NHS
Surrey and Sussex

Surrey and Sussex Integrated Needs Assessment

May/June 2026

Surrey County Council
West Sussex County Council
East Sussex County Council
Brighton & Hove City Council

Contents

Introduction and purpose of the Integrated Needs Assessment (INA)

This Integrated Needs Assessment (INA) provides an evidence-led narrative of the current and future health and wellbeing needs of the NHS Surrey and Sussex population. It underpins the Strategic Commissioning Plan and provides the core population evidence of need to which strategic priorities, commissioning intentions and system transformation programmes must respond.

This first integrated needs assessment for the new ICB footprint had to be produced by March 2026, shared with providers and other partners and is to be updated annually across the ICB geography.

The INA brings together demographic analysis, life expectancy and healthy life expectancy data, deprivation and wider determinants of health, and place-based intelligence and insights at system, place and neighbourhood level. It adopts a life course and place-based approach, recognising that inequalities accumulate over time and are shaped by where people live, conditions in which they grow, learn, work and age, and access to timely, effective and integrated support that they recognise as appropriate for them.

The information presented within the INA is from each of the Places Joint Strategic Needs Assessments (JSNAs), as well as the Office for Health Improvement and Disparities Health of the region data explorer:

- Brighton & Hove Joint Strategic Needs Assessment (JSNA)
- East Sussex in Figures – Data Observatory – JSNA
- Joint Strategic Needs Assessment | Surrey-i
- Welcome to the West Sussex JSNA - West Sussex JSNA Website

The guidance is clear that in the INA it should be possible to break down the integrated needs assessment by the agreed local places (health and wellbeing board level) and neighbourhoods that make up the ICB geography. Wherever possible we have taken this approach or signposted to other local Place or neighbourhood level data. The main geographies used within the INA are:

- The Surrey and Sussex combined area
- Each ‘Place’ (Brighton & Hove; East Sussex; West Sussex and Surrey – based on current Upper Tier Local Authority)
- Lower Tier Local Authority (districts and boroughs)
- Middle Super Output Areas (MSOAs), these are small geographical areas of approximately 7,200 to 7,500 people. This enables analysis of inequalities within areas.

This first INA does not break down information at Integrated Neighbourhood/Community Team, as this information is available elsewhere, but this will be considered in future years.

Some data is published by ICB boundaries rather than local authority boundaries. Where data is used that was based upon previous ICB boundaries, the needs assessment has included data for Sussex ICB and Surrey Heartlands ICB areas. This does not include the part of Frimley which is now included within the Surrey and Sussex ICB boundary, as there is no way to disaggregate this data published on previous boundaries.

Population

Population: Key points

- Population size, structure and composition are crucial elements in identifying, measuring and understanding current and future health and wellbeing needs.
- The total population of Surrey and Sussex is 3,008,400 people.
- Overall, the population has increased by 7% over the past decade, below that of the South East and England.
- Higher population growth was observed in Surrey and West Sussex, lower in East Sussex and Brighton & Hove.
- Brighton & Hove has a younger population age profile, in part related to the large student population with the largest percentage of the population of working age (72), followed by Surrey (62%).
- East Sussex and West Sussex have the highest proportions of the population aged 65 years or over (27% and 23% respectively).
- The number of births has declined in all areas, in 2024 only Surrey had more births than deaths.
- Population growth in all areas (including Surrey) has been predominantly driven by inward migration – in most areas of East Sussex and West Sussex by inward migration from other parts of the UK is the largest factor in population growth, but for Brighton & Hove, Crawley (in West Sussex) and parts of Surrey by international migration.
- In 2024, across Surrey and Sussex there were 4,419 more deaths than births (29,659 deaths v 25,240 births).
- Based on ONS 2022-based subnational population projections, the combined population of Surrey and Sussex is projected to grow from 3,026,770 in 2022 to 3,093,510 by 2031, an increase of around 66,700 people or 2.2%.
- However, this overall growth masks significant variation by age group. The working-age population (16 to 64) is projected to grow only modestly (1.1%), while the number of children aged 0 to 15 is projected to fall by 5.0%.
- By contrast, the population aged 65 and over is projected to grow substantially, from 665,660 to 737,500 people, an increase of 10.8%, reinforcing the picture of a markedly ageing population across the whole of Surrey and Sussex over the coming decade.

Area specific links

Brighton and Hove

Brighton & Hove JSNA: Joint Strategic Needs Assessment (JSNA) webpages bring together evidence of the current and future health and wellbeing needs of people living in Brighton & Hove

Population and population groups

East Sussex

East Sussex in Figures – Data Observatory

East Sussex in Figures brings together existing research and analysis resources throughout the county, working jointly with partners to provide information and intelligence for East Sussex. It contains the East Sussex JSNA resources as well.

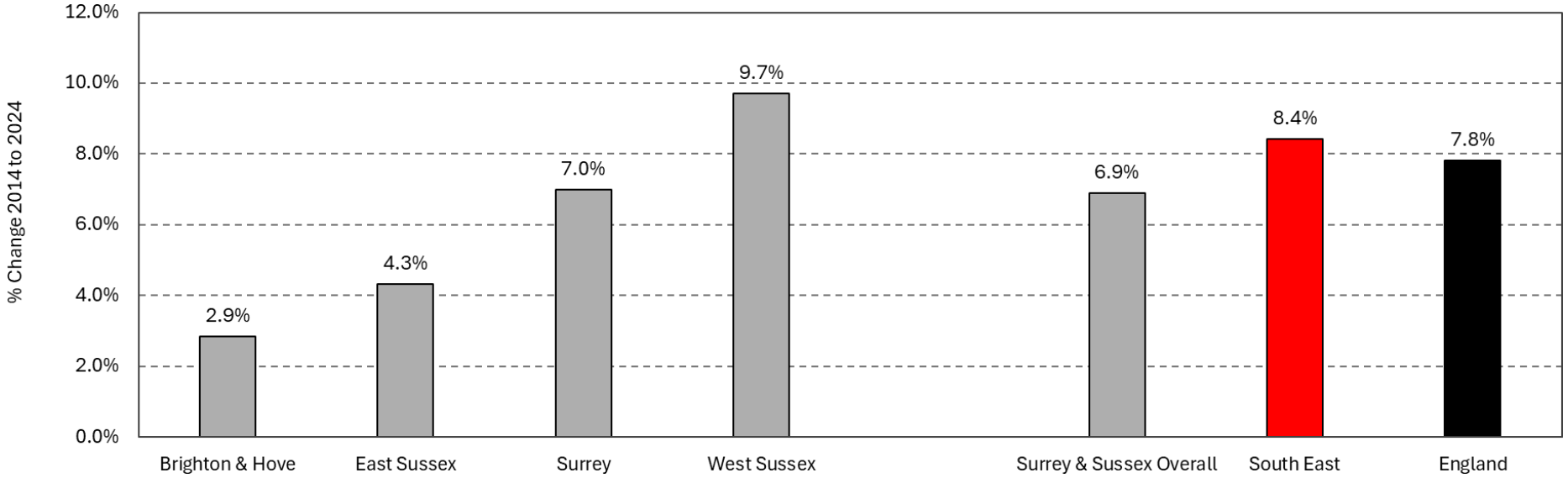
Surrey
The Surrey Context: People and Place | Surrey-i 2021 Census | Surrey-i
West Sussex
West Sussex JSNA Website This website hosts various reports and analyses relating to the health and wellbeing of the West Sussex population

Total Population 2014 to 2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Brighton and Hove	276,000	277,400	279,800	279,500	281,300	279,900	278,500	276,500	278,000	281,100	283,900
East Sussex	537,600	540,600	543,400	544,700	544,700	545,300	544,600	546,900	551,100	556,600	560,900
Surrey	1,167,000	1,174,400	1,182,200	1,185,100	1,186,800	1,192,200	1,195,800	1,206,000	1,217,900	1,235,100	1,248,600
West Sussex	834,000	842,500	851,900	859,500	866,200	871,700	875,400	885,000	893,200	904,000	915,000
Surrey and Sussex	**2,814,600**	**2,834,900**	**2,857,300**	**2,868,800**	**2,879,000**	**2,889,100**	**2,894,300**	**2,914,400**	**2,940,200**	**2,976,800**	**3,008,400**

Source: ONS Mid-Year Estimates (Accessed via nomisweb.co.uk). Data are rounded to nearest 100.

Percentage change in population 2014 to 2024

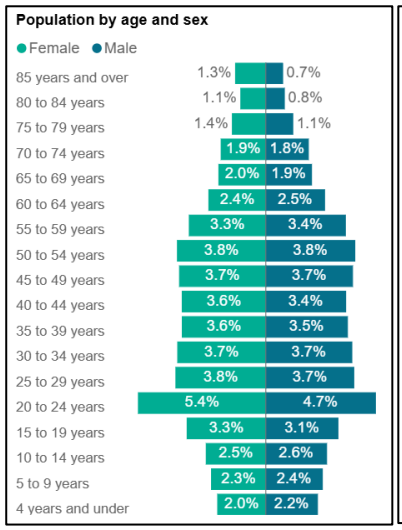


Source: ONS MYE

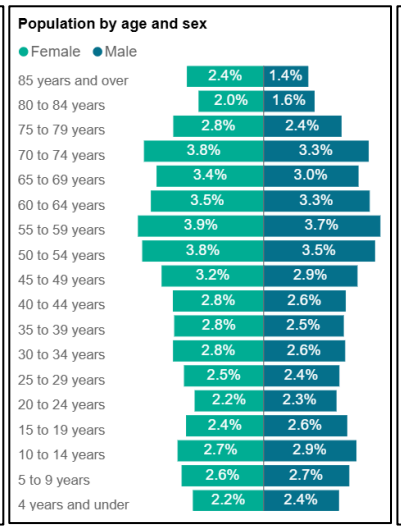
Population age structure

Age sex profile (2024)

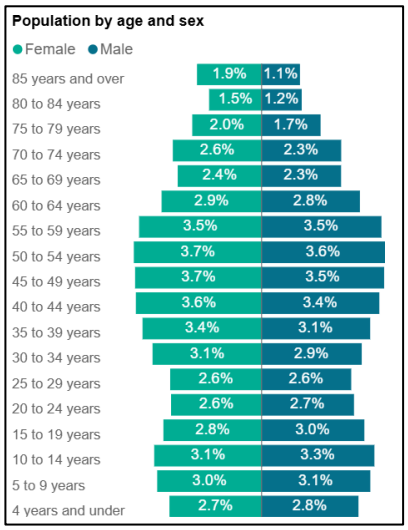
Brighton and Hove



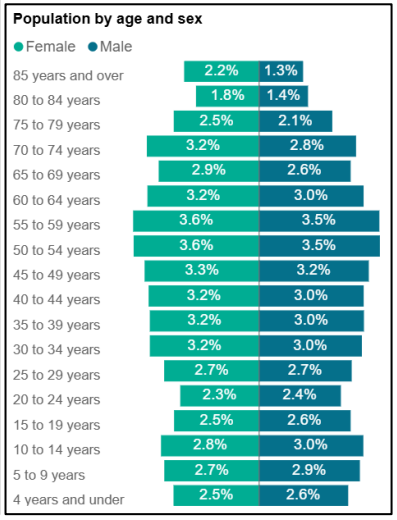
East Sussex



Surrey

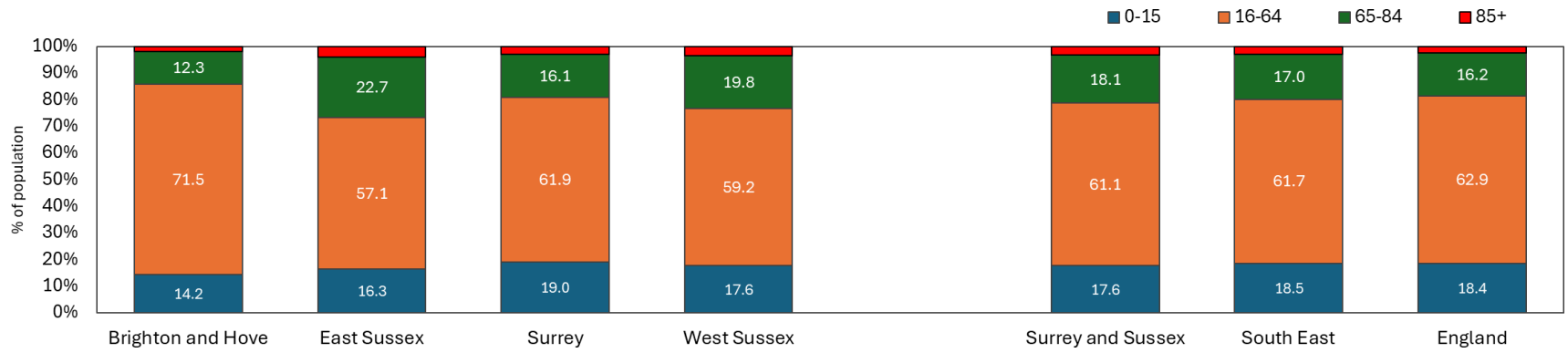


West Sussex



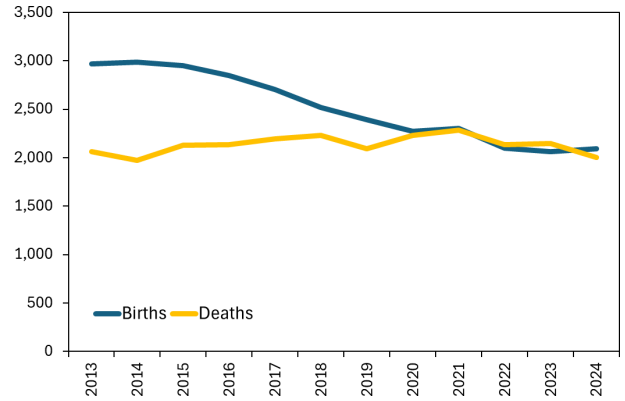
Source: Screenshot from OHID, Health of the Region Data Explorer

Broad age structure - Percentage of the Population by Broad Age Groups (2024)

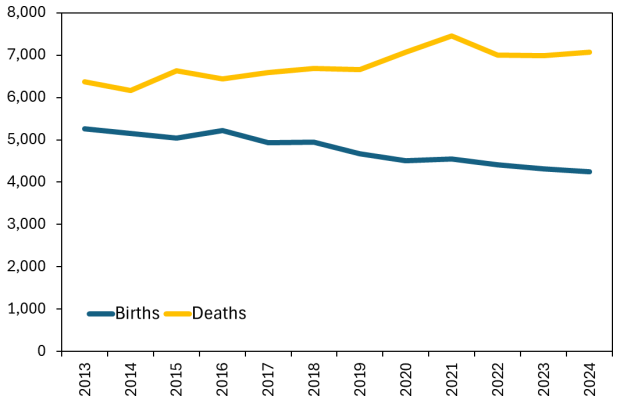


Components of change – births and deaths

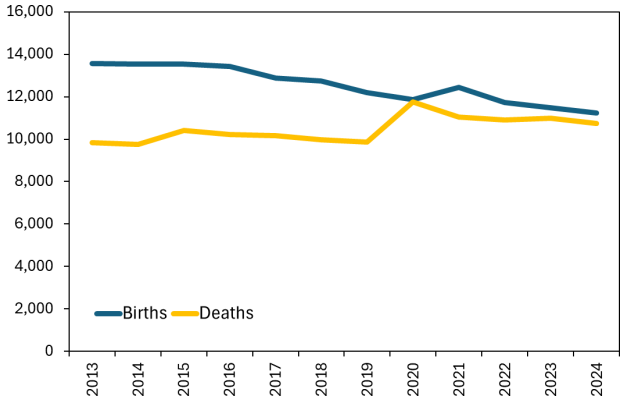
Brighton and Hove



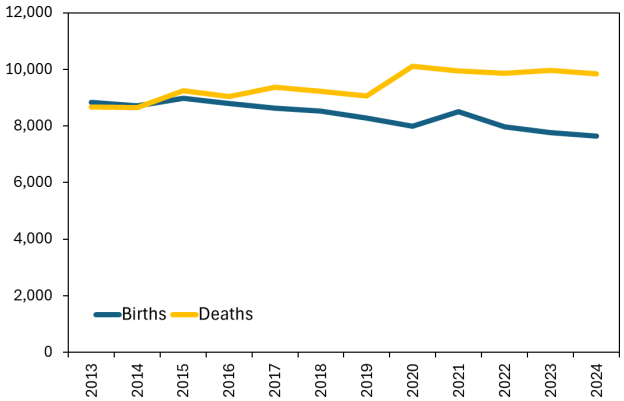
East Sussex



Surrey



West Sussex

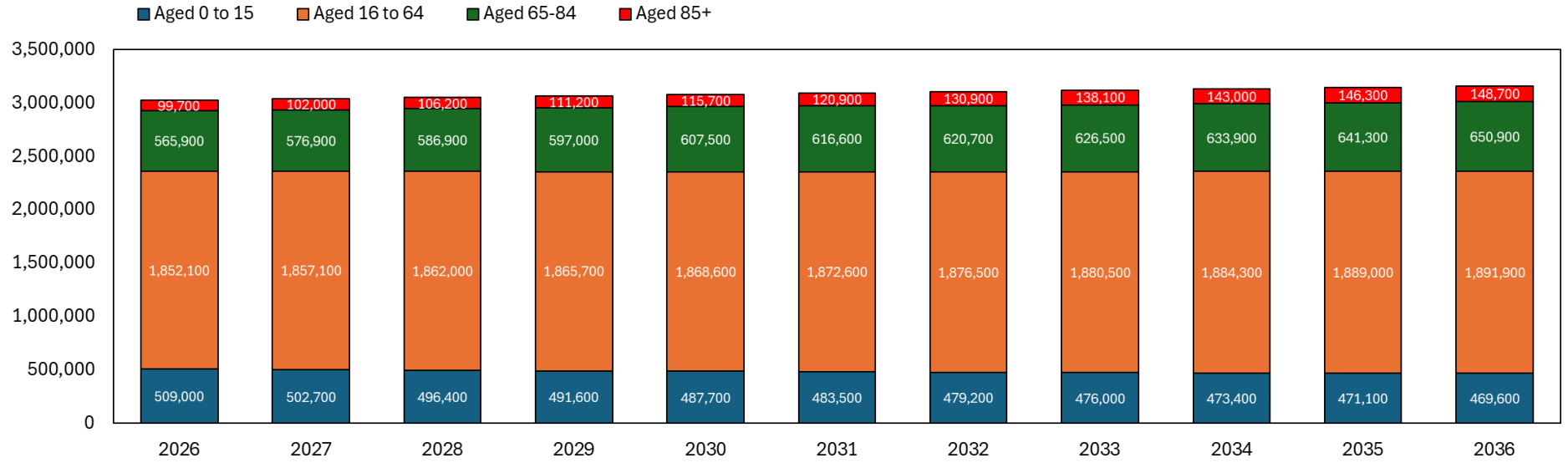


Source: ONS Birth Registration Data

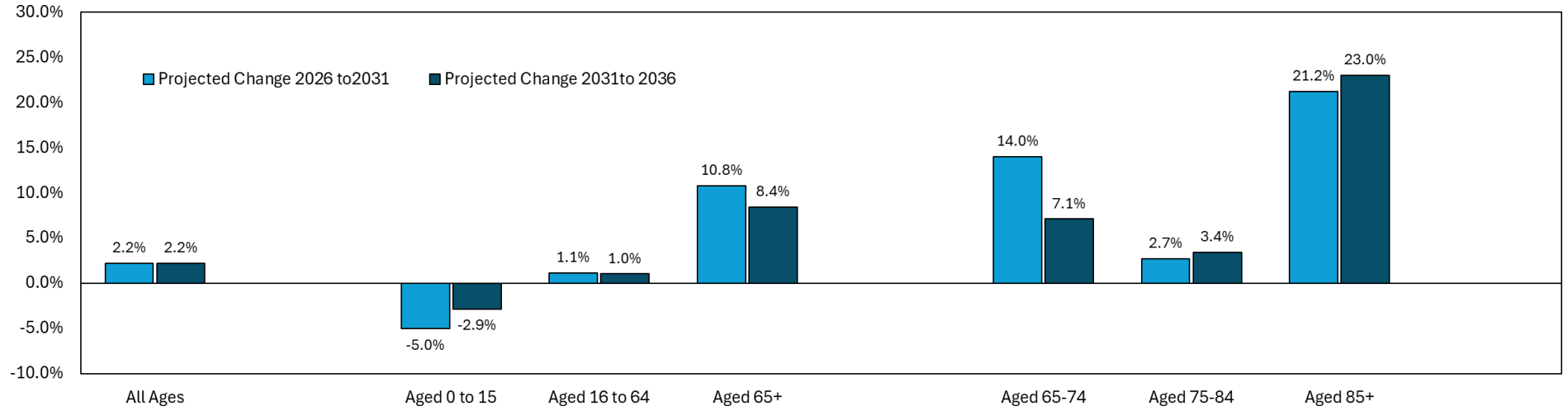
Note: graphs have different scales

Population projections (Surrey and Sussex combined)

