

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 25

Subject: Reducing Health Inequalities in Brighton & Hove

Date of meeting: 11 February 2026

Report of: The Director of Public Health and of NHS Sussex

Contact Officer: Name: Giles Rossington, Scrutiny Manager

Tel: 01273 295514

Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

- 1.1 This report outlines the health inequalities challenges faced by Brighton & Hove and provides details of the measures being taken by health and care system partners to tackle them.
- 1.2 Appendix 1 to this report has been jointly compiled by NHS Sussex and by the council's public health team.

2. Recommendations

- 2.1 Health Overview & Scrutiny Committee notes the contents of this report.

3. Context and background information

- 3.1 Health inequalities are the gap between the healthiest and least healthy communities in a given area. Health inequalities can be measured in a number of ways – for example, by comparing the average life expectancy, healthy life expectancy or the prevalence of specific health conditions in one community against another. In general, England has high health inequalities compared to many other developed economies, and health inequalities are even more stark in particular parts of the country, including Brighton & Hove.

- 3.2 Brighton & Hove has high levels of health inequalities. The local causes of health inequalities include deprivation, homelessness, complex needs, mental illness, the prevalence of long-term conditions and poor access to preventative care.
- 3.3 Partners across the local health and care economy, including the city council, NHS Sussex Integrated Care Board, local NHS trusts and the community & voluntary sector, have developed ambitious plans to tackle health inequalities via a series of interconnected programmes that target those most in need of support. More information on health inequalities in the city and on the measures being taken to tackle the issue is included as Appendix 1 to this report.

4. Analysis and consideration of alternative options

- 4.1 Not relevant to this report which is for information.

5. Community engagement and consultation

- 5.1 None directly for this report. Many of the city programmes developed to tackle health inequalities involve local community & voluntary sector organisations as key delivery partners and have been developed by statutory services working in co-production with community & voluntary sector partners and with local communities.

6. Financial implications

- 6.1 There are no financial implications arising from this information report.

Name of finance officer consulted: Ishemupenyu Chagonda Date consulted : 28/01/26

7. Legal implications

- 7.1 No legal implications have been identified as arising from this report, which is for noting only.

Name of lawyer consulted: Victoria Simpson Date consulted 29/01/26

8. Equalities implications

- 8.1 The proposal that HOSC is considering, to note this report, does not raise any equalities implications. That said, consideration of equality issues is of key importance in developing measures to tackle health inequalities as people with specific protected characteristics may be more likely on average to experience health inequalities. Understanding why people with protected

characteristics may experience worse health is key to developing effective approaches to reducing health inequalities.

9. Sustainability implications

9.1 There are no environmental sustainability implications to consider in relation to the decision of this report, which is to note. Sustainability issues will have been considered in the development of specific programmes to tackle health inequalities. Where programmes provide additional support within geographical communities, there may also be positive sustainability impacts in terms of reducing the need for people to travel to access services.

10. Health and Wellbeing Implications:

10.1 These are considered in the body of the submission from NHS Sussex and BHCC Public Health (Appendix 1).

Other Implications

11. Procurement implications

11.1 There are no implications relevant to the decision in this information report.

12. Crime & disorder implications

12.1 There are no implications relevant to the decision in this information report. Specific programmes aiming to reduce health inequalities may also have a focus on reducing crime & disorder.

13. Conclusion

13.1 Health Overview & Scrutiny Committee is asked to note the information on this report on the nature of and the health and care system response to local health inequalities.

Supporting Documentation

1. Appendices

1. [Information provided by NHS Sussex and by BHCC Public Health team.](#)
2. [Presentation slides](#)

