Brighton & Hove City Council

HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, TUESDAY, 16 SEPTEMBER 2025

COUNCIL CHAMBER, HOVE TOWN HALL

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ADDENDUM

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 22 JULY 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Baghoth (Chair); Stephen Lightfoot, Tanya Brown-Griffith (ICB); Dr Adam Fazakerley (Primary Care Collaborative); Isabella Davis-Fernandez (SPFT); Tom Lambert, Caroline Ridley (CVS); David Kemp (ESFRS); Sup. Petra Lazar (Sussex Police); Professor Nigel Sherriff (University of Brighton); Caroline Vass (Director of Public Health)

PART ONE

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

1(a) substitutes

1.1 Isabella Davis-Fernandez attended as substitute for Dr Colin Hicks.
David Kemp attended as substitute for Hannah Youldon.

1.2 Apologies were received from Deb Austin, Steve Hook, Professor Robin Bannerjee and Hannah Youldon.

1(b) declarations of interest

1.3 There were none.

1(c) Exclusion of press & public

1.4 RESOLVED – that the press & public be not excluded from the meeting.

2 MINUTES

2.1 The minutes from the 08 April 2025 meeting were agreed as an accurate record.

3 CHAIR'S COMMUNICATIONS

3.1 **Health Counts event:** In June I had the pleasure of opening the Health and Wellbeing Board partnership event discussing results of the 2024 Health Counts survey, hosted by the University of Brighton. This research gives us some of the best evidence of the health and wellbeing of our population, as well as inequalities across the city and faced by particular communities. This research was only possible because of the collaborative approach across the council, NHS, the universities, primary care, HealthWatch and the community and voluntary

sector – reflecting the strong partnership approach of our Health and Wellbeing Board. This event saw partners from across the city discussing what we can do differently as a system to tackle the inequalities evidenced in the research. There is an update on today's agenda on the survey findings, the themes that came out of these discussions and the next steps in working together to tackle inequalities.

HealthWatch: As the Chair of the Health and Wellbeing Board I want to express our support for our HealthWatch Brighton & Hove colleagues, following the announcement in the NHS 10 year plan that the work of local Healthwatch bodies relating to healthcare will be brought together with Integrated Care Board and provider engagement functions, and that local authorities will take up local Healthwatch Social Care functions. Since their inception in 2012, Healthwatch Brighton & Hove has been an independent voice for people living in the city, gathering patient feedback to understand the lived experiences of people who use health and social care services, and used this to influence debate around local service delivery. We need to ensure that this vital work is not lost with these changes.

Finally, I've been asked to take the item on the Drugs & Alcohol Strategy earlier in the agenda to allow some presenters to attend who would otherwise have had a meeting clash. This item will consequently be taken immediately following the SAB Annual Report.

4 FORMAL PUBLIC INVOLVEMENT

4.1 There were no public engagement items.

5 FORMAL MEMBER INVOLVEMENT

5.1 There were no member engagement items.

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

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

6.2 Ms Douglas explained how the SAB operates, noting that all partners are committed to their work with the Board. Ms Douglas expressed her sadness at the recent decision to abolish local Healthwatch, as Healthwatch Brighton & Hove have done invaluable work with the SAB, ensuring that local people's opinions are heard. Ms Douglas also praised the hard work and commitment of the SAB officers.

6.3 Ms Douglas outlined priorities for the coming year, which include doing more to capture the opinions of service users. Getting feedback from users can be challenging, but it is vital that their voices are heard. There will also be a continued focus on rough sleeping and homeless communities, and particularly on the adequacy of support for people who are housed outside the city.

6.4 Caroline Ridley noted that SAB's rapid response service is excellent. She asked why there are relatively few contacts from 18-24 year olds. Ms Douglas agreed to respond to this point in writing.

6.5 Alan Boyd noted that Healthwatch Brighton & Hove will continue operating for some time. Healthwatch is proud to be a SAB partner and supports the Board's focus on transition from young people to adult services, and on capturing user voices.

6.6 Stephen Lightfoot noted that the SAB is a good example of impactful partnership working, very effectively chaired by Ms Douglas. In time Integrated Care Boards will transfer their safeguarding functions, although it is not currently clear to which body these will be transferred.

6.7 Tanya Brown-Griffith asked a question about liaison with GPs. Ms Douglas responded that there is excellent local engagement with GPs, which is not necessarily the case across the country. Primary care will be a focus on next year's annual report.

6.8 RESOLVED –

- that the SAB Annual Report be noted and partner agencies commended for their contribution to safeguarding adults with care and support needs; and
- That SAB achievements and challenges be noted.

7 BRIGHTON & HOVE PHARMACEUTICAL NEEDS ASSESSMENT 2025

7.1 This item was introduced by Katy Harker, Consultant in Public Health. Also attending were Julia Powell, Chief Executive Officer, Community Pharmacy Surrey & Sussex; Katie Perkins, Senior Commissioning Manager – Pharmacy and Optometry, ICB; and Rita Shah, Senior Medicines Optimisation Pharmacist (Brighton and Hove).

7.2 Ms Harker outlined to the Board the process for developing a local pharmaceutical needs assessment (PNA). She noted that the draft Brighton & Hove PNA has not found areas of the city that are significantly underserved by pharmacies.

7.3 In response to a question from Stephen Lightfoot on how local pharmacy opening times compare with national averages, Ms Harker agreed to provide additional information in writing.

7.4 Stephen Lightfoot asked what more can be done to increase uptake of 'Pharmacy First'. Ms Powell replied that Sussex use is around the national average, although national uptake is not high. The key to raising uptake is to increase public awareness of what is on offer. There is work ongoing to develop communications to publicise Pharmacy First, working jointly with the city council and liaising with local Integrated Community Teams.

7.5 In response to a question from Tom Lambert as to how local CVS organisations could engage with the pharmacy forum, Ms Harker offered to invite him to a forthcoming meeting.

7.6 Alan Boyd told the Board that he supported the aspiration for community pharmacies to be one of the ways in which people could be diverted from unnecessary attendance at A&E. However, he questioned whether this was compatible with city pharmacies having limited opening hours at weekends and out of hours. Ms Harker acknowledged that limited opening hours will impact on the effectiveness of pharmacies as an alternative to A&E. Unfortunately, it is very expensive to subsidise pharmacies to open out of hours.

This is something that is used to guarantee some level of service on Christmas Day and there is the potential to review if necessary.

7.7 In response to a question from Mr Boyd on the work undertaken to reach all city communities with the PNA consultation, Ms Harker assured Board members that extensive steps had been taken, including making hard copies of the public engagement survey to the digitally excluded and attending a number of community group meetings and then a further 60-day consultation period.

7.8 RESOLVED – that the report be noted.

8 NHS REFORM

8.1 This item was introduced by Stephen Lightfoot, Chair of the Sussex Integrated Care Board (ICB).

8.2 Mr Lightfoot outlined aspects of NHS reforms and other measures including:

- All ICBs required to make more than 50% savings in management costs by the end of the calendar year
- Sussex ICB's response to this has been to propose merging with Surrey Heartlands ICB. The merger plans have been approved, and an ICB Board in Common will be established by October 2025, with formal merger by April 2026
- The merged Surrey & Sussex ICB will work across 5 localities, and will deliver separate Integrated Care Strategies for each county
- The Sussex ICB is due to publish its commissioning intentions for the coming year in September, and will engage with the public if there are major service changes proposed
- A new funding formula for ICBs will see Sussex funding reduced by around £200 million per year
- 'Fit for the Future', the 10-year health plan for England has now been published. This provides a clear direction of travel for the NHS and aligns well with the priorities of the existing Sussex Integrated Care Strategy. The Plan will retain Health & Wellbeing Boards which will have additional responsibilities to prepare and champion Neighbourhood Health Plans
- Substantial changes, including job losses, across NHS regulators. This includes the abolition of Healthwatch; Mr Lighfoot told the Board that he was disappointed by this decision and commended the Sussex Healthwatch organisations for all the valuable work they have done.

8.3 Alan Boyd responded to the point about Healthwatch, noting that there is a risk that we will lose independent patient voice, which has been a function of the system for many years, pre-dating Healthwatch. It is also hard to understand the rationale behind transferring health functions of Healthwatch to ICBs and social care functions to local authorities as this runs counter to integrated approaches to health and care.

8.4 RESOLVED – that the report be noted.

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

9.1 This item was presented by Caroline Vass, Brighton & Hove Director of Public Health. Also present were Katie Cuming, Consultant in Public Health, and Roisin Thurston, Senior Health Improvement Specialist.

9.2 Ms Vass outlined the work on adopt a whole systems approach to healthy weight that is detailed in the DPH annual report. She thanked all those who had contributed to the annual report.

9.3 Tanya Brown-Griffith noted that this is an important topic: obesity has major impacts on health and wellbeing. However, it needs to be recognised that this is a complex issue and one that needs to be approached with sensitivity, particularly in terms of younger people's weight. There can be negative impacts if young people feel uncomfortable about their weight, and it needs to be recognised that measures such as BMI are not always accurate.

9.4 Stephen Lightfoot commented that we should be proud at how much work to support healthy weight is happening in the city. He also asked a question about the use of weight loss medication. Ms Vass responded that she shares Mr Lightfoot's concerns about the potential risks of these medications, particularly when they are used without appropriate supervision.

9.5 Alan Boyd asked whether a local submission had been made to the Health Select Committee enquiry on obesity. Ms Cuming responded that no submission has been made to date, but one will be considered.

9.6 Mr Boyd asked whether there was a role for anchor institutions in helping to promote healthy weight. Ms Cuming agreed, telling the Board that one option to explore might be an accreditation scheme for organisations.

9.7 RESOLVED – that the report be noted.

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

10.1 This item was presented by Louise Knight, Senior Public Health Intelligence and Research Specialist; Nigel Sherriff, Professor of Public Health and Health Promotion, University of Brighton; and Chas Walker, Programme Director, Integrated Service Transformation.

10.2 Board members were updated on the findings of the Health Counts survey, on the outcomes of the recent HWB Health Counts workshop event, and on planned next steps.

10.3 Stephen Lightfoot told the Board that Health Counts was a highly successful survey. However, what really matters is the use to which the data gathered is put. There is an opportunity here to use this new data to inform a refresh of the local Joint Health & Wellbeing Strategy.

10.4 Tom Lambert noted that some of the variance between the Health Counts findings and those from other sources (e.g. Census) is significant and asked whether there was confidence that Health Counts methodology was robust. Professor Sherriff replied that the Health Counts data has been weighted by sex, age and deprivation quintile. He is confident that the weighted sample is representative of the city population and would be happy to share more detail of survey methodology which is included in a technical report which accompanies the survey report.

10.5 RESOLVED – that the report be noted.

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

11.1 This item was introduced by Caroline Vass, Brighton & Hove Director of Public Health. Also attending were Ian Dunster, Director at Change, Live, Grow (CLG); Fran Piccoletti, Public Health Programme Manager, Alcohol & Drugs; and Adam Muirhead, CVS.

11.2 Ms Vass outlined the priorities in the new Drugs & Alcohol Strategy.

11.3 Stephen Lightfoot asked what the barriers to integrated working are. Ms Vass responded that better integration needs active engagement from partners. All partners are committed, but this is something that will take time to develop. Also, personnel changes can impact the progress of integration.

11.4 Alan Boyd noted that there was limited engagement with some communities in developing the strategy. Ms Vass agreed that the response from some communities, such as Black and Racially Minoritised people, was disappointing. However, these groups were specifically targeted. Ms Piccoletti noted that services are in fact getting much better at engaging with BRM communities, with engagement rates getting closer to the demographic average than they used to be. Mr Muirhead added that there are a number of exciting plans to engage with young people.

11.5 Tanya Brown-Griffith asked about how the strategy links to suicide prevention work. Ms Vass responded that the strategy has been informed by the 2024 Drugs Death audit and has fed into the ongoing suicide audit.

11.6 The Chair asked a question about engagement with religious communities. Ms Piccoletti replied that this is an area of focus, although there are challenges in identifying sufficiently culturally competent workers.

11.7 RESOLVED – that the Board:

- notes the ‘Reducing Harms from Drugs and Alcohol’ a Drugs and Alcohol Strategy 2024-2030’
- supports the approach that the Strategy is best delivered in partnership with the multi-agency Combatting 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.

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

12.1 This item was presented by Chas Walker, Programme Director, Integrated Service Transformation.

12.2 Mr Walker told the Board that:

- Brighton & Hove was fully compliant with national BCF conditions in 2024-25
- The 24-25 BCF Grant was fully spent, and met the minimum contribution thresholds for spend on adult social care, discharge and admissions avoidance
- The avoidable admissions target was met. It should be noted that there was variance across the city, with East Brighton showing higher levels of avoidable admissions. Going forward, the development of the East Brighton Health Hub should help tackle this
- The discharge target was met
- The falls admission target was not met, with high levels of falls in both the East and West of the city. Reducing falls will be a major focus of Neighbourhood Health Plans, and learning from the Westdene pilot on providing targeted support to people with mild frailty will also be used to improve services
- The target for residential/nursing care admissions was not met. There is work to do here in terms of looking whether extra care housing capacity is being used effectively, and in ascertaining whether the night monitoring system could be put to better use in reducing admissions.
- The 2025-26 BCF plan has been approved by NHS England, but with a condition that partners agree a Performance Improvement Plan and use this to revise key performance metrics.

12.3 Stephen Lightfoot commented that it was disappointing that 2 out of 4 targets were missed. However, it is reassuring that partners know why the targets were missed and have a plan for improving performance. For 2025-26 it is essential that there is a continued focus on discharge. It should also be noted that the NHS 10 Year Plan states that there will be reform of BCF in 2026-27.

12.4 Tanya Brown-Griffith told the Board that there is very close working between the ICB, the city council and the VCS. Integrated working at neighbourhood level is the key to improving performance.

12.5 Tom Lambert noted that it is important that discharge is viewed holistically, for example because the impact on unpaid carers of discharging someone needs to be properly assessed.

12.6 RESOLVED – that The Board:

- endorses the end of year performance monitoring report for Better Care Fund plan 2024-25, following submission to NHSE in May.
- notes the national approval of our BCF Plan for 2025-26 but that this has associated conditions

The meeting concluded at 6.46pm

Signed Chair

Dated this day of

8

Deputation to 16 September Health & Wellbeing Board

We are a group of concerned Brighton and Hove residents, including parents directly affected by the issues raised in this deputation.

On 15 August 2025, the New Statesman published an extensive investigation into the prescribing practices of the Hove WellBN clinic and the failures of NHS Sussex and NHS England to act upon repeated warnings over a five-year period[1]. These revelations are deeply troubling and demand urgent scrutiny.

The New Statesman reported that in April this year, NHS England formally instructed WellBN to cease prescribing cross-sex hormones to under-18s, citing "indications that patient harm may have occurred."[2] A joint investigation with NHS Sussex was announced in June[3]. It is also reported that regulators including the General Medical Council and NHS England had been aware of concerns since at least 2020[4], while official records show that as of May 2025 up to 139 children—some under 13—were in receipt of either hormones or puberty blockers through WellBN[5].

It is reported that the model of care followed by WellBN, based on "informed consent," dispenses with psychiatric assessment and treats the child as the sole authority on their condition[6]. The New Statesman reports that despite multiple complaints to the GMC, including one where a 16-year-old forged parental consent to obtain a prescription, no action was taken[7].

The New Statesman reported that expert clinicians have issued stark warnings. Professor Riittakerttu Kaltiala of Finland stated that the use of exogenous hormones "is not safe to any minors" and that "having reached age 16 makes no difference"[8]. Professor Jovanna Dahlgren of Sweden explained that early hormone use carries significant risks of cardiovascular disease, infertility, liver damage, and cancer, concluding that the body and brain are "permanently marked" by such treatment[9]. Sweden no longer recommends hormones for under-18s.

Despite this, children—including some as young as 13—remain on prescriptions, because it is alleged that NHS Sussex diluted NHS England's directive, restricting only new patients from initiating treatment[10].

In relation to schools, Brighton and Hove News reported in October 2023 that parents were seeking an apology from the Leader of the Council as they felt part of her response to a public question dismissed their safeguarding concerns. In April 2024 Brighton and Hove News reported that a family was seeking to sue the council in relation to the Trans Inclusion Schools Toolkit unless it was withdrawn.

Chair, Members—public bodies are bound by the Nolan principles of integrity, accountability, and transparency. When it comes to children, the standard must be higher still: safeguarding must always take priority.

I speak as one of the parents affected. This is not safeguarding. It is ideology overriding evidence, clinical caution, and parental responsibility. Children are at risk.

We ask the Board to acknowledge this reality and ensure that statutory safeguarding is recognised in active policy in this city by publicly calling for the desktop review, due to take four to five week as noted in the Terms of Reference "Children and Young People Offered Gender Care at the WellBN General Practice, Brighton" (section 5.1) published by Sussex ICB on the 22nd July 2025, to begin without further delay.

Footnotes

[1] Hannah Barnes, “Health bosses failed to act on NHS clinic prescribing gender drugs to kids for five years,” New Statesman, 15 Aug 2025.

[2] NHS England instruction to WellBN to cease prescribing, April 2025 (New Statesman, 15 Aug 2025).

[3] “NHS bosses start inquiry into how children were given gender drugs,” Brighton & Hove News, 6 June 2025.

[4] “Brighton GP is using loophole to prescribe hormones to underage kids, book claims,” Brighton & Hove News, 27 Mar 2024.

[5] Barnes, New Statesman, 15 Aug 2025.

[6] Barnes, New Statesman, 15 Aug 2025.

[7] Barnes, New Statesman, 15 Aug 2025.

[8] Barnes, New Statesman, 15 Aug 2025.

[9] Barnes, New Statesman, 15 Aug 2025.

[10] Barnes, New Statesman, 15 Aug 2025.

[11] “Parents seek apology from council leader for calling their concerns ‘baseless smears’,” Brighton & Hove News, 28 Oct 2023.

[12] “Brighton family threatens to sue council over ‘classroom to clinic’ school trans advice,” Brighton & Hove News, 15 Apr 2024.

Report to Brighton and Hove Health and Wellbeing Board

September 2025

Update from NHS Sussex Integrated Care Board (ICB)

Stephen Lightfoot, Chair, NHS Sussex

Summary

This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026. The ambition is to take the best from both of our systems to improve the health outcomes, reduce the health inequalities and secure the best value for money from the delivery of high-quality NHS services for the population of three million people living in Sussex and Surrey.

Our ambition of providing more multi-disciplinary neighbourhood health services through our 13 Integrated Community Teams (ICTs) in Sussex is also progressing well with collaborative partnership working and defined commissioning intentions with specific outcomes to shift more care from our hospitals to our communities.

Recommendation(s) to the Board
The Brighton and Hove Health & Wellbeing Board is asked to note the update from NHS Sussex in response to the NHS Reforms and Neighbourhood Health.

1 NHS Reform

Background and Context

Earlier this year on 13 March, the Government announced that it is going to make significant changes to the structure of the NHS, aimed at strengthening roles and reducing duplication so more funding can be directed to the frontline care of patients. These changes signal a leaner way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom, to support the delivery of the Government's recently published 10 Year Health Plan to improve the outcomes for our patients and communities.

As part of this NHS reform, Integrated Care Boards (ICBs) have been directed to significantly reduce their operating costs by an average of 50% and focus on their critical role as strategic commissioners. This means that ICBs will be responsible for improving population health outcomes, reducing health inequalities and improving access to consistently high-quality care within their annual public funding allocation.

NHS Sussex Response

After careful consideration, the Boards of the NHS Sussex and NHS Surrey Heartlands ICBs concluded in May 2025 that the only practical way to reliably fulfil their statutory and legal duties within the nationally-determined running cost allocation of £19 per head of weighted population, is to expand their geographical footprint across Sussex and the whole of Surrey (including the Surrey Heath and Farnham areas of Surrey currently covered by the NHS Frimley ICB).

This expanded geographical area will be coterminous with the two proposed Mayoral Combined Authorities in Sussex and Surrey. The combined weighted population of 3.0 million residents will also provide the scale and an ICB running cost budget of around £57 million to retain the essential skills and expertise needed to commission NHS services effectively.

A joint proposal was submitted to NHS England (NHSE) by the NHS Sussex and NHS Surrey Heartlands Boards on 30 May 2025, which has now been agreed by NHSE and has received formal endorsement from Government Ministers. This will involve one ICB working across two Systems and the Places within them, which will be aligned to the final structure of the Unitary Authorities when the ongoing Local Government Reorganisation has been completed.

Why Surrey and Sussex?

NHS Sussex and NHS Surrey Heartlands share a proud history of collaboration grounded in mutual trust, aligned values, and joint delivery across commissioning, workforce, and clinical innovation. From integrated planning to shared leadership development, we have demonstrated what purposeful collaboration can achieve.

There are also long-established health partnerships across the two systems 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, Royal Surrey NHS Foundation Trust and University Hospitals Sussex NHS Foundation Trust all providing NHS services to patients in both Sussex and Surrey.

An opportunity to build a brand-new organisation

This change provides us with an opportunity to create a brand-new organisation, which brings together the best of both existing ICBs, to deliver the improved population health outcomes and reduce the health inequities that exist across our extended area. This will require new contracts for our providers and even stronger partnership working to make the best use of the public funding allocation we receive.

To focus on the role as a strategic commissioner, the new ICB for Surrey and Sussex will need to develop a new operating model which will be based on a set of core

functions. These will include areas such as population insights and analytics; quality and patient experience; strategic commissioning, strategy and planning; finance and contracting; and statutory and corporate services. This also means that some functions currently undertaken by ICBs will need to be transferred to the DHSC/NHSE Regions, some functions will transfer to other providers, and other functions will be hosted by one ICB on behalf of a group of ICBs. The details around specific functions are still being worked through and will be confirmed in due course.

Preserving local relationships and focus

Whilst the new ICB will be coming together across a much wider footprint, we know that real change happens locally, at a neighbourhood level, which is a key focus of the 10 Year Health Plan. That is where relationships are strongest, knowledge is deepest, and integration is most feasible.

Both systems have strong roots in neighbourhood health, with lots of examples of local partnerships driving improvement, even though the population size and proposed models of care delivery for Integrated Community Teams in Sussex and Integrated Neighbourhood Teams in Surrey are quite different. We will build on these strong foundations as we develop our new organisation to ensure that local community needs, relationships and ways of working are embedded into the way we operate.

In creating one new ICB, we will continue working as key and integral partners within our two systems and the Places within them. We will continue to work closely with all existing local authority partners, and the new Unitary Authorities when established. Our approach will continue to be fully inclusive of patients, their families and unpaid carers, the voluntary, community and social enterprise sector and social care providers, as well as our education, research and innovation partners, as we are committed to maintaining high levels of inclusivity and local collaboration. Listening to and working with people and communities will run right through how we operate, ensuring that we understand and act on what we hear, so we can commission the services required to meet the needs of local people.

Impact on our staff and looking to the future

Of course, these changes will have an impact on how we currently operate and on our staff. Supporting colleagues through these changes, and the inevitable reduction in staff numbers, is a key priority during this period of change.

Some of our current functions may also transfer to other organisations over time, with timescales and specific functions still to be agreed, and we will work closely with our staff and partners to ensure these transfers operate as smoothly as possible.

We are determined that the new ICB will take the best from both our systems and become the excellent strategic commissioner we need it to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money for the population of three million people living in Surrey and Sussex.

2 Latest Update on NHS Sussex Transition

A Joint ICB Transition Programme has been established across Surrey and Sussex to lead and coordinate the organisational change required to deliver the required reforms and mandated savings. The programme scope is centred on the design and implementation of a Target Operating Model and a comprehensive Transition Plan, with clearly defined workstreams and oversight from a Joint Transition Committee, to deliver the required reductions in ICB running costs whilst maintaining a focus on operational effectiveness and service continuity.

Progress on key elements of the Transition Programme remain dependent upon some national decisions and funding for the staff redundancies. These dependencies have introduced unavoidable delays to the commencement of formal staff consultation, and this is limiting our ability to meet the original timescales of completing the ICB restructuring by December 2025.

However, the first major decision has been made, and that is the appointment of Ian Smith as the Chair across the Sussex and Surrey Integrated Care Boards after my retirement on 30 September 2025. Ian is currently the Chair for NHS Surrey Heartlands and has been since its inception in July 2022.

Ian's new appointment will begin from 1 October 2025 as the Sussex and Surrey ICBs move to a 'clustering arrangement', where the two existing ICBs will share a Chair, Chief Executive and a Board in Common until the new combined organisation is established as a single legal entity from 1 April 2026.

The next major decision will be the appointment of the Chief Executive Officer for the Sussex and Surrey ICBs, which is anticipated in September 2025, so that the selection process for Executive and Non-Executive Board Members of the Board in Common can then take place in October 2025.

There is continued recognition of the staff anxiety during this period of uncertainty as the Sussex and Surrey ICBs work to implement this transition, and we continue to take proactive steps to engage staff. This includes timely and transparent internal communications through staff webinars and the availability of practical advice, training and support.

A Mutually Agreed Resignation Scheme was also launched across the NHS Sussex and NHS Surrey Heartlands ICBs on 01 September 2025 and will run until 21 September 2025, which may be attractive for those staff who want certainty and/or have a shorter length of service. We are also working closely with our Staff Networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this time.

3 Delivering Neighbourhood Health through ICTs in Sussex

Work continues on the implementation of the Government's 10 Year Health Plan and the delivery of the Sussex *Improving Lives Together* strategy. The formation of 13 Integrated Community Teams (ICTs) across Sussex is our key response to both of these strategic plans. This is because we know it is important to our residents to have strong, local, community-based services that wrap around individuals and communities to provide personalised care that keep people well, offer preventive and proactive care, and reduce the need for hospital-based care. This also directly responds to the ambitions set out in the 10 Year Health Plan to shift care from hospitals to the community, with a neighbourhood health service that provides more care at or close to where people live.

Sussex has been on a journey with ICTs over the last three years with the following milestones:

- Year 1 (2023/24): Established 3 frontrunner programmes in Hastings, Brighton and Crawley, built an understanding of each community, developed data insight packs, and defined a core service offer for ICTs.
- Year 2 (2024/25): Formed multi-disciplinary leadership teams, conducted 'tests for change' focusing on high-need individuals, and began the community mental health team implementation.
- Year 3 (2025/26): Focusing on embedding six core NHS England neighbourhood guidelines, continuing the development of community mental health teams, and advancing the 'team of teams' model with a population health management approach. In July, we launched an outcomes dashboard and agreed the winter priority of addressing high and ongoing care needs to reduce avoidable admissions.
- Year 4 (2026/27): An outcome framework with targets for 2026/27 aligned with the six domains will be established alongside the 2026/27 Neighbourhood commissioning framework. The development of integrated neighbourhood services is also a key component of the NHS Sussex Commissioning Intentions for 2026/27.

In Brighton and Hove, ICT leadership is developing specific areas of focus informed by population health outcomes data and locally agreed priorities. These are well-aligned with the priorities of the Brighton and Hove Health and Wellbeing Board Strategy.

Last month, health systems across the country were invited to submit bids to be part of the first wave of 42 neighbourhood health schemes given government support to accelerate the rollout of neighbourhood health in line with the 10 Year Health Plan. As a result of the strong foundations in Sussex, there was widespread support across our three current Places (Brighton & Hove, East Sussex and West Sussex) and we were able to submit three bids to the National Neighbourhood Health Implementation Programme (NNHIP). We received confirmation on 09 September that East Sussex has been selected as part of the first wave.

4 Conclusion

This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026. The ambition is to take the best from both of our systems to improve the health outcomes, reduce the health inequalities and secure the best value for money from the delivery of high-quality NHS services for the population of three million people living in Sussex and Surrey.

Our ambition of providing more multi-disciplinary neighbourhood health services through our 13 ICTs in Sussex is also progressing well with collaborative partnership working and defined commissioning intentions with specific outcomes to shift more care from our hospitals to our communities.

Finally, and just before I retire, I would like to take this personal opportunity to thank all our staff, partners, stakeholders and members of the public for their interest, involvement and support over the last four years in my role as Chair Designate and then Chair of NHS Sussex as we have worked collaboratively on *Improving Lives Together*.

Stephen Lightfoot
Chair of NHS Sussex
September 2025

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: Let's Get Moving Brighton & Hove Year 1 update (2024/25)

Date of Meeting: 16 September, 2025

Report of: Caroline Vass, Interim Director Public Health

Contact: Verena Quin (Healthy Lifestyles Manager),
Kathleen Cuming (Public Health Consultant)

Email: verena.quin@brighton-hove.govuk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

This report is intended to provide the Health and Wellbeing Board a Year 1 update on "Let's Get Moving Brighton & Hove (2024-2034)" – the physical activity and sport strategy for Brighton & Hove[1].

The overall Vision of Let's Get Moving is 'is for Brighton & Hove to be a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be healthy'. The Strategy is ambitious and outlines five key themes and twenty objectives that are intended to ensure the Brighton & Hove becomes one of the nation's most active cities. Central to this, is the importance of adopting a whole-systems approach to tackling inactivity and inequalities across the life-course and working with individuals and communities to provide opportunities for them to 'move more' in a way that they enjoy.

Year 1 (2024/25) – Let's Get Moving update:
Let's get moving 2024-25 by Brighton and Hove City Council - Infogram

[1] 7879 Physical activity strategy v13.pdf

Glossary of Terms

Physically active: refers to people who do more than 150 minutes of physical activity per week[2]

Physical inactivity: people who do less than 30 minutes of physical activity per week

1. Decisions, recommendations and any options

1.1 That the Board notes outcomes achieved in Year 1 of delivering Let's Get Moving Brighton & Hove.

2. Relevant information

2.1 This paper follows a presentation made by Brighton & Hove Public Health to the Health & Wellbeing Board (in March 2024) that approved Let's Get Moving- a 10-year physical activity and sport strategy for Brighton & Hove.

2.2 Physical inactivity is associated with 1 in 6 deaths in the UK and various health conditions including cancer, diabetes, obesity and hypertension.

2.3 Let's Get Moving Brighton & Hove is underpinned at a national level by Sport England's 'Uniting the movement' which seeks to remove barriers to activity and address inequalities, and the governments 'Get Active: A strategy for the future of sport and physical activity' (2023) which highlights the part activity can play in creating a healthier nation. Locally the Sport & Physical Activity Strategy aligns directly to the Council Plan, Joint Health & Wellbeing Strategy, whilst indirectly supporting other key priorities such as the City Downland Estate Plan, The Accessible City Strategy and Carbon Neutral agenda. More recently the Strategy is also underpinned by the NHS Long Term Plan (2025) that emphasises the importance of Prevention[3].

2.4 The approach set out in Let's Get Moving Brighton & Hove makes an important contribution to delivering the goals of high-level local plans and strategies including:

- Brighton & Hove Joint Health and Wellbeing Strategy 2019-30
- Sussex Health and Care Partnership Improving Lives Together
- A better Brighton & Hove for all: Brighton & Hove City Council Plan 2023-27

[2] Physical activity - GOV.UK Ethnicity facts and figures
[3] NHS England » Fit for the Future: 10 Year Health Plan for England

2.5 The latest data from the Office for Health Improvement and Disparities (OHID) suggests that 79.2% of adults in Brighton & Hove are physically active (adults 19+, Nov 2023-Nov 2024) having the second highest levels when compared to other Local Authority areas in England. 12.4% of adults are physically inactive in Brighton & Hove (physically inactive adults 19+, Nov 2023-Nov 2024) and when compared to other Local Authority areas in England, Brighton & Hove is 4th lowest (low = good), behind Islington, West Berkshire, and York.

2.6 Within the Strategy there are 20 objectives alongside associated measures of success so that stakeholders and residents are clear about strategic drivers and impact. The Brighton & Hove Strategy is underpinned by five central areas of focus:

- Active Culture- To ensure that moving more for healthy living is a central part of the culture of Brighton & Hove for everyone
- Active People- To develop opportunities that help people to move more and remain active throughout their lives
- Active Communities- To empower local communities to influence and develop opportunities that help people lead active lifestyles in the city
- Active Environments- To ensure facilities, parks, open spaces and built environments offer safe, accessible spaces that encourage people to be more active
- Active Systems- To improve knowledge, understanding and collaboration across the city to have the greatest impact on activity levels

2.7 A 'Strategic Partnership' to drive forward delivery of the Strategy has formed and is supported by four subgroups. The Let's Get Moving subgroups are:

- A Children & Young People's Alliance
- An Active Ageing Alliance
- An Active Environments Alliance
- A Community Club and Instructor Network

2.8 In total 80+ organisations have supported Let's Get Moving to date and the Strategy has provided an opportunity to frame existing workstreams in addition to initiating new projects.

2.9 Priorities for 2025/26 are:

- To coordinate an event for all Let's Get Moving partners
- To deliver the Women's Rugby World Cup 2025 Legacy programme
- To focus on workforce development and sharing benefits of moving more across the city
- Embedding Active Design principles within the City Plan review
- To deliver a localised 'We are Undefeatable' campaign[4]
- To deliver a 12-month communications plan

[4] Be More Active Whilst Living With A Health Condition

3. Important considerations and implications

Legal:

3.1 As identified in the body of this report this strategy is in direct alignment with the Council Plan and Joint Health & Wellbeing Strategy in addition to national health plans which inform public health work in the city. There are no specific legal implications arising from this report which is for noting by the Board.

Lawyer consulted: Sandra O'Brien Date: 27 August 2025

Finance:

3.2 Let's Get Moving is delivered and supported by multiple agencies and partners. Funding to support delivery is through staffing within the Healthy Lifestyles team within Public Health and there is a designated budget that supports staffing and programmes. Public Health budgets are reviewed on an annual basis in line with the settlement and external grant funding levels.

Finance Officer consulted: Steve Williams Date: 26/08/25

Equalities:

3.3 A formal Equalities Impact Assessment (EIA) was completed and shared when the Strategy was approved at the Health & Wellbeing Board in March 2024. The delivery of the Strategy is centred on tackling inactivity and inequalities across the life-course and therefore addressing actions within the EIA will be a priority throughout.

Sustainability:

3.4 The Let's Get Moving strategy helps address sustainability and net zero goals through a priority to support active travel as means of being active every day for all in the city.

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

3.5 This programme is delivered by the Public Health team with multiple partners across the city. Public Health led and supported the development of the strategy.

Supporting documents and information

Appendix1: Let's Get Moving
Appendix 2: Let's get moving 2024-25 by Brighton and Hove City Council - Infogram
Appendix 3: Let's Get Moving Equalities Impact Assessment

Item X

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:	Draft homelessness and rough sleeping strategy 2025 to 2030	
Date of Meeting:	16 September 2025	
Report of:	Director of Housing People Services	
Contact:	Steve Morton, Project Manager Housing People Services	Tel: 01273 290555
Email:	steve.morton@brighton-hove.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

Under the Homelessness Act (2002) all housing authorities must have a homelessness strategy based on a review of all forms of homelessness in their district. The strategy must be renewed every 5 years.

The council is consulting on a draft homelessness and rough sleeping strategy 2025 to 2030. This sets out plans for preventing and reducing homelessness and for ensuring that sufficient accommodation and support are available for people who are at risk or those who become homeless.

The consultation runs from 8 September to 26 October 2025 with more information about how to respond on the council's consultation website at yourvoice.brighton-hove.gov.uk/

The review and draft strategy have been developed with extensive engagement from statutory and voluntary, community and social enterprise partners. They have also been shaped by input from people with lived experience of homelessness.

1. Decisions, recommendations and any options

1.1 That the Board

1.2 Note the ongoing consultation on a draft homelessness and rough sleeping strategy 2025 to 2030.

1.3 Note the findings of the review of homelessness 2025.

1.4 Board members are encouraged to promote the consultation to staff and people using their services and, where appropriate, to submit an organisational or individual response.

2. Relevant information

2.1 There are an increasing number of people experiencing homelessness in the Brighton & Hove. Analysis by Shelter in 2024 indicated that homelessness affects around 1 in 77 people in the city (3,580 people or 1.3% of the city's population). They estimated that at the end of June 2024 there were 3,528 people homeless and living in temporary accommodation.

2.2 Shelter estimated that there were 1,411 homeless children in the city in June 2024: almost 40% of the total homeless population. This is confirmed by council data. Most of these children are living in temporary accommodation. At the end of 2024, 47% of households living in temporary accommodation contained children.

2.3 Rough sleeping is also rising in Brighton & Hove, reflecting national trends. The rate of rough sleeping in Brighton & Hove was 30 per 100,000 population in March 2025, up from 20 per 100,000 in October 2020. Brighton & Hove has the joint 19th highest rate of rough sleeping in England.

2.4 More people are approaching services with significant and often complex needs. Data from a recent audit of people with Multiple Compound Needs indicates that there were 704 people in contact with services who were experiencing homelessness with 2 or more other compounding needs (mental health, substance misuse, domestic violence, history of offending).

2.5 There are specific legal duties that the council, as the local housing authority, must comply with. This includes providing information and advice and preventing or relieving homelessness. If homelessness cannot be prevented the council may have a duty to help applicants find a settled home if they are eligible, have a priority need and other tests are met. There are other duties relating to homelessness, including the Duty to Refer, and responsibilities under the Children Act 1989, that also apply to the council's partners.

2.6 While people's homeless applications are being processed or while they are waiting to be rehoused, they may be placed in temporary accommodation. After falling between 2020 and 2022, the use of temporary accommodation by the

council has again risen, with 1,928 households living in temporary accommodation at the end of 2024. We know from national evidence and local Health Counts data, that living in temporary accommodation has adverse effects on people's health and wellbeing. The cost of temporary accommodation is not sustainable with both rising prices and reducing resources. We anticipate a significant reduction in grant funding over the life of the strategy. To deliver the strategy with its planned shift to prevention it must be financially sustainable in the short and medium term to deliver the desired long term benefits.

2.7 The draft strategy puts a strong emphasis on partnership with health and care partners involved in providing data and shaping the development of the strategy. Areas with a strong link with the priorities of the city's Health & Care Partnership relate to people with multiple compound needs and children and young people's health and wellbeing.

2.8 The numbers of people who are homeless with multiple health and social care needs are increasing. This has driven the third priority area in the strategy 'Provide joined-up support with our partners to people who most need help'. The work of the Homeless & Multiple Compound Needs Partnership facilitates deliver of 3.2. create integrated services for people with multiple compound needs.

2.9 Health Counts survey data has confirmed national research which shows that people living in temporary accommodation have significantly poorer health outcomes than people in settled housing. Due to the significant number of children and young people impacted by homelessness we have included a dedicated chapter on addressing the impact of homelessness on children. We are seeking support for an in depth needs assessment to better understand the support needs of children, families and young people living in temporary accommodation.

2.10 Homelessness is rooted in structural inequalities and system wide challenges. Unemployment, disability, physical ill health, mental health needs, substance use, domestic abuse, and family breakdown create pathways into homelessness for many. The current cost of living crisis has intensified these pressures, while a chronic shortage of genuinely affordable housing means that even those in work can struggle.

2.11 The broader determinants of homelessness require comprehensive, coordinated responses that span multiple partners and levels intervention. The draft homelessness and rough sleeping strategy focuses on prevention and early intervention, temporary accommodation, and support for those in greatest need. Sustainable progress, however, depends on addressing the underlying causes of homelessness through a broader strategic lens. This includes actions set out in the housing strategy, the city plan, economic development strategy, the health and wellbeing strategy and more.

2.12 The proposed priorities for the homelessness and rough sleeping strategy 2025 to 2030 are to:

1. Increase our effectiveness in preventing homelessness and rough sleeping
   1.1 Early identification of risk and early intervention
   1.2 Support people to stay in their homes or to find a new home
   1.3 1Deliver targeted prevention for people at risk of rough sleeping

2. Improve temporary accommodation pathways and experiences
   2.1 Improve move on from temporary accommodation into settled housing
   2.2 Support people living in temporary accommodation
   2.3 Improve the supply and quality of temporary accommodation

3. Provide joined-up support with our partners to people who most need help
   3.1 Target support for people who are most vulnerable
   3.2 Create integrated services for people with Multiple Compound Needs
   3.3 Support people experiencing rough sleeping to access services and accommodation

3. Important considerations and implications

Legal:

3.1 Under the Homelessness Act (2002) all housing authorities must have a homelessness strategy based on a review of all forms of homelessness in their district. The strategy must be renewed every 5 years. The current strategy expires this year.

Lawyer consulted: Simon Court Date: 8 September 2025

Finance:

3.2 The Homelessness and Rough Sleeping Strategy 2025 to 2030 indicates a robust and well-structured plan aimed at addressing the critical issue of homelessness.

3.3 The financial appraisal of the strategy reveals significant and increasing risks associated with shrinking budgets and diminishing resources. The strategy prioritises prevention and early intervention, as these represent the most cost-effective approaches. However, persistent pressures on temporary accommodation, including rising unit costs, limited supply, and extended stays, continue to drive up expenditure and put a strain on the Council's finances.

3.4 The overall funding environment is contracting. The Council's core budget remains static, while external grants from the Ministry of Housing, Communities and Local Government (MHCLG), namely the Homelessness Prevention Grant (HPG) and Rough Sleeping Prevention and Recovery Grant (RSPARG) are under threat. Notably, following a formal consultation on the HPG funding formula for 2026/27, Brighton & Hove City Council faces a potential reduction of approximately 45%, falling from £10.9 million in 2025/26 to around £6 million in 2026/27. Although transitional arrangements may

partially cushion the impact, the reduction in grant income will still be considerable.

3.5 RSPARG allocations for 2025/26 are currently stable, but there is no confirmed funding for 2026/27. There is a real risk that RSPARG could be absorbed into HPG and subject to substantial cuts. New initiatives, such as a 'No First Night Out' model, would require decommissioning existing services or reallocating funds, as no new grant funding is expected. This poses a major financial risk.

3.6 Charitable and NHS contributions are also under financial pressure, which may further limit support and compound strain on Council services.

3.7 Short-term cost pressures impede progress towards prevention strategies, and reliance on expensive spot purchasing for temporary accommodation increases costs. Difficulties in moving individuals out of temporary accommodation result in further financial burdens. Proposals to reduce the use of costly placements, including relocating people outside the area, present practical and political challenges.

3.8 In summary, the financial context for the Homelessness and Rough Sleeping Strategy 2025–2030 is increasingly constrained, with declining funds and mounting risks. The combined effect of static Council budgets threatened external grants, and wider pressures on partners and charities is likely to result in significant negative financial implications for homelessness and rough sleeping services.

Finance Officer consulted: Ferrise Hall Date: 29/08/205

Equalities:

3.9 An initial equalities impact assessment was undertaken as part of the review of homelessness. Equalities considerations are set out in the review of homelessness in sections 'Who experiences homelessness?' and 'Support needs of people experiencing homelessness'. A full equalities impact assessment will accompany the final strategy to council cabinet following consultation. Consultation findings will also be taken into account.

Sustainability:

3.10 There are no immediate sustainability implications arising from this report.

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

3.11 Illness and disability can be both a cause and a consequence of homelessness. Data and evidence on health and homelessness in the city is included in the review of homelessness alongside summary information on healthcare services for people experiencing homelessness in the city. There is evidence from local Health Counts data and national research that living in

temporary accommodation has a negative impact on both physical and mental health. People with multiple compound needs have significant health and care needs.

Supporting documents and information

Appendix1: Draft homelessness and rough sleeping strategy 2025 to 2030
Appendix 2: Review of homelessness in Brighton & Hove 2025

Homelessness and rough sleeping strategy

2025 to 2030

Draft for consultation

Brighton & Hove City Council

Contents

Foreword

Brighton & Hove is an amazing city – vibrant, creative and inclusive. Our vision is for a better Brighton & Hove for all - a city we can all be proud of, somewhere that is fair and inclusive and a healthy place where people can thrive.

Last year we outlined our plans to deliver accessible, affordable and high-quality homes in Homes for Everyone, our housing strategy for 2024 to 2029. Sadly, not everyone in the city enjoys the benefits of a stable, safe and suitable home. We want to change that. Housing is a fundamental human right and homes for everyone is central to achieving our vision. This draft homelessness and rough sleeping strategy sets out our proposed priorities to tackle homelessness and rough sleeping over the next 5 years.

Homelessness can happen to anyone, but it disproportionately affects people who are already vulnerable: those who can't afford to pay the rent, people fleeing violence and abuse, and those evicted by their landlord or asked to leave by family or friends. The consequences can be devastating.

Our overarching priority is to stop people becoming homeless in the first place. The council and a whole range of other organisations can provide information, advice and support to help people stay put or find alternative accommodation.

If people do become homeless, the council can help them find a settled home, and in some cases offer temporary accommodation. However, too many people are spending too long in temporary accommodation, often in homes of a poorer quality. This is unacceptable and unsustainable. Our second priority, therefore, is to ensure that there is sufficient good quality temporary accommodation available; to support people while they are there; and to help them move on as quickly as possible.

Some people are more vulnerable when they become homeless or more likely to sleep rough. This includes children and young people, those fleeing domestic abuse, people with mental health needs, substance use issues, or a history of offending. Our third priority is to work with our partners to provide joined-up support for people who most need our help, with a long-term goal of ending rough sleeping in the city.

The input of people with lived experience of homelessness and our partners has helped shape this draft strategy. We have developed our proposed priorities and commitments together. We are deeply grateful to those who have contributed and look forward to your feedback in our public consultation.

Introduction

Under the Homelessness Act (2002 all housing authorities must have a homelessness strategy based on a review of all forms of homelessness in their district. The strategy must be renewed every 5 years. This draft strategy for consultation sets out the council's plans for preventing and reducing homelessness and for ensuring that sufficient accommodation and support are available for people who are at risk or those who become homeless.

There is increasing demand for our services and there are specific legal duties that the council, as the local housing authority, must comply with. Currently we are spending too much on temporary accommodation and our resources are shrinking. We anticipate a significant reduction in funding over the life of the strategy. To deliver the strategy it must be financially sustainable.

Preventing and alleviating homelessness is a legal duty for the council. We will do everything we can to make sure that people are treated fairly and with respect when they approach us for help, whatever their housing situation. Everyone deserves our support, but we will prioritise those with greatest need and the most vulnerable. This includes support to access appropriate housing and to maintain independence and dignity.

Homelessness is rooted in structural inequalities and system wide challenges. Unemployment, disability, ill health, mental health mental health needs, substance use, domestic abuse, and family breakdown create pathways into homelessness for many. The current cost of living crisis has intensified these pressures, while a chronic shortage of genuinely affordable housing means that even those in work can struggle.

The structural determinants of homelessness require comprehensive, coordinated responses that span multiple policy areas and levels of government. This draft strategy focuses on prevention and early intervention, temporary accommodation, and support for those in greatest need. We recognise that sustainable progress depends on addressing the underlying causes of homelessness through a broader strategic lens. This includes the council plan, the housing strategy, the city plan, economic development strategy, health and wellbeing strategy and more.

While many determinants of homelessness lie beyond our direct control, we will use our voice to advocate for policy change at regional and national levels. This includes pressing for increased investment in social housing, reforms to the welfare system, improved discharge planning from institutions, and better funding for mental health and substance use services. We will work with the new Mayor for Sussex and Brighton, neighbouring local authorities, the Local Government Association, and other networks to amplify the case for addressing the root causes of homelessness.

What our review of homelessness in the city tells us

Almost
3,600
people in Brighton & Hove experiencing homelessness June 2024

Around
1,400
children (0-17) experiencing homelessness June 2024

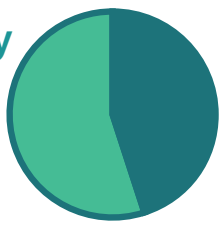
76 people sleeping rough November 2024

2,624
household approached council for homelessness advice and support in 2024

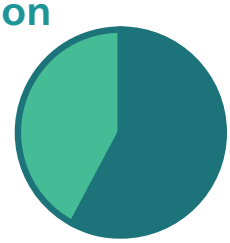
2,366
homelessness applications in 2024

31%
of homes in the city are privately rented (South East 17%; England 18%)

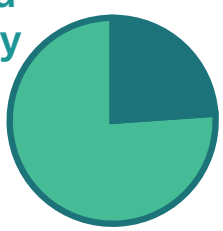
A private renter on an average income in Brighton & Hove can expect to spend **45%** of their household income on rent. The 'affordability threshold' is 30%.



End of private rented tenancy reason for homelessness for **58%** of those owed a prevention duty



Family or friends no longer willing to accommodate reason for homelessness for **24%** of those owed a relief duty



616
main housing duty acceptances in 2024

7,500
households on waiting list for social housing

3.3 years
- average wait for socially rented home

6.2 years
– average wait for 3-bedroom socially rented home

68% of
main applicants owed a relief duty have 1+ support needs

1,928 households in temporary accommodation

22% of households in temporary accommodation single male no children

47%
of households in temporary accommodation have children

21%
of households in temporary accommodation single female + children

35% of main applicants owed a relief duty have a history of mental health needs

704 people experiencing homelessness with 2+ compounding needs (mental health, substance use, domestic abuse, history of offending)

Council homelessness services **£31.4** million in 2025/26 budget, of which £28 million for temporary accommodation

NHS specialist homeless healthcare services **£3.3** million

110 voluntary, community and social enterprise organisations offering 204 specialist and support services

2,220 volunteer hours per week

Voluntary, community and social enterprise sector estimated added value **£10+** million

Our vision and priorities

The council's vision is for a better Brighton & Hove for all. We want a city we can all be proud of, somewhere that is fair and inclusive, a safe and healthy place where people can thrive.

Our housing strategy Homes for Everyone, sets out our priorities for housing in the city. These are to improve housing quality, safety and sustainability; to deliver the homes our city needs; to promote improved health and wellbeing for all; to provide resident focused housing services; and to prevent homelessness and meet housing need

Our primary goal is to prevent homelessness. If a family or individual does become homeless, then their experience should be brief, and it should not recur. This draft strategy was developed with our partners and, most importantly, with the input of people with lived experience of homelessness. It draws on evidence from our review of homelessness in the city.

We propose 3 main priorities with 9 areas for focused action and a small number of targeted, strategic actions for each. We will continue to work to meet our legal responsibilities and to deliver and improve existing services. To ensure accountability, we will report on progress using the proposed indicators for each priority.

Our proposed priorities for the homelessness and rough sleeping strategy 2025 to 2030 are to:

1. Increase our effectiveness in preventing homelessness and rough sleeping

1.1 Early identification of risk and early intervention

1.2 Support people to stay in their homes or to find a new home

1.3 Deliver targeted prevention for people at risk of rough sleeping

2. Improve temporary accommodation pathways and experiences

2.1 Improve move on from temporary accommodation into settled housing

2.2 Support people living in temporary accommodation

2.3 Improve the supply and quality of temporary accommodation

3. Provide joined-up support with our partners to people who most need help

3.1 Target support for people who are most vulnerable

3.2 Create integrated services for people with Multiple Compound Needs

3.3 Support people experiencing rough sleeping to access services and accommodation

Priority 1: Increase our effectiveness in preventing homelessness and rough sleeping

Why this is important

Prevention is central to our strategy because it offers the best outcomes for individuals while making the most effective use of our resources. Homelessness can create lasting trauma, disrupt employment and education, and damage physical and mental health in ways that become increasingly difficult and expensive to address. By working with our partners, sharing information and using digital technologies we can get better at identifying who might be at risk and offer support before they reach crisis point.

Helping people to stay in their home prevents the trauma and cost of homelessness while preserving social connections and stability. Proactive landlord engagement, financial advice and support, and mediation services are some of the most cost-effective interventions we can make. For those who need to leave their home, where attempts to stay have been unsuccessful or because it is unsuitable or unsafe, then support to find a new home is usually a better option than temporary accommodation.

Preventing rough sleeping is critical because it carries the greatest risk of harm and typically requires the most intensive and demanding interventions once people reach the streets. People leaving institutions, those with high support needs, and individuals with multiple compound needs are more likely to sleep rough. Targeted early intervention can break this cycle and prevent the deterioration in physical and mental health that makes future housing solutions more difficult to achieve.

What we will do

1.1 Early identification of risk and early intervention

- Develop a homelessness risk model using data from a range of sources to identify and target support to people at greatest risk of becoming homeless before they reach crisis point.
- Work with universal public services such as Integrated Neighbourhood Teams, Family Hubs, schools, and foodbanks to identify and support individuals and families at risk of homelessness as early as possible.

1.2 Support people to stay in their homes or to find a new home

- Develop integrated tenancy sustainment services, bringing together housing, employment and skills, and financial inclusion partners to deliver coordinated support packages including income maximisation, debt advice, financial literacy training, and flexible crisis prevention funding.
- Improve access to alternative accommodation in the private and socially rented sectors for those who need to find a new home.
- Work with community, voluntary and faith organisations to develop targeted, culturally appropriate information and advice for people from Black and Racially Minoritised groups, including people seeking asylum and refugees, so they can access the support they need.

1.3 Targeted prevention for people at risk of rough sleeping

- Develop a financially sustainable 'no first night out' model to identify and support those who are known to services, including people in temporary or supported accommodation or leaving institutions and care settings, who are at greatest risk of going on to sleep rough.

How we will measure progress

We will track our progress using the following indicators:

- Number of Duty to Refer referrals
- % presenting at prevention duty stage
- % of duties owed where homelessness was prevented
- % of households placed in temporary accommodation
- Number of people sleeping rough on a single night

Priority 2: Improve temporary accommodation pathways and experiences

Why this is important

The number of households living in temporary and emergency accommodation has risen to unprecedented levels. Temporary accommodation is expensive, with costs rising over time. This impacts our ability to invest more in prevention. More importantly, it is insecure and may be unsuitable for people's specific needs long-term.

Too many people are spending too long in temporary accommodation. Children aged 0-17 make up around 40% of the city's homeless population, with most of them living in households in temporary accommodation. Extended stays in temporary accommodation can have a negative impact on children's educational attainment, social development, and mental health. For adults, the experience can worsen existing vulnerabilities and make it harder to find solutions and routes into settled accommodation. Living in temporary accommodation can disrupt support networks and community connections, especially where people are placed outside the city.

We recognise that while we need to prevent homelessness from occurring, we must also ensure that when people do need temporary accommodation, their experience is as positive as possible and that they move on to settled housing quickly. This requires us to reduce the overall numbers in temporary accommodation through effective prevention and reduce the length of time people spend in temporary accommodation through better pathways to settled housing.

Increasing the supply of good quality temporary accommodation reduces our dependence on more expensive forms of accommodation. Having an adequate supply also means we can better match households to appropriate accommodation types, ensuring people have suitable facilities and space. Finally, having sufficient supply reduces the pressure to place households out of area, helping maintain community connections and support networks.

What we will do

2.1 Improve move on from temporary accommodation into settled housing

- Reduce our overall use of temporary accommodation by working with our supported and social housing partners to develop bespoke pathways into settled housing.
- Develop intensive, personalised move-on support to households in temporary accommodation, including assessment of barriers to move on, practical assistance with housing applications, financial support for deposits and removals, and tenancy sustainment support once in permanent housing.

2.2 Support people living in temporary accommodation

- Explore floating support services for people living in temporary accommodation to help them maintain community connections and social support networks and develop the skills and confidence needed for move on.
- Undertake a comprehensive needs assessment to better understand the needs and support requirements of households in temporary accommodation and inform service improvements.

2.3 Improve the supply and quality of temporary accommodation

- Put in place a recovery plan to address the short- and medium-term impact of rising temporary accommodation costs, a changing private rented sector market and expected loss of grant funding.
- Develop a comprehensive temporary accommodation acquisitions strategy to increase supply, raise standards and achieve long-term financial sustainability by retendering block booking contracts, introduce dynamic purchasing and reduce the use of spot purchasing.
- Strengthen accommodation supply by developing additional provision in partnership with private and social landlords and the voluntary, community and social enterprise sector.

How we will measure progress

We will track our progress using the following indicators:

- Total number of people in temporary accommodation
- Average length of stay in temporary accommodation
- Number of households with children in temporary accommodation
- Families with children in B&B over 6 weeks
- % of temporary accommodation spot purchased
- Successful move-ons per quarter

Priority 3: Provide joined-up support with our partners to people who most need help

Why this is important

There is a high demand for support and services from people in urgent housing need, including those fleeing domestic violence, vulnerable families, refugees and asylum seekers, LGBTQ+ youth, people with mental health needs, neurodivergent people and others. These factors often interact to amplify need and vulnerability. Our services are seeing increasing numbers of people with significant, and often complex, needs. In responding to those needs we will tailor our services to ensure fair access to good quality, people centred, and trauma informed support.

People who experience three or more of the following are described as having multiple compound needs: homelessness, mental health needs, substance use, current or past offending and domestic abuse. The term attempts to capture the way these issues combine to impact someone's life. Addressing multiple compound needs is a priority for our Health and Care Partnership. Together, we aim to jointly commission and deliver wraparound services for people with multiple compound needs.

Our ambition is to end rough sleeping in the city. People who sleep rough have often experienced serious, sometimes multiple traumas in their lives. The experience of rough sleeping itself is traumatic. Women and young people are at greater risk of victimisation and physical and sexual violence when sleeping rough. As well as preventing rough sleeping where we can, we will work with our partners to review and improve our accommodation and support offer for rough sleepers. This includes the development of our single homeless supported housing pathway, to better meet the needs of people with high levels of need.

What we will do

3.1 Target support for people who are most vulnerable

- Establish multi-agency protocols for supporting priority groups including care leavers, 16–17-year-olds, pregnant women, families with children, domestic abuse survivors, refugees and asylum seekers, LGBTQ+ people and other vulnerable groups, ensuring coordinated assessment and support pathways.
- Develop a supported housing strategy and prepare for the anticipated changes to supported housing standards.
- Improve housing options and pathways for domestic abuse survivors, recognising their specific safety and support needs.

3.2 Create integrated services for people with multiple compound needs

- Improve the join up between the council's homelessness services and homeless healthcare services through a new Homeless and Multiple Compound Needs Partnership.
- Embed co-production approaches by working with people with lived experience to co-create innovative services, policies and practice improvements that reflect their expertise and priorities.
- Agree a care and support protocol for people with co-occurring mental health and substance use issues, which disproportionately affect people experiencing homelessness.
- Collaborate with our NHS and voluntary, community and social enterprise sector partners to take forward our shared ambition for a new integrated homeless healthcare hub.

3.3 Support people experiencing rough sleeping access services and accommodation

- Review and recommission our Housing First service to improve outcomes for residents and ensure a better distribution of Housing First tenancies across a range of housing stock.
- Provide enhanced support for those who return to rough sleeping, using data to track flow and target prevention work.
- Review and improve homeless day centre provision in the city to ensure that it meets a broader range of needs and is financially sustainable.
- Develop our housing offer and support services for those experiencing long term rough sleeping.
- Work with our partners to pilot a new multidisciplinary in-reach support approach to inform the development of the wider single homeless supported housing pathway.

How we will measure progress

We will track our progress using the following indicators:

- Households with accommodation secured at end of prevention/relief duty for households also experiencing at least two areas of overlapping disadvantage
- Number of households unable to be supported at domestic abuse safe accommodation due to being unable to meet additional needs.
- Percentage of people with multiple compound needs achieving positive outcomes across at least 3 domains (housing, health, criminal justice, substance use) at 12 months
- Number of people sleeping rough over the month who are long term

Tackling homelessness in children, families and young people

Children (0-17) comprise around 17% of the population of Brighton & Hove but make up almost 40% of the city's homeless population. Most are part of families living in temporary accommodation. Families with children make up 42% of those seeking help from the council because they are at risk of homelessness, 19% of those owed a relief duty and 42% of those owed a main duty. National evidence tells us that outcomes for children living in temporary accommodation are significantly worse than for those in settled accommodation.

Young people aged 18-25 comprise around 14% of the city's population and approximately 20% of the homeless population. National and local data tell us that youth homelessness is increasing. Young people face distinct and often overlooked challenges that put them at greater risk of homelessness - from family breakdown, trauma and care experience, to lower pay, reduced benefit entitlements and limited access to safe housing. They are also more vulnerable if they do become homeless.

In developing this draft strategy, we have listened to feedback from our partners and other stakeholders and have included a dedicated chapter on children, families and young people. We want to ensure that the challenges facing children, families, and young people experiencing homelessness are explicitly addressed. We are seeking views on actions which will transform outcomes for some of the city's most vulnerable children and young people. We have suggested some areas below where we think we could make the most difference.

Priority 1: Increase our effectiveness in preventing homelessness and rough sleeping

- Increase early identification of children, families and young people at risk of homelessness through early help and universal services such as schools and Family Hubs.
- Develop our family intervention and mediation services to prevent homelessness.
- Deliver targeted prevention for young people at risk of rough sleeping.

Priority 2: Improve temporary accommodation pathways and experiences

- Support children, families and young people maintain connections to services and support networks.
- Improve standards for children and families living in temporary accommodation.
- Minimise the use of B&B, other forms of non-self-contained accommodation and out-of-area placements for families with children.
- Develop tailored pathways for vulnerable young people that meet distinct needs and experiences.

Priority 3: Provide joined-up support with our partners to people who most need help

- Ensure that children, families and young people experiencing homelessness receive coordinated protection and support.
- Support care experienced young people and other vulnerable young people to sustain their tenancies.
- Strengthen our support offer for the most vulnerable children and young people.