(Using ONS Sub National Projections)



Source: ONS Sub National Population Projections (2022 Based)



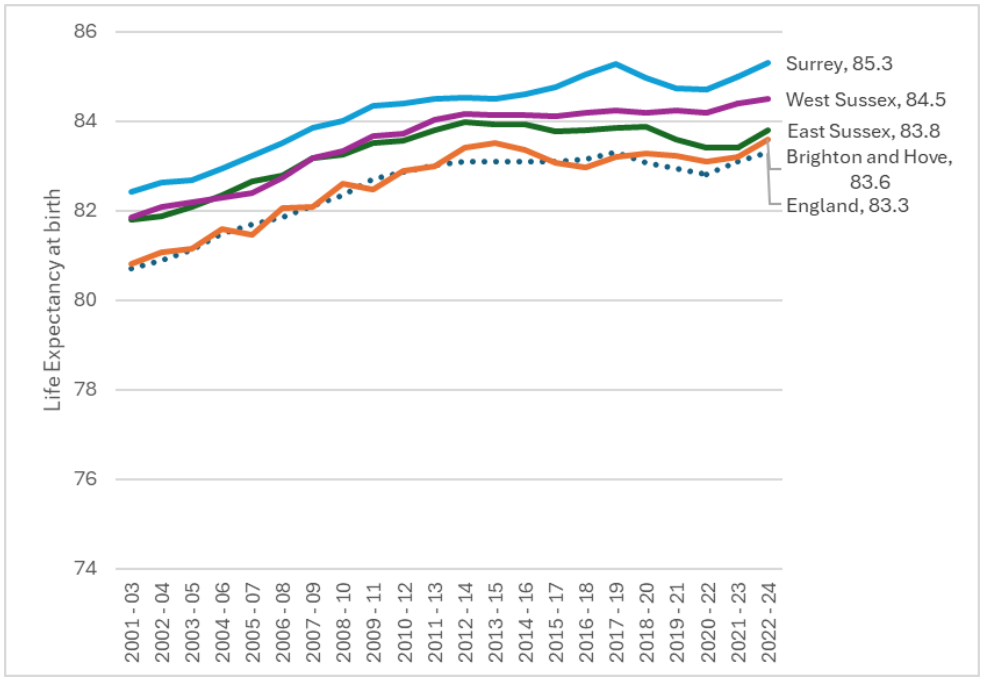
Life expectancy and burden of disease

Life expectancy and burden of disease: Key points
• Life expectancy continues to improve across Surrey and Sussex, following the reductions experienced both nationally and locally through the pandemic period. • Females experience longer life expectancy than males across all local authority areas in Surrey and Sussex. • There is a wide variation of life expectancies when looking between local authority areas ranging from 76.6 in Hastings for males to 82.5 in both Surrey Heath and Wealden. For females it ranges from 81.6 in Hastings to 86.0 in Elmbridge. • At a small area level, the life expectancy gap across Surrey and Sussex is 12.7 years for females and 14.5 years for males. • The gap in life expectancy between the most and least deprived areas is largely driven by circulatory disease, cancer and respiratory disease. In Sussex, particularly in Brighton & Hove, mental and behavioural conditions as well as external causes (accidental or deliberate harm) contribute more than in Surrey. • Previous increases in life expectancy up to the early 2010s are not now being seen with a levelling off in life expectancy in many, but not all, parts of Surrey and Sussex. • We continue to see a reduction in Healthy life expectancy resulting in more years spent on average in poor health. • This increase has been seen across all 4 Local Authority areas in Surrey and Sussex. This is currently greatest in East Sussex where years spent in poor health is 23.9 years for females and 21.0 years for males. • Low back pain, depressive disorders, anxiety disorders and falls were the leading causes for years lived with disability in the South East region in 2023. The leading risks associated with disability were high body-mass index, high fasting plasma glucose and smoking.
Area specific links
Brighton and Hove
Life expectancy JSNA summary by Brighton and Hove City Council - Infogram
JSNA Health and Wellbeing in Brighton & Hove Executive Summary
East Sussex
JSNA: Improving Healthy Life Expectancy in East Sussex
Surrey
The Surrey Context: People and Place | Surrey-i
West Sussex
West Sussex JSNA Website

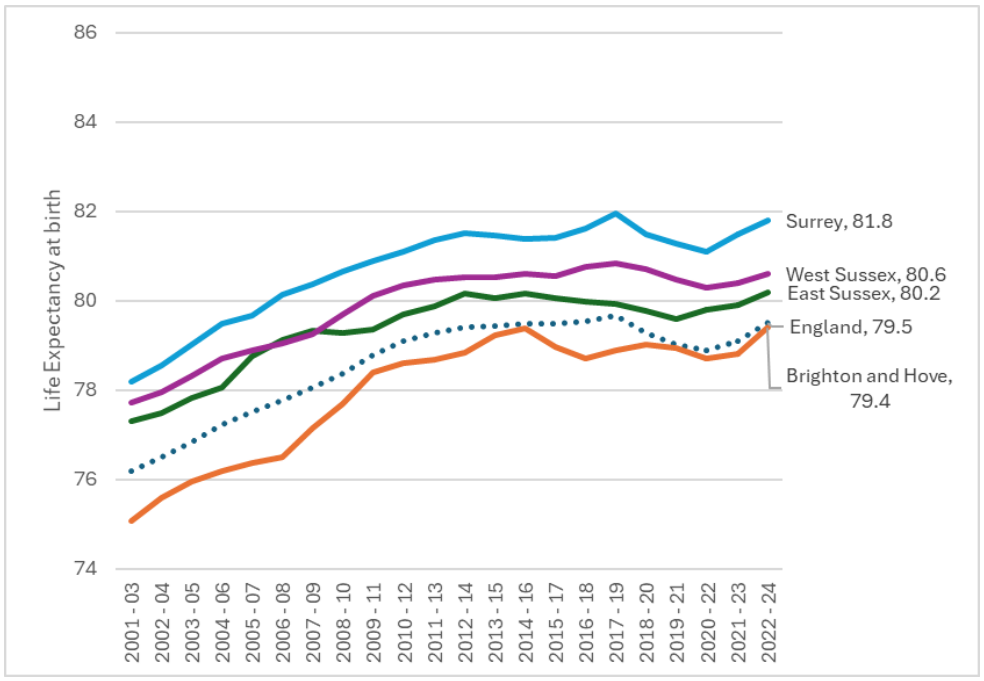
Life expectancy at birth

Life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age specific mortality rates for that area and time period throughout his or her life.

Female life expectancy at birth for upper tier local authorities in Surrey and Sussex, 2001 to 2024



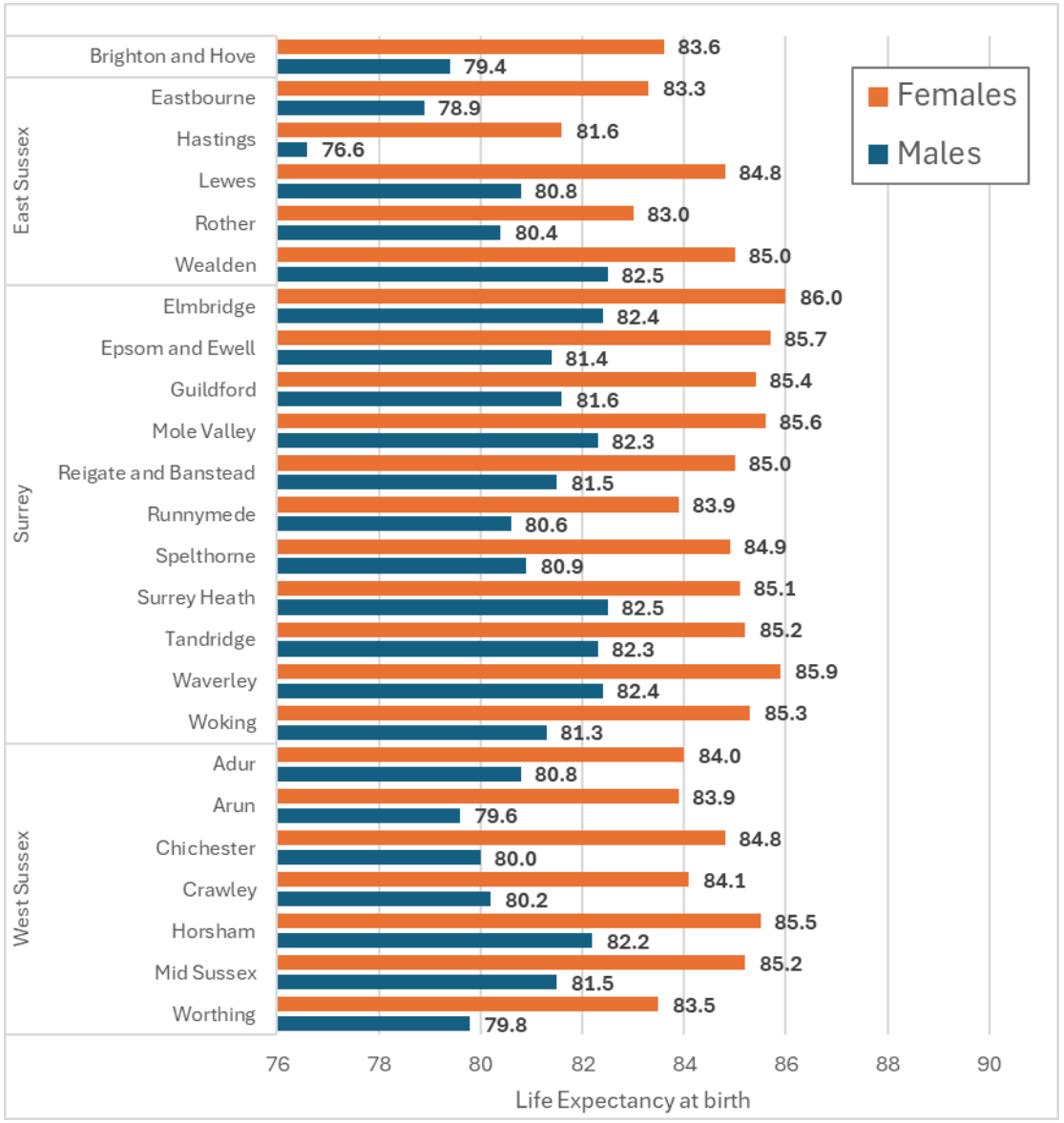
Male life expectancy at birth for upper tier local authorities in Surrey and Sussex, 2001 to 2024



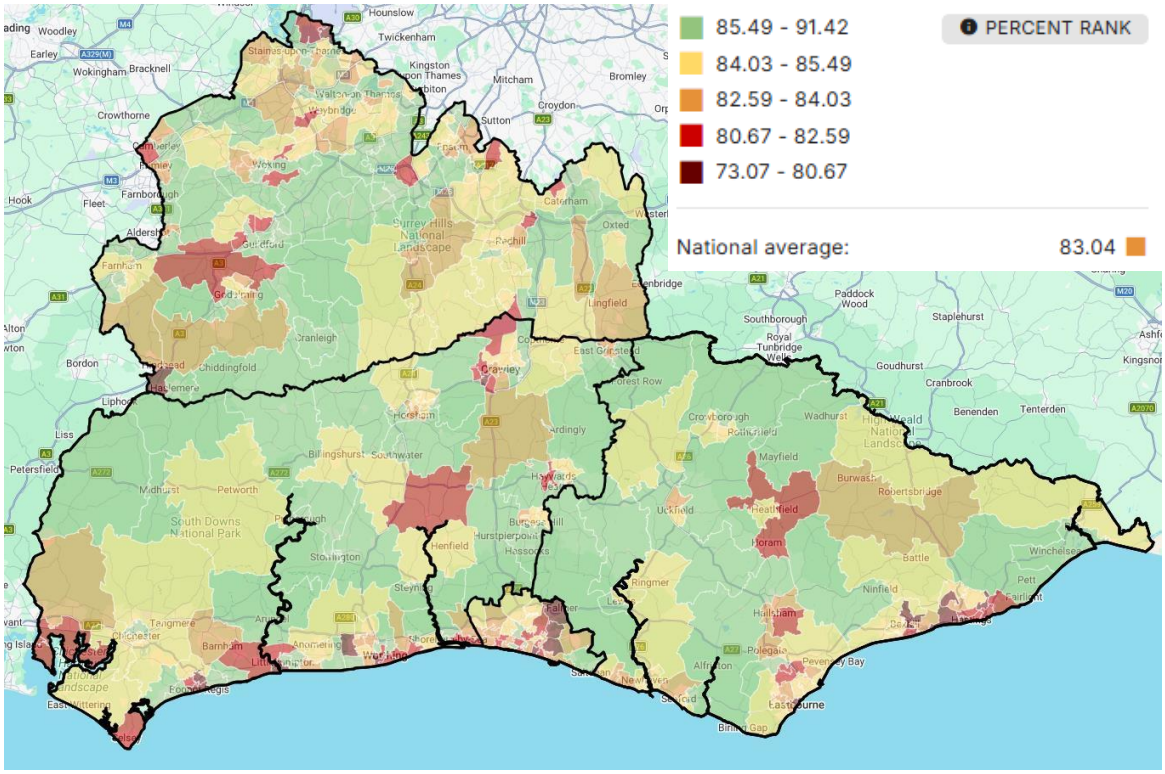
Note: Scales do not start at zero.

Source: Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care

Life Expectancy at birth for lower tier/unitary local authorities in Surrey and Sussex, 2023-2024

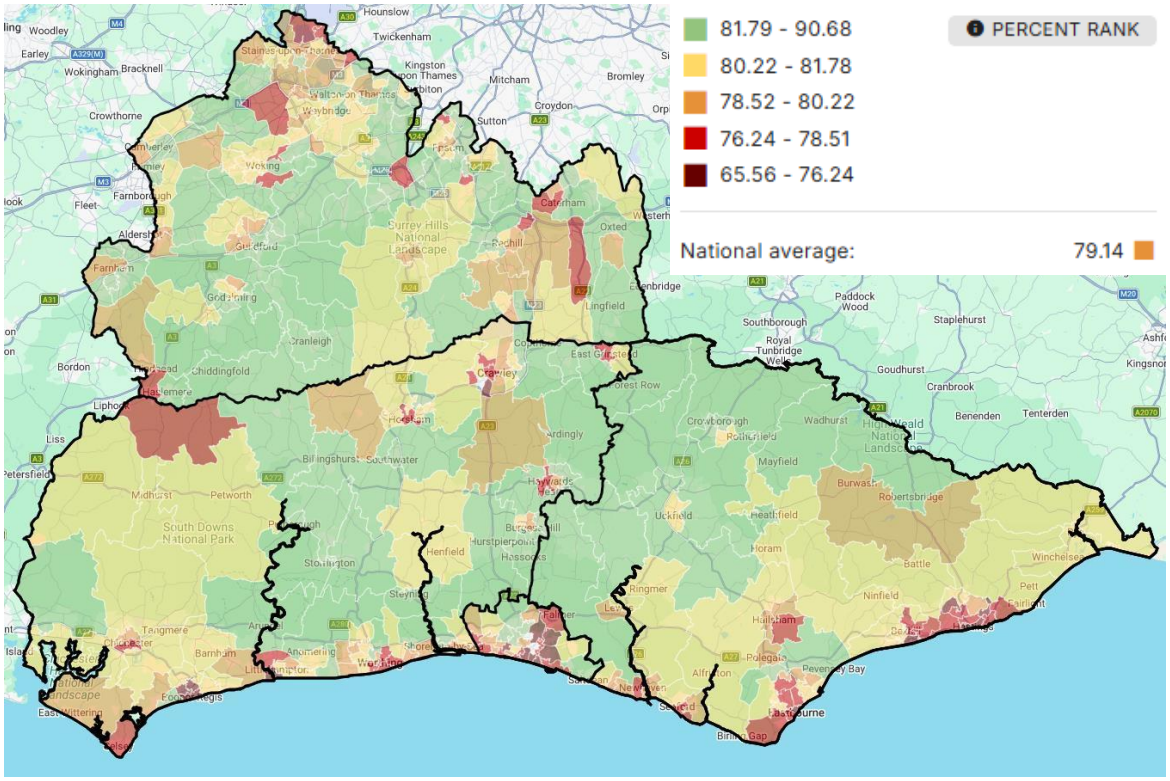


Female Life Expectancy at birth for MSOAs[a] in Surrey and Sussex, 2019-2023



Source: https://brighton-hove.localinsight.org/#/map?savedmap=3405

Male Life Expectancy at birth for MSOAs in Surrey and Sussex, 2019-2023



Source: https://brighton-hove.localinsight.org/#/map?savedmap=3395

[a] Middle Layer Super Output Areas (MSOAs) are geographic units used by the Office for National Statistics (ONS) in England and Wales to improve the reporting of small-area statistics, designed to be more stable than administrative wards. They typically contain around 8,000 residents.

Life Expectancy (LE) at birth, gaps between MSOAs by sex by upper tier local authority, 2019-2023

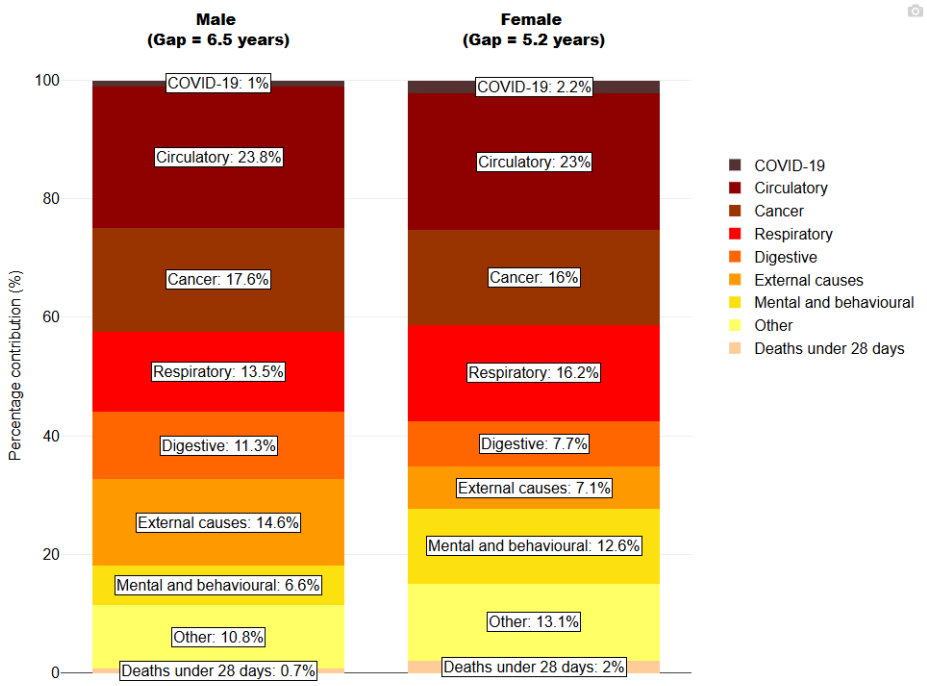
	Females				Males		
	Highest LE	**Lowest LE**	**Gap**		**Highest LE**	**Lowest LE**	**Gap**
Brighton and Hove	Hove Central 87.0	St James's St & Queen's Park 77.9	9.1		Hollingbury 83.7	Bevendean & Moulsecoomb East 74.4	9.3
East Sussex	Frant & Groombridge [Wealden] 89.8	Central St Leonards [Hastings] 78.9	10.9		Crowborough North East [Wealden] 86.6	Pier [Eastbourne] 72.1	14.5
Surrey	Camberley Heatherside [Surrey Heath] 90.6	Haselmere West [Waverley] 80.1	10.5		Farnham Moor Park & Bourne [Waverley] 86.3	Stanwell North & Stanwell Moor [Spelthorne] 76.5	9.8
West Sussex	West Chiltington Common [Horsham] 90.0	Bognor Regis Central [Arun] 78.2	11.8		Maidenbower East & Worth [Crawley] 85.4	Bognor Regis Central [Arun] 72.3	13.1
Surrey and Sussex overall	**Camberley Heatherside [Surrey Heath] 90.6**	**St James's St & Queen's Park [Brighton & Hove] 77.9**	**12.7**		**Crowborough North East [Wealden] 86.6**	**Pier [Eastbourne] 72.1**	**14.5**

Causes of the gap in life expectancy

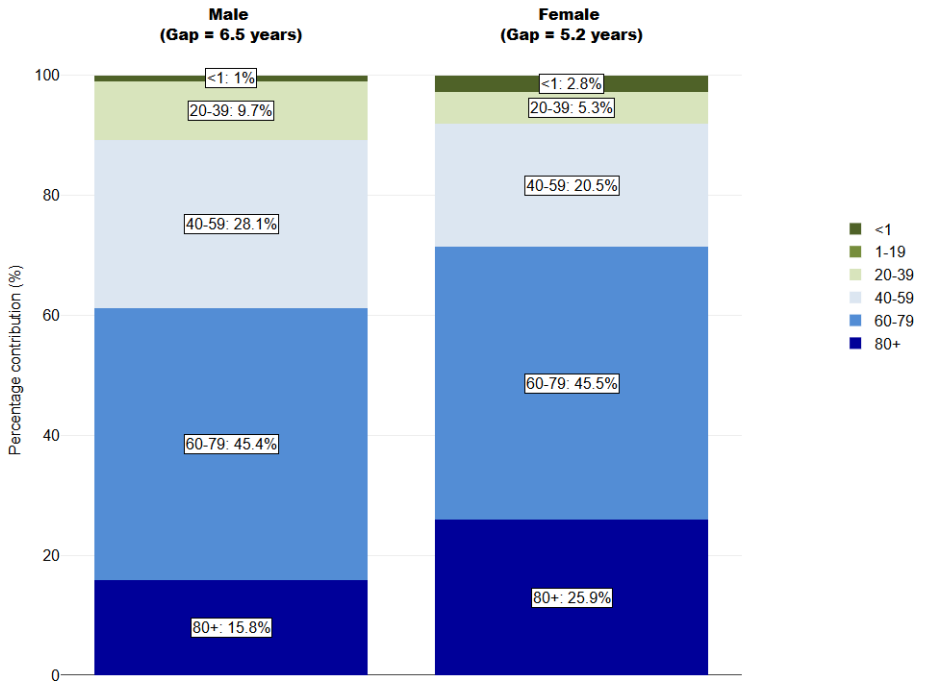
This section provides information on the causes of death and age groups that are driving inequalities in life expectancy within each ICB in Surrey and Sussex. Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities. This takes the gap in life expectancy between the most and least deprived areas of each ICB and, in effect, calculates the excess deaths occurring in the most deprived areas by cause and by age group.

