harm from drugs & alcohol

Drugs & Alcohol Strategy
2024-2030



Brighton & Hove
City Council

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Foreword



Cllr Mitchie Alexander
Cabinet member for Communities, Equalities, Public Health & Adult Social Care

Brighton & Hove has high rates of drug deaths, I see daily the harms associated with drug and alcohol use and the impact on individuals and their friends, families, and communities.

Drug and alcohol use can increase inequalities in health outcomes. It reduces the number of years we spend in good health. It exacerbates poor mental health. It can also lead to insecure housing, estrangement from family or friends, and employment issues.

As a city council intent on advancing health equity, reducing the harms of drug and alcohol are a priority area for focusing our resources This strategy is our multi-agency approach to reducing harms from drugs and alcohol use.

This strategy brings together many partners and organisations including: the council’s housing, community safety and public health teams; the NHS; treatment and recovery services; the police and probation services; employment services; children’s and adult services; and the voluntary and community sector. We’ve come together with people with direct experiences of drug use and harms, to develop this strategy.

Our approach to reducing the harms from drugs and alcohol are 3-pronged. We aim to:

- provide safe, supportive, and stigma-free access to treatment and recovery services for people experiencing harms from drugs and/or alcohol,
- reduce the supply of illegal drugs into our city, and
- help address the primary causes of drug and alcohol use.

I am writing this foreword, as the Brighton & Hove City Council member with responsibility for Public Health, but it could just have easily been any or all of our partners in the collaboration we have here in Brighton & Hove.

This strategy builds on the successful partnership working of the past 2 years. In that time we have:

- undertaken a needs assessment to understand our population better,
- drilled down into the existing activity of all partners to help address the issues relating to drug and alcohol harms,
- taken stock of our work and how we assess progress,
- started to rebuild some of the services affected by previous funding cuts.

We will use this strategy and its objectives to inform detailed action plans across the system to continue improving the health and wellbeing outcomes for people affected by drug and alcohol harms across the city.

Councillor Mitchie Alexander

Introduction

This draft strategy for Brighton & Hove, describes how the Brighton & Hove Combatting Drugs Partnership will deliver locally the ambitions in the national strategy 'From Harm to Hope'. The strategy describes the longer-term vision to 2030 to reduce harms from drugs and alcohol for everyone who lives in, works in, or visits Brighton & Hove.

The Brighton & Hove strategy has been developed by the multi-agency Combatting Drugs Partnership, made up of leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the Council, Police, Probation service, NHS, treatment and recovery services, treatment providers, mental health providers, community and voluntary sector, and people with lived experience.

This strategy is a high-level document that sets out the Combatting Drugs Partnership's vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, this reflects the alignment of drug and alcohol treatment services and the management of community safety. The strategy does not include an assessment of licensing policy.



The strategy should be read in conjunction with other key stakeholders' strategies, please see appendix four.

Our Vision

Our vision is to make Brighton & Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

Our strategic priorities

1. Disrupt the local drug and alcohol supply chains, reduce the availability of drugs, and tackle/disrupt drug and alcohol related crime

We will work collaboratively across the community safety teams, police and communities to disrupt local drug supply chains and alcohol and drug related crime to create safe and thriving communities.

2. Deliver a world-class treatment and recovery service

We will enhance both the quality and the capacity of our drug and alcohol treatment and recovery service, to provide person-centred support to everyone who needs it, focusing on those at higher risk.

3. Achieve a generational shift in demand for drugs and alcohol

We will

- a) challenge the normalisation of drug and alcohol use and
- b) address the causes of harmful drug and alcohol use, for example untreated mental health conditions, housing issues or homelessness, domestic abuse or the impact of trauma.

We will incorporate the following principles in everything we do:

- Reduce stigma
- Target resource according to need
- Be guided by the latest research and best practice, local data and intelligence to make best use of our resources and evaluate services and projects
- Work in partnership with people with lived experience of drug and alcohol harms
- Work collaboratively across organisations to support people and communities as effectively as possible

Stigma

Many people who experience harms directly or indirectly from drugs or alcohol use may be affected by stigma when seeking help or accessing services. This could be in the form of direct judgement from other people or health care providers, expectations of stigma, or self-stigma.

This strategy takes a compassionate and non-judgemental approach.

The policy context

In Brighton & Hove many people sign up to our drug and alcohol services every year. However, drug and alcohol use still harms individuals, families and communities in our City.

The global availability of drugs is at a record highⁱ. The UK is now Europe's largest market for heroin and is a target for Organised Crime Groups (OCGs)ⁱⁱ. The drugs market continues to evolve and present new challenges in tackling the supply chain of drugs. These challenges include the use of illegal online markets and the increasing availability of synthetic opioids, such as nitazenes and fentanyl.

In 2021 the Government launched a 10-year strategy 'From Harm to Hope'ⁱⁱⁱ. The strategy commits the Government to reduce crime and save lives by:

- Breaking the drugs supply chain
- Delivering a world class treatment and recovery service and,
- Achieving a generational shift in demand for drugs and alcohol.

Addressing the harms from drugs and alcohol use is a complex issue. Often harmful drug and alcohol use is found alongside risk factors such as untreated mental health conditions, chronic pain, poor physical health, neurodiversity, homelessness, or experience of trauma. Such factors may be both the drivers and consequences of drug and alcohol use. They require a multi-agency approach to reduce harms from, change perceptions of, and address the availability of drugs in the city.

The Partnership will be responsible for overseeing the implementation of the strategy.



What we know about Brighton & Hove



About Brighton & Hove

Brighton & Hove is a unique and diverse city:

26%

of residents are from a

Black or Racially Minoritised (BRM) group

- higher than the Southeast average of 21%.



One in 5

residents are born outside of the UK

- which is significantly higher than the South East average.

More than 1 in 10:

10.6%

of residents identify as gay, lesbian, bisexual or as another minority sexual identity

- compared to 3% in England).



We have a **higher percent** of people who identify as trans or gender diverse **(TGD)** (1% compared to 0.5% in England).



In Brighton & Hove we have:

... an estimated **3030** people who use **opiate** and/or **crack cocaine** in 2019/20.

This is a significantly **higher rate** compared to the South East and England.

This breaks down as follows:

- **1,564 people - opiates only**
- **477 people - crack only**
- **989 people - opiates and crack**

20% of 14-16 year olds report trying cannabis and 8% report trying other drugs^{vii}

Alcohol specific hospitalisations in children and young people are **higher than** the England average

(53 per 100,000 compared to 29 per 100,000) (2018-21)

...the **7th** highest age standardised **mortality rate of drug misuse deaths** in England, at **12.7 per 100,000 people**.

More than double the rate in England (5.2 per 100,000) (2020-22)^{iv}

A significantly **higher rate of alcohol specific mortality** compared to England. **21.8 per 100,000 people**.

More than double the rate in England (5.2 per 100,000) (2020-22)^v

... **9%** of young people in treatment cited **benzodiazepines** as their primary substance of concern.

This is significantly higher than the England average of 1%.

... **10%** of secondary school pupils who completed the safe & well at school survey report admit to **getting drunk at least once or twice a month**^{vi}

In Brighton there were:

991 police recorded drug offences

Approx **1,500** reported drug litter incidents, subsequently disposed of by the council

Service activity

• **111** under 18-year-olds received **specialist drugs** and **alcohol treatment** in the year 2023/24 compared to 95 in 2022/23.

• **2,776** adults were in **structured treatment**, including 1,098 adults in treatment for opiates (as at February 2024)

• As of January 2024, **Change Grow Live (CGL)** have a **rate of 63% continued care for people** who have been **released from prison** against a national average of approximately 48%.

How we engaged with communities and partners and what we found out

A 2023 Brighton & Hove City Council drug related harm survey and a community forum on drug harms found that drug dealing and drug taking are ranked as top concerns for our communities, and that:

- Over 50% of over 400 survey respondents felt that drug dealing or drug taking was a very big problem in their neighbourhoods.
- Residents were not always confident in the response of the Council or Police when they reported drug related incidents.
- Some residents felt unsafe reporting drug related incidents.
- A culture of normalisation around drug use had developed leading to open drug dealing, drug taking and associated drug litter.

How we engaged with people with lived experience of drug or alcohol harm and what we found out

Between January and March 2024 we heard from approximately 50 adults, who have experience of accessing drug and alcohol services. We heard from people of different ages, sexual orientation, gender identity, and disability. It is important to note that the people we spoke with may not be representative of the wider population of those with experience of drug or alcohol harm, and as such we cannot generalise these findings. We did not reach as many people from Black and Racially Minoritised backgrounds as we had hoped and were not able to engage with children and young people. We will undertake further engagement with these groups as a priority. We have committed to continue to work with people with lived experience on the strategy and its implementation.