How we will measure progress

We will track progress using the following measures:

- Number of households with children in temporary accommodation
- Number of families in B&B over 6 weeks
- Percentage of care leavers in suitable accommodation

Our commitments

Our strategy is an ambitious, 5-year plan and is intended to contribute to delivering our long term vision of a better Brighton & Hove for all and our goal of homes for everyone. We know that we can't deliver it on our own.

Many of the factors that cause homelessness are outside our direct control. To achieve real change, we will need to collaborate with government, with regional and local partners and with people with lived experience of homelessness.

We are doing this in a context where demand for support is increasing and where resources are becoming scarcer. We need to manage our finances effectively and use data and evidence intelligently, targeting our interventions where they will have greatest impact.

We need a compassionate, skilled and knowledgeable workforce to deliver inclusive, person-centred services.

To deliver our strategy, we commit to:

1. Be fair and inclusive

a. Develop holistic, person-centred and trauma informed services

b. Champion equality, diversity and inclusion

c. Challenge stigma, build trust, and promote community integration and social connections

2. Work in partnership

a. With people with lived experience to jointly design services and policy

b. With government, regional and local partners to tackle the root causes of homelessness

c. With the voluntary, community and social enterprise sector to bring additional resources and expertise to deliver the aims of the strategy

3. Make best use of our resources

a. Ensure our workforce has the support, knowledge and skills to do their very best

b. Manage our financial resources and assets to ensure best value and financial sustainability

c. Use our information to better understand need, deliver evidence-based solutions and drive innovation

Delivering the strategy

The council is embedding a learning framework to support our journey to become a learning organisation. We will use this framework to underpin the delivery of our strategy.

Be connected

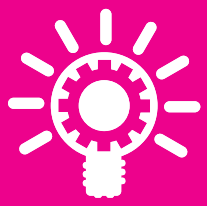
We are committed to work with our partners, including people with lived experience, to design services and support for people at risk or who are experiencing homelessness. We also recognise that partnership across the broader system will help us tackle the structural determinants of homelessness.

Together with our partners, we will put in place governance arrangements to ensure oversight and delivery of the strategy. As well as an annual action plan to accompany the final strategy, more detail on delivery will be set out in our service and operational plans. We will work with our partners and with people with lived experience to develop these. We will report on progress and update the action plan annually.

Be confident

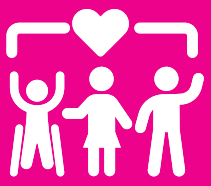
We face significant challenges. The cost of meeting our legal duty to provide temporary accommodation continues to rise rapidly. We allocated £28 million to meet the cost of temporary accommodation in 2025/26. It is likely that we will significantly overspend this by the end of the year. Due to a change in the funding formula for the Homelessness Prevention Grant we also expect that over the life of the strategy we will lose grant funding from central government.

All this means that we must do things differently. We know that we need to shift our approach to focus more on prevention and early intervention. Over the long term, we are confident that this will improve outcomes for people and reduce the cost of temporary accommodation to the council. In the short to medium term, however, we need to make some difficult decisions, including how and where we source our temporary accommodation.



Be innovative and creative

Our financial position means that we need to think creatively with our partners about how we pool resources, integrate services and develop innovative solutions. We need to invest in our collective workforce to ensure that they have the skills and knowledge that is needed. We also need to make best use of our buildings and other physical assets across the city and develop a plan to ensure these are used to greatest effect. We will continue to develop our joint commissioning arrangement to ensure integrated, multi-agency, wrap-around support to people experiencing homelessness.



Be diverse and inclusive

In reviewing homelessness and developing our priorities, the unequal impact of homelessness on some groups and individuals is striking. Our attention has been drawn to factors such as age, sex, ethnicity, sexuality, gender identity, disability and more. What is equally striking is that while these factors can help us understand risk, none of them alone can help us predict who is likely to become homeless or the impact of homelessness on their lives.

We need to get better at understanding how these and other characteristics interact in different contexts to develop interventions and services that recognise the diversity of experiences and needs, challenge stigma and promote inclusion. We believe that the best way to do this is by working in partnership with people with lived experience of homelessness.

Be healthy and psychologically safe

The impact of homelessness on health and wellbeing is clear from the evidence we have gathered. Poor health is also a factor that can contribute to someone becoming homeless. Changes in national policy will give us more leverage to tackle poor housing conditions in both the private and social rented sectors. We also plan to work with our providers across sectors to drive up standards in temporary accommodation.

The interaction between homelessness and mental health is one of the most significant issues that we have identified. Many individuals who become homeless have a history of traumatic experiences prior to losing their homes. These can include childhood abuse, neglect, domestic abuse, or significant life crises such as the death of a loved one or financial hardship. The trauma of homelessness compounds these earlier experiences. In delivering this strategy, we have committed to work in ways that are trauma informed and psychologically safe.

8312 Brighton & Hove City Council Communications Team

Review of homelessness in Brighton & Hove 2025

DRAFT version 3.1

Contents

Introduction

Much has changed since the last homelessness and rough sleeping review for Brighton & Hove was undertaken in 2019, including the Covid-19 pandemic, a rapid rise in the cost-of-living, and a housing crisis that has intensified over time. In 2023 a new city council was elected which put 'homes for everyone' at the centre of its vision for a better Brighton & Hove for all.

Analysis by Shelter in 2024 indicated that homelessness affects around 1 in 77 people in Brighton & Hove (3,580 people or 1.3% of the city's population).[1] They estimated that at the end of June 2024 there were 3,528 people homeless and living in temporary accommodation and a further 52 people sleeping rough. They also estimated that there were 1,411 homeless children in the city at that point: almost 40% of the total homeless population. Most of these children are living in temporary accommodation. At the end of 2024, 47% of households in temporary accommodation contained children.

Homelessness applications have been rising since 2021. In 2024, 2,624 households approached the council for homelessness advice and support either because they were at risk of homelessness or because they were homeless. Of these 2,366 made a homeless application. The number of households approaching the council after they had already become homelessness also rose from 993 in 2021 to 1,230 in 2024.

If homelessness cannot be prevented the council may have an on-going duty to help applicants find a settled home if they are eligible, have a priority need and other tests are met. This is called the main housing duty. Those with priority need include pregnant women, families with children, and those who are homeless because of domestic abuse or due to an emergency such as a fire or flood or who are vulnerable in other ways. Households accepted as owed a duty under the main housing duty have more than doubled over the last 5 years with 616 acceptances in 2024 compared to 261 in 2020.

While people's homeless applications are being processed or while they are waiting to be rehoused, they may be placed in temporary accommodation. After falling between 2020 and 2022, the use of temporary accommodation by the council has again risen, with 1,928 households living in temporary accommodation at the end of 2024.

Rough sleeping is also rising. The rate of rough sleeping in Brighton & Hove was 20 per 100,000 population in October 2020. The rate in March 2025 was 30 per 100,000. Brighton & Hove has the joint 19th highest rate of rough sleeping in England.

[1] Shelter, 2024, At least 354,000 people homeless in England today, https://england.shelter.org.uk/media/press_release/at_least_354000_people_homeless_in_england_today_

Data from a recent audit of people with Multiple Compound Needs indicates that there were 704 people in contact with services who were experiencing homelessness with 2 or more other compounding needs (mental health, substance misuse, domestic violence, history of offending).

The review of homelessness in Brighton & Hove is part of developing a new homelessness and rough sleeping strategy for the next 5 years. It aims to give a picture of homelessness in the city and identifies some of the issues and challenges the new strategy will need to address.

The review considers:

- the national and local context
- current levels of homelessness in the city and future estimates
- existing activities to prevent homelessness, secure accommodation for those experiencing homelessness and to provide support to households experiencing or at risk of homelessness
- the resources available to the council and other organisations to address homelessness

The review draws on quantitative information on homelessness collected by the council and its partners. Data cited is from the 5 calendar years from 1 January 2020 to 31 December 2024 unless otherwise stated. Figures for 2020, and to some extent 2021, are likely to have been skewed by the impact of the Covid-19 pandemic.

The review also contains qualitative evidence and insights from our partners including people with lived experience of homelessness, frontline workers and service providers across the city. All contributors have offered constructive challenge and feedback and have worked with us to identify the issues the new homelessness and rough sleeping strategy must address.

Our thanks to all of those who have contributed to this review.

Key findings and recommendations

This section summarises key findings from our review. The recommendations here are intended to be strategic and to inform the development of the new homelessness and rough sleeping strategy. There are other findings in the body of the review that may be relevant for commissioning and service improvement purposes.

Prevention

National and local evidence demonstrates that prevention works when deployed effectively – in Brighton & Hove 66% of prevention duties ended with positive outcomes in 2024. However, the council is seeing fewer people before they become homeless, with prevention assessments falling from 854 in 2023 to 594 in 2024. People with lived experience reported feeling 'isolated, unsupported, unsure of where to go' and said they faced barriers in accessing help before they became homeless.

Recommendation 1: Over the life of the strategy, work to shift the focus of prevention activity 'upstream' to identify individuals and households at risk and offer advice and practical support before they reach crisis point.

Moving prevention activity 'upstream' requires working with partners across health, social care, criminal justice, education, and voluntary sectors to identify people at risk of homelessness earlier. This should include improved use of data, including predictive analytics, training for frontline workers in universal services to recognize homelessness risk, and clear referral pathways.

Recommendation 2: Develop frontline partnership working, including through the duty to refer, and strengthen the approach to hidden homelessness.

While 517 referrals were made through duty to refer between 2020-2024, this represents significant untapped potential. Based on national evidence, women and young people are likely to be under-represented in council data, with many oscillating between different forms of insecure housing and homelessness and some not approaching the council for support. Targeted outreach and engagement approaches, combined with strengthened partnerships with universal and specialist services including employment, education and training, community safety and health and social care services.

Recommendation 3: Improve accessibility and coordination of advice services and reduce barriers to seeking help

People with lived experience of homelessness highlighted difficulties accessing support, including problems contacting the council, lack of clear information about processes and rights, and having to repeat their stories multiple times. A coordinated approach with clear access points, improved communication, and 'no wrong door'

principles would enable earlier intervention and prevent people reaching crisis before accessing help.

Recommendation 4: Strengthen prevention and early intervention with key at risk groups including, people leaving institutions, care settings, including the asylum system and supported housing, and people fleeing domestic abuse.

The data shows that some groups are significantly over-represented among those experiencing homelessness. Discharge planning from institutional care, crisis support for those fleeing their homes and targeted early intervention can prevent homelessness and rough sleeping, with specialist protocols in place for at-risk groups.

Recommendation 5: Implement rapid response systems to prevent entrenched rough sleeping through fast-track access to assessment and accommodation.

With almost a third of people experiencing rough sleeping being new each month, rapid intervention can prevent entrenchment. This should include assertive outreach, improved assessment processes, rapid access to accommodation, and intensive early support to address the factors that led to rough sleeping. Eviction from temporary and supported accommodation due to unaddressed support needs can lead to cyclical or long-term rough sleeping.

Temporary accommodation

The number of households in temporary accommodation has risen over the last two years with 1,928 households at the end of 2024. As well as rising demand, there is a limited supply of suitable accommodation and escalating costs. The use of more expensive spot-purchased accommodation has also increased, with numbers rising from 114 to 379 units between 2022 and 2024. Move on from temporary accommodation is also an issue with a lack of suitable properties for private or social rent. Some people with lived experience reported feeling unsupported after move-on and highlighted an issue with a ‘revolving door’ of repeat homelessness for those whose support needs meant they were unable to sustain tenancies in settled accommodation.

There are also problems ensuring a supply of good quality temporary accommodation that is suitable for people’s needs within the city. People with lived experience and frontline support workers described properties that were ‘damp and in need of repairs’, lacking basic facilities, and feeling unsafe. Others highlighted that placement outside the city meant that their access to services, employment, education, and support networks were disrupted. The Health Counts survey found those in temporary accommodation were more likely to report poor mental health, feeling unsafe, and facing housing quality issues including damp, cold, and mould. These issues appear to relate mainly to interim placements (formerly known as emergency accommodation).

Recommendation 6: Implement a comprehensive approach to reducing the use of temporary accommodation over the life of the strategy focusing on prevention, the supply of suitable accommodation, and accelerated move-on. This should have short, medium and long-terms goals, with an immediate goal of tackling rising costs to stabilise the system.

A projected 40% increase in net costs over the next two years demonstrates the unsustainability of current trends. A coordinated strategy should include prevention measures to reduce inflow, increased supply of suitable accommodation to meet both immediate needs and ensure improved quality in the long-term, and systematic approaches to accelerate move-on to settled housing. This requires a whole system approach given the housing supply and affordability challenges. It will also require difficult financial decisions in the short-term to stabilise the system and ensure longer term sustainability.

Recommendation 7: Improve standards for all temporary accommodation with a focus on interim accommodation.

The evidence from people with lived experience and health data indicates quality issues in some forms of temporary accommodation that impact health and other outcomes. This includes ensuring accommodation meets the specific needs of different household types. The expected extension of the Decent Homes Standard to private rented sector properties should facilitate this but enforcement may require additional resourcing.

Recommendation 8: Reduce reliance on spot-purchased accommodation through increased block-booking and direct provision

The significant increase in higher cost spot-purchased units highlights the financial unsustainability of current approaches. Developing longer-term arrangements with private landlords and increasing council-owned stock would provide better value for money and improved accommodation standards while reducing use of less suitable accommodation types, especially the use of B&B accommodation.

Recommendation 9: Improve our understanding of the support and service needs of people living in temporary accommodation through a comprehensive needs assessment.

Local Health Counts data indicate that there are significant health inequalities for those living in temporary accommodation. It does not consider the impact on children nor the impact on other outcomes such as employment, education and training. National evidence indicates that these are significant. Local specialist provision for people living in temporary accommodation is limited with most services focused on single homelessness and rough sleeping.

Providing support

Most people experiencing homelessness have one or more support needs. The most common needs amongst those owed a relief duty include mental health needs (affecting 35% of those owed a relief duty), physical ill health and disability (22%), and substance use (12% drug, 10% alcohol).

More people are approaching the council with higher levels of need or with more complex needs. People with multiple compound needs are a particularly vulnerable group, with 704 people identified as experiencing homelessness with 2 or more other support needs. People sleeping rough often have the highest level of need, with complex and intensive support intervention needed. The current service landscape includes comprehensive provision but there are challenges with coordination, capacity, and sustainability. This includes existing day centre and supported housing models which should be reviewed.

Recommendation 10: Work with partners to develop integrated care pathways for people with multiple compound needs, including reviewing Housing First approaches for those with histories of long-term and repeat rough sleeping.

The independent evaluation of Changing Futures Brighton & Hove provides a clear framework for developing integrated support for the most vulnerable. This should include the planned Multiple Compound Needs Integrated Community Team with trauma-informed approaches. The existing Housing First service accommodates 60 people but could be expanded if financially viable given the evidence of its effectiveness for those with complex needs and histories of rough sleeping.

Recommendation 11: Strengthen mental health and substance use support with better integration between homelessness, health, and specialist services.

With mental health problems affecting significant proportions of people experiencing homelessness and substance dependency being a major issue, better integration is needed between housing, health, and specialist services. This should include improved pathways, shared protocols, co-located services where appropriate, and enhanced partnerships with health services to address the healthcare needs of people experiencing homelessness.

Recommendation 12: Expand trauma-informed approaches across all homelessness services with enhanced peer support and lived experience involvement in service design and improvement.

The evidence shows high levels of trauma among people experiencing homelessness, including domestic abuse, adverse childhood experiences, and repeated homelessness. All services should adopt trauma-informed approaches, with staff training and service design reflecting understanding of trauma's impact on engagement

and recovery. This should include expanded peer support roles and systematic involvement of people with lived experience in service design and delivery.

Recommendation 13: Ensure that appropriate pathways and protocols are in place for those more vulnerable if they become homeless.

This includes care leavers, 16–17-year-olds, pregnant women, families with children, domestic abuse survivors, refugees and asylum seekers, LGBTQ+ people and other groups including people with mental health needs, those experiencing frailty, long term ill health or disability, to ensure coordinated assessment and support pathways.

Children, families and young people

Children (0-17) are disproportionately overrepresented amongst those experiencing homelessness. There were around 1,400 homeless children in June 2024, representing almost 40% of all homeless people in the city. Children make up about 17% of the city's population. At the end of 2024, 47% of households in temporary accommodation contained children. The number of young people aged 16-24 accepted as owed a main housing duty more than doubled from 52 in 2020 to 116 in 2024.

National evidence shows the significant consequences of homelessness for both children and young people. Survey research by Shelter found that 61% of parents felt temporary accommodation negatively impacted their children's stress or anxiety, while 47% of children had to move schools. The evidence also shows particular vulnerabilities for care leavers and young people with complex needs.

Recommendation 14: Develop a comprehensive approach to early identification and supporting families at risk of homelessness with early identification systems in schools, health services, and early help and family protection services.

The high proportion of children experiencing homelessness requires a dedicated focus that works across universal services. This should include training for staff to identify early warning signs, improved referral, integration with children's social care assessment processes, to address underlying issues before homelessness occurs. Preventing homelessness in families protects children from significant trauma and developmental harm. This can impact outcomes over a lifetime and potentially realise long term cost savings to the council and its partners.

Recommendation 15: Review and improve pathways and support for vulnerable families, children and young people including those fleeing domestic abuse, care leavers, young parents, and those with complex needs.

People fleeing domestic abuse represent a significant and vulnerable group. The pan-Sussex domestic abuse accommodation strategy is due for renewal. The increase in young people accepted as owed a main housing duty indicates growing levels of

vulnerability. Support service should address the distinct developmental needs of young people, including life skills training, education and employment support, and mental health provision. For care leavers, this should build on existing protocols to ensure transition to independence with adequate housing and support in place. Young parents require additional help combining parenting assistance with their own developmental needs.

Recommendation 16: Strengthen partnership working between homelessness services and children's services, education, and youth services

To address the needs of children and young people affected by homelessness requires enhanced partnership working to address both immediate housing needs and longer-term outcomes. This should include joint assessment processes, shared case management for families, and coordinated planning for young people transitioning to independence. Partnerships with education services are particularly important to minimise school disruption and support educational continuity.

Recommendation 17: Review existing services and develop trauma-informed, age-appropriate provision that address the specific impacts of homelessness on children and young people's development

National evidence shows significant psychological and developmental impacts of homelessness on children and young people. Services should be designed with understanding of child development and the ways homelessness affects different age groups. Those working with children and families should receive training in trauma-informed approaches and child development.

Delivering the strategy

There are systemic challenges in achieving and sustaining long term change. These include a chronic shortage of affordable housing that meets people’s needs, including accessible and family housing. There are broader economic pressures with rising inflation, increases in private sector rents and a Local Housing Allowance that is insufficient to cover housing costs for those on low incomes. Those approaching the council for support have increasing levels and complexity of need. There are also acute financial pressures affecting the council and its partners.

Achieving the desired shift to prevention is particularly challenging in a context where increasing demand and costs are absorbing more resources. Financial resources are also expected to shrink over the life of the strategy. In this unprecedented scenario both evidence-based, and innovative solutions are required. Clear prioritisation and difficult, strategic decisions are needed to address short-, medium- and long-term goals.

Recommendation 18: Embed homelessness prevention and response within a broader strategic framework addressing issues of housing supply, affordability, and economic growth.

The homelessness and rough sleeping strategy should be framed within a broader strategic approach that addresses issues of housing supply, affordability and economic growth as set out in the council plan *A better Brighton & Hove for All*, the housing strategy *Homes for Everyone*, the City Plan and the economic plan *Fairer, Greener, More Productive*. Even if progress is made on the drivers of homelessness, significant impact is unlikely to be realised in a 5-year timeframe. The council should therefore continue to work with its partners at local, regional and national levels to achieve the long-term changes required.

Recommendation 19: Establish clear governance arrangements for strategy delivery and rationalise and strengthen partnership working.

The current 32 partnership groups potentially create confusion and duplication. A new governance structure should include a strategic steering group with themed delivery groups covering prevention, accommodation, support services, and children and families. This would provide clear accountability and coordination for strategy implementation while ensuring the distinct needs of different groups are addressed.

Recommendation 20: Develop a short to medium term recovery plan that addresses the impact of rising demand and increasing costs on the homelessness system across the pathway.

The potential reduction in grant funding and further restrictions on its use create a significant financial challenge. There are also pressures on the council's overall budget position and those of its partners. In the short-term, action is needed to manage demand and bring down cost. In the medium-term there may be opportunities to pool funding and develop innovative models for service provision, including exploring social investment approaches.

Recommendation 21: Strengthen co-production and lived experience involvement in service design and delivery across all aspects of homelessness services

Involving people with lived experience can have a significant impact in improving services. This should be embedded systematically across all services, with resources for lived experience involvement, peer support roles, and feedback mechanisms. Approaches should ensure the voices of different groups, including children, young people, and families, are heard and acted upon.

Recommendation 22: Improve the collection and use of data to enable a clearer picture of demand and need. This includes more 'real-time' data analysis including financial data. Address gaps in our understanding and develop systems to collect

and analyse relevant data. This includes assessment of the needs of people living in temporary accommodation, including children and families and young people.

There are significant gaps in our understanding of the needs of people experiencing homelessness. For example, council data collection systems only capture the support needs of the main homelessness applicant, with the needs of other members of the household not recognised. Some groups, such as young people and women are likely to be underrepresented in our data. Work to better capture and understand their needs would facilitate a data-led approach to the commissioning and provision of services.

Context

Definitions

There are different ways to define homelessness. Many people think about rough sleeping when they think about homelessness. Rough sleeping includes people bedding down on the streets or sleeping in unsuitable places such as on public transport, or in disused buildings.

The definition of homelessness used in this review encompasses not only rough sleeping but also people experiencing statutory homelessness and those living in precarious or temporary housing situations. People can be considered homeless even if they have a roof over their head if that accommodation is temporary, unsafe, or they have no legal right to remain there.

Statutory homelessness is a legal definition of homelessness that triggers a local housing authority's duty to provide help. Under UK law, a person is considered homeless if they have no accommodation that they are entitled to occupy, or they have accommodation but cannot reasonably be expected to continue occupying it. This includes situations where they have been evicted or asked to leave; where they cannot afford to pay rent or a mortgage and face eviction or repossession; where the accommodation is overcrowded, in poor condition, or unsuitable; where they face domestic abuse or harassment; or where they have been staying temporarily with friends or family but can no longer do so.

Local housing authorities like Brighton & Hove City Council have specific duties toward those who are statutorily homeless, including conducting assessments and potentially providing temporary or permanent accommodation. However, these duties are subject to eligibility criteria, priority need categories, and requirements around local connection and intentionality.

Hidden homelessness refers to people or households that are generally not captured in official statistics, usually because they have not approached their local housing authority for help or have not met eligibility criteria. It could involve 'sofa-surfing', staying with friends or family, people sleeping in vehicles or people selling sex for accommodation.

The legal and policy context

Key legislation

Housing Act 1996 (Part 7) provides the main legal foundation for preventing homelessness and assisting those threatened with or experiencing homelessness. It was amended by the Homelessness Act 2002, which extended priority need categories to include 16–17-year-olds, care leavers (18-20), and people vulnerable due to time in care, armed forces, prison, or fleeing violence. It required all housing authorities to develop homelessness strategies (renewed every 5 years) and mandated a strategic approach to prevention and accommodation provision

The Homelessness Reduction Act 2017 extended the prevention duty period from 28 to 56 days and required housing authorities to provide support to all affected households, not just those with priority need. It introduced a 56-day support period for those already homeless and required housing authorities to work with applicants to agree personalised housing plans.

The Domestic Abuse Act 2021 extended priority need to all eligible domestic abuse victims and introduced new definition of domestic abuse for housing assessments.

The Supported Housing (Regulatory Oversight) Act 2023 brought in enhanced regulation of supported housing through the introduction of national standards and licensing schemes. The regulations and provisions within the Act are expected to be implemented over the next 2 years.

Housing authorities must also consider Children Act 1989 duties, public sector equality requirements, and health and wellbeing responsibilities when addressing homelessness.

An overview of the homelessness legislation is available in the government's *Homelessness code of guidance for local authorities*.

Core duties and processes

Housing authorities have a legal **duty to provide advice and information** about homelessness and the prevention of homelessness and the rights of homeless people or those at risk of homelessness, as well as the help that is available and how to access it. This should be designed with certain listed vulnerable groups in mind. These are prison leavers, care leavers, former members of the regular armed forces, victims of domestic abuse, persons leaving hospital, persons suffering from a mental illness or impairment, as well as any other group that the authority identify as being at particular risk of homelessness. Authorities can provide the advice and information themselves or arrange for other agencies to do it on their behalf.

Housing authorities have a **duty to carry out an assessment** in all cases where an eligible applicant is homeless or threatened with homelessness. This should identify what has caused the homelessness or threat of homelessness, the housing needs of the applicant and any support they need to be able to secure and retain accommodation. Following this assessment, the housing authority must work with the person to develop a **personalised housing plan** which will include actions (or 'reasonable steps') to be taken by the authority and the applicant to try and prevent or relieve homelessness.

The prevention duty

Housing authorities have a duty to take reasonable steps to help prevent any eligible person (regardless of priority need status, intentionality and whether they have a local connection) who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they become homeless. The prevention duty continues for 56 days unless it is ended by an event such as accommodation being secured for the person, or by their becoming homeless.

The relief duty

If the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the reasonable steps will be focused on helping the applicant to secure accommodation. This relief duty lasts for 56 days unless ended in another way. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and has a priority need, they must be provided with interim accommodation.

The main housing duty

If homelessness is not successfully prevented or relieved, a housing authority will owe the main housing duty to applicants who are eligible, have a priority need for accommodation and are not homeless intentionally. Certain categories of household have priority need if homeless, including pregnant women, families with children, and those who are homeless because of being a victim of domestic abuse or due to an emergency such as a fire or flood. Other groups may be assessed as having priority need because they are vulnerable because of old age, mental ill health, physical disability, having been in prison or care or because of becoming homeless due to violence.

Under the main housing duty, housing authorities must ensure that suitable accommodation is available for the applicant and their household until the duty is ended, usually through the offer of a settled home. The duty can also be ended for other reasons, such as the applicant turning down a suitable offer of temporary

accommodation or because they are no longer eligible for assistance. A suitable offer of a settled home (whether accepted or refused by the applicant) which would bring the main housing duty to an end includes an offer of a suitable secure or introductory tenancy with a local authority, an offer of accommodation through a registered provider (also known as a housing association) or the offer of a suitable tenancy for at least 12 months from a private landlord made by arrangement with the local authority.

Housing authorities have various powers and duties to secure accommodation for homeless applicants, either on a temporary basis, to prevent or relieve homelessness, to meet the main housing duty or as a settled home. Accommodation must always be 'suitable' and there are set standards when private rented accommodation is secured for households which have priority need. Bed and breakfast accommodation is not considered suitable for families with children and households that include a pregnant woman, except where there is no other accommodation available, and then only for a maximum of 6 weeks. It is also deemed unsuitable for 16- and 17-year-olds.

A person would be **intentionally homeless** where homelessness was the consequence of a deliberate action or omission by that person. A deliberate act might be a decision to leave the previous accommodation even though it would have been reasonable for the person (and everyone in the person's household) to continue to live there. A deliberate omission might be non-payment of rent that led to rent arrears and eviction despite the rent being affordable.

Where people have a priority need but are intentionally homeless, the housing authority must provide advice and assistance to help them find accommodation for themselves and secure suitable accommodation for them for a period that will give them a reasonable chance of doing so. If, despite this assistance, homelessness persists, any children in the household could be in need under the Children Act 1989, and the family should be referred (with consent) to the children's social services authority.

In the homelessness legislation, people may have a **local connection** with a district because of residence, employment or family associations in the district, or because of special circumstances. There are exceptions, for example, residence in a district while serving a prison sentence there does not establish a local connection. Where applicants meet the criteria for the relief duty or for the main housing duty, and the authority considers that the applicant does not have a local connection with the district but does have one somewhere else, the housing authority dealing with the application can ask the housing authority in that other district to take responsibility for the case. However, applicants cannot be referred to another housing authority if they, or any member of their household, would be at risk of domestic abuse or violence (that is not related to domestic abuse) in the district of the other authority.

The definition of a 'local connection' for young people leaving care was amended by the Homelessness Reduction Act 2017 so that a young homeless care leaver has a local connection to the area of the local authority that looked after them. Additional provision is made for care leavers who have been placed in accommodation, under section 22A of the Children Act 1989, in a different district to that of the children's services authority that owes them leaving care duties. If they have lived in the other district for at least 2 years, including some time before they turned 16, they will also have a local connection with that district until they are 21.

The duty to refer

The Homelessness Reduction Act 2017 introduced a duty on certain named public authorities to refer service users who they think may be homeless or threatened with homelessness to a housing authority. The service user must give consent and can choose which authority to be referred to. Local housing authorities are required to incorporate the duty to refer into their homelessness strategy and establish effective partnerships and working arrangements with agencies to facilitate appropriate referrals.

National strategic and policy context

A **national strategy on rough sleeping**, *Ending Rough Sleeping for Good*, was published in September 2022 with funding to 2025. It set out a four-pronged approach to rough sleeping of prevention, intervention, recovery and a more transparent and joined-up system.

After the 2024 national election, the new Labour government made a commitment to introduce **a new cross-government homelessness strategy** to address all forms of homelessness, not just rough sleeping. It is expected to have a focus on preventing homelessness. The work to develop the strategy has been led by the Ministry of Housing, Communities and Local Government with a launch now expected in late 2025.

As well as specific legislation and policy to tackle homelessness, homelessness is impacted by policy across a range of other areas.

The **Local Housing Allowance** is set nationally and determines the maximum housing benefit for private renters. It is meant to cover the bottom 30% of rents in a local area. The allowance has been frozen since 2020. This has a significant impact in a city like Brighton & Hove with a large private rented sector and where rents have risen significantly over the last 5 years. It means that very few properties are available at the Local Housing Allowance rate, making it difficult for people on low incomes to find and afford suitable accommodation in the city.

In addition, the amount local authorities can claim against the cost of placing people in temporary accommodation is pegged at 90% of 2011 private rental levels. As noted

above, private sector rents have risen significantly since 2011, so the recoverable amount for the council is now much lower. This is a problem which affects all housing authorities but for Brighton & Hove the funding gap is particularly acute.

The government has also set out plans to provide 'the biggest increase in social and affordable housebuilding in a generation'. To date, it has announced an additional £500 million of investment in the current **Affordable Homes Programme (AHP)**, bringing total investment in the AHP for 2025/26 to over £5 billion. The government is also aiming to 'better protect our existing stock' of social housing by making changes to the Right to Buy policy.

National **health and social care policy** is currently focussed on 3 'strategic shifts', moving care from hospital to community, 'analogue to digital' healthcare and, a shift in focus from treatment to prevention. Work is underway across Sussex to mobilise community-based models, including Integrated Community Teams and Mental Health Neighbourhood Teams. The local footprints of the new teams should support integration of health with social care and housing services.

Local strategic and policy context

Brighton & Hove City Council published a new council plan *A Better Brighton & Hove for All* in July 2023. The plan has 'homes for everyone' as a core mission with the explicit goal of delivering 'accessible, affordable, and high-quality homes for all residents of Brighton & Hove'. The plan was refreshed in July 2025, with commitments to improve standards in the private rented sector, deliver at least 2,000 affordable homes, create additional social housing lets, reduce the number of households in temporary accommodation, work with people with lived experience of homelessness to improve homelessness and housing options services, and to improve housing solutions for domestic abuse survivors.

In October 2024, the council agreed *Homes for everyone*, a new housing strategy for 2024 to 2029. The priorities in the strategy are to improve housing quality, safety and sustainability; to deliver the homes our city needs; to prevent homelessness and meet housing need; to promote improved health and wellbeing for all; and to provide resident focused housing services.

The City Plan is the strategic planning framework that sets out the long-term spatial vision and development strategy for the city of Brighton & Hove. The current plan was adopted in 2016. The ongoing review and update of the City Plan Part 1 will take it to 2041. The City Plan is informed by the Strategic Housing Market Assessment commissioned by the council in 2023 which makes recommendations for new housing delivery targets and the mix of housing in the city, including the delivery of affordable

and socially rented homes.[2] Plans for economic growth and the labour market are outlined in the city's 3-year Economic Plan for 2024 to 2027.

Other relevant strategies and plans include the *Community Safety and Crime Reduction Strategy 2023 to 2026*, which amongst other priorities contains plans for tackling domestic abuse and dealing with anti-social behaviour. More detailed plans on tackling domestic abuse are included in the *Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy 2025-2028*.

The council is also required to set out how it will help, support and protect survivors of domestic abuse (and their children) in safe accommodation, in line with duties under the national Domestic Abuse Act 2021. It did this in the *Pan-Sussex Strategy for Domestic Abuse Accommodation and Support 2021-2024*. The strategy was developed in partnership with the Sussex Police and Crime Commissioner, West Sussex County Council, East Sussex County Council. Work is currently underway to refresh the strategy.

The Brighton & Hove mental health and housing plan was produced by Sussex Health & Care Partnership. It has 5 strategic priorities which aim to improve outcomes and increase access to support and accommodation for people with mental health needs through better integration of housing, health and care services. Delivery of the action plan is overseen by the multi-agency Mental Health Accommodation Group.

The council sets out who gets priority for social housing in its Housing Allocations Policy. In 2025, the council changed its Housing Allocations Policy with the goal of creating more opportunities to prevent homelessness, reduce reliance on temporary accommodation and provide more options for social housing tenants fleeing domestic abuse. Under the revised policy, if a household likely to be owed the main housing duty secures alternative accommodation while homeless or at risk of homelessness, they can remain on the housing register if they continue to qualify. The council anticipates that this will help reduce the number of households living in temporary accommodation in the city.

The council has recently developed a joint protocol to improve its response to the needs of homeless 16- and 17-year-olds. A care leavers' housing protocol has also been agreed, to ensure that looked after children have a firm offer of accommodation which meets their needs on leaving council care. Support for care leavers, including accommodation support is set out the Local Offer for Care Leavers. An Accredited Provider List to provide supported accommodation for care-experienced young people aged between 16 and 24 is in place. For 16- and 17-year-olds this offers an alternative

[2] Brighton & Hove City Council / Iceni Projects, 2023, *Strategic Housing Market Assessment* https://www.brighton-hove.gov.uk/planning/planning-policy/strategic-housing-market-assessment-august-2023

to foster care or residential childcare placements for young people who find it difficult to thrive in those environments.

The council took part in legal action against the Home Office concerning the treatment of unaccompanied asylum-seeking children, winning a landmark case in the High Court in 2023. The judgment has led to a change in national policy, so that unaccompanied asylum-seeking children can no longer be placed in hotels and B&Bs but must be placed by the National Transfer Scheme into foster placements under the Children Act.

The Pan Sussex Trauma-Informed Framework was developed by Brighton & Hove and Sussex local authorities, Sussex Health Trusts, the community and voluntary sector and people with lived experience. Its goal is to create lasting, high-quality trauma-informed practice across the region.

Planned legislation and policy changes

The Renters Rights Bill was introduced to parliament in September 2024. The government promises to transform the experience of private renting, including by ending Section 21 'no fault' evictions. The bill aims to give renters greater security and stability 'so they can stay in their homes for longer, build lives in their communities, and avoid the risk of homelessness'.[3]

As well as ending Section 21 evictions the bill introduces a range of reforms, including ending the system of assured shorthold tenancies; creating a new register of private rented sector (PRS) landlords and property portal to improve data on the PRS and drive up standards; protecting tenants from above market rent increases, providing stronger protections against backdoor evictions; applying both the Decent Homes Standard and Awaab's Law to the private rented sector (including temporary accommodation and supported housing); making it illegal for landlords and agents to discriminate against prospective tenants in receipt of benefits or with children; prohibiting landlords from soliciting rental bidding; establishing an Ombudsman to help tenants and landlords to resolve disputes; and enabling better enforcement through expanded use of Rent Repayment Orders.

Private landlords play an important role in housing in the city, with around 1 in 3 homes privately rented. While most private sector landlords provide a good service, the sector currently has some of the least affordable, poorest quality and most insecure housing of all forms of tenure. A well-functioning private rented sector should provide security for both tenants and landlords as well as alleviating homelessness.

[3] Guide to the Renters Rights Bill, Ministry of Housing, Communities & Local Government, https://www.gov.uk/government/publications/guide-to-the-renters-rights-bill/guide-to-the-renters-rights-bill

The Planning and Infrastructure Bill was introduced to parliament in March 2025. It is central to the government's ambitions to deliver 1.5 million homes and decide 150 nationally significant infrastructure projects before the end of the current parliament.

In June 2025 the government announced that it would repeal the Vagrancy Act 1824 which made rough sleeping a criminal offence. This will be done through a government amendment to the Crime and Policing Bill, with the change coming into effect in 2026. The Bill will also include a new offence of facilitating begging for gain and an offence of trespassing with the intention of committing a crime, both of which were previously part of the 1824 Act.

Alongside East Sussex County Council and West Sussex County Council, Brighton & Hove City Council successfully applied to join the Devolution Priority Programme. A new Mayoral Strategic Authority for Brighton and Sussex will be created with mayoral elections planned for May 2026. At this stage the range of devolved powers for the Mayoral Strategic Authority have not been confirmed. It is likely that powers will be devolved in stages over time. In a parallel process, plans for broader local government reorganisation may result in a shift in the boundaries of the city as a local authority.

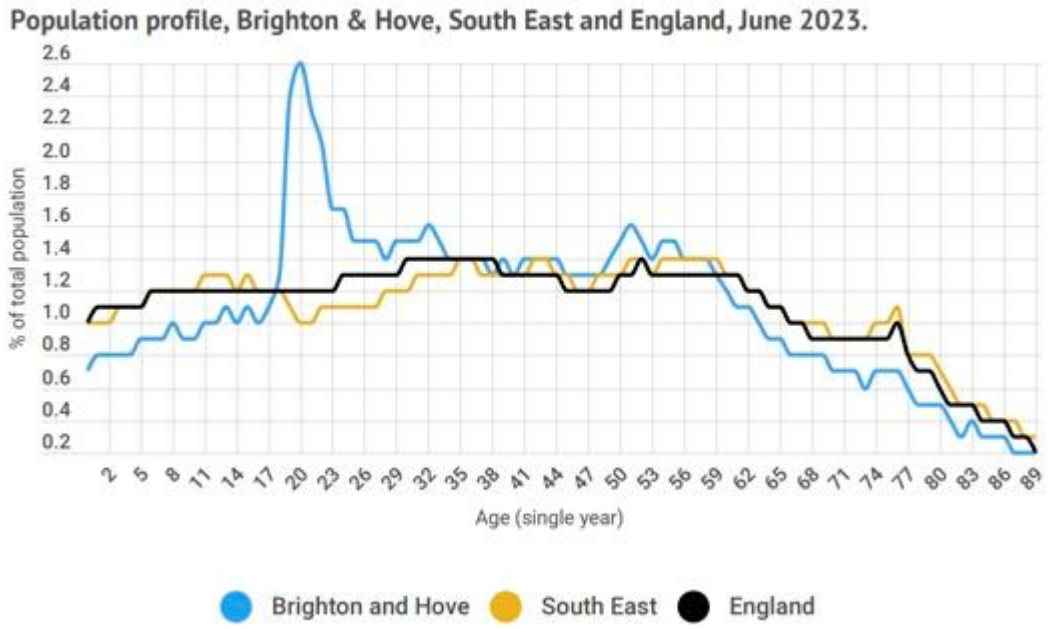
A key local ambition is the development of an integrated homeless healthcare hub that brings specialist homeless healthcare services into a central hub, so people who are homeless with Multiple Compound Needs can better access the healthcare they need Arch Health Community Interest Company have carried out several scoping exercises and have been developing this vision with partners over many years. Work with Common Ambition's lived experience group led to the publication of Our Big Hub Idea in 2023.[4] The Big Hub idea highlights the benefits of co-locating a range of welfare and support services alongside key health services. Partners are actively working together through the Multiple Compound Needs programme to realise this ambition.

[4] Common Ambition, 2023, *Our Big Hub Idea*
https://www.bhcommonambition.org/resources/#homeless-healthcare-hub

City population profile

There were 279,600 residents in the city of Brighton & Hove in 2023 according to the Office of National Statistics (ONS) mid-year population estimates.

In 2023, it is estimated that 40,800 people (15%) were aged 0 to 15 years old, more than two thirds (73%, 203,700 people) were age 16 to 66 years old, one in ten (11%, 29,600 people) were aged 67 to 84 years old and 5,400 people (2%) were aged 85 years or older.



Brighton & Hove has an unusual population profile compared to the South East and England. The city has a much higher proportion of people aged 19–31 years (23%, 64,800 people) compared to only 15% in the South East and 16% in England. The difference is most pronounced between the ages 19 to 22 years old. Nearly one in ten of Brighton & Hove's total population (9%, 26,200 people) is aged 19 to 22 years old compared to only 4% in the South East and 5% in England.

Brighton & Hove has a lower proportion of children aged 0 to 17 years of age. (17%, 46,700 people) compared to 21% in both the South East and England. There are also fewer people across all ages from the age of 60 years old. In Brighton & Hove less than a fifth of the total population (19%, 54,600 people) is aged 60 years old or older compared to 26% in the South East and 25% in England.

Our city consists of different and diverse communities. Black and Minority Ethnic groups and Lesbian, Gay, Bisexual and Trans (LGBT) people are key population groups.

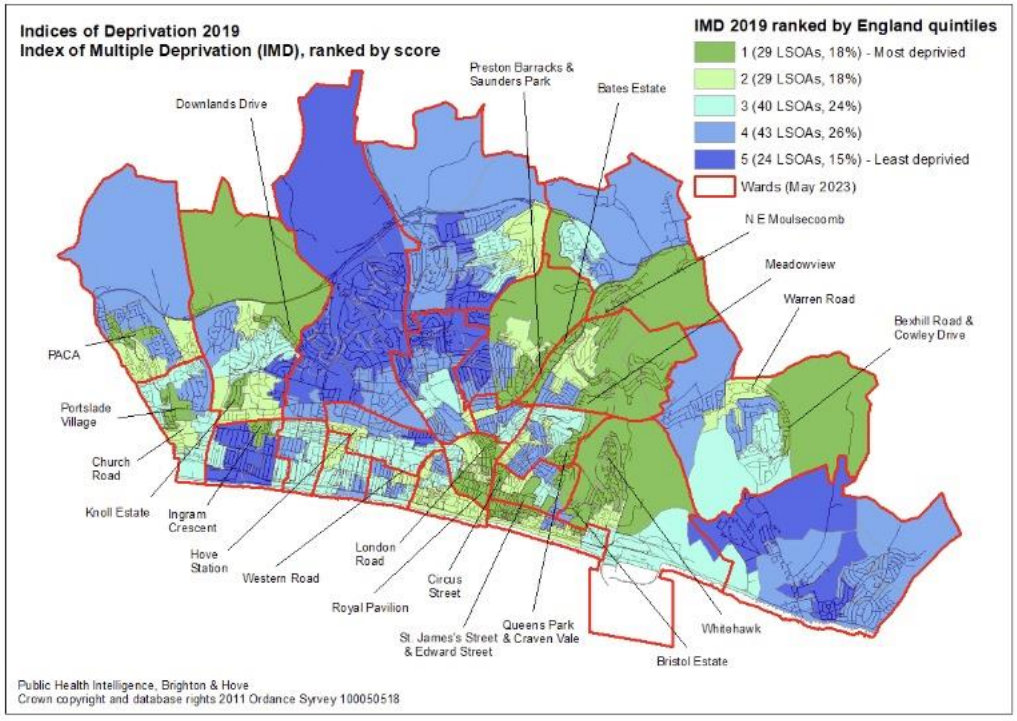
The most up to date data from the 2021 census shows that 72,272 residents (26%) are from a Black or Minority Ethnic group. This is higher than in the South East (21%), and similar to England (27%).

At least 25,247 residents age 16+ (10.6%) identified as Gay or Lesbian, Bisexual or Other sexual orientation. This is three times higher than seen in the South East (3.1%) and England (3.1%) and the highest proportion in any upper tier local authority in England. At least 2,341 residents aged 16+ (1.0%) identify with a gender different from their sex registered at birth. This is double what is found in the South East (0.5%) and England (0.5%).

The broader determinants of homelessness

Poverty, deprivation and housing quality

In 2019, 17% of the population of the city lived in one of the 20% most deprived areas in England and 13% lived in one of the 20% least deprived areas in England. Some areas are more affected by deprivation than others. The highest concentration of deprivation is in Whitehawk, Moulsecoomb, and Hollingbury. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England.



In 2023 12.1% of households in the city (15,522 households) were estimated to be in fuel poverty compared to 9.6% in the South East and 13% in England. In 2019 around 15% of children were estimated to live in poverty in the city, compared to 13% in the South East and 17% in England.

17% of occupied homes in Brighton & Hove are estimated to be non-decent under the Decent Homes Standard (20,500 homes). The percentage for England is 15%. In

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

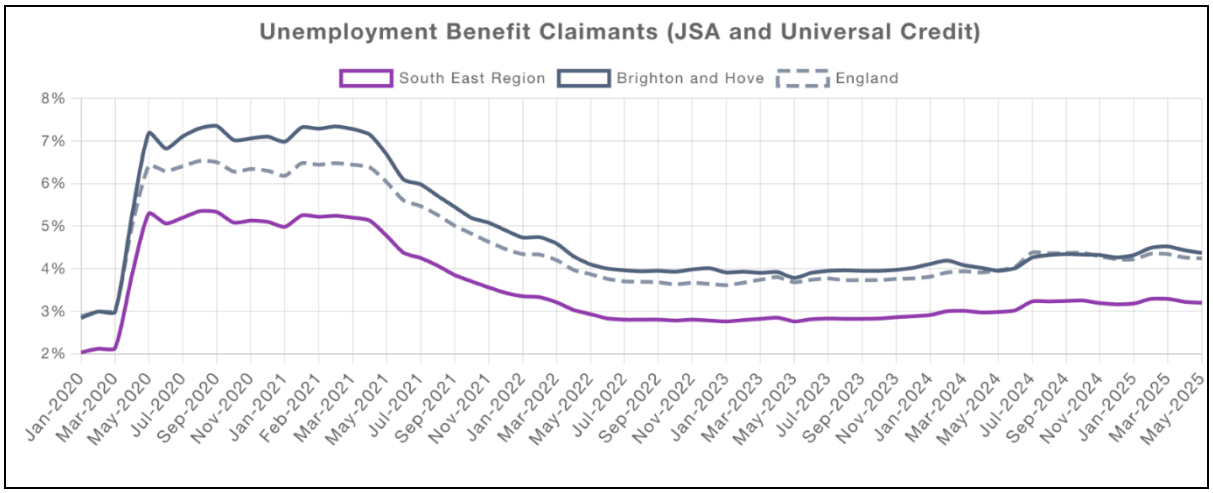
At the 2021 Census 12.53% of households in Brighton & Hove were living in overcrowded homes. This compares with 5.59% in the South East and 6.44% in England.

Education, employment and income

At the 2021 Census, 44.52% of people in Brighton & Hove (104,790 people) had a Level 4/5 qualification (HNC/HND or equivalent). This is higher than the rates for the South East (35.77%) and England (33.92%). The percentage of people in Brighton & Hove with no 16+ educational qualifications was 12.41% (29,215 people) at the 2021 Census. This compares with 15.38% for the South East and 18.08% for England.

In May 2025, 4.37% of working age people in the city were unemployed (8,630 people). This was higher than both the South East (3.2%) and England (3.8%) averages. At 3.58% (1,360 people), the rate of youth unemployment in Brighton & Hove was lower than the South East (4.39%) and England (5.58%) averages

The chart below shows the total proportion of people receiving unemployment benefits (Job Seekers Allowance or Universal Credit) between January 2020 and May 2025 for the South East, Brighton & Hove and England.



Source: Department for Work and Pensions

At the time of the Census in 2021, 4.42% of working age adults (10,400 people) in the city were economically inactive because of long-term sickness or disability. This is higher than the South East (3.11%) and England (4.07%). In addition, another 3.05% of working age adults (7,176 people) in Brighton & Hove were economically inactive for other reasons. This compares with 2.67% in the South East and 3.14% in England.

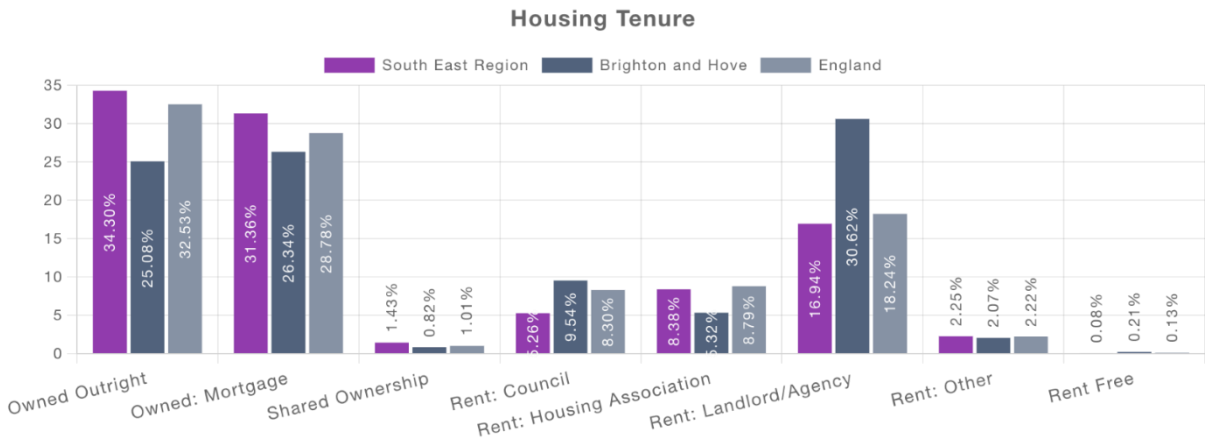
In 2023, some 16% of households had no individuals aged 16 or over in employment (15,000 households). This compares to 11% of households in the South East, and 14% in Great Britain.

The median gross weekly full-time employee earnings in Brighton & Hove in 2024 were £725. This was lower than in the South East (£754) and Great Britain (£730)

Housing supply and affordability

Housing tenure

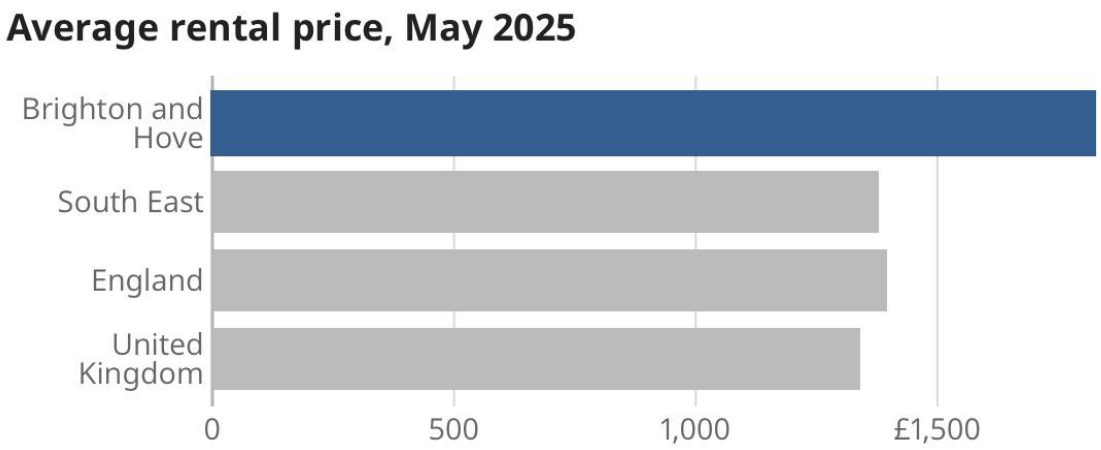
Compared with the South East and England, Brighton & Hove has a lower proportion of owner occupiers and a higher proportion of private renters. The private rented sector accounts for 30.62% of homes in the city (South East 16.94%; England 18.24%). The chart below shows the proportion of housing by tenure type for the South East, Brighton & Hove and England.



Source: Census 2021

Private renting

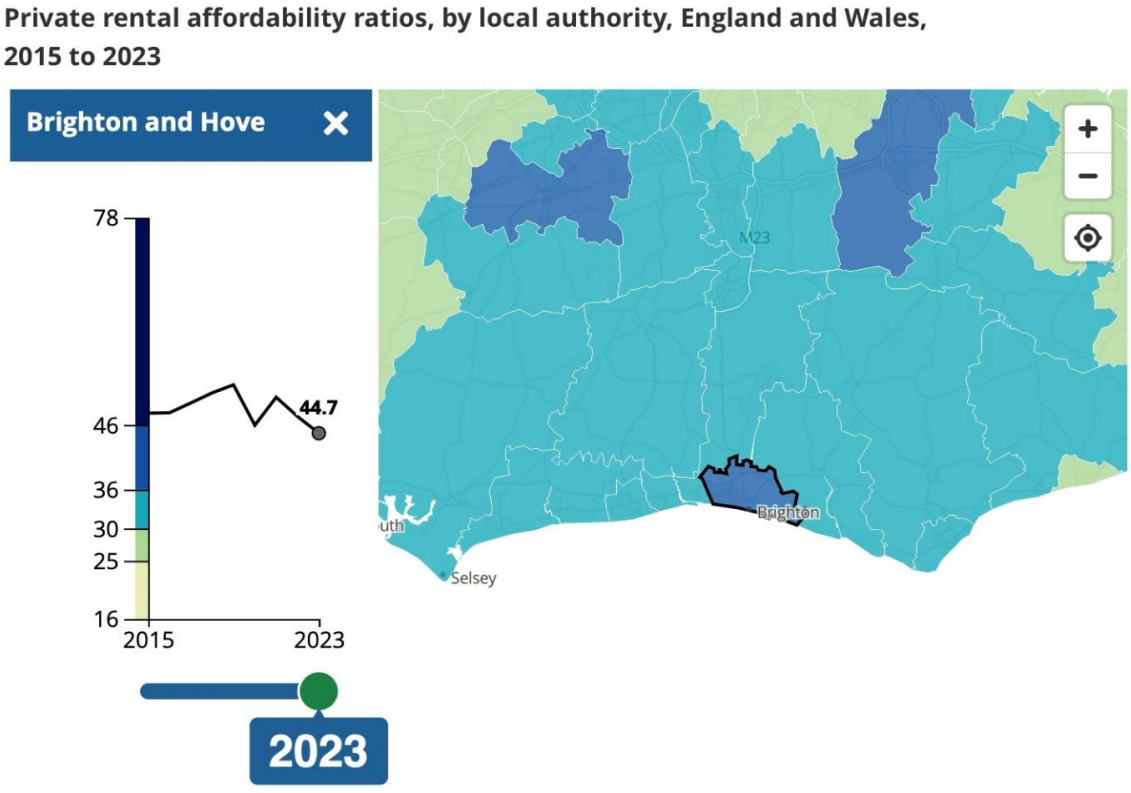
The average monthly private rent in Brighton & Hove was £1,824 in May 2025. This was an increase from £1,732 in May 2024, a 5.3% rise. This is significantly higher than the average across the South East (£1,377), and England (£1,394).



Source: Price Index of Private Rents, Office for National Statistics

The Office for National Statistics (ONS) publishes data on rental affordability. The latest figures are from 2023. The 'affordability threshold' is set by the ONS at 30% of a private renting household's income. A private renter on a median household income in Brighton & Hove could expect to spend 44.7% of their household income on an average-priced rented home. This is significantly higher than the South East (31.9%) and England (34.2%) averages.

The chart below shows private rental affordability over time in Brighton & Hove between 2015 and 2023. The accompanying map shows private rental affordability in Brighton & Hove compared with surrounding local authorities in 2023.



Source: Private rental affordability, England and Wales: 2023, Office for National Statistics

Research carried out in 2022 indicates that 'the rental property market in Brighton & Hove is very buoyant, with landlords demanding increasingly high rents as they seek to pass on the cost of mortgage/interest rate increases to renters. This is being supported by very strong demand and a shortage of rental housing stock in the city. These factors have combined to mean renters are having to bid for properties allowing landlords to secure record rents'.[5]

Home ownership

According to the Office for National Statistics, the average property price for all dwelling types in Brighton & Hove in April 2025 was £413,676. This was significantly higher than the averages for the South East (£380,428) and for England (£286,327). The table below shows average prices for different types of property for Brighton & Hove, the South East and England & Wales.

Average House Prices April 2025

	Detached	Semi-det	Terraced	Flat/mais	Average
BRIGHTON & HOVE	£848,405	£540,748	£470,139	£308,290	£413,676
SOUTH EAST	£690,816	£416,441	£317,638	£211,582	£380,428
ENGLAND	£467,414	£282,810	£234,219	£221,608	£286,327

Source: UK House Price Index, Office for National Statistics and HM Land Registry

Housing in Brighton & Hove is less affordable than England and is becoming more expensive at a faster rate. Those on the lowest 25% of earnings in the city need 12 times their earnings to afford the lowest 25% of house prices (2022). This was higher than in the South East (10.4 times), and England (7.3 times). Over the last decade, this has increased by 8.5 times in Brighton & Hove and by 6.6 times for England.

Future need for housing

A detailed analysis of the housing market in the city can be found in the Brighton & Hove Strategic Housing Market Assessment (SHMA) 2023. This report informs planning and housing policies in the city, including the ongoing review of the City Plan Part 1. The current City Plan expires in 2030, and the new plan will set out the strategic planning framework for Brighton & Hove until 2041. It will include targets for new housing, development and infrastructure.

The SHMA recommends a housing target of at least 810 new dwellings a year in the city. The SHMA also identifies a substantial need for an additional affordable rented homes in the city. It recommends that, while the link between overall housing need and affordable housing need is complex, the council should aim to maximise the delivery of

[5] Brighton & Hove Strategic Housing Market Assessment (2023), Iceni Projects Ltd, p. 124.

affordable social rented housing. The Brighton & Hove housing strategy 2024 to 2029 sets a target for delivering at least 2,000 affordable homes over the five years of the strategy.

Health and disability

In the Census 2021, 7.34% of respondents said that their day-to-day activities were limited a lot by a long-term illness, health problem or disability. This was higher than the rate for the South East (6.26%) and similar to the rate for England (7.33%).

In Brighton & Hove 8.6% of the working age population (17,095 people) are receiving Personal Independence Payments (PIP). This is higher than the South East (7.4%) but lower than England (9.63%). The table below shows a series of indicators related to disability benefits providing the total numbers of claims and proportions within each area that are accessing the support systems available. Brighton & Hove is compared with the South East and England.

Community connectedness

The Community Needs Index was developed by Oxford Consultants for Social Inclusion to identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life. The index was created by combining a series of 28 indicators, conceptualised under three domains: Civic Assets, Connectedness and Active and Engaged Community. A lower rank indicates that an area has relatively higher levels of need. With an overall rank in 2023 of 22,368, Brighton & Hove has lower levels of community needs than the South East (17,783) and England (17,040).

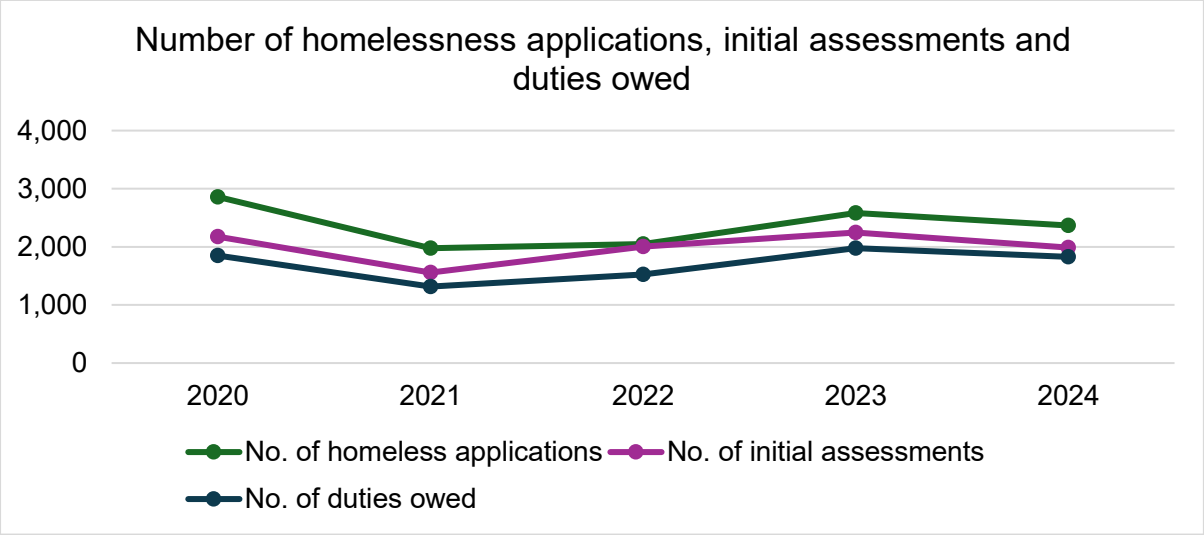
Data on homelessness and rough sleeping in the city

Homelessness approaches and applications

2,624 households approached the council for homelessness advice and support in 2024. Some people may approach other organisations for advice and support, but this is not captured in council data. Demand for advice and support from the council has fluctuated, with 3,014 households approaching the council in 2023. In 2022, 2,394 households approached the council.