Sussex ICB

Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Sussex by cause of death, 2022 to 2023

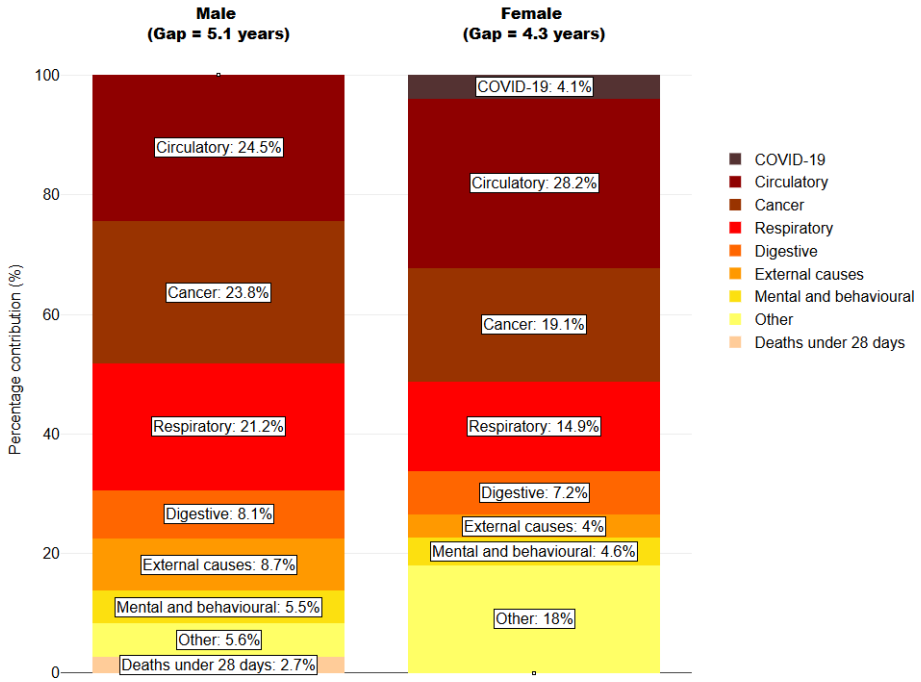


Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Sussex by age group, 2022 to 2023

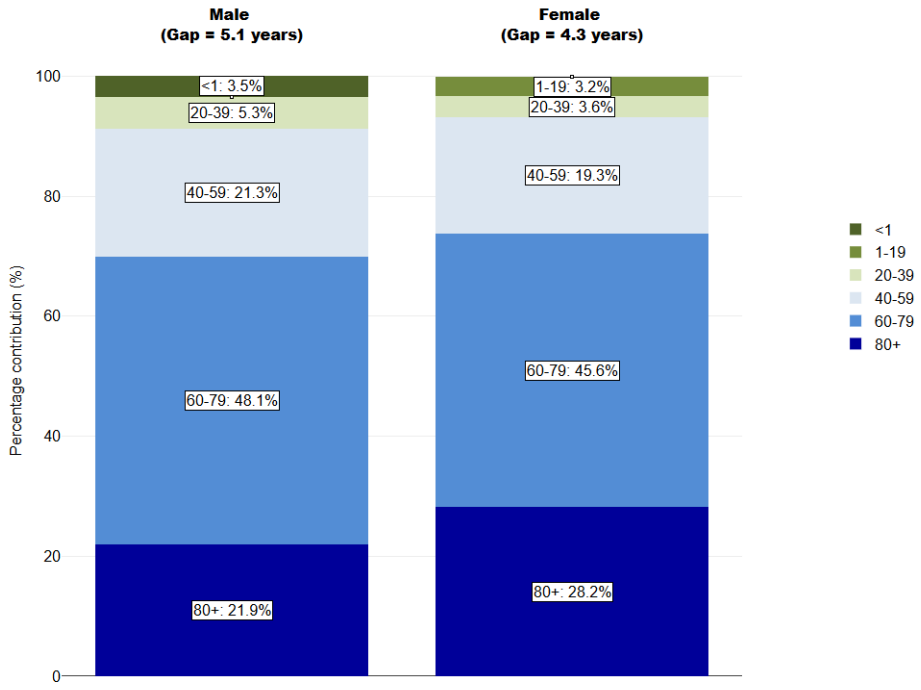


Surrey Heartlands ICB

Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Surrey Heartlands by cause of death, 2022 to 2023



Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Surrey Heartlands by age group, 2022 to 2023

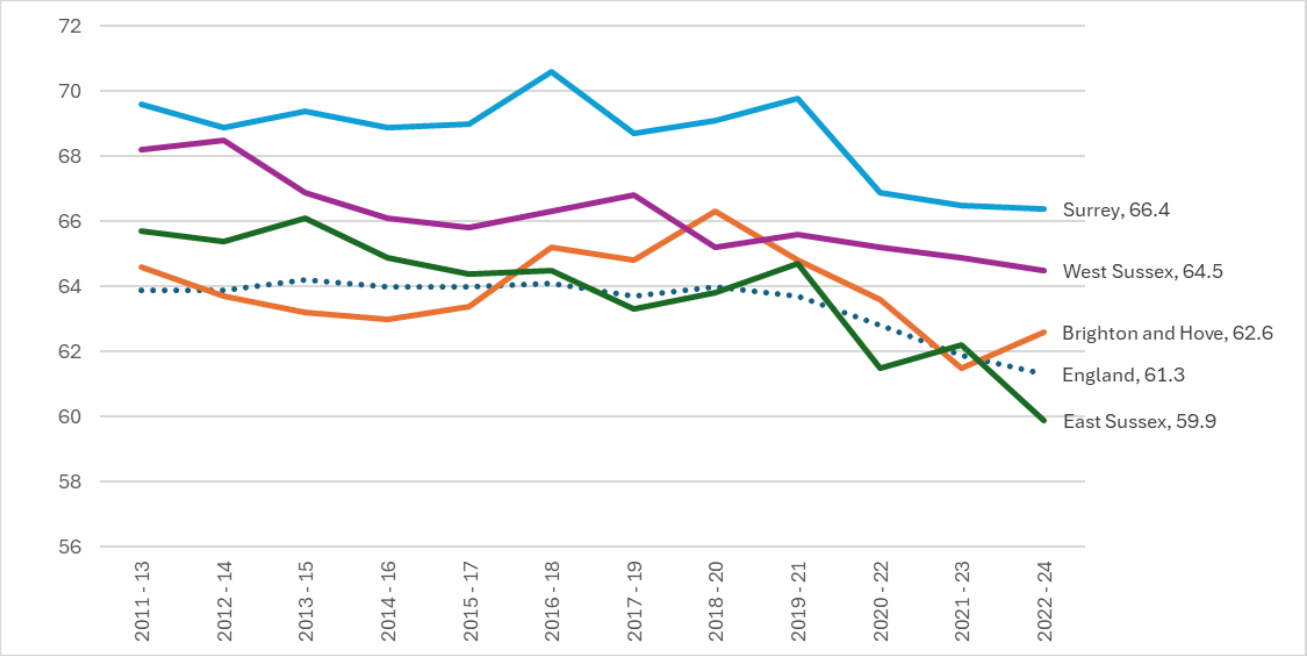


Healthy Life Expectancy (HLE)

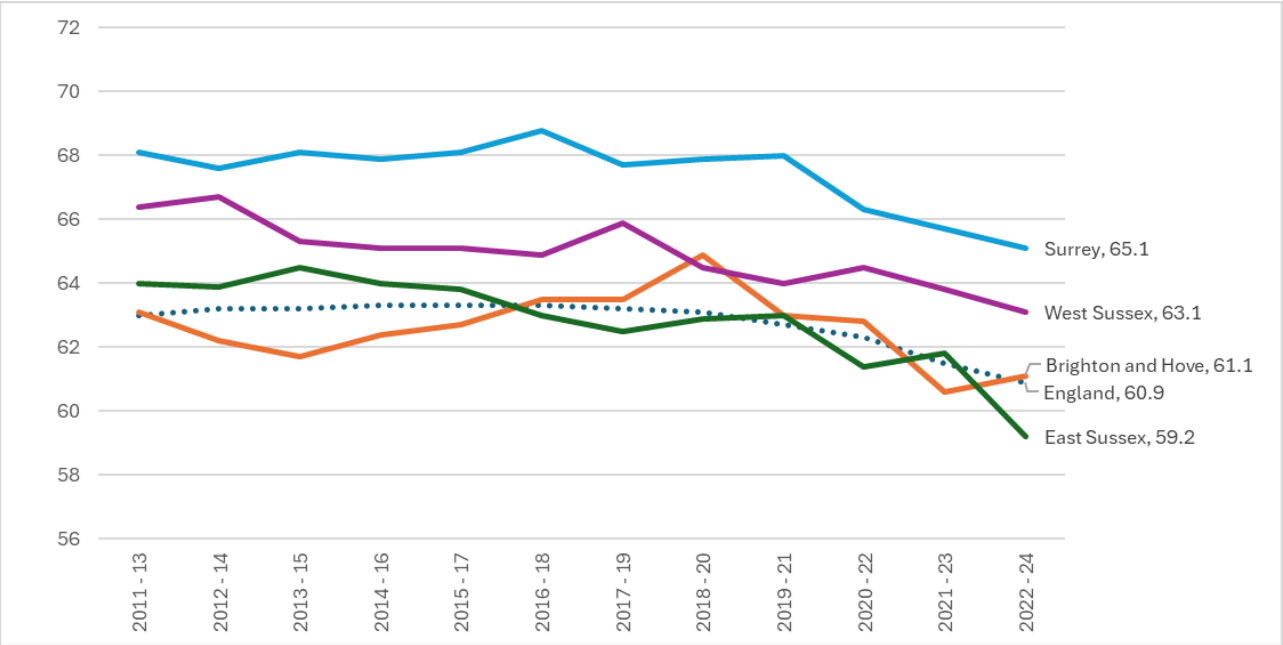
HLE is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health. For a particular area and time period, it is an estimate of the average number of years a newborn baby

would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life.

Female Healthy Life Expectancy at birth for upper tier local authorities in Surrey and Sussex, 2011 to 2024. *Note scale does not start at zero*



Male Healthy Life Expectancy at birth for upper tier local authorities in Surrey and Sussex, 2011 to 2024. *Note scale does not start at zero*

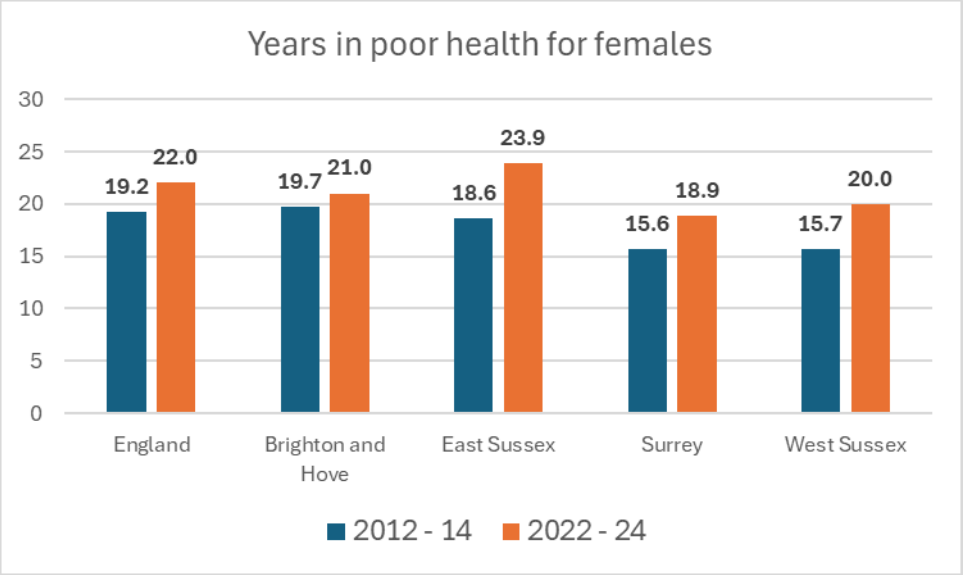


Note: Scales do not start at zero. Source: Healthy life expectancy, UK - Office for National Statistics

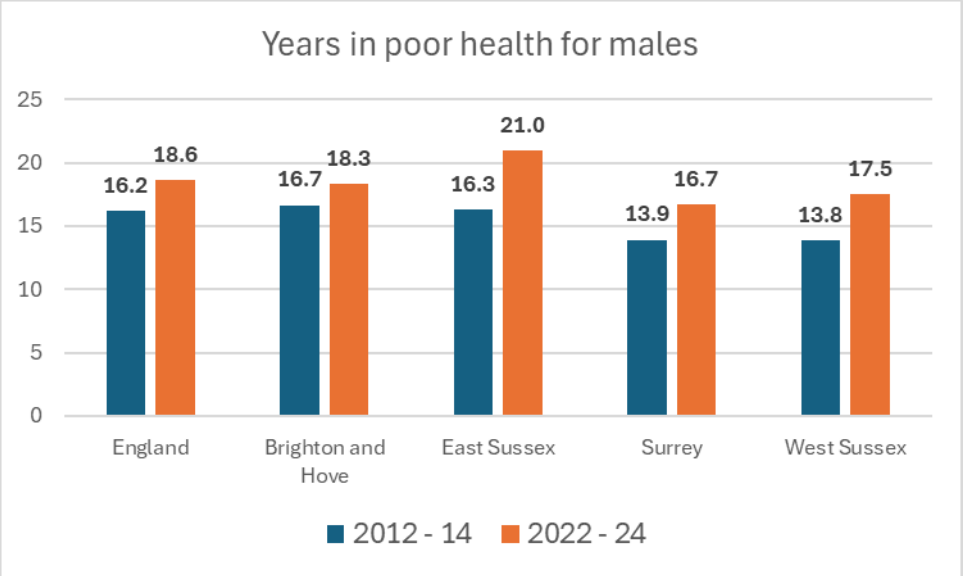
Years lived in poor health

By substituting Healthy Life Expectancy from Life Expectancy at birth, you can calculate the average number of years lived in poor health. For example in Brighton and Hove Life Expectancy at birth for males in 2021-23 was 78.8 years and healthy life expectancy for the same period was 60.6 years. That means, on average, males in Brighton and Hove are estimated to live 18.2 years in poor health.

Years in poor health for females for upper tier local authorities in Surrey and Sussex, 2012 to 2024



Years in poor health for males for upper tier local authorities in Surrey and Sussex, 2012 to 2024



Source: Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care and Healthy life expectancy, UK - Office for National Statistics

Premature mortality

Mortality rates for persons aged under 75 are significantly better than England for Surrey and West Sussex. However they are similar to England for Brighton and East Sussex. Looking at lower tier rates are highest in Hastings, Eastbourne, Brighton & Hove, Arun, Crawley, Worthing and Rother.

Mortality rates for persons aged under75 years by sex for upper tier local authorities in Surrey and Sussex, 2022 to 2024

Indicator	Period	England	Sussex and Surrey	Brighton and Hove	East Sussex	Surrey	West Sussex
Under 75 mortality rate from all causes (Male, <75 yrs)	2022 - 24	415.1	-	428.0	386.3	314.1	357.7
Under 75 mortality rate from all causes (Female, <75 yrs)	2022 - 24	264.5	-	262.6	251.4	199.6	223.9
Under 75 mortality rate from cancer (Male, <75 yrs)	2022 - 24	133.3	-	139.4	127.6	110.6	125.1
Under 75 mortality rate from cancer (Female, <75 yrs)	2022 - 24	108.3	-	107.6	111.1	90.7	99.9
Under 75 mortality rate from cardiovascular disease (Male, <75 yrs)	2022 - 24	108.3	-	95.1	92.9	76.3	88.0
Under 75 mortality rate from cardiovascular disease (Female, <75 yrs)	2022 - 24	46.5	-	33.6	35.9	31.5	36.0
Under 75 mortality rate from respiratory disease (Male, <75 yrs)	2022 - 24	37.5	-	35.8	33.6	25.0	27.7
Under 75 mortality rate from respiratory disease (Female, <75 yrs)	2022 - 24	27.6	-	31.9	25.3	17.8	18.7
Under 75 mortality rate from liver disease (Male, <75 yrs)	2022 - 24	27.3	-	28.3	24.2	20.0	23.0
Under 75 mortality rate from liver disease (Female, <75 yrs)	2022 - 24	15.2	-	13.5	13.2	10.9	11.9

Better 95% | Similar | Worse 95%

Source: Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care

Mortality rates for persons aged under75 years by sex for lower tier local authorities in Surrey and Sussex, 2022 to 2024

Indicator	Period	England	Sussex and Surrey LTLAs	Adur	Arun	Brighton and Hove	Chichester	Crawley	Eastbourne	Elmbridge	Epsom and Ewell	Guildford	Hastings	Horsham	Lewes	Mid Sussex	Mole Valley	Reigate and Banstead	Rother	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Wealden	Woking	Worthing
Under 75 mortality rate from all causes (Male, <75 yrs)	2022 - 24	415.1	-	337.2	415.6	428.0	385.5	388.2	458.2	276.7	325.1	316.0	552.8	293.0	360.1	308.5	313.6	337.8	386.2	354.5	346.6	278.5	307.4	277.4	271.0	342.0	388.1
Under 75 mortality rate from all causes (Female, <75 yrs)	2022 - 24	264.5	-	231.5	251.9	262.6	205.7	257.8	270.2	179.0	206.8	205.2	338.9	184.9	226.5	198.0	192.2	207.2	272.9	242.1	221.0	189.4	193.4	174.6	198.8	208.0	255.8
Under 75 mortality rate from cancer (Male, <75 yrs)	2022 - 24	133.3	-	110.2	135.9	139.4	137.6	119.4	133.5	97.5	126.4	124.1	167.5	117.2	128.0	111.7	106.5	127.4	131.0	124.4	113.3	91.8	108.9	95.3	100.9	102.4	137.8
Under 75 mortality rate from cancer (Female, <75 yrs)	2022 - 24	108.3	-	80.7	105.1	107.6	101.7	109.0	109.0	86.7	105.1	88.9	129.8	87.0	108.6	94.9	86.5	94.3	117.0	100.9	99.0	84.2	81.1	85.9	101.2	90.0	113.3
Under 75 mortality rate from cardiovascular disease (Male, <75 yrs)	2022 - 24	108.3	-	86.4	100.3	95.1	99.8	100.0	122.9	62.3	66.6	65.0	130.6	69.0	88.5	69.6	74.3	84.1	82.9	93.4	101.0	72.0	78.9	67.5	65.6	86.4	100.0
Under 75 mortality rate from cardiovascular disease (Female, <75 yrs)	2022 - 24	46.5	-	45.7	43.1	33.6	29.6	40.8	49.1	27.2	25.2	32.1	49.9	29.8	28.8	32.3	34.6	32.1	41.9	45.4	33.8	32.6	27.6	24.5	21.9	39.0	34.7
Under 75 mortality rate from respiratory disease (Male, <75 yrs)	2022 - 24	37.5	-	27.4	34.6	35.8	27.5	37.6	33.4	16.5	19.9	24.5	68.0	24.3	24.8	16.3	34.1	28.5	35.7	27.2	22.6	21.7	19.1	26.3	20.2	33.0	29.6
Under 75 mortality rate from respiratory disease (Female, <75 yrs)	2022 - 24	27.6	-	24.9	23.6	31.9	16.9	25.1	24.3	14.6	22.5	20.2	52.3	11.8	22.3	12.7	11.2	19.8	26.4	23.5	27.4	12.0	18.8	14.0	13.7	15.3	22.1
Under 75 mortality rate from liver disease (Male, <75 yrs)	2022 - 24	27.3	-	24.9	28.1	28.3	21.7	26.7	28.8	18.1	19.9	18.1	38.2	20.2	21.2	17.0	22.8	20.9	29.8	27.2	21.7	12.8	24.9	16.6	12.9	21.2	26.5
Under 75 mortality rate from liver disease (Female, <75 yrs)	2022 - 24	15.2	-	14.3	12.3	13.5	10.0	15.4	12.8	11.1	12.7	9.2	20.9	8.4	11.3	11.7	9.5	9.6	13.5	16.0	11.9	11.1	14.1	9.3	10.7	10.2	16.0

Source: [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care]

Burden of disease

The Global Burden of Disease (GBD) is an international tool looking at the prevalence of a condition and the relative harm caused, including an estimation of the years of life lived with any short-term or long-term health loss (years lived with disability, YLD). According to GBD, in 2023 in the South East low back pain, depressive disorders, anxiety disorders and falls were the leading causes for YLD. The leading risks for YLD were High body-mass index, high fasting plasma glucose and smoking.