We heard many experiences, with some clear themes coming out of the discussion, and these have informed the development of the strategy and in particular strategic priority 2: to deliver a world-class treatment and recovery service, and strategic priority 3 addressing the causes and risk factors for drug use. These themes are summarised on the next page (appendix 3 provides further information on the discussions).



Summary of key themes from discussion with people with lived experience

Barriers to accessing support

- Missed referral opportunities by services
- Attitude of professionals
- Stigma
- Unaware of support available
- Specific barriers for trans people

What has worked well

- Access to meaningful activities in recovery
- Group specific spaces/services
- Peer support and diverse workforce
- Access to a wide range of support based on individual need

Drivers to accessing support

- Significant life events
- The role of a champion or respected key worker, friend or advocate
- 'Hitting rock bottom'

What could be improved

- Secure and appropriate housing
- Extended outreach for people who may be less able to engage
- Improved cross agency working
- More opportunities for meaningful activity
- More accessible and inclusive support

Risk factors for harmful drug and alcohol use

There are many factors that are known to increase the risk of harmful drug and alcohol use:

Housing insecurity and homelessness^{viii}

- Housing in Brighton and Hove has become increasingly unaffordable for a significant proportion of the population. The average cost of renting privately per month is £1,300 compared to £850 in England and £1,050 in the Southeast on average (September 2023).
- Demand for social housing in Brighton and Hove outstrips supply significantly.
- Rough sleeping appears to be increasing- between November 2023 and March 2024 there have been recorded between 21 and 52 people sleeping rough in the City.



Unmet mental health needs

- In 2020, it was estimated that around **42,000 adults** in Brighton and Hove have a common mental health disorder, such as anxiety or depression
- **61% of young people** in drug and alcohol treatment also reported a **mental health problem**
- **64%** of adults in **drug** treatment and **63%** of people in **alcohol** treatment had co-occurring **mental health needs**

Multiple Compound Needs

- Brighton and Hove have high levels of residents experiencing multiple compound need, this is defined as having experience of three or more of the following:
 drug or alcohol use,
 mental health need,
 poor physical health,
 domestic abuse,
 offending behaviours,
 and homelessness.
- The Brighton and Hove Multiple Compound Need (MCN) programme estimated 521 people experiencing multiple disadvantage who might benefit from engagement with the MCN programme (Q2, 2023/2024).

Multiple Compound Need Programme

The reducing harms from drugs and alcohol strategy recognises the significant health inequalities faced by people with multiple compound needs and the principles of integrated working set out in the aims of the MCN transformation programme.

Workstream 1:

Disrupt the local drug supply chains, reduce the availability of alcohol, and tackle/disrupt drug and alcohol related crime

Why this is important

The global availability of drugs is higher than ever before and the threat from drugs continues to evolve, with the emergence of highly potent synthetic opioids and access to drugs via online illegal markets. Organised crime groups criminally exploit children, young people and other vulnerable groups to move and distribute drugs. Breaking drug supply chains will reduce availability of drugs and associated violence and exploitation.

Workstream one is focused on disrupting the supply chain of drugs, improving community safety and supporting people who commit crimes related to drug or alcohol use into treatment and support. This Workstream is co-led by Sussex Police and the Council's Safer Communities team.

Why this is important

This priority is delivered collaboratively across a range of organisations including: the Police, probation services, and the local authority community safety team.

We want to:

- reduce drug and alcohol related crimes
- protect vulnerable children and adults
- work closely with our communities
- support people convicted of drug or alcohol related crimes into treatment and recovery

What we will do

1.1 Disrupt the flow of drugs into the city

- Tackle and disrupt organised crime groups
- Target county lines drug activity
- Work closely with other police forces outside of Sussex
- Directly target heroin and crack cocaine drug dealing

1.2 Prevent children, young people and adults from becoming involved with organised crime groups

- Work with the Community and Voluntary Sector, Children's services and Sussex Police on interventions such as 'Brighton Streets' and 'Fresh Youth Perspectives' aimed at preventing young people becoming involved in organised crime.
- Work with school services and the children and young people's substance use service, RUOK? to reduce school suspensions, number of pupils on reduced hours and school avoidance, to prevent exploitation opportunities.

1.3 Safeguard children and young people and adults who are being exploited

- Work across the police, community safety teams, safeguarding agencies to deliver a multi-agency approach to cuckooing and child criminal exploitation.
- Take a partnership approach to supporting vulnerable groups including the homeless community, those in supported accommodation, families and carers, and people who are care experienced.
- Provide a safe and effective pathway to enable children, young people, and vulnerable adults to exit involvement with organised crime.

1.4 Work towards a thriving night-time economy free from drug and alcohol related violence

- Retain or develop further nighttime economy safeguarding activities: for example security patrols, Safe Space, 'Ask for Angela', taxi marshals, Get Me Home Safely campaign.
- Increase sign-up to Sensible On Strength campaign.
- Refresh Licensing policy in 2025.
- Undertake drug test swabbing of local venues.


1.5 Increase support and communications to communities experiencing drug and alcohol-related crime and anti-social behaviour

- Establish a multi-agency drug related harm meeting to focus on specific neighbourhoods where drug related incidents are a concern and put in place appropriate support, facilitate sharing of intelligence between partners and develop consistent messages between agencies.
- Strengthen information sharing between agencies to ensure a joined up response to fatal and non-fatal overdoses.
- Work closely with communities to respond to and address community concerns relating to drug and alcohol use and associated anti-social behaviour.
- To understand how police presence can be strengthened in identified hotspots.

1.6 Improve pathways between the criminal justice system and treatment services

- Develop further the Test On Arrest programme to support people into treatment who are arrested for trigger offences (theft, robbery, burglary, misuse of drugs, fraud) and who test positive for illicit substances.
- Support the multi-agency youth disposal pathway to include the specific Brighton and Hove initiative of an out of court pathway for young people to guide them into treatment.
- Review the eligibility threshold for people using drugs to increase referrals to Change Grow Live (CGL). Increase the use of Community Sentence Treatment Requirements as a sentence from Court to divert people convicted of drug or alcohol related offences from short custodial sentences and into treatment for mental health, drug and alcohol issues.





Workstream 2:

Improve the quality, capacity and outcomes of our drug and alcohol treatment and recovery services.

Workstream two aims to improve service capacity and capability to support people with a substance use need into treatment and recovery. This workstream is co-led by the adult drug and alcohol treatment service CGL and the Council's Public Health Team and comprises representation from the children and young people's drug and alcohol treatment service (RU-OK), and the NHS, including primary care.

Children's and adults' drug and alcohol treatment and recovery services have benefited from substantial additional supplementary funding grants between 2022 and 2025. In 2024/25 this amounted to approximately £4.4m. This funding is in place until March 31st 2025. Currently, it is unclear what additional funding streams may come into place from April 2025. Current service capability and capacity has been significantly increased with these grants.

Why this is important

Improving the capacity of drug and alcohol treatment services is essential to address historic disinvestment which has led to reduced capacity in the drug and alcohol treatment service. Alongside this we need to improve the skill mix and capability in the service, to meet the increasing complexity of casework. The supplementary funding has started to address this historic disinvestment and outcomes are beginning to improve.

Further enhancing services will continue to address these gaps, improving public health, safety, and productivity, and ultimately foster stronger, more resilient communities.

We want to:

- Increase numbers of people in treatment
- Expand the capacity of the treatment service
- Increase the capability and skill mix of professionals
- Improve integration between services to provide pathways into treatment for people with co-occurring needs.

What we will do

2.1 Increase access to structured treatment for people with a drug or alcohol treatment need

- Recruit to additional posts in the drug and alcohol treatment service enabling more people to access the service, and reduce caseloads for key workers.
- Explore the feasibility of a seven-day-a-week drug and alcohol service.
- Improve access and waiting times to community and inpatient detox, residential rehab and short-term structured treatment options.
- Increase access to Buprenorphine (novel long-acting opioid substitution treatment).

2.2 Improve the capability of services to support clients with multiple needs

- Recruit to specialist posts to ensure provision of targeted support and skills for complex case management.
- Improve and increase the knowledge, skills and confidence of the workforce to enable a practiced trauma informed approach.
- Improve the skillset and ability of the workforce to be aware of the impact of neurodiversity as a risk factor for harmful substance use.
- Improve the knowledge and skills of frontline criminal justice workers to reduce stigma and increase referrals into treatment.
- Improve the knowledge skills and confidence of the workforce to support pathways for those affected by violence against women and girls.