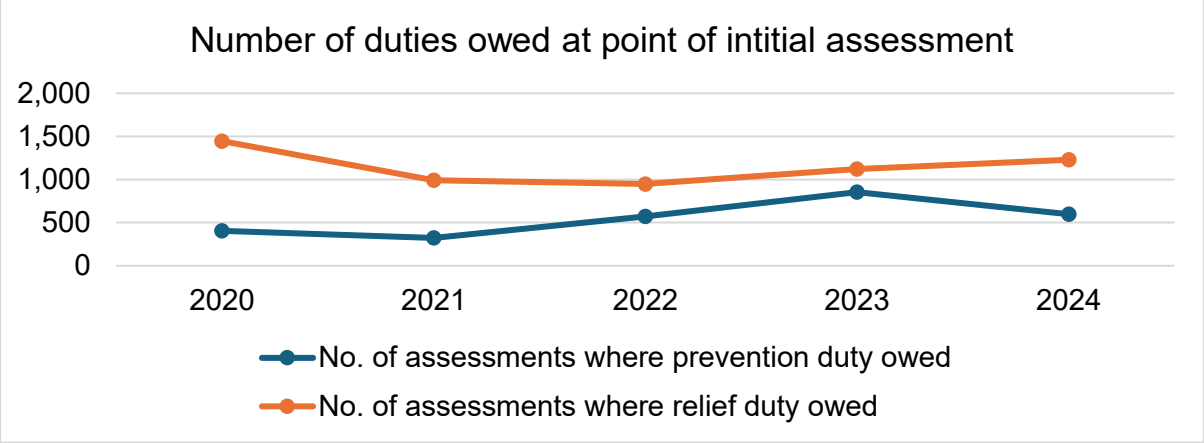
Not all approaches for advice and support result in a homeless application. For example, someone may decide not to apply if their housing situation is resolved with initial advice and support. In 2024 2,366 homelessness applications were made. This figure has risen since 2021 (1,976 applications).

The number of initial assessments has also risen since 2021, with 1,985 assessments in 2024 compared with 1,557 in 2021. Of those households assessed, a prevention or relief duty was owed in most cases, with 1,827 households owed a prevention or relief duty in 2024 compared with 1,316 in 2021.



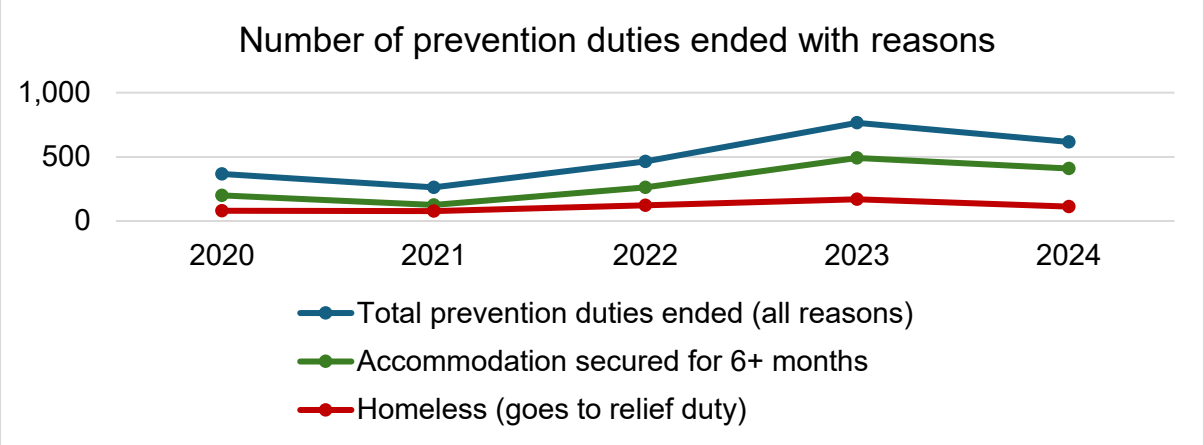
Source: Home Connections (data extracted 13 Jan 2025)

The table below shows the number of duties owed at the point of initial assessment. Between 2020 and 2024, each year more people were assessed by the council at the relief stage (when they were already homeless) than those assessed at the prevention stage (when homelessness could potentially be prevented). While the number of assessments carried out at the prevention stage rose from 406 in 2020 to 854 in 2023, the number fell to 594 in 2024. After a fall in the number of those assessed as owed a relief duty to 949 in 2022, the number rose to 1,230 in 2024.



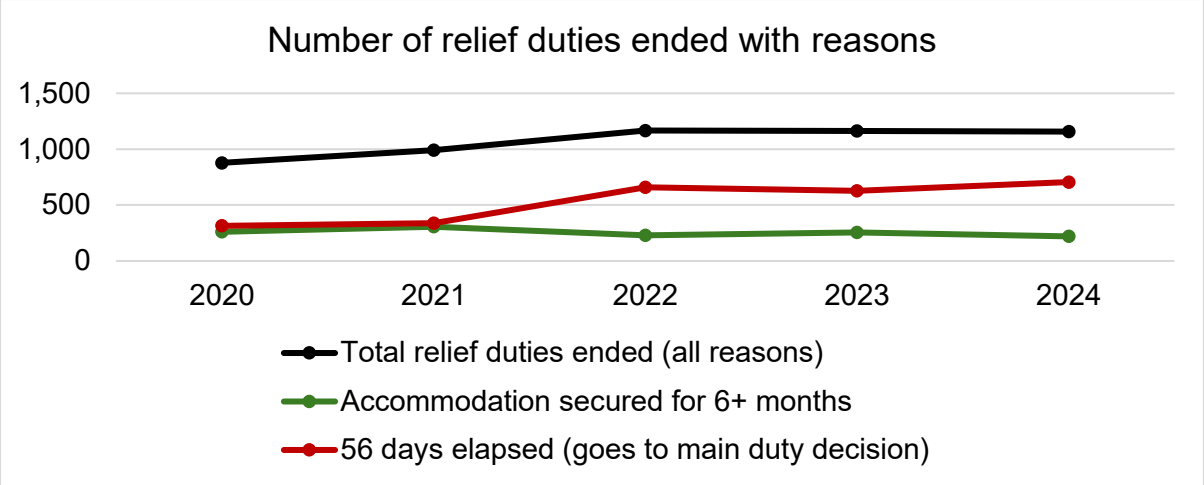
Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the reasons for ending a prevention duty between 2020 and 2024. For prevention duties which ended each year, the total number decreased from 765 in 2023 to 617 in 2024. Although the proportion of prevention duties which ended with a positive outcome (where existing or alternative accommodation was secured for 6 or more months) slightly increased, the number of households whose duty ended with a positive outcome fell, from 491 in 2023 to 410 in 2024.



Source: Home Connections (data extracted 13 Jan 2025)

The table below shows the reasons for ending a relief duty between 2020 and 2024. The total number of relief duties increased over this period from 878 in 2020 to 1,157. The number of relief duties which ended in a positive outcome with accommodation secured for 6 months or more remained relatively stable. However, the number of relief duties which did not achieve a positive outcome and moved to a main duty decision more than doubled from 314 in 2020 to 706 in 2024.



Source: Home Connections (data extracted 13 Jan 2025)

The Homelessness Reduction Act 2017 introduced a duty on certain named public authorities to refer service users (with their consent) who they think may be homeless or threatened with homelessness to a housing authority. The table below shows the number of applicants referred by those organisations. Most organisations making referrals do so at the relief duty stage, that is when their service user is already homeless.

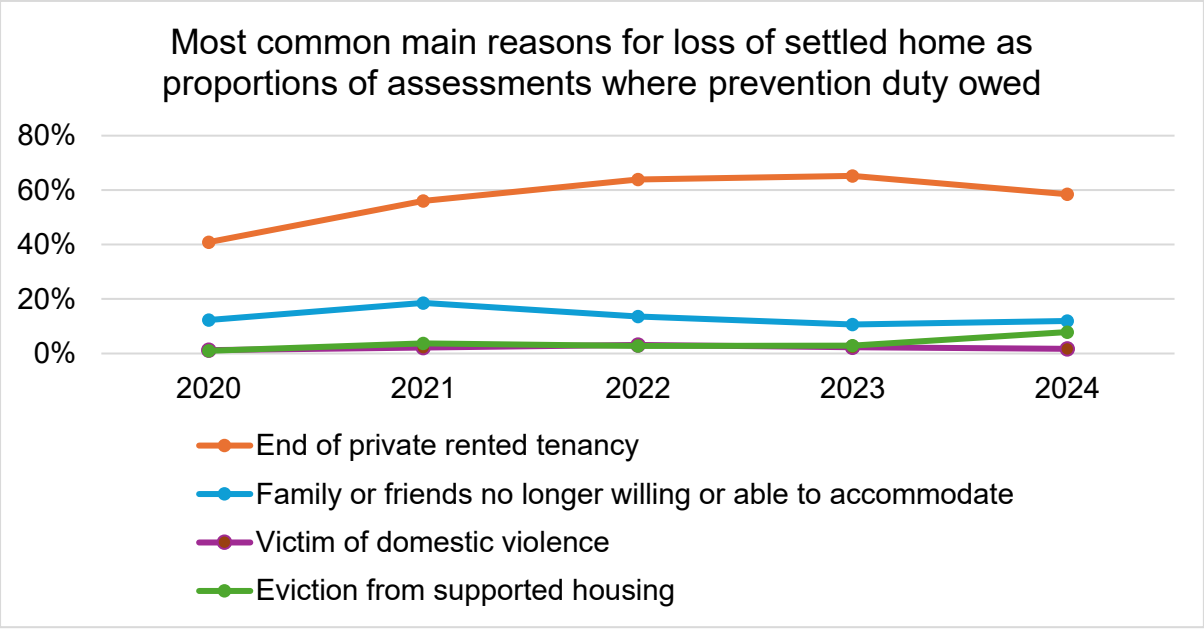
Duty to Refer by duty owed at point of initial assessment and agency type (2020 to 2024 combined)	Where prevention duty owed	Where relief duty owed	Total referrals
Adult Secure Estate (prison)	0	8	8
Adult Social Services	8	23	31
Children's Early Help services / Children's Centres	1	1	2
Children's Social care	9	28	37
Community Based Health Service – physical health and well being	0	2	2
DWP – Jobcentre Plus	2	2	4
GPs	3	1	4
Hospital A&E or in-patient	6	66	72
Local authority landlord	2	1	3
Mental Health Service – Acute in-patient	5	50	55
Mental Health Service – Community based	24	13	37
National Asylum Service accommodation provider	1	2	3
National Probation Service	23	166	189
Other local authority service	0	4	4
Other service provider (not housing specific)	0	11	11
Police	1	20	21
Private Registered Provider (Housing Association)	0	1	1
Refuge provider	0	4	4
School, Youth and Education Services	1	10	11
Street Services for rough sleepers	0	4	4
Streetlink	0	3	3
Supported housing, hub or Housing Related Support Provider	3	6	9
Troubled Families / Families Intervention Programme	0	1	1
Youth Secure Estate	0	1	1
Total	**89**	**428**	**517**

Source: Home Connections (data extracted 13 Jan 2025)

Reasons for loss of settled home

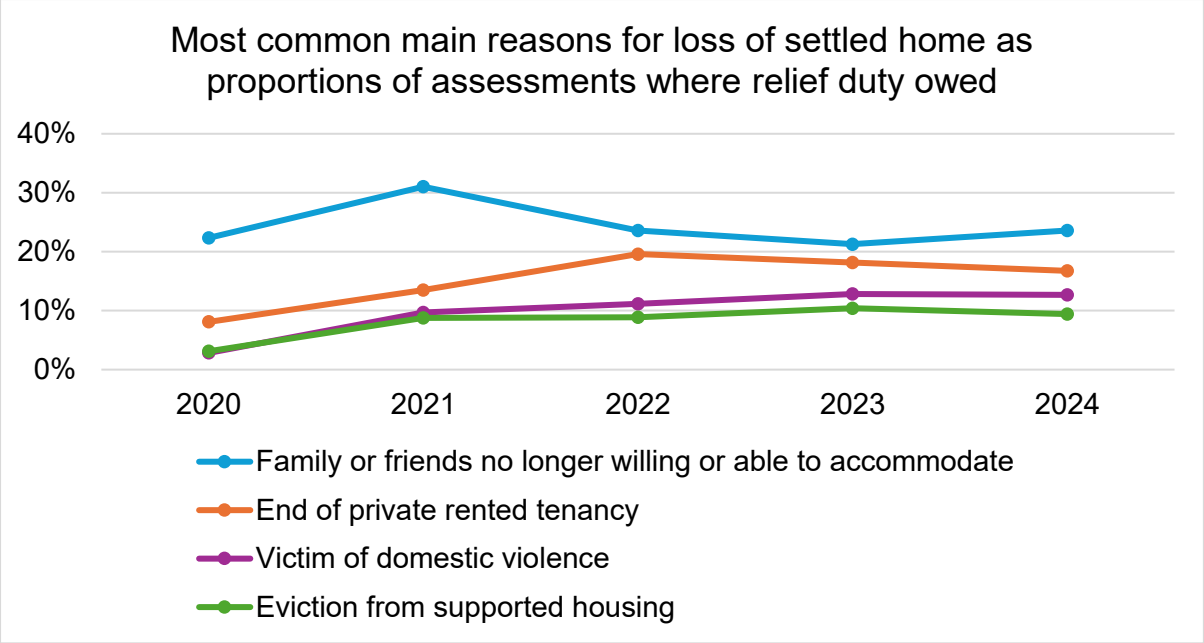
For those households owed a prevention or relief duty, there are four main reasons for loss of a settled home – the end of a private rented tenancy, family or friends no longer willing to accommodate, fleeing domestic violence and eviction from supported housing.

The chart below shows the most common reasons for loss of settled home for those owed a prevention duty by the council. For these households, the most common reason for threatened loss of a settled home was the end of a private rented tenancy. The proportion of cases owed a prevention duty for this reason increased from 41% 2020 to 58% in 2024. Family or friends no longer willing or able to accommodate was the second most common reason.



Source: Home Connections (data extracted 13 Jan 2025)

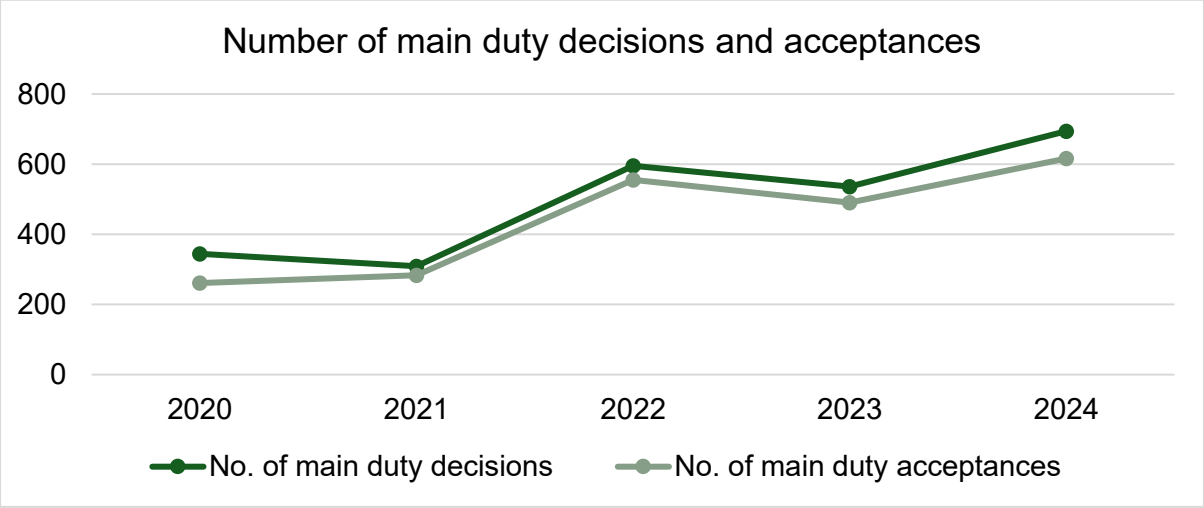
The chart below shows the most common main reasons for loss of settled home for those households owed a relief duty by the council. For households owed a relief duty, the most common reason for loss of a settled home was that family or friends were no longer able to accommodate them. The proportion of cases owed a relief duty for this reason increased slightly from 22% in 2020 to 24% in 2024. End of private rented tenancy was the second most common reason.



Source: Home Connections (data extracted 13 Jan 2025)

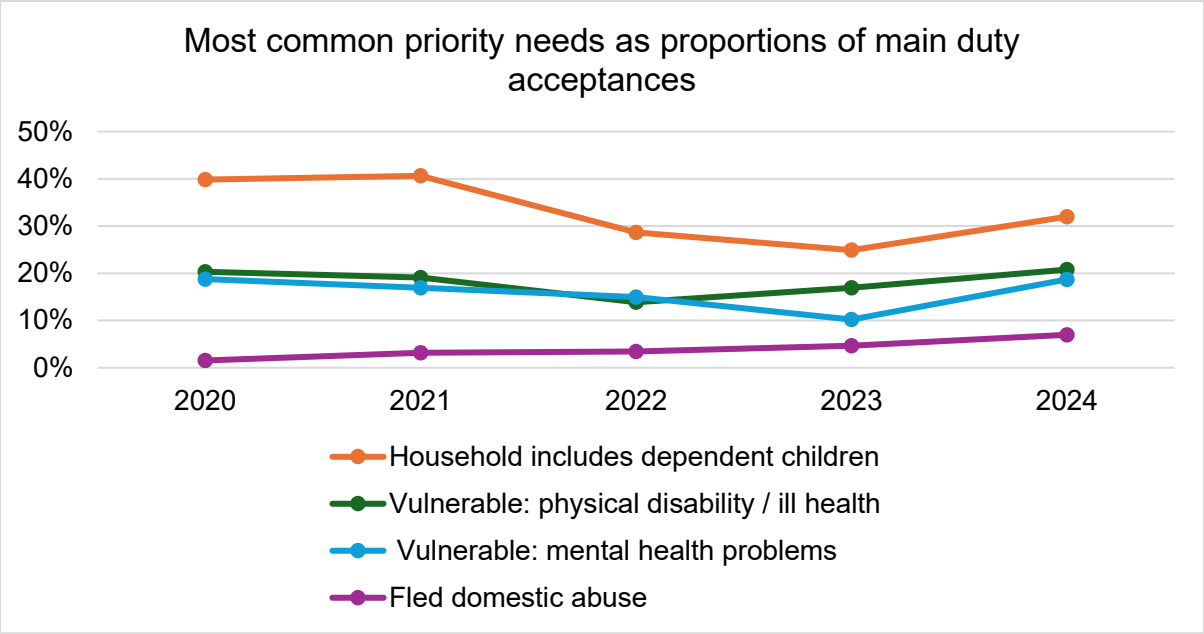
The main housing duty

If it is not possible to prevent or relieve a household's homelessness, then the council must decide whether the household meets the criteria for the main housing duty. The chart below shows the number of main duty decisions made and acceptances. Most decisions resulted in acceptance. The number of households accepted as being owed a main housing duty has increased since 2020. 261 households were accepted as owed a main duty in 2020. This figure had risen to 616 in 2024, an increase of 136%.



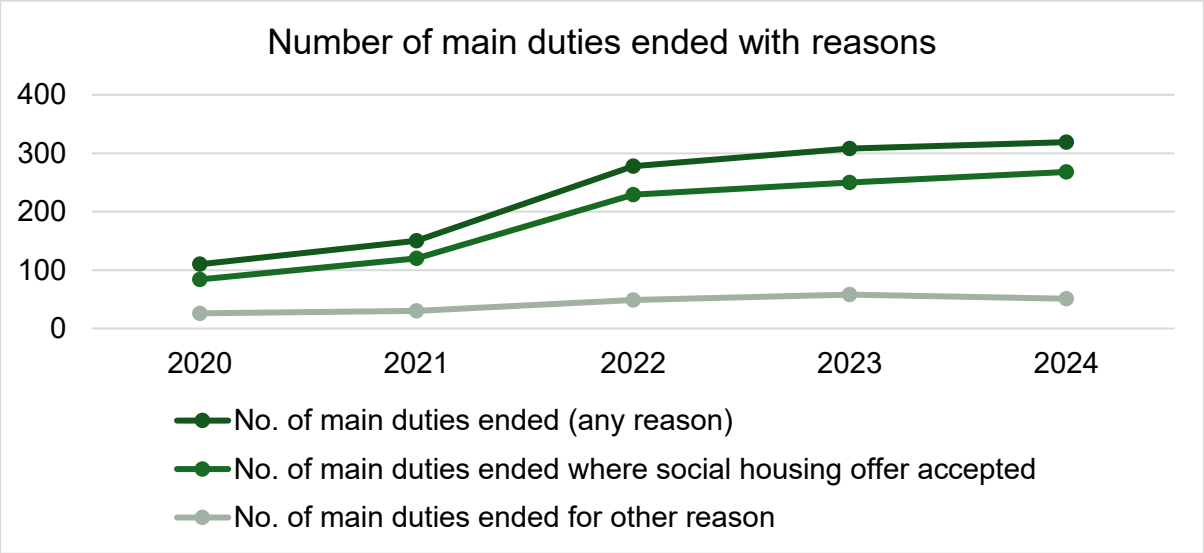
Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the most common priority needs amongst those accepted as owed a main duty. The most common priority housing needs amongst households accepted as owed a main housing duty were because the household included dependent children, physical disability or ill health, mental health problems, domestic abuse. Together these made up 70% of all households accepted as owed a main housing duty in 2024.



Source: Home Connections (data extracted 13 Jan 2025)

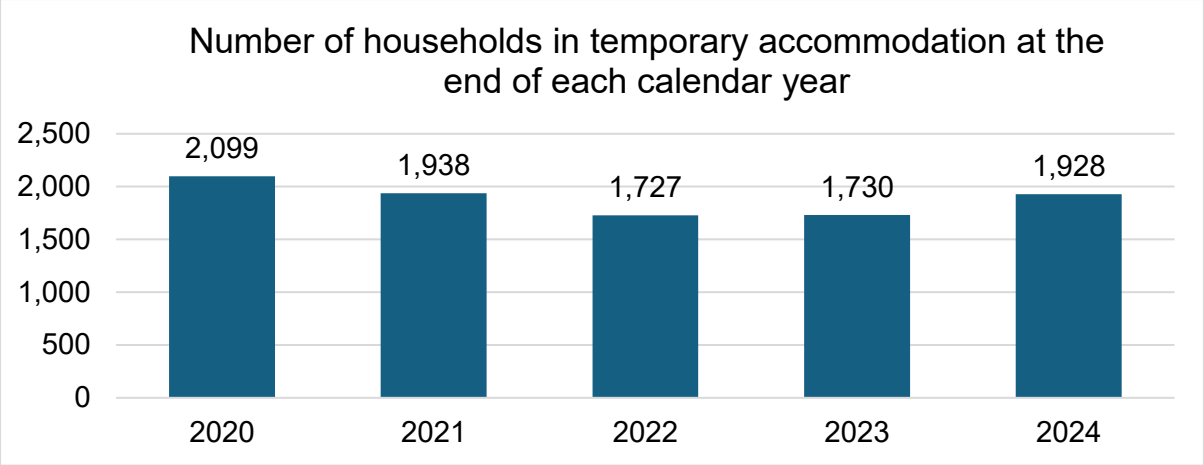
The chart below shows the number of main housing duties ended with reasons. Over the last 5 years around 82% of main duties ended with a social housing offer accepted. This proportion has remained constant even though the number of main duties accepted and ended have increased.



Source: Home Connections (data extracted 13 Jan 2025)

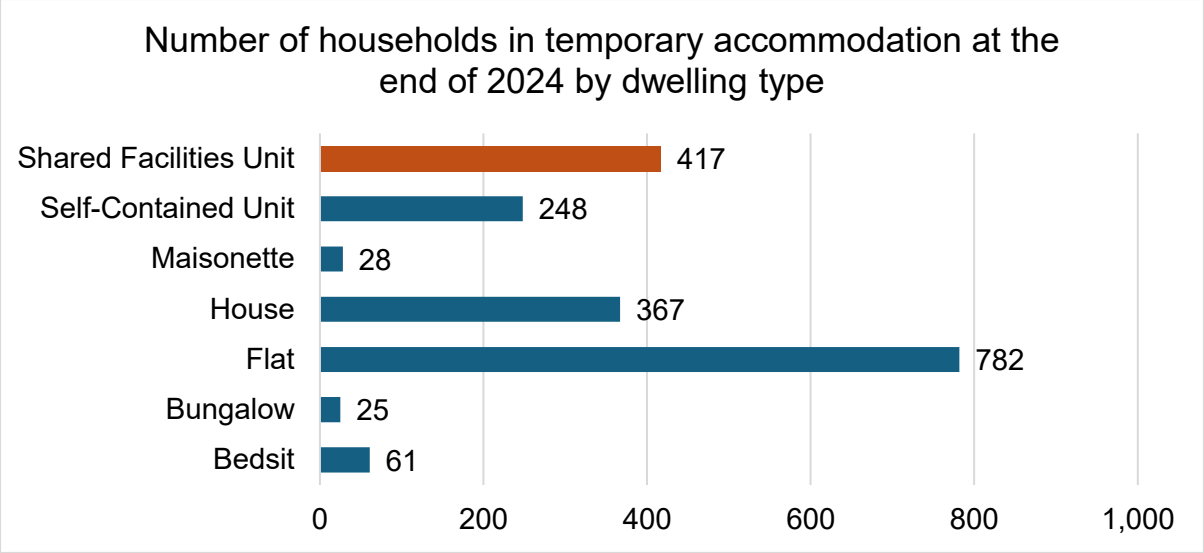
Households in temporary accommodation

If there is no other accommodation available to a household owed a relief or main housing duty, placement in temporary accommodation by the council is often the only option. Temporary accommodation can include private rented housing, council owned properties, hostels and refuges as well as Houses in Multiple Occupation, B&Bs or hotels. Although there are fluctuations over time, around 1,900 households are living in temporary accommodation at any one time. The chart below shows that after a fall in the number of households living in temporary accommodation between 2020 and 2022, numbers rose in 2023 and 2024.



Source: NEC Housing (data extracted 31 Dec 2024)

The chart below shows the number of households living in temporary accommodation by type of dwelling. All dwelling types have their own washing and cooking facilities apart from those categorised as a 'Shared Facilities Unit'. Most of these are rooms in B&B and hotels. At the end of 2024, 22% of households were in shared facilities accommodation (417 of 1,928) and 78% were in self-contained accommodation (1,511 of 1,928).

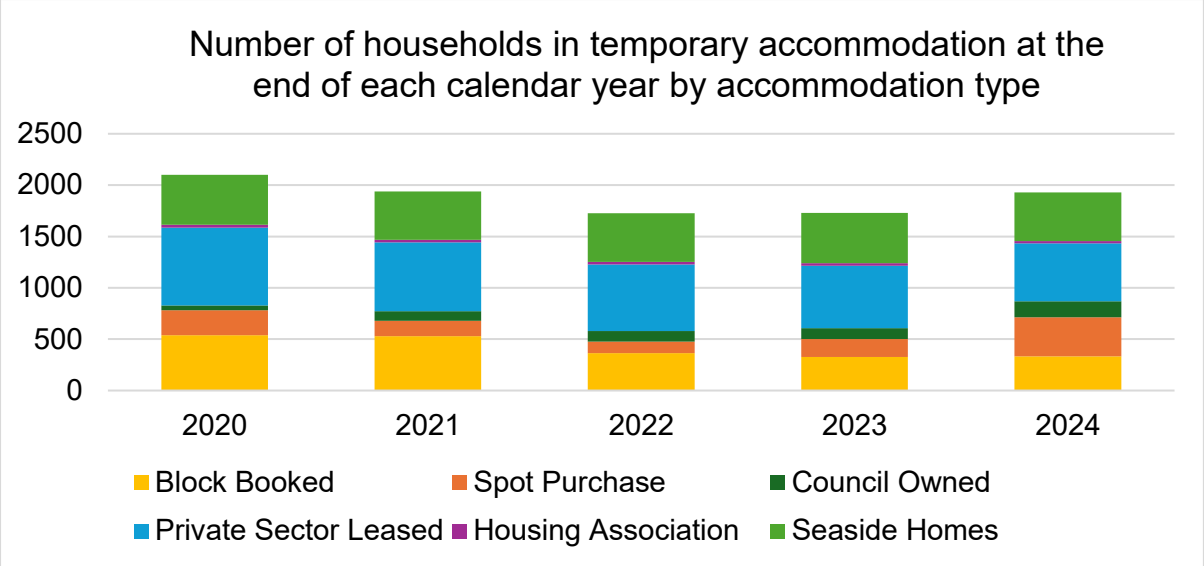


Source: NEC Housing (data extracted 31 Dec 2024)

Broadly speaking, temporary accommodation falls into two categories. The first, historically termed 'emergency accommodation', involves interim placement to meet immediate housing needs while a homelessness application is assessed. In the main, these placements are made using two forms of accommodation; block-booked, where units are secured for a fixed period, and spot-purchased, where units are procured in real time on a nightly basis. Spot purchased accommodation is generally the most expensive form of temporary accommodation and often involves placement in hotels, B&Bs or Houses in Multiple Occupation.

Once people are assessed to be owed a housing duty they can be placed in longer term temporary accommodation where they may stay until they secure permanent rehousing. This type of temporary accommodation usually involves use of council owned accommodation or accommodation supplied through longer terms deals with private landlords.

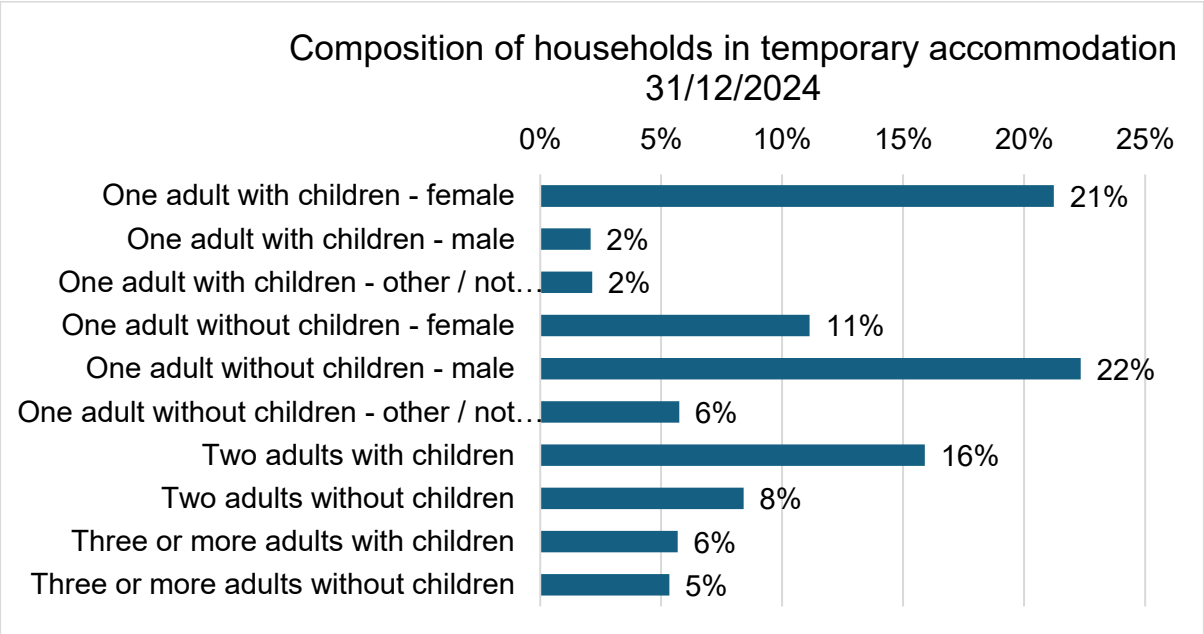
The chart below shows the use of different accommodation types by the council over the last 5 years. After a fall in the number of households placed in 'spot purchased' accommodation, the use of spot purchased temporary accommodation rose in 2023 and 2024.



Source: NEC Housing (data extracted 31 Dec 2024)

The cost pressures associated with temporary accommodation are discussed in more detail in the Resources chapter.

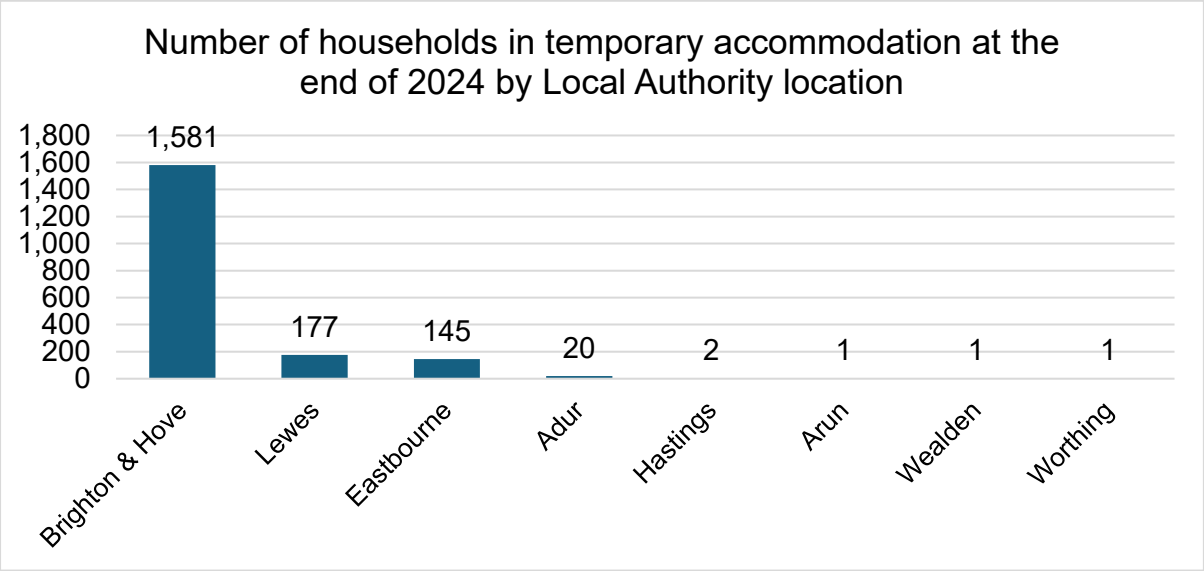
The chart below shows the proportion of households in temporary accommodation by household composition at the end of 2024. At that point 47% of households living in temporary accommodation contained children. Just under half of these consisted of a single female with children. Single male households made up 22% of households in temporary accommodation.



Source: Home Connections (data extracted 10 March 2025)

The chart below shows the location of placements for those living in temporary accommodation sourced by the council. Most households are placed in temporary

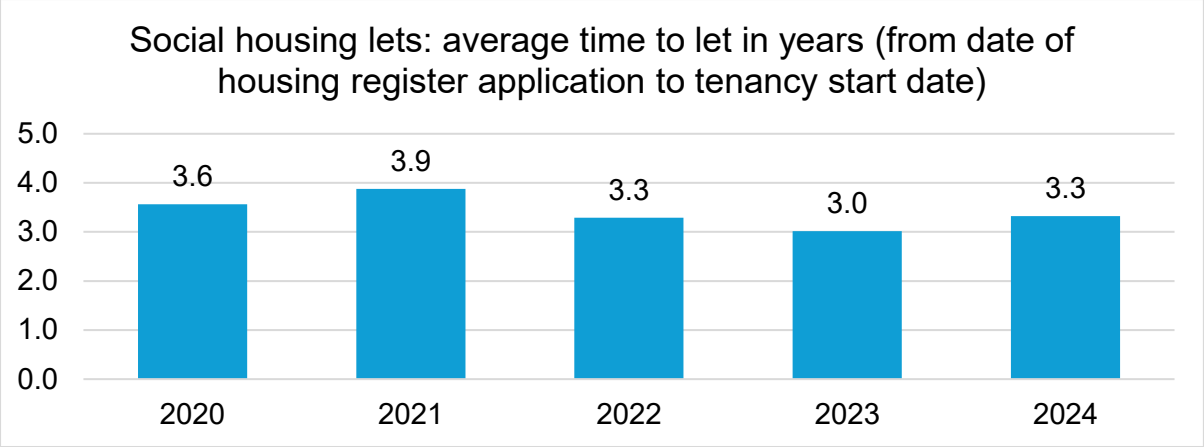
accommodation in the city, but others are placed outside Brighton & Hove. This can be because there was no suitable accommodation available within the city, on grounds of safety or other reasons. Of the 1,928 households living in temporary accommodation at the end of 2024, 1,581 (82%) were placed within the city, with 322 (16.7%) households placed in either Lewes or Eastbourne districts. Smaller numbers were placed elsewhere in East or West Sussex.



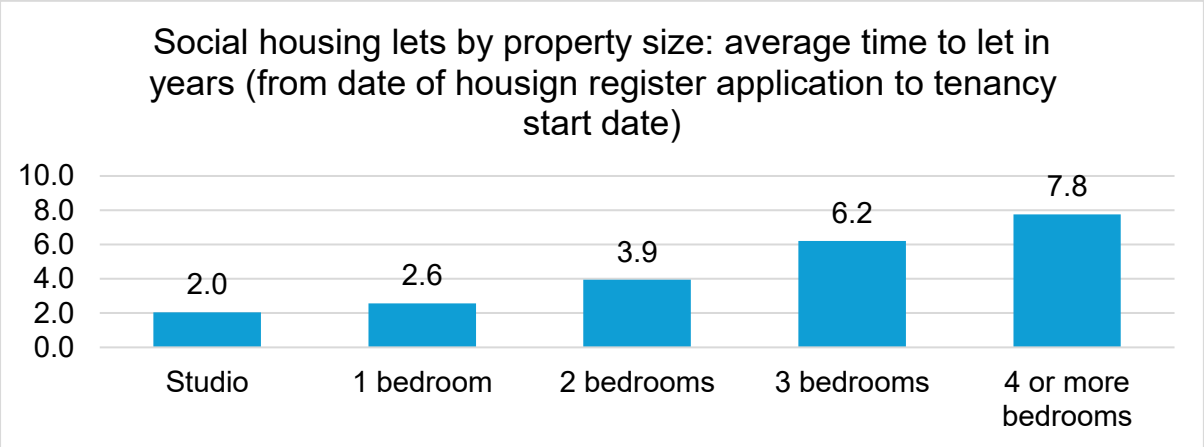
Source: NEC Housing (data extracted 31 Dec 2024)

Access to settled housing

As noted above, there is an acute shortage of social and private rented sector accommodation in the city. The charts below show the average waits for social housing and the average waits for different type of property. The average waiting time for social housing is around 3.4 years. The wait for a one-bedroom property is 2.6 years. For larger properties, suitable for families with children, the waiting time is much longer. The average wait for a 3-bedroom social rented property is 6.2 years.



Source: Home Connections (data extracted 13 Jan 2025)



Source: Home Connections (data extracted 13 Jan 2025)

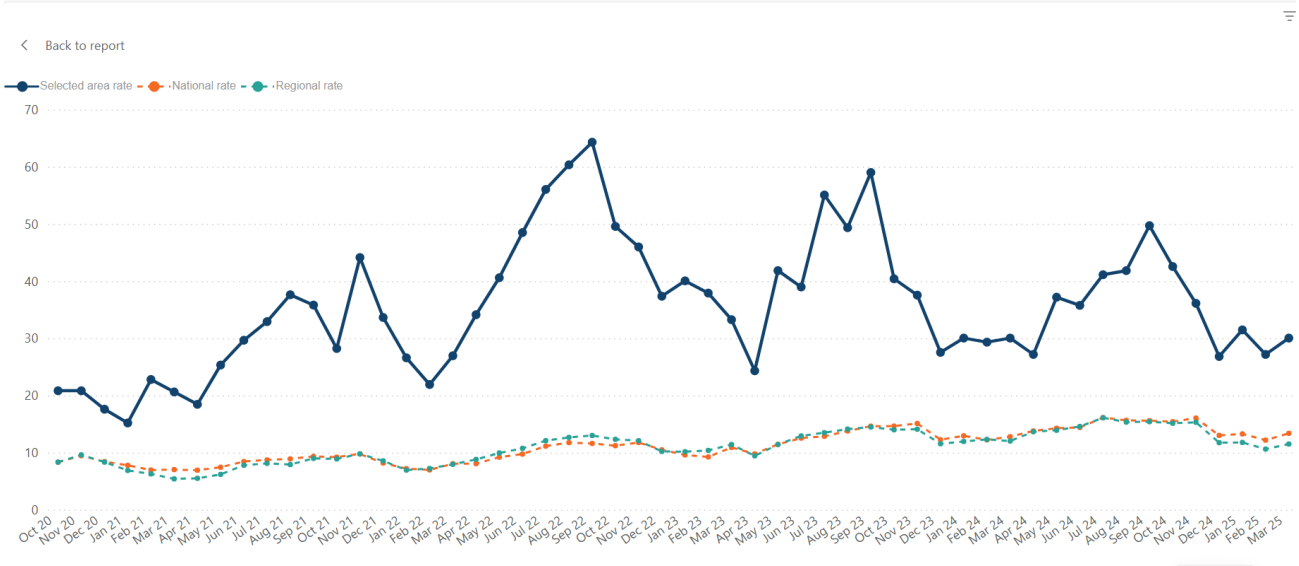
Rough sleeping

For the purposes of data collection, people sleeping rough are defined as people sleeping, about to bed down or bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments). The definition includes people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations or makeshift shelters. The definition of rough sleeping does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters, or travellers.

A snapshot of the number of people sleeping rough on a single night in November is captured as part of a national return each year. The figure for Brighton & Hove for 1 night in November 2024 was 76. The figure each year fluctuates widely with the lowest number recorded in 2010 (n=14) and the highest in 2017 (n=178). Although this figure is widely reported, it is probably not a reliable guide to trends in rough sleeping over time.

More detailed information on rough sleeping is recorded locally and reported as part of the national rough sleeping data framework.[6] This uses more frequent and more detailed information about people sleeping rough to capture the dynamic nature of rough sleeping and better understand the flow of people onto and off the street over the course of a month.

The chart below shows the monthly rates of rough sleeping between October 2020 and March 2025 for Brighton & Hove, the South East and England. An estimated 84 people slept rough in Brighton & Hove during the month of [7]? This is a rate of 30.0 per 100,000 people, significantly higher than the average for the South East (11.5) and England (13.38). Alongside Portsmouth, Brighton & Hove had the joint 19th highest rough sleeping rate in England. In the South East region, only Eastbourne (30.1), Hastings (45.1) and Reading (46.0) had higher rates. Although the rate of rough sleeping in the city fluctuates, the overall trend is rising in line with national and regional averages, with a rate of 20.0 per 100,000 for Brighton & Hove in October 2020.



Source: MHCLG: Homelessness statistics

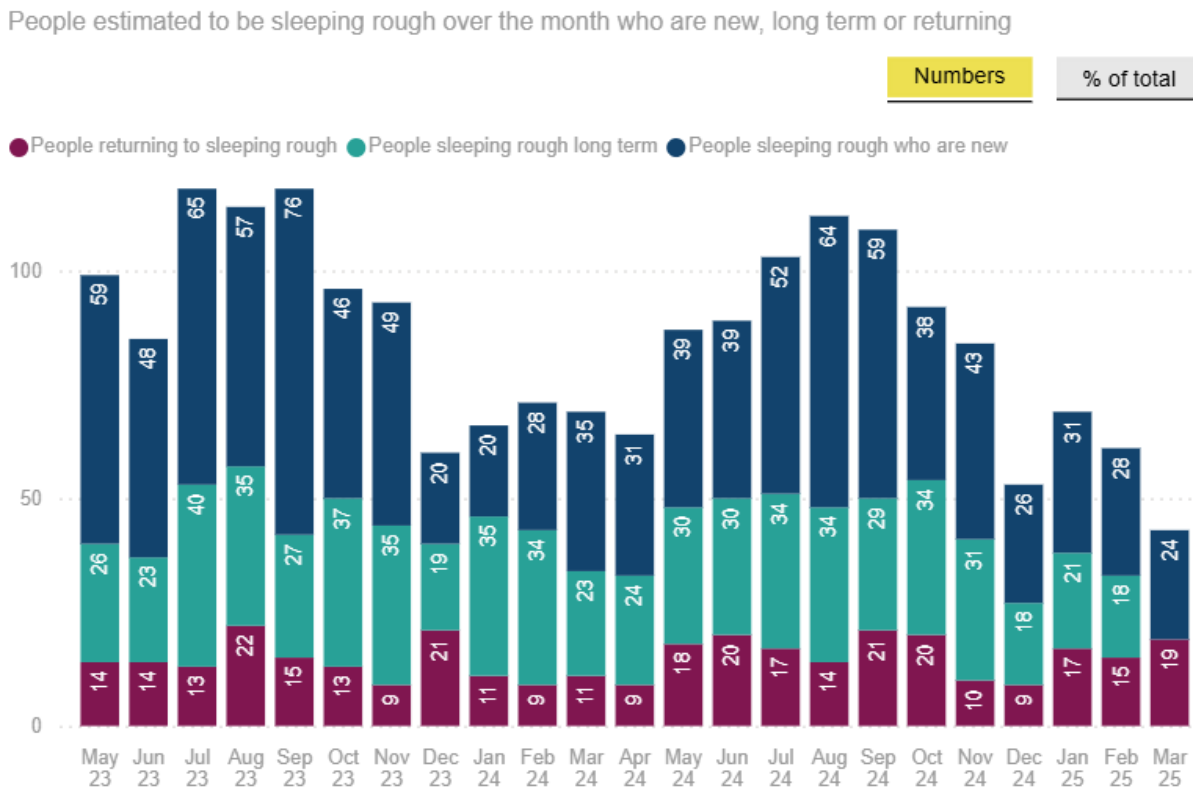
During the month of March 2025, 6 people sleeping rough had left an institution or were care leavers under 25.

Of those sleeping rough in March 2025, 29% were new to rough sleeping (24 of 84). In that month, just under 23% of those sleeping rough were returning to rough sleeping (19 of 84). The chart below shows the number of people sleeping rough who are new, long term or returning to sleeping rough. Although numbers fluctuate, the average number of

[6] Ministry of Housing, Communities and Local Government https://www.gov.uk/government/collections/homelessness-statistics

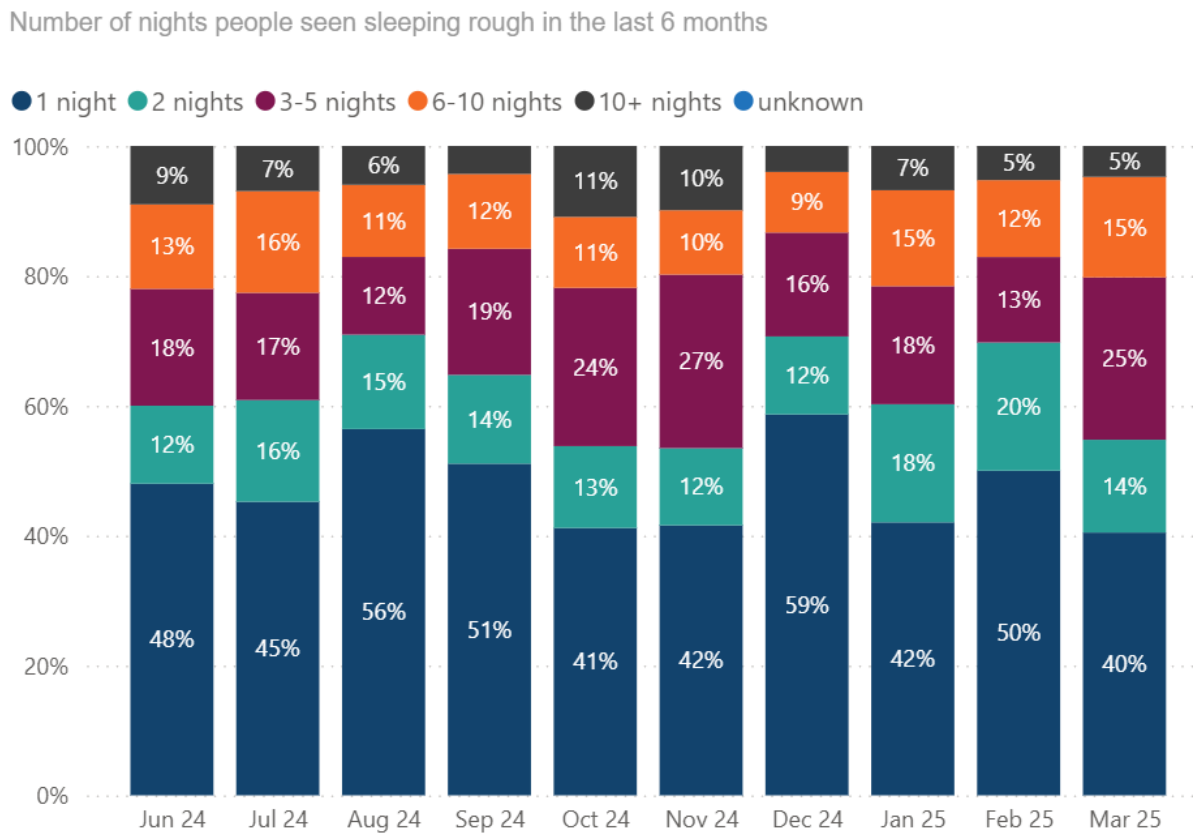
[7] Ministry of Housing, Communities and Local Government, *Homelessness statistics,* https://www.gov.uk/government/collections/homelessness-statistics

people per month sleeping rough who were sleeping rough long term between May 2023 and March 2025 was 24.



Source: MHCLG: Homelessness statistics

During the month of March 2025, 40% of people were seen sleeping rough on 1 night, with 5% sleeping rough for more than 10 nights. The chart below shows the proportion of those sleeping rough for 1 night or more in the last 6 months.



Source: MHCLG: Homelessness statistics

The annual snapshot captures some data on age, gender and nationality, something not available from the monthly rough sleeping data. Of the 76 people sleeping rough on 1 night in November 2024, 3 (3.9%) were aged 18-25, 70 (92.1%) were 26 and over, (age was not recorded for 3 people). There were no children under 18 years old. Most people sleeping rough were men, with 69 (90.8%) recorded as male and 5 (6.6%) were recorded as female (gender was not captured for 2 people). Nationality was captured for 70 of the 76 people sleeping rough, with 48 (63.1%) recorded as UK nationality, 9 (11.8%) EU nationals, and 13 (17.1%) non-EU nationals.

Hidden homelessness

The number of households experiencing homelessness is likely to be higher than council and national data shows. Some people do not approach the council for help and there is no consistent or agreed way of capturing the number of those who are experiencing homelessness but who are not recorded in the official figures. The Office

for National Statistics is working to address the challenge of quantifying levels of hidden homelessness.[8] They found that women, young people and people from ethnic minority groups are more likely to be under-represented in official figures.

In 2024, Change Grow Live and Brighton & Hove City Council contributed to the third national women's rough sleeping census.[9] The census looks at women who have 'nowhere safe to stay' rather than just those sleeping rough according to the official definition. The census findings show that women are significantly underrepresented in the official snapshot figures both locally and nationally. The report argues that a lack of visibility means that women are less able to access services and accommodation, and that current policies, strategies and funding models do not recognise or address the true scale and nature of women's rough sleeping.

Findings from the national survey indicated that rough sleeping is rarely a standalone experience for women. Most of them oscillate between rough sleeping and other forms of homelessness, meaning that traditional approaches to addressing rough sleeping and statutory homelessness may be ineffective for women without children in their care.

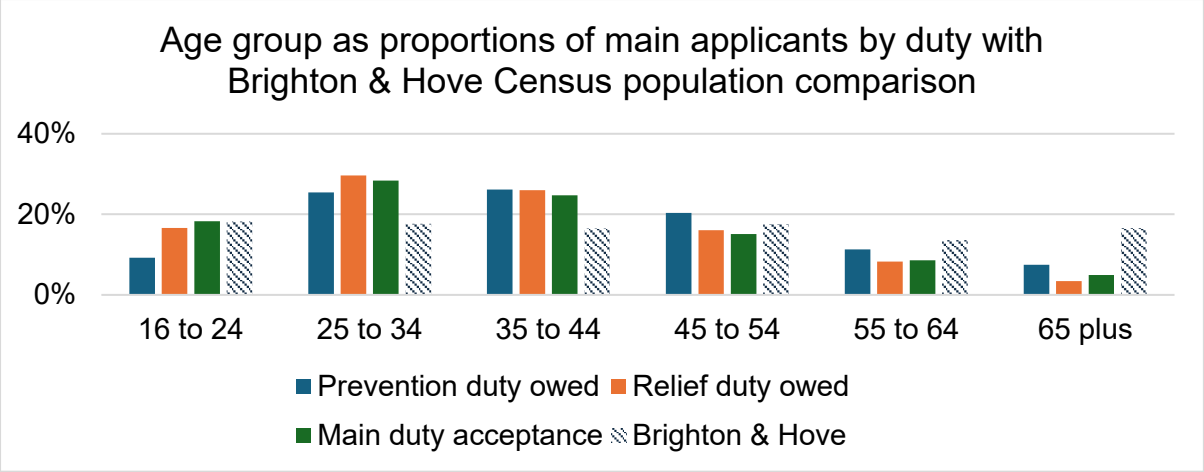
Who experiences homelessness?

Although homelessness can affect anyone, council data shows that certain groups are more at risk of experiencing homelessness compared with the city's population as a whole. The numbers and proportions given below relate to the period 2020 to 2024.

The chart below shows the age group of main applicants compared with the city population. Between 2020 and 2024, people aged between 25 and 44 were significantly over-represented amongst those owed a prevention, relief or main housing duty compared to the city's population. People over 55 were under-represented.

[8] Office for National Statistics, 2023, *"Hidden" homelessness in the UK: evidence review* https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29

[9] Solace, 2024, *How do we sleep at night? Women's rough sleeping census 2024* https://www.solacewomensaid.org/womens-rough-sleeping-census/



Source: Home Connections (data extracted 13 Jan 2025)

Children (aged 0-17) are usually part of households where the main applicant is an adult. This means that they are not captured in the time series data on main applicants (with the exception of 16-17 year olds where they are the main applicant). Data on the numbers of children in temporary accommodation is only available from 31 March 2024, so it is not possible to identify a trend in numbers. From the data we do have, it is clear that children are significantly over-represented amongst those experiencing homelessness in the city. Shelter estimated that there were 1,411 children in Brighton & Hove experiencing homelessness on 30 June 2024. This figure was 39.4% of the 3,580 people they estimated to be experiencing homelessness on that date.[10] At the Census 2021 children made up 17.1% of the city's population.[11]

47% of the households living in temporary accommodation at the end of December 2024 had children. The rate of households with children living in temporary accommodation in Brighton & Hove was 5.73 per 1000 households. This is higher than the national rate of 3.5 per 1000 households.

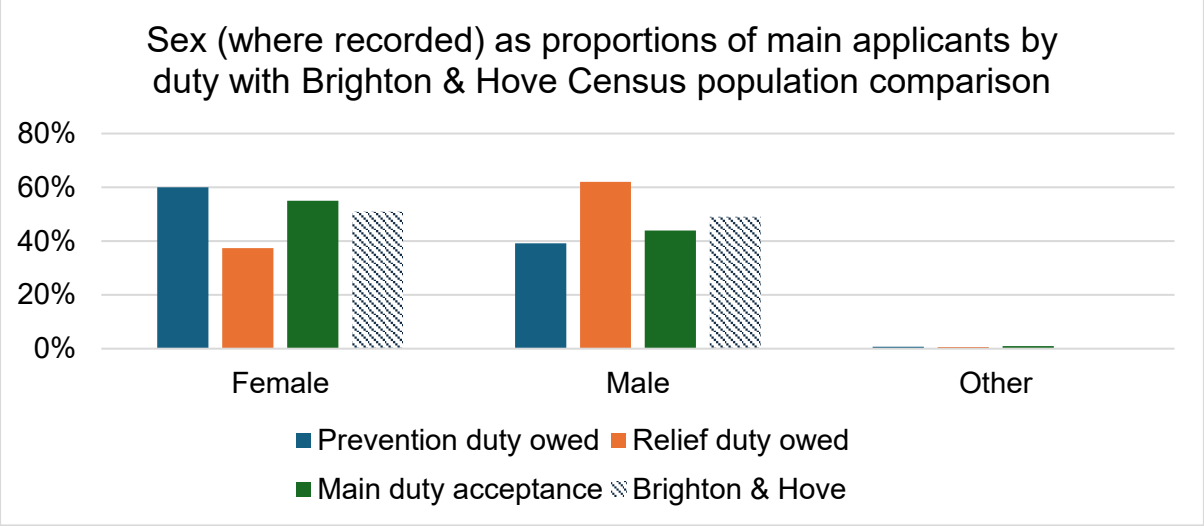
National evidence indicates that homeless young people may be underrepresented in official statistics.[19] The table below shows the number of main applicants aged 16 to 24 at time of application. While the number assessed as owed a prevention or relief duty have remained broadly stable over the last 5 years, the number accepted as owed a main housing duty has more than doubled.

[10] Ministry of Housing, Communities & Local Government, Homelessness statistics, https://www.gov.uk/government/collections/homelessness-statistics#statutory-homelessness
[11] Census 2021

Number of main applicants aged 16 to 24 per year	Prevention duty owed	Relief duty owed	Main duty acceptance
2020	50	231	52
2021	27	175	48
2022	41	174	98
2023	58	172	89
2024	79	203	116

Home Connections (data extracted 13 Jan 2025)

The chart below shows recorded sex of main applicants by duty compared with the population of the city. Women comprised 51% of the population at the 2021 Census. Between 2020 and 2024, women made up 60% of those owed a prevention duty, 37% of those owed a relief duty and 55% of those owed the main housing duty. A greater proportion of men (62% compared with 49% of the city's population) were owed a relief duty by the council.[12]

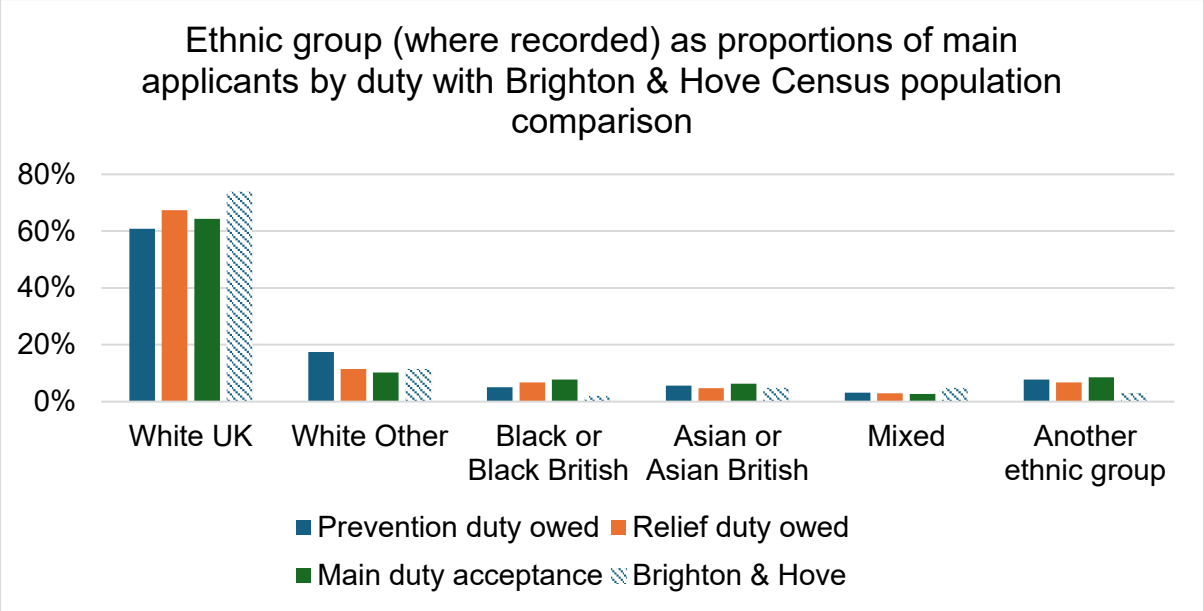


Source: Home Connections (data extracted 13 Jan 2025)

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth. Data is collected by the council on gender identity using the question 'Is your gender the same as the sex you were registered at birth?'[13] The number of people who responded to this question is low. Between 2020 and 2024, of those who , 26 were owed a prevention duty, 71 were owed a relief duty, and 35 were owed a main housing duty.

