

Health and wellbeing in Brighton & Hove

**An executive summary of the JSNA 2017
(HWB version July 2017)**

The Brighton & Hove Health and Wellbeing Board is required to produce a Joint Strategic Needs Assessment (JSNA). The JSNA provides a description of the current and future health, social care and wellbeing needs of the local population, and does so by collating a variety of evidence, including information from existing in-depth needs assessments; health and social care data and local views and experiences.

The JSNA is used to identify local health and wellbeing priorities and inform the commissioning and delivery of local services, as well as local strategies including the Brighton & Hove Joint Health and Wellbeing Strategy (JHWS).

This executive summary is based on data available at March 2017.

The full set of JSNA resources can be accessed at:

<http://www.bhconnected.org.uk/content/needs-assessments>

Our population

Brighton & Hove is one of the most deprived areas in the South East and has a population with significant health needs and inequalities.



285,300

Estimated number of residents in 2015



12.5% (32,500 people)

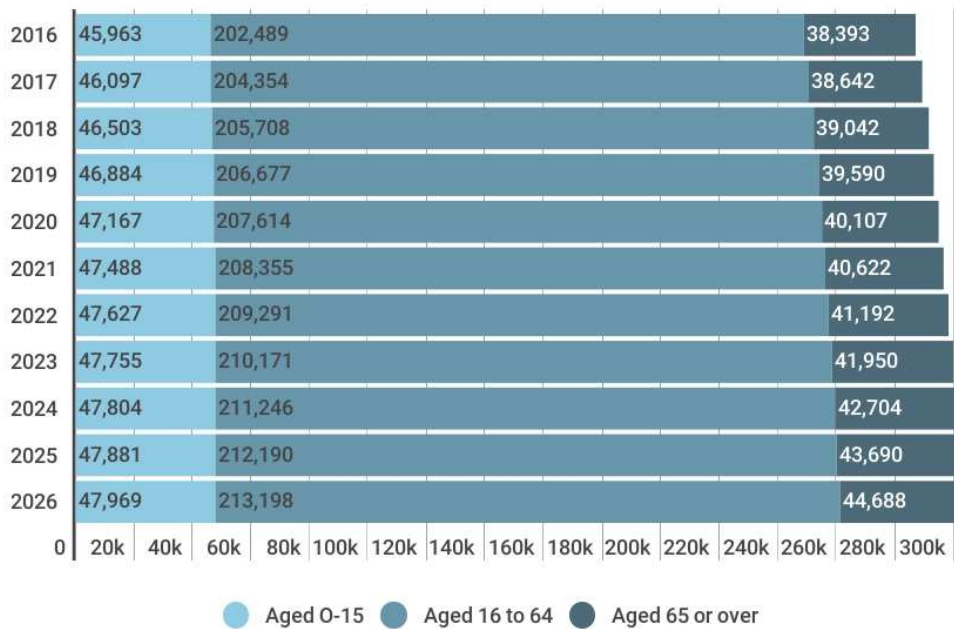
Increase since 2005



South East (9.1%) and England (8.3%)

a bigger increase than seen regionally or nationally

Our resident population is predicted to continue to grow:



305,900

Predicted number of residents in 2026

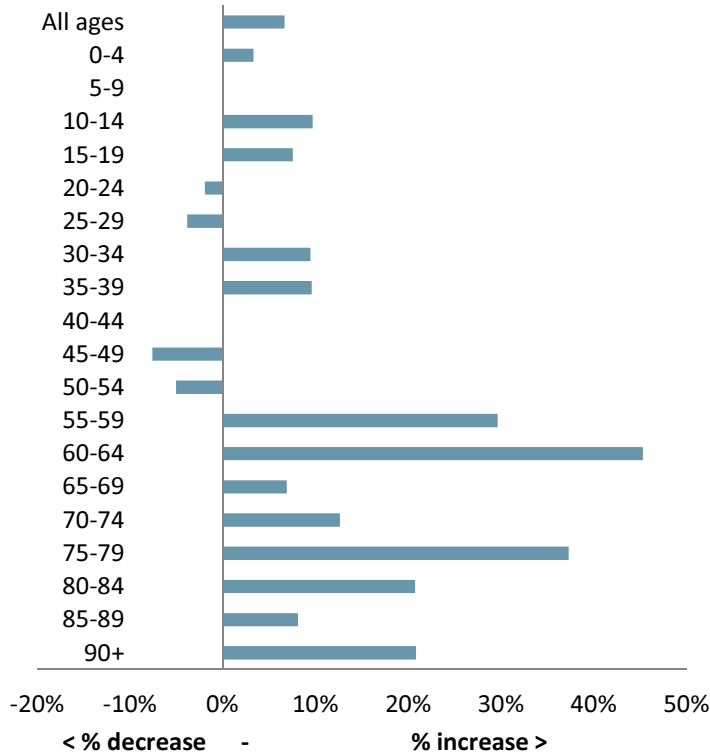


6.6% (19,000 people)

Increase compared to 2016

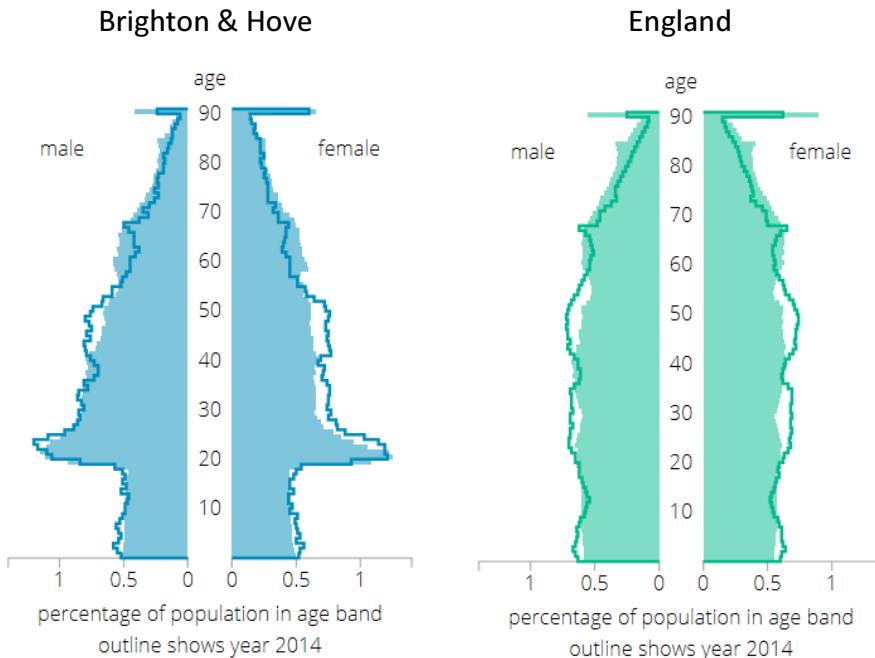
Our population

Resident population: change 2016 to 2026



The city’s population is predicted to get older with the greatest projected increase (37%, 9,300 extra people) in the 55-64 years age group. The population of people aged over 70 is predicted to increase by 21% (5,500 people), including those aged 90 or older (500 people, 21%). The population aged 20 to 29 is predicted to fall by 3% (1,600 people).

Our population profile is younger than England, but is ageing over time.



Key: Filled colour 2034, outline 2014

As people live longer the size of the older population will increase leading to a growing number of people living with multiple long-term conditions. Plans will need to be put in place to manage their future health and care needs set against a challenging economic background.