2.3 Improve access to, and experience of, services for adults and children and young people, especially from under-served cohorts

- Focus on under-served cohorts, for example LGBTQ+, women, young carers, people who are neurodiverse and people from black and racially minoritised backgrounds.
- Ensure an integrated approach between service providers to improve the transition for young people into adult services, especially for high priority groups such as care leavers.
- Improve the referral pathway between youth offending services into RUOK? treatment services.
- Expand outreach services to ensure accessible support, promote early intervention, and enhance recovery outcomes.
- Use health promotion techniques to connect people with an unmet substance use need to structured treatment, including LGBTQ+ young people.
- Ensure an integrated approach between partner agencies to support those involved in the criminal justice system to ensure access to specialised service provision in custodial settings and engagement in treatment for those leaving custodial settings, including youth justice settings.

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Explore innovative harm reduction interventions, using best available evidence and learning from other areas.
- Appoint a Naloxone lead to develop and deliver evidence based training according to priority need to include police, custody suites and friends and families.

- Use the drug deaths audit to inform cross-agency recommendations to reduce risk of drug deaths.

2.5 Develop an integrated response for people with co-occurring substance use and other needs

- Explore the development of a joint working protocol between mental health and drug and alcohol services.
- Support the development of the new Neighbourhood Mental Health Teams in partnership with Integrated Community Teams (ICT) to effectively support and provide treatment for people with co-occurring mental health and substance use needs.
- Better understand co-occurring needs for people with a substance use need including neurodiversity, housing issues, trauma, physical health needs, caring responsibilities.
- Continue to ensure a joined-up approach to complex cases and multiple compound need (people experiencing homelessness, violence against women and girls, involvement with the criminal justice system and those with mental health needs).

2.6 Develop a better understanding of higher risk drugs and emerging drug trends in the community to manage the associated harms

- Proactively monitor and address emerging threats posed by synthetic drugs, and changing supply trends, through timely intelligence sharing and harm reduction initiatives that address these specific threats.
- Develop a targeted approach to managing the spread of new synthetic opioids.
- Undertake research into the supply and illicit use of prescription drugs including benzodiazepines and 'Z' drugs to reduce illicit use.



Workstream 3: Achieve a generational shift in demand for drugs and alcohol

Workstream three is a longer-term objective to reduce the demand for drugs and alcohol.

There are two approaches to reducing the demand for drugs and alcohol:

- **Challenge the normalisation and cultural environment with regards to substance use**
- **Treat the causes of substance use, for example untreated poor mental health, homelessness, or the impact of trauma experience**

This workstream area will focus on reducing demand for drugs and alcohol amongst children and adults, through attitudinal shifts, as well as addressing the risk factors. This priority is led by the Trust for Developing Communities and the Council's Adolescent Services.

Why is this important

The use of drugs has grown over a decade, especially among young people, risking individual and community harms.

What we will do

3.1 Challenge the normalisation of all drugs and alcohol use in children and young people and adults, including cannabis, and alcohol consumption, and raise awareness of the detrimental impact of use.

- Develop consistent and evidence-based communications on the harms of drug and alcohol use.
- Use data and intelligence from children and young people including the Safe and Well at School Survey.
- Develop opportunities to ensure that we hear the voice of children and young people.
- Engage with schools and youth services to deliver targeted interventions around drug safety and exploitation.

3.2 Promote healthy lifestyles in children and young people and families

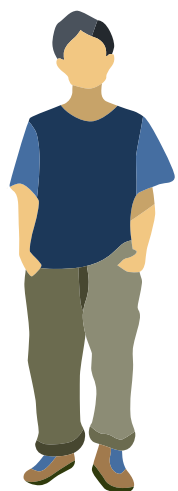
- Increase access to the Parenting Our Children and Accessing Recovery (POCAR) programme to support parents in treatment.



- Continue to engage with children and young people and Families via services, schools and family hubs and through bespoke engagement activity to understand better attitudes to drug and alcohol use.
- Continue to develop the Personal, Social, Health and Economic (PSHE) agenda to reflect the latest evidence and engagement with children and young people.
- Work with the Active for Life team, the voluntary sector and school-based services to promote and encourage activities relating to improved physical and mental health and wellbeing.

3.3 Improve awareness of and access into the range of services to support children and young people

- Raise awareness of mental health support and the pathways into mental health services with all agencies working with children and young people.
- Influence other service strategies to raise awareness of and improve support for factors associated with drug and alcohol use, such as mental health conditions, insecure housing, homelessness, domestic abuse, or the impact of trauma.



Delivering the strategy

We have a strong foundation for this strategy, based on existing partnerships, good collaboration across partners, and a commitment to reduce drug and alcohol related harm for our residents.

The Combatting Drugs Partnership provides the leadership to this programme and comprises professionals from across the council and multiple agencies including the NHS, providers, and the criminal justice system, as well as people who have lived experience of the harms of drugs and alcohol. A full list of contributors is available at appendix one.

In late 2022, the Combatting Drugs Partnership approved the establishment of three sub-groups to take forward the three priorities as workstreams of the national strategy.

Over the period to April 2024 the 3 workstream sub groupshave been reviewing existing strategies and plans (see appendix four) that contribute to the combatting drugs programme, and how these translate into action. This has enabled us to develop a comprehensive picture of existing objectives and targets, and benchmarked activity which inform this strategy's ongoing and additional activity.

Our headline outcome measures

Our headline outcome measures reflect the national priorities. Under these will sit detailed outcome measures to support the action planning and progress monitoring:

- Reduce overall drug use
- Reduce drug-related crime
- Reduce drug related deaths and harms
- Reduce the levels of drug supply
- Improve recovery outcomes
- Increase engagement in treatment

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The actions and targets will be SMART: specific, measurable, achievable, realistic and timely, and will be developed to meet short term, medium term and longer-term needs.

The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership to ensure it continues to meet the needs of our population, to reflect any changes in national policy, and accommodate funding changes (the current supplementary substance misuse treatment and recovery grant (SSMTRG) ends in March 2025).

Governance

This strategy reflects the collaboration between partners in Brighton & Hove with the aim of reducing harms from drugs and alcohol. The Combatting Drugs Partnership (CDP) provides the structure to the collaboration and comprises multiple organisations with their own specific organisations' governance arrangements and oversight boards. The CDP is supported by a multi-agency steering group.

The CDP Board receives regular updates from the three priority work streams and provides oversight to these workstreams.

The CDP expect to provide annual updates on progress to the National Joint Combatting Drugs Unit, and to the Brighton & Hove Health and Wellbeing Board.

Appendices

Appendix 1 - contributors

The partners and stakeholders involved in the development of the strategy include members of the CDP, priority workstreams and people with lived experience comprising representation from:

- Brighton & Hove City Council officers in Public health, housing, community safety, children and young people, and adult social care teams
- Brighton & Hove City Council elected members
- Treatment and recovery providers of adults’ services and services for families and young people: CGL, Oasis, RU-OK?
- Cascade Creative Recovery
- The Police and Police and Crime Commissioner’s office
- Probation service and Secure Estate
- NHS Sussex and Integrated Care Board.
- The coroner’s office
- Voluntary sector organisations, eg: Kennedy Street Recovery Hub, Transober

There is a planned public consultation which will further refine the strategy.



Appendix 2 - Equalities Impact Assessment summary

BHCC undertook an extensive Equalities Impact Assessment.

In summary, the Equality Impact Assessment (EIA) assesses the impact that the Drugs and Alcohol Strategy for Brighton and Hove may have on diverse protected characteristics and different communities, based on our current knowledge and assessment.

A range of barriers to accessing services and support was identified. Some of them are likely to affect all groups equally:

- Missed opportunities by services such as a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.
- Shame and stigma as a barrier for seeking help.
- Lack of awareness of drug and alcohol support and services available - by professionals and people supported by services.

This strategy is a high-level document that sets out the Combatting Drugs Partnership’s vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, the alcohol elements reflect where there is alignment between drug and alcohol treatment and management. It does not include an assessment of licencing policy.

Consultation

The EIA describes how partners and residents were consulted and reflects the engagement with people with lived experience of drug and alcohol harms, the work of the Combatting Drugs Partnership board in developing the strategy, the input at draft stage of multiple partner boards, for example the Child Safeguarding Board, the Drug Related Harm group, Community Safety Partnership, Safeguarding Adults Board, People Overview and Scrutiny Committee, and Mental Health Oversight Board. At the time of writing the EIA further consultation is planned, including a public consultation via the Council Your Voice portal.