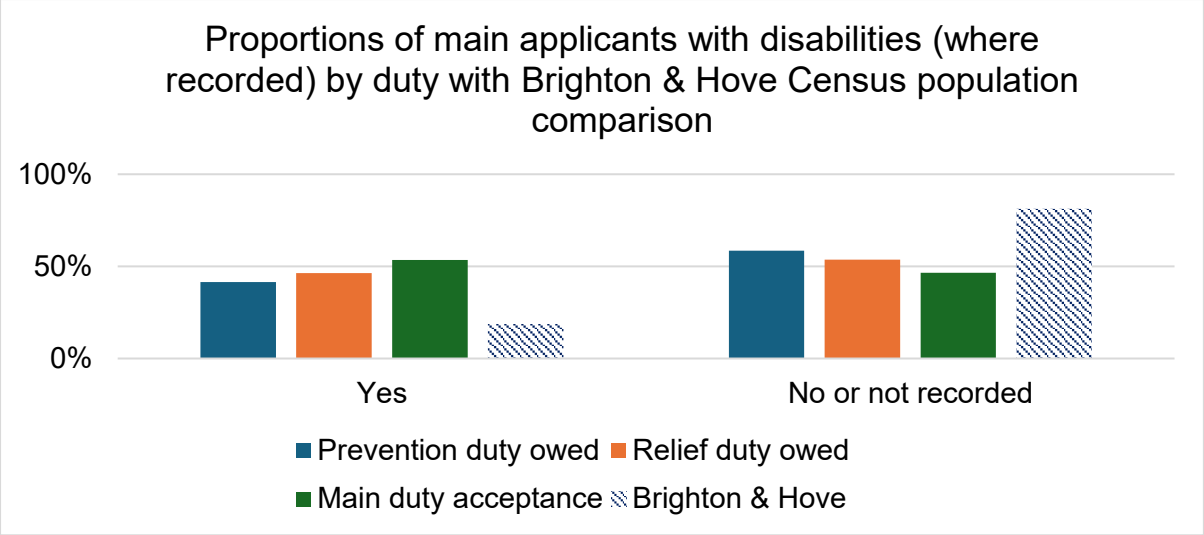
[12] Both the council's data recording system and the Census ask, 'What is your sex?'. The target concept of the question in the Census is sex as recorded on legal/official documents.
[13] This is similar to the UK Census 2021 question 'Is the gender you identify with the same as your sex registered at birth?'

The chart below shows ethnic group of main applicants as proportions compared with the overall population of Brighton & Hove by duty owed. Between 2020 and 2024, people of White UK ethnic background made up 61% of those owed a prevention duty, 67% of those owed a relief duty, and 64% of those owed the main housing duty. This group comprises 71% of the population of the city at the 2021 Census. People from White Other ethnic groups were over-represented amongst those owed a prevention duty compared to the city's population (17% compared to 12%). People from Black and Black British ethnic backgrounds are overrepresented amongst those owed all three duties by the council. These ethnic groups comprise 2% of the population of the city but 5% of those owed a prevention duty, 7% of those owed a relief duty and 8% of those owed a main housing duty.



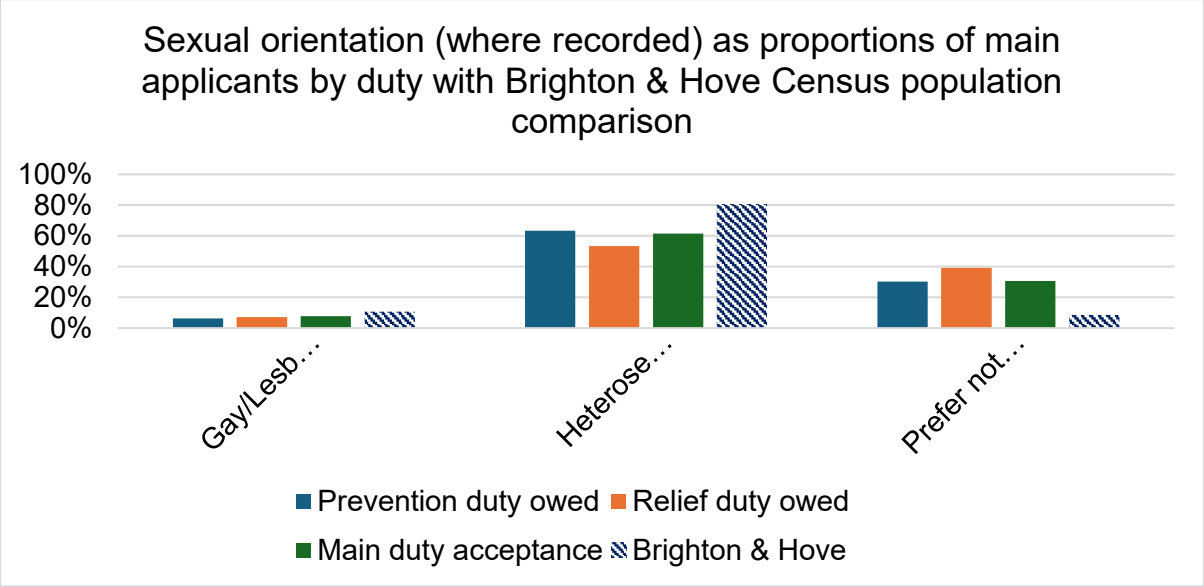
Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the proportions of main applicants recorded as having disability related support needs compared with the overall population of Brighton & Hove by duty owed. This includes people with physical ill health or disability, people with a history of mental health problems and people with learning disabilities. Disabled people comprised 19% of the city's population at the 2021 Census. Disabled people are significantly overrepresented amongst those owed all 3 duties. Between 2020 and 2024, disabled people made up 42% of those owed a prevention duty, 46% of those owed a relief duty, and 54% of those owed a main housing duty.



Source: Home Connections (data extracted 13 Jan 2025)

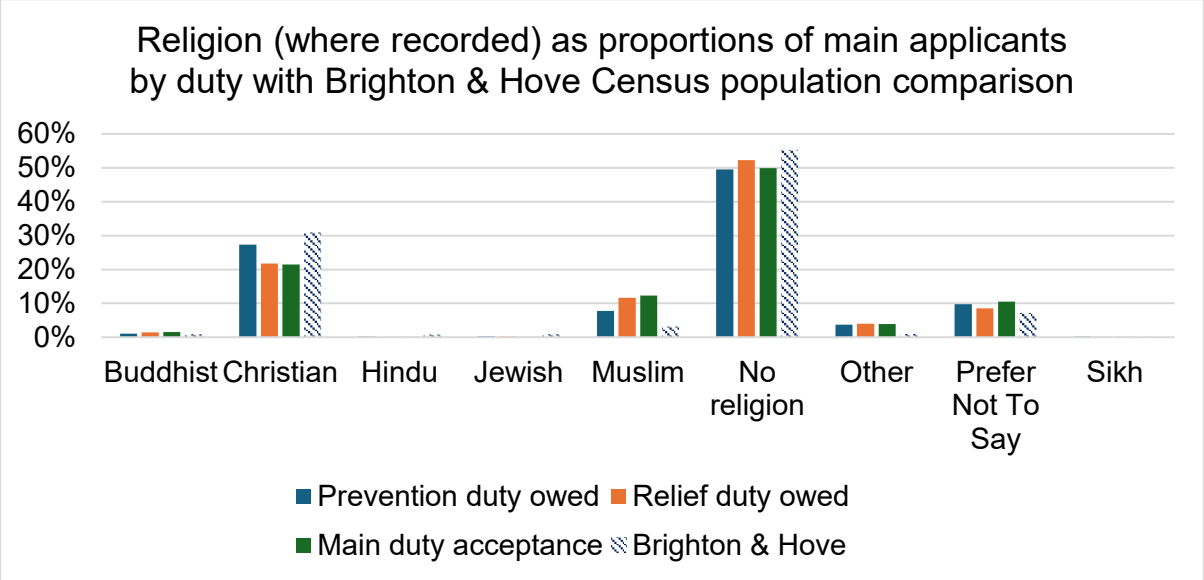
The chart below shows the proportions of recorded sexual orientation of main applicants by housing duty. Between 2020 and 2024, people who identified as Lesbian, Gay, Bisexual or Other sexual orientation assessed as owed a housing duty were underrepresented compared to the population of the city as a whole. They made up of 6% of those owed a prevention duty, 7% of those owed a relief duty, and 8% of those owed a main housing duty. People recorded as Lesbian, Gay, Bisexual or Other sexual orientation comprised 11% of the city's population at the 2021 Census.



Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the recorded religion of main applicants by housing duty. People whose religion was recorded as Muslim were significantly overrepresented. They made up 8% of those owed a prevention duty, 12% of those a relief duty and 12% of those

owed a main housing duty. People recorded as Muslim comprised 3% of the population of the city at the 2021 Census.



Source: Home Connections (data extracted 13 Jan 2025)

The numbers and proportions of people owed a duty who are at risk of or who have experienced domestic abuse, sexual abuse or who are victims of modern slavery can be found in the tables on support needs in the next section. In 2024, 6% of those owed a prevention duty, 12% of those owed a relief duty and 16% of those owed a main duty were at risk of or had experience domestic abuse.

The table below shows the employment status of the main applicant over 5 years from 2020 to 2024. For all 3 housing duties a significant proportion of applicants were either registered unemployed or not working because of long term sickness or disability.

Employment status of main applicant	Prevention duty owed	Relief duty owed	Main duty acceptance
At home/not seeking work (including looking after the home or family)	5%	3%	7%
Don't know / Refused	4%	9%	5%
Full-time student	1%	1%	1%
Not registered unemployed but seeking work	2%	3%	2%
Not working because of long term sickness or disability	21%	24%	26%
Other	1%	2%	1%
Registered employed but currently off work due to ill health / disability on reduced or SSP	1%	1%	1%
Registered employed but currently off work on maternity/paternity/adoption leave on reduced or statutory pay	1%	0%	1%
Registered unemployed	25%	39%	31%
Retired (including retired early)	5%	2%	4%
Training Scheme / apprenticeship	0%	0%	0%

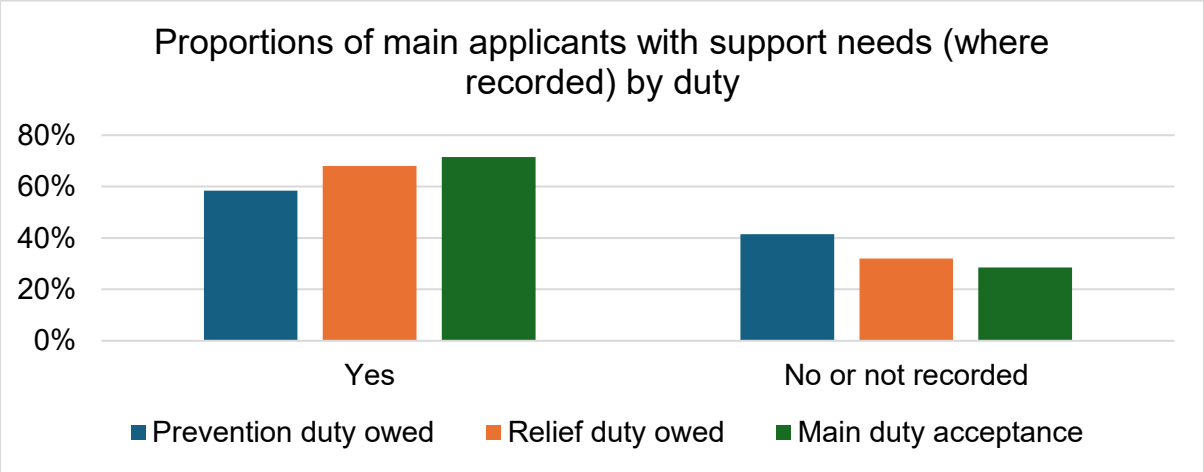
Working: 30 hours a week or more (contracted, regular or guaranteed)	13%	6%	7%
Working: irregular hours with variable or irregular pay	2%	1%	1%
Working: less than 30 hours a week (contracted, regular or guaranteed)	17%	6%	11%
Not recorded	2%	2%	2%

Source: NEC Housing (data extracted 31 Dec 2024)

Data on other characteristics, including protected characteristics, are recorded as support needs in the section below. Whilst some characteristics are in themselves predictive of risk or vulnerability, it is clear that these characteristics intersect with each other and with life events such as loss of employment, relationship breakdown or ill health to heighten risk and vulnerability.

Support needs of people experiencing homelessness

Of those assessed as owed a housing duty by the council, most had one or more support needs. Support needs were recorded for 58% of those owed a prevention duty, 68% of those owed a relief duty and 71% of those owed a main duty.



Source: Home Connections (data extracted 13 Jan 2025)

The table below shows the recorded support needs of main applicant in households owed a housing duty by the council in 2024. Applicants may have more than one support need, so these categories overlap. For those households owed a relief duty, and therefore likely to be placed in temporary accommodation, the 5 most common support needs were 'history of mental health problems' (35% of those owed a relief duty), 'physical ill health and disability' (22%), 'drug dependency needs' (12%), 'At risk of/has experienced domestic abuse' (12%) and 'Alcohol dependency needs' (10%). The support needs of other members of the household are not recorded.

Support needs (overlapping categories)	Prevention duty owed	Relief duty owed	Main duty accepted
Access to education, employment or training	87	96	30
Alcohol dependency needs	100	574	148
At risk of/has experienced abuse (non-domestic abuse)	53	224	95
At risk of/has experienced domestic abuse	170	707	351
At risk of/has experienced sexual abuse/exploitation	51	199	78
Care leaver aged 18-20 years	8	72	33
Care leaver aged 21+ years (Retired)	8	74	20
Difficulties budgeting	187	133	55
Drug dependency needs	115	717	160
Former asylum seeker	58	163	72
History of mental health problems	737	2,020	816
History of repeat homelessness	81	515	104
History of rough sleeping	46	500	75
Learning disability	109	266	121
Offending history	73	605	118
Old age	95	74	43
Physical ill health and disability	628	1,238	659
Served in HM Forces	3	18	3
Victim of modern slavery	8	21	7
Young parent requiring support to manage independently	20	47	35
Young person aged 16-17 years	8	14	4
Young person aged 18-25 years requiring support to manage independently	74	278	111

Source: Home Connections (data extracted 13 Jan 2025)

Health and homelessness

Ill health can be both a cause and a consequence of homelessness. We know from national research that people experiencing homelessness have poorer physical and mental health than the general population.[14] Avoidable and unfair differences in health are more likely the longer a person experiences homelessness. Experiencing homelessness also impacts how people access health services. Health inequalities between those experiencing homelessness and the general population are due to a range of systemic, social, practical and administrative barriers.

Homeless Link, in their 2021 national survey of 2,776 people experiencing homelessness, found that:

- 63% had a long-term illness, disability or infirmity

[14] Homeless Link, 2022, *Unhealthy State of Homelessness 2022* https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/

- 82% had a mental health diagnosis
- 45% reported self-medication with drugs or alcohol to help them cope
- 97% reported registration with a GP or homeless healthcare centre
- 53% were registered with a dentist
- 48% reported use of A&E services in the last year - three times more than the general population
- 38% had been admitted to hospital in the past 12 months
- 37% of hospital admissions related to a physical health condition, and 28% related to a mental health condition, self-harm or attempted suicide
- Of those admitted to hospital nearly a quarter (24%) had been discharged to the streets
- 33% of respondents reported that on average they eat only one meal a day

A review by the Local Government Association reported that a third of those sleeping rough are not registered with a GP and have an Accident and Emergency attendance rate eight times higher than the general population.[15]

National data from the Office for National Statistics indicate that in 2021 there were an estimated 741 deaths of people experiencing homelessness in England and Wales.[16] Most of these deaths occurred in men (87.3%). Almost 2 in 5 deaths (35%) in homeless people were related to drug poisoning. There were an estimated 99 suicide deaths and 71 alcohol-specific deaths, accounting for 13.4% and 9.6% of deaths respectively. The average age of death for men in this cohort was 45 years and 43 years for women. This is compared to 77 years for men and 81 years for women in the general population.

The last comprehensive audit of the health needs of people experiencing homelessness in Brighton & Hove was undertaken in 2014.[17] The sources cited below contain more recent data and evidence.

The Health Counts 2024 survey was conducted by Brighton & Hove City Council and the University of Brighton. Of the 16,729 people who responded, 0.9% (n = 161) reported living in 'temporary or emergency accommodation'. Examples given in the survey of this

[15] Local Government Association, 2017, *The Impact of Homelessness on Health: A Guide for Local Authorities*
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

[16] Office for National Statistics, Deaths of homeless people in England and Wales: 2021 registrations
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations

[17] Brighton & Hove City Council, 2014, *Brighton & Hove Homeless Health Needs Audit*
https://www.brighton-hove.gov.uk/files/sites/bhconnected/files/Brighton%20and%20Hove%20Homeless%20Health%20Needs%20Audit%20FINAL.pdf

type of accommodation included 'shelter, sofa surfing, and bed & breakfast accommodation'. Trend data are not available.

Health Counts data show that there are significant health inequalities across a broad range of health and social issues affecting people living in temporary accommodation. The report found that those living in temporary and emergency accommodation were less likely to report being in good health than the population of the city overall. They were more likely to report poor mental health and unhealthy lifestyle behaviours. They were also more likely to report being fairly or very worried about their housing conditions (including damp, cold and leaks) and feeling unsafe or unsupported in their homes and local area when compared with the general population.

The tables below show that those living in temporary or emergency accommodation were more likely to report a range of issues indicating poor health and less likely to report factors that protect health. The % figures are for temporary and emergency accommodation compared with the general population.

Health and disability	Lifestyle	Safety and social support
•be a **disabled** adult (67% vs. 37%) •report **anxiety** (72% vs. 38%) •have **self-harmed** in the last 12 months (20% vs. 9%) •have **thought of taking their own life** in the past 12 months, even though they wouldn't actually do it (48% vs. 25%) or have ever **made an attempt to take their own life** (24% vs. 12%) •**never visit the dentist** (29% vs. 10%)	•**smoke** (47% vs. 17%) •**binge drink** daily or almost daily (7.3% vs. 2.4%) •to have **used drugs** that were not prescribed for them and were not available at a chemist/pharmacy in the last year (35% vs. 20%) •experience **gambling** related harm (62% vs. 19%) •have done **less than 30 minutes of sport or fitness activity** in the last week which raised their breathing rate (64% vs. 53%)	•feel very or a bit **unsafe** at night (60% vs. 34%) •feel very or fairly **worried about physical violence** against themselves (36% vs. 22%) •to be fairly or very **worried about housing conditions** such as damp, cold and leaks (56% vs. 21%) •to be fairly or very **worried about being sexually assaulted/ raped** (34% vs. 21%

Health and disability	Lifestyle	Safety and social support
•report being **in good or better health** (33% vs. 69%) •**clean their teeth** twice a day (or more) (66% vs. 75%)	•eat five or more portions of **fruits or vegetables** (37% vs 49%) •spend **free time in nature** at least monthly (79% vs 89%)	•have a very or fairly strong **feeling of belonging** to their local area (35% vs. 53%) •**if ill in bed and need help, have someone they could ask** (51% vs. 70%) •feel very or fairly **satisfied with the local area** as a place to live (55% vs. 81%)

The Brighton & Hove Multiple Complex Needs JSNA 2020 reported particularly poor health outcomes in those experiencing homelessness with other compounding needs, particularly mental health needs and substance use issues. Changing Futures Sussex publish a quarterly audit of people with multiple compound needs in contact with

homelessness and housing services in Brighton & Hove.[18] People with multiple compound needs experience some of the poorest health outcomes of any population group. The term multiple compound needs (MCN) is defined by the national Changing Futures programme as three or more of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.[19]

The Q4 2024/25 audit report provides information about co-occurring needs alongside homelessness including mental and physical health, substance misuse, domestic abuse, history of offending and whether people are accessing support for their needs.1909 individuals are represented in the audit of data supplied by 27 support providers. 37% clients (n = 704) were experiencing homelessness. Of this group:

- 88% were experiencing mental health needs
- 77% were experiencing substance use issues
- 53% had historic or current involvement in the criminal justice system
- 44% had a physical health need
- 31% were affected by domestic abuse
- 59% were homeless with 2 other needs; 33% were homeless with 3 other needs; and 8% were homeless with 4 other needs
- Most were male (67%), White British and aged between 35-44 years
- 88% were registered with a GP

A 2025 internal audit of deaths in temporary and supported housing conducted by Brighton & Hove City Council found that most deaths were due to overdose, cardiac arrest, suicide and chronic illness, with an average age at death of 48 years.

An audit of drug deaths in the city in 2024 found that many of those who died experienced multiple compound needs as well as unemployment, poor or insecure housing, insecure or unstable income, financial difficulties, or poor family or social support networks.[20] In the 12 months prior to death, 50% had experienced significant changes in their housing situation – including eviction, concerns regarding cuckooing, prison release, moving to and from Brighton & Hove or moving into student accommodation. Twenty percent were homeless (living in supported, emergency or temporary accommodation, sofa surfing or sleeping rough). Over a third (36%) may have met the criteria for a referral to the Changing Futures programme.

[18] Changing Futures Sussex, *Brighton & Hove Multiple Needs Audit Reports,* https://www.changingfuturessussex.org/learning

[19] Ministry of Housing, Communities and Local Government, *Changing Futures: changing systems to support adults experiencing multiple disadvantage,* 2020 https://www.gov.uk/government/publications/changing-futures-changing-systems-for-adults-experiencing-multiple-disadvantage

[20] Brighton & Hove City Council, 2025, *Audit of Drug Deaths 2024*

Data from Arch Healthcare, a GP practice specialising in healthcare for people experiencing homelessness, indicates that of a practice population of around 1,600 patients:

- Most were male (79% male, 21% female)
- The mean age is 41.6 years
- 80.1% are White, 5% Mixed/Multiple ethnic groups, 4.6% Black/ African/ Caribbean/Black British; 2.8% Asian/Asian British; 2.8% Other ethnic group; 4.6% Unknown
- There are around 40 children registered with the practice
- 54% of patients were coded as having depression, 44% anxiety and 12% PTSD
- 20% were coded as having self-harmed (this is reportedly more common and may not always be coded)
- 28% of patients were coded for substance use, 26% alcohol dependence and 74% were smokers
- 8% were coded as having COPD, 2% Coronary Heart Disease, 8% hypertension, 3% Chronic Liver Disease, 4% have Type 2 Diabetes mellitus and 7% are coded as having chronic pain
- 1% of patients have a code for TB, 2% for HIV, 1% Hepatitis C and 1% Hepatitis B
- In 2024/25, there were 16,807 appointments, with 1,603 people seen and an average of 10.5 appointments per patient

Although this data provides insights, it should be interpreted with caution due to several limitations, including potential under-coding, patients in the dataset representing both those experiencing homelessness and those who have been subsequently housed. We were also unable to assess for comorbidity as the data are for individual counts.

Being frail describes when someone loses their inbuilt reserves and therefore becomes vulnerable to serious adverse outcomes from seemingly minor stressors, such as a move to short term residential placement or a trip to the emergency department.[21] There is a growing understanding that more people are becoming homeless in later life. Those experiencing homelessness, especially those with multiple compound needs or with a history of rough sleeping, can also experience frailty at a younger age.

In Brighton & Hove, work is being undertaken to improve the identification of frailty in people experiencing homelessness. The Homeless Health and Inclusion team use the Edmonton Frail Scale to identify those who are frail. The main components of frailty in this group relate to malnutrition and mobility issues. The team are then able to organise onward support. Support could include outreach, physiotherapy, occupational therapy, hospital admission avoidance and identifying those who may require end of life care. If frailty is not identified and if chronological age and other issues like substance use are

[21] British Geriatrics Society, 2014, *Introduction to Frailty* https://www.bgs.org.uk/introduction-to-frailty

focused upon, individuals are vulnerable to their needs not being adequately met, including being placed in less suitable accommodation. Quantitative data is not yet available from this work.

There is a lack of local data on the impact on homelessness on the health of children and young people. However, there is a growing body of evidence indicating that serious negative impact on health and other outcomes. Evidence submitted to the Housing, Communities and Local Government Committee in 2024-25 identifies the following common issues for children living in temporary accommodation: overcrowding, poor maintenance, lack of adequate facilities (like a kitchen, laundry and personal hygiene facilities, a desk or table for homework) and serious hazards (damp and mould, excessive cold, pests).[22] Witnesses informed the select committee that poor quality accommodation can result in numerous health conditions including respiratory illness, skin problems, gastro-intestinal illness, high rates of accidents, sleep deprivation, depression and anxiety.

Analysis conducted on behalf of the All Party Parliamentary Group on Temporary Accommodation by the Shared Health Foundation estimates that temporary accommodation has contributed to the deaths of at least 74 children in the last 5 years (58 of these were under 1 year old).[23]

Survey research by Shelter found that 61% of parents living in temporary accommodation felt that temporary accommodation had a negative impact on their children's stress or anxiety; 52% reported that their children's depression has worsened; and 28% said their children were finding it hard to make or keep friends due to living in temporary accommodation.[24] Almost half (47%) of children of those surveyed had to move schools. More than half (52%) of parents reported their children had missed days of school. Of these, more than one in three (37%) have missed more than one month. One in four (26%) parents said their children were unable to keep up or have performed poorly because of living in temporary accommodation.

The Local Government Association also identify a wide range of impacts that growing up in temporary accommodation can have on children and young people.[25] These range

[22] UK Parliament, House of Commons: Housing, Communities and Local Government Committee, 2025, *England's Homeless Children: The crisis in temporary accommodation* https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html#heading-0

[23] All Party Parliamentary Group: Households in Temporary Accommodation, 2025, Child *Mortality in Temporary Accommodation 2025* https://sharedhealthfoundation.org.uk/publications/child-mortality-in-temporary-accommodation-2025/

[24] Shelter, 2022, *Still Living in Limbo: Why the use of temporary accommodation must end* https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/still_living_in_limbo

[25] Local Government Association, 2017, *The Impact of Homelessness on Health: A Guide for Local Authorities*

from disruption of access to universal healthcare like vaccinations; higher rates of infection and accidents; risk of sexually transmitted infections and unwanted pregnancies; higher rates of stress, anxiety, depression and behavioural issues; poorer educational attainment and attendance; bullying and isolation; increased experience of trauma, abuse and other adverse experiences; higher risk of exploitation, trafficking and involvement in gang or criminal activity.

https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

Activities and services to address homelessness and rough sleeping

Services provided or commissioned by the council

The council's homelessness services covering homelessness and housing options and temporary and supported accommodation, are part of Housing People Services within the council's Homes & Adult Social Care directorate.

Broadly speaking, the council's homelessness services offer:

- Housing advice and homelessness prevention
- Allocation of social housing
- Temporary accommodation
- Landlord liaison and housing solutions
- Supported housing and rough sleeper services

For the financial year 2025/26, the total budgeted cost of providing these services is £31.4 million, which is allocated as follows:

- £28m on temporary accommodation
- £2.9 million on housing options and homelessness prevention
- £0.5 million on travellers' services

These figures include funds from the council's own resources and income from rents, charges, and government grants, including the Homelessness Prevention Grant and Rough Sleeping Prevention and Recovery Grant.

Homelessness and Housing Options

Housing advice and homelessness prevention

For households at risk of homelessness in the next 56 days, the council will try to help people remain in their current home. The things the council may do to help stop someone from losing their home include:

- Information about landlords' responsibility for repairs and maintenance.
- Advice and representation if a landlord or lender have applied to a court for an eviction order.
- Information about unlawful eviction and how landlords must follow the correct legal steps.
- Advice for those living in council housing or who want advice on applying for council housing.
- Advice on benefits and money problems
- Advice on Universal Credit help with housing costs for renters.

- Advice on how to apply for a discretionary housing payment (DHP) if universal credit or housing benefit does not cover someone's full rent.
- Advice on debt respite or 'breathing space' to give someone more time to deal with rent arrears.
- Advice for dealing with priority debts.

The initial point of contact for someone approaching the council for housing advice or support is through the Housing Advice and Triage team. As well as providing advice and information to prevent homelessness, the team process initial homelessness applications and refer these to one of three other teams within the service. These are:

- Homelessness Prevention and Relief
- Pathways and Partnerships
- Housing Allocations

The Housing Advice and Triage team deal with around 3,000 requests for housing advice and process around 1,700 homelessness applications a year.

Support and advice to prevent or relieve homelessness

Most of those who are assessed as being owed a prevention or relief duty by the council will be referred to the Homelessness Prevention and Relief team. For those who are owed a prevention duty by the council the team will focus on preventing homelessness, either by negotiating with landlords, referring applicants for additional support or linking them with properties in the private rector. However, around 70% of those making a homelessness application present at the relief stage, that is, when they are already homeless. The team will work with these applicants to agree steps that both the applicant and the council will take to secure accommodation. For most, this will mean a placement in temporary accommodation while their application is being processed.

Support and advice for people facing barriers to access or with complex or high levels of need.

The Pathways & Partnerships team carry out homelessness assessments and prevent or relieve homelessness for people facing barriers to access or who have complex or high levels of need. The team work closely with and take referrals from mental health services (Sussex Partnership NHS Foundation Trust), the Royal Sussex County Hospital, the Probation Service, services for people experiencing rough sleeping, supported accommodation services, young people aged 16-17 and care leavers aged 18-21, and people with multiple compound needs and refugees.

Allocation of social housing

Social housing is allocated by the Housing Allocation team. If someone is assessed as being owed a main housing duty, the team will assess their housing and support needs and assign them to the housing register – the waiting list for social housing. Given the

long waits for social housing, the team will also support the applicant to access housing in the private rented sector as a route out of temporary accommodation.

Temporary and Supported Accommodation

Temporary Accommodation

If the council cannot prevent a household from becoming homeless, or if the household is already homeless when they first approach to the council, the council will assess whether the household is eligible and has a priority need for accommodation.

Households who are homeless, eligible and have a priority need are offered temporary accommodation if they have no friends or family they can stay with. They must contribute towards the cost of temporary accommodation with income or Housing Benefit.

Nearly all of the council's temporary accommodation is in Brighton & Hove. However, it is not possible to procure enough temporary accommodation in the city for everyone that needs it, so a small proportion of the council's temporary accommodation is outside the city. Temporary accommodation offered by the council comprises accommodation units within council owned stock, the private rented sector, housing associations, B&B and hostels. The council has 100% nomination rights to units managed by Seaside Homes, an independent charity providing affordable social rented housing in the city.

Housing solutions

The council's Private Rented Sector and Leasing team help people avoid homelessness by securing safe, affordable, and sustainable accommodation in the private rented sector. The service currently works with over 230 landlords across the city. The offer includes property assessment and negotiation, ensuring that homes meet safety and energy standards and negotiating fair tenancy terms. Tenancy establishment supports people with viewings, tenancy agreements, and provides financial assistance such as deposits and rent in advance. Post-move support includes helping people register for benefits, council tax, and utilities, and providing essential furnishings.

The Move On service helps residents transition from temporary accommodation or hosting arrangements into settled housing. As well as supporting people to move on from temporary accommodation, the service assists people in hosting arrangements such as Homes for Ukraine, to formalise a tenancy with their host or to move on from their placement. The service provides tenancy support, financial assistance, and coordination with landlords to ensure successful transition into longer term housing. The service aims to deliver around 300 move-ons from temporary accommodation into the private rented sector and social housing per year. This target is part of a broader strategy to reduce numbers in temporary accommodation and the associated cost pressures for the council.

The council has a dedicated Tenancy Support team who work closely with vulnerable households to help stabilise tenancies and provide practical support. This includes ongoing support with budgeting, benefits, and tenancy responsibilities. Early intervention is triggered if issues arise within a tenancy, helping to prevent breakdowns.

The council also delivers several special projects. Homes for Ukraine supports Ukrainian guests through outreach, advice workshops, and tenancy support, enabling them to formalise arrangements or move into independent housing. Refugee resettlement provides financial packages and tenancy support to help refugees secure and sustain housing through the private rented sector access scheme. AFEO (Accommodation for Ex-Offenders) helps ex-offenders secure settled accommodation through tenancy support and landlord incentives.

During the pandemic, the council delivered the Everyone In programme, housing more households in a single year than at any time previously.

Commissioned services

Rough sleeping and homeless support services commissioned by the council's Homes & Adult Social Care directorate consist of a range of core and grant funded support and accommodation services delivered by voluntary, community and social enterprise organisations (with the exception of the Off Street Offer delivered directly by Brighton & Hove City Council).

Commissioned services fall into two main categories:

- Community support services which include street outreach, advice and floating support services offering support to people in community venues and their own homes.
- Accommodation based services with differing levels of support from high to low support for various client groups including homeless adults, young people, and families.

Community Support Services

Family Mediation

Family mediation is a core funded service delivered by YMCA DownsLink Group through the Youth Advice Centre. The service aims to prevent homelessness and support young people to rebuild relationships with their families. Until June 2025 the council also worked in partnership to deliver housing advice for young people through the Youth Advice Centre. The core statutory housing advice service is now delivered in full by the Council. The Youth Advice Centre receive funding separately and continue to provide youth support.

Rough Sleeper Street Outreach Service

The Rough Sleeper Street Outreach Service is a core funded service delivered by Change Grow Live. The service is responsible for identifying new rough sleepers and supporting existing ones. They engage with and assess the needs of people living on the streets and help them access accommodation, support, or with relocation when there is a support network or local connection elsewhere. This service offers a fast route away from the streets and to avoid long-term homelessness.

Change Grow Live also deliver the following grant-funded projects: Assessment & Reconnection Workers, Navigators, the Homeless Outreach Assessment Project (known as The Circle) and Surge Accommodation (The Fab).

Navigators

Navigators is a grant funded intensive support service providing tailored support for people with the most entrenched complex needs who have a history of repeat rough sleeping. The team support clients to move off the streets and to maintain accommodation, as well as linking them to support services, including mental health and drug and alcohol support. The service is due to merge with the Changing Futures team during 2025/26 to deliver a more focused multi-disciplinary approach for people who have a history of long-term rough sleeping, multiple compound needs and social exclusion.

First Base Day Centre

First Base is delivered by Brighton Housing Trust and offers a range of services to support people who are sleeping rough or are insecurely housed in the city. These include food, showers, lockers and laundry facilities, case work support, accommodation and relocation services, as well as access to health services and employment and learning support. First Base hosts a range of external organisations and health workers who use it to engage with people sleeping rough. Grant funding from the council funds two full-time equivalent staff members who work to relocate those with no local connection if there is a support network or local connection elsewhere.

Homeless Recovery Service

The Homeless Recovery Service is funded through Brighton & Hove City Council's Public Health Grant and delivered by Change Grow Live. It has around 250 service users. It offers recovery focused drug and alcohol support to people who are homeless in the city.

Accommodation based support services for young people

The council's Homes & Adult Social Care directorate commission a variety of accommodation-based services designed specifically for vulnerable young people aged 16 to 25.

Young people using these services often require support with mental health challenges and complex needs, frequently stemming from rejection and other adverse childhood experiences. These services are expected to be creative and flexible, operating within a framework of personalised, trauma-informed care.

Support is delivered in collaboration with social care services and other specialist agencies working with this age group. A mix of one-to-one and group programmes help young people to develop positive social connections, daily living skills, access to work, learning and leisure activities.

Sussex Nightstop

Sussex Nightstop is a core funded service offering emergency accommodation for young people aged 16-25 who are homeless (including sofa-surfing) or at risk of homelessness in welcoming homes with vetted and trained volunteer hosts. The service also offers support, guidance, and access to other service and information to help young people to return home or secure alternative accommodation.

Brighton & Hove Foyer

Sanctuary Supported Living deliver the core funded Brighton & Hove Foyer. This supported housing scheme offers 50 units of accommodation and support for young people in 2-to-3-bedroom shared flats. The service includes 30 medium-support bedspaces and 20 low-support bedspaces. With staff available 24 hours a day, assistance is individually tailored, preparing residents for independent living.

YMCA DownsLink Group

With core funding from the council, YMCA DownsLink Group provide accommodation-based support across various properties in Brighton & Hove. This includes units with 24-hour support, as well as semi-independent accommodation for those with lower support needs, typically those transitioning from high-support settings.

The projects include Gareth Stacey House (high support), Lansworth House (high and medium support), and Chris Batten House and Blatchington Road (both offering medium to low support).

Young Families Support Service

YMCA DownsLink Group also deliver a core funded supported accommodation for young parents aged 16 to 25 with children up to 5 years old. It adopts a trauma-informed approach and works closely with NHS and social care services.

Stopover

The core funded Stopover project delivered by Impact Initiatives offers tailored support and accommodation for vulnerable young women, including those with complex and high support needs. Stopover's eleven houses and staff team give on-going support throughout the transition from 24-hour support to living independently.

Accommodation based support services for adults

Low support accommodation services

Someone with low support needs can recognise their own needs, are fully engaged with the support offered and can seek help when they need it. Many people living in low support housing have stepped down from high or medium supported accommodation, rather than moving directly into a low support service.

Someone living in low support housing will typically have up to 2 hours individual support a week plus access to additional activities within or outside the service. They are not expected to require support from the service outside of normal office hours, being able to access help from universal services if needed.

George Williams Mews

Brighton YMCA provide 24 units of core funded self-contained accommodation. The support offered is based upon a personalised support plan. People using the service are supported to manage their accommodation in preparation for independent living. This includes claiming housing benefit, paying rent and utilities, and maintaining the condition of the property.

Quays Housing

Quays Housing provides grant funded, low support accommodation for people aged 18 and over who have been rough sleeping. The service offers 29 beds in self-contained accommodation with low-level on-site support. Residents receive 1 to 2 hours of flexible support a week, with regular contact tailored to their individual needs. They can participate in a variety of activities based on their preferences and aspirations. Support is delivered using a personalised approach within a psychologically informed environment.

St Mungo's

St Mungo's, in partnership with Clarion Housing Association, deliver a grant funded project for people needing low levels of support. The scheme comprises 23 self-contained flats, including bedsits, one-bedroom flats, and two two-bedroom flats, all let on Assured Shorthold Tenancies. Support from St Mungo's staff is available Monday to Friday from 8am to 6pm, with on-site security outside these hours.

The service takes a psychologically and trauma-informed approach, incorporating strengths-based and recovery-focused practice. Support offered is personalised and client-led, empowering people to work towards long-term independence.

Rapid Rehousing Service

Southdown deliver the grant funded Rapid Rehousing service provides move-on homes with floating support. Referrals are taken for people with low support needs currently

rough sleeping, those with a history of rough sleeping living in emergency accommodation, or those at risk of rough sleeping. The service comprises 29 private rented sector flats secured under 10-year leases and located across the city. It offers personalised, flexible support, with the goal of enabling tenants to access settled accommodation within two years. The service works closely with the council's temporary accommodation team who allocate the accommodation.

Transition and Resettlement Service

Southdown also deliver a Transition and Resettlement Service, providing floating support to help people move successfully into independent accommodation. Commissioned with core and grant funding, it provides flexible floating support to people living in independent housing. This service is available to those who have moved directly from rough sleeping, from supported accommodation, including mental health supported accommodation, or from interim accommodation arranged by the council. It also supports people who are having difficulty living independently and sustaining their tenancy. The service works closely with the council's Housing Solutions Team. Eighty percent of referrals come through the rough sleeping and single homeless pathway with the remaining 20 percent via the mental health pathway.

Medium support accommodation services

Someone with medium support needs can engage with services but their level of engagement and motivation to change may be inconsistent and fluctuate. They will generally be able to manage with some support; however, their fluctuating needs could give rise to relapse or disengagement from services. A person with medium support needs may occasionally require access to support from staff overnight or at the weekend.

People with medium support needs will generally receive support from on-site staff or partner agencies for up to 5 hours a week. Support will need to be flexible to respond to an individual's changing support needs and aim to prevent crises or relapse. Additional group work and support to engage with off-site community activities can be part of someone's journey towards independent living.

Brighton YMCA

This core funded service provides 123 units of shared and self-contained medium support accommodation across three sites. Using psychologically informed environment, trauma-informed, and strengths-based approaches, the service tailors support to meet individual needs. It empowers clients to identify their aspirations, overcome barriers to recovery, build resilience, engage with their local community, and maximise their potential for independence. The service also offers peer-led support, in-house counselling, with on-site support for mental health, and substance misuse issues. There are daily activities, support to access work and learning opportunities,

and enhance wellbeing. Personal budgets enable clients to access activities, either on or off site.

Seagull Project

Using a personalised trauma informed model, Safe Haven Sussex deliver the grant funded Seagull Project provides safe and stable supported accommodation for single adults, to enable an ongoing period of stability and step down into lower support whilst long term options are put in place to prevent repeat homelessness. Provision of smaller units of accommodation bridges the gap between current accommodation and independence for individuals requiring medium level of support. The Seagull Project provides 36 units of accommodation in houses across the city.

Housing Led Support Service

This grant funded project accommodates 40 residents with medium-support needs. It is delivered by the same St Mungo‘s team as the high support Housing First service. Residents are expected to be ready to move to a lower support or independent living setting within a two- to three-year timeframe.

High support accommodation services

Someone is deemed to have high support needs if they have trauma-related support needs such as mental health issues, substance misuse, physical frailty, offending behaviour or combinations of these. Some people using these services may be ambivalent or reluctant to engage with support offered. Residents may require access to support 24 hours a day, have one to one contact time with staff for at least 5 hours a week plus additional group and community activities.

Phase One

Brighton Housing Trust’s Phase One is a core funded, 52 bed hostel for single homeless people with complex support needs. The service offers a strength and needs based service, tailored to the individual resident. It offers a psychologically informed and recovery focused approach, and flexibility and personalised support along with a range of life skills, group work, peer support, network building, community involvement and leisure activities all geared to increase engagement, build resilience and support positive change.

George Williams Mews

Brighton YMCA’s George William Mews service also provides 25 high support accommodation units across five shared houses, offering support within a psychologically informed environment. Residents receive help to build relationships within the community, engage in health and wellbeing activities, and explore work and learning opportunities. Access to an in-house counselling service is also available.

Equinox Care

Equinox Care's core funded women's high and medium support service offers a specialist women only support and accommodation with a personalised, gender aware and trauma informed model. The service offers 18 (9 high support + 9 medium support) units of accommodation over two sites in Hove.

The high support site has 9 beds with 24/7 staffing. It provides intensive support and accommodation for women with multiple and complex needs and offers a safe environment for stabilisation and assessment. Residents can work to develop a personalised recovery plan and address the issues that led to them becoming homeless.

The medium support site provides step down accommodation for women from the high support service who are ready to live in a lower support environment but still need the help of staff to maintain and continue their recovery. It also offers support and accommodation for women coming into the service with less complex needs.

Housing First

The core and grant funded Housing First service delivered by St Mungo's offers 60 units of high support needs accommodation. People using the service are offered a home in council housing stock with flexible and personalised support provided. The housing offer is unconditional, and support is not dependent on behaviour. Clients are seen at least weekly, often daily, with staff using an assertive support delivery model with creative, tailored approaches. The team has a personalisation fund to enable residents to engage in leisure or learning activities that align with their interests or to help them purchase items for their homes.

Off Street Offer

Off Street Offer is a grant funded accommodation-based rapid assessment and move-on service for men experiencing homelessness, including those with a history of long-term or reoccurring rough sleeping. It is delivered by Brighton & Hove City Council's Homes and Adult Social Care directorate. The service identifies a suitable accommodation option and makes appropriate referrals. It also facilitates reconnection to other local authority areas for those with recourse to public funds but who have no local connection to Brighton & Hove. The male only service has 30 units of accommodation and takes referrals from the Street Outreach Service. The service has no minimum stay but has a target for an average stay of 90 days.

Homeless Outreach Assessment Project

The Homeless Outreach Assessment Project, delivered by Change, Grow Live, is a grant funded 16 bed service. The project takes referrals from the Street Outreach Service. The service has no minimum stay but has a target for an average stay of 90 days. It

prioritises women experiencing rough sleeping and will also work with couples. It also accepts referrals for people with no recourse to public funds.

Surge Accommodation

Change Grow Live also deliver Surge Accommodation, a grant funded 14 bed service that will accept referrals for people with no recourse to public funds. It takes referrals from the Street Outreach Service and has no minimum stay.

Severe Weather Emergency Protocol provision

Change Grow Live deliver severe weather emergency provision in the city. When activated, the Severe Weather Emergency Protocol (SWEP) offers shelter to all rough sleepers in the city. The SWEP is currently activated on the forecast of 'feels like 0 degrees' as predicted on the MET office website, when there is an amber weather warning or at other times when severe weather is predicted. Shelter is provided regardless of an individual's needs or local connection. The council is required to ensure that the shelter venues are in place, are adequately staffed and are managed safely.

Services provided by the voluntary, community and social enterprise sector

Working Together, a 2021 report by Community Works, the Frontline Network, Justlife and YMCA DownsLink Group, mapped services provided by the voluntary, community and social enterprise (VCSE) sector to address homelessness in Brighton & Hove. Based on responses to a survey of 44 VCSE organisations they identified 110 VCSE organisations operating in the city, providing 204 relevant services. These covered accommodation, advice and practical support as well as help to prevent homelessness. The VCSE organisations identified included those specialising in support for people experiencing homelessness and non-homelessness-specific organisations. The information below is derived from the *Working Together* report unless otherwise stated.

The city's VCSE sector offers people experiencing homelessness a wide range of accommodation and other support services, including social connection, food, basic provisions, health and wellbeing support, life skills, training and employment advice.

In 2021, the sector provided 772 units of accommodation, including accommodation commissioned by the council and accommodation funded from other sources, including grants and charitable donations. In the previous year, with the support of VCSE organisations, 426 people achieved a positive move on from their accommodation, with 408 people securing accommodation in the private rental sector.

Of the 44 organisations who responded to the *Working Together* survey, all offered other support apart from accommodation. 41 organisations provided help with basic needs,

with the provision of food as the most common form of support, including foodbanks, food parcels and meals. Other support for basic needs included clothing, bedding, furniture, phones, and hygiene items.

Most of the organisations surveyed for *Working Together* provided help to promote independence, including developing personal resilience, pursuing interests and hobbies, and building critical life skills, such as budgeting, planning and managing conflict.

Twenty-nine organisations provided some form of advice and information, including signposting to other sources of support, 9 gave debt advice and 5 provided legal advice. Other areas of advice and information included welfare benefits and housing advice, including how to access the private rental sector. Several organisations offered advocacy, mediation, casework or key worker support.

Nine organisations offered regular drop-ins, with four providing a day centre service. Street outreach services were delivered by 5 of the organisations surveyed.

Health and wellbeing were identified as significant issues facing people experiencing homelessness. Almost half the organisations surveyed offered services to support health and wellbeing, ranging from mental health support (n=20), substance misuse (n=13), physical health (n=12) and sexual health (n=6). Others provided wellbeing activities, befriending, spiritual support and help with the welfare of people's pets.

Many organisations provided support for specific communities and groups of people including women (n=20), people with long term conditions (n=16), LGBTQI+ people (n=15), current or ex-offenders (n=14), children and young people (n=11), survivors of domestic violence (n=10), refugees (n=9) and others.

The VCSE sector also plays a significant role raising public awareness of the issues surrounding homelessness, fundraising, campaigning for change, and seeking solutions to prevent homelessness. Finally, sector plays a key role in facilitating and contributing to partnership working to address homelessness. This is addressed more fully in the section below on partnerships.

The *Working Together* report estimated that the value of services provided by the VCSE sector in the city was somewhere between £10 million and £20 million. The report points to the ability of the sector to generate additional income to tackle homelessness from grants, charitable donations and other non-statutory sources.

Homeless healthcare services

People experiencing homelessness use a broad range of healthcare services, including universal services such as primary care, community healthcare and urgent care. Access to healthcare is often disrupted by the experience of homelessness and some

healthcare services are used disproportionately by people experiencing homelessness. These include A&E and some specialist services including mental health and drug and alcohol services.

As well as universal healthcare services, there are specialist services in Brighton & Hove for people experiencing homelessness.

Arch Healthcare

Arch Healthcare offer GP services for people who are rough sleeping, living in temporary accommodation, sofa surfing or who are a traveller. With a list size of around 1,600 patients, the practice offers a full range of general practice healthcare services with GPs, nurses, and paramedics. It includes a hospital in-reach team, an outreach nursing team, and the health engagement team for people living in temporary accommodation based with Justlife. The service is commissioned by NHS Sussex and funded through the Better Care Fund.

Sussex Community NHS Foundation Trust – Health Inclusion Team

The Health Inclusion Team comprises nurses, health care assistants, a nurse prescriber, an occupational therapist, an associate therapist, and a physiotherapist. There is also a dedicated hospital in-reach nurse. With a caseload of around 150 patients, the service focuses on patients with tri-morbidity, meaning those with three or more chronic health conditions. The team works in a trauma-informed way, recognising the impact of past negative experiences on patients' engagement with services. The goal is to help patients manage their health needs and improve their engagement with both primary and secondary healthcare services. The team collaborates with other organizations, including Arch Healthcare, Justlife, and the council's housing and social care services. The service is funded through the block community health contract.

Sussex Partnership NHS Foundation Trust – Homeless Support Team

The Homeless Support team delivers mental healthcare to homeless and insecurely housed people in Brighton & Hove. With a caseload of approximately 125 patients, the service aims to provide high quality, easily accessible and flexible healthcare to people with a mental illness who are rough sleeping, living in temporary accommodation, or sofa surfing. The team does not work with people living in supported accommodation or people at risk of homelessness as these client groups are able to access mainstream or other support services.

Services for people with Multiple Compound Needs

People with Multiple Compound Needs experience 3 or more of the following: homelessness, substance misuse, mental health issues, domestic abuse, contact with the criminal justice system. Brighton & Hove Health and Care Partnership, comprising NHS commissioners and providers, the council, and the voluntary and community

sector, has agreed that Multiple Compound Needs as one of its five population health priorities for the city. The partnership is delivering a Multiple Compound Needs transformation programme to drive greater integration across specialist homeless healthcare, housing and social care services to improve outcomes for people with Multiple Compound Needs.

Changing Futures Sussex

The national Changing Futures programme is a joint initiative by the Ministry of Housing, Communities and Local Government (MHCLG) and The National Lottery Community Fund. The Changing Futures Sussex pilot programme covers East Sussex, West Sussex and Brighton & Hove. Funding was initially allocated until the end of March 2025, but the government has extended Changing Futures funding for a further year.

Changing Futures Sussex operates at individual, service and system levels. Individuals referred into the service receive flexible, trauma informed, person-centred support when they need it, leading to more periods of stability and more opportunities to make positive changes in their lives. The service operates a 'no wrong door' approach and coordinates support across services, thereby reducing demand on 'reactive' services. At the system level Changing Futures aims to build effective multi-agency partnerships with data sharing agreements and better use of data shaping service commissioning.

Changing Futures Brighton & Hove is a multi-disciplinary team (MDT) based within Brighton & Hove's City Council's Homes and Adult Social Care Directorate. The service has 13 full time equivalent staff comprising social workers, housing options staff, peer support workers, domestic violence and drug and alcohol specialists. With a caseload of around 120 service users, it is jointly funded by the Changing Futures Sussex grant, the city council and the NHS Better Care Fund.

The Changing Futures MDT aims to provide a holistic 'wrap-around' service for people with Multiple Compound Needs. It also aims to deliver swifter and safer outcomes for women and fewer preventable deaths and Safeguarding Adults Reviews (SARs) relating to women experiencing multiple disadvantage. The pilot service launched in December 2022 and was fully operational by summer 2023.

The Brighton & Hove MDT pilot was recently independently evaluated.[26] Recommendations made by the evaluators are summarised below, with detailed findings in the full report. Some of these relate to the planned creation of a new Multiple

[26] Imogen Blood Associates, Independent Evaluation of Changing Futures Multi-Disciplinary Team, Brighton & Hove, 2025

Compound Needs Integrated Community Team but others have broader implications for homelessness support and accommodation services.

- Build on the trauma-informed, Team around Me, approach in the planned new Multiple Compound Needs Integrated Community Team.
- The design, delivery and ongoing monitoring and evaluation of the Integrated Community Team should be co-produced with people with lived experience.
- Increase the supply of safe and suitable emergency accommodation for people with Multiple Compound Needs who are particularly vulnerable to abuse and exploitation, including domestic abuse.
- Consider how gender-specific services for women with Multiple Compound Needs in the city might be better integrated and barriers to access reduced.
- Further work is needed to engage criminal justice agencies.
- Need for an integrated response to co-occurring mental health, substance use, and underpinning trauma.
- Build in a flexible personalisation budget for the Integrated Community Team to ensure people's immediate needs are met, for example, for food, drink, bedding, clothing, transport, personal and household items.
- Better join up existing resources, develop clear housing, care and support pathways for people with Multiple Compound Needs and consider how the Housing First offer might be scaled up as part of the next phase of Integrated Community Team development.
- Sustain the wealth of community recovery activities in the city and continue to develop the 'recovery pack' and training offer being developed by the MDT's peer support team.
- Ensure longer-term monitoring of outcomes and patterns of wider service usage across the caseload.

Resources

Partnership arrangements

A review of partnership arrangements by the Assistant Director of Housing in early 2024 identified 32 standing partnership groups and forums which were relevant to tackling homelessness and rough sleeping in the city. A mapping exercise by Common Ambition in 2023 (updated February 2024) identified 21 multi-agency meetings, forums and working groups.[27]

Some of these groups relate to a broader geographical area but most are specific to Brighton & Hove. They can be categorised along the following lines:

Statutory and non-statutory groups, where homelessness is a consideration but not the sole focus of the group. Examples include the Safeguarding Children Board, Safeguarding Adults Board, Health and Wellbeing Board, Community Safety Partnership, Violence Against Women and Girls Oversight Board, Mental Health Accommodation Group, Sussex Trauma Informed Community of Practice and others.

Networking and strategic groups where homelessness is the primary focus of the group. These include the following standing groups:

The Homelessness and Rough Sleeping Network, facilitated by Justlife, comprises leaders from the voluntary, community and social enterprise sector working towards ending and preventing homelessness through collaboration within the sector and with statutory partners and wider stakeholders. The network has around 25 member organisations and meets quarterly, with a chief executive officer and strategic leads group meeting monthly. There are also sub-groups focused on workforce development, and psychological safety.

The Homelessness Operational Forum is a monthly forum for homelessness services across the city to share updates on services, best practice, updates on commissioning. Initially set up by homelessness commissioners at Brighton & Hove City Council, it is currently facilitated and chaired by Justlife.

Brighton & Hove Frontline Network provides a space for Brighton's frontline homelessness workers to connect. The network has a monthly e-newsletter and hosts in-person events where workers can learn, share ideas and discuss relevant topics and issues. Facilitated by Justlife, it is part of a national network organised by St Martin in the Fields.

[27] Common Ambition, 2024, Multi-Agency Working Update https://www.bhcommonambition.org/wp-content/uploads/2023/03/Multi-Agency-Working-Update-March23-v1.pdf

The Brighton & Hove Homelessness Research Forum brings together academic, third sector and community researchers (including peer researchers) from across the city to exchange ideas, develop joint projects and bring about research-led change, improving the lives of people experiencing homelessness.

The Young Homeless Working Group is co-chaired by YMCA Downslink and Brighton & Hove City Council. The group's purpose is to ensure a strategic partnership approach in the planning and delivery of services to young homeless people (including young families), with the aim of preventing and reducing youth homelessness and ensuring that vulnerable groups, including care leavers, and people with protected characteristics under the Equality Act receive services that are sensitive to their needs.

Healthcare providers meet regularly through the Multi-Agency Homeless Health Meeting.

Multi-agency standing groups performing a specific role or function, for example, in project or programme governance or in managing resources or decision making. Homelessness may be a consideration or the primary focus of the group. Examples include the Changing Futures Strategic Sponsors Group, the Multiple Compound Needs Transformation Programme Board, the Multi-Agency Homeless Health Meeting, Common Ambition Steering Group, and the Supported Accommodation Panel.

The 2024 partnership group review by the Assistant Director of Housing pointed to a lack of appropriate governance arrangements to coordinate delivery of the 2020 to 2025 homelessness and rough sleeping strategy. It proposed a new structure to deliver the 2025 to 2030 strategy, comprising a Homelessness and Rough Sleeping Strategy Steering Group with 3 to 4 thematic delivery groups focused on homelessness prevention, securing accommodation, rough sleeping, and potentially youth homelessness.

Involvement and co-production

Brighton & Hove Common Ambition brings together people with lived experience of homelessness, frontline providers and commissioners through co-production within homeless health services. It is a partnership project hosted by Arch and Justlife. Common Ambition groups have co-created system and pathway maps, co-production toolboxes, tangible service improvements and systems change prototypes and a range of other resources to support co-production.

Justlife Peer Researchers is a project funded by The Young Foundation to test the feasibility of peer research in the housing sector. Two peer research groups have focused on two specific questions related to temporary accommodation in Brighton.

Youth Voices feed into the development of The Clock Tower Sanctuary's services as well as considering broader youth homelessness issues. The group bring a range of

personal experiences of intersectionality that impact their experience of homelessness. Youth Voices have contributed to developing thinking on a homeless hub, with a focus on young people.

Funding

The funding available for expenditure on council funded homelessness services is drawn from a combination of the council's own resources and income from rents, fees and charges and grant funding from central government.

The 2025/2026 budget for Housing People Services (comprising Housing Options & Homelessness, Temporary Accommodation and Travellers Services) was £31.447 million. This includes the £28.026 million cost of providing temporary accommodation.

The total budgeted income for Housing People Services for 2025/26 is £22.627 million, of which income for temporary accommodation is £20.146 million.

Council 2025/26 Revenue Budget										
Service Description	Employee Expenditure £m	Other Expenditure £m	Total Expenditure £m	Income From Fees, Charges & Rents £m	Other Income £m	Government Grants £m	Total Income £m	Total Budget Allocation £m	Capital Charges & Recharges £m	Net Expenditure / (Income) £m
Housing Options & Homelessness	2.812	0.098	**2.91**	-	-0.001	-2.371	**-2.372**	**0.538**	0.327	**0.865**
Temporary Accommodation	3.064	24.963	**28.026**	-11.50	-0.102	-8.536	**-20.146**	**7.88**	0.865	**8.745**
Travellers Services	0.198	0.313	**0.511**	-0.109	-	-	**-0.109**	**0.403**	0.153	**0.555**
Housing People Services Total	**6.074**	**25.374**	**31.447**	**-11.617**	**-0.103**	**-10.907**	**-22.627**	**8.82**	**1.345**	**10.165**

Source: Brighton & Hove City Council Budget Book 2025/26 & Medium Term Financial Strategy 2025/26 to 2028/29

Housing People Services have a 2025/26 savings target of £2.5 million.

The council also funds housing support for vulnerable individuals to help them live independently. The allocated Supporting People budget for 2025/26 is £1.012 million. A further £2.255 million is allocated to fund Supported Accommodation.

Other 2025/26 council funding allocated but not included in the figures above includes the provision of accommodation by Asphaleia for Unaccompanied Asylum Seeking Children (Asphaleia), the drug and alcohol recovery service (Change Grow Live) and grant funding for YMCA Downslink Group - Youth Advice Centre, Justlife and Sussex Homeless Support through the Household Support Fund.

Grant funding

As well as income from rents, fees and charges the council receives grant funding from central government.

The Homelessness Prevention Grant (HPG) is intended to prevent homelessness and households entering temporary accommodation. Brighton & Hove's HPG allocation for 2025/26 was £10,907,372.

The Rough Sleeping Prevention and Recovery Grant (RSPARG) consolidate the main rough sleeping and single homelessness focused grants into a single pot. RSPARG funding was first allocated to local authorities for 2025/26, with Brighton & Hove receiving £2,364,470 to help support people experiencing rough sleeping in the city.

Services provided through RSPARG include off street offer accommodation, reconnections services for those experiencing rough sleeping, long term supported accommodation, support for access to the private rented sector including specialist role working with those leaving prison.

The Rough Sleeping Accommodation Programme is intended to provide ongoing support costs to help rough sleepers into longer-term accommodation alongside specialist staff supporting their mental health and substance abuse problems to pave the way for job opportunities. Brighton & Hove's allocation for 2025/26 was £856,041.

Brighton & Hove is one of 83 areas receiving Rough Sleeping Drug and Alcohol Treatment Grant. This is intended to fund evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs. The allocation for 2025/26 was £741,281. It funds 3 accommodation based supported housing projects including housing led support for people with council tenancies.

In 2024/25 the council also received an additional central government grant of £595,016 to address additional homelessness and rough sleeping pressures during winter 2024/25. This was announced as one off funding and there is no guarantee that a similar amount will be received in 2025/26.

Funding for specialist homeless healthcare services is approximately £3.34 million, with funding from NHS Sussex, the Better Care Fund, the national Changing Futures programme and the Public Health Grant.

Future cost pressures

The rising cost of temporary accommodation

The use of temporary accommodation brings major financial risks for the council as costs reflect levels of demand, price inflation and supply shortages. All these factors

drive the use of more expensive forms of accommodation to meet the council's legal duties. Over the last 2 years, the rising cost of temporary accommodation has placed significant pressure on the council's overall financial position. The council budgeted for costs of £28 million on temporary accommodation in 2025/26. It is projected that there will be an overspend on this allocation by the end of the financial year.