Our communities

Our city consists of different population groups living in a range of geographical communities. The large student and Lesbian, Gay, Bisexual and Trans (LGBT) communities are key characteristics of the city's population profile. **The most up to date data and our best estimates show:**



50% / 50%

Brighton & Hove has an even population split by gender (although there are differences by age)

2,875 adults

estimated to be trans



20% (53,351 people)

One in five residents are from a BME background



16% (44,569 people)

Have a health problem or disability that affects their day to day activities either a little or a lot

17,376

Estimated number of adults have a moderate to severe physical disability

4,746

Estimated number of residents with a learning disability



12% (27,229 people)

In 2011, full time students aged 18 or older

34,220 people

In 2014/15 full or part time students at Brighton and Sussex universities



11 - 15%

Estimated percentage of residents aged 16 or over who are lesbian, gay or bisexual



9% (23,987 people)

One in ten residents provides unpaid care for a family member, friend or neighbour



11,750

Estimated number of ex-military service personnel in the city

Our communities



41,000

Residents born outside of the UK



11,000

From Asia



18,000

From Europe



11,000

From another part of the world



16,000

From countries in the EU

13,000

Member countries before 2004

3,000

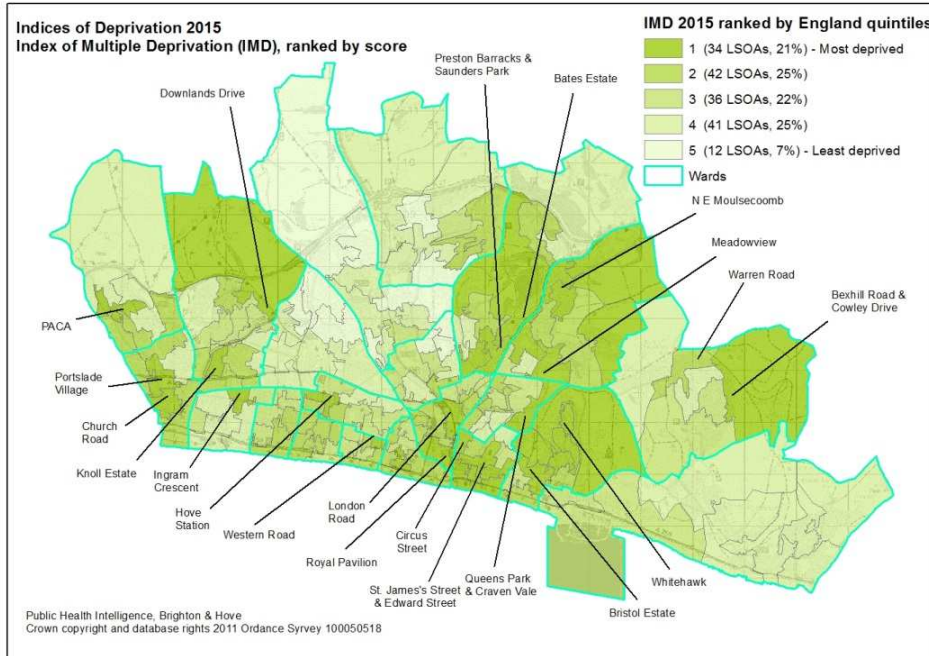
Eastern European member countries

Community assets

Brighton & Hove has a strong voluntary and community sector and many residents who volunteer and work to improve their neighborhoods and city:

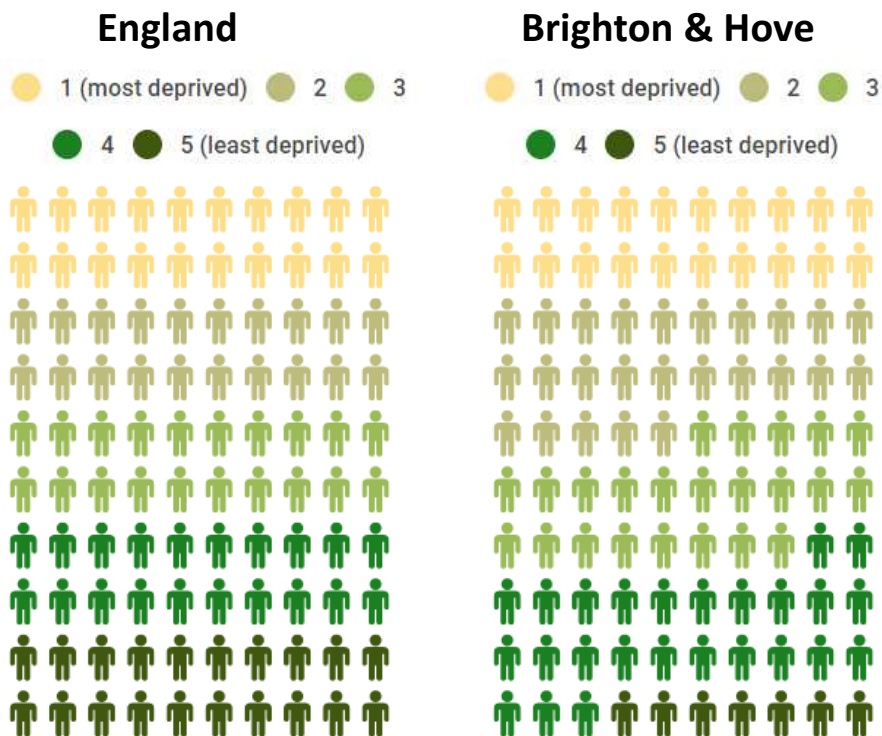
- 71% of respondents to the City Tracker Survey 2016 felt that they belong very or fairly strongly to their immediate neighbourhood, the same as the national comparator
- 70% of respondents agree that people pull together to improve their neighbourhood compared with 68% nationally
- 44% of residents indicated that they volunteer and give their time on an unpaid basis to a local group, club or organisation which is an important means of connecting with the community, compared to 41% nationally
- 89% of people agreed that people from different backgrounds get on well together in the local area, the same as the national figure.

Our city



Indices of deprivation highlight that some areas are more affected by deprivation than others. The highest concentration of deprivation is in the Whitehawk, Moulsecoomb, and Hollingbury areas. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England.

Percentage of the population living in each national quintile of deprivation



Our city is the 102nd most deprived local authority of the 326 in England according to the 2015 Index of Multiple Deprivation. In 2015, 45% of the population of the city lived in the 40% most deprived areas in England and only 7% in the 20% least deprived areas .

Wider determinants of health

Our health and wellbeing is influenced by a wide range of social, economic and environmental factors, as well as lifestyles and fixed personal characteristics such as age and hereditary factors.

- A higher proportion of local pupils are achieving 5 A*- C GCSEs including English and Maths. However, only 25% of local pupil eligible for free school meals achieved 5 A*-C GCSEs, including English and Maths (lower than in England: 33%).
- The city has a similar proportion of unemployed adults to Great Britain, but a higher proportion than the South East
- There were 6,285 crimes of violence against the person recorded by the police in 2014/15. The city has a relatively high rate of violent crime per head of resident population, although this comparison does not take into account the high number of visitors to the city
- Residents are more likely than England to live in private rented housing. In 2008, up to 37,000 homes in the city were considered to be “non-decent”.
- According to 2013 estimates, 12% of households were living in fuel poverty placing children and frail older people at increased risk of ill health and death during winter months
- Similar to England, air pollution is a significant cause of ill health and mortality
- We have a higher rate of people killed or seriously injured on our roads than England.