Characteristics reviewed to understand the impact of the strategy

The EIA uses demographic data to understand better the impact of the strategy on specific population cohorts, with a view to ensuring that disproportionate impacts are mitigated.

The EIA considers:

Age, disability, ethnicity, religion and beliefs, gender identity, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and parents, Armed forces personnel and veterans, expatriates, migrants and asylum seekers, Carers, looked after children and people with care experience, domestic or sexual abuse survivors, deprivation, homelessness, human rights, people with lived experience, vulnerable people, and people with co-occurring needs.

Monitoring

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership

The EIA goes on to describe how the data are collected, noting gaps where data collection should be improved, eg: for armed forces personnel.



Impact assessment

The headline data show the following for each characteristic – please see the full EIA for comprehensive detail:

Age

The 35-54 age range is disproportionately represented in drug deaths, and in children and young people there were disproportionate needs reflected for benzodiazepine use compared to England averages

Children and young people are particularly vulnerable to exploitation relating to involvement with drugs including involvement in gangs or county lines. 13% of first-time entrants to the youth justice system aged 10 to 17 years have committed offences relating to drugs. Children and young people affected by drugs and alcohol use in the family are also noted to have worse health, wellbeing and educational outcomes than other children. Many children and young people also have co-occurring vulnerabilities such as poor mental health or exposure to domestic violence.

The team conducted a series of workshops to engage with people with lived experience (PWLE) of involvement with drugs and alcohol and support services to better understand their needs. Approximately 50 adults participated, with representation across an age range of 16 to 74 years. The strategy recognises however, that there was no similar engagement with children and young people via focus groups or workshops. Objectives relating to the needs of children and young people are identified within the strategy and will be engaged with going forwards with the implementation of the strategy.

Disability

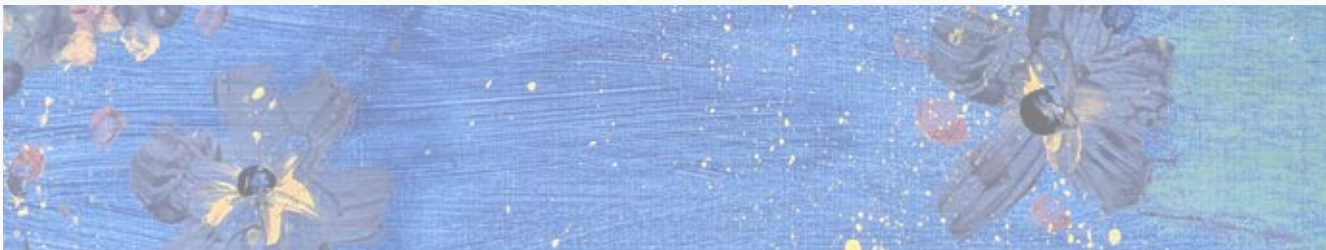
The 2021 Census ONS data shows that nearly one in five residents (19%) are disabled as defined by the Equality Act. Among residents without a disability, 8% have a long term physical or mental health condition.

Of the 23 participants in the PWLE workshops for whom disability data was captured, 20 self-identified as having a disability or long-term condition. Themes from the workshops identified disability as a trigger influencing drug and alcohol use. Accessibility of services, including accessible spaces, was identified as a barrier for disabled users. Better mental health provision was identified as an area for improvement.

Further engagement with people with lived experience is planned via the Drug and Alcohol Lived Experience Programme, of which the needs of disabled people will be a focus.

Recognition of disability and unmet physical and mental health needs as risk factors for drug and alcohol use, and as barriers to accessing services, is reflected in the strategy. Priorities relating to this include:

- Improve the capability of services to support clients with multiple needs
- Improve access to, and experience of, services for adults and children and young people, especially from underserved cohorts (eg: people who are neurodiverse)
- Develop an integrated response for people with co-occurring substance use and other needs, including mental and physical health needs and neurodiversity.



Ethnicity

More than a quarter (26%) of residents of Brighton and Hove are from a Black and Racially Minoritised group (non-White UK/ British). Amongst users of drug and alcohol treatment services in 2021-22, 11% were from Black and Racially Minoritised backgrounds.

Unfortunately, the people with lived experience (PWLE) workshops did not reach as many people from Black and Racially Minoritised backgrounds as hoped, even though these were prioritised. The strategy acknowledges this and commits to undertake further engagement with these groups as a priority. This reflects a focus within the strategy of improving access to and experience of services for underserved cohorts including people from Black and Racially Minoritised backgrounds.

Barriers in accessing drug and alcohol treatment and recovery services which should be considered in the implementation and delivery of services may include:

- Information not being accessible to people for whom English is a second language or who face literacy barriers. Content not being provided in plain English, use of complex terminology and professional jargon can form a barrier to access.
- Lack of interpretation services and information not available in multiple languages.
- Cultural stigma within certain communities.
- Lack of culturally competent services.

Religion and beliefs,

The development of the strategy did not explicitly consult on data relating to religion. Based on 2021 ONS Census data, 55% of residents have no religion or belief. 30.9% identified as Christian, 0.9% as Buddhist, 0.9% as Jewish, 0.8% as Hindu, 0.1% as Sikh, and 1% as other religions. 7.1% did not answer the voluntary question.

Data on religious identity was captured as part of the PWLE workshops, with participation of a range of people who identified as having a particular religion or none.

It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to religion, belief, spirituality, faith or atheism. However, barriers to accessing drug and alcohol treatment and recovery services should be considered in service development and may include:

- Possible conflict between religious beliefs and certain treatment approaches.
- Lack of consideration for religious dietary requirements in residential recovery settings.
- Lack of awareness of cultural stigma around drugs and alcohol within certain religious communities.
- Lack of culturally competent services.
- Lack of same-sex support when required for religious reasons.
- Services not accommodating people's religious-based preferences in service delivery or interactions.

Gender identity, gender reassignment,

Data from the 2021 ONS Census shows that 51% of residents are female, and 49% are male.

To inform the development of the strategy, the Public Health team used data relating to Gender Identity and Sex from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022). The data shows that 63% of all Service Users in 2021/22 were male. However, women may find it harder to access drugs and alcohol treatment due to specific concerns such as fear of losing their children, or accessing often male-dominated environments due to disproportionate experiences of Domestic Abuse and Sexual Violence.

Inpatient episode rates of intentional self-poisoning are significantly higher for women in Brighton and Hove (62.8 per 100,000) compared to England (38.6 per 100,000).

Feedback identified the importance of all-female service and activity spaces to enable Service Users to feel safe and comfortable.

Recognition of specific vulnerabilities and barriers to access relating to Gender Identity and Sex is reflected in the strategy, which includes a focus on underserved cohorts and a priority area led by the women's drug and alcohol treatment service, Oasis. Amongst the specific priorities is a focus on developing an integrated response for people with co-occurring substance use and other needs, including:

- Improving the knowledge and confidence of the workforce to support pathways for those affected by violence against women and girls
- Ensure a joined up approach to complex cases and multiple compound need (for example violence against women and girls)

In 2021 a new question on gender identity was included in the Census. The five local authorities with the highest proportion of the population aged 16 years and over who identified as non-binary were all outside London. Brighton & Hove had the highest percentage (0.35%).

Data from the Safe and Well at School survey suggests 17% of pupils who did not or did not always identify with their gender registered at birth had tried drugs, compared to 12% of those who did, and

Of the 23 participants in the PWLE workshops for whom this information was captured, seven participants identified as trans. Feedback identified specific barriers for trans people in accessing drugs and alcohol support, in particular where accessing treatment may impact on gender reassignment treatment. It also highlighted the importance of specific trans-inclusive spaces to facilitate access to support, including diversity of staff and volunteers.

Recognition of the specific barriers and needs of trans and gender diverse people is reflected in the strategy, which includes a priority of improving access to and experience of services, especially from underserved cohorts including LGBTQIA+ people.

Sexual orientation,

2021 Census data suggests the proportion of adults identifying with an LGB+ orientation (10.6%) in Brighton and Hove is three times higher than in the rest of the South East and England. The Brighton & Hove Drugs and Alcohol Needs Assessment (2022) estimates that in 2021-22 18% of Service Users were from the LGBT community.

Data from the SAWSS shows that pupils who are LGBTQIA+, unlabelled, or unsure of their sexuality are statistically significantly more likely to have tried drugs (15% compared to 12%)

Additionally, of the 23 participants in the PWLE workshops for whom this information was captured, 6 participants identified as gay, lesbian, bisexual or another sexual identity. Feedback included the value of group-specific safe spaces and sessions, including for LGBTQ+ groups.