The scale of the private rented sector market in the city and the council's use of the sector to provide almost 30% of its temporary accommodation mean that the council is particularly exposed to inflationary pressures in the market. The net cost of temporary accommodation to the council is projected to rise by about 40% over the two years 2024/25 and 2025/26.[28]

The rent subsidy for temporary accommodation determines what local authorities are allowed to recover for temporary accommodation for homeless households. This is limited to 90% of 2011 Local Housing Allowance rates. This rent subsidy level is much lower than current market rents and means that the council must subsidise the cost of temporary accommodation with an increasing net cost to the council over time.

Broadly speaking, temporary accommodation falls into two categories: firstly, there is more settled temporary accommodation where people assessed to be owed a housing duty are placed until they secure permanent rehousing. This form of accommodation usually involves placement in council owned accommodation or accommodation supplied through longer terms deals with private landlords. The second category (historically termed emergency accommodation) involves interim placements to relieve homelessness while homelessness applications are assessed. In the main, these interim placements are generally made using two forms of accommodation; block-booked, where units are secured for a fixed period, and spot-purchased, where units are procured in real time on a nightly basis. Spot purchased accommodation is generally the most expensive form of temporary accommodation and often involves placement in hotels and B&B.

The private rented sector in the city used to be a source of lower cost block booked accommodation in the past. However, fewer units are now available through the sector, with landlords leaving the market as leases come to an end. Consequently, this form of accommodation has had to be replaced by spot purchasing as the most readily available form of supply to meet immediate needs. Between the end of 2022 and the end of 2024, the number of spot purchased accommodation units increased from 114 to 379. Inflation within the private rented sector overall has meant cost increases for both block-booked and spot-purchased units.

An internal review of temporary accommodation cost pressures in early 2025 concluded that the issue presented a significant corporate risk to the council.

[28] 2025/26 figure based on projected year end position.

Recommendations for immediate action included better use of financial and activity data to improve both monitoring and forecasting; improved forecasting of supply needs over the next 3 years; better understanding of triggers of homelessness to move prevention activity 'upstream'; improved move on from higher cost accommodation; various measures to increase supply including better use of council stock, and working with the private and social rental sector to deliver additional units.

Anticipated loss of grant funding

In 2024, the Ministry of Housing, Communities & Local Government (MHCLG) conducted a review of the Homelessness Prevention Grant (HPG) formula to look at different ways to capture and represent homelessness pressures to fairly reflect need in the distribution of funding. MHCLG consulted on proposed changes in early 2025.[29] Proposals included a change to the funding formula, separating the funding into two distinct elements to cover temporary accommodation pressures and prevention and relief pressures, and transitional arrangements to allow local authorities to mitigate the impact of changes in allocations.

The modelled impact of the proposed changes to the formula from 2026-27 onwards, using MHCLG illustrative figures, indicates that Brighton & Hove could see a loss of around 45% of its HPG funding. The grant allocation in 2025-25 under the current formula is just over £10.9 million. This would be reduced to about £6 million using the new formula. The consultation contained proposals for a taper in funding reduction over several years.

MHCLG published the outcome of the consultation and set out next steps on 20 June 2025. As a result of feedback, there has been a further change to the funding formula and an agreement to implement transitional arrangements. A final decision has not been taken on a maximum 45% of grant funding to be used for temporary accommodation and 55% on prevention and relief. MHCLG have indicated that the new allocations, transitional arrangements and funding split will be finalised later in the year.

Under current legislation, local authorities are permitted to spend the Homelessness Prevention Grant to discharge any of their duties under homelessness legislation. At present 78% of the grant is spent on the cost of providing temporary accommodation. In its consultation on changes to the funding formula the government indicated a future expectation that a maximum of 45% of the grant can be spent on temporary accommodation. The expected changes present two challenges for the council. Firstly, the overall reduction of grant funding available, and secondly, how to shift grant funding

[29] The original consultation documents and the government's response can be found at https://www.gov.uk/government/consultations/funding-arrangements-for-the-homelessness-prevention-grant-from-202627-onwards

away from temporary accommodation towards prevention at a time when temporary accommodation costs are rising rapidly.

Evidence submitted for the review

What people with lived experience of homelessness told us

Brighton & Hove Common Ambition aim to improve support systems in Brighton & Hove through co-production and advocating for lived experience voice to be central to service and system change. Evidence from Common Ambition included feedback on the homeless pathway and homelessness services in the city from people with lived experience of homelessness.[30] Challenges identified included:

- Feeling isolated, unsupported, unsure of where to go and your rights
  'All of your time and energy is put into finding somewhere safe to live, you are jumping from one option to the next. It can be very isolating.' 'It can be really hard to know where to turn to for support, it's hard to know what services exist and which ones will help in which situation.' - 'It can be really difficult to know what your rights are and where to go if they aren't being met.'
- Fear, mistrust, stigma and judgement
  'The process is all based on doubt not trust. Council staff don't take what you say at face value, you have to evidence all of your needs and it can be very difficult to do that. It feels like no one believes you or is even listening to you.' 'You are often asked to explain your story and situation over and over to different services which can be really hard to keep doing.'
- Lack of communication and consistency
  'It's really hard to get in contact with anyone for support, people don't call you back from the council.' 'Often services like the council require you to make phone calls which can be difficult if you don't have access to a phone, don't feel comfortable talking on the phone or aren't in a situation where you can make phone calls.' 'There is a lack of communication about what the process is or what the next steps look like.' 'It's hard to know where you are in the process or what the whole process looks like. The whole housing pathway is unclear so it's hard to know what the next steps are.' 'It's not always clear who your housing officer is or how to contact them.' 'No one talks to each other across services so you can be told different things.'
- Inadequate housing options
  'You can't really say no even if the housing you are given is out of area or inaccessible due to health care needs. The council might conclude you are intentionally homeless and won't give you any other accommodation.' 'You can be evicted from emergency accommodation very easily. For having pets, for drug use, antisocial behaviour.' 'You don't know how long you might be there. It can

[30] Common Ambition, 2022, *Brighton & Hove Housing Pathway Map*
https://www.bhcommonambition.org/resources/#housing-pathway-map

be really hard to settle into somewhere as you don't know when you are going to be asked to leave.' 'Sometimes you aren't put in a place that supports your recovery. Sometimes people are placed in wet or dry houses but sometimes this isn't possible and can be very difficult for someone's recovery.' 'Emergency accommodation might not be accessible. Sometimes you might not have been able to prove your accessibility needs yet so the council put you somewhere that isn't accessible to you.' 'Emergency accommodation doesn't always have access to kitchens If you have dietary requirements and don't have access to a kitchen this can be really challenging.' 'Some people don't feel safe in emergency accommodation due to neighbours, location and relationships. Sometimes people leave and then it goes against their record that they have left housing and are therefore intentionally homeless, but they have left as it was negatively impacting their mental health too much to stay.' 'It's not always possible to find accessible council homes as there aren't many of them.'

- Struggle to gather the correct documentation and evidence
  'Often services like the council require identification documents. Getting ID can be a costly process. Some services also require a fixed address and proof of this. 'The council require evidence of health care needs which can be really hard to get if you don't have a GP (as many GPs won't take on a patient without a fixed address). Also getting a referral and diagnosis to prove your health care needs can take months.' 'It can be difficult to prove a local connection.' 'You have to prove lack of funds to be able to sort out your own accommodation. The council ask you to show your bank statement.'
- Not enough support
  'Staff don't always have much training or much empathy - there is a lack of support in emergency accommodation.' 'There's a lack of continuity of care and support whilst settling into a home.' 'It's hard to get appointments at GP surgeries and if you don't have a fixed address, they often won't take you on as a patient.' 'It's hard to know what other support you might be able to access. Hard to find out the support available and what criteria you have to meet to get that support.' 'Welfare checks once a month feel more like they are checking you aren't doing anything wrong.' 'Support in temporary accommodation is inadequate. Lack of mental health support in temporary accommodation.' 'Sometimes you are just given the basics - bed, fridge and microwave in temporary accommodation and you don't have money to go and buy a kettle and all the other things you need.' 'It's confusing and unclear who receives the money and when and then how the rent is paid.'
- Other issues identified included the poor condition of some temporary accommodation, digital exclusion and financial difficulties that are compounded by homelessness.

- Getting stuck for long periods of time at points in the pathway
  ‘There’s limited information on council properties. People can't look at the property before they say yes, there is only a small photo on the site, and they can't refuse it unless there are core issues like accessibility.’
- Difficulty moving from place to place
  ‘If you have stuff to move, it can be hard; taxis don't often want to take you, and they are expensive.’ ‘You don't get given much notice to move - it's often the same day This makes it really hard to plan for and can be very costly. Often taxi drivers don't want to take you but you have no other options. Sometimes you won't have enough money to move but you have to as otherwise the council will say you have made yourself intentionally homeless as you have not taken their accommodation.’ ‘There are service charges that Universal Credit doesn't cover.’ ‘Needing guarantors for private rental.’ ‘Discrimination against people who are unemployed or who have been unemployed.’ ‘The quality of housing and maintenance is very low - often places are damp and in need of repairs. Getting things fixed can be really hard and takes ages.’ ‘Affordability of council home, bills and everything else you need.’ ‘Lack of community, isolation.’
- Waiting for decisions - ‘It can be hard to fill your time with positive things Finding positive ways to fill your days and build positive relationships can be really hard.’ ‘You can be in emergency accommodation a very long time. 56 days is very rare - to be there just for that period of time.’

Suggestions for improvements included

- Awareness raising - ‘There needs to be more education around being homeless, often people think it's just rough sleeping when actually it's much wider than that.’ ‘Explore ways the general public can help more.’
- Prevention - ‘More help for people who know they are about to become homeless. It’s hard to access support until you are actively in a homeless situation and are a priority need.’ ‘A&E staff could ask everyone if they have somewhere to go and if they need any housing support This would help to make sure more people could access support.’
- Accessing support - ‘Reduce the level of identification needed or enable people to provide one bit of identification and the rest can follow so it’s not a barrier to receiving support.’ ‘Having one place for people to go to access support and find out information.’ ‘Emergency numbers for the council seem to be deliberately hidden. They need to be easy to find.’ ‘Council helpline to be more easily accessible and publicised.’ ‘Have a passport type system where all of your information can be kept in one place that you can share with services when you want or need to so you don’t have to keep telling each service provider your story.’ Better information and signposting in accommodations to ensure you

know about all of the support services available.' 'Recruit and train more staff.' 'Financial and physical support to move home.' 'Better training for staff to dispel preconceptions and stereotypes.'

- Housing quality and meeting people's needs
  'In some areas they have a safe surrender initiative where someone can give up their housing if they feel like they need alternative housing support and it doesn't go against their file as intentionally homeless. Currently what happens in Brighton & Hove is if you leave accommodation they will say you have made yourself intentionally homeless and it will be on your record forever.' 'Higher quality temporary accommodation. Often things are in need of repair.' 'Minimum quality housing charter.' 'Better ways of being able to raise repair issues.'
- Information - 'Clear information about what the housing pathway looks like, how long it might take and what is involved so people know what the next steps are.' 'Translation of key documents and service information into foreign languages.' 'Clear explanation of the rules is needed - there are many reasons why you could be evicted from temporary housing.' 'Easier access to the housing plan that has been created by the council.' 'Standard letter template that tells someone who their main point of contact is and who their housing officer is.' 'More information about what addresses you can use if you don't have a fixed address and need to receive documents like benefit forms.'
- Evidencing need - 'Template referrals form that GPs have that they can quickly create a referral and pass onto the council so that people's healthcare needs are evidenced.'
- Move on – 'Minimum two days notice when asked to move home.' 'More help to settle into permanent accommodation. Mental health needs are often still there.' 'Clear support and pathway if the housing is not suitable or your needs change.'
- Peer advocacy - 'Peer advocacy - having someone there to help support you through the process would be really helpful.'
- Feedback and accountability - 'More transparency from the council about what is happening, gathering more feedback from people and letting them know what improvements they are making.' 'Feedback forms for people who have been through the housing pathway.'

Building on their work to map the housing pathway, Common Ambition have identified 6 change spaces where they recommend improvements in the pathway should be focused.[31] These are

- Homelessness prevention

[31] Common Ambition, 2022, *Housing Pathway Change Spaces* https://www.bhcommonambition.org/wp-content/uploads/2023/02/Maps-Housing-Pathway-Change-Spaces.pdf

- Finding support and preventing delays
- Housing needs service experience and improvement
- Living in supported or temporary accommodation
- Moving into and living in a permanent home
- Supporting recovery from the experience of homelessness

In 2023, Justlife secured funding from the Young Foundation for a peer research project. People with lived experience of homelessness identified two issues they wanted to explore. They submitted their findings to inform the review. The research questions were:

- How do we prevent people of different intersectionalities from ending up in temporary accommodation.
- How do conditions in temporary accommodation impact people's mental and physical health?

Several themes were identified by the project:

- Quality, safety and suitability of accommodation – 'Suitability in terms of identity and neurodiversity.' 'Is it suitable anyway, but people who find themselves in this situation. It gives it another level.' Places in dark basement flat. No sound insulation. Wake me up every single morning…Because the autism. They've now brought a drum kit.' 'The place they've put me in isn't suitable. I don't have a safe bedroom. Don't have a bedroom in my life where I can just sleep.'
- Accessibility of council services – 'It was impossible getting through to the council if it was not a local charity that put me in touch with a caseworker, but even then, anything that is not straightforward gets blocked like my application and it ends in dead end.' 'If you have a specific place where you could go and register as homeless, if the organisation is in one place. 1 stop shop. See people I need to see…I'd like that so much better. They'd talk to each other. I'll go talk to them.' 'Here is the phone number, and the phone number isn't manned anywhere.' 'I didn't have a housing officer. Mine was off sick.'
- Having to repeat stories – 'When I have given the info they need, they still don't understand.' 'Always got to talk about the same stuff, it brings you down.'
- Lack of understanding and empathy – 'Why is this on me, A professional is there to help. Why is it on me to beg? All this effort, you're still not listening to me. Training with neurodiversity and trauma. Complete lack of understanding.' 'There is a time when the council expect you to prove things. A friend asked to prove Domestic Abuse. It makes me so mad. What rights do you have to ask to prove abuse?'
- Poor quality temporary accommodation – 'Place where to get washed. You can't.' Safety. Police knocking all times of the night. Difficult for people to go to

work when your are in TA.' 'No locks on door.' 'People shouldn't be housed together in poor conditions.' 'Sometimes I find it difficult to be with so many different people with different needs and it can be triggering' 'Rooms aren't soundproof.'

- Impact of system – 'System is traumatic. Navigating system is traumatic. That includes living in TA.' 'System is robbing people of meaningful future. If you've been homeless for long periods of time. Hard to apply for jobs.' 'Trauma, trust issues, identity issues, building healthy relationships, increased isolation, Unemployment, Stress-related health issues, Substance issues.' 'Revolving door clients - could go on for 10 to 20 years for some people. Revolving door clients are ruined mentally and physically from going through the system constantly for years.'
- Move on 'If there was more support when people come out of accommodation, might be able to prevent them re-entering that situation. People are often in and onto. More support at that point, might increase prevention. Can prevent homeless. That model works with health, limit readmissions.' 'Could take years to recover from homelessness, it's a long process and takes years.'

What those working in the sector told us

Issues identified in written submissions

As well as evidence submitted by people with lived experience of homelessness, following our initial call for evidence in December 2024, reports and other written evidence were submitted by the following organisations:

- Brighton & Hove City Council Encampments Team
- Changing Futures Sussex
- Clock Tower Sanctuary
- Justlife
- LGBTQ Switchboard
- Oasis Project
- Rise
- Safe Haven Sussex
- Sisters Salon
- Sussex Interpreting Service
- Sussex Nightstop
- University of Sussex Students' Union
- Voices in Exile
- YMCA Downslink Group

Where this evidence is in the public domain references are provided in Appendix 1.

Young people

The Clock Tower Sanctuary, Sussex Nightstop and YMCA Downslink Group submitted a recent insight report conducted to better understand how young people seek out information and support, to understand how to improve service provision.[32] They made the following recommendations:

- Recognise young people as a cohort with specific needs within the emerging Brighton & Hove Homelessness and Rough-Sleeping Strategy through a youth-specific homelessness chapter. This could include a cross-themed commissioning group that recognises the economic and social value outcomes of prevention and early intervention within youth homelessness work.
- Design and capacity-build the frontline response to youth homelessness and develop the case for resourcing a coherent and consistent 'front door' support offer with kindness, advocacy and navigation at its heart.
- Design, deliver and consistently invest in a city-wide, young-people-facing communications initiative that puts inclusivity, clarity of service offer and an encouraging and supportive approach at the fore.
- Meet young people where they are through a city-wide educational and learning piece that raises understanding of the issues of youth homelessness across workers and individuals on the frontline and that builds a high-quality, collaborative and trauma-informed youth homelessness practice approach.
- Maximise the engagement of young people in the ongoing co-production of services through joined up and representative youth voice initiatives.
- Work with academics to produce and implement a data strategy for the consistent measuring and therefore improved understanding of youth homelessness.

The Clock Tower Sanctuary submitted a report summarising the impact of their service provision for young people experiencing homelessness in Brighton & Hove. They draw attention to increases in young people experiencing homelessness both nationally and locally. For their service users the cost-of-living crisis is the primary driver of their homelessness, with 65% of clients in unsuitable housing (emergency accommodation, rough sleeping, sofa surfing, etc.) 15% were rough sleeping at end of 2023, with numbers continuing to rise into 2024. Young people using their service had limited access to suitable accommodation despite housing advocacy efforts.

Those using the Clock Tower Sanctuary's services often have high level and complex needs:

[32] Clock Tower Sanctuary, Sussex Nightstop, YMCA Downslink Group, 2025, *Here For You: Insight Report. How do we ensure that young people experiencing homelessness in our city don't fall through the gaps?* https://www.thects.org.uk/wp-content/uploads/2024/11/Impact-Report-2024.pdf

- 80% have mental health conditions
- 30% are neurodivergent
- 20% are refugees/asylum seekers
- High levels of trauma and social isolation

The report highlights to importance of meeting basic needs first - providing showers, food, clean clothes, phones, and transport passes. This foundation enables young people to move beyond "survival mode" and engage with longer-term support.

The keyworker model shows strong outcomes, with 534 conversations supporting 95 young people in 2024. 57% of clients felt more confident managing relationships and housing aspirations. Work with 14 local housing organizations and various health and social care providers demonstrates the need for coordinated wraparound support rather than siloed interventions.

The Tenancy Independent Living Skills (TILS) program addresses a critical gap - practical life skills not taught in schools. Only 7% of their clients accessed this, suggesting potential for expansion. The establishment of a Youth Voice Group represents best practice in co-production, ensuring services are shaped by lived experience.

The University of Sussex Students' Union identified the following issues from their casework.

- International students are disproportionately affected due to guarantor requirements and inadequate pre-arrival information
- International students sometimes struggle to provide 6+ months rent in advance if they lack UK guarantors
- Rent arrears puts students at risk of eviction with no financial means to secure alternative accommodation
- Unexpected campus accommodation costs that students cannot afford
- Severe overcrowding with 3-4 international students sharing single-person Airbnb accommodation
- Students sofa surfing and staying with friends
- There are examples of students fleeing domestic violence situations
- Vulnerable students estranged from family with no support network
- Problems peak at the start of academic year when housing demand is highest
- International recruitment agencies failing to adequately inform students about housing realities in the UK and Brighton & Hove specifically
- Students arriving without secured accommodation arrangements and unprepared for the local housing market requirements
- Students initially approach the University but often don't receive adequate help

- Need for independent Students' Union intervention to advocate with the University
- Inconsistent University response (emergency accommodation provided in some domestic violence cases but not systematically)
- Poor communication from letting agencies about actual housing costs and availability

LGBTQ+ people

Switchboard submitted a report summarising service data relating to 2024. During the year they supported 104 people with concerns relating to homelessness and rough sleeping. Of these, 66 had additional support needs, 18 were trans, non-binary and intersex, 12 were migrants, refugees or asylum seekers. 45% were at risk of rough sleeping and a majority required support relating to suicide prevention. Their recommendations reinforce those in their 2023 LGBTQ+ Housing Manifesto.[33] These are:

- LGBTQ+ specific accommodation for all life stages
- LGBTQ+ specific housing information and support
- Awareness training for commissioners and quality standards for inclusive providers
- Embedding intersectional needs in future planning
- High quality data monitoring around sexual orientation and trans status

Switchboard also conducted an audit of the rough sleeping and single homelessness pathway. They made the following recommendations:

- LGBTQ+ inclusion training to be commissioned and provided across the pathways, to service managers. Training was provided at service manager level, intended to be disseminated to respective organisations internally. This took place in early 2024. It is recommended that providers seek training from organisations run by/for LBGTQ+ communities and monitor the effectiveness of the training in improving services accordingly.
- BHCC will aim to build in LBGTQ+ lived experience into future commissioning, considering LGBTQ+ specific services but ensure all services are inclusive.
- BHCC will include the information from the audit to help shape and support the Homeless and Rough Sleeping Strategy.
- BHCC will seek evidence of LGBTQ+-affirmative practices, policies and training in future contract reviews, including feedback from service users where possible

[33] Switchboard, 2023, *LGBTQ+ Housing Manifesto 2023* https://www.switchboard.org.uk/wp-content/uploads/2024/05/Housing-Manifesto-for-web.pdf

- BHCC will maximise any future funding opportunities that may be available to support LGBTQ+ residents, working in partnership wherever possible with LGBTQ+ services
- All services across the pathway are recommended to have a LGBTQ+ champion, and to ensure that bullying, harassment and discrimination procedures include specific reference to LGBTQ+ communities, and take into account intersectionality (ie, people who have more than one protected characteristic).

People living in temporary accommodation

Justlife submitted an evaluation of a health engagement worker for people placed in temporary accommodation outside the city.[34] The evaluation was based on interviews with 8 clients of the service. Key findings were:

- Most clients of the service had significant support needs including managing finances and admin, attending health appointments, accessing necessities like bedding and laundry, mental health support, and social contact.
- Being placed away from home areas created extra support needs and increased the risk of people disengaging from essential services.
- While some benefited from being closer to family or escaping disruptive environments in Brighton, the majority struggled daily with unfamiliar surroundings and lack of established support networks.
- Many clients suffered from PTSD, with some developing serious issues including addiction to crack cocaine as a coping mechanism and suicidal thoughts.
- Distance created barriers to attending health appointments, leading to missed appointments and unmet health needs with potential long-term consequences.
- The distance put additional pressure on personal relationships, with one individual giving up custody of his child due to the physical and financial burden of daily school transport.
- Being separated from friends, family, and familiar communities significantly worsened mental health challenges for most interviewees.
- The support offered by the service provided hope and prevented clients from disengaging with services.

Justlife also submitted evidence from a review of the needs of disabled people living in temporary accommodation.[35] Key findings were:

[34] Justlife, 2022, *Out of Area Health Engagement Worker Evaluation* https://www.justlife.org.uk/our-work/research-and-policy/out-of-area-health-engagement-worker-evaluation
[35] Justlife, 2022, *'I kept falling down the stairs': Disability recommendations for the homelessness sector* https://www.justlife.org.uk/news/2022/i-kept-falling-down-the-stairs-disability-recommendations-for-the-homelessness-sector

- Higher prevalence of disability - over 35% of those interviewed had disabilities with much higher autism prevalence.
- Unsuitable accommodation creates additional barriers. Examples included placement on upper floors without lifts, heavy fire doors, inaccessible bathrooms and unopenable windows.
- Environmental stressors in temporary accommodation can worsen existing conditions and trigger relapses
- Physical barriers lead to accidents, falls, and further health deterioration
- Isolation increases when people cannot safely leave their rooms or buildings
- The inability to perform basic daily tasks affects mental health and independence

Recommendations were to:

- Provide disability training for housing officers, support staff, and temporary accommodation providers
- Implement tools like the autism toolkit for homelessness services
- Train staff to identify disabilities and assess individual needs
- Establish basic rights standards ensuring residents can independently enter/exit rooms, bathrooms, and buildings
- Proactively install assistive technology (handrails, door openers) without waiting for requests
- Prioritise essential maintenance, especially lift repairs in multi-story buildings
- Retrofit existing properties with accessibility features
- Increase collaboration between disability support services and housing and homelessness organisations
- Use Temporary Accommodation Advisory Groups (TAAGs) to bridge sector gaps
- Include residents with disabilities in service design and decision-making
- Develop clear communication tools available in multiple formats
- Create culture of open dialogue about accommodation needs
- Ensure people understand their rights and how to exercise them
- Conduct more research on the intersection of disability and homelessness
- Make research findings accessible to frontline services and housing teams
- Integrate disability considerations into housing policies, strategies, and budgets

Women experiencing homelessness

Justlife also submitted an unpublished report from the Women's Emergency Accommodation Action Group, comprising members from Justlife, Rise, Change Grow Live, Brighton Women's Centre, Sussex Pathways, Arch Healthcare CIC and Lawstop. The report makes the case for dedicated women's emergency accommodation provision. Key issues identified include:

- Significant safety and security concerns including harassment, rape, sexual abuse and cuckooing in mixed accommodation.
- Trauma and mental health impacts, especially on women who have experienced domestic abuse
- Systemic failure including lack of staff awareness of trauma informed practice and domestic abuse awareness and insufficient specialist support
- The report includes data on higher levels of physical and sexual violence impacting single homeless women and high levels of support for women only emergency accommodation amongst professionals.

The Oasis Project submitted summary service user information from the sex workers' outreach project. Key findings were that:

- Nearly half of women in contact with the service had engaged in a 'sex for rent' arrangement
- This ranged from live in work in a parlour, use of hotel or AirB&B for sex work and accommodation due to lack of deposit for housing.
- Some women had relied on a "Sugar Daddy" to pay for rent, or to provide a deposit.
- Some women reported remaining in sex work long term in order to pay rent and to prevent homelessness.
- Others reported providing unofficial live in care with elderly or disabled individuals in order to avoid homelessness.

Survivors of domestic abuse

Rise is an independent charity that helps people affected by domestic abuse, offering practical help ranging from direct advice to refuge accommodation for those whose lives are at risk. In their submission for the review, Rise highlighted the following points:

- Domestic and sexual abuse in family and intimate partner relations are a known to correlate with homelessness
- Woman and children are more likely to become homeless or to be more vulnerable when they are homeless
- Poor management of family and civil courts processes and the need to flee from abuse
- Sex as a protected characteristic intersecting with homelessness is widely ignored.

Single adults

Safe Haven Sussex submitted summary service user data from 2023 and 2024 with a number of points made.

- In both 2023 and 2024 Brighton & Hove City Council made roughly 30% of all our referrals. The next highest referrer in 2023 was YMCA DLG (Youth Advice Centre). In 2024 the second highest referrer was Change Grow Live Street Outreach Service. The number of organisations referring to our service highlights the importance and the need for the VCSE organisations. It also may indicate that not everyone who is homeless is accessing or receiving help through the local authority.
- In both 2023 and 2024 the largest age group of people referred to our service were under 35s. In 2023, 35% were under 25, 23% between 26 and 35, 58% under 35 in total. In 2024, 29% under 25, 37% were between 26 and 35, so a total of 66% of people referred to our service are under 35, showing this is increasing.
- The majority of all our referrals are male. This is consistent with previous years.
- We have found that year on year the number of referrals of people from other nations has increased. In 2024 only 51% of people referred to our service were British. This trend has meant that our service has had to adapt and make changes to the support we are providing. Such as making visual posters on our noticeboards, getting documents translated, and providing interpreters. Also providing training to staff regarding Immigration, and eVisas. All of which come at a cost.
- Only 54% of people referred to our service in 2024 had English as their first language. Meaning our interpreting and translation costs are increasing significantly.

People experiencing rough sleeping

During the review our attention was drawn to the findings of Galvanise 2019, a report on street homelessness in the city.[36] The report found that:

- Brighton & Hove's rough sleepers are predominantly males from the UK in their late 30s to mid 50s. They most often answered that they are sleeping rough in Brighton & Hove because they were living here when they became homeless, or because they have family or friends here.
- One fifth of the people sleeping rough spoken to during Galvanise had been in local authority care as a child.
- 18% of people cited a relationship breakdown as the reason for becoming homeless the first time. Other common reasons for becoming homeless were traumatic events such as abuse, coming out of prison with nowhere to go, and job loss.
- People want jobs but last time and this time shows that homelessness still happens to people who are working.

[36] Keas, Miranda, 2019, *Galvanise Brighton & Hove: Findings from Galvanise 2019. Part of Brighton & Hove's Campaign to End Street Homelessness*.

- Many people surveyed experience cycles of going in and out of prison, and experience cycles of being housed and returning to the streets. This suggests a need for more consistent ongoing support and further examination of how to break these cycles.
- 40% of people said they have a serious or chronic health issue and almost a quarter are not registered with a GP
- Whilst some people have chosen to sleep in Brighton & Hove because it feels safe, safety is a real concern for many rough sleepers and 45% have been the victims of violence since becoming homeless
- 61% of people feel they have a mental health issue but only 27% are receiving support or treatment for this. Additionally, a few people expressed having made suicide attempts or having thoughts of suicide, indicating the severity of risk of untreated mental health.
- Day centres and the library are really relied on and valued by rough sleepers
- There is a real demand for more weekend services and many suggestions for additional services that would be useful
- Unsurprisingly, the main things that people want help with are support and housing. However, the availability of housing is a concern for rough sleepers, as is the difficulty in navigating housing systems and finding landlords who will house them
- The desires that people expressed for the future are much the same as many people: wanting somewhere to live, stability, a family, a job.

Migrants, refugees and asylum seekers

Three migrant homelessness case studies were submitted by Voices in Exile. The case studies highlighted a number of issues including:

- Inadequate recognition of vulnerability
- Systemic issues in the assessment process leading to non-priority decisions
- Post-asylum claim homelessness support is lacking
- Compounding impacts on already vulnerable individuals
- The need for specialist legal and medical support for homeless migrants

Sussex Interpreting Service submitted 4 case studies highlighting the following issues:

- Inadequate language support, poor communication and clients unable to understand the process and consequences of key decisions
- Complex housing systems are particularly difficult to navigate without language support.
- Rapid transitions, particularly from asylum seeker accommodation creates additional hardship and compounds vulnerability

- Inadequate assessment of vulnerability, with medical evidence requirements, and mental health needs and complex needs of single people not taken into account.
- Exclusion from the private rental market, precarious housing situations and accumulation of rent arrears and debt
- System inefficiencies with expensive tribunal processes, multi-agency interventions instead of early intervention and repeat referrals and extended support periods
- Mistrust and miscommunication between applicants and housing support officers

Evidence from engagement activity

We held 2 whole system engagement events as part of the review process, plus a number of follow meetings with those who could not take part. We also organised 2 online workshops for NHS providers and commissioners, a workshop for councillors and attended other forums to gather input.

The following thematic analysis suggests that while Brighton & Hove has significant challenges in addressing homelessness, there are also opportunities for system improvement through better coordination, early intervention, and innovative approaches to both prevention and support.

1. Increasing complexity of individual vulnerabilities & needs
    - Mental health emerges as a dominant concern
    - Multiple, compound needs frequently highlighted
    - Substance use and recovery challenges
    - Trauma histories and impacts
    - Neurodiversity and learning disabilities
    - Domestic abuse survivors
    - Care leavers
    - Impact of adverse childhood experiences
    - Complex needs requiring sustained support

2. Other emerging trends & concerns
    - Concerns about young people's homelessness
    - Rising numbers of refugees/asylum seekers
    - More women experiencing homelessness
    - Impact of cost-of-living crisis
    - Changing demographics
    - Hidden homelessness
    - Brexit impacts

3. Systemic & structural issues
    - Housing market pressures (high rents, limited supply)

- Benefits system limitations (Local Housing Allowance inadequacy)
- "Rent trap" preventing work and progression
- Impact of austerity on services
- Complex planning restrictions
- Geographical constraints of Brighton in terms of development potential
- Private rental sector barriers (deposits, guarantors, discrimination)
- AirBnB and second homes reducing housing stock
- Limited social housing availability

4. Existing service strengths
    - Range of specialized support services
    - Strong peer support initiatives
    - Multi-disciplinary approaches
    - Trauma-informed services
    - Various accommodation pathways
    - Good third sector provision
    - Volunteer engagement
    - Specific support for diverse groups

5. Service delivery challenges
    - Crisis management vs prevention
    - System blockages preventing move-on
    - Support discontinuity
    - Limited specialized accommodation (women, couples, LGBTQ+, young people)
    - Fragmented pathways
    - Staff capacity issues
    - Out-of-area placement complications
    - Data and monitoring gaps
    - Coordination challenges between services

6. Prevention & early intervention needs
    - Education and life skills gaps
    - Limited early warning systems
    - Need for better tenancy sustainment support
    - Financial literacy support
    - Earlier mental health intervention
    - Better identification of at-risk individuals
    - Prevention duty awareness
    - School-based prevention

7. Resourcing & Partnership Issues and Opportunities
    - Funding uncertainty
    - Opportunities for better business engagement
    - Better cross-service coordination
    - Partnership working challenges
    - Resource optimization opportunities
    - Joint commissioning potential

- Better use of existing assets
- Need for sustainable funding models

8. innovation & creative solutions opportunities
    - Potential for centralized hub service model
    - Better use of peer support
    - Digital coordination improvements
    - Alternative housing models
    - Business community engagement
    - Devolution possibilities
    - Learning from other cities
    - Personalized budget approaches

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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:	16 September 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.

The draft PNA was presented to the HWB at the previous meeting on the 22nd July, 2025. The consultation on the draft PNA ran from 27th May to 27th July 2025 and the survey was hosted on the Brighton & Hove "Your Voice" platform. Stakeholders were encouraged to read the draft and share it widely across organisations, including neighbouring HWBs like East and West Sussex.
Responses to the consultation included input from the public, a community group, a GP practice, and a pharmacy. All comments have been responded to in the final version of the document.

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.

The Board are asked to agree the final report.

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 approve Pharmaceutical Needs Assessment report 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.

2.9 The ‘Your Voice’ consultation exercise invited responses from organisations and community groups. Nine responses were received. Comments have been listed and responded to in Appendix G of the final document.

Next steps

2.10 The Health & Wellbeing Board will be asked to agree the final report.

2.11 The final PNA for Brighton & Hove will be published by 1st October 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.

Lawyer consulted: Sandra O'Brien Date: 3 September 2025

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Finance:

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

Finance Officer consulted: Date:

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.

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

This paper was prepared by the Public Health Team.

Supporting documents and information

Appendix1: Final PNA report
Appendix 2: Future opportunities specific to Brighton & Hove

Brighton & Hove

Pharmaceutical Needs Assessment 2025

NHS Sussex

Soar Beyond
Innovation in Healthcare

Brighton & Hove City Council

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Brighton & Hove City Council (BHCC). The production has been overseen by the PNA Steering Group for Brighton & Hove Health and Wellbeing Board, with authoring support from Soar Beyond Ltd. All data and information are correct at the time of writing, March 2025.

Important regulatory updates and other changes as part of the PNA process were included in August 2025 for the final document.

Contents

List of tables

List of figures

Abbreviations

AS – Advanced Service

AUR – Appliance Use Review

BHCC – Brighton & Hove City Council

BRM – Black and Racially Minoritised

BSA – Business Service Authority

CHD – Coronary Heart Disease

COPD – Chronic Obstructive Pulmonary Disease

CP – Community Pharmacy

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CPE – Community Pharmacy England

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DMS – Discharge Medicines Service

DSP – Distance Selling Pharmacy

EHC – Emergency Hormonal Contraception

ES – Essential Service

EU – European Union

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HLP – Healthy Living Pharmacy

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care System

IMD – Index of Multiple Deprivation

JHWS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Need Assessment

LAS – Local Authority-commissioned Service

LCS – Locally Commissioned Services

LES – Local Enhanced Service

LFD – Lateral Flow Device

LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service

LTC – Long Term Condition

NES – National Enhanced Service

NHS – National Health Service

NHSE – NHS England

NMS – New Medicine Service

NPA – National Pharmacy Association

NRT – Nicotine Replacement Therapy

OHID – Office for Health Improvement and Disparities

ONS – Office for National Statistics

PAD – Peripheral Artery Disease

PhAS – Pharmacy Access Scheme

PNA – Pharmaceutical Needs Assessment

PCN – Primary Care Networks

PCS – Pharmacy Contraception Service

PCT – Primary Care Trust

PGD – Patient Group Direction

PLPS – Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

QOF – Quality and Outcomes Framework

RSV – Respiratory Syncytial Virus

SAC – Stoma Appliance Customisation

SCS – Smoking Cessation Service

STI – Sexually Transmitted Infection

UK – United Kingdom

Executive summary

This Pharmaceutical Needs Assessment (PNA) has been developed by 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.

Methodology

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, NHS Long Term Plan, and the Brighton & Hove Joint Health and Wellbeing Strategy.

Key findings

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).

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 can reach a pharmacy within 20 minutes using public transport.

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.

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.

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.

Conclusions

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.

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.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHS England (NHSE), local authorities, and Integrated Care Boards (ICBs) make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or changes, by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as the PLPS Regulations 2013).

The PLPS Regulations, last updated in 2013 (SI 2013/349)[1], came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines)

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces a statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS Regulations outline PNA requirements for HWB	HWB is required to publish its own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during the COVID-19 pandemic, and PNAs were published by October 2022

[1] The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed March 2025] www.legislation.gov.uk/uksi/2013/349/contents/made

This document should be revised within three years of its previous publication. The last PNA for Brighton & Hove HWB was published in September 2022.

This PNA for Brighton & Hove HWB fulfils this regulatory requirement.

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- There was an **update to the PLPS Regulations in May 2023,** which, in the main, was in response to the number of requests for temporary closures. Key changes were made for:
    - Notification procedures for changes in core opening hours.
    - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
    - Local arrangements with ICBs for the temporary reduction in hours.
    - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Sussex Integrated Care Board** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 July 2022 as an early adopter site.
- **Independent Prescribing 'Pathfinder' Programme** – NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems, enabling an independent community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care.
- The Community Pharmacy sector has reported **workforce challenges** and pressures, which have been reported by the National Pharmacy Association (NPA)[2] and Healthwatch England.[3] Both highlighted that the current rate of **pharmacy closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. National analysis shows that 97%-100% of pharmacies in England are underfunded relative to their full economic costs, raising concerns about the long-term sustainability of community pharmacy services[4].

[2] InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed March 2025] https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels

[3] Healthwatch. Pharmacy closures in England. September 2024. [Accessed March 2025] https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england

[4] Economic Analysis of NHS Pharmaceutical Services in England. March 2025 [Accessed March 2025] https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf

- **Pharmacy First Service[5] –** The Pharmacy First service commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. In addition, consultations are available to patients under a clinical pathway for seven clinical conditions, which have different routes of access; they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **Hypertension Case-Finding Service[6]** requirements have been updated twice since the previous PNA. The service can now be provided by suitably trained and competent pharmacy staff; previously, only pharmacists could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

1.3 Key upcoming changes

An announcement was made in March 2025, which included changes to some of the services and changes to the Pharmaceutical and Local Pharmaceutical Services Regulations. Some of the key changes are listed below:

- Regulation change: Ability to change core opening hours: These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- Funding and fees: Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.

Service developments:

- From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception (EHC).
- New Medicine Service will be expanded to include depression from October 2025.
- Childhood Flu Vaccination Service will be trialled as an Advanced Service, which covers all children aged two and three years old from October 2025.
- Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable the provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

[5] Community Pharmacy England (CPE). Pharmacy First Service. [Accessed March 2025] https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/

[6] Community Pharmacy England. Hypertension Case-Finding service. [Accessed March 2025]. https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care (DHSC), aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

The ICB, through their delegated responsibility from NHSE, is required to publish and maintain pharmaceutical lists for each HWB area. They are required to review all application types. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. The ICB must consider any applications for entry to the pharmaceutical list, including applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

The PNA is the basis for the ICB to make determinations on such applications. It is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed to the NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Needs Assessment (JSNA) products. The JSNA is available on the BHCC website and is updated regularly. The JSNA informs Brighton & Hove's Joint Health and Wellbeing Strategy (JHWS).

The PNA assesses how pharmaceutical services meet the public health needs identified in the JSNA, both now and in the future. By informing decisions made by the local authority and the ICB, these documents work together to improve the health and wellbeing of the local population and reduce inequalities.

For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.5 Scope of the PNA

The PLPS Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision.
- Necessary Services: gaps in provision.
- Other relevant services: current provision.
- Improvements and better access: gaps in provision.
- Other services.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined.

- The different needs of the different localities.
- The different needs of people who share a particular characteristic.
- A report on the PNA consultation.

Necessary Services – The PLPS Regulations require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations, and the HWB, therefore, has complete freedom in the matter.

In Brighton & Hove, once the provision of all pharmaceutical services was identified, the HWB, via the PNA steering group, decided upon those services which were necessary to meet the pharmaceutical service for Brighton & Hove. This decision was made by service type.

Brighton & Hove HWB, through the PNA steering group, have decided that all Essential Services are Necessary Services in Brighton & Hove.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Advanced Services (excluding Smoking Cessation Service, Appliance Use Reviews, and Stoma Appliance Customisation) were agreed by the Steering Group as relevant services for the purposes of the PNA.

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by the ICB on behalf of NHSE. They are:

- Pharmacy contractors:
    - Community Pharmacies (CPs).
    - Local Pharmaceutical Service (LPS) providers.
    - Distance-Selling Pharmacies (DSPs).
- Dispensing Appliance Contractors (DACs).
- Dispensing doctor practices.

A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE, is set out below.

1.5.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the Brighton & Hove HWB areas, as listed in Appendix A, those in neighbouring HWB areas, and remote suppliers, such as DSPs.

There are 10,436 community pharmacies in England in January 2025 at the time of writing (this includes DSPs).[7] This number has decreased from 11,071 community pharmacies since the previous PNA in 2022.

[7] National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. January 2025. [Accessed March 2025] https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures

1.5.1.1 Community Pharmacies (CPs)

CPs are the most common type of pharmacy that allows the public to access their medications and advice about their health.

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours, or 72+ for those that opened under the former exemption from the control of the entry test. These hours cannot be amended without the consent of the ICB. All applications for the amendment of hours are required to be considered and outcomes determined within 60 days, and if approved, may be implemented 30 days after approval.[8] This is due to change as mentioned in Section 1.3.

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail-order and internet pharmacies that remotely manage medicine logistics and distribution. The PLPS Regulations state that DSPs must not provide Essential Services face-to-face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. As discussed in Section 1.3, DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified. This is anticipated to be from October 2025.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Brighton & Hove will receive pharmaceutical services from a DSP outside Brighton & Hove.

Figures for 2023-24 show that in England, there were 409 DSPs,[9] accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers

The PhAS[10] has been designed to capture the pharmacies that are most important for patient access. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

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[8] Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed March 2025] https://cpe.org.uk/changing-core-opening-hours/

[9] NHS Business Services Authority (BSA). General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed March 2025] https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24

[10] Department of Health and Social Care (DHSC). 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed March 2025] https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

DSPs, DACs, LPS contractors and dispensing General Practitioner (GP) practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.5.1.4 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, although they may be over and above what is required from a national contract. Payment for service delivery is locally agreed and funded.

1.5.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors, as set out in Schedule 5 of the PLPS Regulations. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages, etc. They are not required to have a pharmacist, do not have a regulatory body, and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC). As of November 2024[11] there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.5.3 Dispensing GP practices

The PLPS Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations. These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as ‘controlled localities’, which are generally rural areas with limited pharmacy access.

[11] NHS Business Services Authority (BSA). Dispensing contractors’ data. November 2024. [Accessed March 2025] https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE, and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are two other HWBs that border Brighton & Hove:

- East Sussex.
- West Sussex.

In determining the needs for pharmaceutical service provision to the population of Brighton & Hove, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.5.5 NHS Pharmaceutical services

For the purpose of this PNA, NHS Pharmaceutical Services are those that are contracted through the Community Pharmacy Contractual Framework (CPCF). These are commissioned nationally. The CPCF is made up of three types of services:

- Essential Services.
- Advanced Services.
- Enhanced Services.

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the PLPS Regulations 2013 and includes:

- A patient and public involvement programme.
- A clinical audit programme.
- A risk management programme.
- A clinical effectiveness programme.
- A staffing and staff programme.
- An information governance programme.

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meet local health priorities within Brighton & Hove.

1.5.5.1 Essential Services (ES)[12]

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

[12] Community Pharmacy England. Essential Services. [Accessed March 2025] https://cpe.org.uk/national-pharmacy-services/essential-services/

- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles**) – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, or other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being an HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing appliances –** Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIIIA listed) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of business'.

Brighton & Hove have designated that all **Essential Services** are to be regarded as **Necessary Services**.

1.5.5.2 Advanced Services (AS)

There are nine Advanced Services[13] within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and, therefore, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below, and the number of pharmacy participants for each service in Brighton & Hove can be seen in Section 3.9.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are also available to patients under a clinical pathway for seven clinical conditions, which they can access by various routes: either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **AS2: Flu vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improving convenience for eligible patients to access flu vaccinations.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the ongoing supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and ongoing supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary. As discussed in Section 1.3, from October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages. The first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered. Patients can also be referred by the GP practice.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions and medicines are covered by the service. As mentioned in Section 1.3, the service will be expanded to include depression from October 2025.

[13] Community Pharmacy England. Advanced Services. [Accessed March 2025] https://cpe.org.uk/national-pharmacy-services/advanced-services/

- **AS6: Smoking Cessation Service (SCS)** – This service was commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction. As mentioned in Section 1.3, the service will have PGDs introduced to enable the provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.
- **AS7: Appliance Use Review (AUR)** – To improve the patient's knowledge and use of any 'specified appliance' by:
    - Establishing the way the patient uses the appliance and the patient's experience of such use.
    - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
    - Advising the patient on the safe and appropriate storage of the appliance.
    - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE-recommended COVID-19 treatments.

Advanced Services (excluding Smoking Cessation Service, Appliance Use Reviews, and SAC) are considered other relevant services for the purpose of this PNA.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of their medicine or appliance and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

Advanced services look to support and reduce the burden on other primary care providers by allowing easier access to a healthcare professional in a high street setting.

1.5.5.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES) are those directly commissioned by NHSE as part of a nationally coordinated programme. There is currently one National Enhanced Service commissioned.

- **NES1: COVID-19 vaccination service** – This service is provided from selected community pharmacies that have undergone an expression of interest process and are commissioned by NHSE. Pharmacy owners must also provide the Flu vaccination service, which is provided for a selected cohort of patients.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There is one service commissioned regionally by Sussex ICB:

- **LES1: Bank holiday service:** provides coverage over bank holidays, Good Friday, Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

Enhanced Services are considered as part of the other relevant services available in Brighton & Hove for the purpose of this PNA.

1.5.5.4 Other services

As stated in Section 1.4, for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the Community Pharmacy Contractual Framework with NHSE.

Section 4 outlines services provided by NHS pharmaceutical providers in Brighton & Hove, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and Sussex ICB.

1.6 Process for developing the PNA

Brighton & Hove HWB has statutory responsibility under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Brighton & Hove was published in September 2022 and is therefore due to be reassessed and published by September 2025.

Public Health in BHCC has a duty to complete this document on behalf of the Brighton & Hove HWB. Soar Beyond Ltd was selected due to its significant experience in producing PNAs.

- **Step 1: Project set up** and governance established between BHCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 23 September 2024, the Brighton & Hove PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.

- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed on the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 358 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b**: **Pharmacy contractor questionnaire** – The Steering Group agreed on a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 15 responses were received. Due to the low response rate, the Steering Group agreed for these to not be included in the PNA.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated February 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publishing with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the PLPS Regulations 2013, a consultation on the draft PNA was undertaken between 27 May and 27 July 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix E.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix F, and full comments are included in Appendix G.

- **Step 10: Production of final PNA** – The collation and analysis of consultation responses were used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Director of Public Health and subsequently published on the council's website.

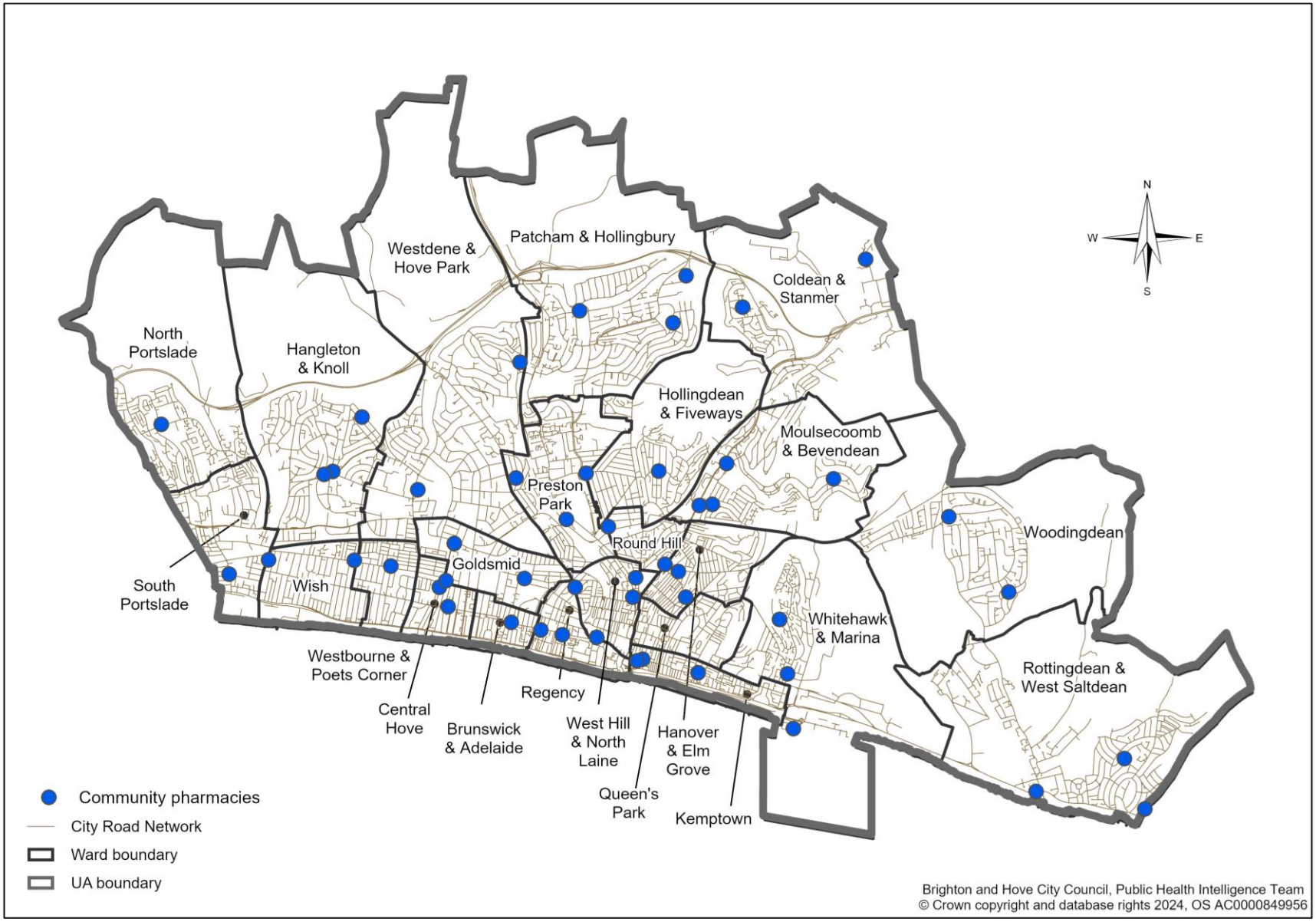
1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Brighton & Hove geography would be defined.

The majority of health and social care data is available at the local authority city level, and this level provides reasonable statistical rigour. It was agreed that Brighton & Hove as a whole would be used as a single locality for the purpose of assessment for the 2025 PNA. Figure 1 shows the wards within Brighton & Hove and the location of the pharmacies.

A list of providers of pharmaceutical services and their locations (addresses) can be found in Appendix A. The information contained in Appendix A has been provided by Sussex ICB, which is the ICB that covers the Brighton and Hove HWB geography. Once collated, it was ratified by the steering group during the second steering group meeting.

Figure 1: Map of Brighton & Hove HWB area showing the wards and the location of pharmacies, February 2025



Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. Based on the findings of the Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy (JHWS) should identify priorities and actions to improve health and wellbeing outcomes for the local population.

This section presents health needs data relevant to pharmacy services. It does not interpret the specific pharmaceutical service provision requirements for Brighton & Hove. This document should be read alongside the detailed supporting documents, with relevant links provided in each subsection. There are opportunities for the ICB and HWB to optimise Community Pharmacy Contractual Framework (CPCF) services in support of the Brighton & Hove Health and Wellbeing Strategy.

2.1 NHS Long Term Plan[14]

The NHS long-term plan, published in 2019, outlines the priorities for the NHS and the ways in which it will evolve to best deliver services over a ten-year period. These include themes such as prevention and health inequalities, care quality and outcomes, and digitally enabled care, which are approached within the context of an ageing population, funding changes and increasing inequalities.

The report places a specific focus on prevention and addressing inequalities in relation to smoking, obesity, alcohol and anti-microbial resistance and on better care for specific conditions such as cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health.

The role of community pharmacy within the NHS Long Term Plan is an important one, and one which is focused on prevention at its core. In section 4.26 of the plan, pharmacists are described as “an integral part of an expanded multidisciplinary team”. Pharmacists “have an essential role to play in delivering the Long Term Plan”. The plan states that “…in community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients…” (section 4.21).

The plan identifies that community pharmacists have a role to play in the provision of opportunities for the public to check on their health (section 3.68), and that they will be supported to identify and treat those with high-risk conditions to offer preventative care in a timely manner (section 3.69).

Pharmacists will also be expected to perform medicine reviews and to ensure patients are using medication correctly, specifically in relation to respiratory disease (3.86), which leads into the wider role that pharmacists have to play in working with general practice to help patients to take and manage their medicines, reducing wastage and reducing the likelihood of unnecessary hospital admissions (section 6.17.v).

[14] NHS Long Term Plan. [Accessed January 2025] www.longtermplan.nhs.uk/

2.2 Core20PLUS5[15]

'Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national' and ICS levels. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access. The 'PLUS' groups in Brighton & Hove are:

- Carers, including young carers.
- Mental health transition in children and young people aged 16-25 years.
- Globally displaced communities (those seeking asylum, refugees, vulnerable migrants).
- LGBTQ+ communities as an additional group that also experience health inequalities and should be acknowledged through Equalities Impact Assessments (EIAs) and system-wide action.

Additionally, there are five key clinical areas:

- Maternity.
- Severe mental illness.
- Chronic respiratory disease.
- Early cancer diagnosis.
- Hypertension case-finding.

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan[16] aims to modernise healthcare in England by focusing on three pivotal shifts:

- Transitioning care from hospitals to communities: This strategy addresses the challenges posed by an ageing population with complex health conditions and the high costs associated with hospital treatments. By enhancing services in primary care, including community pharmacies, local health centres, and patients' homes, the plan looks to reduce hospital admissions, decrease waiting times, and promote healthier, more independent living.
- Enhancing technological integration: Recognising the drawbacks of outdated systems, the plan emphasises the adoption of modern technology across the NHS. This includes moving away from paper-based processes and pagers, ensuring uniform access to advanced treatments regardless of location, and providing healthcare professionals with the tools they need to deliver efficient care.

[15] NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed March 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/
[16] Change NHS. The three shifts. [Accessed March 2025] https://change.nhs.uk/en-GB/projects/three-shifts

- Prioritising preventive healthcare: Shifting the focus from solely treating illnesses to preventing them, the plan advocates for proactive health measures. This involves early detection initiatives, public health campaigns, and community-based programs designed to maintain wellness and reduce the incidence of serious health issues.

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population.

The plan is due to be published in July 2025.[17]

2.4 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related JHWSs (see below) is to improve health and wellbeing, reduce inequalities, and inform evidence-based priorities for commissioning for a specific area. They are an ongoing process of strategic assessment and planning. The outputs guide actions for local authorities, the NHS, and partners to address health and social care needs and wider determinants of health. The PNA should be read alongside the Brighton & Hove JSNA.[18]

The Brighton & Hove JSNA[19] consists of a suite of reports, analysis and insights, which are constantly in a process of being refreshed and added to.

2.5 Brighton & Hove Joint Health and Wellbeing Strategy (JHWS)

Building on the evidence provided by the JSNA, the Brighton & Hove JHWS[20] outline the key priorities and the actions being taken to meet Brighton & Hove's health and wellbeing needs.

The 2019-2030 strategy identified the following clear priorities:

- Starting well: with a view to improve the health and wellbeing of children and young people.
- Living well: to improve the health and wellbeing of working-age adults.
- Ageing well: Brighton & Hove will be a place where people can age well.
- Dying well: To improve the experiences of those at the end of their life, whatever their age.

Community pharmacy is well placed to contribute across all stages by:

- Improving access to health advice on smoking, alcohol, diet, and physical activity.
- Supporting early detection through health checks and signposting.
- Delivering vaccination programmes (e.g. flu, COVID-19).

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[17] The 10 Year Health Plan for England was subsequently published in July 2025. https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

[18] Gov.uk. Department of Health and Social Care (DHSC). JSNAs and JHWS statutory guidance. August 2022. [Accessed March 2025] https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

[19] Brighton & Hove Joint Strategic Needs Assessment (JSNA). [Accessed March 2025] https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna

[20] Brighton & Hove Joint Health and Wellbeing Strategy 2019-2030. [Accessed March 2025] https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2023/01/Executive-summary-of-Health-and-Wellbeing-Strategy-Brighton-and-Hove.pdf

- Providing sexual health and contraception services.
- Offering mental health support and signposting to local services.
- Assisting carers and older adults with medicines support, falls prevention and advice.
- Supporting end-of-life care through palliative medication access and advice.
- Reaching underserved populations, including the homeless, those with substance misuse, or complex needs.

Pharmacies also play a key role in reducing pressure on other providers within primary care and helping people manage long-term conditions independently within their communities.

2.6 NHS Sussex Integrated Care System Strategy[21]

In an Integrated Care System (ICS), NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. The ICS is responsible for setting the strategy and goals for improving health and care for residents in an area and overseeing the quality and safety, decision-making, governance and financial management of services. The goal is to create a health and care system fit for the future, with transformed services that join up around the people who use them. NHS Sussex ICB has a five-year strategy with the vision of improving lives and reducing health inequalities across Sussex by supporting people to live healthier for longer and ensuring timely, high-quality care when needed.

The strategy reflects local priorities in Brighton & Hove while working in partnership across the wider Sussex system.

2.7 Brighton & Hove the place

Brighton & Hove is a coastal city located in the South East of England. It is known for its diversity, creativity and seaside heritage. The city has excellent transport links and is less than one hour away from central London by train.

An understanding of the size and characteristics of the Brighton & Hove population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Brighton & Hove residents, how healthy they are, and what changes can be expected in the future.

2.7.1 Population of Brighton & Hove

This section describes the demography of people in Brighton & Hove, and includes population estimates and projections and resident profiles. The majority of the data in this chapter was sourced from various documents available from the Brighton & Hove JSNA website.[22]

[21] Sussex Health & Care. Improving Lives Together. [Accessed March 2025] https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2023/01/0438-NHS-Sussex-VF4-4.pdf

[22] Joint Strategic Need Assessment (JSNA). [Accessed March 2025] https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna

Population size, structure and composition are crucial elements in any attempt to identify, measure, and understand health and wellbeing. It is important to know how many people live in an area and their demographic characteristics, such as age and gender.