Causes and Risks for Years Lived with Disability (YLD) per 100,000, ranks for South East region, 2023

Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2023 (GBD 2023) VizHub - GBD Compare

Deprivation and the building blocks of health[b]

Deprivation and the building blocks of health: Key points

Deprivation remains the strongest predictor of poor outcomes:

- There is widespread coastal deprivation, but pockets of deprivation across all areas.
- Across Surrey and Sussex, or at Place, area level deprivation figures mask considerable within area differences which need to be considered in the commissioning and provision of services to focus on reducing inequalities.

Whilst rates of relative child poverty are lower than for England, there are large numbers of children in Surrey and Sussex living in relative poverty (140,000 after housing costs):

- And significant inequality, 11 of the 24 lower tier local authority areas with 25% or more children in relative poverty.

Across Surrey and Sussex, older people are less likely to be income deprived than elsewhere in England. However, there are areas in Brighton & Hove, Hastings and Crawley where more than 50% of older people are income deprived.

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

- There are areas across Sussex in the lowest 20% of areas in England for access to green spaces within walking distance. It should be noted that this does not include access to blue spaces (beaches and rivers etc) which are important free access to open spaces along the coastal strip in particular.
- There are areas in Surrey and Sussex with acute or extremely high heat vulnerability, particularly in coastal urban centres
- Around 1 in 20 deaths in those aged 30 years or over in each Place in Surrey and Sussex are estimated to be attributable to particulate air pollution (5%), the same as England.

We all need somewhere to call home – not just walls and a roof but a secure, stable, safe place to grow up and live in:

- Housing in most parts of Surrey and Sussex is less affordable than England and is continuing to become more expensive. Across England, those on the lowest 25% of earnings need 7 times their earning to afford the lowest 25% of house prices (2020-2024 average ratio). This ranges from 8 times in Hastings and Eastbourne in East Sussex to 14 times in Elmbridge, Tandridge and Mole Valley in Surrey
- Over a quarter of households in Brighton & Hove (33%), Hastings (29%) and Eastbourne (27%) are privately rented (England and Wales 20%). Greater private renting can lead to greater insecurity of housing.
- 23% of households in Crawley are socially rented (from a local authority or housing association) (England and Wales 18%). There are areas of east Brighton and St Leonard's in the top 20% of areas of England for socially rented households.

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

- Half (50%) of households in Brighton & Hove, and over a third of households in Eastbourne (38%), Hastings (36%) and Worthing (35%) live in a flat (England 22%) which might mean less access to outside spaces
- As at March 2025 there were 5,571 households in temporary accommodation. The rate is significantly higher in Brighton & Hove, in Hastings and Eastbourne in East Sussex and in Crawley and Worthing in West Sussex.
- Across Surrey and Sussex, there are an estimated 124,300 people living in fuel poverty

Good quality active transport systems are important aspects of the built environment that can have positive impacts on health:

- Many more people in Brighton & Hove (31%) travel actively when compared with the South East (18%) and England (19%). Figures for Surrey (20%), East Sussex (18%) and West Sussex (17%) are similar to England
- Brighton & Hove (207 deaths per billion vehicle miles), East Sussex (154) and West Sussex (121) all have significantly higher rates of people being killed or seriously injured on England's roads than across England (90). The rate for Surrey (84) is similar to England.

Access to good-quality jobs is one of the building blocks of a healthy society. A good-quality job benefits our health in other ways too:

- Eastbourne is estimated to have the highest rate of unemployment in the South East (4.6%) compared to 2.9% for the South East and 3.7% for England. Followed by Hastings (4.0%), Lewes and Brighton & Hove (both 3.9%), Spelthorne and Rother (both 3.8%).

Family, friends and communities are the cornerstone of our everyday lives and play an important role in shaping our health and wellbeing. The nature of our social networks – the quality of our relationships, the support we have, whether we feel we belong where we live, loneliness – can influence our health and wellbeing in a range of ways:

- Across Surrey and Sussex there are areas within each Place in the 20% of areas in England with greatest community needs
- Overall for Surrey and Sussex, the average digital exclusion risk index is lower than for England, but there are pockets digital exclusion across Surrey and Sussex, with particular concentrations along the coastal strip.
- In East Sussex (6.4%) and Brighton & Hove (6.0%) of adults feel lonely often or always, similar to England (7.0%) and the South East (5.9%). Rates are lower than England in Surrey (5.4%) and West Sussex (5.6%).

Nutritious food is vital for our health and wellbeing, and for children's development, but for too many of us it's not accessible or affordable. Creating sustainable food systems are important ways to enable people to be able to easily access affordable healthy food and eat well. Health settings are a crucial part of a creating a healthy food system.

- The Priority Places for Food Index shows areas where poverty, poor public transport and a lack of big supermarkets severely limit access to affordable fresh fruit and vegetables.
- On average, Surrey and Sussex has less need according to this index, but there are coastal areas in East Sussex, areas of East and West Brighton & Hove, Crawley in West Sussex and Spelthorne in Surrey in the 20% of areas in England with greatest need.

Area specific links
Brighton and Hove
For a more detailed picture for Brighton & Hove see the Brighton & Hove JSNA section on Healthy places Healthy places by Brighton and Hove City Council - Infogram
East Sussex
JSNA: Health Inequalities Strategic Summary 2025 Postcards from the coast 2024/25: 2024/25 Annual Report of the Director of Public Health on Coastal Communities in East Sussex. East Sussex in Figures – Deprivation reports
Surrey
The key neighbourhoods (areas of highest deprivation in Surrey) can be found here: Surrey Health and Well-Being Strategy - update 2026 | Healthy Surrey The Surrey JSNA chapter on Housing can be found here: JSNA Housing and Related Support | Surrey-i The Surrey JSNA chapter on Air Quality can be found here: Air Quality | Surrey-i The Surrey JSNA chapter on Loneliness and Social Isolation can be found here: JSNA Loneliness and Social Isolation | Surrey-i The Surrey JSNA on Food and Health can be found here: Food and Health | Surrey-i The Surrey JSNA on Economy and Health can be found here: Economy | Surrey-i JSNA chapters our currently in progress around Transport and Health and Healthy Places. Please email jsnafeedback@surreycc.gov.uk for further updates.
West Sussex
West Sussex JSNA website. There are numerous briefings relating to specific areas of inequalities (such as costal inequalities) and also relating to deprivation, poverty, and those in need of financial support. West Sussex work on understanding coastal communities - With more than a third of West Sussex residents living in coastal towns, a framework for action to reduce coastal inequalities in West Sussex has been developed in West Sussex. Accompanying this there are briefings and data packs relating to coastal communities

Introduction

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

Deprivation remains the strongest predictor of poor outcomes. In parts of Surrey and Sussex, people are dying years earlier than they should – 12.7 years earlier for women and 14.5 years earlier for men (See life expectancy section for more detail).

Almost every aspect of our lives impacts our health and ultimately how long we will live – our jobs and homes, access to nature, education and public transport, whether we experience poverty or discrimination and our connections to friends, family and community. These are the building blocks of health. **To create a place where everybody can thrive, we need all of the right building blocks in place:**

Source: Health Foundation: What makes us healthy

Deprivation

Money and resources are essential for good health as they unlock access to other building blocks of health, such as good-quality housing and participation in society. Not having enough money and resources can cause poor health by making it hard to save, feel in control of our circumstances and keep healthy. Having enough money and resources means we're able to have:

Peace of mind

Savings to fall back on

Enough to meet children's needs

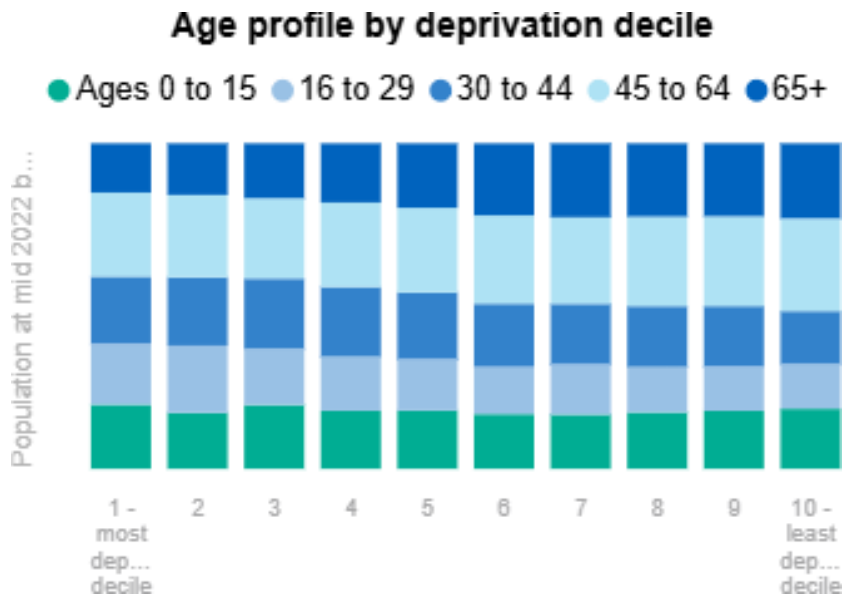
While both Surrey and Sussex are generally affluent places, this prosperity is unevenly distributed, resulting in stark contrasts between wealthy commuter areas and deprived coastal and urban communities.

Sussex coastal communities consistently experience worse health outcomes and higher levels of deprivation than inland areas, despite often appearing relatively affluent at headline level. This reflects a distinct pattern of structural coastal inequality, characterised by lower wages, seasonal and insecure employment, poor housing quality, higher prevalence of long-term conditions and mental ill health, and reduced access to services.

Some of areas of deprivation are isolated pockets hidden by their neighbouring areas experiencing the lowest deprivation. This contrast in opportunities can worsen the health outcomes for those living in the most deprived areas and exacerbate the health inequality.

Across Surrey and Sussex, 6% of neighbourhoods (LSOAs), are in the 20% most deprived areas in England. The estimated population living in those areas is around 162,900 people. The population by age and deprivation shows that the more deprived areas of Surrey and Sussex tend to have a lower proportion of the population in older age groups, with more adults aged 16 to 45 years.

Age profile by deprivation decile, Surrey and Sussex, 2025



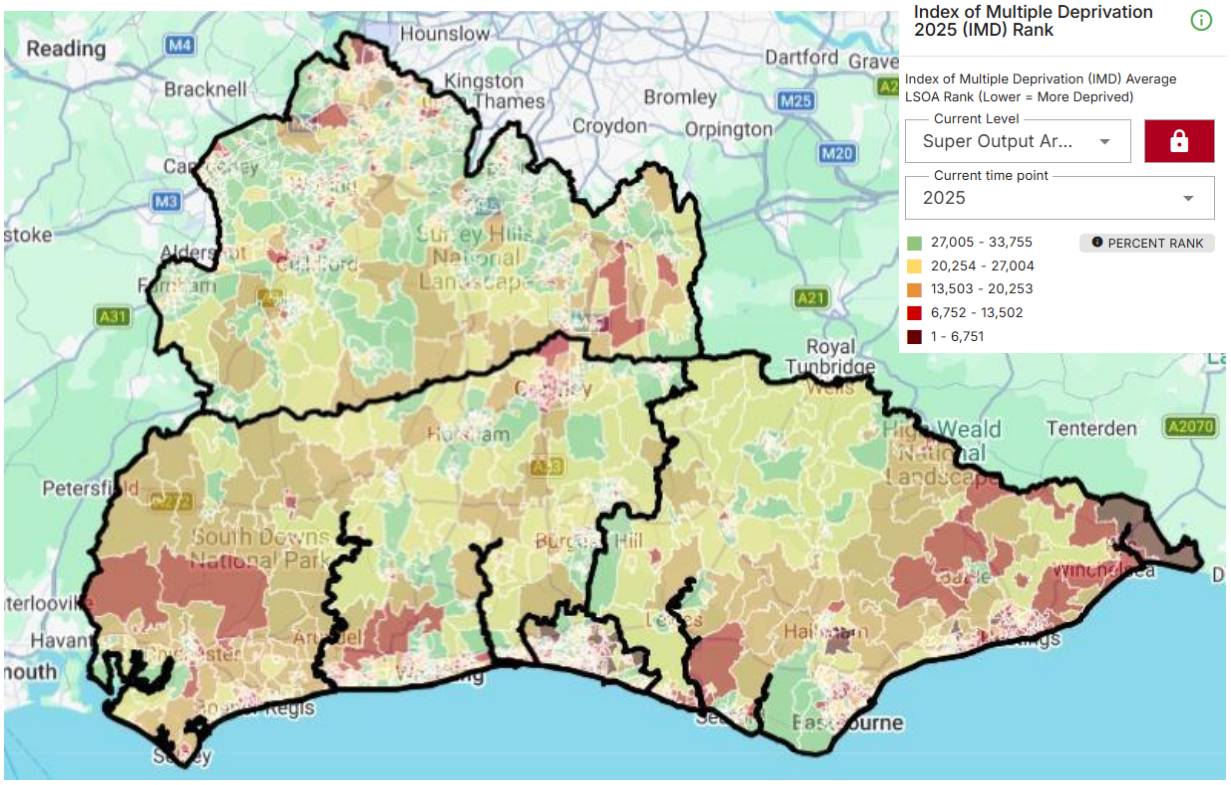
Source Office for Health Improvement and Disparities (OHID) Health of the region data explorer tool Microsoft Power BI

There is widespread coastal deprivation, but there are pockets of deprivation across Surrey and Sussex (Figure).

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

However, coastal communities are not all the same, and each is shaped by its own history and culture. For example, the population of Brighton and Hove is characterised by a relatively large proportion of young working-age people with higher deaths, suicide and drugs and significant issues around mental health, sexual health, drugs and alcohol, and homelessness.

Index of Multiple Deprivation (IMD) rank in England, LSOAs in Surrey & Sussex, 2025



Source: Index of Multiple Deprivation 2025 rank by Lower Super Output Area (LSOA) from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3372

Child and older person poverty

Whilst rates of relative child poverty are lower than for England, there are large numbers of children in Surrey and Sussex living in relative poverty (140,000 after housing costs) and significant inequality, 11 of the 24 lower tier local authority areas with 25% or more children in relative poverty.

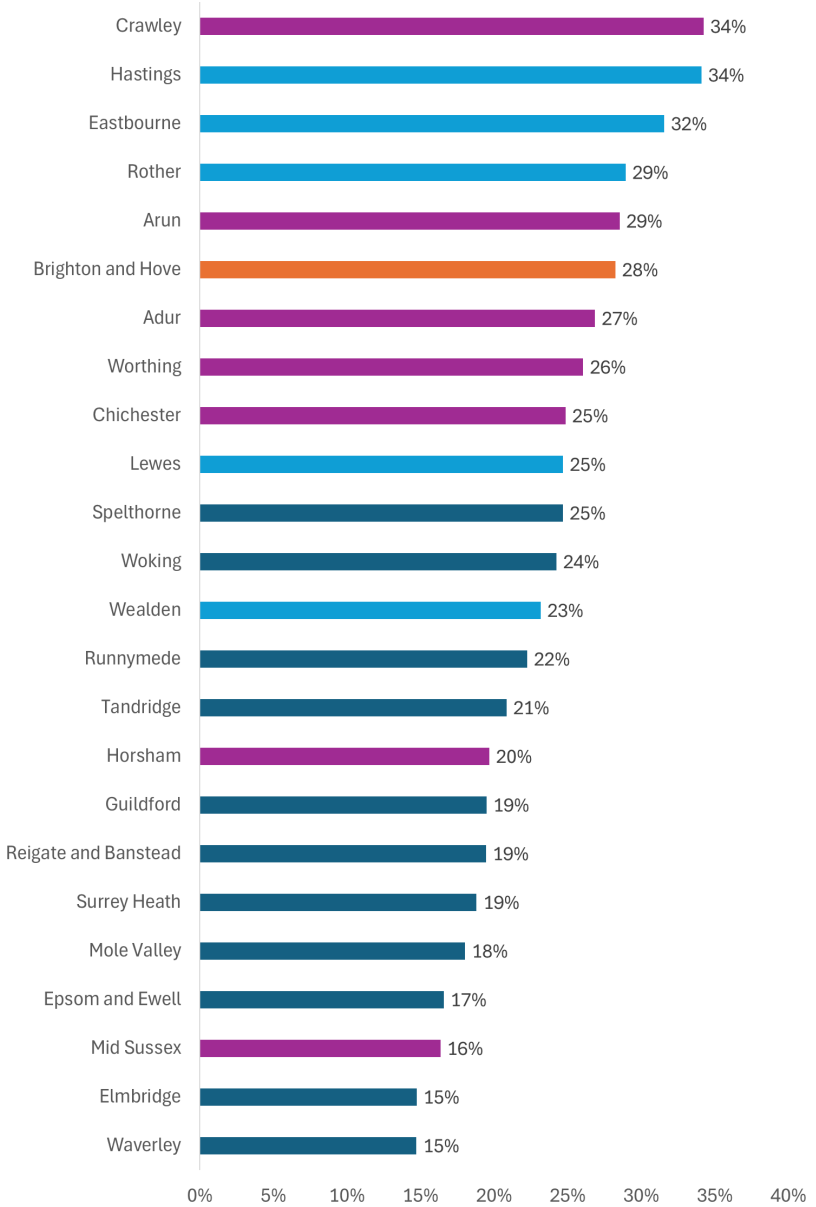
Before housing costs, 65,600 children live in relative poverty[c] in Surrey and Sussex.[1] This is 12% compared to 15% in the South East and 22% in England.

Housing costs in Surrey and Sussex are a significant pressure for families in Surrey and Sussex and so the after housing costs figure is a better measure of child poverty.

After housing costs, 140,000 children live in relative poverty in Surrey and Sussex,[2] 23% of children, compared to 25% for the South East and 31% for England. There is considerable inequality within the area, with child poverty after housing costs ranging from 15% of children in Elmbridge and Waverley, to over 30% of children in Crawley, Hastings and Eastbourne and 11 of the 24 lower tier local authority areas with 25% or more children in relative poverty.

[c] Child poverty is defined as the number or percentage of children aged 0-15 years, or aged 16 to 19 in full-time non-advanced education or in unwaged government training, who are living in households with below 60% the national median income. It can be looked at both before and after housing costs.