Recognition of specific vulnerabilities and barriers to access relating to sexual orientation is reflected in the strategy.

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Fear of discrimination and homophobia.
- Lack of safe, non-judgmental spaces.

Marriage and civil partnership,

The development of the strategy was not explicitly informed by data relating to marriage or civil partnership status. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this.

Pregnancy and parents

To inform the development of the strategy, the Public Health team used data from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022), which recognises the specific needs of and barriers to parents and families in accessing drug and alcohol services. This is reflected in the strategy, which includes a priority area led by the women's drug and alcohol treatment service, Oasis.

Barriers in accessing drug and alcohol treatment and recovery services which should be considered and mitigated may include:

- Fear of social care involvement and of children being removed from the family home
- Feeling of stigmatisation and that the system will impact them negatively
- Increased experience of domestic violence and sexual assault amongst pregnant people, which may make them less likely to access services

Armed forces personnel and veterans,

The development of the strategy was not explicitly informed by data relating to the armed forces or veterans. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this group. However, we note that this cohort may experience barriers to accessing treatment, such as stigma, PTSD, availability linked to duty requirements. We will explore potential barriers and ensure the action planning reflects these.

Further work is identified for this cohort

Expatriates, migrants and asylum seekers,

ONS Census data (2021) suggests one in five residents of Brighton and Hove (54,343 people, 20%) were born outside of the UK. This is a higher proportion than seen in the South East (16%) and England (17%).

The strategy was not explicitly informed by data relating to this group. Engagement with certain groups has been limited, and there is a focus on collaboration with underserved cohorts as a priority.

Carers

Carer status was also recorded for participants in the PWLE workshops. Of the 23 participants for whom this information was captured, five identified as parents or carers. Participants identified being an unpaid carer as a life stressor that is a risk factor in drug and alcohol use.

Being a young carer is also a risk factor for drug and alcohol use. The SAWSS reports that 22% of young carers are likely to have tried drugs (as against 12% of other pupils).

There are also challenges associated with being a carer for or supporting someone experiencing harmful substance use. This is reflected in the strategy, which includes priority areas to develop an integrated response for people with co-occurring substance use and other needs such as being a carer. It also aims to improve access to and experience of services for young carers.

Looked after children and people with care experience,

We know that people who are care experienced are disproportionately represented in drug deaths in Brighton & Hove, and the strategy and work planning reflects this.

Data from the SAWSS shows that adopted children are statistically significantly more likely to have tried alcohol than children who are not (51% vs 43%), as well as being more likely to have tried drugs (31% vs 12%).

The strategy recognises that there was limited engagement with children and young people via focus groups or workshops, and this includes looked after children. There is a commitment to further engage with children and young people. The strategy also includes priority areas to ensure an integrated approach to improving the transition for care leavers into adult services.

Domestic or sexual abuse survivors,

To inform the development of the strategy, the Public Health team used data from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022), which reflects the particular vulnerabilities and needs of survivors of Domestic and Sexual Abuse and Violence, particularly in accessing services in male-dominated environments. Domestic violence is also a risk factor for involvement with drugs and alcohol; in 2021/22, 27% of young people in treatment were affected by domestic violence.

This is reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including domestic violence and abuse, and improving awareness of, and access into services for people with experience of domestic abuse. The Oasis service works with women experiencing domestic abuse.

Deprivation,

The strategy was informed by data relating to socio-economic disadvantage from the Brighton & Hove Drugs and Alcohol Needs Assessment (2022) particularly as it relates to housing issues and homelessness and educational outcomes for children. 17% of the population live in the 20% most deprived areas in England, and 15% of under-16 year olds live in income deprived households. In the year ending September 2022 the unemployment rate in Brighton and Hove was 3.5%.

This is reflected in the focus within the strategy on addressing the risk factors associated with drug and alcohol use including poverty..

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Low-income households may struggle to access services due to transportation expenses, or the inability to take time off work.
- Competing financial priorities, such as securing basic needs like food and housing.
- Individuals experiencing homelessness or insecure housing are disproportionately affected by substance use disorders, and their unstable living conditions often act as a barrier to accessing long-term care and recovery services.
- Stigma and discrimination

- Educational barriers: People with lower levels of education/literacy may lack awareness of available services, how to access them, or the benefits of treatment programmes.
- Complex intersections of disadvantage: Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion.

Homelessness,

There is a high rate of homelessness according to the Brighton & Hove Drugs and Alcohol Needs Assessment (2022). In 2021/22 26% of people in drug treatment had housing difficulties.

Recognition of specific vulnerabilities and barriers to access relating to homelessness is reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including housing issues or homelessness.

The development of the strategy and action plans will be developed closely with partners working in relevant Housing and homelessness teams, and there is homelessness representation on the CDP steering group.

A dedicated Rough Sleepers Drug and Alcohol Treatment Grant held by the adult treatment and recovery service CGL, which delivers support and treatment for people rough-sleeping or at risk of rough sleeping

Human rights,

The development of the strategy was not explicitly informed by data relating to Human Rights. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this.

People with lived experience, vulnerable people, and people with co-occurring needs.

Complex intersections of disadvantage:
Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion. The EIA considered in addition:

- Co-occurring mental health need - the needs assessment showed 61% of young people in drugs and alcohol treatment had a mental health condition, while 64% of adults in drug treatment and 63% in alcohol treatment had co-occurring mental health needs. A particular barrier faced for people with mental health needs is in accessing mental health services, particularly whilst still experiencing substance use issues.
- Co-occurring and multiple compound needs – the strategy recognises the high rates of co-occurring and multiple compound need and the impact of this on drug and alcohol use.
- Cuckooing – occurs when a criminal befriends an individual who lives on their own to use their house as a base to operate unlawful activity, victims can experience isolation, coercion and manipulation. Often this can be associated with exploitation and sexual assaults. Cuckooing is often associated with exploitation of vulnerable people by supplying them with drugs and alcohol. In 2021/22 there were 28 new cuckooed properties identified.

Actions

The Combatting Drugs Partnership Board and the Drug and Alcohol programme board will oversee the monitoring of actions and recommendations that fall out of the Strategy including where the EIA has proposed mitigations these include:

1. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet need in order to inform the further development and implementation of the strategy.
2. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, children and young people, black and racially minoritised populations, and veterans.
3. To improve data collection and analysis to enhance understanding of people’s experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
4. To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.



Appendix 3 - Listening to people with lived experience of drug or alcohol harm

Between January and March 2024, we undertook a series of events with people with lived experience of drug and alcohol use to listen to their experiences of trying to access drug and alcohol treatment services in Brighton & Hove.

We held five sessions:

- for anyone with personal experience of accessing treatment and recovery support in Brighton and Hove, advertised across our treatment and recovery providers
- for women and non-binary people
- for trans and non-binary people
- attended two service and recovery sessions including to gather informal feedback.

We heard the experiences of approximately 50 people of different ages, sexual orientation, gender identity, and disability. This helped us to understand the experiences of people in accessing treatment and the unique and complex intersectional issues which can be significant challenges to accessing treatment.

We did not reach as many people from BRM backgrounds as we had hoped and we will explore how best to expand our engagement to include people from a range of backgrounds to better represent the population in Brighton and Hove. We also need to ensure that we engage with young people accessing treatment in the future as we were not able to engage with this group in the timeframes available.

We are committed to continuing to collaborate with people with lived experience, not only in the development of the strategy but also in its implementation.

The themes arising from the discussions to date include:

1. Influences on drug and/or alcohol use

Several risk factors were identified by participants that influenced their drug and/or alcohol use:

- Trauma, especially in childhood.
- Poor mental health.
- Parental use of drug and alcohol uses.
- Life stressors, such as being an unpaid carer or having a high stress job.
- Normalisation of drug and alcohol use.
- Managing undiagnosed neurodivergence.
- Social isolation

2. Barriers to accessing support

Participants outlined a range of barriers to accessing services and support:

- Missed opportunities by services e.g. a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.
- Shame and stigma as a barrier for seeking help.
- Judgements based on the perception of 'what an addict looks like'.
- Lack of awareness of drug and alcohol support and services available- by professionals and service users.
- Specific barriers for trans people related to both a safe environment in which to seek help, and the potential impact of seeking help on their ongoing transition needs.