2.7.1.1 Age[23]

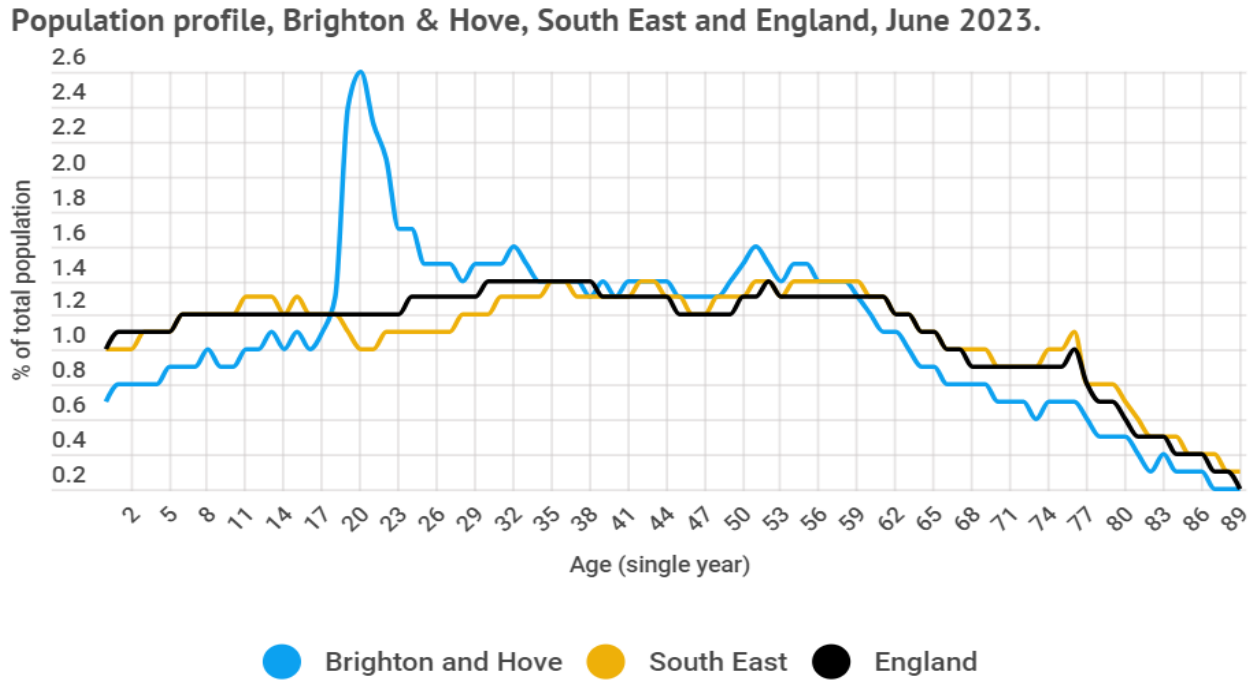
According to the Office for National Statistics (ONS), the latest mid-year population estimate (2023) shows that there are 279,600 estimated number of residents in Brighton & Hove. This is an increase of 5,600 people (2.1%) higher than in 2012 and 1,700 (0.6%) higher than in 2022.

In Brighton & Hove, in 2023, it is estimated that 40,800 people (15%) are aged 0 to 15 years old, more than two thirds (73%, 203,700 people) are age 16 to 66 years old, one in ten (11%, 29,600 people) are aged 67 to 84 years old and 5,400 people (2%) are aged 85 years or older. Brighton & Hove has a much higher proportion of people aged 19-31 years (23%, 64,800 people) compared to only 15% in the South East and 16% in England. The highest difference is observed between the ages of 19 to 22 years old. Nearly one in ten of Brighton & Hove's total population (9%, 26,200 people) is aged 19 to 22 years old, compared to only 4% in the South East and 5% in England.

The proportion of children aged 0 to 17 years of age is lower in Brighton & Hove (17%, 46,700 people) compared to 21% in both the South East and England. There are also fewer people across all ages from the age of 60 years old. In Brighton & Hove, less than a fifth of the total population (19%, 54,600 people) is aged 60 years or older, compared to 26% in the South East and 25% in England. There is both a lower proportion of children and older people in the city. This age-structure therefore gives Brighton & Hove an unusual population profile compared to the South East and England (See Figure 2 below).

[23] Brighton & Hove JSNA Population Summary [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2024-08/brighton-and-hove-population-jsna-july-2024.pdf

Figure 2: Single year of age as a proportion of total population in Brighton & Hove, South East and England, 2023



2.7.1.2 Gender

In 2023, there were estimated to be 142,800 female (51%) and 136,800 male (49%) residents in the city. Apart from in the age range 19 to 21, there is a relatively even distribution of males and females across all ages up until the age of 75 years old. Beyond the age of 75 years old, the proportion of female residents increases, similar to that of England. There were an estimated 18,900 residents aged 75 or older, of whom 58% (10,900 people) are female and 42% (8,000 people) are male. By the age of 90 or older, the difference is two to one, with 1,400 female (67%) to 700 male (33%) residents.[23]

2.7.1.3 Ethnicity

Table 2: Ethnicity of the population in Brighton & Hove, South East and England, Census 2021[24]

Ethnicity	Brighton & Hove (number)	Brighton & Hove (%)	South East (%)	England (%)
White	**236,573**	**85.4%**	**86.2%**	**81.8%**
English/Welsh/Northern Irish/British	204,831	73.9%	78.8%	74.0%
Irish	3,944	1.4%	0.8%	0.9%
Gypsy/Irish Traveller	198	0.1%	0.2%	0.1%
Roma	788	0.3%	0.1%	0.2%
White Other	26,812	9.7%	6.3%	6.2%

[24] ONS Census 2021, Nomis - Query Tool - TS021 - Ethnic group [Accessed March 2025]. https://www.nomisweb.co.uk/datasets/c2021ts021

Ethnicity	Brighton & Hove (number)	Brighton & Hove (%)	South East (%)	England (%)
Mixed or Multiple Ethnic Group	**13,226**	**4.8%**	**2.8%**	**2.9%**
White and Black Caribbean	2,410	0.9%	0.7%	0.9%
White and Black African	2,333	0.8%	0.4%	0.4%
White and Asian	4,198	1.5%	0.9%	0.8%
Other Mixed	4,285	1.5%	0.8%	0.8%
Asian/Asian British	**13,216**	**4.8%**	**7.0%**	**9.2%**
Indian	3,636	1.4%	2.6%	3.1%
Pakistani	925	0.3%	1.6%	2.7%
Bangladeshi	1728	0.6%	0.4%	1.1%
Chinese	3,064	1.1%	0.7%	0.7%
Other Asian	3,863	1.4%	1.7%	1.6%
Black/African/Caribbean/Black British	**5,456**	**2.0%**	**2.4%**	**4.0%**
African	3,948	1.4%	1.6%	2.5%
Caribbean	990	0.4%	0.5%	1.0%
Other Black	518	0.2%	0.3%	0.5%
Arab	**3,051**	**1.1%**	**0.3%**	**0.6%**
Any Other Ethnic Group	**5,579**	**2.0%**	**1.1%**	**1.6%**
Black and Racially Minoritised	**72,270**	**26.1%**	**21.0%**	**25.7%**

Note: Black and Racially Minoritised (BRM) is defined as all ethnic groups other than White English/ Welsh/ Scottish/ Northern Irish/ British.

Table 2 above shows that Brighton & Hove is continuing to become a more ethnically diverse city. Although the total number of residents has only increased by 1% since the last census in 2011, the number of Black and Racially Minoritised residents has increased by 35% (18,919 people) in 2021, from 19.5% (53,351) in 2011. More than a quarter of residents (26.1%, 72,270 people) are Black and Racially Minoritised (BRM). The proportion of BRM residents in Brighton & Hove (26.1%) is significantly higher than seen in the South East (21%) but similar to what is seen in England (25.7%).

Arab residents have increased by 40% since the last census (865 people) to 3,051 residents (1.1% of the total population), higher than the South East (0.3%) and England (0.6%).

The largest BRM community in the city is White Other with 26,812 residents. This is 9.7% of the total population, making up more than a third of BRM residents (37%) and one in ten of all residents (10%). It is also higher than the White Other population in the South East (6.3%) and England (6.2%).

The proportion of people of Mixed ethnicity in Brighton & Hove is 4.8% of the total population (13,226 people), nearly a fifth of BRM residents (18.3%). This is higher than the proportion found in the South East (2.8%) and England (2.9%). People of mixed ethnicity have increased by more than a quarter (27%, 2,818 people) since the last census.

Asian or Asian British residents have increased by 17% (1,938 people) since the last census, and now represent 4.8% of the population (13,216 people). However, the proportion is below that of the South East (7%) and nearly two times less than the proportion in England (9.2%).

The proportion of Black or Black British residents in Brighton & Hove (2%, 5,456 people) is similar to the South East (2.4%) and half that of England (4.0%). Black or Black British people have increased by nearly a third (30%, 1,268 people).

Table 3: Age profile by high level ethnic group[25]

Ethnic group	0 to 24 years	25-34 years	35-49 years	50-64 years	65+ years
All persons (277,101)	**31%**	**15%**	**21%**	**19%**	**14%**
White UK/British (204,831)	**29%**	**14%**	**20%**	**21%**	**17%**
White Irish (3,944)	17%	13%	23%	28%	19%
White Other (26,812)	24%	23%	33%	14%	6%
Mixed/Multiple ethnic group (13,226)	57%	15%	16%	10%	2%
Asian/Asian British (13,216)	38%	16%	25%	14%	7%
Black/Black British (5,456)	42%	15%	23%	16%	4%
Arab (3,051)	43%	17%	21%	13%	6%
Any Other Ethnic group (5,579)	31%	17%	26%	17%	9%
All BRM (72,270)	**35%**	**19%**	**26%**	**14%**	**6%**

2.7.1.4 Language

For nearly one in ten Brighton & Hove residents (9%, 24,579 residents), English is not their first or preferred language. This is significantly higher than seen in the South East (7%) but similar to England (9%). Similar to the last census, other than English, Arabic is the most widely spoken language in the city (2,620 people, 1%). This is followed by Spanish (2,507 people, 0.9%), Italian (2,221 people), Polish (1,663 people) and Portuguese (1,418 people).[26]

[25] ONS Census 2021, Nomis - Query Tool - TS021 - Ethnic group. [Accessed March 2025]. https://www.nomisweb.co.uk/datasets/c2021ts021

[26] Brighton & Hove: Census Briefing 2021 City Profile. [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2024-03/census-2021-briefing-city-profile_Muna%20Mohamed.pdf

2.7.1.5 Population groups

Migrants[27]

The city is a destination for migrants (people living or intending to live in the city for 12 months or more) from outside the United Kingdom (UK). The 2021 Census estimates that one in five residents (20%, 54,343 people) were born outside of the UK. This is similar to the 2020 ONS Country of Birth and Nationality statistics (55,000 people, 19%). The international migrant population in Brighton & Hove (20%) is significantly higher than seen in both the South East (16%) and England (17%).

More than two out of five international migrants in the city (43%, 23,104 people) were born in countries now in the European Union (EU). This is significantly higher than both the South East (38%) and England (36%). Nearly two-thirds of EU migrants in the city (65%, 15,099 people) are from EU member countries who joined the EU before 2004. This is again significantly higher than both the South East (47%) and England (44%).

Over half of the international migrants in the city (51%, 27,670 people) were from countries outside of Europe. This includes 12,517 people from the Middle East and Asia (23% of all migrants), 7,863 people from Africa and 5,326 people from the Americas and the Caribbean.

Gender identity and trans, non-binary and intersex people[28]

In the 2021 census,[29] a total of 2,341 people aged 16 years or over (1.0%) indicated that their gender identity was different from their sex registered at birth, which equates to 1 in 100 people in Brighton & Hove. This figure is likely to be an underestimate as some people did not respond to this question. In Brighton & Hove, the proportion of people who indicated that their gender identity was different from their sex registered at birth was more than the proportion in England and the South East (both 0.5%).

The percentage of the population aged 16+ who identified as non-binary in the city (0.4%) is higher than the percentage in England (0.1%) and the South East (0.1%). A higher percentage of people identified as a trans man (0.2%) than in England (0.1%) and the South East (0.1%). The percentage who identified as a trans woman was similar to England and the South East (all 0.1%). Brighton & Hove has the 21st highest percentage of people whose gender identity was different from their sex registered at birth, out of 309 local authorities in England.

In addition, as Brighton & Hove is seen as inclusive, many trans people who live elsewhere visit Brighton & Hove to socialise, study, and/or work.

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[27] Brighton & Hove JSNA Population Summary [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2024-08/brighton-and-hove-population-jsna-july-2024.pdf

[28] Gender identity and Trans, Non-Binary and Intersex (TNBI) people [Accessed March 2025]. https://infogram.com/1pwe3xepdwx692tv7jvwp76vmgf9nr103wd?live

[29] Gender identity estimates from Census 2021 are official statistics in development. This reflects their innovative nature and the evolving understanding of measuring gender identity, along with the uncertainty associated with these estimates. To support appropriate use, please refer to the Sexual orientation and gender identity quality information page before using these estimates.

Data suggest that trans and non-binary people in Brighton & Hove:

- Have a younger population distribution than the overall population, although trans people are represented in all age groups.
- Have diverse gender identities.
- Are more likely to have limiting long-term health or disability than the overall population.
- Are dispersed across ethnic groups.
- Live across all areas of Brighton & Hove, ranging from 0.3% in West Blatchington to 1.7% in Hanover, and with many of Hanover's surrounding Middle-layer Super Output Areas above 1.5% and above 1% in many central and university corridor areas of the city.

Lesbian, gay and bisexual

According to the 2021 UK Census, a total of 25,250 people aged 16 and over (11%) said that their sexual orientation was Lesbian, Gay, Bisexual (LGB+) ("Gay or Lesbian", "Bisexual" or "Other sexual orientation"), about 3.5 times higher than the South East (3%) and England (3%).[30]

People with long term health problems or disability

According to the 2021 census, 20,351 people (7%) of the resident population in Brighton & Hove have their day-to-day activity 'limited a lot' due to a long-term health problem or disability. A further 31,466 people (11%) have their day-to-day activity 'limited a little'. This is similar to the proportions found in the South East and England.[30]

Neurodiversity- autism

The number of children with autism in Brighton & Hove has been increasing since 2015. In 2015, there were 301 children with autism known to schools (8.1 per 1,000 population), lower than England (10.8 per 1,000 population). However, in 2020, the numbers rose to 766 (23.9 per 1,000 population), higher than England (18.0 per 1,000 population). This is an increase of 465 children with known autism since 2015. The current figure is also likely to be an underestimate.[31]

[30] Brighton & Hove: Census Briefing 2021 City Profile. [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2024-03/census-2021-briefing-city-profile_Muna%20Mohamed.pdf

[31] Fingertips, DHSC. Neurodiversity (Autism). [Accessed March 2025]. https://fingertips.phe.org.uk/search/Autism#page/3/gid/1/pat/6/par/E12000008/ati/502/are/E06000043/iid/92133/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Provision of unpaid care

According to the 2021 census, 20,804 people in the city (8%) provide some amount of unpaid care each week to either a family member, friend or neighbour who has either a long-term illness or disability or problems related to age. This is a 13% decrease since 2011 (3,163 fewer people). 4% of the total population (11,334) of those providing unpaid care do so for one to 19 hours a week, similar to the South East (4%) and England (4%). 2% of the total population (5,430) provide unpaid care of 50 hours or more a week. The proportion of residents providing unpaid care (8%) is similar to England (8% overall) and the South East (9%).[32]

Armed forces personnel

At the time of the 2021 census, around 1 in 40 people (2%, 5,618 people) aged 16 years or over in Brighton & Hove had previously served in the UK Armed Forces. This is lower than the South East (4.2%) and England (3.8%). Of these, 70% (3,949 people) served in the regular armed forces, 25% (1,423 people) in the reserves and 246 (4%) in both. Four percent of the households in the city (5,292 households) have at least one person who has previously served.[33]

Students

For the academic year 2021/2022, there were 37,700 students at the University of Sussex and the University of Brighton. This was an increase of 1.3% (500 students) compared to 2020/21. In England, there has been a 3.9% increase in the number of students over the same period. In Brighton & Hove in 2021/22, 58% of students were female (22,030 people) compared to 42% male (15,455 people). It should be noted that not all students at the two universities live in Brighton & Hove.

Visitors

The city is a popular tourist destination. In 2022, around 10.0 million trips were estimated to have been made to the city by day visitors (down 6.5% on 2019), with over 5.2 million overnight stays (down 4.8% on 2019).[34]

People experiencing homelessness

There were an estimated 1,617 households living in temporary accommodation arranged by the council in June 2024.[35]

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[32] Unpaid carers: Census 2021 briefing by Brighton & Hove City Council – Infogram. [Accessed March 2025] https://infogram.com/1pe6v3ekkg2jzqamj7x12z021rh2jzne6d?live

[33] Ex-service personnel: Census 2021 briefing by Brighton & Hove City Council - Infogram (reference for veterans). [Accessed March 2025] https://infogram.com/1pq96m7xxe99n0fqjpr0y3j799u01wwq03e?live

[34] Economic Impact of Tourism - Brighton & Hove Report 2022. [Accessed March 2025] https://www.visitbrighton.com/dbimgs/Economic%20Impact%20of%20Tourism%20-%20%20Brighton%20and%20Hove%20Report%202022.pdf

[35] Department for Levelling Up, Housing and Communities. Homelessness Statutory homelessness in England: April to June 2024 [Accessed March 2025]. https://www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2024

During the Street Count by the Rough Sleeper Team in 2023, 52 street homeless people were identified.[36]

Offenders

There were 1,764 offenders resident in Brighton & Hove from January to December 2022.[37]

2.7.2 Population projections- 2023 to 2033

The Office for National Statistics has delayed publication of population projections, rebased for Census 2021 to 2025. Given the changes in the population estimates for the city in the 2021 Census, we cannot use the previous ONS published population projections.

The table below shows the modelled estimates for the projected change in population by broad age group between 2023 and 2033 for Brighton & Hove.

Table 4: Brighton & Hove modelled estimates for projected change in population by broad age group between 2023-2033[38]

Age group	2023	2033	Change (number)	Change (%)
Under 16	40,767	33,069	-7,697	-18.9%
16-64	197,743	202,322	4,579	2.3%
65+	40,070	49,905	9,835	24.5%
TOTAL	278,580	285,297	6,717	2.4%

The council modelled estimates for the housing planning to 2033 project an increase of around 6,700 people (2% increase). The population aged 65+ is projected to see a larger increase- rising by 9,800 people (25%). There are approximately 84 care homes in the city.

A further reduction in the number of children and young people is projected (19% reduction).

2.7.3 Household projections

2.7.3.1 Households

According to the 2021 census, there are 121,400 households with at least one resident in Brighton & Hove, a decrease of 139 households (0.1%) compared to the 2011 Census.[39]

- More than a third of households (35%, 42,101 homes) in the city are single-person households, higher than seen in the South East (28%) and England (30%).

[36] Department of Levelling Up, Housing and Communities. Rough sleeping snapshot in England: autumn 2023. [Accessed March 2025]. https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023

[37] Ministry of Justice. Proven reoffending statistics: October to December 2022. [Accessed March 2025] https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-to-december-2022

[38] Brighton & Hove. Strategic Housing Market Assessment - August 2023. [Accessed March 2025]. https://www.brighton-hove.gov.uk/planning/planning-policy/strategic-housing-market-assessment-august-2023

[39] Brighton & Hove: Census Briefing 2021 City Profile [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2024-03/census-2021-briefing-city-profile_Muna%20Mohamed.pdf

- Nearly a quarter of households (24%, 28,687 homes) contain a dependent child aged under 16, lower than the South East (29%) and England (28%). Compared to the 2011 census, the number of households with dependent children has reduced by 4%.
- The city has a similar proportion of lone parent households (6%, 7,229 homes) as the South East (6%) and England (7%). Compared to the 2011 Census, the number of lone-parent families has fallen by 16% (1,408 homes).
- A third of single-person households (13,875 homes) and one in ten of all households (11%) are households with a single person aged 66 or older living there, which is also higher than seen in the South East (13%) and England (13%).

2.7.3.2 Housing and regeneration plans

The Strategic Housing Land Availability Assessment (SHLAA) Update 2023[40] describes the housing supply position for Brighton & Hove. There are 1,716 new units of housing planned during the lifetime of this PNA between 2025/26 and 2027/28.

There will be a supply of 864 (6+) units built in development areas in the city between 2025/26 and 2027/28. Table 5 shows that the Hove Station and Lewes Road areas will see the largest amount of new housing supply.

Table 5: Identified supply of 6+ units in development areas between 2025/26 and 2027/28

Development area	2025/26	2026/27	2027/28	Total
Brighton Marina & Black Rock	0	0	100	100
Hove Station	174	64	0	238
Brighton Station/London Road	116	0	0	116
Lewes Road	158	100	0	258
Shoreham Harbour	0	0	52	52
Toads Hole Valley	0	0	100	100
Total	**448**	**164**	**252**	**864**

2.7.4 Deprivation

Out of 317 local authorities, Brighton & Hove is ranked the 131st most deprived authority in England according to the 2019 Index of Multiple Deprivation (IMD). In 2019, 17% of the population of the city lived in one of the 20% most deprived areas in England, and 13% lived in one of the 20% least deprived areas in England. Some areas are more affected by deprivation than others. The highest concentration of deprivation is in Whitehawk, Moulsecoomb, and Hollingbury. Along the coast, to the west of the city and in Woodingdean, there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England.[41]

[40] Strategic Housing Land Availability Assessment (SHLAA) Update 2023. [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2024-04/SHLAA%20for%20Website.pdf

[41] Brighton & Hove JSNA Executive summary May 2024. [Accessed March 2025]. https://infogram.com/1pjz979z2ry5mrc6dwewr61x6wi69vrnpm?live

2.8 Health of the population

All data used are from Fingertips (accessed during November 2024), unless stated otherwise. Please see Fingertips for indicator definitions and notes on data quality.[42]

2.8.1 Life expectancy

Between 2021 and 2023, the average male life expectancy in the city was 78.8 years and 83.2 years for females. Both genders have similar life expectancy to England (England: males 79.1 years, females 83.1 years).

Between 2021 and 2023, the average male healthy life expectancy was 60.6 years and 61.5 years for females. Both genders have similar healthy life expectancy to England (England: males 61.5 years, females 61.9 years).

The average number of years for those living in the most deprived area of the city is 9.1 years less for males and 7.7 years less for females, compared to those living in the least deprived areas (2018-2020). Average healthy life expectancy is 14.0 years less for males and 12.5 years for females (2009-2013).

2.8.2 Health behaviours

2.8.2.1 Teenage conceptions

The rate of under-18s conceptions in Brighton & Hove in 2021 was 9.9 per 1,000 population. This is similar to the England average of 13.1 per 1,000 population, and there has been a recent decrease in the trend.

2.8.2.2 Sexually Transmitted Infections (STIs)

In 2023, Brighton & Hove had a higher new STI diagnosis rate (1,249 per 100,000 population) than the South-East region (369 per 100,000) and England (520 per 100,000).

In past years, although the new Human Immunodeficiency Virus (HIV) diagnosis in the city had been decreasing, the rates were still worse than in England. However, since 2022, the new HIV diagnosis rate for the city was similar to the England average, and in 2023 the rate was 11.1 per 100,000 population, not significantly different to South East (9.9 per 100,000 population) and similar to England (10.4 per 100,000 population).

2.8.3 Health profiles

Health profiles have been produced for each local authority by the Office for Health Improvement and Disparities (OHID). The profile consists of over 30 indicators grouped under the following seven main domains:

- Life expectancy and causes of death.
- Injuries and ill health.
- Behavioural risk factors.
- Health protection.
- Child health.
- Inequalities.

[42] Local Authority Health Profiles. [Accessed November 2024] https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132696/pat/15/ati/202/are/E06000043/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

- Wider determinants of health.

The purpose of the profile is to help the local government and commissioning health services make strategic plans to improve the health of their local population and reduce health inequalities. Performance for local authorities in England is benchmarked against the England average for specified indicators in Brighton & Hove.

Figure 3: Health indicators for Brighton & Hove compared to England[43]

Indicator	Period	Brig & Hov			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Life expectancy and causes of death								
Life expectancy at birth (Male, 3 year range) New data	2021 - 23	–	-	78.8	79.1	73.1		82.5
Life expectancy at birth (Male, 1 year range) New data	2023	–	-	78.8	79.3	73.4		82.7
Life expectancy at birth (Female, 3 year range) New data	2021 - 23	–	-	83.2	83.1	78.9		86.5
Life expectancy at birth (Female, 1 year range) New data	2023	–	-	83.6	83.2	78.2		86.8
Under 75 mortality rate from all causes	2023	→	741	347.1	341.6	622.1		220.9
Under 75 mortality rate from cardiovascular disease	2023	→	123	60.5	77.4	136.2		45.9
Under 75 mortality rate from cancer	2023	→	263	128.2	120.8	182.1		81.9
Suicide rate	2021 - 23	–	128	16.5	10.7	19.6		4.2
Injuries and ill health								
Killed and seriously injured (KSI) casualties on England's roads	2023	→	153	203.1	91.9*	588.8		21.9
Emergency Hospital Admissions for Intentional Self-Harm	2023/24	↓	505	161.8	117.0	342.5		36.1
Hip fractures in people aged 65 and over	2023/24	→	245	596	547	849		362
Percentage of cancers diagnosed at stages 1 and 2	2021	→	435	53.8%	54.4%	46.5%		61.2%
Estimated diabetes diagnosis rate	2018	–	-	60.7%	78.0%	54.3%		97.5%
Estimated dementia diagnosis rate (aged 65 and older) > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2024	→	1,877	65.9	64.8	51.3		90.5
Behavioural risk factors								
Admission episodes for alcohol-specific conditions (under 18 years)	2021/22 - 23/24	–	87	61.7	22.6	61.7		3.8
Admission episodes for alcohol-related conditions (Narrow)	2023/24	→	1,085	413	504	890		240
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	–	-	15.3%	11.6%	22.3%		4.6%
Percentage of physically active adults New data	2023/24	–	-	79.2%	67.4%	48.9%		80.6%
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) New data	2023/24	–	-	60.6%	64.5%	77.2%		42.6%
Child health								
Under 18s conception rate / 1,000	2021	↓	41	9.9	13.1	31.5		1.1
Smoking status at time of delivery	2023/24	→	124	5.7%	7.4%	17.5%		2.8%
Baby's first feed breastmilk (previous method)	2018/19	–	1,405	57.2%	67.4%	43.6%		98.7%
Infant mortality rate	2021 - 23	–	19	2.9*	4.1	8.4		1.7
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	→	335	15.2%	22.1%	31.0%		13.3%
Inequalities								
Deprivation score (IMD 2019)	2019	–	-	20.8	21.7	45.0		5.8
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	2023	–	-	28.1%	19.5%	50.8%		5.0%
Inequality in life expectancy at birth (Male) New data	2021 - 23	–	-	9.4*	10.5*	17.2		3.6
Inequality in life expectancy at birth (Female) New data	2021 - 23	–	-	6.0*	8.3*	14.9		1.3
Wider determinants of health								
Children in relative low income families (under 16s)	2022/23	→	5,475	13.2%	19.8%	42.2%		5.2%
Children in absolute low income families (under 16s)	2022/23	↓	4,456	10.8%	15.6%	35.7%		4.2%
Average Attainment 8 score	2022/23	–	-	47.8	46.2	36.1		58.4
Percentage of people in employment	2023/24	→	164,600	79.0%	75.7%	61.6%		87.6%
Homelessness: households owed a duty under the Homelessness Reduction Act	2023/24	–	1,756	13.7	13.4	30.6		3.6
Violent crime - hospital admissions for violence (including sexual violence)	2021/22 - 23/24	–	300	32.3	34.2	170.5		12.0
Health protection								
Winter mortality index	Aug 2021 - Jul 2022	–	60	9.2%	8.1%	30.1%		-6.8%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	3,473	1,249	520	3,304		177
TB incidence (three year average)	2021 - 23	–	38	4.6	8.0	40.7		0.7

[43] Local Authority Health Profiles. [Accessed March 2025] https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132696/pat/15/ati/202/are/E06000043/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

Figure 3 shows that, for the following indicators, performance in Brighton & Hove is significantly worse than the England average:[44]

- Life expectancy and causes of death: Suicide rate (Persons, 10+ years) (2021-23).
- Injuries and ill health:
  - Killed and seriously injured on the road (2022).
  - Emergency hospital admissions with intentional self-harm (2022-23).
  - Estimated diabetes diagnosis rate (2018).
- Behavioural factors: Under 18 admission episodes for alcohol-specific conditions (2020/21-22/23).
- Child health: Baby's first feed breastmilk, previous method (2018-19).
- Health protection: New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (2023).

2.8.3.1 Suicide rate (Persons, 10+ years) (2021-2023)

The suicide rate for persons 10 years and above in 2021 to 2023 was 16.5 per 100,000 population in Brighton & Hove, 10.4 per 100,00 population in South-East, and 10.7 per 100,000 population in England.

2.8.3.2 Killed and seriously injured causalities on England's roads (2022)

In 2023, the number of people reportedly killed, all ages, was 203.1 per billion vehicle miles travelled in Brighton & Hove. The numbers for South-East and England are **estimated** to be 89.8 per billion vehicle miles and 91.9 per billion vehicle miles, respectively.

2.8.3.3 Emergency hospital admissions for intentional self-harm (2022/2023)

In 2022/2023, the rate of emergency hospital admission in Brighton & Hove was 174.4 per 100,000 population, 138.3 per 100,000 population in the South-East region, and 126.3 per 100,000 population in England.

2.8.3.4 Estimated diabetes diagnosis rate (2018)

In 2018, the estimated diabetes diagnosis rate in Brighton & Hove was 60.7%, lower than the South-East 75.2% and England 78.0%.

2.8.3.5 Under 18 admission episodes for alcohol-specific conditions (2020/21 – 22/23)

Within this period, there were 80 under-18s (56.4 per 100,000 population) admitted for alcohol-specific conditions in Brighton & Hove, 28.6 per 100,000 in the South-East, and 26.0 per 100,000 in England.

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[44] Office for Health Improvement and Disparities (OHID). Local Authority Health Profiles Data. Fingertips, DHSC. [Accessed March 2025] https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000008/ati/502/are/E06000043/yrr/1/cid/4/tbm/1/page-options/car-do-0

2.8.3.6 Baby's first feed breastmilk previous method (2018/19)

In 2018/2019, the proportion of babies whose first feed was breastmilk in Brighton & Hove was 57.2%, significantly lower than South-East (72.7%) and England (67.4%).

2.8.3.7 New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (2023)

In 2023, Brighton & Hove had a significantly higher rate of new STI diagnoses (1,249 per 100,000) than South-East (369 per 100,000) and England (520 per 100,000).

2.8.4 Mental health

In 2022/23, the recorded prevalence of depression among adults (18+) on GP records was 13.4% for Brighton & Hove. This is similar to the South East (13.8%) and England (13.2%). Comparing these rates with previous years, there seems to be an increasing trend in depression in Brighton & Hove, the South-East region, and England.

The percentage of adults on GP Severe Mental Illness Registers in 2020/21 was 1.29% in Brighton & Hove, 0.86% in the South East Region and 0.95% in England.

2.9 Burden of disease

Table 6 and Figure 4 show the Quality and Outcomes Framework (QOF) prevalence for Long Term Conditions (LTCs) in Brighton & Hove. QOF data[45] shows recorded prevalence; therefore, the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality.

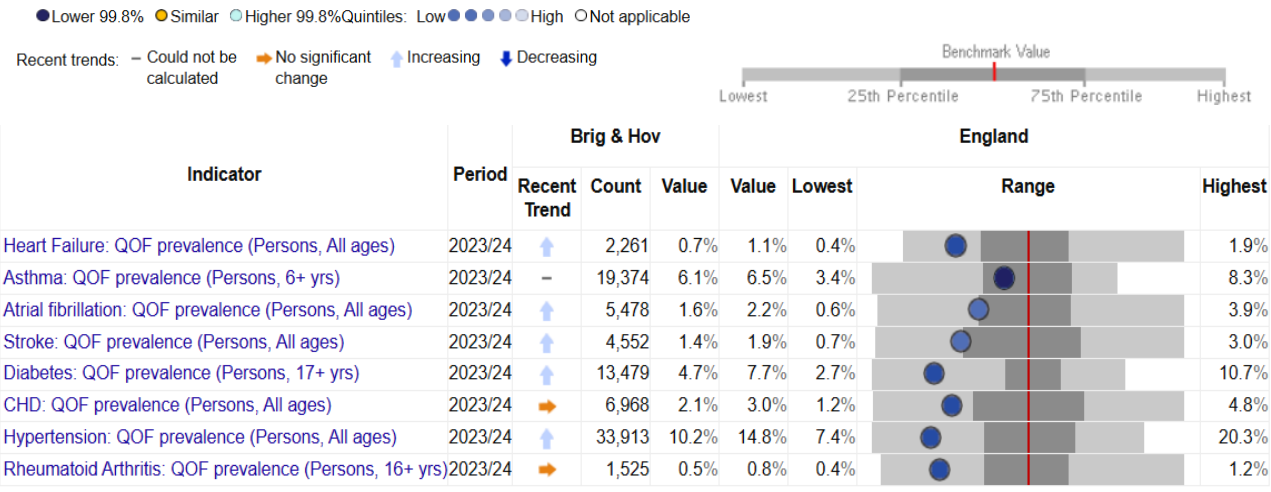
Table 6: Percentage of patients recorded on GP practice disease registers for long term conditions

Condition	Area	Count	Value	99.8% Lower CI	99.8% Upper CI
Cancer	England	2,300,426	3.6%	3.6%	3.6%
Cancer	Brighton & Hove	9,553	2.9%	2.8%	3%
Heart failure	England	672,409	1.1%	1.1%	1.1%
Heart failure	Brighton & Hove	2,261	0.7%	0.6%	0.7%
Asthma	England	3,886,879	6.5%	6.5%	6.5%
Asthma	Brighton & Hove	19,374	6.1%	5.9%	6.2%
Atrial fibrillation	England	1,375,120	2.2%	2.2%	2.2%
Atrial fibrillation	Brighton & Hove	5,478	1.6%	1.6%	1.7%
Stroke	England	1,175,341	1.9%	1.9%	1.9%
Stroke	Brighton & Hove	4,552	1.4%	1.3%	1.4%
Diabetes	England	3,938,080	7.7%	7.6%	7.7%

[45] NHSE. Quality and Outcomes Framework guidance for 2024/25 (QOF). April 2024. [Accessed March 2025] https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2024-25/

Condition	Area	Count	Value	99.8% Lower CI	99.8% Upper CI
Diabetes	Brighton & Hove	13,479	4.7%	4.6%	4.8%
Coronary Heart Disease (CHD)	England	1,879,149	3%	3%	3%
CHD	Brighton & Hove	6,968	2.1%	2%	2.2%
Peripheral Artery Disease (PAD)	England	353,814	0.6%	0.6%	0.6%
PAD	Brighton & Hove	1,346	0.4%	0.4%	0.4%
Hypertension	England	9,350,858	14.8%	14.8%	14.8%
Hypertension	Brighton & Hove	33,913	10.2%	105%	10.3%
Chronic Obstructive Pulmonary Disease (COPD)	England	1,175,163	1.9%	1.9%	1.9%
COPD	Brighton & Hove	5,178	1.6%	1.5%	1.6%
Rheumatoid Arthritis	England	403,782	0.8%	0.8%	0.8%
Rheumatoid Arthritis	Brighton & Hove	1,525	0.5%	0.5%	0.6%

Figure 4: Recent trends of QOF prevalence in Brighton & Hove and comparison with England



Indicator	Period	Brig & Hov			England			
		Recent Trend	Count	Value	Value	Lowest	Range	Highest
Heart Failure: QOF prevalence (Persons, All ages)	2023/24	↑	2,261	0.7%	1.1%	0.4%		1.9%
Asthma: QOF prevalence (Persons, 6+ yrs)	2023/24	–	19,374	6.1%	6.5%	3.4%		8.3%
Atrial fibrillation: QOF prevalence (Persons, All ages)	2023/24	↑	5,478	1.6%	2.2%	0.6%		3.9%
Stroke: QOF prevalence (Persons, All ages)	2023/24	↑	4,552	1.4%	1.9%	0.7%		3.0%
Diabetes: QOF prevalence (Persons, 17+ yrs)	2023/24	↑	13,479	4.7%	7.7%	2.7%		10.7%
CHD: QOF prevalence (Persons, All ages)	2023/24	→	6,968	2.1%	3.0%	1.2%		4.8%
Hypertension: QOF prevalence (Persons, All ages)	2023/24	↑	33,913	10.2%	14.8%	7.4%		20.3%
Rheumatoid Arthritis: QOF prevalence (Persons, 16+ yrs)	2023/24	→	1,525	0.5%	0.8%	0.4%		1.2%

Burden of disease summary:

The prevalence of long-term conditions recorded in GP practices in Brighton & Hove is generally lower than the national average across most conditions. This may be linked to the prevalence of its younger population (Table 6 and Figure 4).

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

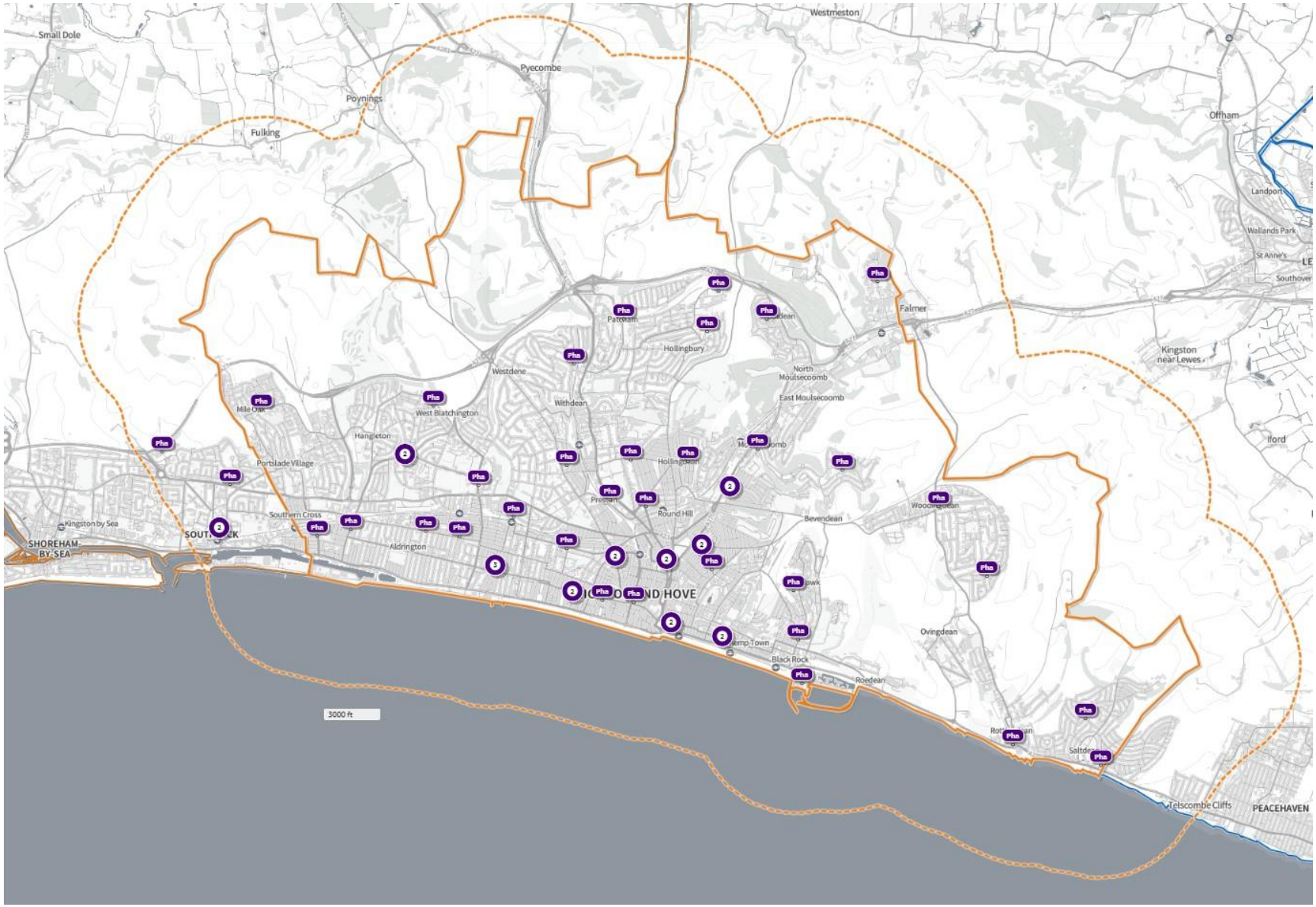
There is a total of 51 contractors in Brighton & Hove.

Table 7: Contractor type and number in Brighton & Hove

Type of contractor	Number
40-hour community pharmacies (including five PhAS providers)	50
72-hour plus community pharmacies	0
Distance Selling Pharmacies	1
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	0
Dispensing GP Practices	0
Total	**51**

A list of all contractors in Brighton & Hove and their opening hours can be found in Appendix A. Figure 5 shows all contractor locations within Brighton & Hove and surrounding areas, showing that there are four pharmacies to the west of the city within a 1-mile radius. These are all within the West Sussex County Council.

Figure 5: Map of pharmacies in Brighton & Hove and neighbouring areas in a 1.6km/ 1 mile buffer



3.2 Community pharmacies (including Distance Selling)

Table 8: Number of community pharmacies in Brighton & Hove

Number of community pharmacies	Population of Brighton & Hove	Ratio of pharmacies per 100,000 population*
51 (includes one DSP)	279,600	18.2

Correct as of 26 February 2025.

Community pharmacies are described in Section 1.5.1.1. There are 51 community pharmacies in Brighton & Hove, which has decreased from 53 in the last PNA. The average number of community pharmacies per 100,000 across Brighton & Hove is 18.2, which is similar to the England average of 18.1 community pharmacies per 100,000 population. A number of community pharmacies have been closing across the country due to funding and workforce pressures over the last ten years. There is no benchmark or specific guidance on how many community pharmacies per 100,000 there should be, and this is only an indication of capacity per pharmacy.

Distance Selling Pharmacies are described in Section 1.5.1.2. There is one DSP in Brighton & Hove; however, residents are able to access other DSPs across England, as services are provided nationally by DSPs.

Table 9: Average number of community pharmacies in 100,000 population

Area	Number of community pharmacies	Total population	Average no. of community pharmacies per 100,000 population
Brighton & Hove	51	279,600	**18.2**
England[46]	10,436	57,690,323	**18.1**

Section 1.5.5.1 lists the Essential Services of the pharmacy contract. It is assumed, due to the contractual obligation, that provision of all these services is available from all contractors.

Analysis of dispensing data has highlighted out approximately 399,323 prescription items dispensed each month (between August-October 2024), accounting for a monthly average of 7,830 items per community pharmacy in Brighton & Hove.[47] This is higher than the England average of 7,109 and the South East average of 6,953 items per pharmacy monthly in 2024-25.[48]

[46] NHS. Open Data Portal. Pharmacy Opening and Closures. January 2025. [Accessed March 2025] https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures. ONS Estimates of the population for England and Wales. Mid-2023. [Accessed March 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales

[47] NHS BSA. Dispensing Contractors' Data August-October 2024. [Accessed March 2025] https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

[48] NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed March 2025] https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24

Further analysis of the pharmaceutical service provision and health needs is explored in Section 6.

3.3 Local Pharmaceutical Service (LPS) providers

LPS providers are described in Section 1.5.1.4.

There are no LPS pharmacies in Brighton & Hove.

3.4 Dispensing Appliance Contractors (DACs)

DACs are described in Section 1.5.2.

There are no DACs in Brighton & Hove.

3.5 Dispensing GP practices

Dispensing GP Practices are described in Section 1.5.3.

There are no dispensing GP practices in Brighton & Hove.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Brighton & Hove. There are 112 DACs in England.[49]

3.6 Pharmacy Access Scheme (PhAS) pharmacies

The Pharmacy Access Scheme is described in Section 1.5.1.3.

There are five PhAS providers in Brighton & Hove, and details of these can be found in Appendix A.

3.7 Pharmaceutical service provision provided from outside Brighton & Hove

Brighton & Hove borders two other HWBs, East Sussex and West Sussex, and has good transport links. Population in certain areas of Brighton & Hove may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient.

It is not practical to list here all those pharmacies in other areas by which Brighton & Hove residents will access pharmaceutical services, but there are four community pharmacies within a one-mile (1.6 kilometre) buffer zone from the local authority boundary. There is one significant pharmacy that the Steering Group would like to mention, in West Sussex, 1.5 miles to the west of the city's boundary:

- Tesco Pharmacy located in the Holmbush Shopping Centre (BN43 6TJ).

3.8 Access to community pharmacies

Community pharmacies in Brighton & Hove are particularly located around areas with a higher density of population and higher levels of deprivation (from IMD 2019), as seen in Figure 6 and Figure 7 below.

[49] NHSBSA. General Pharmaceutical Services in England 2023-24. [Accessed March 2025] https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24

Figure 6: Map of pharmacies in Brighton & Hove with population density

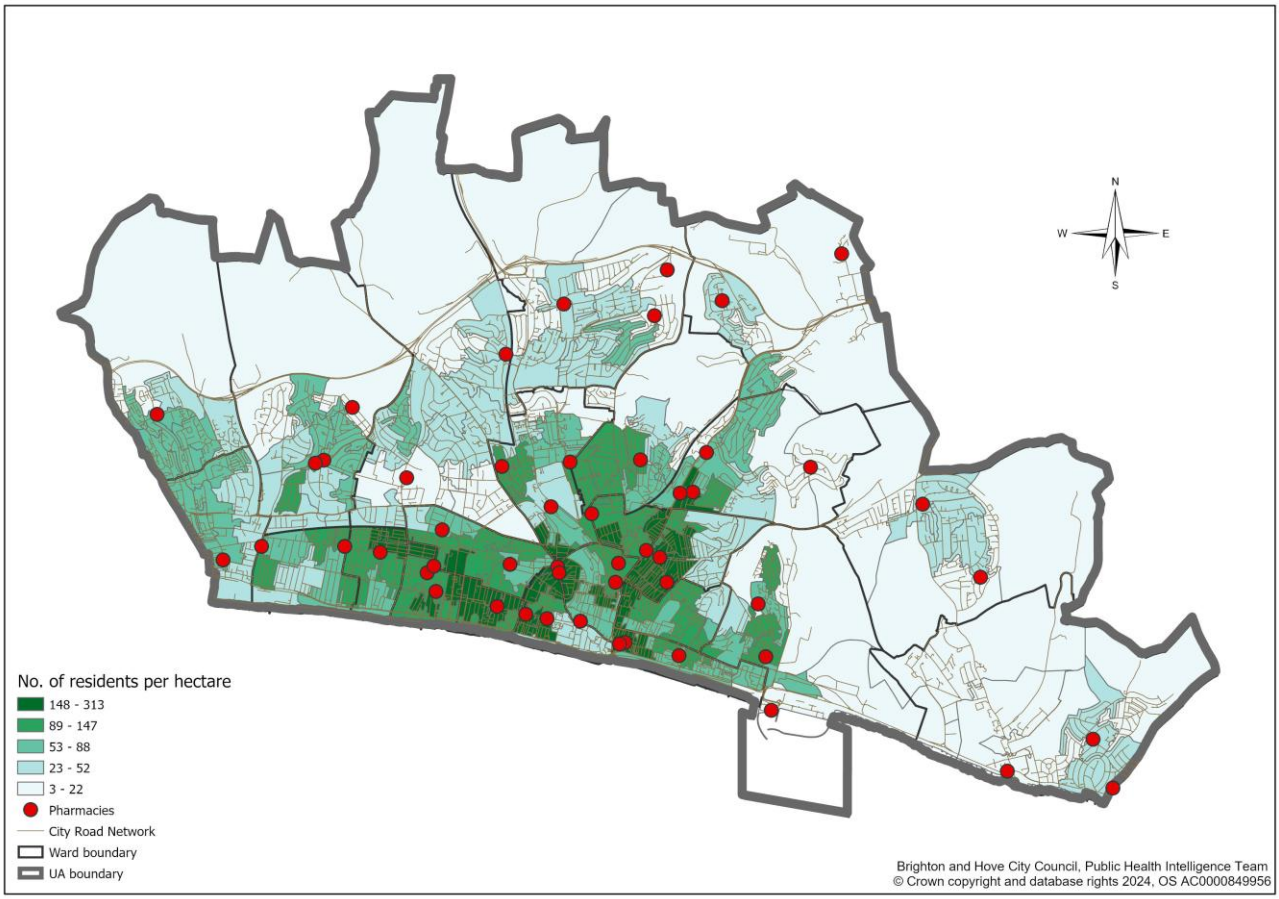
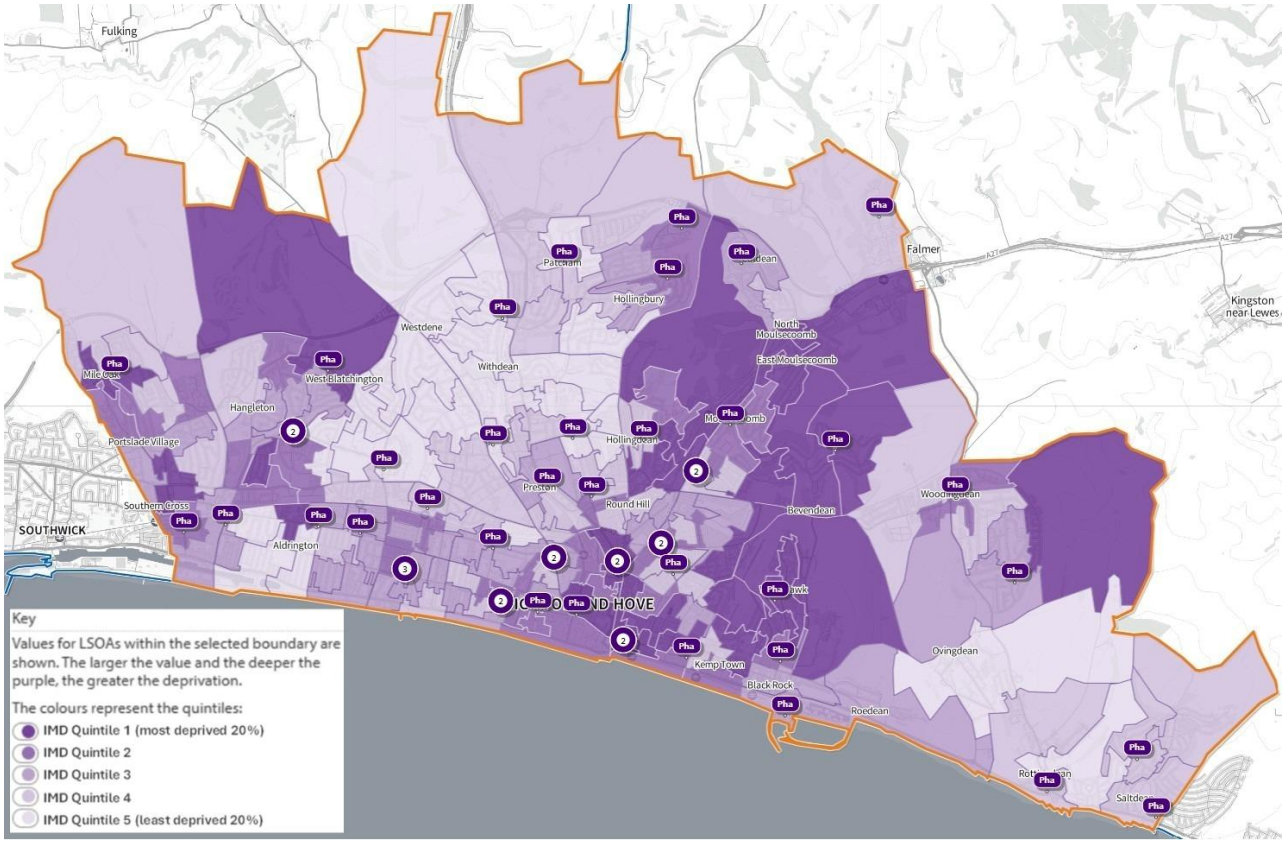


Figure 7: Map of pharmacies in Brighton & Hove with Index of Multiple Deprivation



A previously published article[50] suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk.
- This falls to 14% in rural areas.
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy.

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and, therefore, greater health needs.

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data.

A list of community pharmacies and their opening hours can be found in Appendix A.

3.8.1 Travelling to a community pharmacy

3.8.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households that have access to a car or van is 62.6% in Brighton & Hove, compared to 83.1% in the South East and 76.5% in England.[51]

However, car ownership varies across the city. Between 50% and 78% of households in the centre of Brighton & Hove have no access to a car or van compared to 6% to 15% in some areas outside of the city centre (see Figure 8).

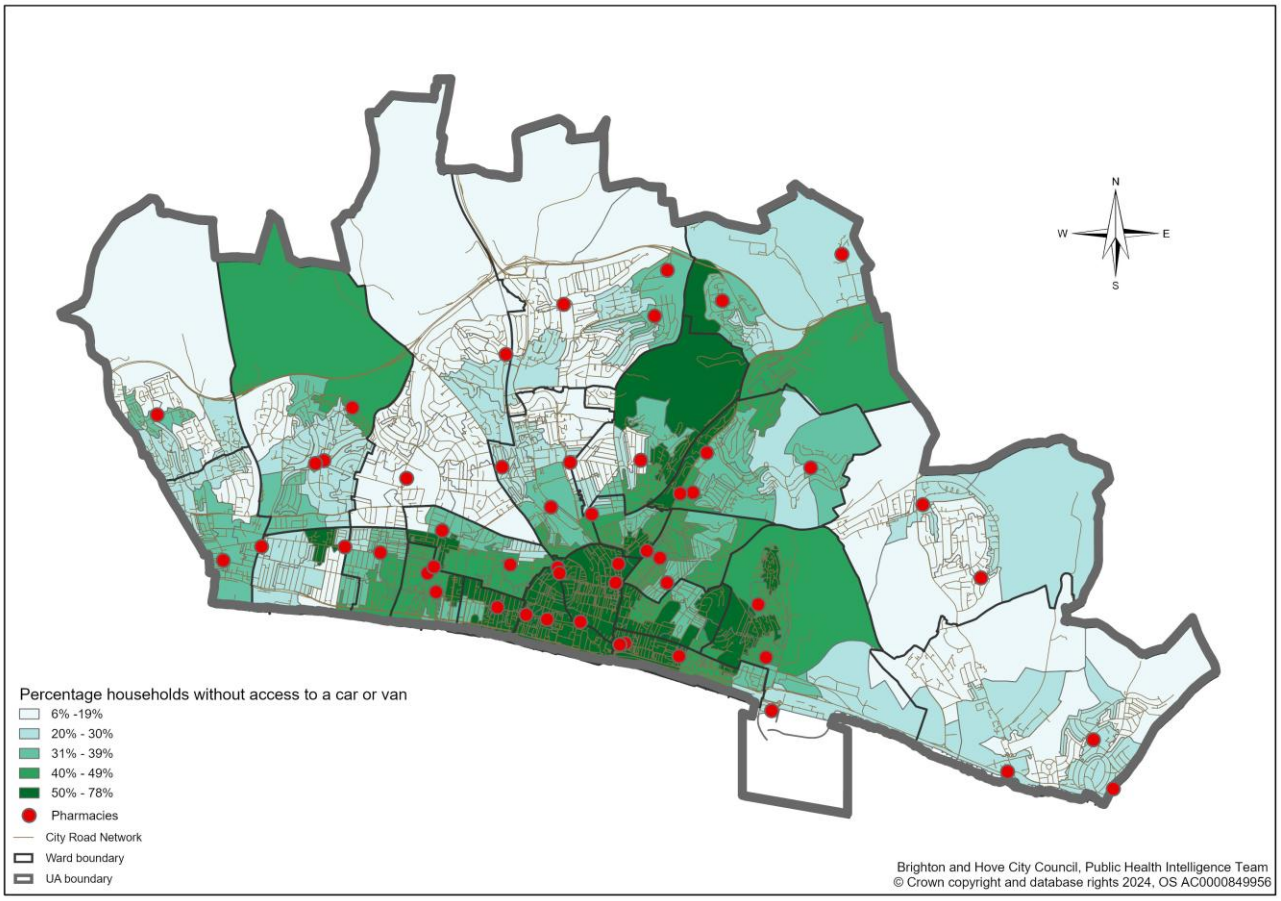
Table 10: Percentage of households across Brighton & Hove with access to at least one car or van

Area	Households with access to a car or van
Brighton & Hove	62.6%
South East	83.1%
England	**76.5%**

[50] Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. [Accessed March 2025]. http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html

[51] ONS. 2021 Census Profile for areas in England and Wales. [Accessed March 2025] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6

Figure 8. Map of distribution of households without access to a car or van



3.8.1.2 Time taken to get to a community pharmacy

The following maps and table below show travel times to community pharmacies using a variety of options.

The methodology applied through the nationally approved SHAPE tool is as follows:

- Walk: by time: assumes walking speed of 5km/hour (3.1 miles/hour).
- Walk: by distance: uses lengths of paths and roads with pedestrian access.
- Car: by distance: uses the length of all roads.
- Car: by time: calculated using the normal speed limits, but takes into account junctions, crossings and traffic lights, the rush hour option uses additional congestion data and road density analysis. Validated with similar data on Google Maps.
- Public transport: EXPERIMENTAL: uses buses, trams and rail, but coverage across some areas may be inconsistent. Options allow travel either to or from the sites and selection of weekday morning, afternoon and evening travel times. The algorithm for calculating the distances that can be travelled from any point assumes that someone can walk from the start location, catch a bus or a train from a known stop, get off at another stop and potentially walk again –or even catch another bus or train. Generally, it works best when used for a single selected site, rather than multiple sites.

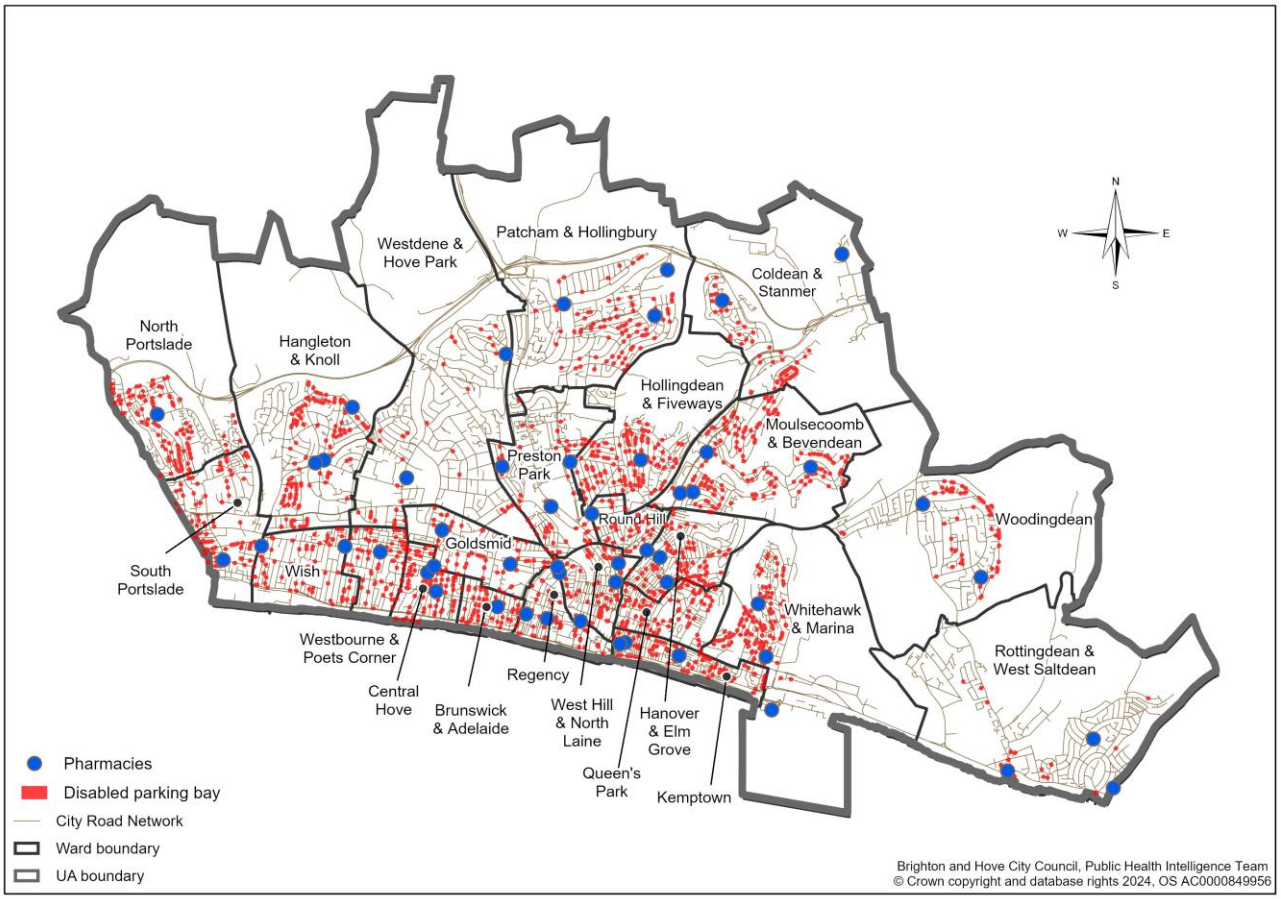
Table 11: Time to pharmacy with various methods of transportation across Brighton & Hove

Transport method	Time	Population within time band
Car (weekday morning)	10 minutes	278,370 (100%)
Walk	20 minutes	272,947 (98.1%)
Public transport (weekday morning)	20 minutes	278,370 (100%)

Source: SHAPE Tool.

There are also a number of accessible disabled bays to park in to improve access to those who have a disability.