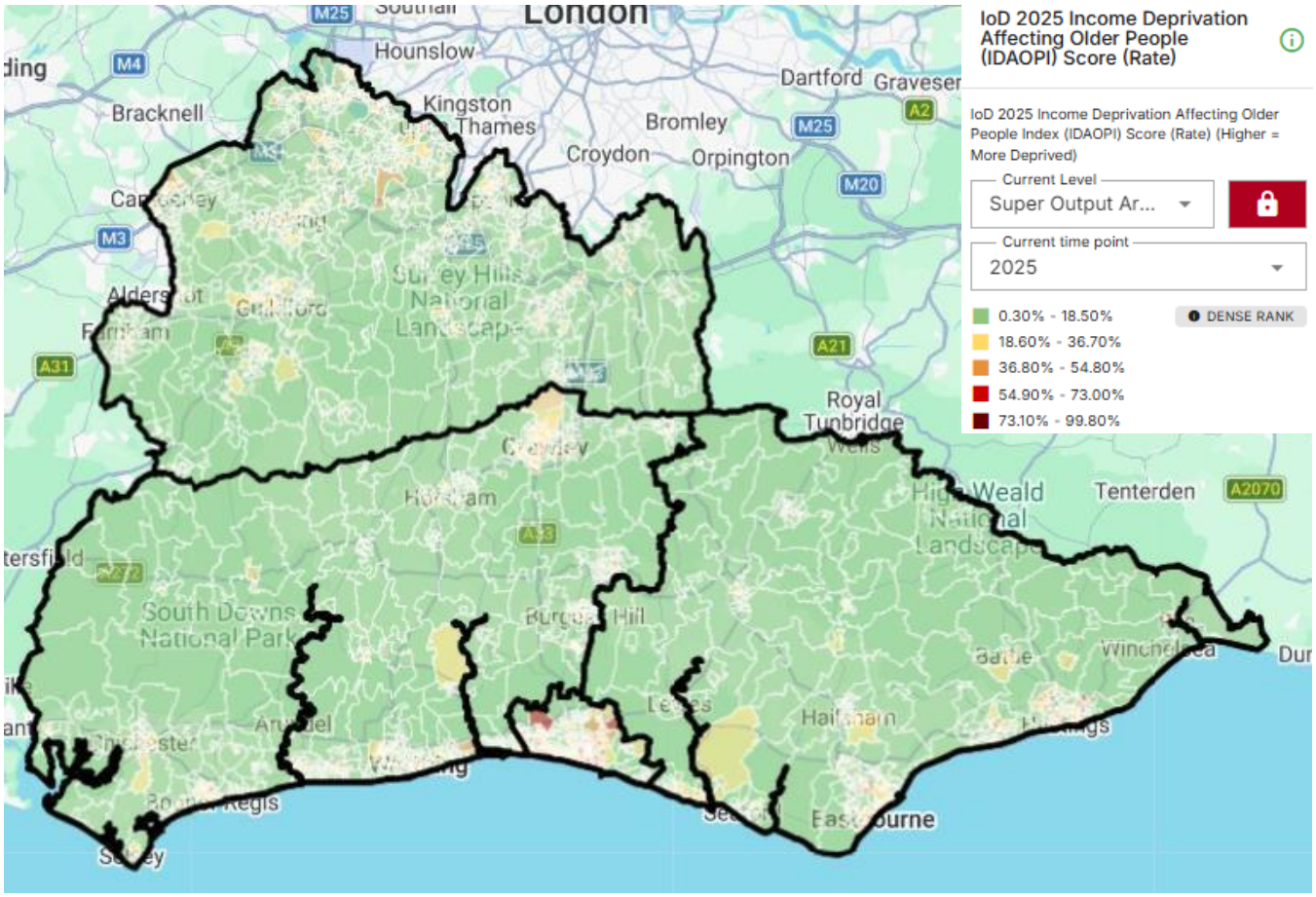
Percentage of children living in relative poverty after housing costs, lower tier local authority areas in Surrey and Sussex, 2023/24



Source: End Child Poverty. Local Child Poverty Statistics 2023/24. Child Poverty Statistics 2025 - End Child Poverty

Across Surrey and Sussex, older people are less likely to be income deprived than elsewhere in England. However, there are areas in Brighton & Hove, Hastings and Crawley where more than 50% of older people are income deprived (Figure).

Index of Multiple Deprivation (IMD) Income Deprivation Affecting Older People Index (IDAOPI) rank in England, LSOAs in Surrey and Sussex, 2025



Source: Index of Deprivation 2025 Income Deprivation Affecting Older People Index (IDAOPI) score (%) by Lower Super Output Area (LSOA) from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3403

Our surroundings

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

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

Clean air

To feel safe

Fewer unhealthy retail outlets

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

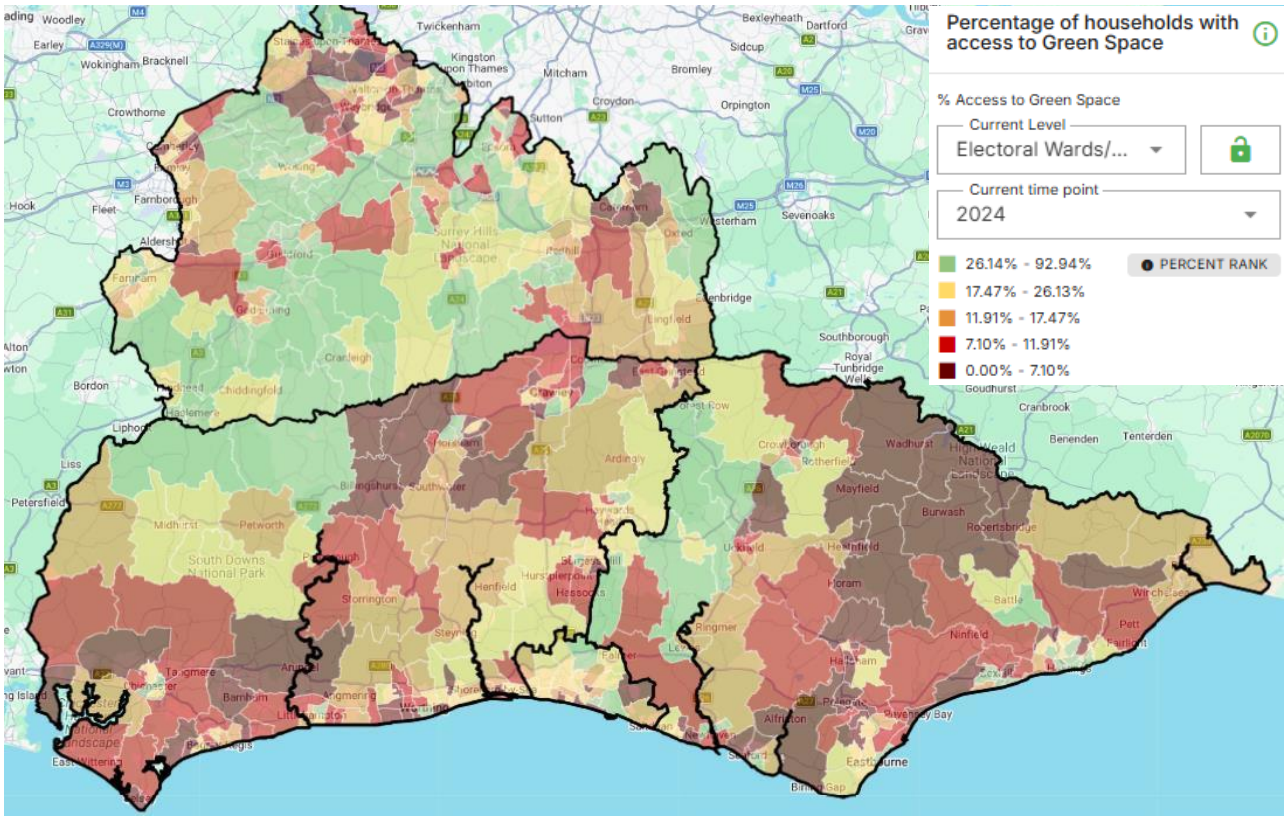
The planning and sustainable management of places can help promote good health, improve access to services and reduce health inequalities. Whole systems thinking around health in local areas such as around food, alcohol or gambling can improve health and reduce inequalities.

Green and open spaces

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

The map below (Figure) shows the percentage of households with access to Green Space within walking distance. There are areas across Sussex in the lowest 20% of areas in England. It should be noted that this does not include access to blue spaces (beaches and rivers etc) which are important free access to open spaces along the coastal strip in particular.

Percentage of households with access to Green Space, Electoral wards in Surrey and Sussex, 2024



Source: Department for Environment Food & Rural Affairs (DEFRA) from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3441

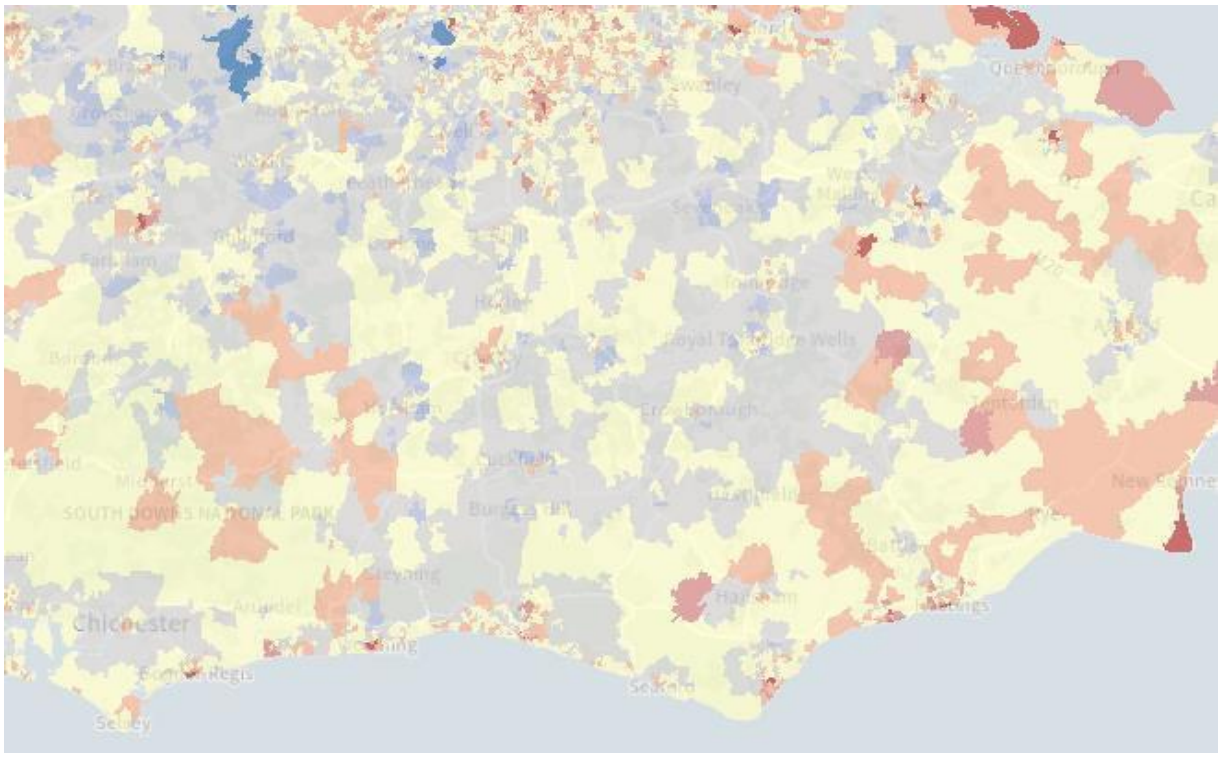
Heat vulnerability

Climate Just have developed a heat vulnerability index at small area level. Heat vulnerability can lead to higher hospital admissions and deaths. The index shows areas where people are most at

risk of poor outcomes from high temperatures during heat waves. This included indicators relating to:

There are areas in Surrey and Sussex with acute or extremely high heat vulnerability, particularly in coastal urban centres.[3]

Heat England Socio Spatial Heat Vulnerability Index, LSOA level, 2022



Source: Climate Just. Socio Spatial Heat Vulnerability Index, 2022. ClimateJust

Air quality

Poor air quality is the largest environmental risk to public health in the UK. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to early death. In the short term, poor air quality can exacerbate asthma and cause coughs, wheezing and shortness of breath.[4]

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

Around 1 in 20 deaths in those aged 30 years or over in each Place in Surrey and Sussex are estimated to be attributable to particulate air pollution (5%), the same as England.[5]

Housing

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

Affordable to all

Decent quality

Secure and stable

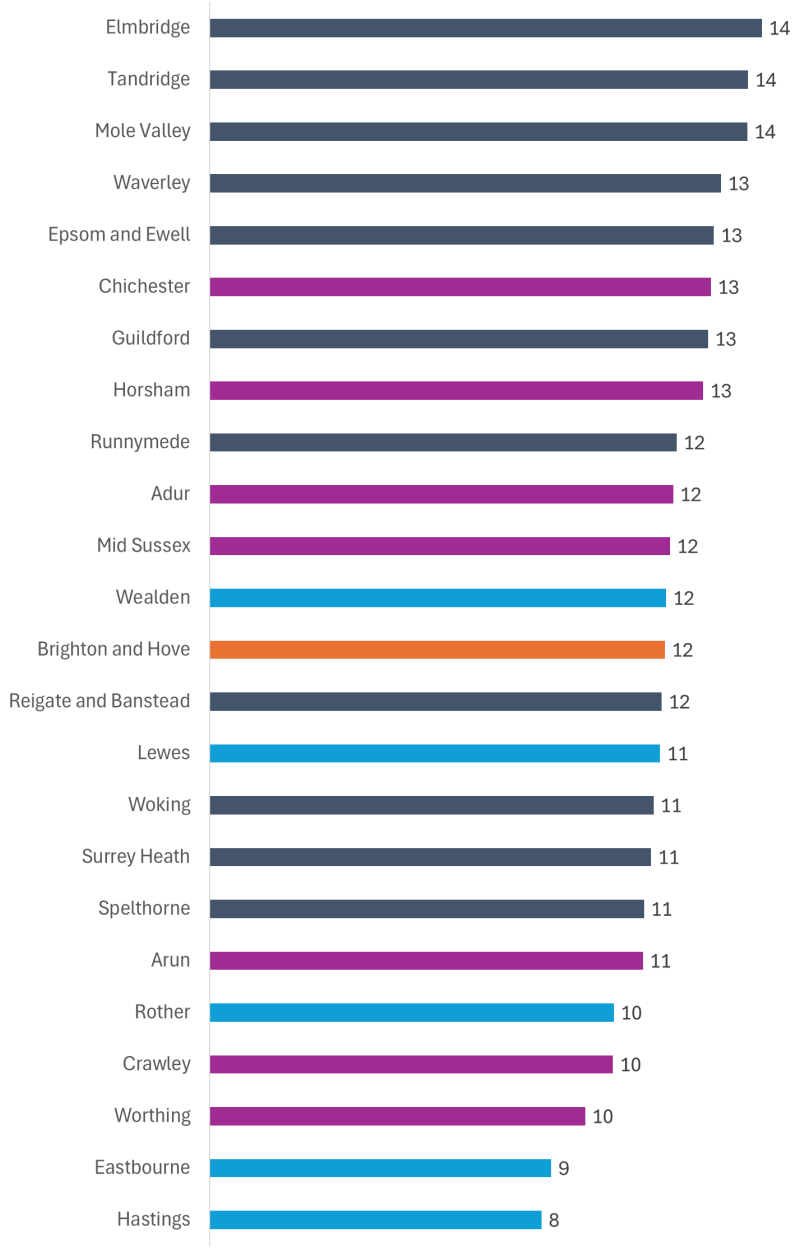
People experiencing homelessness is covered in the inclusion health section of the needs assessment.

Affordable housing

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

Housing in most parts of Surrey and Sussex is less affordable than England and is continuing to become more expensive. Across England, those on the lowest 25% of earnings need 7 times their earning to afford the lowest 25% of house prices (2020-2024 average ratio). This ranges from 8 times in Hastings and Eastbourne in East Sussex to 14 times in Elmbridge, Tandridge and Mole Valley in Surrey (Figure).[6]

Ratio of lower quartile house price to lower quartile gross annual residence-based earnings by county, England, 5 year average 2020-2024



Source: Office for National Statistics. House price to residence-based earnings ratio. House price to residence-based earnings ratio - Office for National Statistics

Secure and stable housing

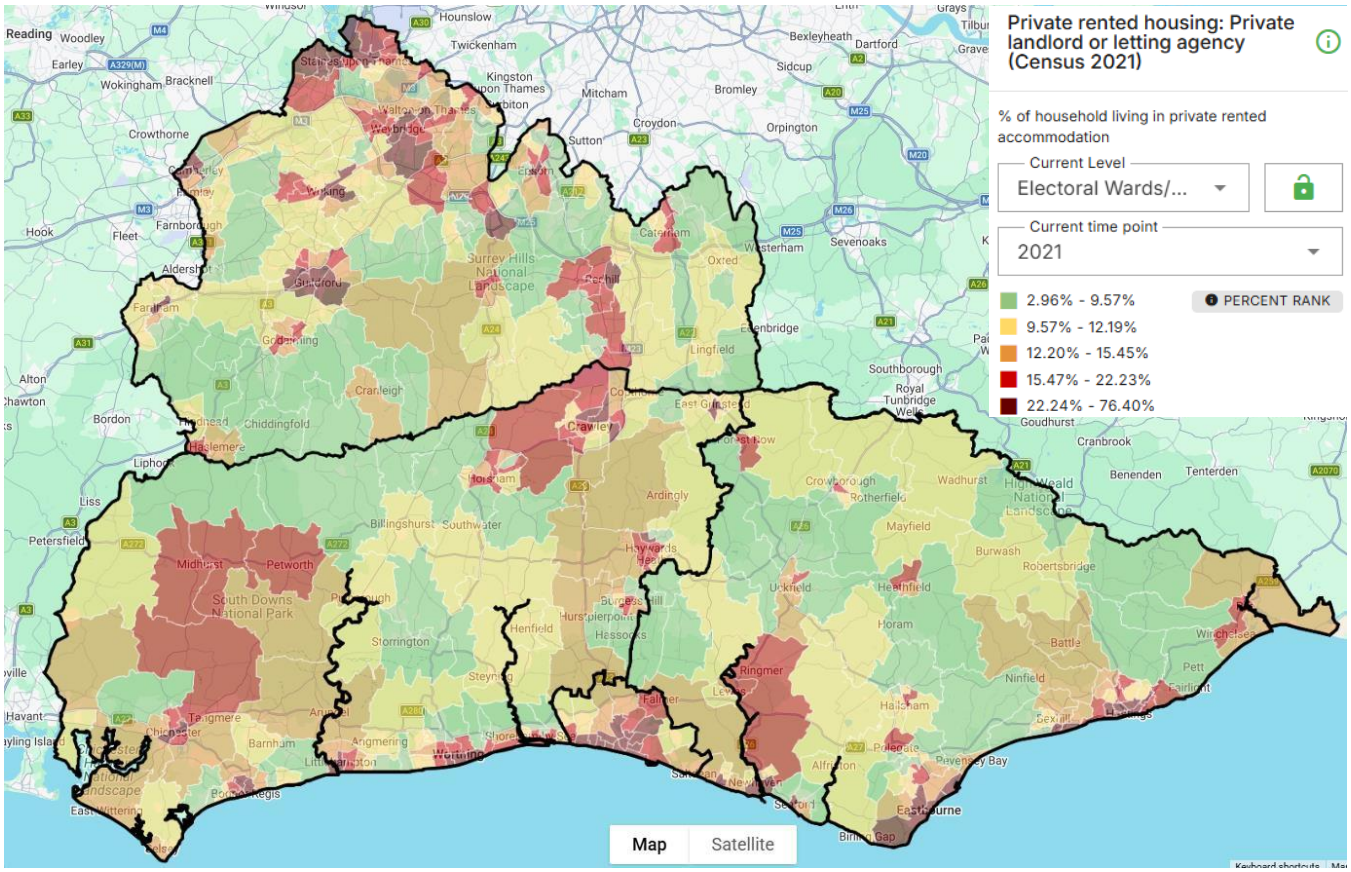
Housing stability and security relates to how much people have control over how long they live in their homes, and how secure they feel. Housing instability can cause stress, harming health, while frequent moves can undermine people's engagement with health and other local services, and weaken relationships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

The 2021 Census, showed that:

- Over a quarter of households in Brighton & Hove (33%), Hastings (29%) and Eastbourne (27%) are privately rented (England and Wales 20%).[7] Greater private renting can lead to greater insecurity of housing.