3. Drivers to accessing support

There were some recurring themes that participants talked about that were drivers to accessing help:

- Significant life events, such as becoming pregnant.
- The role of a champion: someone who has gone the extra mile in supporting the treatment and recovery journey. This might be a key worker, probation officer, or friend.
- Hitting 'rock bottom' as a catalyst including:
 - Mental health crises
 - Losing their home.
 - Significant health impacts.
 - Involvement with the criminal justice system, such as being arrested.
 - A child being removed from their care.

4. Where people would like to see improvements

There were a range of factors that would help people to access and stay in treatment, and support the journey through recovery:

- Secure and appropriate housing options for people at different stages in their treatment and recovery
- Extended outreach services
- Improved cross agency working to support for those with co-occurring needs, especially around accessing mental health support.
- A personalised care offer, recognising that there isn't a 'one size fits all' approach to treatment and recovery
- Opportunities for meaningful activity
- More accessible and inclusive drug and alcohol support spaces.
- Improved understanding of the detox and residential rehab offer and pathways, including support during waiting times

- Improved education of drug and alcohol harms for children and young people.
- Greater awareness of referral routes into drug and alcohol treatment services by other services
- A workforce that reflects the diverse population of Brighton and Hove

5. What has worked well

There were many aspects of people's treatment and recovery that worked well:

- Having meaningful activities built into a routine supports long term, sustainable recovery, including creative activities, community work, and opportunities for employment
- People valued group-specific safe spaces and sessions, including female only spaces, young people's groups, LGBTQ+ groups, and trans/non-binary groups
- Peer support, lived experience, and a diverse workforce in service providers was highly valued
- Online sessions enabled people with mobility issues or anxiety to participate in the treatment group work
- Being able to access a wide range of support according to individual need, including eg: mental health support

These experiences have helped to refine our strategic objectives and will inform the subsequent action plans.



Appendix 4 - Existing strategies, plans and programmes of work that support the drugs and alcohol agenda

Specific alcohol and drug-related objectives from strategies that include Brighton & Hove residents:

| Existing strategy | | Strategic objectives relating to drug/ alcohol harm |
|---|--|--|
| A better Brighton & Hove for all | | <ul style="list-style-type: none"> • Enable people to live healthy, happy and fulfilling lives; work with local partners to develop plans to reduce the harm from [tobacco], alcohol and drugs • Tackle crime and antisocial behaviour: develop a multi-agency combatting drugs strategy to address supply, demand and recovery services |
| Joint Health and Wellbeing Strategy 2019-2030 | brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf | <p>Key areas for action in the strategy related to drugs and alcohol use include:</p> <ul style="list-style-type: none"> • challenge the normalisation of substance use and excessive alcohol consumption • raise awareness of the detrimental impact • reduce the associated harm, including physical and mental health problems and the exploitation of young or vulnerable people • Promote Healthy lifestyles and resilience, including in school and other education settings, • address parental substance use • Provide Information, advice and support to help people to drink less. |
| Improving Lives Together – Sussex Delivery Plan | Improving-Lives-Together-Shared-Delivery-Plan.pdf (ics.nhs.uk) | <p>This Sussex wide strategy includes a section for Brighton and Hove, including some key priorities:</p> <ul style="list-style-type: none"> • Integrated Community Teams frontrunner implementation • Mental health in adults and children • Multiple long-term conditions (MLTCs) • Health inequalities • Cancer • Children and Young People |



| | | |
|---|---|---|
| Community Safety and Crime Reduction Strategy 2023-26 | Community safety and crime reduction strategy 2023 to 2026 (brighton-hove.gov.uk) | <p>The Community Safety Partnership’s overarching duty is to:</p> <ul style="list-style-type: none"> • reduce crime and disorder • improve community safety • reduce re-offending in Brighton and Hove <p>The strategy describes the Partnership’s plans for the next three years in relation to five priorities:</p> <ul style="list-style-type: none"> • serious violence • drugs and exploitation • domestic and sexual violence/abuse and other violence against women and girls • anti-social behaviour, hate incidents and crimes • Prevent |
| Sussex Police and Crime Commissioner: Police and Crime Plan 2021/24 | SPCC - Police and Crime Plan (sussex-pcc.gov.uk) | <ul style="list-style-type: none"> • Relentless disruption of serious and organised crime focussed on <ul style="list-style-type: none"> o Tackling and disrupting organised crime groups behind county lines drug gang activity. o Recognise the exploitation of children and young people and continue to identify and safeguard those most at risk. • Allocate further community safety funding to support the drug intervention programmes delivered throughout Sussex to tackle and address the harms caused by substance misuse. • National Crime and Policing Measures: Disrupt drugs supply and county lines • From Harm to Hope: a 10-year plan |

| | | |
|---|--|---|
| Violence and exploitation reduction action plan 2022-23 ⁱ | | <p>Overall aim: To reduce the harm caused to individuals and communities in our city by serious violence, knife crime, organised crime, drugs, and exploitation</p> <p>Outcome 1 (Prevention): Fewer people harmed by serious violence and prevent vulnerable people from becoming involved with organised crime networks</p> <p>Outcome 2 (Safeguarding): Safeguard vulnerable people who are being exploited and provide a safe effective pathway to enable vulnerable people to exit involvement with organised crime networks</p> <p>Outcome 3 (Communications): Community to be free of the fear of violence, drugs, and exploitation, have confidence to report and an increase in awareness of all forms of exploitation, drug harm and serious violent crime</p> <p>Outcome 4 (Nighttime Economy): A thriving night-time economy free from drug and alcohol-related violence</p> <p>Outcome 5 (Data): A stronger preventative approach to serious violence and exploitation and a decrease in drug-gang related activity through the use of all available data and intelligence</p> <p>The Preventing Violence Against Women and Girls Strategy 2024- 2027 will be published later in 2024.</p> |
| Homes for everyone (Draft) 2024 | 7975 Housing strategy consultation - Accessible_0.pdf (brighton-hove.gov.uk) | <p>The strategic priorities include:</p> <ul style="list-style-type: none">• Improve housing quality, safety and sustainability• Deliver the homes our city needs• Prevent homelessness and meet housing need• Support independence and improved health and wellbeing for all• Provide resident focused housing services |



| | | |
|--|---|--|
| Licensing (Statement of Licensing Policy 2021) | Statement of Licensing Policy 2021 (brighton-hove.gov.uk) | <p>The revised Statement of Licensing Policy was published in 2021. Special policies remain in place to reduce the availability of alcohol within the city centre area or cumulative impact zone. Current actions include:</p> <ul style="list-style-type: none">• Sensible on Strength (SoS) scheme• Safeguarding initiatives within the night-time economy.• Test purchase operations are undertaken with the police |
| Brighton & Hove Mental Health and Housing Plan Place-based plan | attachment.pdf (sussexpartnership.nhs.uk) | <p>Priority 5: Develop accommodation and support services to meet the needs of people with co-existing conditions and multiple and compound needs</p> <ul style="list-style-type: none">• Particular focus on complexity including people with mental health need who also have Autistic Spectrum Condition and/or Substance Misuse needs. |

ⁱ HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

ⁱⁱ HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

ⁱⁱⁱ HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

^{iv} Office for Health Improvement and Disparities. Public Health Profiles. Drug related deaths. Available at: [Public health profiles – OHID \(phe.org.uk\)](#)

^v OHID, Alcohol profile, 2022

^{vi} Brighton and Hove City Council, "Safe and Well at School Survey 2023".

^{vii} Brighton and Hove City Council, "Safe and Well at School Survey 2023".

^{viii} Brighton and Hove City Council, "Draft housing strategy for consultation. [Online]. Available: [7975 Housing strategy consultation - Accessible_0.pdf \(brighton-hove.gov.uk\)](#) [Accessed 29 July 2024].

^{ix} [How we help people living on the streets in the city \(brighton-hove.gov.uk\)](#)

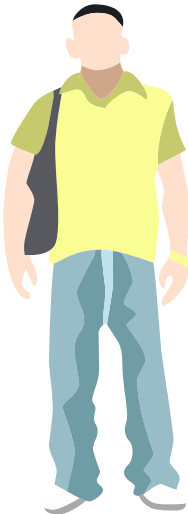
^x Mental health and wellbeing in Brighton and Hove, [Mental health JSNA 2022 full report FINAL.pdf \(brighton-hove.gov.uk\)](#)

^{xi} Brighton and Hove City Council. Brighton & Hove Drugs and alcohol needs assessment, 2022. [Brighton Hove Drugs and Alcohol Needs Assessment.pdf \(brighton-hove.gov.uk\)](#)

^{xii} Brighton and Hove City Council. Brighton & Hove Drugs and alcohol needs assessment, 2022. [Brighton Hove Drugs and Alcohol Needs Assessment.pdf \(brighton-hove.gov.uk\)](#)

^{xiii} Brighton and Hove Multiple Compound Needs Board Business Case, 2024

^{xiv} HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021





Acknowledgment: The art used in the strategy was provided by Cascade Creative Recovery and represents some of the works created by members of the Cascade art group. Cascade Creative Recovery aims to support connections with others to prevent isolation and relapse on the recovery journey. The art group enables conversations while creating to help build human connections, recovery capital, and resilience in a supportive but informal environment.