60% of pupils

Achieved 5 A*-C GCSEs including English & Maths. Slightly higher than the England average for state funded schools (57%)



1 in 3 homes

Are damp, have poor bathrooms, kitchens, heating or insulation



More cold homes

A higher proportion of households can't afford to heat their homes and have enough left to live off, compared to England or the South East



6% unemployment

8,990 people in the city are unemployed



144 rough sleepers

Multi agency estimated number of rough sleepers (2016)



5.1%

Similar to England the percentage of adult mortality (aged 30+) attributable to long-term exposure to particulate air pollution

Life expectancy and main causes of death



79 years of life expectancy

Similar to England but worse than in the South East



84 years life expectancy

Similar to England but worse than in the South East

62 years of healthy life expectancy

Similar to England but worse than in the South East

61 years of healthy life expectancy

Worse than both England and the South East

Between 2001-03 and 2013-15 life expectancy increased from 75.1 years to 79.3 years for males and from 80.8 years to 83.5 years for females. However healthy life expectancy (based on contemporary mortality rates and prevalence of self-reported good health) has actually fallen in recent years – from 63.9 years to 62.4 years for males between 2009-11 and 2013-15 and from 64.1 years to 61.3 years for females. People are therefore living longer in ill-health and with multiple long-term conditions. This, alongside the rising retirement age, means that increasing numbers of people of working age are in ill-health.

There is a 9.6 year difference in life expectancy for males and 6.7 years for females (between the most and least deprived individuals) compared with 9.0 years and 7.0 nationally. Over the five year period 2011-2015 a total of 2,702 deaths in Brighton & Hove of people of all ages can be attributed to the impact of deprivation - equivalent to 540 deaths annually.

There is a larger difference in healthy life expectancy in the city between the most and least deprived individuals – 14.0 years for males and 12.5 years for females (although this is narrower than the gap nationally of 19.0 years for males and 20.2 years for females).

Life expectancy and main causes of death



2,130

Total deaths in 2015



583

Cancer deaths



545

Circulatory conditions



282

Respiratory conditions



172

Mental and behavioural



120

Nervous system diseases



117

External causes (includes accidents and suicides)



103

Digestive disorders

In 2015 there was a total of 2,130 deaths (all ages).

The commonest causes of death in the city are cancers, circulatory diseases, respiratory diseases and digestive diseases. The under 75 age-standardised mortality rate from cancer is higher than for England and the South East at 146.4 deaths per 100,000 people for 2013-15 compared to 138.8 and 129.4 respectively.

We also have a higher suicide rate. The rate of deaths by suicide and injury undetermined for Brighton & Hove residents for 2013-15 was 15.2 deaths per 100,000 people (age standardised), approximately 50% higher than the rate for England (10.1 deaths per 100,000).

Of all deaths in 2015, 41% occurred in hospital, whilst 23% occurred in the usual place of residence and 22% in care homes. Fewer deaths in Brighton & Hove are in hospital than across England (47% of deaths in England were in hospital).

Long-term conditions



HIV 11th highest

HIV prevalence in England & highest outside London. Higher new sexually transmitted infection rate than England.



Higher

Higher prevalence of serious mental illness, anxiety, depression and long term mental ill health than England



15.2 per 100,000

High suicide rate compared to 10.1 per 100,000 people for England



4.1%

Lower recorded diabetes prevalence compared to 6.7% for England.

But recorded diabetes has increased from 3.8% in 2010/11 to 4.1% in 2014/15.

There are an estimated 16,600 people in the city with undiagnosed diabetes



69%

Breast cancer screening compared to 72% for England



1.3%

Slightly lower prevalence of Chronic Obstructive Pulmonary Disease (COPD - respiratory disease) on GP Practice Registers in 2015/16 than England (1.85%)



65%

Lower flu immunisation uptake than England for 65s and over



17,367

Estimated number of 18-64 year olds with a moderate or serious physical disability (2015)



3,508

Estimated number of 18 and overs with a moderate or serious visual impairment



22,667

Estimated number of people with a hearing impairment

Children and young people's health



26%

Overweight or obese children in Year 6 (10-11 years), lower than England (34%)



82%

Proportion of 5 year olds in the city free from dental decay. Better than seen in the South East (80%) and in England (75%)



88% breastfeeding

Within 48 hours of giving birth (74% in England)



6% of mothers smoking at delivery

The trend has been decreasing since 2008 and we are much lower than England (11%)

The city exhibits a range of positive health behaviours in relation to children and young people's health. Fewer pregnant mothers are smoking at the time of birth, more breastfeed and children aged 10 -11 years are more likely to be a healthy weight compared to England.