- 23% of households in Crawley are socially rented (from a local authority or housing association) (England and Wales 18%). There are areas of east Brighton and St Leonard's in the top 20% of areas of England for socially rented households.[8]
- Half (50%) of households in Brighton & Hove live in a flat (England 22%) which might mean less access to outside spaces. It is over a third of households in Eastbourne (38%), Hastings (36%) and Worthing (35%).[9]

Percentage of households who are privately rented, electoral wards in Surrey and Sussex, 2023



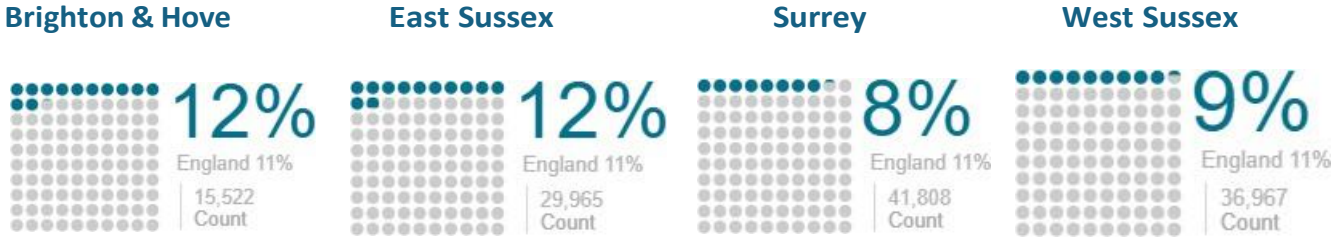
Source: Census 2021, from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3414

Housing quality

The quality or condition of a home is one of the more direct ways in which housing can affect health: a home could be cold or hard to heat, contain hazards such as fall risks or faulty wiring, or be damp and mouldy which can result in respiratory problems and other health issues. Mental health has also been shown to be negatively affected by the financial stress brought on by cold homes and fuel poverty. A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below AND when they spend the required amount to heat their home, they are left with income below the official poverty line.

Across Surrey and Sussex, there are an estimated 124,300 people living in fuel poverty.[10] This ranges from 8% of households in Surrey, to 12% in Brighton & Hove and East Sussex, though the largest estimated number of households are in Surrey given its size (Figure).

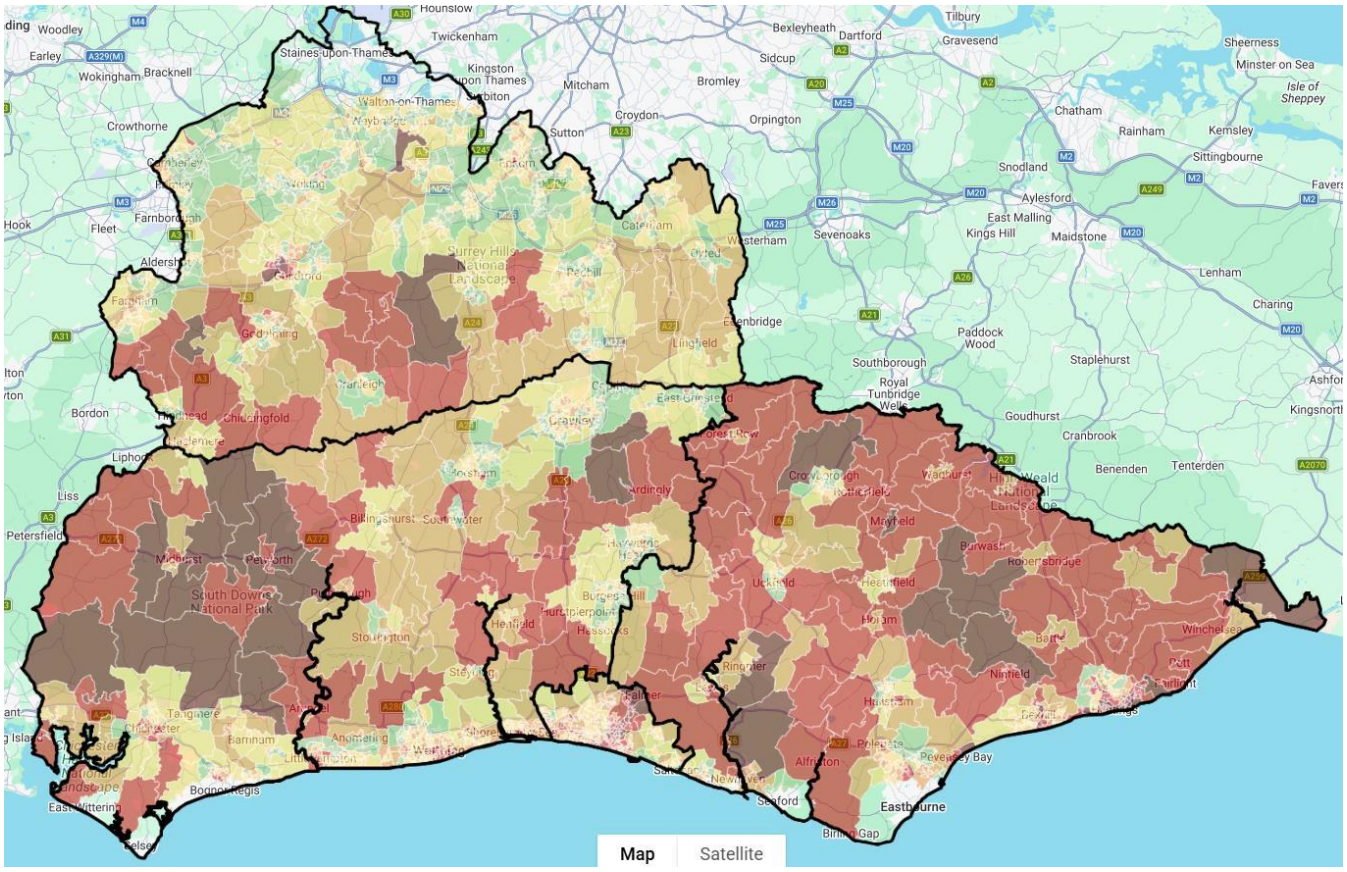
Estimated percentage of households in fuel poverty, Upper Tier Local Authority in Surrey and Sussex, 2023



Source: Office for Health Improvement and Disparities, Microsoft Power BI

All places have some areas in the highest 20% of areas in England for fuel poverty (Figure).

Estimated percentage of households in fuel poverty, LSOAs in Surrey and Sussex, 2023



Source: Department for Business, Energy & Industrial Strategy (BEIS) from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3413

Transport and active travel

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

Good transport options and infrastructure can enable:

Sustainable transport also provides opportunities for physical activity and reduces the harms to health from motorised vehicles. These include pollution, road traffic collisions, community severance, climate change and community cohesion. Not everyone has the same transport options. Transport poverty, has important health and social implications because it means not everyone has equal access to the building blocks of good health or access to services.[11]

Active travel

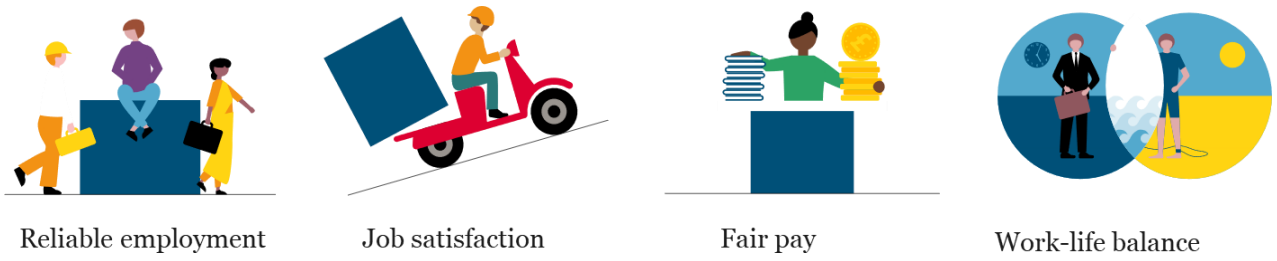
Good quality active transport systems are important aspects of the built environment that can have positive impacts on health. Many more people in Brighton & Hove (31%) travel actively when compared with the South East (18%) and England (19%). Figures for Surrey (20%), East Sussex (18%) and West Sussex (17%) are similar to England.[12]

People killed or seriously injured on roads

Brighton & Hove (207 deaths per billion vehicle miles), East Sussex (154) and West Sussex (121) all have significantly higher rates of people being killed or seriously injured on England's roads than across England (90). The rate for Surrey (84) is similar to England.

Good work

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



Evidence shows that good work, including a good working environment, has a positive effect on the health of an individual and their whole family. When we have insecure or irregular work, or poor pay, it is harder to afford decent housing, healthy food or to heat our homes, leading to poor physical and mental health.[13]

Eastbourne is estimated to have the highest rate of unemployment in the South East (4.6%) compared to 2.9% for the South East and 3.7% for England. Followed by Hastings (4.0%), Lewes and Brighton & Hove (both 3.9%), Spelthorne and Rother (both 3.8%).

Families, friends and communities

Family, friends and communities are the cornerstone of our everyday lives and play an important role in shaping our health and wellbeing. The nature of our social networks – the quality of our relationships, the support we have, whether we feel we belong where we live, loneliness – can influence our health and wellbeing in a range of ways. **We all need:**

Connection and companionship

Good relationships

A sense of belonging

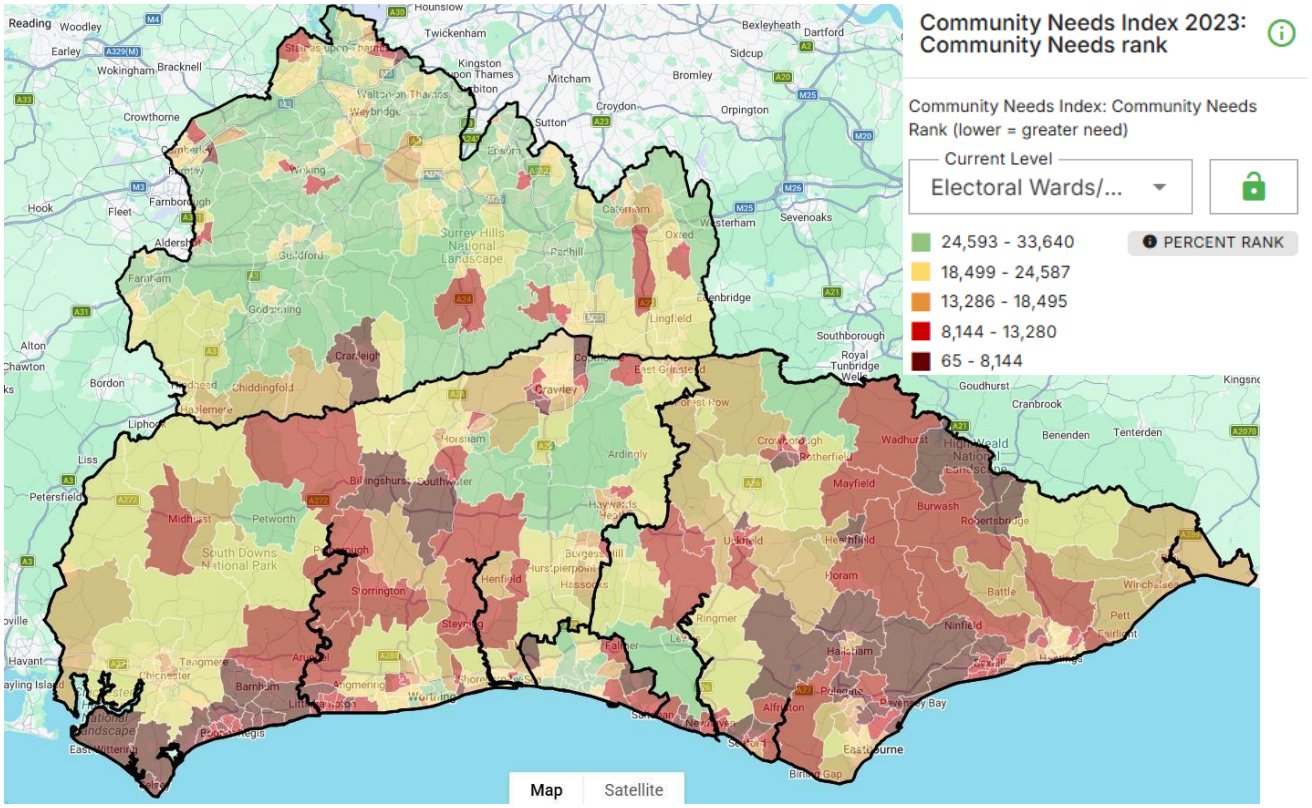
There are many assets within communities that can be used to promote health and wellbeing, including leisure centres and social activities, the community and voluntary sector, community groups, but also skills, knowledge and support. The Community Needs Index was developed to identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life. It covers measures of civic assets, connectedness, and an active and engaged community. These are combined into an overall index. A lower rank indicates that an area has higher levels of community need. Across Surrey and Sussex there are areas within each Place in the 20% of areas in England with greatest community needs (Figure overleaf).

Digital exclusion

The extent to which people use the internet can impact on a number of life aspects such as social connections, access to services such as groceries, banking, employment, and access to health services. The Digital Exclusion Risk Index (DERI) shows the risk of digital exclusion based on three components: age; broadband access, and deprivation. The higher the score, the higher the level of digital exclusion risk.

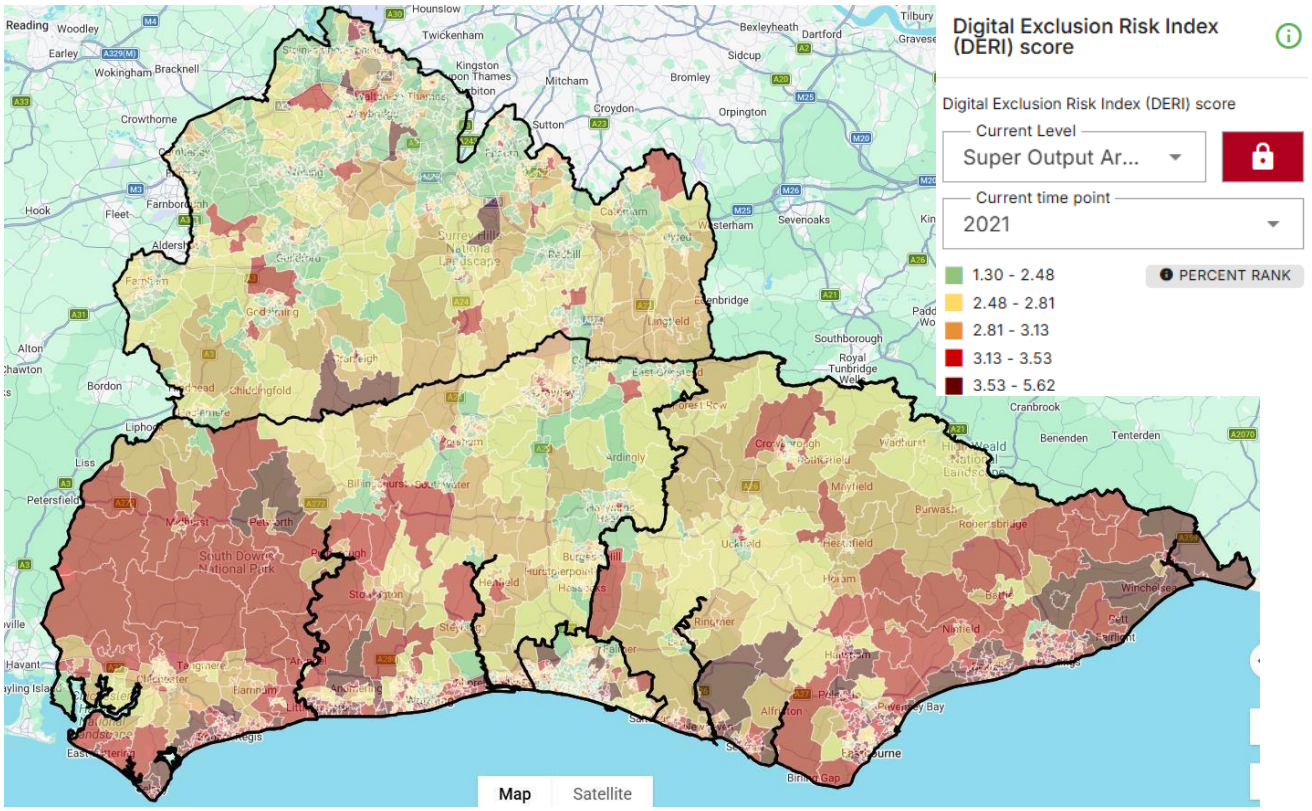
Overall for Surrey and Sussex, the average digital exclusion risk index is lower than for England (2.7 compared to 3 respectively), but there are pockets digital exclusion across Surrey and Sussex, with particular concentrations along the coastal strip.

Community needs index rank, Electoral wards in Surrey and Sussex, 2023



Source: Oxford Consultants for Social Inclusion (OCSI) from Brighton & Hove Local Insight mapping tool. https://brighton-hove.localinsight.org/#/map?savedmap=3416

Digital exclusion risk index (DERI) score, LSOAs in Surrey and Sussex, 2021



Source: Greater Manchester Office of Data Analytics from Brighton & Hove Local Insight mapping tool. https://brighton-hove.localinsight.org/#/map?savedmap=3417

Social isolation and loneliness

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

Three key ways that loneliness impact health are:

less healthy behaviours are more likely in people who are lonely, such as smoking and physical inactivity

lower self-esteem, and greater stress responses are more likely in people who are lonely

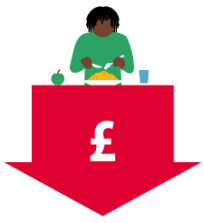
loneliness impacts on our immunity against infections and blood pressure among other physical health impacts

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

In East Sussex (6.4%) and Brighton & Hove (6.0%) of adults feel lonely often or always, similar to England (7.0%) and the South East (5.9%). Rates are lower than England in Surrey (5.4%) and West Sussex (5.6%).[14]

Food

Nutritious food is vital for our health and wellbeing, and for children's development, but for too many of us it's not accessible or affordable. Food that's high in fat, salt and sugar is often readily available and cheaper than healthier options, and eating this kind of food regularly can cause obesity and other health problems. **Healthy food should be:**



Cheaper

Better advertised

Easy to access

High in fruit and vegetables

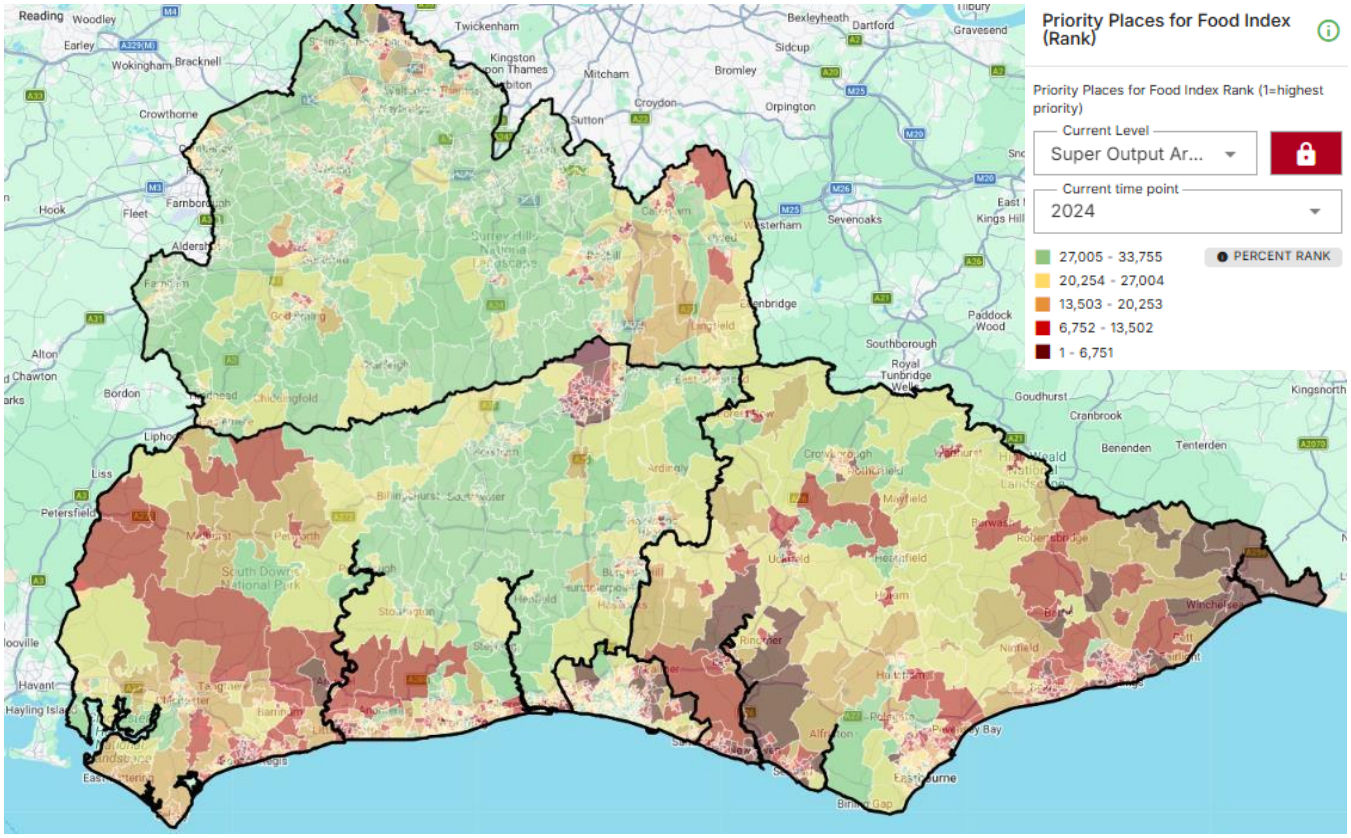
People can tend to think of eating healthily as being an individual's choice, but food environments are a combination of the spaces in which people make decisions about food and the foods and drinks that are made available, accessible, affordable and desirable in those spaces. Creating

sustainable food systems are important ways to enable people to be able to easily access affordable healthy food and eat well. Health settings are a crucial part of a creating a healthy food system.