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:

Brighton & Hove Better Care Fund 2024/25 End of Year Monitoring Report & Planning Submission 2025/26

Date of Meeting:

22 July 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

Contact: Chas Walker

Email:

Chas.walker@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The report provides the Health & Wellbeing Board with a summary of the end of year performance monitoring report we are required to submit to NHS England as part of the BCF national grant conditions

The Performance report covers our formal governance compliance against the national conditions of the grant, performance against the national BCF metrics, capacity and demand associated with our local discharge and urgent care pathways, and the expenditure of the BCF grant against the individual scheme expenditure profile. If we could specifically bring Board members attention to the metrics performance in section 3 of the report, where there



have been several challenges in meeting all of our BCF performance metrics this year.

The report also covers NHS England confirmation of our BCF Plan for 25-26, but Board members are asked to note the conditions that have been placed on that approval as detailed in section 5 which is the same for East Sussex and West Sussex.

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Endorse the end of year performance monitoring report for Better Care Fund plan 2024-25, following submission to NHSE in May.
2. Note the national approval of our BCF Plan for 2025-26 but that this has associated conditions

1. Background & context

- 1.1. Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).
- 1.2. The BCF Framework for 2023-25 has two core policy objectives:
 - Enable people to stay well, safe and independent at home for longer.
 - Provide people with the right care, at the right place, at the right time.
- 1.3. The BCF has four national conditions:
 - A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
 - Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
 - Implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
 - Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.

- 1.4. The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.
- 1.5. Since last year, the Additional Discharge Funding to enhance community and social care capacity is also required to be included in the BCF pooled budget arrangements.
- 1.6. Following approval of the full BCF narrative Plan, for 2023-2025, by the Board in July 2023. We have continued to keep the Board updated on progress on the plan including agreeing the specific scheme expenditure changes for 2024-25 at the start of this financial year.

2. Confirmation of governance compliance with the national BCF conditions for 2024/25

- 2.1. We can confirm to the Board that at the end of Quarter 4 we meet all the national conditions of the BCF grant including there is a section 75 agreement in place between the Local Authority & NHS Sussex to enable the delivery of the BCF plan
- 2.2. As is usual with the BCF submission deadlines they don't match with Health & Wellbeing Board meeting dates. In our submission we are required to say whether the monitoring report has been reported and approved by the Health & Wellbeing Board and if not the date of the next meeting for formal endorsement by the Board.

3. BCF national metric performance for 2024/25

- 3.1. Our performance against the agreed national metrics in our BCF plan for 2024-25 are set out below. Noting that over the year we met 2 out of the 4 national metric targets (avoidable admissions and discharge to normal place of residence).
- 3.2. **Falls admissions over 65-** (emergency hospital admissions due to falls in people over 65 per 100,000 of population) our performance target for the year was 2,296 falls per 100,000. The table below shows that levels of falls in people over 65 has continued to increase this year to 2,595 per 100,000, with Brighton & Hove seeing greater increases than across the rest of Sussex, so we missed our metric performance target. This data can now be broken down to an ICT geography across the city which shows the increases are particularly pronounced for people living in the East and West of the city.

| ICB/Sub ICB | Measure: Falls in people over 65 per 100,000 rate | | | | |
|-------------------|---|---------------------|---------------------|-------------------------------|-------|
| | 22/23 Apr to Mar | 23/24 Apr to Mar | 24/25 Apr to Mar | Change No 24/25 v 23/24 | |
| Sussex ICB | 2,179.2 | 2,402.7 | 2,373.6 | ▼ | -29.2 |
| Brighton and Hove | 1,867.9 | 2,262.8 | 2,594.9 | ▲ | 332.1 |
| East Sussex | 2,331.1 | 2,522.8 | 2,492.1 | ▼ | -30.7 |

| | | | | | |
|------------------|---------|---------|---------|---|--------|
| West Sussex | 2,138.6 | 2,348.8 | 2,245.3 | ▼ | -103.4 |
| Brighton Central | 1,821.6 | 2,087.0 | 2,241.3 | ▲ | 154.4 |
| Brighton East | 1,893.0 | 2,216.6 | 2,688.1 | ▲ | 471.5 |
| Brighton West | 1,874.9 | 2,425.7 | 2,746.6 | ▲ | 320.8 |

The performance deterioration is concerning, but there is significant work going on locally and across our Health & Care System, through the new Sussex Neighbourhood Health Plan to ensure we embed and integrated model of pro-active care for people who have higher levels of frailty in the city and are most likely to be admitted to hospital for a fall. Locally we ran the West ICT frailty test of change pilot last year and this demonstrated significant potential to reduce falls. We are bringing together key partners to review our local frailty work and how we can establish new Multidisciplinary Team models of pro-active care across our 3 ICT partnerships in the city.

- 3.3. **Avoidable admissions-** (Unplanned Admissions for chronic ambulatory care sensitive conditions) we ended the year with a performance figure of 515.9 avoidable admissions per 100,000 of the population against a performance target of 526.3 meaning we met our performance target.

| ICB/Sub ICB | Measure: Avoidable Admissions per 100,000 rate | | | | |
|-------------------|--|---------------------|---------------------|----------------------------|--------|
| | 22/23 Apr to Mar | 23/24 Apr to Mar | 24/25 Apr to Mar | Change No 24/25 v 23/24 | |
| Sussex ICB | 684.1 | 733.4 | 720.4 | ▼ | -13.0 |
| Brighton and Hove | 415.3 | 479.9 | 515.9 | ▲ | 36.1 |
| East Sussex | 921.5 | 1,009.4 | 895.0 | ▼ | -114.4 |
| West Sussex | 634.2 | 654.4 | 686.1 | ▲ | 31.7 |
| Brighton Central | 261.0 | 338.1 | 366.1 | ▲ | 28.1 |
| Brighton East | 540.9 | 622.5 | 642.3 | ▲ | 19.8 |
| Brighton West | 425.0 | 465.5 | 521.9 | ▲ | 56.4 |

When we look at the data across our ICT geographies the East of the city stands out in terms of high rates of avoidable admissions. This has a strong correlation to the recent Health Counts survey data which showed the East of the city has some of the highest levels of health inequalities across the city. The new East ICT Partnership has been running a local community health hub in the Whitehawk Estate aimed at improving access the health & care services. The pilot scheme has been a great success in its first year and partners are keen to build on it as part of tackling health inequalities in the area and pressure this puts on primary and emergency care services. The link is a short video on the Health Hub initiative https://youtu.be/yHkxuP_uSYY

- 3.4. **Discharge to normal place of residence-** (percentage of discharges to a person's usual place of residence) our performance target was 91.7% and we achieved 92.5% meeting our performance target.

| ICB/Sub ICB | Measure: % of admissions discharged home |
|-------------|--|
|-------------|--|

| | 22/23 | 23/24 | 24/25 | Change No | |
|-------------------|------------|------------|------------|-----------|------|
| | Apr to Mar | Apr to Mar | Apr to Mar | 24/25 v | |
| | | | | 23/24 | |
| Sussex ICB | 90.3 | 92.2 | 92.1 | ▼ | -0.1 |
| Brighton and Hove | 91.3 | 93.0 | 92.5 | ▼ | -0.4 |
| East Sussex | 92.2 | 92.6 | 92.0 | ▼ | -0.6 |
| West Sussex | 88.8 | 91.7 | 92.1 | ▲ | 0.4 |
| Brighton Central | 91.1 | 92.9 | 93.1 | ▲ | 0.2 |
| Brighton East | 91.4 | 93.2 | 92.5 | ▼ | -0.7 |
| Brighton West | 91.4 | 92.7 | 92.2 | ▼ | -0.5 |

A lot of work has gone into developing our discharge approach on the back of the John Bolton review last year and the home first approach we have taken which is reflected in improvements in our discharge performance figures

- 3.5. **Residential care admissions** (Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes, measured per 100,000 or population). Target of 582 per 100,000 was missed this year, and we ended the year with 726 per 100,000 which equates to 289 admissions over the year