Figure 9: Map to show all the parking bays marked as disabled in relation to the community pharmacies across Brighton & Hove



In summary:

- 100% of the population who have access to a vehicle in Brighton & Hove can get to a pharmacy within 10 minutes by private transport (Figure 11).
- 98.1% of the population who are able to walk can get to the nearest pharmacy within 20 minutes (Figure 10).
- 100% have access to a pharmacy within a 20-minute journey by public transport (Figure 12).

The areas not within a 20-minute walk are:

- Some streets and neighbourhoods between Portslade and Hangleton.
- Streets in North Hangleton, south of the A27 bypass.
- Parts of Westdene.
- A few properties at the top of Braypool Lane and surrounding properties around Waterhall Road.
- A few streets north of Easthill Park, in the east of Portslade Village.
- A few streets around and between Bevendean and Woodingdean.
- Part of East Moulsecoomb and North Moulsecoomb, including some student accommodation at Brighton University, Falmer.
- Stanmer Village.
- Parts of Ovingdean.
- Roedean.
- A few streets in north Saltdean.

Figure 10: Map of average walk times to community pharmacies in Brighton & Hove

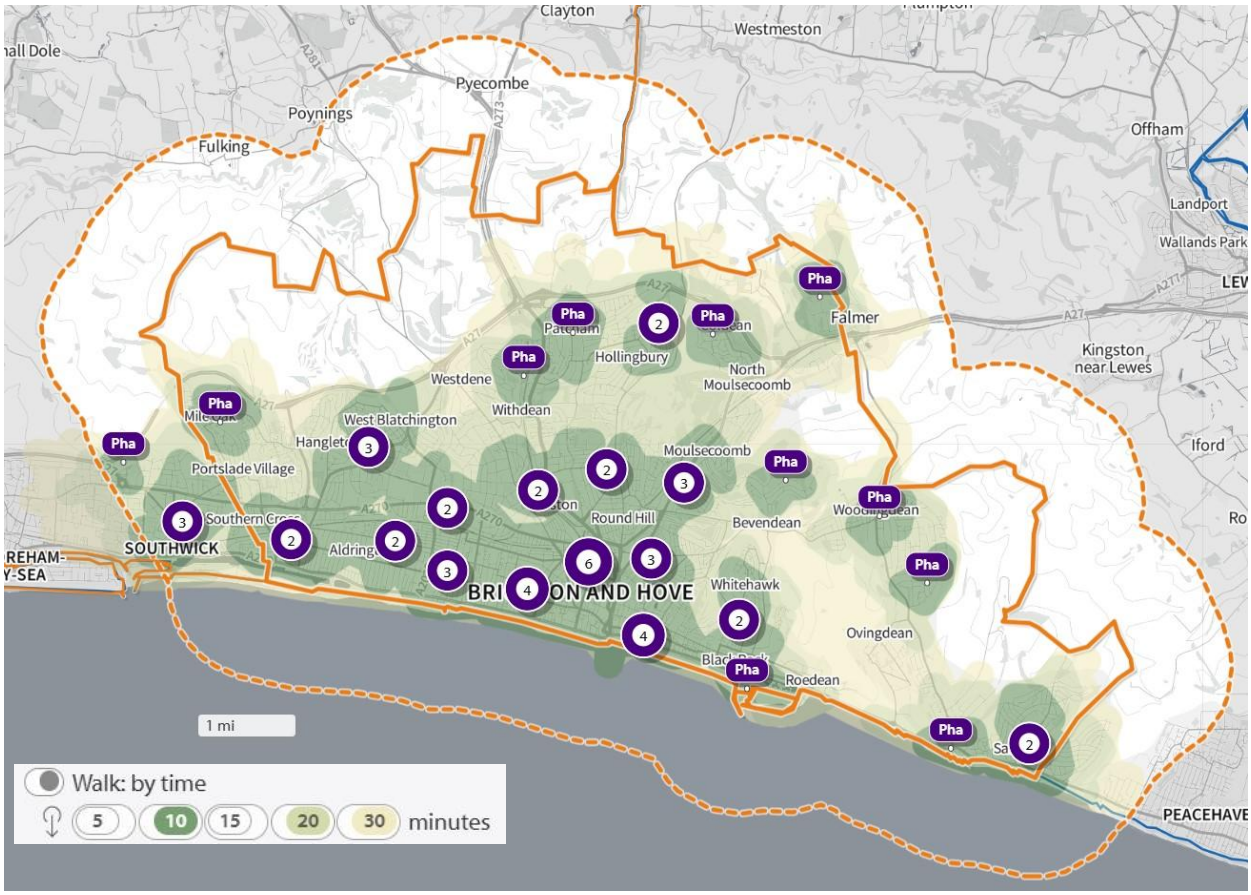


Figure 11: Map of drive times by private transport to the nearest pharmacy in Brighton & Hove (weekday morning)

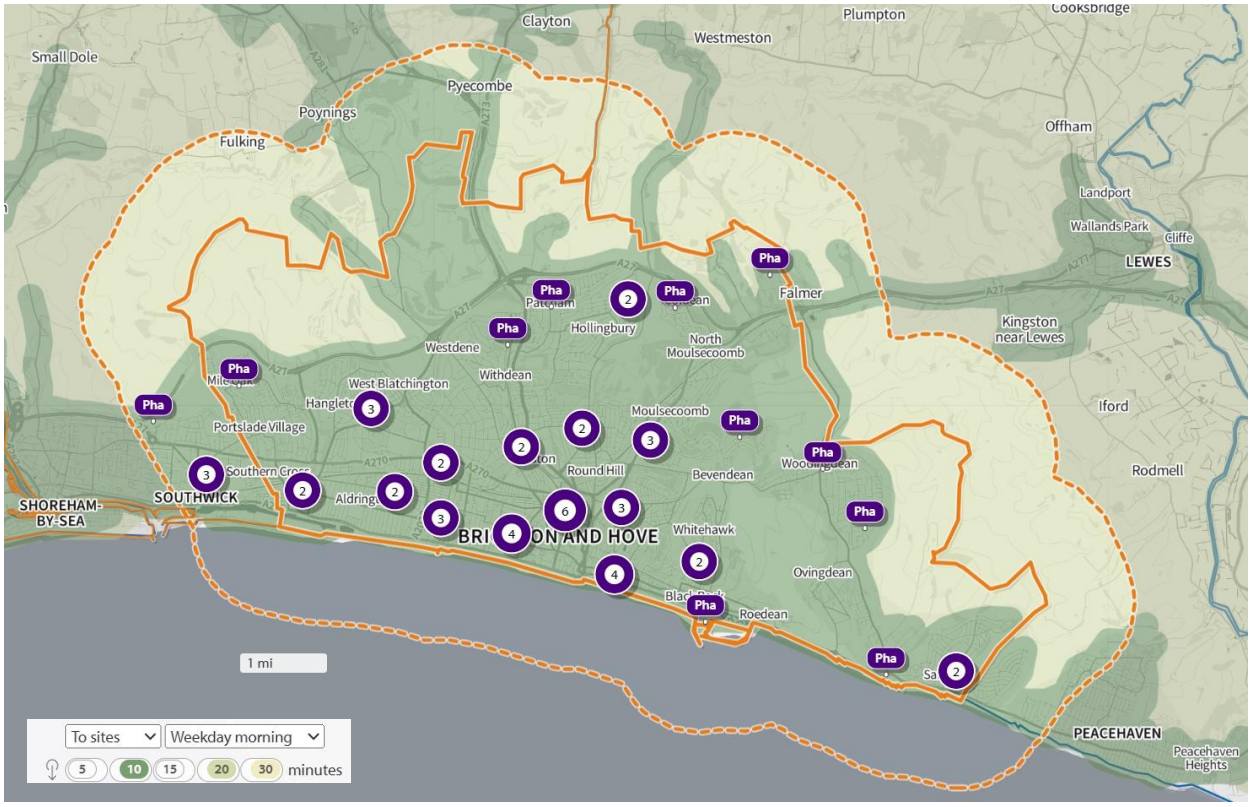
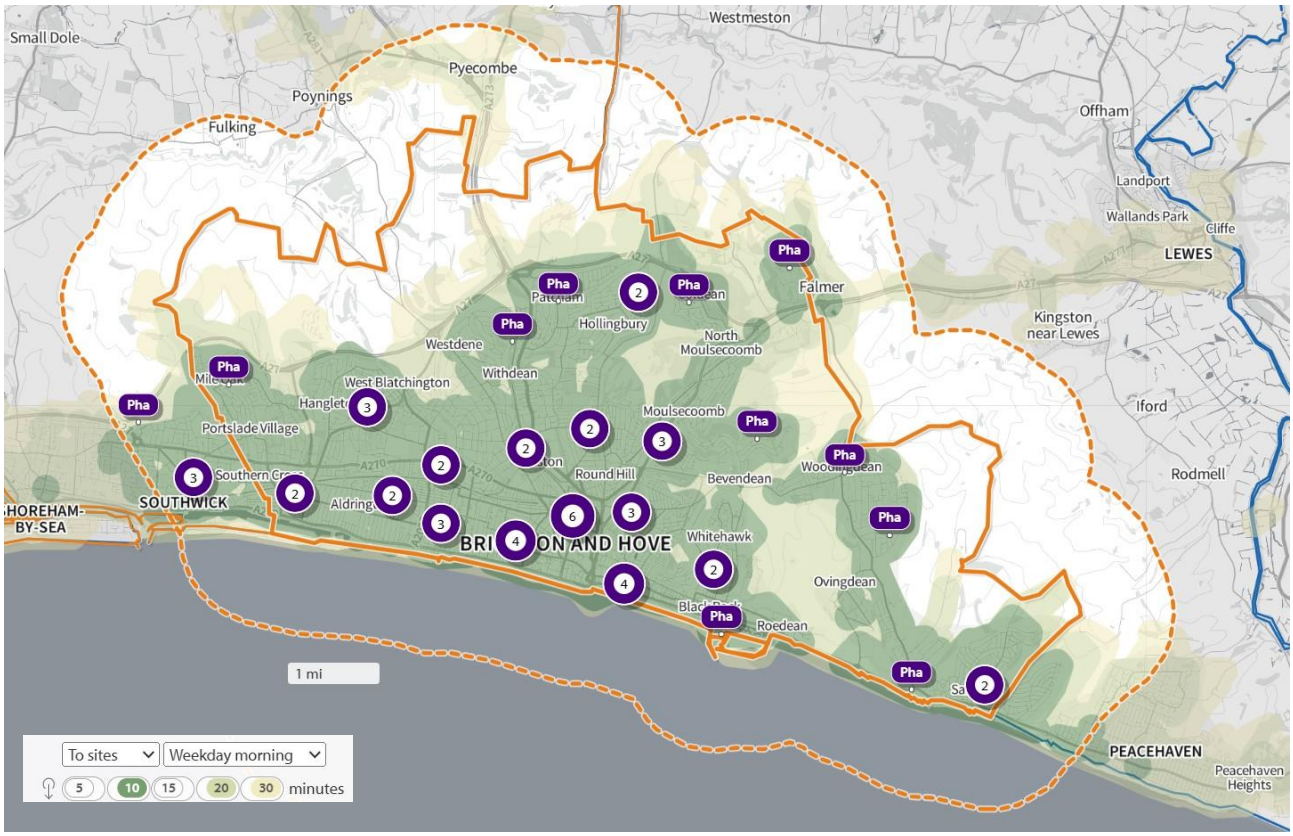


Figure 12: Map of public transport times to the nearest pharmacy in Brighton & Hove (weekday morning)



3.8.2 Weekend and evening provision

In May 2023, the PLPS Regulations were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

In the 2022 PNA, Brighton & Hove had no 100-hour pharmacies, and due to there being no mechanism for market entry for a new one, the number has remained the same. Nationally, there has been a decline in the number of 100-hr community pharmacies in England open in 2022, which was 9.4%, and now for 72 hours or more per week is 7.7%.

Despite not being any pharmacy open for 72 hours or more, there are a number of community pharmacies open in the evenings and weekends.

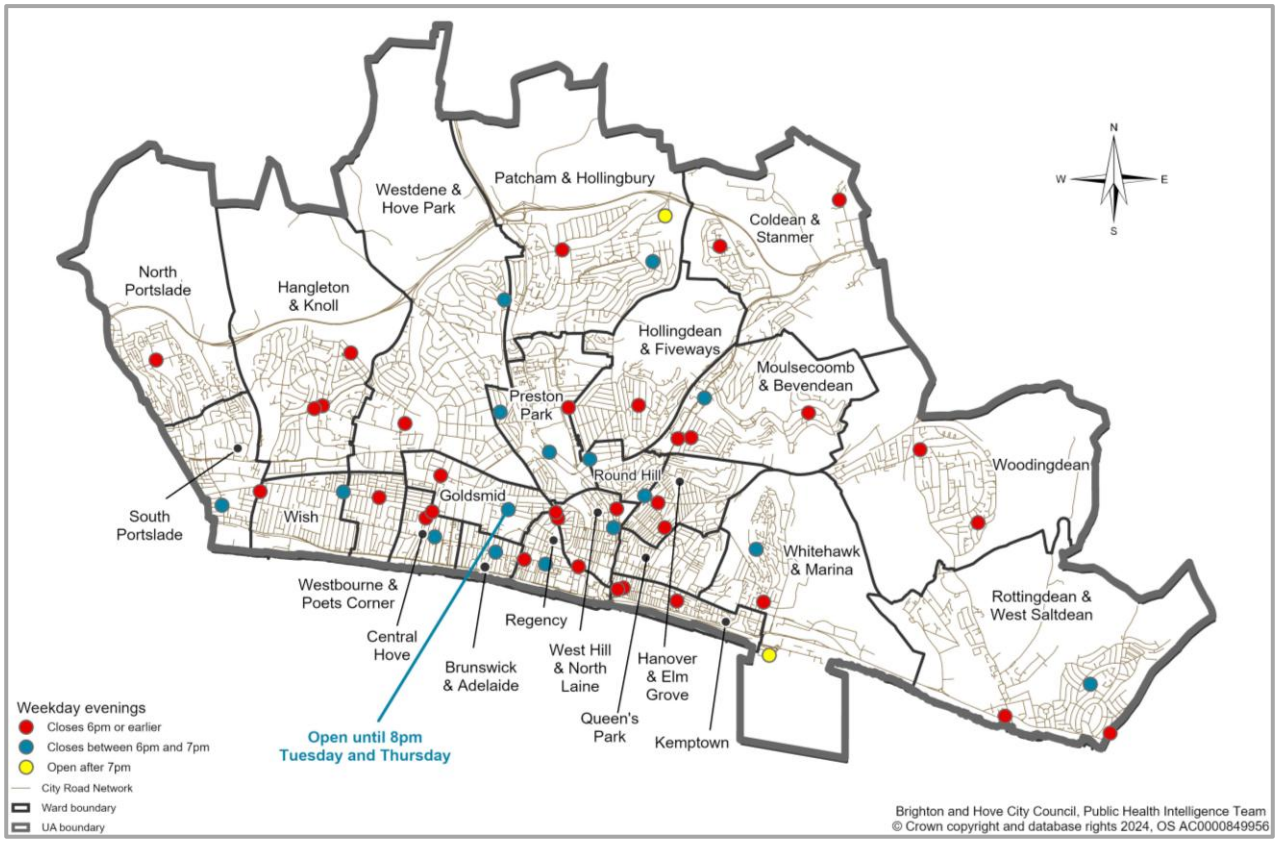
Table 12: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Brighton & Hove	18 (35%)	36 (71%)	4 (8%)

3.8.3 Routine weekday evening access to community pharmacies

There are 18 (35%) community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays) in Brighton & Hove, as shown in Figure 13 below, and pharmacies' opening hours are listed in Appendix A.

Figure 13: Map of pharmacy opening hours in Brighton & Hove (weekday evening)



3.8.4 Routine Saturday daytime access to community pharmacies

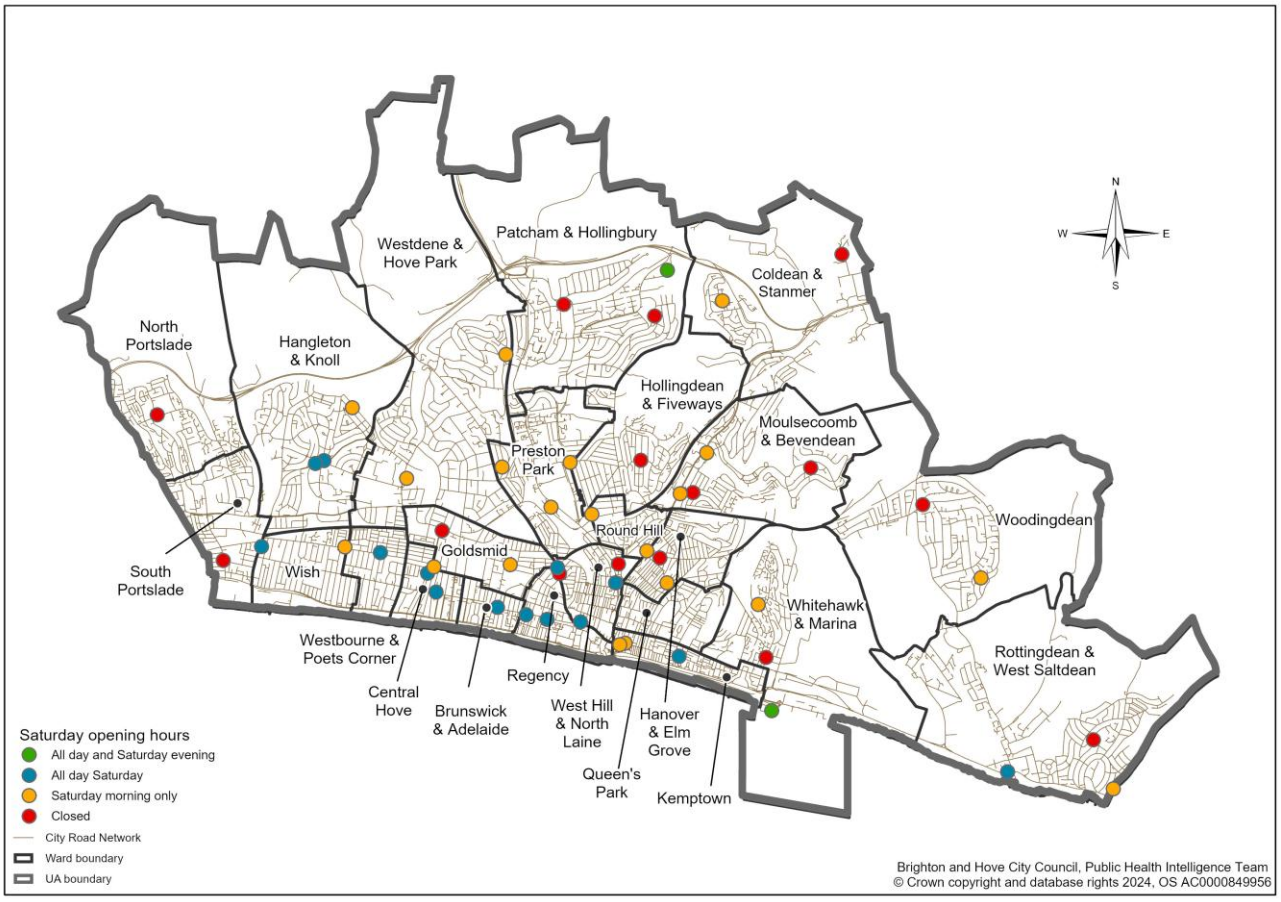
There are 36 (71%) community pharmacy providers open on Saturdays in Brighton & Hove. These can be seen in Figure 14 below and the full details of all pharmacies' opening hours are listed in Appendix A.

Pharmacies open on Saturday evening are primarily located along the central spine of the city, reflecting areas of higher footfall and population density.

In peripheral areas such as Patcham & Hollingbury, Woodingdean, and Rottingdean & West Saltdean, Saturday pharmacy access is more limited, with some pharmacies only open in the morning or closed.

Overall, Saturday access across the city is good, particularly in areas of highest demand, helping to ensure residents can access pharmacy services over the weekend.

Figure 14: Map of pharmacy opening hours in Brighton & Hove (Saturday)

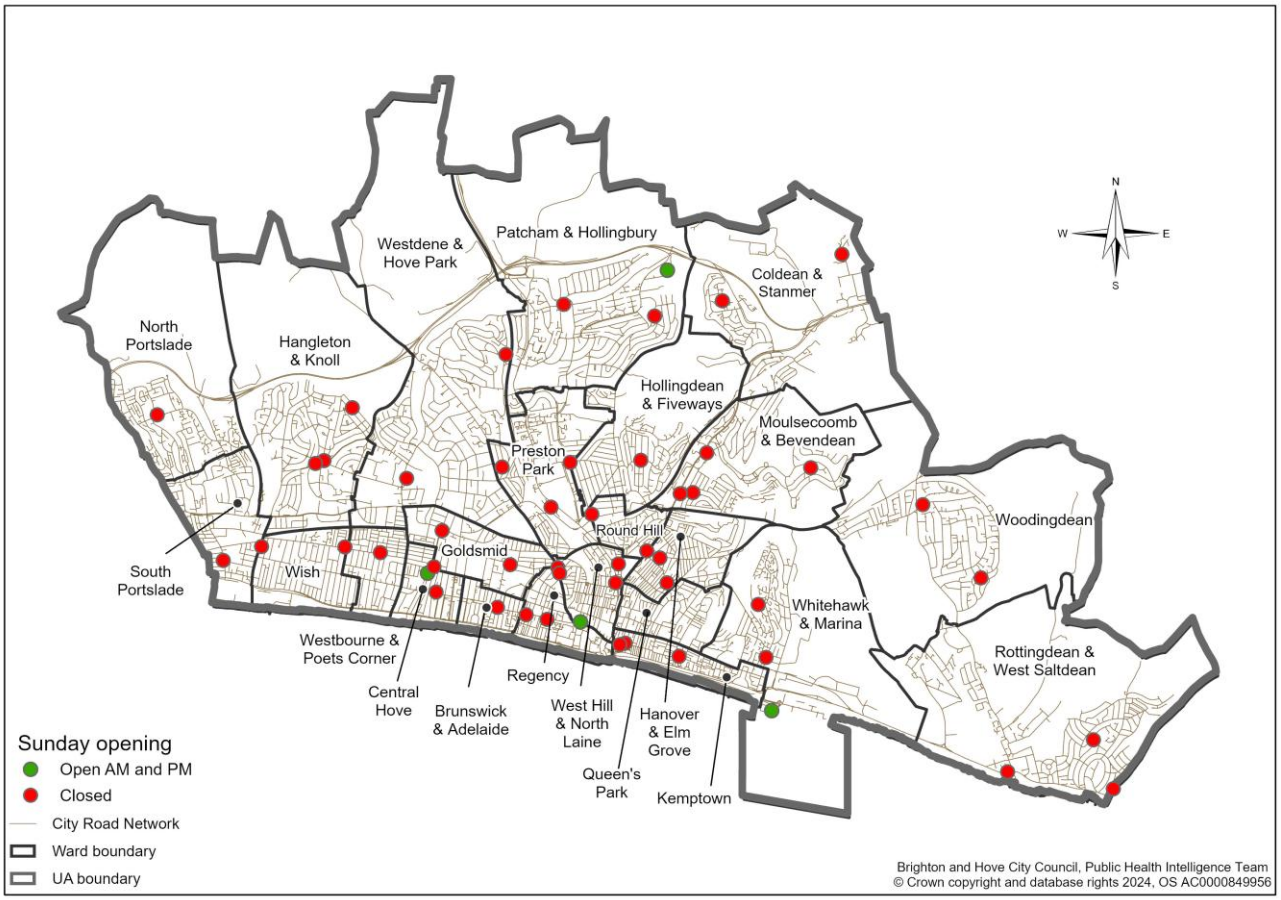


3.8.5 Routine Sunday daytime access to community pharmacies

Fewer pharmacies (4, 8%) are open on Sundays than on any other day in Brighton & Hove, which typically mirrors the availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A and in Figure 15 below.

Sunday opening is maintained in key central areas, ensuring continued access to pharmacy services.

Figure 15: Map of pharmacy opening hours in Brighton & Hove (Sunday)



3.8.6 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

The ICB has commissioned an Enhanced Service to provide coverage over Bank Holidays, Good Friday, Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days so patients can access services if required. Details of which pharmacies are open can be found on the NHSE website: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy.

3.9 Advanced Service provision from community pharmacy

Advanced Services look to ease the burden on other primary care services by providing access to healthcare professionals in a high street setting.

Section 1.5.5.2 lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them. Community pharmacies need to sign up to provide some of these services. In order to understand, provision data has been sourced by various methods to populate Table 13.

Data supplied from the ICB has been used to demonstrate how many community pharmacies per district have signed up to provide the Advanced Services, and data from the NHS Business Services Authority (NHS BSA claims from dispensing activities September-November 2024) demonstrates whether the service has been provided, based on pharmacies claiming payment.

Details of individual pharmacy providers can be seen in Appendix A.

It should be noted that for some services, such as AUR and SAC, provision is recorded as low through community pharmacies, as DACs (a specialised supplier of medical appliances and devices) provide these services.

Table 13: Summary of Advanced and Enhanced Service provision in Brighton & Hove

Service	**Brighton & Hove**
Pharmacy First	98% (94%)
Flu vaccination service	N/A (92%)
Pharmacy Contraception Service (PCS)	80% (71%)
Hypertension Case Finding Service	92% (82%)
New Medicine Service (NMS)	96% (94%)
Smoking Cessation Service (SCS)	73% (6%)
Appliance Use Review (AUR)*	N/A (0%)
Stoma Appliance Customisation (SAC)*	N/A (0%)
Lateral Flow Device (LFD) test supply service	76% (51%)
COVID-19 vaccination service**	49% (N/A)
Bank Holiday service[52]	14% (N/A)

Note: The numbers in the table represent the percentage of providers who have signed up to the service, where information is available, and in brackets those that have claimed payment for service between September-November 2024.

* This service is typically provided by the DACs

**At the time of writing the service had only just restarted and therefore no activity data. This does not reflect provision due to the seasonal trend in activity.

Newer Advanced Services are increasing in activity based on the details provided in the 2022 PNA. The Hypertension case-finding service has increased uptake from 60% to 92%; NMS from 67% to 96% and the Smoking Cessation Service, although currently providing few consultations at local and national level, 73% pharmacies are signed up in Brighton & Hove, a notable increase from the 4% recorded in 2022. The low consultation number is also due to this service relying on a referral from secondary care.

[52] This is correct at the time of writing however any pharmacy may apply to open or be directed to open depending on need. It may also not be the same pharmacies on each bank holiday.

3.10 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service commissioned through community pharmacies from the NHSE in Brighton & Hove. This is the COVID-19 vaccination service. Brighton & Hove, 25 pharmacies (49%) are signed up to provide this service, as shown in Table 13 above. This is a significant increase from 8% in 2022.

The Bank Holiday opening service is a Local Enhanced Service, and seven pharmacies (14%) were signed up to open on the Easter bank holiday 2025.

Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the PLPS Regulations and may be either free of charge, privately funded or commissioned by the local authority or ICB.

These services are listed for information only and would not be considered as part of a market entry determination.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list. Some of these services are also not exclusive to community pharmacies and are often commissioned through a range of providers.

A summary of the services commissioned is detailed below.

4.1 Integrated Care Board (ICB)-commissioned Services

The Sussex ICB commissions three services across Brighton & Hove. A summary of providers is listed in Table 14 and the full list services provided by each community pharmacy can be found in Appendix A.

Table 14: Providers for Sussex ICB commissioned services in Brighton & Hove

ICB-commissioned Service (ICBS)	Number (%) of pharmacies
ICBS1: Palliative care (end of life)	9 (18%)
ICBS2: Supply of oral antiviral medication for COVID-19 and Influenza	1 (2%)

Sussex ICB is also part of the NHSE Independent Prescribing Pathfinder Programme, which funds the service in two sites across the ICB, but neither are in Brighton & Hove.

4.2 Local Authority-commissioned Services (LAS) provided by community pharmacies in Brighton & Hove

Brighton & Hove City Council (BHCC) commissions ten services from community pharmacies in Brighton & Hove. These services may also be provided by other providers, for example, GP practices and community health services. A summary of services and the total number of pharmacy providers (excluding the DSP) is listed below in Table 15 and the full list of services each community pharmacy provides can be found in Appendix A.

These locally commissioned services have been commissioned in Brighton & Hove based on the city's specific population needs, public health challenges, and health inequalities. Each service directly supports local health priorities, as identified in the PNA, JSNA, and the NHS Sussex Integrated Care Strategy.

Table 15: Providers for Brighton & Hove City Council (BHCC) commissioned services in Brighton & Hove

Local Authority-commissioned Service	Number (%) of pharmacies
LAS1: Sexual health service: Emergency Hormonal Contraception (EHC)	35 (70%)
LAS2: Sexual health service: Chlamydia screening and treatment	23 (46%)
LAS3: Stop smoking: Adults scheme	26 (52%)
LAS4: Stop smoking: Young people	19 (38%)
LAS5: Stop smoking: Domiciliary care	11 (22%)
LAS6: Stop smoking: Nicotine Replacement Therapy (NRT) voucher	29 (58%)
LAS7: Healthy Living Pharmacy (HLP) campaigns and Alcohol brief Intervention will be decommissioned from 1 April 2025	40 (80%)
LAS8: Substance misuse service: Naloxone provision	20 (40%)
LAS9: Substance misuse service: Supervised consumption	45 (90%)
LAS10: Substance misuse service: Needle and syringe exchange	13 (26%)

These services are listed for information only and would not be considered or used as part of a market entry determination.

4.3 Other services provided from community pharmacies

4.3.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and are not part of the community pharmacy contractual terms of service. This is an unfunded service. This would not be considered as part of a determination for market entry.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Brighton & Hove, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there are 112 DACs throughout England.

4.3.2 Services for less-abled people

Under the Equality Act 2010,[53] community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible to all groups, including less-abled persons.

Of the 358 responders to the public questionnaire, 63% have identified that they have a disability. When asked if their ability to carry out day-to-day activities was reduced, 95 respondents (27%) stated a little and 50 (14%) answered that it is reduced a lot. From the same survey, 45 respondents (9%) stated their activities were limited by a physical difference.

Only 3% responded to the survey to say they chose a pharmacy based on disabled access.

[53] Equality Act 2010. [Accessed March 2025] www.legislation.gov.uk/ukpga/2010/15/contents

4.4 Other providers

The following are providers of pharmacy services in Brighton & Hove, but are not defined as pharmaceutical services under the PLPS Regulations; however, they reduce the need for pharmaceutical service provision, in particular, the dispensing service.

4.4.1 NHS hospitals

- University Hospitals Sussex NHS Trust.
- Sussex Community NHS Foundation Trust.
- Sussex Partnership NHS Foundation Trust.

4.4.2 Personal administration of items by GP practices

GPs are able to personally administer certain items, such as vaccines and certain injectable medications, for reimbursement from the NHS.

4.4.3 Flu vaccination service by GP practices

GP practices provide access to flu vaccination in addition to the service commissioned in pharmacies through their NHS Enhanced service.

4.4.4 Substance misuse services

There are a number of treatment and support providers for stopping and reducing smoking and alcohol in Brighton & Hove:

- Change Grow Live: Richmond House, Richmond Road, Brighton BN2 3FT.
- Oasis Project: 11 Richmond Place, Brighton BN2 9NA.
- Healthy Lifestyle Team.

4.5 Other service providers

The following services may increase the demand for pharmaceutical service provision.

4.5.1 Urgent care centres

There is a walk-in centre within the Brighton Station Health Centre:

- Brighton Station Health Centre, Aspect House, 84-87 Queens Road, BN1 3XE.

Residents also have access to an urgent treatment centre at Lewes Victoria Hospital:

- Lewes Victoria Hospital, Nevill Road, Lewes, BN7 1NP.

4.5.2 Extended hours provided by Primary Care Networks (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours, for most GPs to accommodate those who may need appointments outside typical opening working times.

4.5.3 Community nursing prescribing

Community nurses work in a variety of settings, providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their homes.

4.5.4 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

4.5.5 End of life services

Palliative care services are provided by other providers such as hospices and specialist nurses.

4.5.6 Sexual health centres

Brighton sexual health and contraception services are available from various locations:

- SHAC West: Wish Park Surgery, 191 Portland Road, Hove, BN3 5JA.
- SHAC Central: Morley Street, Brighton, BN2 9RE.
- SHAC East: Claude Nicol Centre, Outpatients Department, Eastern Road, Brighton, BN2 5BE.
- HIV Outpatients: The Lawson Unit, Louisa Martindale Building, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE.
- Clinical Research Facility: Sussex House, 1 Abbey Road, Brighton, BN2 1ES.

4.6 Other services

The following are services provided by NHS pharmaceutical providers in Brighton & Hove, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy or DAC and the customer or patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes.
- Patient Group Direction (PGD) service, e.g. hair loss therapy, travel clinics.
- Screening service, e.g. skin cancer.

Services will vary between providers and are occasionally provided free of charge, e.g. home delivery.

A private pharmacy in Brighton & Hove is Pharm@Sea, located in Royal Sussex County Hospital, Eastern Road, Brighton (BN2 5BE). It dispenses hospital-only outpatient prescriptions generated from within the hospital. It is a private pharmacy separate from the hospital's in-house pharmacy.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Brighton & Hove. This survey is designed to understand how, why and when the residents use pharmaceutical services in Brighton & Hove.

The survey was made available online electronically through the BHCC consultations website page, with paper and easy-read versions made available on request. The survey was available online between 24 October and 30 December 2024.

While the survey findings are informative, they are based on a self-selected sample. This means that members of the public who chose to respond could be more likely to have a particular interest or experience with pharmacy services, which may not reflect the views of the wider population. As such, the results are not statistically representative of all residents in Brighton & Hove and should be interpreted with some caution.

However, the survey was intentionally promoted through a broad range of communication channels to encourage diverse participation, including:

- Social media channels.
- Posters displayed in Brighton & Hove community pharmacies and local libraries.
- Digital posters displayed on screens in public buildings and waiting rooms.
- BHCC network, including residents' newsletter and distribution among staff.
- Healthwatch Brighton & Hove network, including newsletter and distribution of paper copies during events.
- Sussex ICB network.
- Sussex Interpreting Services, including promotion within their network and preparation of translated instructions and surveys for users who do not have English as their first language.

Although demographic representation could not be controlled due to the open-access nature of the survey, concerted efforts were made to reach a wide audience. The findings, therefore, provide valuable insight into community experience and can be used to highlight areas that may require further investigation or targeted engagement.

There were 358 responses, including four responses from a paper version and 354 online, from a population of approximately 279,600 (0.13%) (mid-year estimate 2023), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with not all groups adequately represented, limiting how generalisable the findings are. A full report of the results can be found in Appendix D. The way the survey was conducted and the questions asked were not the same as the previous PNA; however, where possible, a comparison is noted below.

5.1 Demographic analysis

Female respondents were 72%, compared to 24% male, and the majority answering the survey aged between 55-64 (23%), 45-54 (22%) and 65-74 (20%). 64% reported having a disability or long-standing illness.

The majority of the respondents came from a White British background (76%), with 7% from other White backgrounds, and the rest were from ethnically diverse backgrounds.

5.2 Visiting a pharmacy

- 87% had a regular or preferred local community pharmacy.
- Most of the respondents (35%) visited a pharmacy a few times a month, which was similar to 2022 (40%).
- 33% said they do not have a preference for any particular time of day.
- 36% said the day that was most convenient typically varied.
- 78% have not used a pharmacy on a bank holiday in the last 12 months.
- 2% said they only used an online pharmacy, and 4% combined traditional and internet pharmacies.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (87%) was to collect prescriptions for themselves.
- 58% visited to buy medicines over the counter.
- 40% went to use a pharmacy service, and a further 40% to get advice from a pharmacist.

5.4 Choosing a pharmacy

The factors that most influenced the respondents in their choice of pharmacy were:

- Near my home: selected by 85% of respondents.
- Opening hours: 33% of respondents.
- Near my local GP practice: 30% of respondents.
- Pharmacy available on the internet, disabled access and staff available to talk in other languages were only selected by 4%, 3% and 3% of the respondents, respectively.
- When asked if they use a pharmacy further away than the closest pharmacy available, 26% responded they do, the reasons being easier access, parking availability, friendliness and helpfulness of staff and availability of additional services.

5.5 Access to a pharmacy

The main way respondents access a pharmacy is by walking, with 60% using this method. The next most common method is to use a car (24%), followed by public transport (6%). These numbers were similar to how individuals answered in 2022, with 54% walking, 29% using a car and 9% using public transport.

Of respondents, 91% reported that they were able to travel to a pharmacy in less than 20 minutes, and only 2% needed more than 30 minutes to get to their chosen pharmacy.

5.6 Other comments

Members of the public were asked to provide any further comments regarding pharmacy services across Brighton & Hove. Below are the key themes collated with further details in Appendix D.

Hours

- While most respondents found pharmacy opening hours met their needs, 25 (7%) suggested that extending late-night, weekend, and bank holiday services would provide additional benefits for the community.
- 21 (6%) respondents highlighted that enhanced availability outside standard working hours could particularly support full-time workers.
- 14 (4%) noted that extended opening, including beyond lunchtime and on Saturday afternoons, would further improve access.

Access

- General access across Brighton & Hove was viewed positively by many respondents.
- However, 13 participants identified opportunities to strengthen access in specific areas, particularly Kemptown and Rottingdean.
- 8 reported accessibility issues, including a lack of disabled parking and difficulties faced by elderly users, such as navigating online services.

Service

- Pharmacy staff were widely praised, with 15 (4%) highlighting their friendly, professional, and supportive approach.

Medication supply

- 12 (3%) reported difficulties sourcing medications, often having to visit multiple pharmacies. To note, this is a national issue and outside of the scope of the PNA process.

Other

- 15 (4%) participants expressed a concern about the reduction in the number of local pharmacies through closures.

Section 6: Analysis of health needs and pharmaceutical service provision

The purpose of this section is to provide an analysis of health needs and pharmaceutical service provision to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Brighton & Hove in the next three years.

It also takes into consideration the priorities outlined in the NHS Long Term Plan, JSNA, JHWS, and other local policies and strategies.

Understanding the communities that local pharmacies serve is important for maximising national Community Pharmacy Contractual Framework (CPCF) services in care pathways, as well as commissioning the services that best serve the health and well-being requirements of the local communities. Pharmacies play more than a medicine-dispensing role today, and the changes in the 2019-2024 CPCF saw services that meet the prevention, medicines optimisation and primary care access agendas.

6.1 Brighton & Hove current and future health needs

The future health needs of the population of Brighton & Hove will continue to change as the population lives longer. The council modelled estimates for the housing planning to 2033 project an increase of around 6,700 people (a 2.4% increase). Numbers of older people in the age groups 65 to 84 and 85 plus are predicted to increase the most, with only the number of school-aged children predicted to decrease.[54]

A consequence of more people living longer is an increased risk of dementia. In March 2020, there were 1,781 registered patients with dementia in the city (4.2% of residents 65 years or over). In Brighton & Hove in 2024, of those aged 65 and over, 65.9% had been diagnosed with dementia. This is similar to the national rate of 66.7% of the estimated population of people with dementia receiving a recorded diagnosis.[55]

Over a third of older people in Brighton & Hove live alone, with 13,875 residents aged 65 and above (38%) living alone. This figure is significantly higher than the South East (30%) and England (31%), and is likely to increase if the number of residents in the age group 65 plus continues to increase. Living alone in later life is a risk factor for loneliness and isolation.[56]

[54] ONS. Mid-2023 estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland. [Accessed March 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[55] OHID. Local Authority Health Profiles. [Accessed March 2025]. https://fingertips.phe.org.uk/profile/dementia/data#page/1/gid/1938133443/pat/15/ati/502/are/E06000043/iid/94136/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[56] Brighton & Hove City Council plan 2023 to 2027. Brighton & Hove demographic. Residents living situation from Census 2021. [Accessed March 2025]. https://www.brighton-hove.gov.uk/brighton-hove-city-council-plan-2023-2027/brighton-hove-demographics#tab--residents-living-situation

As people live longer, the proportion living with multiple long-term conditions requiring medication will also increase. People aged 65-69 years have, on average, two long-term conditions (LTCs), increasing to three by age 80-84 years. The prevalence of long-term conditions among adults with multiple conditions is approximately three times higher than in the general adult population. Patients with Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) all have, on average, three other long-term conditions.[57]

In 2022/23, the prevalence rate for adult obesity in Brighton & Hove was 57.3%. This is lower than the England average of 64%. The trend in Brighton & Hove is improving, with prevalence down from 59.4%.[58] However, with over one in two adults being overweight or experiencing obesity, it is important to continue all efforts to reduce this figure further, as it is a significant risk factor for type 2 diabetes, a number of cancers, cardiovascular disease and joint problems. Community pharmacies have an important role to play in both supporting individual behaviour change and the city's whole systems approach to healthy weight, with an opportunity to offer advice and signpost to many local supports to get more active and maintain a healthy weight.

Nearly one in ten of Brighton & Hove's total population (9%, 26,200 people) is aged 19 to 22 years old, compared to only 4% in the South East and 5% in England. This is related to the student population, as for the academic year 2021/2022, there were 37,700 students at the University of Sussex and the University of Brighton. This was an increase of 1.3% (500 students) compared to 2020/21.[59]

In 2023, Brighton & Hove had the 14th highest rate of new Sexually Transmitted Infections (STIs) of all 152 English upper-tier local authorities.[60] The emergency contraception service includes the free distribution of condoms via the C-card scheme to prevent sexually transmitted infections, and selected pharmacies also offer a chlamydia treatment service.

Other future health needs include cancer, alcohol and substance misuse.

Smoking prevalence in adults at 17.6% is significantly higher than in East Sussex at 12.5% and West Sussex at 11.3%, with a higher prevalence in adults in routine and manual occupations (19.5%).[61] Community pharmacies continue to play a pivotal role in reducing smoking rates by offering stop smoking services and referrals, and domiciliary stop smoking services for housebound residents via the public health locally commissioned services.

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[57] Adults with multiple long-term conditions in Brighton & Hove. November 2018. [Accessed March 2025]. https://www.brighton-hove.gov.uk/sites/default/files/2023-10/Adults%20with%20multiple%20long%20term%20conditions%20JSNA%202018%20full%20report%20FINAL.pdf

[58] OHID. Public health profiles 2025. [Accessed March 2025]. https://fingertips.phe.org.uk/

[59] JSNA. Students in Brighton & Hove 2021 to 2022. [Accessed March 2025]. https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna/population-and-population-groups/students-brighton-hove

[60] OHID. Public health profiles. Sexual and Reproductive Health Profiles 2025. [Accessed March 2025]. https://fingertips.phe.org.uk/

[61] OHID. Public health profiles. Smoking Profile 2025. [Accessed March 2025]. https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000008/ati/402/are/E06000043/iid/92304/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Alcohol and drug misuse continue to be significant issues for the city. The city has a significantly higher rate of alcohol-specific mortality compared to England at 21.8 per 100,000 people, which is more than double the rate in England (5.2 per 100,000) (2020-22).[62]

The city has a significantly higher drug-related death rate than England,[63] as well as higher than average use of opiates and crack amongst adults.

Public health, in collaboration with the multiagency Combatting Drugs Partnership, has developed the Reducing Harm from Drugs and Alcohol Strategy 2024-2030.

Vaccination is one of the most effective public health interventions.[64]

6.2 Pharmaceutical service provision

There are 51 community pharmacy contractors across Brighton & Hove who provide a range of services as part of the contractual obligations and a number on a voluntary basis, commissioned either through NHSE as Advanced or Enhanced Services or through local commissioners based on local needs.

The Advanced and Enhanced Services support the needs of alleviating the burden on other primary care services and improving access.

With an ageing population, these services support by helping older residents to manage their long-term conditions, reduce hospital admissions by early intervention and prevention and improve quality of life.

The locally commissioned services support the specific local needs and public health challenges and help address health inequalities. They target the needs to address the conception rates, STIs, smoking rates and substance misuse across Brighton & Hove as community pharmacies are highly accessible and feel less formal than other healthcare settings. Community pharmacies are often found in areas of high deprivation and allow for ease of access in these areas and making services more accessible.

6.3 NHS pharmaceutical service provision for Brighton & Hove

As discussed in Section 1.4, NHS pharmaceutical services are considered for the purpose of this PNA, as defined by the NHS PLPS Regulations 2013. For the purpose of the PNA, all Essential Services are to be regarded as Necessary Services in Brighton & Hove. Advanced Services (excluding Smoking Cessation Service, Appliance Use Review and Stoma Appliance Customisation Service) and Enhanced Services are considered as other relevant services for the 2025 PNA.

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[62] OHID. Public health profiles. Alcohol Profile 2025. [Accessed March 2025]. https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000008/ati/402/are/E06000043/iid/92304/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[63] OHID. Public health profiles. Substance Misuse. [Accessed March 2025]. https://fingertips.phe.org.uk/search/drug%20deaths#page/1/gid/1/pat/15/ati/502/are/E06000043/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[64] NHS England. NHS vaccination strategy December 2023. [Accessed March 2025]. https://www.england.nhs.uk/long-read/nhs-vaccination-strategy/

Locally commissioned services are noted within the PNA in Section 4 as other services; however, it is important to note that the absence of a service does not result in a gap, as often these services and needs are met by other providers. These are not used to determine market entry and, therefore, outside of the scope of the PNA.

The breakdown of Advanced and Enhanced Service provision can be found in Section 3.9 and 3.10.

For the purpose of the PNA, Brighton & Hove has been considered as a single locality.

6.3.1 Necessary Services: essential services current provision

Brighton & Hove has an estimated population of 279,600.

There are 51 community pharmacies (including one DSP) in Brighton & Hove. The estimated average number of community pharmacies per 100,000 population is 18.2, which is slightly higher than the England average of 18.1 and also higher than the rate of 17.8 in Brighton & Hove in the previous PNA (Section 3.2).

Of the 51 pharmacies:

- 50 (98%) pharmacies hold a standard 40-core hour contract.
- One (2%) is a DSP.

There are no DACs; however, these services can be provided by contractors outside of the area. There were no DACs in Brighton & Hove in the previously published 2022 PNA.

There are also no dispensing practices in Brighton & Hove.

Evening access: Although a small proportion of respondents (11%) expressed a desire for greater access after 6 pm, analysis shows that 18 pharmacies (35%) are open beyond 6 pm on a weekday, and two open until 8 pm. This ensures that evening access is maintained across the city.

Weekend and bank holiday access: 36 (71%) pharmacies are open on Saturdays, providing substantial weekend access. Although fewer pharmacies open on Sundays, this pattern is consistent with national trends and other healthcare access.

Parking and physical accessibility: Concerns raised about parking and disabled access are addressed through mapping and local data. See Figure 9 in Section 3.8.1.2, which shows that the majority of pharmacies are located close to disabled parking bays.

Patients also have access to the DSP in Brighton & Hove and other DSPs in England, which have to deliver nationally as part of their contractual agreement.

There are also a number of accessible providers open in the neighbouring HWB areas of East Sussex to the east and West Sussex to the west.

6.3.2 Necessary Services: gaps in provision across Brighton & Hove

When assessing the provision of pharmaceutical services in Brighton & Hove, the steering group considered the following to understand the needs of the population:

- National and local priorities (Section 2).

- Population changes and housing developments across the next three years (Section 2.7.2 and 2.7.3).
- IMD and deprivation ranges compared with the relative location of pharmacy premises (Section 2.7.4 and Figure 7 in Section 3.8).
- The burden of diseases and the lifestyle choices people make across Brighton & Hove (Section 2.8 and 2.9).
- The health profiles based on ONS and QOF data (Section 2.8 and 2.9).

The following have been considered to understand pharmaceutical service provision and access:

- The number and location of pharmacy contractors across Brighton & Hove and the neighbouring HWBs (Section 3.1).
- The ratio of community pharmacies per 100,000 and noting it is similar to the current England average (Section 3.2).
- What choice do individuals have to which pharmacy they choose to visit, including disabled parking spots (Section 3.8).
- How long it takes to travel to the nearest pharmacy based on various transportation methods (Section 3.8.1).
- Weekend and evening access (Section 3.8.2).
- What services are provided (Section 3.9 and 3.10) – note that every community pharmacy needs to provide essential services as part of the Community Pharmacy Contractual Framework.
- The views of the public on pharmaceutical service provision (Section 5).

Based on the mapped evidence, survey feedback, and local intelligence, there is good access to the Essential Services across Brighton & Hove. The ratio of community pharmacies per 100,000 is similar to the levels across England.

Travel analysis showed:

- 100% of the population who have access to a vehicle in Brighton & Hove can get to a pharmacy within 10 minutes by private transport.
- 98.1% of the population who are able to walk can get to the nearest pharmacy within 20 minutes.
- 100% have access to a pharmacy within a 20-minute journey by public transport.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in less populated areas; however, this would be no different to accessing other healthcare services or out-of-hours services in person.

Future provision

The current community pharmacy network across Brighton & Hove is adequate to meet the predicted population and housing growth across Brighton & Hove up to 2028. No new or future gaps in provision have been identified as a result of planned developments during the lifetime of this PNA.

While pharmacies, particularly sole providers, may experience increased footfall and service pressures, the network is resilient. Community pharmacies are well-placed to manage increased demand through adjustments to staffing, service models, and opening patterns where necessary, with no disruption to service provision anticipated.

By the time the PNA is published, a community pharmacy in Rottingdean is due to be removed from the pharmaceutical list. Although it has been closed for more than six months at the time of writing, March 2025, it remains on the list and has been included as part of this assessment.

- Rottingdean Pharmacy: 2-4 West Street, Rottingdean, Brighton, BN2 7HP.

When the pharmacy originally closed, several complaints were received; however, there have been no complaints since August 2024 and no evidence been presented of any unmet need in the local area.

There would not be a pharmacy open within the vicinity all day on a Saturday, but there would be access to a pharmacy during Saturday morning.

The community pharmacy is not in an area of high deprivation or high population density. When considering physical access to the nearest pharmacy, residents are able to travel and access within 20 minutes, regardless of the transportation method chosen. A comparison to before and after is shown in the table below.

Table 16: Comparison of travel time to pharmacy in Brighton & Hove before and after closure of Rottingdean pharmacy

Transport method	Time (including Rottingdean)	Population within time band (including Rottingdean)	Time (without Rottingdean)	Population within time band (without Rottingdean)
Car (not rush hour)	10 minutes	278,370 (100%)	10 minutes	278,370 (100%)
Walk	10 minutes	234,522 (84.2%)	10 minutes	232,779 (83.6%)
Walk	20 minutes	272,947 (98.1%)	20 minutes	271,204 (97.4%)
Public transport (weekday morning)	10 minutes	275,535 (99%)	10 minutes	275,535 (99%)
Public transport (weekday morning)	20 minutes	278,370 (100%)	20 minutes	278,370 (100%)

After the closure of the pharmacy, residents in Brighton & Hove are still able to travel to a pharmacy within a reasonable time, although it may take longer for some residents on the outskirts, such as the South East, however this would be no different to accessing other healthcare services or out-of-hours services in person.

Based on this assessment, there is no gap as a result of this closure.

There are no gaps in the provision of Necessary Services at present or in the future (next three years) across Brighton & Hove.

6.3.3 Other relevant services: current provision

Advanced and Enhanced Services look to ease the burden on other primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy signing up does not result in a gap.

Table 13 in Section 3.9 shows the pharmacies providing Advanced and Enhanced Services in the Brighton & Hove HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (98%), NMS (96%), Flu vaccination (92%), Hypertension case-finding (92%) and PCS (80%).

There is also good availability of LFD test supplies (76%).

Regarding access to National **Enhanced** Services, 25 pharmacies (49%) offer the COVID-19 vaccination service and seven (14%) are open on bank holidays.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans to increase uptake of the service through existing providers working with place-based stakeholders.

The DSP in Brighton & Hove currently provides COVID-19 vaccination. The DSP does not provide any Advanced or Locally Commissioned Services and cannot provide Essential Services face-to-face. With the upcoming change in regulations, DSPs will no longer be able to provide face-to-face services.

There are no gaps in the provision of other relevant services at present or in the future (next three years) across Brighton & Hove.

6.4 Improvements and better access: gaps in provision across Brighton & Hove

Regarding access to services **commissioned by Sussex ICB**, see Table 17.

Table 17: Providers for Sussex ICB commissioned services in Brighton & Hove

Service	Number (%) of pharmacies
Palliative care (end of life)	9 (18%)
Supply of oral antiviral medication for COVID-19 and Influenza	1 (2%)
Bank holiday service	7 (14%)

Regarding access to services **commissioned by BHCC**, see Table 18.

Table 18: Providers for BHCC commissioned services in Brighton & Hove

Service	**Number (%) of pharmacies**
Sexual health service: EHC	35 (70%)
Sexual health service: Chlamydia screening and treatment	23 (46%)
Stop smoking- Adults	26 (52%)
Stop smoking - Young people	19 (38%)
Stop smoking - Domiciliary care	11 (22%)
Stop smoking - NRT voucher	29 (58%)
HLP campaigns and Alcohol brief Intervention	40 (80%)
Substance misuse service: Naloxone provision	20 (40%)
Substance misuse service: Supervised consumption	45 (90%)
Substance misuse service: Needle and syringe exchange	13 (26%)

All locally commissioned services are available in Brighton & Hove and have varying opening times. As these are not NHS commissioned services, they are out of scope of the assessment; however provide access to local residents to a number of needs across the area.

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the Essential or specified Advanced and Enhanced services across Brighton & Hove

Section 7: Conclusions

The Steering Group provides the following conclusions on the basis that funding is at least maintained at current levels and/ or reflects future population changes.

There is a wide range of pharmaceutical services provided in Brighton & Hove to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across localities, providing good access throughout Brighton & Hove.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the PLPS Regulations.

For the purposes of this PNA, Essential Services for Brighton & Hove HWB are to be regarded as Necessary Services.

Other Advanced (apart from SCS, AUR and SAC) and National Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally commissioned services are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Brighton & Hove HWB areas, and are commissioned by the ICB or local authority, rather than NHSE.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in Section 1.5.5.1. Access to Necessary Service provision in Brighton & Hove is provided in Section 6.

In reference to Section 6, and required by paragraph 2 of schedule 1 of the PLPS Regulations:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Brighton & Hove to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Brighton & Hove to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future (next three years) circumstances across Brighton & Hove.

7.1.3 Other relevant services – gaps in provision

Advanced Services (apart from SCS, AUR and SAC) and the National Enhanced Service are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.5.5.2 and the provision in Brighton & Hove is discussed in Section 3.9 and 6.3.3.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Brighton & Hove.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future (next three years) circumstances have been identified in any of the localities across Brighton & Hove.

Section 9 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Brighton & Hove.

There are no gaps in the provision of Advanced Services at present or in the future (next three years) that would secure improvements or better access to services in Brighton & Hove.

7.1.3.2 Current and future access to Enhanced Services

Details of the National Enhanced Service are outlined in Section 1.5.5.3, and the provision in Brighton & Hove is discussed in Section 3.10 and 6.3.3.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Brighton & Hove.

Based on the information available at the time of developing this PNA, no gaps in the current provision of National Enhanced Services or in specified future (next three years) circumstances have been identified in any of the localities across Brighton & Hove.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to National Enhanced Services across Brighton & Hove.

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is, in some cases, addressed by a service being commissioned through the ICB or the local authority; these services are described in Section 4.1 and 4.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Brighton & Hove.

Based on the information available at the time of developing this PNA, no gaps have been identified in LCS that if provided either now or in the future (next three years) would secure improvements or better access in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks (PCN), rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned; however, the HWB and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

Section 9 discusses the opportunities that may be available for expansion of existing services or delivery of new services from existing community pharmacies that may benefit the population of Brighton & Hove.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

7.1.4 Improvements and better access – gaps in provision

Based on current information, no gaps have been identified in respect of securing improvements or better access to other relevant services, either now or in specific future circumstances across Brighton & Hove to meet the needs of the population.

Section 8: Recommendations from the previous PNA: Status to date

A series of recommendations were made in the previous PNA, which, although were out of scope of the PNA process, were seen as opportunities to enhance service provision across Brighton & Hove. Below is a list of the recommendations and what actions were taken.

Vaccinations:

1. The Brighton & Hove Flu and Covid-19 Programme Board to consider how community pharmacies can work more closely with GP practices and others in offering and increasing the uptake of the NHS flu vaccination, particularly for staff and residents in care settings.

Community pharmacies offer a walk-in vaccination service and are included as an option on the national vaccination booking service and other booking portals. This is in addition to vaccines provided by GP practices. The service specification also allows the administration of flu vaccines in other suitable locations, such as care homes for staff and residents.

The Brighton & Hove Flu and Covid-19 Programme Board has been dissolved; however, the move to neighbourhood teams will support closer working when planning flu vaccination in care settings for 2025/26, particularly in the east of the city.

Recommendation completed.

2. NHS England and NHS Sussex Integrated Care Board (ICB) to consider commissioning Pneumococcal Polysaccharide Vaccine (PPV) and shingles vaccinations via community pharmacy to maximise delivery alongside the flu vaccination in pharmacies and support increasing uptake.

The NHS vaccination strategy published in December 2023 mentions integrating vaccination into existing clinical pathways. Responsibility for commissioning vaccination services will be delegated to ICBs in April 2026. There is an opportunity for engagement with the ICB to review additional vaccinations that could be delivered in the community pharmacy setting. To date, NHS England has published an invitation to tender (ITT) inviting community pharmacy owners interested in providing a Community Pharmacy Respiratory Syncytial Virus (RSV) and Pertussis Vaccination Enhanced Service in the Midlands area.

Recommendation not completed: work is ongoing in this area, and there is an opportunity to increase vaccination uptake.

3. NHS England and the Sussex ICB to increase the number and geographical spread of community pharmacies delivering COVID-19 vaccinations. This is to increase access across the city and uptake of COVID-19 vaccinations (including uptake by children), as well as in response to high satisfaction with pharmacy services.

NHSE commissions an Enhanced Service: Covid-19 vaccination programme. This service is commissioned until 31 March 2026. At the time of writing, 24 pharmacies are providing the service in Brighton & Hove, which is a significant increase from the four pharmacies that were providing the service in 2022. In terms of access, there is good provision in the west, central and north of the city, and satisfaction remains high; however, more provision is needed in the east, and this should be considered by commissioners when planning the COVID-19 2025/26 programme from the existing pharmacies.

Recommendation completed.

Evening pharmacy provision:

4. Sussex Integrated Care Board / Integrated Care System and NHS England to review the commissioning and provision of evening pharmacy provision from current pharmacies beyond the existing provision after 8 pm Monday to Wednesday and Saturday, after 9 pm Thursday and Friday, and after 6 pm on Sundays.

Two Asda pharmacies (Brighton Marina and Hollingbury) are open in the evening until 8 pm, Monday to Saturday, but no pharmacies are open after 5 pm on a Sunday. The provision of evening services has reduced since 2022.

Recommendation completed: No gap identified as part of the 2025 PNA.

5. Community pharmacy capacity to meet city needs: Public health commissioners to review opportunities for pharmacies that are open after 6 pm on weekdays and at weekends to consider providing the emergency hormonal contraception service to improve accessibility in Brighton & Hove.

The public health commissioners reviewed the Sexual Health and Contraception service as recommended. To increase accessibility to the service, community pharmacists can supply free emergency hormonal contraception over the counter according to the Pharmacy Medicine Regulations and claim the cost from public health via the locally commissioned service. The service specification has been adapted to enable pharmacies that are open after 6 pm and at weekends to offer the service for a reduced duration, provided the ‘out of hours’ times are included. Emergency hormonal contraception will be added to the national pharmacy contraception service from October 2025 and will further increase access.

Recommendation completed.

6. NHS England and the Sussex ICB to review pharmacy commissioning and capacity in areas with significant increases in future housing developments.

Despite increases in housing developments, for the period covered by this Pharmaceutical Needs Assessment, there is considered to be no gap in community pharmacy provision, but with a projected population increase, this should be kept under review.

Recommendation completed: There has been no gap identified with the projected population growth or housing projections within this PNA now or in the next three years.

Improving health and wellbeing:

7. Public health commissioners to review the provision of the stop smoking, young persons and domiciliary stop smoking services and to support community pharmacies to re-establish these services and encourage their uptake.

A new stop smoking service specification was developed in April 2023 to encourage Brighton & Hove residents to stop smoking. For the year ending 1 April 2025, the service has supported 145 people to stop smoking. The service is being developed further in June 2025 to include two stop smoking medicines as alternative options to nicotine replacement therapy.

Recommendation completed.

8. NHS England, the Sussex ICB and public health commissioners to ensure that stop smoking service pathways are joined up and communicated to people wishing to stop smoking. Other health/social care providers should be made aware of referral pathways into stop smoking services.

A community pharmacy stop smoking networking event was organised in February 2024 by the community pharmacy and public health forum to increase the awareness of the stop smoking pathways in Brighton & Hove and access points for Brighton & Hove residents. This event included representatives from the stop smoking services in University Hospital Sussex, maternity services and community pharmacy and GP practice providers.

Recommendation completed.