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

The Priority Places for Food Index shows areas where poverty, poor public transport and a lack of big supermarkets severely limit access to affordable fresh fruit and vegetables. On average, Surrey and Sussex has less need according to this index, but there are coastal areas in East Sussex, areas of East and West Brighton & Hove, Crawley in West Sussex and Spelthorne in Surrey which are in the 20% of areas in England with greatest need (Figure).

Priority Places for Food Index (Rank where 1 = highest priority), LSOA in Surrey and Sussex, 2024



Source: Consumer Data Research Centre (CDRC) from Brighton & Hove Local Insight mapping tool. https://brighton-hove.localinsight.org/#/map?savedmap=3418

Inclusion health and other population groups facing significant discrimination and health inequalities

Inclusion health: Key points

Inclusion health describes an approach to prevent and address extreme health inequalities. Whilst the populations are diverse, they can share common experiences such as structural discrimination, social exclusion and stigma and are often not accounted for in electronic records. Inclusion health groups include:

- People experiencing homelessness
- Migrants in vulnerable circumstances
- Gypsy, Roma and Traveller communities
- Sex workers
- People in contact with the justice system
- People experiencing drug and/or alcohol dependence
- People subject to modern slavery.

Evidence shows that some socially excluded groups and people experiencing multiple disadvantage have significantly worse health and quality of life and live shorter lives than the general population and these are explored within this section.

The health consequences experienced by those belonging to one or more inclusion health group, can be further exacerbated if individuals also experience other domains of inequality.

As well as inclusion health groups, this section also presents information on other population groups who face significant discrimination and health inequalities, including:

- Black and Racially Minoritised people
- Trans, non-binary or intersex (TNBI) people
- LGBQ+ people
- Disabled people
- Neurodiverse people
- People with learning disabilities
- Unpaid carers
- Care experienced adults
- Military veterans
- Pregnancy and maternity
- Religion faith and belief.

Key evidence resources for this section, in addition to the JSNAs from each area, from the Office for Health Improvement and Disparities are:

- Inclusion health data and intelligence resource for England - GOV.UK
- SPOTLIGHT: Improving Inclusion Health Outcomes

Area specific links
Links a given for each population group within this section
Brighton and Hove

Joint Strategic Needs Assessment (JSNA) Population and population groups Healthy people: Starting well Migration
East Sussex
Various profiles and reports relating to equality groups in East Sussex Equalities profiles Equalities reports JSNA: Equality groups
Surrey
The Surrey Health and Wellbeing strategy outlines the population groups (priority populations) with the worst health outcomes. The strategy can be found here: Surrey Health and Well-Being Strategy - update 2026 | Healthy Surrey Chapter on loneliness and social isolation JSNA Loneliness and Social Isolation | Surrey-i Chapter on the Armed Forces Community Armed Forces Community | Surrey-i Chapter on Multiple Disadvantage JSNA Multiple Disadvantage | Surrey-i Chapter on Migrant Health Joint Strategic Needs Assessment | Surrey-i
West Sussex
West Sussex JSNA Website – refer to the overall JSNA summary for a description of different groups within the county. IoD 2025 – map and briefing Thorney Island (military Base) Briefing West Sussex homelessness local intelligence briefing Understanding & Reducing Drug Demand in West Sussex (Drug Demand Profiles)

Introduction[15]

Inclusion health describes an approach to prevent and address extreme health inequalities. Whilst the populations are diverse, they can share common experiences such as structural discrimination, social exclusion and stigma and are often not accounted for in electronic records. Inclusion health groups include:

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Factors that influence the health of inclusion health populations relate to multiple conditions; their needs can be overlooked in investment and policy development. Whilst small in numbers, investment in better support for inclusion health groups has the potential for large aggregate health benefits to the whole population.[16]

International studies show that some socially excluded groups and people experiencing multiple disadvantage have significantly worse health and quality of life and live shorter lives than the general population.[17,18,19]

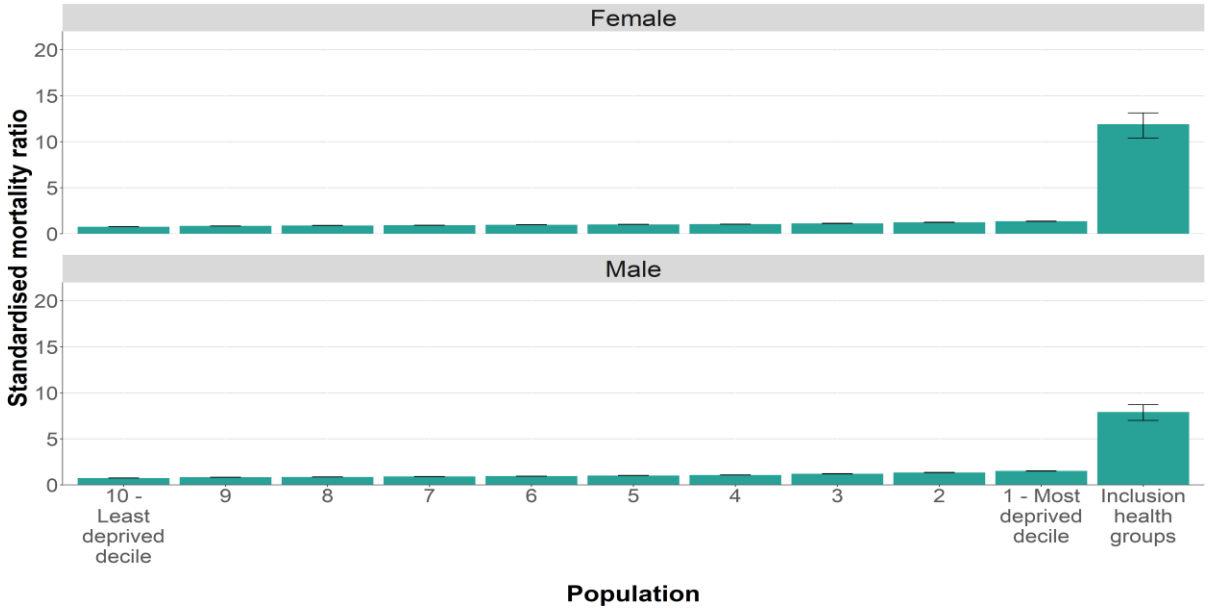
They also have common themes that put them at higher risk of infectious diseases and environmental hazards. They may be more likely to be exposed to external health threats, less likely to be able to access important prevention measures such as vaccination and testing, and more likely to have worse health outcomes following exposure. One common factor that many people in inclusion health groups may share is experience living in communal accommodation which can be associate with increased transmission of infections.

There is often limited published evidence on the burden of health issues in inclusion health groups. Often the data available may focus on one element of health protection which may not reflect a holistic view of wider inequalities faces. It is important to consider qualitative data to provider more context to limited statistics.

As inclusion health groups often face stigmas, any risk communication around health and wellbeing needs to be inclusive and tailored to avoid inadvertently increasing stigma. Co-producing key information and messaging with peer-led approaches and people with lived experience can increase acceptability and relevance and reduce risk of stigma.

Compared with the general population, some inclusion health groups have considerably higher levels of mortality than even those living in the most deprived areas of England (Figure).

Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile

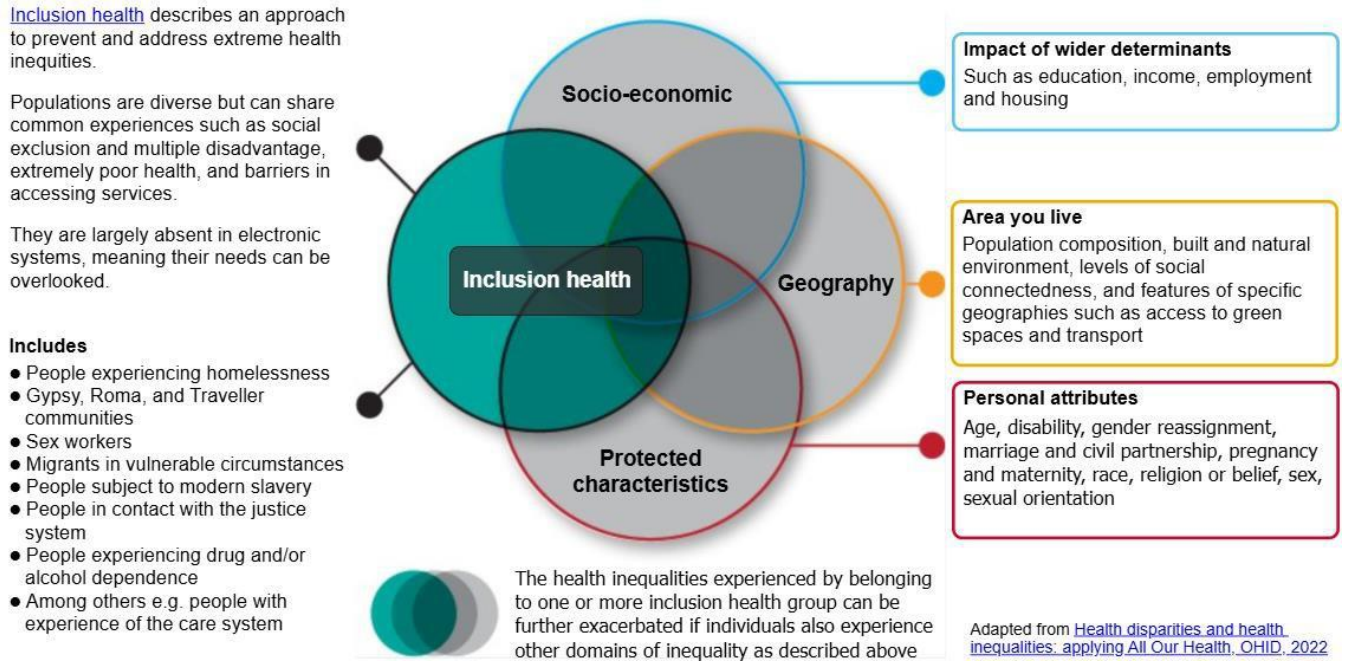


Source: Office for Health Improvement and Disparities (2022) Spotlight indicator SP260: analytics.phe.gov.uk/apps/spotlight/

Intersectionality

The health consequences experienced by those belonging to one or more inclusion health group, can be further exacerbated if individuals also experience other domains of inequality (Figure).

Inclusion health and intersectionality



Source: Office for Health Important and Disparities, adapted from Health disparities and health inequalities: applying All Our Health - GOV.UK

As well as inclusion health groups, this section also presents information on other population groups who face significant discrimination and health inequalities, including:

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- Neurodiverse people
- People with learning disabilities
- Unpaid carers
- Care experienced adults
- Military veterans
- Pregnancy and maternity
- Religion faith and belief.

People experiencing homelessness

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

Homelessness is associated with poor health, education and social outcomes, particularly for children. (The Impact of Homelessness on Health, LGA 2017, https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities).

Households owed a duty under the Homelessness Reduction Act

The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018. The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult households who do not have 'priority need' under the legislation (https://www.legislation.gov.uk/ukpga/2017/13/contents/enacted).

As at end March 2025, there were 12,685 households across Surrey and Sussex owed a duty under the Homelessness Reduction Act. Each Place in Surrey and Sussex have lower rates than England (13.6 per 1,000 households). This is highest in East Sussex (12.3 per 1,000 households), followed by West Sussex (10.9), Brighton & Hove (10.8) and is lowest in Surrey (7.9). It is increasing in all but Brighton & Hove.[20]

Below county level in East Sussex, Hastings (24.2 per 1,000 households) and Eastbourne (15.2) in West Sussex, Crawley (21.4) have significantly higher rates than England.

Temporary accommodation

As at end March 2025, there were 5,571 households in temporary accommodation across Surrey and Sussex. Across England the rate of households in temporary accommodation is 5.2 per 1,000 households. This is significantly higher in Brighton & Hove (12.1 per 1,000 households, behind only Slough in the South East). In East Sussex (4.8), West Sussex (4.4) and Surrey (2.4) rates are better than England, but rates are increasing in East Sussex and Surrey.[21]

Below county level, in East Sussex, Hastings (13.4) and Eastbourne (6.3) and in West Sussex, Crawley (12.2) and Worthing (9.0) have significantly higher rates than England.

See best start in life for information on children in temporary accommodation.

Migrants in vulnerable circumstances

Migrants in vulnerable circumstances include those seeking asylum, refugees, unaccompanied children seeking asylum, migrants who have been trafficked, those living in the UK with no legal status i.e. are 'undocumented' and have no recourse to public funds and low paid migrants.

Migrants in vulnerable circumstances are at risk of worse health outcomes than the host population due to their experiences before, during and after migration. Health needs include low vaccination rates, infectious diseases, poorly controlled non-communicable diseases, poor oral health, mental health problems, and malnutrition.[22] Many face challenges accessing healthcare including administrative, language and cultural barriers; difficulties navigating an unfamiliar healthcare system; and NHS charging policies.[23]

Immigration policies restricting rights to work and limiting access to social security and public services contribute to the increased risk of migrants experiencing poverty, exploitation, poor housing, destitution and associated poor health.[24] Racism, xenophobia and discrimination at interpersonal, institutional and structural levels exacerbates health inequities experienced by migrants.[25,26]

Whilst data is collected on various government schemes to support migrants in vulnerable circumstances, those living here without legal status who have no recourse to public funds will not be captured, yet will still have significant health needs.

The greatest number of people on the Homes for Ukraine scheme, under the Afghan resettlement Programme, and asylum seekers receiving support are in parts of West Sussex: Crawley (1,650 people), Mid Sussex (1,248) and Chichester (1,067), followed by Brighton & Hove (1,024) (Figure overleaf) and lowest in Adur (143), Worthing (224) and Epsom and Ewell (231). Crawley also has the greatest percentage of its total population on these schemes in the South East (1.3%). Within Surrey and Sussex it is followed by Chichester and Mid Sussex (both 0.8%).

Number of people on the Homes for Ukraine scheme, under the Afghan resettlement Programme, and asylum seekers receiving support, Sussex Lower Tier Local Authorities, Year ending September 2025

Source: Microsoft Power BI

Local JSNAs:

- Brighton & Hove Migration
- East Sussex East Sussex in Figures – JSNA: Asylum Seeker and Refugee Rapid Health Needs Assessment 2023 and East Sussex in Figures – JSNA: Rapid Health Needs Assessment for Children and Adolescent Refugee and Asylum seekers in East Sussex 2024
- Surrey Migrant Health | Surrey-i

Gypsy, Roma and Traveller communities

Whilst often grouped together, Gypsy, Roma and Traveller communities are diverse with differing needs. The terms are used to describe a range of ethnic groups or people with nomadic ways of life who are not from a specific ethnicity.

Gypsy, Roma and Traveller communities can face significant health inequalities. These communities can experience lower life expectancies than the general population. Some people from these communities experience disproportionately high rates of death by suicide.

The stigma and discrimination these communities face can impact many aspects of their lives including access to healthcare, leading to worse health outcomes. Inequalities are experienced across the wider determinants of health including: income and employment, education, housing and racism and discrimination. Evidence of these inequalities within the Office for Health Improvement and Disparities Inclusion health data and intelligence resource for England includes[27]:

- Life expectancy for Gypsy and Traveller men and women is 10 years lower than the national average
- Infant mortality and pregnancy loss rates are higher among Traveller and Gypsy communities
- Gypsies and Travellers are three times as likely to suffer from anxiety and twice as likely to suffer from depression compared to the general population
- Suicide rates for Irish Traveller women are 6 times higher than the general population and 7 times higher for Irish Traveller men
- At all key stages, Gypsy, Roma and Irish Traveller pupil's attainment was below the national average and children from Irish Traveller families are over 3 times as likely to be eligible for free school meals than White British Children

Health protection needs highlighted include:

- Gypsy, Roma and Traveller communities are less likely to access immunisation with barriers cited including language, low literacy, discrimination and low trust
- TB rates in Irish Travellers are higher compared to the general population
- Measles outbreaks among Gypsy, Roma and Traveller communities are commonly reported
- Lack of access to clean water may contribute to high risk of Hepatitis A and gastrointestinal infections
- Use of indoor stoves, or open fires, for some Gypsy, Roma and Traveller communities can contribute to poor air quality
- Traveller sites are often located close to pollutants e.g. sewage works, waste disposal sites or industrial sites.

Surrey and Sussex

A count of Traveller caravans in England takes place in January and July each year, recording the number of caravans on both authorised and unauthorised sites across England compiled from information submitted by local authorities. For the count which took place on or around 17 July 2025 there were 1,706 caravans across Surrey and Sussex.[28]

The greatest number were in parts of West Sussex and Surrey:

- West Sussex: Horsham (279) and Chichester (199)
- Surrey: Guildford (218), Runnymede (210), Reigate and Banstead (200)

In the 2021 Census, there were 8,940 people who identified as White Gypsy or Irish Traveller or White Roma (Table). This may be an underestimate. The greatest number is in Surrey (4,273) followed by West Sussex (2,294).

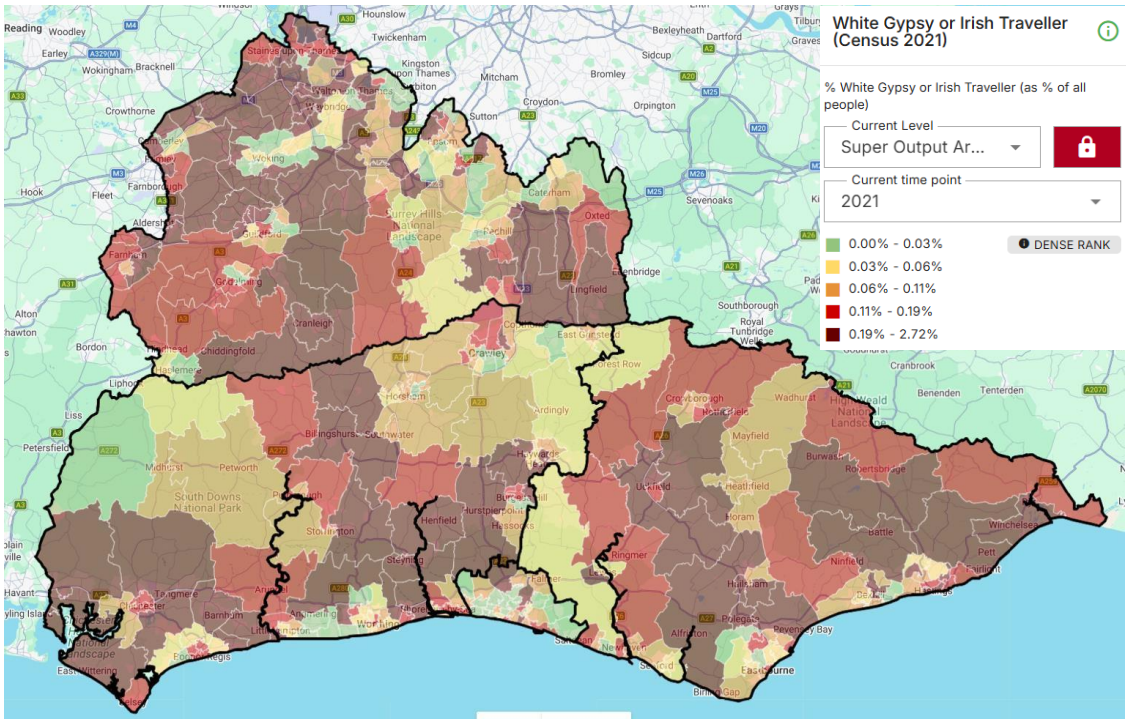
The map shows that the highest concentrations of White Gypsy or Irish Traveller communities are in more rural parts of Surrey and Sussex, with many MSOAs in the top 20% in England.