However, we have some of the worst rates of lifestyle behaviours at age 15 in the country, which impact upon young people's current and future health and wellbeing. We also know there is a clustering of these behaviours in young people from more deprived areas of the city.



1st

15% of 15 year olds currently smoke (2015), the highest rate in England. Average rates for the South East (9%) and England (8%)



1st

24% of 15 year olds have ever tried smoking cannabis (2015), the highest rate in England. Average rates for the South East (12%) and England (11%)



3rd

11% of 15 year olds drink alcohol at least once per week (2015), the joint third highest rate in England. Average rates for the South East (6%) and England (6%)

Children and young people's health

Challenges to children and young people's health remain:



89

The number admission episodes to hospital as a result of drinking alcohol for under 18s. The rate 58 per 100,000 people is significantly higher than found in the South East and England (both 37 per 100,000)



248

children and young people admitted to hospital for self-harm in 2015/16. 448 per 100,000 10-24 year olds compared to 431 per 100,000 for England



100

conceptions to women aged 15 to 17 in 2015. Our rate of 25 per 1,000 is higher than found in both the South East (17 per 1,000) and England (21 per 1,000)



448

high risk domestic violence cases discussed at local Multi-Agency Risk Assessment Conferences in 2015/16. 428 children were associated with these cases



19.1%

percentage of pupils with an identified need (a Statement/Education, Health & Care Plan or SEN Support). Higher than found nationally (15.4%)



3% (1,520 children)

under 18 receiving Disability Living Allowance (DLA). Similar to both the South East (3%) and England (3%)

Adults and older people's health



21%

It is estimated that one in five adult residents smoke. The proportion has fall from 25% in 2012 but is still significantly higher than for England (17%)



50%

Alcohol related attendances are 50% higher in city residents in the most deprived quintile compared to the least deprived quintile



10.4 per 1,000

Residents aged 16 to 64 use opiates/crack. Higher than the average in England (8.4 per 1,000)

There were 7.5 drug related deaths per 100,000 people in the city between 2013 and 2015. Higher than the South East (3.6 per 100,000) and England (3.9 per 100,000)



13%

Just over one in ten adults in the city are obese compared to more than two in ten adults in England (23%)



4.9%

Of adults cycle to work in Brighton & Hove compared to only 3% in both the South East and England



56%

Of adults achieving recommended levels of physical activity



17.3% (36,717)

Estimated number of residents aged 16 to 74 with a common mental health disorder (2014/15). Higher than the estimates for the South East (13.2%) and England (15.6%)

28.5%

Percentage of residents aged 16 or older reporting that they felt anxious yesterday (2015/16). Significantly higher than reported in the South East (19.0%) and England (19.4%)

Some lifestyle behaviours can have a negative impact on our health as adults and older people. Smoking, alcohol and drug misuse in particular are significant issues in Brighton & Hove.

Brighton & Hove has more residents who are physically active and has fewer obese and overweight adults compared to England.

Brighton & Hove has higher than average levels of estimated and self reported common mental health issues

Adults and older people's health

Brighton & Hove has a relatively large proportion of older people living alone and potentially isolated who are more dependent upon public services, but also more active older people than England.



Double

The proportion of independent active older people compared to the national average



41%

More than two in five older residents live alone compared to only 31% nationally



947

There are similar rates of emergency hospital admissions due to injuries from falls in residents aged 65+ (2,220 per 100,000) compared to England (2,125 per 100,000)

Probability of loneliness for those aged 65 and over