9. NHS England and the Sussex ICB to review the need for the community pharmacy Hepatitis C antibody testing service in Brighton & Hove, based on population health needs and commissioning of substance misuse services and to support increasing uptake.

In agreement with the Pharmaceutical Services Negotiating Committee and the Department of Health and Social Care (DHSC), NHS England decommissioned the national Community Pharmacy Hepatitis C Antibody Testing Service from 1 April 2023. The service aimed to increase the diagnosis of Hepatitis C and was part of the ground-breaking NHS initiative on Hepatitis C.[65] The NHS is indeed on track to eliminate Hepatitis C in England by 2025. This ambitious goal is being achieved through a combination of effective treatments, targeted testing, and a "find and treat" approach, especially for vulnerable communities.

Recommendation completed.

10. The Community Pharmacy and Public Health Forum to increase participation of Brighton & Hove-commissioned Healthy Living Pharmacies in local health promotion campaigns and encourage increased signposting/ referrals into related services such as weight management and drug and alcohol support.

[65] NHS England. NHS set to eliminate Hepatitis C ahead of rest of the world. 2022. [Accessed March 2025] https://www.england.nhs.uk/2022/12/nhs-set-to-eliminate-hepatitis-c-ahead-of-rest-of-the-world/#:~:text=The%20ground-breaking%20NHS%20initiative,transplants%20due%20to%20Hepatitis%20C..

Twenty-nine pharmacies in Brighton & Hove are commissioned under the local Healthy Living Pharmacies programme, and they are contractually obliged to participate in three local Public Health campaigns per year. Previous campaigns focused on health issues like cardiovascular disease and prevention measures such as reducing alcohol intake and smoking cessation. The 2024/25 calendar offered an opportunity to focus on ovarian cancer in September (which was Gynaecological Cancer Month) and renal cancer in February 2025.

Recommendation completed.

11. Sussex ICB to deliver a communications and engagement campaign to increase utilisation of the newly commissioned Hypertension case-finding service and other new services in community pharmacies. Increasing communications and engagement will lead to an increase in the take-up of new services and an increase in the detection of hypertension, improving cardiovascular disease prevention in the city.

Since the relaunch of the Hypertension case-finding service in November 2023 as part of the 'Delivery plan for recovering access to primary care',[66] further pharmacy contractors have signed up to provide the service, with 47 out of 50 (92%) in Brighton & Hove registered. Since December 2023, over 48,000 consultations have taken place across Sussex.

NHS Sussex has been working with Community Pharmacy Surrey and Sussex, and with the Sussex ICB cardiovascular clinical lead, to encourage the use of this referral route from general practice for patients already diagnosed with hypertension.

Recommendation completed.

12. Sussex ICB to look at the development and commissioning of new services to be delivered by community pharmacy that result in taking pressure off GP practices and urgent and emergency care. Part of this work is to review the case for developing a urinary tract infection service in community pharmacies in order to improve patient access and reduce pressure on urgent care pathways.

In January 2024, NHS England commissioned a new service, Pharmacy First (Section 1.2). This service enables patients to get certain prescription medications directly from a pharmacy where appropriate, without a GP appointment. It includes the supply of appropriate medicines for seven common conditions, including earache, sore throat, and urinary tract infections, aiming to address health issues before they get worse. The uptake for this service is likely to increase, and it is being reviewed to include more conditions.

Recommendation completed.

[66] NHS England. Delivery plan for recovering access to primary care. 2024. [Accessed March 2025] https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/.

Equality of access to community pharmacy services:

13. Sussex ICB and NHS England to review the needs of residents with disabilities in accessing community pharmacy services in Brighton & Hove. This should build on the findings from the previous PNA (2018), include coverage of disabled parking bays near pharmacies, the need and affordability of a home delivery service for medicines, and adherence to the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.

A map of Brighton & Hove Pharmacies and the location of disabled parking bays has been included in the PNA 2025 (Figure 9). According to the NHS Terms of Service, pharmacy owners must verify and update their opening hours, contact details, facilities, and services information for each profile every financial quarter. The NHS profile includes information about the availability of facilities such as ramps for wheelchair access and hearing loops and services.

The General Pharmaceutical Council provides equality guidance[67] for pharmacies according to the Equality Act 2010. It introduces the 'duty to make reasonable adjustments' to the property services provided, to meet the needs of disabled people, including employees. This may mean changing the way services are delivered. Although a number of community pharmacies provide a medicine delivery service, this is not funded under the NHS contract.

Recommendation completed.

14. Public health to ensure that the publication of the PNA report adheres to the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.

The Brighton & Hove Accessibility City Strategy 2023-2028[68] sets out how the Council ensures adherence to the Accessibility Regulations 2018.

Recommendation completed.

[67] General Pharmaceutical Council. New equality guidance for pharmacies. 2023. [Accessed March 2025] https://www.pharmacyregulation.org/about-us/news-and-updates/regulate/new-equality-guidance-pharmacies.

[68] Brighton & Hove City Council. Brighton & Hove Accessible City Strategy 2023 to 2028. [Accessed March 2025] https://www.brighton-hove.gov.uk/council-and-democracy/equality/brighton-hove-accessible-city-strategy-2023-2028#tab--introduction.

15. Sussex ICB and NHS England to ensure different methods of interactive services available in community pharmacies are available to people without internet access.

Organisations that provide NHS care, including community pharmacies, are legally required to follow the Accessible Information Standard.[69] The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Community pharmacies are encouraged to demonstrate the principles by asking people about their communication or accessibility needs, providing information about accessibility and making reasonable adjustments to support people with, for example, medication labels in a larger font.

Recommendation completed.

16. Sussex ICB and NHS England to ensure people with English language needs are aware of the interpreter/ translation service available in the city, which is for use in any health and care setting, including community pharmacy.

All community pharmacies in Brighton & Hove have access to high-quality interpreting and translation services, which include:

- Face-to-face, telephone and remote community language interpreting.
- Face-to-face, telephone and remote British Sign Language (BSL) interpreting (including Signlive on-demand BSL interpreting).
- Translation services including BSL videos, Braille and Easy Read.
- Bilingual Advocacy.

The service is provided by Sussex Interpreting Services, and community pharmacies can register for an account to enable access to the service. This information has been circulated to pharmacies via the Community Pharmacy Surrey and Sussex newsletters.

Recommendation completed.

Awareness and knowledge of services and facilities available in community pharmacies:

17. The Brighton & Hove Community Pharmacy and Public Health Forum to agree how to improve GP practice knowledge of services in community pharmacies in order to increase signposting and referrals by GP practice staff to community pharmacies. This includes referrals for all essential, advanced and locally commissioned services.

The Community Pharmacy Surrey and Sussex members of the forum have led an initiative to increase awareness of services in community pharmacies. This has included a presentation to the Brighton GP Federation to update them on services available in pharmacies and how to refer to services. Joint work with the Trust for Developing Communities has resulted in a flyer with a QR code detailing services for residents across Brighton & Hove and how to access them. This work is ongoing and is reviewed regularly at the forum meetings.

Recommendation completed.

[69] NHS England. Accessible information standard. [Accessed March 2025] https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/

18. NHS Sussex ICB, NHS England, BHCC and East and West Sussex councils to work together to increase public understanding of community pharmacy provision to better communicate across boundaries pharmacy provision including health promotion and prevention services.

Public Health commissioned community pharmacy service specifications are shared across the three councils to share best practice and ways of working, and to avoid duplication of workstreams. Stop smoking services for all three councils are being updated to ensure equitable access to stop smoking medicines across Sussex, with a plan to start in June 2025.

Recommendation not completed: work is ongoing in this area.

19. NHS England to explore with NHS Digital the possibility of including a wider range of options on the Find My Pharmacy website, so that all services being provided at community pharmacies can be shown. Also, to ensure information about accessibility issues (for example, ramps, lifts, etc.) for disabled people is covered.

The Find My Pharmacy Website has been updated to include search options for NHS services provided by community pharmacies, such as free flu vaccination, free blood pressure checks and contraception services.[70] Refer to the recommendation above for information regarding accessibility.

Recommendation completed.

20. NHS England to ensure that community pharmacies keep pharmacy information on NHS websites up to date, in line with NHS Profile Manager guidance and Accessibility Standards 2018.

According to the NHS Terms of Service, pharmacy owners must verify and update their opening hours, contact details, facilities, and services information for each profile every financial quarter. The service profile includes opening times, contact details, facilities and service information. This ensures accurate information for patients and NHS professionals.

Recommendation completed.

Cross system working:

21. Sussex ICB and BHCC to review how the Community Pharmacy and Public Health Forum fits with the new Sussex NHS structures and the integration of the commissioning of local pharmaceutical services, and ensure involvement of community pharmacy in the development of health and wellbeing strategic plans.

The Community Pharmacy and Public Health Forum encourage and supports collaborative working between the BHCC Public Health team, NHS Sussex, Brighton & Hove PCNs, Community Pharmacy Surrey and Sussex and other partnership groups, including patient participation groups and the community and voluntary sector. The forum has recently recruited a patient representative with the support of Healthwatch.

Recommendation completed.

[70] NHS. Find Pharmacy Services. [Accessed March 2025] https://www.nhs.uk/service-search/pharmacy/

22. NHS England, the ICB and the Community Pharmacy and Public Health Forum to ensure commissioned and delivered services are operating in line with NHSE's 'Core20plus5' approach to address health inequalities.

The overall aim is to improve health and wellbeing outcomes and reduce health inequalities for people in Brighton & Hove. This includes patients, service users, carers and local residents. Health inequality workstreams are a standing item on the agenda, and the forum collaborates with other providers through the Brighton & Hove health inequalities collaboration and PCN Health Inequalities meetings, and have supported community events at the Hangleton and Knoll Project.

Community pharmacy locally commissioned services are reviewed in line with the needs in the city, and commissioning is adapted to reflect the needs of more vulnerable groups with input from all parts of the system.

Recommendation completed.

Becoming carbon neutral:

23. NHSE, the Sussex ICB and BHCC commissioners to consider how to encourage, incentivise or commission community pharmacies to undertake further action on becoming carbon neutral. Plans to be monitored by the Community Pharmacy and Public Health Forum.
24. The Community Pharmacy and Public Health Forum to work with the council's Sustainability Team to support community pharmacies and those using them to contribute further to carbon reduction.

NHS Sussex has encouraged the use of lower-carbon inhalers, producing guidance for clinicians and patients.[71] Community pharmacies have been involved in this scheme by supporting patients who have changed 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 or incentivise further sustainable measures in Brighton & Hove.

Recommendations 23 and 24 not completed: Further work to be completed in this area.

[71] Sussex Integrated Care System. Inhalers: the environment effect. [Accessed March 2025] https://int.sussex.ics.nhs.uk/clinical_documents/inhalers-the-environmental-effect/

Section 9: Future opportunities for possible community pharmacy services in Brighton & Hove

9.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the PLPS Regulations.

In reviewing the provision of **Necessary Services** and considering Advanced, National Enhanced and Locally Commissioned Services for Brighton & Hove as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy, and service development and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

9.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Brighton & Hove population are stated in Section 2 and Section 6. Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular, the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Brighton & Hove.

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities and integrating with PCNs. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Brighton & Hove, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities, and integrated care.

The most appropriate commissioning route would be through the ICS as Enhanced Pharmaceutical Services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England (CPE) commissioned leading health think tanks, Nuffield Trust and The King's Fund, to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing:

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.

- Services such as the Hypertension case-finding service, Smoking Cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.

2) Reducing health inequalities through targeted pharmacy services:

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients:

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, local authorities and PCNs.
- Medicines optimisation services, including repeat dispensing, the New Medicine Service, and the Discharge Medicines Service should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close ICB, local authority and Local Pharmaceutical Committee (LPC) collaboration.

4) Supporting workforce development and expanding pharmacy services:

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the Community Pharmacy Contractual Framework (CPCF).
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing making every contact count interventions.

5) Enhancing public awareness and digital transformation:

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.

- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of point-of-care testing services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension, and respiratory diseases.

6) Monitoring future demand and improving public engagement:

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.
- Future PNAs should incorporate enhanced stakeholder and public engagement strategies to ensure services reflect local priorities and community health needs.

7) Community-based medicines management: Living well with medicines:

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure off general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management – ultimately improving the health and wellbeing of Brighton & Hove residents.

9.3 Future opportunities specific to Brighton & Hove

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:

- Identifying early pharmacy prescribers.
- Supporting mentoring and supervision arrangements.
- 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 and person-centred care across Brighton & Hove.

Appendix A: List of pharmaceutical services providers in Brighton & Hove

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Key to services: Services listed are only those provided through community pharmacies. Details of these services are available in Sections 1.5.5.2, 1.5.5.3, 4.1 and 4.2. Pharmacies providing the services are from signed up list unless stated otherwise.

AS1	Pharmacy First
AS2	Flu Vaccination service (from NHS BSA claims from dispensing activities September-November 2024)
AS3	Pharmacy Contraception Service
AS4	Hypertension case-finding service
AS5	New Medicine Service
AS6	Smoking Cessation Service
AS7	Appliance Use Review (provided by DACs only – not included in table)
AS8	Stoma Appliance Customisation (provided by DACs only – not included in table)
AS9	Lateral Flow Device Service
NES1	COVID-19 Vaccination Service
LES1	Bank holiday service[72]
ICBS1	Palliative care (end of life)
ICBS2	Supply of oral antiviral medication for COVID-19 and Influenza
LAS1	Sexual health service: Emergency Hormonal Contraception
LAS2	Sexual health service: Chlamydia screening and treatment
LAS3	Stop smoking- Adults
LAS4	Stop smoking - Young people
LAS5	Stop smoking - Domiciliary care
LAS6	Stop smoking - Nicotine Replacement Therapy voucher

[72] This is correct at the time of writing however any pharmacy may opt to open. It may also not be the same pharmacies on each bank holiday.

LAS7 Healthy Living Pharmacy campaigns and Alcohol brief Intervention
LAS8 Substance misuse service: Naloxone provision
LAS9 Substance misuse service: Supervised consumption
LAS10 Substance misuse service: Needle and syringe exchange

Brighton & Hove pharmaceutical service providers

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9	LAS10
Asda Pharmacy	FA088	CP	Crowhurst Road Off Carden Avenue, Hollingbury, Brighton	BN1 8AS	09:00-20:00	09:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-				-	-	-	-
Asda Pharmacy	FA342	CP	The Marina, Brighton	BN2 5UT	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y
Ashtons Hospital Pharmacy Services Ltd	FF383	DSP	Unit 4 Dyke Road Mews, 74-76 Dyke Road, Brighton	BN1 3JD	08:30-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Ashtons Late Night Pharmacy	FRA14	CP	98 Dyke Road, Brighton	BN1 3JD	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	-	Y	Y	-	Y	-
Boots	FAA02	CP	67-68 Boundary Road, Hove	BN3 5TD	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y
Boots	FR198	CP	59-61 George Street, Hove	BN3 3YD	09:00-18:00	09:00-17:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FTM51	CP	129 North Street, Brighton	BN1 2BE	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Boots	FKQ90	CP	10 & 11 Queens Parade, Applesham Avenue, Hove	BN3 8JG	09:00-13:30; 14:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FNM61	CP	105 St Georges Road, Kemp Town, Brighton	BN2 1EA	09:00-12:30; 13:00-17:30	09:00-13:00; 14:00-17:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FYA88	CP	4 The Parade, Hangleton Road, Hove	BN3 7LU	09:00-13:30; 14:30-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9	LAS10
Bridgman Pharmacy	FWK92	CP	116 Cowley Drive, South Woodingdean	BN2 6TD	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-
Brighton Community Pharmacy	FNF74	CP	24 St James Street, Brighton	BN2 1RF	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-
Burwash Pharmacy	FHP05	CP	9 Burwash Road, Hove	BN3 8GP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Charter Pharmacy	FHM77	CP	88 Davigdor Road, Hove	BN3 1RF	08:00-18:30 (Tue, Thu 08:00-20:00)	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	-	Y	-
Coldean Pharmacy	FJM92	CP	16 Beatty Avenue, Coldean	BN1 9ED	09:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	Y	-	Y	-
Fields Pharmacy	FRN06	CP	38-40 Eldred Avenue, Westdene	BN1 5EG	08:30-13:00; 14:00-18:30	09:00-13:00	Closed	-	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Gunn's Pharmacy	FG241	CP	108 Western Road, Brighton	BN1 2AA	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	-	-	-	Y	Y	Y	Y
Harper's Pharmacy	FM259	CP	12 Hollingbury Place, Brighton	BN1 7GE	08:45-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	Y
Healthy-U Pharmacy	FME72	CP	59 Lustrells Vale, Saltdean	BN2 8FA	09:00-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-
Kamsons Pharmacy	FCL23	CP	9 Longridge Avenue, Saltdean	BN2 8LG	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	-	-	Y	Y	-	Y	-
Kamsons Pharmacy	FCQ88	CP	50 The Highway, Moulsecoomb	BN2 4GB	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y
Kamsons Pharmacy	FG542	CP	74-76 Elm Grove, Brighton	BN2 3DD	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	Y	-	Y	-
Kamsons Pharmacy	FG804	CP	1a Lewes Road, Brighton	BN2 3HP	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y
Kamsons Pharmacy	FHG58	CP	90 Beaconsfield Road, Brighton	BN1 6DD	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	Y
Kamsons Pharmacy	FJD49	CP	191B Portland Road, Hove	BN3 5JA	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	-	Y	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9	LAS10
Kamsons Pharmacy	FJF96	CP	Wellsbourne Health Centre, Whitehawk Road, Brighton	BN2 5FL	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	Y	Y	Y	Y	Y
Kamsons Pharmacy	FKE94	CP	128 St James Street, Brighton	BN2 1TH	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	Y	-	Y	-
Kamsons Pharmacy	FMN73	CP	25-26 Whitehawk Road, Whitehawk, Brighton	BN2 5FB	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y
Kamsons Pharmacy	FN225	CP	94 Preston Drove, Brighton	BN1 6LB	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	Y	-	Y	-
Kamsons Pharmacy	FQT17	CP	County Oak Medical Centre, Carden Hill, Brighton	BN1 8DD	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-
Kamsons Pharmacy	FW676	CP	175 Preston Road, Brighton	BN1 6AG	08:30-18:30	08:30-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	Y	Y	-	Y	-
Lane and Stedman	FW387	CP	100 Western Road, Hove	BN3 1GA	09:00-18:30	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Leybourne Pharmacy	FHG68	CP	9 Leybourne Parade, Brighton	BN2 4LW	09:00-17:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	Y	Y	Y	-
Matlock Pharmacy	FHK64	CP	12 Matlock Road, Brighton	BN1 5BF	09:00-18:15	09:00-12:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	-	-	-
O'Flinn Pharmacy	FM158	CP	77-78 Islingword Road, Brighton	BN2 9SL	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Osbon Pharmacy	FNC37	CP	105 Church Road, Hove	BN3 2AF	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Patcham Pharmacy	FMA84	CP	37 Ladies Mile Road, Patcham, Brighton	BN1 8TA	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-
Pavillion Pharmacy	FV520	CP	10 Oxford Street, Brighton	BN1 4LA	08:30-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-
Portland Pharmacy	FQP94	CP	83 Portland Road, Hove	BN3 5DP	09:00-13:00; 14:00-17:30	09:00-16:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9	LAS10
Ross Pharmacy	FL613	CP	3 York Place, Brighton	BN1 4GU	09:00-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-
Rottingdean Pharmacy*	FPW16	CP	2-4 West Street, Rottingdean, Brighton	BN2 7HP	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-
Sharps Pharmacy	FT435	CP	26 Coombe Road, Brighton	BN2 4EA	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	-	-	-	Y	-	Y	-
Superdrug Pharmacy	FAR24	CP	78 Western Road, Brighton	BN1 2HA	09:00-14:00; 14:30-18:30	09:00-14:00; 14:30-18:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Traherne Pharmacy	FD019	CP	13 Hove Park Villas, Hove	BN3 6HP	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	-	Y	-
Trinity Pharmacy	FG739	CP	3 Goldstone Villas, Hove	BN3 3AT	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-
University Pharmacy	FLD96	CP	Arch 1, The student centre, Refectory Road, University of Sussex, Brighton	BN1 9BU	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	Y	Y	Y	Y
Well	FDF27	CP	Mile Oak Clinic, Chalky Road, Portslade	BN41 2WF	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Well	FHK15	CP	Portslade Medical Centre, Church Road, Portslade	BN41 1LA	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Well	FJL77	CP	Superstore, Nevill Road, Hove	BN3 7BZ	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-
Well	FVP55	CP	13 Warren Way, Woodingdean	BN2 6PH	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Westons Pharmacy	FTE26	CP	6-7 Coombe Terrace, Lewes Road, Brighton	BN2 4AD	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	Y

*Please note this pharmacy is closed and is due to be removed from the pharmaceutical list.

Appendix B: PNA project plan

	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance • Stakeholders identified and PNA Steering Group terms of reference agreed • Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting • Prepare questionnaires for initial engagement														
Stage 2: Research and analysis • Collation of data from Public Health, LPC, ICB and other providers of services • Listing and mapping of services and facilities • Collation of data for housing developments • Equalities Impact Assessment • Analysis of questionnaire responses • Review all data at second Steering Group meeting														
Stage 3: PNA development • Review and analyse data and information collated to identify gaps in services based on current and future population needs • Develop consultation plan • Draft PNA • Sign off draft PNA at third Steering Group meeting and update for HWB														
Stage 4: Consultation and final draft production • Coordination and management of consultation • Analysis of consultation responses and production of report • Draft final PNA for approval • Sign off final PNA at fourth Steering Group meeting • Edit final PNA 2025 ready for publication and provide update for HWB														

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the BHCC Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

The Director of Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

The Steering Group is to report to the Consultant in Public Health, Katy Harker.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013:
    - Any Local Pharmaceutical Committee (LPC) for its area.
    - Any Local Medical Committee for its area.
    - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area.
    - Any Local Healthwatch organisation for its area.
    - Any NHS Trust or NHS Foundation Trust in its area.
    - Integrated Care Boards.
    - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 1 October 2025.
- Discuss and ensure a process is in place to maintain the PNA post publication.

Membership

Core members:

- Consultant in Public Health.
- Pharmaceutical Advisor.
- Integrated Care Board Contract Manager representative.
- LPC representative.
- Integrated Care Board Pharmacy and Medicines Optimisation representative.
- Healthwatch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core organisation has one vote. The Consultant in Public Health will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC representative and Public Health Representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers.
- NHS Trust Chief Pharmacists.
- Local Medical Committee representative.
- Public Health Intelligence Team member.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by BHCC to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: 358.

The questionnaire was open for responses between 24 October and 30 December 2024.

When reporting the details of the responses, please note:

- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being "N/A" or "No comment".

1. Why do you usually visit a pharmacy? (Please tick all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 356, Skipped: 2)

Option	%	Number
To buy over-the-counter medicines	58%	206
To collect prescriptions for myself	**87%**	**311**
To collect prescriptions for somebody else	33%	119
To get advice from a pharmacist	40%	141
To use a pharmacy service e.g. flu jab, blood pressure check	40%	142
Other, please provide details	6%	21

Other comments (themes):	Number
Buying supplies (hot water bottles, general sundries, over-the-counter medicines etc.)	6
Routine pharmacy services	5
Recycling initiatives (recycling blister packs, recycling asthma sprays)	4
Everyday essentials (toothpaste, skincare, vitamins)	3
Travel healthcare (travel vaccinations)	2
General healthcare advice	1

2. How often have you visited or contacted a pharmacy in the last six months? (Answered: 353, Skipped: 5)

Option	%	Number
Once a week or more	8%	27
A few times a month	**35%**	**125**
Once a month	24%	84

Option	%	Number
Once every few months	27%	97
Once in six months	5%	17
I have not visited/contacted a pharmacy in the last six months	1%	3

3. Please write your full postcode (Answered: 309, Skipped: 49)

Details not being reported on.

4. What time is most convenient for you to use a pharmacy? (Answered: 355, Skipped: 3)

Option	%	Number
Before 9am	3%	12
9am-1pm	22%	78
1pm-6pm	22%	79
After 6pm	11%	38
No preference	8%	30
It varies	**33%**	**118**

5. Which days of the week are most convenient for you to use a pharmacy? (Please tick all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 351, Skipped: 7)

Option	%	Number
Monday	23%	79
Tuesday	20%	69
Wednesday	18%	64
Thursday	21%	75
Friday	26%	92
Saturday	30%	107
Sunday	17%	61
It varies	**36%**	**127**
No preference	26%	93

6. In the last 12 months have you needed to use pharmacy services on a bank holiday? (Answered: 354, Skipped: 4)

Option	%	Number
Yes	22%	78
No	**78%**	**276**

7. What influences your choice of pharmacy? (Please tick all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 355, Skipped: 3)

Option	%	Number
Near my home	**85%**	**302**
Near my work	18%	64
Near my local GP	30%	107
At the supermarket	12%	41
On the internet	4%	13
Opening hours	33%	118
The range of services provided	17%	59
Disabled access	3%	11
It's easy to reach by public transport	9%	33
I can park nearby	19%	68
Staff are available that can talk in my preferred language	3%	12
I prefer to see my regular pharmacist rather than someone I don't know	11%	39
I can speak to staff/pharmacist without being overhead	8%	30
It varies, I use the one that is most convenient at the time	12%	42
Other	7%	24

Other comments (themes):	Number
Friendly and helpful staff	5
Accessibility for housebound or elderly patients	4
Stock availability	4
Trust in pharmacists' knowledge and expertise	3
Convenience of location	3
Services provided	2
Pharmacy efficiency	2
Issues with pharmacy monopolies	1

8. Do you have a regular or preferred local CP pharmacy? (Answered: 356, Skipped: 2)

Option	%	Number
Yes	**87%**	**311**
No	6%	22
I prefer to use an internet/online pharmacy (An internet pharmacy is one which operates partially or completely online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home)	2%	8
I use a combination of traditional and internet pharmacy	4%	15

9. Is there a pharmacy that you use further away than your more convenient and/or closer pharmacy? (Please tick one box for each factor) (Answered: 353, Skipped: 5)

Option	%	Number
No	**74%**	**262**
Yes, and I prefer to use it because…	26%	91

Other comments (themes):	Number
The further away pharmacy is easier to access	12
Parking availability	9
Friendliness and helpfulness of staff	9
The closer pharmacy is not located conveniently	9
Availability of additional services	9
Stock availability	8
Extended opening hours	7
Convenience with shopping	6
Reliability of service	6
Pharmacy closures and accessibility issues	5
Familiarity with staff	3
Privacy and comfort	3
Trust in pharmacist or staff knowledge	3
More convenient with bus times	1
More services and quicker service	1

10. How do you travel to the pharmacy? (Answered: 357, Skipped: 1)

Option	%	Number
Walk	**60%**	**215**
Public transport	6%	20
Car	24%	87
Bicycle	2%	7
Taxi	1%	3
Wheelchair / mobility scooter	1%	3
I don't, I utilise a delivery service	3%	10
I don't, someone goes for me	1%	4
I don't, I use an online pharmacy	1%	4
Other, please specify	1%	4

Other comments:	Number
Walk with use of a rollator	1
I would walk, but not open on weekends so have to drive after work	1

11. How long does it usually take for you to travel to your pharmacy? (Answered: 344, Skipped: 14)

Option	%	Number
Less than 20 minutes	**91%**	**312**
20-30 minutes	7%	24
30-40 minutes	1%	5
More than 40 minutes	1%	3

12. Overall, how satisfied or dissatisfied are you with the pharmacy services in Brighton & Hove? (Answered: 354, Skipped: 4)

Option	%	Number
Very satisfied	**38%**	**134**
Fairly satisfied	**37%**	**132**
Neither satisfied nor dissatisfied	13%	45
Fairly dissatisfied	7%	23
Very dissatisfied	4%	15
Don't know/not sure	1%	5

13. Do you have any other comments that you would like to add regarding pharmacy services in Brighton & Hove? (Answered: 208, Skipped: 150)

Other comments (themes):	Number
Hours	
Need for extended pharmacy service hours in Brighton & Hove, highlighting the lack of late-night, weekend, and bank holiday availability as a significant issue.	25
Need for more accessible pharmacy services outside of standard working hours in Brighton & Hove.	21
Desire for extended pharmacy operating hours in Brighton & Hove, with several mentioning the inconvenience of pharmacies closing early, particularly for those who work full-time (4). Frustration over pharmacies shutting during lunch hours (3) and Saturday afternoons.	14
Access	
Concerns about the accessibility and availability of pharmacy services in Brighton & Hove, particularly in Kemptown and Rottingdean (5).	13
Accessibility issues at pharmacies. Relating to disabled parking (4) and issues that affect the elderly such as internet usage (4).	8
Service	
Staff lack required medical knowledge when presented with questions about medication/conditions.	8
Staff rude at times, particularly when they seem to be too busy.	4
Appreciation of the pharmacy services in Brighton & Hove, with many praising their local pharmacies for being friendly, professional, and supportive	15
Medication supply	
Problems with medication being in stock.	4
Issues with getting GP's and pharmacies to coordinate to prescribe and delivery medication.	6
Issues with the availability of medications at pharmacies in Brighton & Hove, with several reporting having to visit multiple pharmacies to find their prescribed medication.	12
Other	
Concerns about the reduction in the number of local pharmacies in Brighton & Hove, with multiple mentions of closures.	15
Delays when collecting prescriptions from pharmacies.	9
Praising staff for being able to take over tasks from GP's and provide accurate and helpful medical knowledge.	7
Pharmacy viewed as understaffed, with those working seeming stressed and stretched.	7
Appreciation of a home-delivery service.	5
Pharmacy premises are too small for any amount of privacy whilst dealing with potentially sensitive material/topics.	4
Other miscellaneous one-off comments (These are all unique or individual comments that don't align well with other themes)	31

About you

14. What is your age? (Answered: 351, Skipped: 7)

Option	%	Number
0 to 15	0%	0
16 to 24	1%	3
25 to 34	6%	20
35 to 44	15%	52
45 to 54	22%	77
55 to 64	**23%**	**81**
65 to 74	20%	70
75 to 84	10%	36
85+	2%	8
Prefer not to say	1%	4

15. What best describes your gender? (Answered: 351, Skipped: 7)

Option	%	Number
Female	**72%**	**253**
Male	24%	85
Non-binary	1%	5
Intersex	0%	1
Prefer to self-describe	0%	1
Prefer not to say	2%	6

Other comments (themes):	Number
She/They	1

16. Is the gender you identify with the same as your sex registered at birth? (Answered: 346, Skipped: 12)

Option	%	Number
Yes	**95%**	**329**
No – please enter gender identity (optional)	2%	6
Prefer not to say	3%	11

Other comments:	Number
Male to female transgender	1
Female to male transgender	1
Non-binary	1

17. Are you currently pregnant or have you been pregnant in the last year? (Answered: 353, Skipped: 5)

Option	%	Number
Yes	1%	3
No	**76%**	**268**
Not applicable	20%	71
Prefer not to say	3%	11

18. Which of the following best describes your sexual orientation? (Answered: 338, Skipped: 20)

Option	%	Number
Heterosexual or straight	**71%**	**241**
Gay or lesbian	9%	31
Bisexual or Bi	7%	24
Prefer not to say	10%	35
If you prefer to use another term – please give details	2%	7

Other comments:	Number
Queer	5
Asexual	1

19. What is your legal marital or registered civil partnership status? (Answered: 339, Skipped: 19)

Option	%	Number
Married	**41%**	**138**
In a registered civil partnership	3%	11
Never married and never registered in a civil partnership	24%	81
Divorced	16%	54
Separated but still legally married	2%	7
Formerly in a civil partnership which is now legally dissolved	1%	2
Separated but still legally in a civil partnership	0%	0
Widowed	5%	17
A surviving member of a legally registered civil partnership	0%	0
Prefer not to say	9%	29

20. What is your ethnic group? (Answered: 339, Skipped: 19)

Option	%	Number
Asian / Asian British: Bangladeshi	0%	0
Asian / Asian British: Chinese	0%	1
Asian / Asian British: Indian	1%	2
Asian / Asian British: Pakistani	0%	0
Asian / Asian British: Other	1%	2
Black / Black British: African	1%	2
Black / Black British: Caribbean	1%	4
Black / Black British: Other	0%	1
Mixed: White and Asian	1%	3
Mixed: White and Black African	1%	3
Mixed: White and Black Caribbean	0%	1
Mixed: Any other Mixed / Multiple ethnic background	1%	5
Other Ethnic Group: Arab	0%	1
Any other Ethnic Group	2%	6
White: British / English / Northern Irish / Scottish / Welsh	**76%**	**258**
White: Gypsy or Irish Traveller	0%	0
White: Irish	2%	8
White: Roma	1%	2
White: Other	7%	25
Prefer not to say	4%	15

Other comments:	Number
Anglo-Jewish	2
Brown British	1
Kurdish	1
Middle Eastern (Non-Arabic)	1
Mixed white British/Romany	1

21. Which of these is your main or preferred language? (Answered: 328, Skipped: 30)

Option	%	Number
English	**93%**	**306**
Arabic	1%	5

Option	%	Number
Turkish	1%	3
Portuguese	1%	2
Mandarin	1%	2
Polish	1%	2
Italian	1%	2
Spanish	1%	2
Romanian	0%	1
Slovak	0%	1
Hungarian	0%	1
French	0%	1
Sorani	0%	0

Other comment themes:	Number
Kurdish	1

22. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? (Answered: 358, Skipped: 0)

Option	%	Number
Yes	**64%**	**228**
No	33%	118
Prefer not to say	3%	12

23. If you answered 'yes' to the question above, do any of your conditions or illnesses reduce your ability to carry out day to day activities? (Answered: 228, Skipped: 130)

Option	%	Number
Yes, a little	**43%**	**97**
Yes, a lot	22%	50
No	32%	73
Prefer not to say	2%	5
Not applicable	1%	3

24. If you answered 'yes, a little' or 'yes, a lot' to the question above, please select your health condition(s) from the list below. (Please tick all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 147, Skipped: 211)

Option	%	Number
Long-term physical illnesses or health conditions such as cancer, HIV, diabetes, heart disease, epilepsy, chronic fatigue, fibromyalgia, long covid	**50%**	**74**
Mental health differences such as depression, schizophrenia, or anxiety	35%	52
Physical differences substantially limiting basic activities like walking, climbing stairs, lifting, or carrying	31%	46
Learning differences such as dyslexia, dyspraxia, or ADHD	20%	29
Autistic spectrum disorder or condition	16%	24
Deaf, hard of hearing, partial hearing loss or hearing difference	12%	17
Prefer not to say	5%	8
Blind, blindness, partial sight loss or sight uncorrected by glasses	3%	4
Developmental differences affecting motor, cognitive, social, emotional skills, speech, and language	2%	3
Speech or language impairments, full or partial loss of voice, difficulty speaking, or equipment required to speak	2%	3
Learning disabilities such as help with mobility or personal care, managing finances, or completing forms	1%	2
Facial or visible difference with a disabling and/or discriminatory impact	1%	1
Another disability not listed – please add details	12%	17

Other comment themes:	Number
Pain and musculoskeletal conditions	4
Neurological conditions	3
Chronic or systemic conditions	3
Mobility and accessibility issues	3
Miscellaneous/uncategorised	2

25. What is your religion? (Answered: 339, Skipped: 19)

Option	%	Number
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	33%	113
Buddhist	1%	3
Hindu	0	1
Jewish	2%	7
Muslim	1%	4
No religion	**48%**	**163**
Prefer not to say	11%	36
Any other religion – please give details	4%	12

Other comments:	Number
Pagan	3
Quaker	2
Agnostic	1
Darwinist	1
Humanist	1
Jehovah's Witness	1
Spiritual	1
Wicca	1

26. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or support requirements related to old age? (Answered: 358, Skipped: 0)

Option	%	Number
No	**68%**	**244**
Yes, 9 hours a week or less	13%	46
Yes, 10 to 19 hours a week	2%	7
Yes, 20 to 34 hours a week	3%	10
Yes, 35 to 49 hours a week	3%	12
Yes, 50 or more hours a week	6%	23
Prefer not to say	5%	16

27. Who do you look after, or give any help or support to? (Answered: 106, Skipped: 252)

Option	%	Number
Parent	**29%**	**31**
Partner/spouse	25%	27
Other family member	21%	22
Child with special needs	16%	17
Friend	5%	5
Prefer not to say	4%	4

Other comments:	Number
Neighbour	3
Adult with learning disabilities	1
An area, via a CP centre	1

28. Are you currently serving in the UK Armed Forces? (Answered: 345, Skipped: 13)

Option	%	Number
Yes, in the regular armed forces	0%	0
Yes, in the reserve armed forces	0%	0
No	**99%**	**342**
Prefer not to say	1%	3

29. Have you previously serviced in the UK Armed Forces? (Answered: 343, Skipped: 15)

Option	%	Number
No	**96%**	**330**
Prefer not to say	1%	5
Yes, previously served in the regular armed forces	1%	5
Yes, previously serviced in reserve armed forces	1%	3

Appendix E: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Brighton & Hove Local Pharmaceutical Committee.
- Brighton & Hove Local Medical Committee.
- Pharmacy contractors in Brighton & Hove.[73]
- Healthwatch Brighton & Hove.
- NHS Trust or NHS Foundation Trusts:
    - Sussex Community NHS Foundation Trust.
    - University Hospitals Sussex NHS Foundation Trust.
    - Sussex Partnership NHS Foundation Trust.
- Sussex ICB.
- Neighbouring Health and Wellbeing Boards:
    - East Sussex HWB.
    - West Sussex HWB.

Other consultees

- GP practices in Brighton & Hove.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

[73] Please note there are no dispensing appliance contractors, Local Pharmaceutical Services contractors or dispensing GP practices in Brighton & Hove.

Appendix F: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Brighton & Hove HWB held a consultation on the draft PNA for at least 60 days, from 27 May to 27 July 2025.

The draft PNA was hosted on Brighton & Hove council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Brighton & Hove. A range of public engagement groups in Brighton & Hove, as identified by the Steering Group, were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total nine responses, all of them from the internet survey. Responses received were:

- Four from members of the public.
- Two from other organisations in Brighton & Hove.
- Two from an organisation outside Brighton & Hove.
- One from Healthwatch or other patient, consumer or community group.

All responses were considered by the PNA Steering Group at its meeting on 11 August 2025 for the final report. All responses and comments were considered by the Steering Group in the production of the final PNA and are included in Appendix G.

From the nine responses, 4 agreed with the conclusions of Brighton & Hove Draft 2025 PNA, 3 didn't know / couldn't say and 2 disagreed.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix G.

1) In what capacity are you mainly responding? (Answered: 9, Skipped: 0)

Options	Number
A member of the public	4
Healthwatch or other patient, consumer or community group	1
Other organisation in Brighton & Hove	2
Other organisation outside Brighton & Hove	2

If responding on behalf of an organisation, please tell us its name: (Answered: 2, Skipped: 2)

The organisation outside Brighton & Hove identified themselves as:

- Boots Uk Ltd.
- A GP practice.

2) Has the purpose of the Pharmaceutical Needs Assessment been explained? (Answered: 9, Skipped: 0)

Options	Number
Yes	7
No	2
I don't know/ can't say	0

3) Does the Pharmaceutical Needs Assessment reflect the current provision of *pharmaceutical services* within Brighton & Hove? (Answered: 9, Skipped: 0)

Options	Number
Yes	3
No	2
I don't know/ can't say	4

4) Does the draft Pharmaceutical Needs Assessment reflect the needs of Brighton & Hove's population? (Answered: 9, Skipped: 0)

Options	Number
Yes	3
No	3
I don't know/ can't say	3

5) Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment? (Answered: 9, Skipped: 0)

Options	Number
Yes	3
No	4
I don't know/ can't say	2

6) Has the Pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? (Answered: 9, Skipped: 0)

Options	Number
Yes	4
No	0
I don't know/ can't say	5

7) **Has the Pharmaceutical Needs Assessment provided sufficient information to inform the commissioning and future provision of pharmaceutical services, including plans for pharmacies and dispensing appliance contractors, within the three-year lifetime of the PNA?** (Answered: 9, Skipped: 0)

Options	Number
Yes	4
No	1
I don't know/ can't say	4

8) **Are there any *pharmaceutical services* that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted?** (Answered: 9, Skipped: 0)

Options	Number
Yes	2
No	3
I don't know/ can't say	4

9) **Do you agree with the conclusions of the Pharmaceutical Needs Assessment?** (Answered: 9, Skipped: 0)

Options	Number
Yes	4
No	2
I don't know/ can't say	3

10) **Let us know if you have any other comments.** (Answered: 3, Skipped or "no comment": 6)

Comments are listed in Appendix G.

Appendix G: Consultation comments

Additional comments received on the consultation survey[74]

Additional comments to **question 3**: Does the Pharmaceutical Needs Assessment reflect the current provision of *pharmaceutical services* within Brighton & Hove? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	Fails to account of evening/weekend needs	Thank you for your comment. Out of hours access has been considered as part of this PNA (Section 3.8).18 pharmacies (35%) are open beyond 6 pm on a weekday, and two are open till 8 pm. This ensures that evening access is maintained across the city. Weekend and bank holiday access: 36 (71%) pharmacies are open on Saturdays, providing substantial weekend access. Although fewer pharmacies open on Sundays, this pattern is consistent with national trends and other healthcare access.

[74] Please note that some questions have not received any additional comments and therefore are not listed here.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	The PNA states good accessibility to pharmacies, however, Bristol Estate arguably not. The topography of the estate, being one of the steepest hills in Brighton, and weaker public transport links, means that pharmaceutical accessibility is greatly reduced. Bristol Estate, included within the Whitehawk & Marina Ward, is fundamentally different demographically, with marked accessibility challenges. In addition to geographical ones mentioned, an much older population compared to the rest of the city, and higher healthcare needs, including movement-based disabilities. On conclusion, on this aspect, the PNA does not accurately describe the current provision levels.	Thank you for your comment. Access has been considered as part of this assessment. Figure 1 in this document in Section 1.7, shows there are three pharmacies within the Whitehawk and Marina Ward. Travel analysis in Section 3.8.1 also confirmed 98% of the population could access a pharmacy within a 20-minute walk. Further details can be seen in Section 6:. Although not a funded commissioned service, many community pharmacies do deliver privately to patients who require support. Additional to this, there is the support via DSPs who are required to deliver directly to the patient.

Additional comments to **question 4**: Does the draft Pharmaceutical Needs Assessment reflect the needs of Brighton & Hove's population? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	Fails to take account of needs of parents	Thank you for your comment. Without any further information it is difficult to respond.
Other organisation in Brighton & Hove	Not enough GP appointments	Thank you for your comment however access to GP practices is outside of the scope of the PNA process.

Healthwatch or other patient, consumer or community group	Regarding the Long Term Plan, it fails to include community spaces as part of it's wellbeing strategy. Will strong emergent evidence showing that community spaces, such as community centres, support a variety of activity, such as drop in services, mindful movement classes, and food provision and social events which all lead into the Living Well agenda. They also form an early vanguard for potential conditions, such as failing to thrive, degradation of health, emergent and mental health issues. These spaces ability to early intervene, and work alongside existing structures, like pharmacies, NHS ICT, and GP reduces the burden on GP, in turn reducing wasting times, hospital admissions, and corridor care. Early interventions are also financially more sustainable, some reports stating the same condition treated early in community is 30% of the cost compared to traditional GP only routes. Paramedics should also be further considered as a stable. for alternative care provision, their skill set be ideally suited to home and community care preventative work, further work to establish pathways to allow easier specialisation into these fields would greatly support a preventative approach to healthcare.	We appreciate your engagement in the consultation process. Pharmacy is increasingly recognised both nationally and locally as an integral part of the healthcare system, with forward-looking plans aiming to further embed its role in the delivery of care. The NHS 10 Year Health Plan for England has a focus on shifting care to the community. For further details see Section 2.3.

Additional comments to **question 5**: Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
A member of the public	Pharmacy not getting prescribed drugs but then expecting the patient to call around to find which pharmacy can fulfill. Useless process and disconnected NHS	Thank you for your comment. Medicine shortages are a nationally recognised issue and outside of the scope of local community pharmacies to be able to solve. Unfortunately, stock and availability and how this is managed within the pharmacy is outside of the scope of the PNA process.
A member of the public	Limited services in Queens Park area	Thank you for your comment. Access has been considered as part of this assessment and considered as adequate as discussed and described within this document and Section 6.3 in particular.
Healthwatch or other patient, consumer or community group	Bristol Estate, as described above, sits in a geographically challenging area with weak transport links and terrain that is difficult to navigate on foot.	Thank you for your comment. Access has been considered as part of this assessment. Figure 1 in this document in Section 1.7, shows there are three pharmacies within the Whitehawk and Marina Ward. Travel analysis in Section 3.8.1 also confirmed 98% of the population could access a pharmacy within a 20-minute walk. Further details can be seen in Section 6:. Although not a funded commissioned service, many community pharmacies do deliver privately to patients who require support. Additional to this, there is the support via DSPs who are required to deliver directly to the patient.

Additional comments to **question 7**: Has the Pharmaceutical Needs Assessment provided sufficient information to inform the commissioning and future provision of pharmaceutical services, including plans for pharmacies and dispensing appliance contractors, within the three-year lifetime of the PNA? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Specific information regarding the expansion of the Marina and the likely regeneration of Whitehawk LPS blocks should be given specific attention, as these will like substantially affect the provisional needs of each area.	Thank you for your comment. Housing for much of this estate is due for completion after 2028, therefore need will be reassessed as part of the next PNA in 2028.

Additional comments to **question 8**: Are there any *pharmaceutical services* that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
A member of the public	Providing antibiotics for people suffering with chest infections & U.T.I's	Thank you for your suggestion. A list of services currently available for community pharmacies to provide are listed within Section 1.5.5 and Section 3: of this PNA. The Pharmacy First service provides NHS funded treatment for certain conditions through community pharmacies. A list of those pharmacies can be found in Appendix A and the service criteria is described in Section 1.5.5.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	The Health Hub, currently hosted at Robert Lodge, by the NHS ICT, represents preventative care within the community through increased accessibility to clinicians and synergetic practice across multiple disciplinaries without needing multiple appointments. A novel approach, this represents a promising way forward to maximise the use of community in healthcare, including greater usage of pharmacy services.	Thank you for your comment. Pharmacy is increasingly recognised both nationally and locally as an integral part of the healthcare system, with forward-looking plans aiming to further embed its role in the delivery of care. The NHS 10 Year Health Plan for England has a focus on shifting care to the community. For further details see Section 2.3.

Additional comments to **question 9**: Do you agree with the conclusions of the Pharmaceutical Needs Assessment? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	More services needed at evening/weekend	Thank you for your comment. Out of hours access has been considered as part of this PNA (Section 3.8). 18 pharmacies (35%) are open beyond 6 pm on a weekday, and two are open till 8 pm. This ensures that evening access is maintained across the city. Weekend and bank holiday access: 36 (71%) pharmacies are open on Saturdays, providing substantial weekend access. Although fewer pharmacies open on Sundays, this pattern is consistent with national trends and other healthcare access.
Healthwatch or other patient, consumer or community group	I believe there are a number of further considerations, as highlighted, which may change some of the conclusions of the PNA.	Thank you for your comment. Your feedback will be considered as part of future strategy revisions, and we appreciate your engagement in the consultation process.

Additional comments to **question 10**: Let us know if you have any other comments.

From	Comment	Steering Group response
A member of the public	Was asked to fill in survey but not clear before I started that I needed to read the document.	Thank you for your comment. We will review our comms and messaging to inform future consultations.
A member of the public	More community engagement needed	Thank you for your comment. We will review our comms and messaging to inform future consultations.
Healthwatch or other patient, consumer or community group	The pharmacy paradigm needs updating. Dispensing is a poor use of a pharmacist's time, particularly with automation being available.	Thank you for your comment. We acknowledge your point and note the increasing use of skill mix and automation within the community pharmacy setting supporting the provision of clinical services.

Appendix 2

Appendix 2: Future opportunities specific to Brighton & Hove

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 and person-centred care across Brighton & Hove.

Item 22

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:	Joint Health and Wellbeing Strategy – Dying Well update
Date of Meeting:	16 September 2025
Report of:	Caroline Vass, Interim Director of Public Health
Contact: Email:	Caroline Vass Katy Harker Caroline.vass@brighton-hove.gov.uk Katy.harker@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

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

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

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

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

This paper aims to provide the Board with an overview of the Dying Well strategy focus. The Board will be asked to note the Dying Well update and services in place to deliver the strategic aims.
Glossary of Terms PEoLC - Palliative and End of Life Care ReSPECT - Recommended Summary Plan for Emergency Care and Treatment

1. Decisions, recommendations and any options

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

2. Relevant information

The Joint Health and Wellbeing Strategy

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

2.2 The Brighton & Hove JHWS was approved by the Health and Wellbeing Board in March 2019. It is a high-level strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove.

2.3 The JHWS was developed by a panel nominated from the Health and Wellbeing Board and, in addition to Board representative, included representation from voluntary and community services, Brighton & Hove Chamber of Commerce, and the Brighton & Hove economic partnership. The views of local people and organisations were instrumental in developing the strategy.

2.4 The vision of the Board as set out in the JHWS is that: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.

2.5 The strategy states our overarching ambition that by 2030:

- People will live more years in good health (reversing the current falling trend in healthy life expectancy) and
- The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.

2.6 The strategy details the challenges and health and wellbeing needs faced by the city: the growing population, and the predicted change to the age profile with an increasing proportion of older people. It considers the health and wellbeing needs of the population and the corresponding health and care services and focuses on improving health and wellbeing outcomes for local residents across the key stages of life reflected as the four 'Wells': starting well, living well, ageing well, and dying well.

2.7 The strategy provides a bridge between local health and care services' plans and strategies which will impact on health and wellbeing, where partners across the city understand that we all have a part to play in ensuring that everyone in Brighton & Hove has the best opportunity to live a healthy, happy and fulfilling life.

Development of the outcome measures

2.8 The Board agreed an initial set of outcome measures against which to monitor the delivery and impact of the strategy. These were updated in July 2021 with minor amendments in October 2022. The criteria for inclusion as an outcome measure are:

- where they are population level outcomes (not system or process indicators)
- where Brighton & Hove performs poorly against defined comparators
- where there are significant inequalities within the city.

Monitoring the outcome measures

2.9 The outcome measures are predominantly taken from: the Public Health Outcomes Framework; NHS Outcomes Framework; Adult Social Care Outcomes Framework; and Office for Health Improvement and Disparities (OHID) Wider Impacts of Covid-19 dashboard.

2.10 The outcome measures are ideally presented to reflect the status and trend of the measure i.e. whether the trend is worsening or improving.

2.11 For this report it is not possible to reflect trends for all indicators. This is due to the re-basing of Office of National Statistics (ONS) mid-year population estimates following the 2021 Census. The current data points use the new ONS population estimates to provide current rates, but the historic population data has not yet been updated to enable comparable assessments over time. When the historic population data are updated trend data will be reinstated.

Outcome measures update

2.12 At the Health and Wellbeing Board in November 2022, the Board opted to receive updates on the JHWS outcome measures at each Board meeting,

rather than as a single annual update. This would take the form of focussing on one of the 'Wells' at each meeting.

2.13 The rationale for this was to enable the inclusion of a brief narrative of the specific 'Well' theme to provide a more integrated city-wide understanding of the outcomes and the actions in place. This will provide assurance to the Board that local programmes such as the Shared Delivery Plan and other local services are addressing the outcomes where there is the greatest need for improvement.

2.14 This report reflects the key outcome measure and activity updates for the Strategy area 'Dying Well'. The Dying Well outcome measure is reflected in the table below and compares Brighton & Hove data with England, Southeast local authorities and our 'CIPFA' neighbours (local authorities which are statistically similar in their characteristics to Brighton & Hove).

2.15 JHWS Outcome Measure Dying Well - The annual percentage of registered deaths in each area for persons of all ages and where the place of death is recorded as Home.

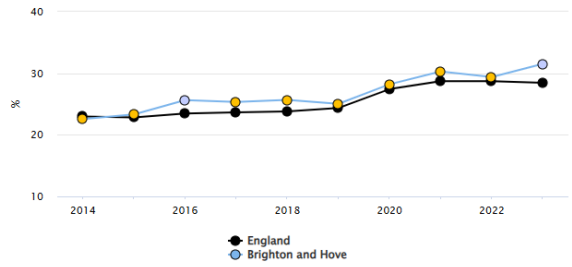
2.15.1 Deaths at home are those that occurred at the usual residence of the deceased (according to the informant and recorded on the death certificate) , where this is not a communal establishment. Neonatal deaths are excluded.

Fingertips data

Percentage of deaths that occur at home (All ages)

Proportion - %

Show confidence intervals Show 99.8% CI values More options



Recent trend: Increasing

Period		Brighton and Hove Count	Value	95% Lower CI	95% Upper CI	England
2014	●	444	22.6%	20.8%	24.5%	23.0%
2015	●	495	23.3%	21.6%	25.2%	22.8%
2016	○	546	25.6%	23.8%	27.5%	23.5%
2017	●	555	25.3%	23.6%	27.2%	23.6%
2018	●	571	25.7%	23.9%	27.5%	23.8%
2019	●	523	25.0%	23.2%	26.9%	24.4%
2020	●	627	28.2%	26.4%	30.1%	27.4%
2021	●	691	30.3%	28.4%	32.2%	28.7%
2022	●	625	29.4%	27.5%	31.4%	28.7%
2023	○	676	31.5%	29.6%	33.5%	28.4%

Source: Office for National Statistics

Source: 'Office for Health Improvement & Disparities. Public Health Profiles. [Date accessed 26/08/2025] https://fingertips.phe.org.uk © Crown copyright [2025].'

Indicator – 2023 data	B&H %	England average %	B&H Compared to England	B&H trend	South East average %	Sussex average %	CIPFA neighbour average %
Percentage of deaths that occur at home	31.5	28.4	Higher	Increasing	27.5	26.8	29.0

CIPFA - Nearest Statistical Neighbour Model

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

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

Dying well JSNA summary - August 2025

Brighton & Hove Place of Death 2023

- 37% of deaths were in hospital (England 43%)
- 32% of deaths were at home (England 28%)
- 26% of deaths were in care homes (England 21%)
- 1% of deaths were in a hospice (England 5%) – this data doesn't capture those that die at home or in a care home with the support of a hospice service (Hospice at Home). Approximately 65% of patients receiving care from Martlets during 2023, received this care at home (including care homes)

People aged 85 or over were least likely to die in their own home (25% of people aged 85+ died at home). Almost four in every ten deaths of those aged 85+ occurred within a care home.

For all age groups, except those aged 75-84, residents in Brighton & Hove are significantly less likely to die in hospital than in other places

As at March 2024, there were 983 patients on GP practice palliative care registers in Brighton & Hove, 0.3% of all patients. Across England 0.5% of patients are on a palliative care register.

2.15.2 Improving end of life care and helping people to die well and with dignity is important for everyone. This involves coordinated efforts across healthcare, social services, and communities to meet diverse needs, focusing on maintaining wellbeing, social connections, and personal preferences for care.

2.15.3 Helping people to have choice and dignity at the end of their lives cannot be delivered by one agency. The NHS plays a key role, as do hospices and other charitable and voluntary groups.

2.15.4 Local authorities also have an important role to play, both in the delivery and commissioning of key services such as social care, providing information and advice home care and care homes, but also through their place-based

leadership and through community inclusion and by ensuring that services are accessible and tailored to the needs of individuals. Additionally, local authorities can support families and carers by providing respite care, counselling, and other forms of assistance. This holistic approach helps to ensure that both the individual and their loved ones are supported throughout the end-of-life journey.

2.15.5 **The following** is a list of key services, initiatives, and actions taking place across Brighton & Hove which support the three Dying Well objectives:

A city-wide approach will be developed to improve health and wellbeing at the end of life and to help communities to develop their own approaches to death, dying, loss and caring:

- Dying Matters Awareness Week – every year in May public health coordinate and promote events delivered by partners across the city to support this national campaign and create an open culture in which we're comfortable talking about death, dying and grief.
- **Preparing to say goodbye: guided conversations about the end of life** – BHCC public health fund this half day training aimed at front line workers which can help them to navigate this difficult and sensitive topic with the person they are supporting.
- **Dying to Share** – a monthly 'death café' providing an opportunity for a safe space to have conversations about death, dying, love and loss.
- Ageing Well Brighton & Hove - people who are bereaved in later life are at an increased risk of loneliness, social isolation, and a decline in their mental wellbeing. Ageing well provides access to information and advice, social and health & wellbeing activities, and volunteering opportunities for people in later life.
- **The Grief Project** - monthly informal meetings for LGBTQ+ people provided by Switchboard. The groups explore a particular theme each month, usually using a creative outlet, and are an opportunity to meet with others and explore grief.
- **Community Companion** - Free emotional and practical companionship for people at end of life, and those close to them, provided by Marie Curie.
- End Of Life Care Planning | The Victoria and Stuart Project - a toolkit created together with people with learning disabilities, families, learning disability support staff, and healthcare professionals. It includes resources and approaches to support staff with end-of-life care planning with people with learning disabilities.

More people will die at home or in the place that they choose:

- The work in this section is included in the ICBs commitment to build on its work as outlined in the system strategy "Improving Lives Together" ; 10 Year Health Plan to shift from hospital care to community care, delivered through Integrated Community Teams (ICTs), These teams are made up

of general practice, community pharmacy, dental services, optometrists, community health services teams, community mental health teams, adult social care teams, public health specialists, hospital specialists, hospices, the VCSE and other stakeholders.

- **Pan-Sussex Palliative and End of Life Care (PEoLC) Programme oversight board** – led by the Sussex ICB and established 2022. Meets every two months and has multi-stakeholder representation from across the health and care system to focus on opportunities to improve PEoLC and share learning and best practice.
- **ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)** – aim to embed delivery of ReSPECT plans across all key organsiations within the Sussex system. The ReSPECT process aims to ensure that a person's clinical care wishes are known, so that in a future emergency where they may not have capacity or be able to express their choices these are already known in the person's ReSPECT plan. The ReSPECT process is intended to respect both patient preferences and clinical judgement. There have been a variety of educational and training events regarding ReSPECT. There are resources specifically for patients and their families at: https://www.sussex.ics.nhs.uk/your-care/emergency-care-plan/#h-respect-resources. These pages contain information about the ReSPECT process and how it supports patient. There is a dedicated page relating to ReSPECT on the NHS public facing website which has a number of resources including five easy read resources: https://www.sussex.ics.nhs.uk/your-care/emergency-care-plan/
- Respecting Faith and Culture in End-of-Life Care Handbook **-** a Sussex-wide resource produced by the ICB to support health and care staff in delivering end of life care that is sensitive to the faith, culture and beliefs of individuals and their families.

Support for families, carers and the bereaved will be enhanced:

- **Sussex Bereavement Support Forum** - A forum facilitated by Public Health to promote and encourage collaborative working across Sussex to ensure the bereavement needs of different groups in West Sussex are met and to identify any gaps and reduce inequalities in bereavement support.
- **Bereavement support for adults bereaved by suicide** – this service is provided by Rethink Mental Illness and commissioned by BHCC public health
- **Winstons Wish** - a Sussex-wide support service for children and young people bereaved by suicide, funded by ICB.
- **Cruse Bereavement Support** - support, advice and information to children, young people and adults when someone dies.
- Bereavement support resources**-** A local online resource to find support after the death of a loved one.

- Information for carers: Supporting someone who is approaching the end of life - Leaflet aimed at carers, including information for B&H residents, and has been shared with B&H Carers Hub.

3. Important considerations and implications

Legal:

3.1 The legal requirement for Health and Wellbeing Boards to prepare a Joint Health and Wellbeing Strategy (JHWS) is described in the body of this report; that requirement has been met, and this report provides an update on one aspect of the JHWS for noting only.

Lawyer consulted: Sandra O'Brien Date: 04/09/25

Finance:

3.2 The Dying Well Strategy, which is joint funded with the NHS Sussex Integrated Care Board, provides a wide range of Aging Well and Bereavement services and sits within Public Health.

The TBM budget for 25/26 is £778,090 (£652,640 from BHCC and £125,450 from NHS ICB).

The Public Health grant allocation has not been confirmed for the financial year 2026/27 which may impact on the availability of funding. However, ICB funding has been confirmed for 26/27, and it is anticipated that financial resources will be available to enable the commissioning of the services detailed above up to financial year 2026/27.

There are no further financial implications to consider for this report.

Finance Officer consulted: Jane Stockton Date: 05/09/25

Equalities:

3.3 BHCC's Joint Health and Wellbeing Strategy (JHWS) aims to reduce the gap in healthy life expectancy between the most and least disadvantaged areas of Brighton & Hove, and to reduce structural inequalities in health outcomes, including those experienced at the end of life. Many of the programmes included in this update aim to support diverse, marginalised and vulnerable groups, including information on respecting cultural beliefs, supporting those with learning difficulties, tailored support for LGBTQ+ individuals and those at risk of isolation and mental illness.

Sustainability:

3.2 No implications identified.

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

3.3 This is covered in the paper.