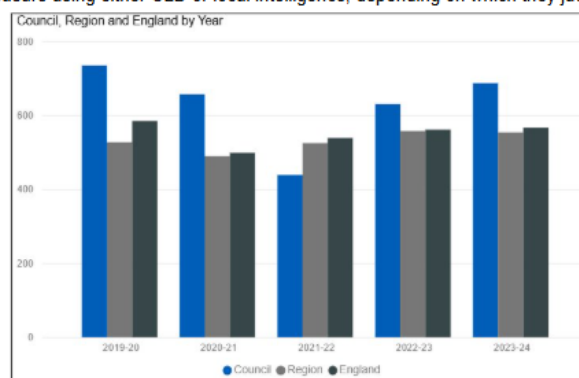
65+ Residential and Nursing Admissions-

Current KPI – ASCOF 2C - long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population

Frequency: Quarterly

headline metric being used to monitor progress against the Better Care Fund (BCF) objectives for 2025-26. In line with the BCF guidance, Health and Wellbeing Boards (HWWBs) have been encouraged to set goals against this measure using either CLD or local intelligence, depending on which they judge more accurately reflects the local picture.

| Source | Value |
|------------------------------|--------|
| Regional Value (ASCOF 23/24) | 553.20 |
| National Value (ASCOF 23/24) | 566.00 |
| CIPFA Value (ASCOF 23/24) | 659.40 |
| Brighton Value (24/25) | 726.39 |



Target Setting (proposed):

Green: - 660.00 (in-line with Peer Group average, equates to 263 admissions in the year, 23/24 289 admissions recorded)

Amber: - 726.00 set at 10% below target (equates to 289 admissions)

As you can see from the slide above our residential admissions performance continues to be challenging, this is evident in our benchmarking with peer authorities and was fed back as an area of improvement to BHCC as part of recent Adult Social

Care CQC inspection. Areas of focus are ensuring the right people are accessing our extra care schemes in the city to reduce residential admissions and working with SCFT to consider how their new night monitoring service might enable to people to remain in or return to their own homes.

4. Capacity and demand

- 4.1. As part of the BCF plan we are required to model capacity requirements across our hospital discharge and community response services and then report on actual demand across these pathways. In general demand has tracked our original planned capacity with some variations which are mainly linked to improved data capture over the year.
- 4.2. Broadly demand followed the capacity modelling across our discharge and urgent care pathways for the year. Where we have seen an increase in demand across our system, above our plan, we have been able to use the BCF winter pressure finance resources we held back in anticipation of additional demand pressures through the second half of the year.

5. Expenditure

- 5.1. As part of our BCF planning for 2024-25 the Board agreed a detailed expenditure plan. The table below summaries the expenditure for the year against the plan

| Running Balances | 2024-25 | | | |
|-----------------------------------|--------------------|---------------------|------------------|-----------|
| | Income | Expenditure to date | Percentage spent | Balance |
| DFG | £2,522,833 | £2,522,833 | 100.00% | £0 |
| Minimum NHS Contribution | £25,369,113 | £25,369,113 | 100.00% | £0 |
| iBCF | £9,459,107 | £9,459,107 | 100.00% | £0 |
| Additional LA Contribution | £487,830 | £487,830 | 100.00% | £0 |
| Additional NHS Contribution | £0 | £0 | | £0 |
| Local Authority Discharge Funding | £2,210,253 | £2,210,253 | 100.00% | £0 |
| ICB Discharge Funding | £2,382,192 | £2,382,192 | 100.00% | £0 |
| Total | £42,431,328 | £42,431,328 | 100.00% | £0 |

It shows that we spent 100% of the grant allocated to our BCF expenditure plan for 2024/25

- 5.2. The table below shows the minimum contribution/ allocation requirements to social care and to out of hospital spend. The table shows we met and exceeded those minimum contribution/ allocations.

| | 2024-25 | | |
|--|------------------------|---------------------|---------|
| | Minimum Required Spend | Expenditure to date | Balance |
| NHS Commissioned Out of Hospital spend from the minimum ICB allocation | £7,209,182 | £15,008,972 | £0 |
| Adult Social Care services spend from the minimum ICB allocations | £10,182,684 | £10,316,511 | £0 |

6. BCF plan 2025/26 national approval and conditions

- 6.1. NHSE have now reviewed and formally approved our BCF 25/26 plan but set certain conditions that we have to meet as part of the approval. The table below is the assurance overview review of our Plan, which details areas of in-year

improvement we need to make which are the formal conditions that we need to meet.

| BCF Plan Assurance Overview | | | |
|---|--|--|--|
| HWB Name | Recommendation | | |
| Brighton & Hove | With Conditions | | |
| NATIONAL CONDITIONS | | | |
| Jointly agreed plan | ✓ | | |
| Implementing BCF objectives | ✓ | | |
| Complying with grant and funding conditions, including maintaining NHS minimum contribution to Adult Social Care | ✓ | | |
| Complying with oversight and support | ✓ | | |
| PLANNING REQUIREMENTS | | | |
| National Condition 1 subject to conditions | | | |
| FINANCE | | | |
| DFG | £2,869,975 | | |
| NHS Minimum Contribution | £28,150,986 | | |
| Local Authority Better Care Grant | £11,669,360 | | |
| Additional LA contribution | £404,140 | | |
| Additional NHS contribution | £0 | | |
| Total | £43,094,461 | | |
| AREAS FOR DEVELOPMENT/CONDITIONS | | | |
| Conditions | | | |
| <ul style="list-style-type: none">Undertake a joint review of the data supporting BCF metrics and the BCF schemes that impact on these, and develop a joint plan to maximise impact. Refreshed metrics ambitions to be submitted to BCF team (national and regional) to cover Q3 & Q4 to support DAG approach to improving performance. | | | |
| Development - | | | |
| <ul style="list-style-type: none">Future plans need to ensure applied learning and identified impact, including review of valueThere would be benefit in reviewing governance to ensure equity across health, care and housing | | | |
| CAPACITY-DEMAND | | | |
| Discharge | Some overcapacity in Rehab/Reablement at Home | | |
| Admission Avoidance | No under or over capacity | | |
| NARRATIVE AND GENERAL COMMENTS | | | |
| <ul style="list-style-type: none">The plan is driven by a System focus and vision, however specific HWB needs as part of this approach are not clear and local implementation of this vision is not describedPlan focusses on implementation of Integrated Care Teams, however the expected impact is not clearly definedMetrics are impacted by availability of data to determine baseline | | | |
| METRICS | | | |
| Emergency Admissions Rate | % Discharged on DRD | Discharge Delay Days | Residential Admissions |
| Below regional average Below national average +2.94% compared to previous year | Above regional average Above national average | Above regional average Above national average Static in-year improvement | Above regional average Below national average Equal to previous year |

0

- 6.2. The conditions detailed in the above have been applied at a Sussex system level and are the same for East and West Sussex. This reflects that the Sussex system is in the bottom quartile for discharge and urgent care performance. It also reflects that each of the three Place BCF plans proposed metric performance set at a standstill position for the year with additional commentary around improvements in data capture that was needed to review and agree more concise metric targets. NHSE have set a clear expectation that they want to see performance improve in the second half of this year, so want us to re-profile an improved performance for quarters 3 & 4 and through the regional Discharge & Admissions Senior Leaders Group to develop an underpinning improvement plan that will support improved performance. There are a series of meetings between regional and national NHSE leads and our system leads to land the plan and agree the metric performance improvements for quarter 3 and 4 of our BCF plan.

7. Important considerations and implications

Legal:

- 7.1 It is a requirement that the Better Care Fund is managed locally through a pooled budget. The power to pool budgets between the Council and the (then) CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement is required as the existing Agreement expired in March 2023. The new agreement will reflect the funding allocations and priorities as set out in the Better Care Fund Plan 2023-2025 and 2025/26.
- 7.2. The Performance report provides indicators of compliance against the national conditions of the grant, and sets out the nationally approved BCF Plan for 2025-26 with the associated conditions

Lawyer consulted: Natasha Watson Date: 11 July 2025

Finance:

- 7.1. The Better Care Fund is a section 75 pooled budget which totals £42.431m for 2024/25. The ICB contribution to the pooled budget is £27.751m and the Council contribution is £14.852m, which includes the £9.459m Improved Better Care fund and the £2.523m Disabled Facilities Grant.
- 7.2. 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: Sophie Warburton Date: 11/07/25

Equalities:

- 7.3. The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHAs are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHAs and the local JSNAs. There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Sustainability:

- 7.4. None

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

- 7.5. The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

8. Supporting documents and information