Number of people (and percentage of all residents) classified to the ethnic groups of Roma or Gypsy and Traveller, Surrey and Sussex upper tier local authorities, the South East and England, Census 2021

Area	White: Gypsy or Irish Traveller		White: Roma	
	number	%	number	%
Brighton and Hove	197	0.1	787	0.3
East Sussex	871	0.2	518	0.1
Surrey	2,600	0.2	1,673	0.1
West Sussex	1,208	0.1	1,086	0.1
Surrey and Sussex	4,876	0.2	4,064	0.1
England		0.1		0.2
South East		0.2		0.1

Source: Office for National Statistics NOMIS Nomis - Query Tool - TS021 - Ethnic group

Percentage of the resident population who are White Gypsy or Irish Travel, MSOA in Surrey and Sussex, Census 2021



Source: Census 2021, Office for National Statistics, from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3718

Local JSNA resources:

- Brighton & Hove Gypsy Roma and Traveller health needs (Qualitative research report to be published in 2026)
- East Sussex East Sussex 2021 Census Briefing: Gypsy, Irish Traveller and Roma
- West Sussex Census 2021: Ethnicity, language and religion
- Surrey Gypsy, Roma, and Traveller populations in Surrey | Surrey-i

Sex workers[29]

Sex work is diverse and includes a broad range of people and settings. Sex workers are adults who are engaging in consensual sex work. There is a huge variety of different types of sex work and different locations. It is important to consider these differences to avoid generalisations based on one sub-group or type of sex work wherever possible. In general, evidence suggests that street-based sex workers experience a relatively high burden of health-related consequences, including poor health outcomes, compared to other sex workers.[30]

There is a lack of data relating to sex workers. There is no clear best method to estimate the size and diversity of the sex worker population.

A systematic review of interventions to improve health and the determinants of health among sex workers in high income countries highlighted the effectiveness of multicomponent interventions that were focussed on education and empowerment and used peer design and peer delivery.[31]

Local JSNA resources:

- East Sussex East Sussex in Figures – Data Observatory – JSNA – JSNA: Sex Worker Needs Research 2025

People in contact with the justice system[32]

People in contact with the justice system include adults who are in prison or on probation, serving their sentence in the community. It also includes children and young people sentenced to custody in secure establishments, or under the supervision of youth offending teams in the community. The justice population are not a stand-along population cohort and can be represented across all inclusion health groups.

They are likely to experience significantly worse health outcomes than the general population. Higher rates of substance use including tobacco smoking / vaping and a higher burden of epilepsy, asthma, coronary heart disease, musculoskeletal problems, dental decay and oral diseases, ported mental health including depression, anxiety and psychosis define some of their significantly higher burden of disease.[33]

People under the supervision of the Probation Service account for over two thirds of those in contact with the criminal justice system. However, currently the public health needs and associated social issues of people on probation are poorly understood. A large proportion of this cohort will never have been in custody, but they are underrepresented in local community needs assessments and health and care commissioning plans. Probation health data is poor quality, often self-reported or unverified.

There are many reasons for poor health outcomes for people on probation. They face significant barriers to healthcare and experience higher rates of poverty, social exclusion, and socio-economic deprivation. Unstable housing, finances and employment compound their health issues driving dependence of drugs, alcohol and reoffending. Challenges with integration of community health and probation front-line services leads to poor identification of health needs, care coordination, symptom management and support. Lack of trust in health services, and the experience of re-traumatisation due to repeated sharing of personal information both negatively impact confidence and engagement.

One third of people in prison have a learning disability or difficulty, with 57% of people in prison having literacy levels below those expected of and 11 year old.[34] Evidence suggested that, in 2021, over 50% of adults in the prison estate had some form of neurodivergence, compared to 15% of the general population.[35]

Up to 90% of people in prison aged 50 or more have at least one moderate or severe health condition and over 50% have three or more.[36] The number of people in prison aged 60 or over had increased by 70% in the last decade (to June 2024) and by 381% since 2002.[37]

Data collected by NHS England under the Liaison and Diversion Programme showed that over 55% of services users in contact with the justice system and identified with a mental health need also had problem with drug use, alcohol use or both.[38] Estimates are older, but in 2012 almost 20% of people in prison were estimated to have a physical disability.[39]

Women are nearly twice as likely to entre prison with a drug use need than men and rates of self-harm are 11 times higher for women in prison than for men. Almost 60% of women in contact with the justice system have a history of domestic abuse and around 1 in 3 women in prison spent time in care as a child.[40]

Populations in the justice system have extremely high rates of preventable disease, including a disproportionate burden of infection through greater exposure to health threats, greater susceptibility to the harm caused by health hazards and reduced ability to cope and recover from the damages caused by these health hazards. These include[41]:

- The rate of TB per 100,000 in 2020 to 2022 for people in prison was 28.1 compared to 7.6 for the general population in England
- High rates of syphilis, particularly among women
- A 2.42 hazard ratio for Hepatitis C infection among women in prison compared to the general population
- People in prisons were 3.3 times more likely to die from COVID19 than someone the same age and sex in the community
- The extent and transmission of blood-borne viruses within prison settings remains unknown with few targeted harm reduction/preventative measures in place to reduce this
- The extent of vaccine coverage / immunity to diseases in the routine immunisation schedule also remains largely unknown
- The communal, and often overcrowded conditions, sometimes in very old buildings, with a dynamic staffing pool that move between the community and settings, and residents that enter and leave the settings increases the risk of disease importation into settings, the risk of transmission and outbreaks of respiratory infections and other infections spread through close contact, and the risk of disease exportation back out to the community.

Policy and guidance

Addressing the health needs of people in contact with the justice system requires national and local partnership working. NHS England are responsible for commissioning and funding healthcare services (including drug and alcohol treatment) in all prisons in England. Most community health services are commissioned by local ICBs and some services, including drug and alcohol treatment services in the community, are commissioned by local authorities. The National Partnership Agreement for Health and Social Care for England sets out a shared commitment between health and justice partners to improve the health of both those in prison and those under supervision of probation in the community and outlines the roles and responsibilities of each of these agencies.

The Health and Justice Children Programme national partnership agreement 2023-25 (NHS England 2023) supports the commissioning and delivery of healthcare in secure settings in children.

Those in contact with the justice system especially those under supervision of the Probation Service have been a key target population for NHS England, under Core20PLUS5.

The Chief Medical Officer for England identifies area of good practice as areas of risk in the report The health of people in prison, on probation and in the secure NHS estate in England. It also recommends actions to improve health outcomes for this population.

Surrey and Sussex

There are seven prisons situated within Surrey and Sussex:

- HMP & YOI Bronzefield (Surrey): a privately run female prison in Ashford.
- HMP Coldingley (Surrey): a prison for adult men in Woking.
- HMP & YOI Downview (Surrey): a prison and young offender institution (YOI) in Sutton, for women aged 18 and over.
- HMP High Down (Surrey): a men's prison and young offender institution (YOI) near Sutton.
- HMP Send (Surrey): a women's prison in Woking.
- HMP Lewes (East Sussex): a Category B local men's prison holding a mix of remand and sentenced prisoners
- HMP Ford (West Sussex), a Category D open prison

As of September 2025[42]:

- There were 3,556 prisoners in these prisons (sentenced, on remand or non-criminal prisoners)
- Of these 1,053 were women and 2,503 men
- The majority were White (2,292). Followed by Black or Black British (658), Asian or Asian British (246), Mixed/multiple ethnicity (234), Other (112)
- All were aged 18 years or over. There were 355 people aged 18-24 years, 1,741 aged 25-39 years, 1,237 aged 40-59 years and 223 aged 60 years or over – with 53 of these aged 70 years or over.

Data for offenders supervised by the probation service is available by probation region, which is for Kent, Surrey and Sussex rather than for Surrey and Sussex. Across this wider region[43]:

- There are 10,925 offenders supervised by probation in June 2025
- There were 89 deaths of offenders supervised in the community and in prison in 2024/25.
- There were 12 deaths of prisoners in prisons located in Surrey and Sussex between July 2024 and September 2025.

Also see the section on people experiencing multiple compound needs.

Local JSNAs:

- Surrey Health Needs Assessment for Prisons: HNA Prisons | Surrey-i

People experiencing drug and/or alcohol dependence[44]

Many people use drugs and alcohol but there is a proportion who become dependent either physically, psychologically or both.

Drug related deaths in England have doubled over the last 10 years, with over 3,600 people who died as a result of drug use in 2023. This is the highest number since records began in 1993, with the average age of death being 44.5 years for men and 47.5 years for women. Opioids account for 71% of all drug use deaths in England in 2023, while deaths involving cocaine were 10 times higher than in 2011.[45]

New drug threats have recently appeared, from deaths related to new synthetic opioids; bladder harms due to increased ketamine use; and the adulteration of supposed 'THC' (tetrahydrocannabinol) products. These use of new psychoactive substances among the general population has fallen but has increased and remains high in vulnerable populations such as those sleeping rough and those in prison.[46] Drug poisonings have increased disproportionately among those experiencing homelessness.[47]

In 2023, there were 8,275 deaths from alcohol specific diseases in England, which have risen significantly since 2018.[48]

There is a complex and reciprocal association between social factors and alcohol or illicit drug use. Drug or alcohol use can cause social disadvantage, and socioeconomic disadvantage may lead to alcohol/drug use and dependence. Social and environmental factors linked to drug and alcohol use include chaotic lifestyles resulting in housing instability, homelessness, rough sleeping, neglect and associated heath issues.

There are five key conditions for which the drug and alcohol treatment population are at far higher risk of death than the general population:

- Liver disease
- Lung disease
- Cardiovascular disease
- Cancers
- Blood borne viruses.

Acquired brain injury is another concern. Higher than average mortality among this population for these causes of death are likely to be driven in part by high rates of smoking and alcohol use.

Alcohol and drug use is common among people with mental health problems (Co-occurring substance use and mental health: COSUM). Nationally, almost three-quarters (72%) of adults starting treatment for drug and/or alcohol said they had a mental health treatment need. But over

one-fifth (22%) of people who had a mental health need were not receiving any treatment to meet this need.[49] High prevalence of COSUM has been found among many of the following populations:

- People in prison and those in the criminal justice system
- Children, young people and adults in alcohol and drug treatment
- Individuals presenting to hospital emergency departments in mental health crisis
- People experiencing severe and multiple disadvantage.[50]

Injecting drug use is significant in terms of risk of infectious diseases including hepatitis C and B, serious bacterial infections and Tuberculosis (TB).[51] There is currently a Sussex wide TB needs assessment in progress.

For more on adults with multiple compound needs, see that section of the needs assessment.

Surrey and Sussex

Alcohol dependence prevalence

Across Surrey and Sussex, there are estimated to be 24,800 alcohol dependent adults (aged 18 years or over) based upon the Adult Psychiatric Morbidity Survey. This ranges as a rate per 1,000 adult population considerably across Surrey and Sussex - from 16.6 per 1,000 in Brighton and Hove to 8.9 in Surrey (East Sussex 11.7 and West Sussex 10.5).[52] Of these:

- Three quarters of alcohol dependent adults are estimated to be male (18,600) and one quarter female (6,200)
- 3,900 are estimated to be aged 18-24 years, 6,000 aged 25-34, 10,700 aged 35-54 and 4,200 aged 55 years or over.

Alcohol dependence prevalence estimates, adults aged 18 years or over, Surrey and Sussex, 2019-20

	Total number	Females	Males	18-24 years	25-34 years	35-54 years	55 years or over
Brighton & Hove	3,992	1,015	2,977	905	1,208	1,477	402
East Sussex	5,277	1,385	3,893	737	1,187	2,278	1,076
Surrey	8,308	2,059	6,250	1,287	1,953	3,783	1,286
West Sussex	7,244	1,785	5,459	972	1,671	3,180	1,421
Surrey and Sussex	24,821	6,244	18,579	3,901	6,019	10,718	4,185

Source: Office for Health Improvement and Disparities Alcohol dependence prevalence in England - GOV.UK

Opiate and/or crack cocaine use prevalence

Across Surrey and Sussex, there are estimated to be 12,200 adults aged 15-64 years using opiates and/or crack cocaine, with 78% estimated to be male (9,500) 22% female (2,700).

Rates are highest in Brighton & Hove:

- For men, this ranges as a rate per 1,000 adults aged 15-64 years considerably across Surrey and Sussex - from 22.3 per 1,000 in Brighton and Hove to 7.9 in Surrey (East Sussex 12.5 and West Sussex 8.8).
- For women, the rate per 1,000 ranges from 6.3 per 1,000 in Brighton & Hove to 2.2 in Surrey (East Sussex 3.4 and West Sussex 2.4).[53]

Opiate and/or crack cocaine use prevalence estimates, adults aged 15-64 years, Surrey and Sussex, 2019-20

	Total number	Females	Males
Brighton & Hove	3,030	648	2,382
East Sussex	2,541	557	1,984
Surrey	3,721	811	2,911
West Sussex	2,887	643	2,244
Surrey and Sussex	12,178	2,658	9,520

Source: Department of Health and Social Care and UK Health Security Agency Opiate and crack cocaine use: prevalence estimates 2016 to 2020 - GOV.UK

Drug and alcohol treatment

In 2024/25 there were 6,130 people in drug treatment (opiates and non-opiates) across Surrey and Sussex, ranging from a rate per 10,000 people aged 18 or over of 60.3 per 10,000 in Brighton & Hove to 18.7 in Surrey (East Sussex 30.6 and West Sussex 20.1). For alcohol, in the same year, there were 4,660 people in treatment across Surrey and Sussex. This ranged, as a rate per 10,000 people aged 18 years or over of 33.7 per 10,000 people in Brighton & Hove to 14.5 in West Sussex (Surrey 19.7, East Sussex 19.1). See Table.[54]

Drug and alcohol treatment figures, adults aged 18 years or over, Surrey and Sussex, 2024/25

	People in drug treatment (opiates and non-opiates)	Rate per 10,000	People in alcohol treatment	Rate per 10,000
Brighton & Hove	1,430	60.3	800	33.7
East Sussex	1,395	30.6	870	19.1
Surrey	1,830	18.7	1,925	19.7
West Sussex	1,475	20.1	1,065	14.5
Surrey and Sussex	6,130		4,660	

Source: Office for Health Improvement and Disparities Microsoft Power BI and Microsoft Power BI

Across England 5% of opiate users in drug treatment, successfully completed treatment in 2024/25. This was the same in Brighton & Hove and West Sussex, but higher at 7% in East Sussex and Surrey. Rates of successful engagement with community drug and alcohol treatment following prison release for those with a substance treatment need vary across Surrey and Sussex, from 42% in Surrey (significantly lower than England at 57%) to 59% in East Sussex

(Brighton & Hove 51%, West Sussex 53%). This indicator measures the proportion of adults released from prison (into the Local Authority Area) with substance misuse treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release. See Figure X.[55]

Drug related deaths

In the three year period 2022 to 2024, 378 people died from drugs misuse across Surrey and Sussex (East Sussex 77 people, Brighton & Hove 95, West Sussex 101 and Surrey 105).

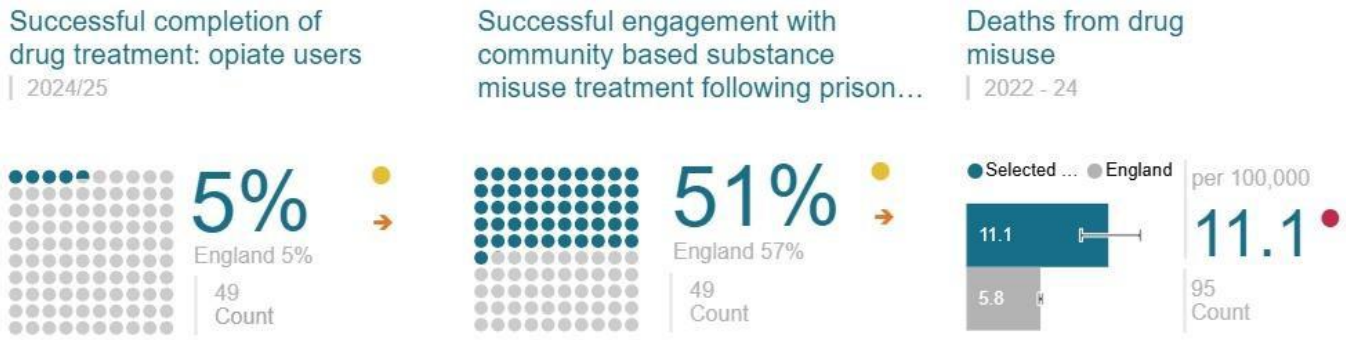
The rate of deaths from drugs misuse is significantly higher in Brighton & Hove than England (Brighton & Hove 11.1 per 100,000 people compared to 5.8 for England). The city has the second highest rate in the South East and the 9th highest in England (Figure).

Rates are much lower in other Places in Surrey and Sussex (East Sussex 4.9 per 100,000, West Sussex 3.9 and Surrey 2.9), however at district or borough level Hastings in East Sussex (10.5 per 100,000) is also significantly higher than the England rate.[56]

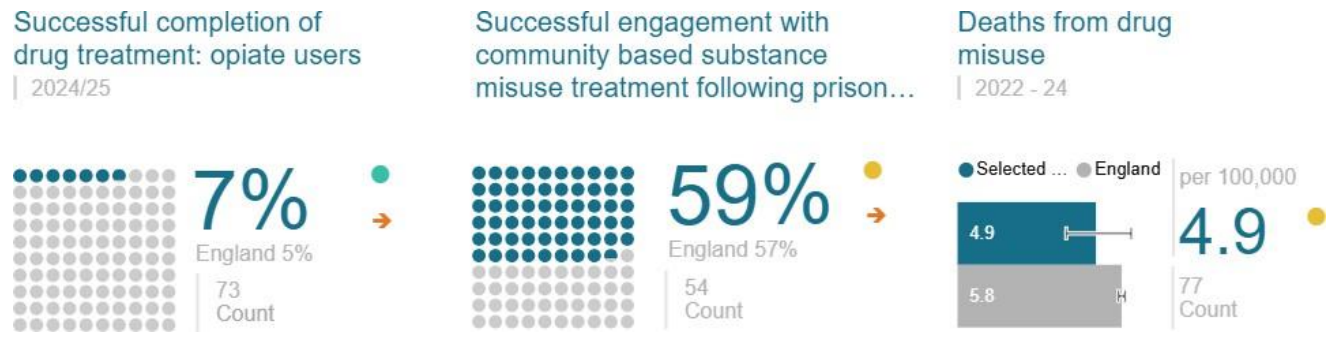
See mental health and wellbeing section for information on suicide and drugs and alcohol.

Drug and alcohol treatment and deaths from drugs misuse, Surrey and Sussex and England, various dates (see Figure)

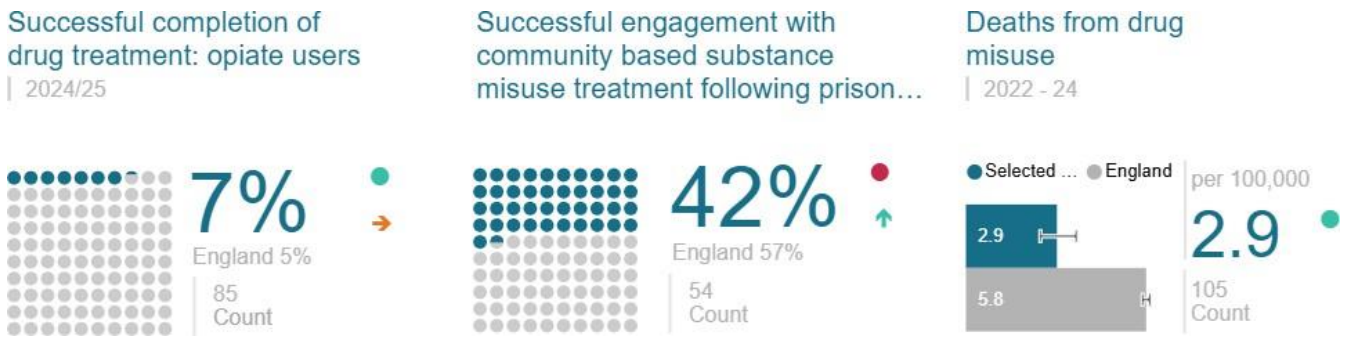
Brighton & Hove



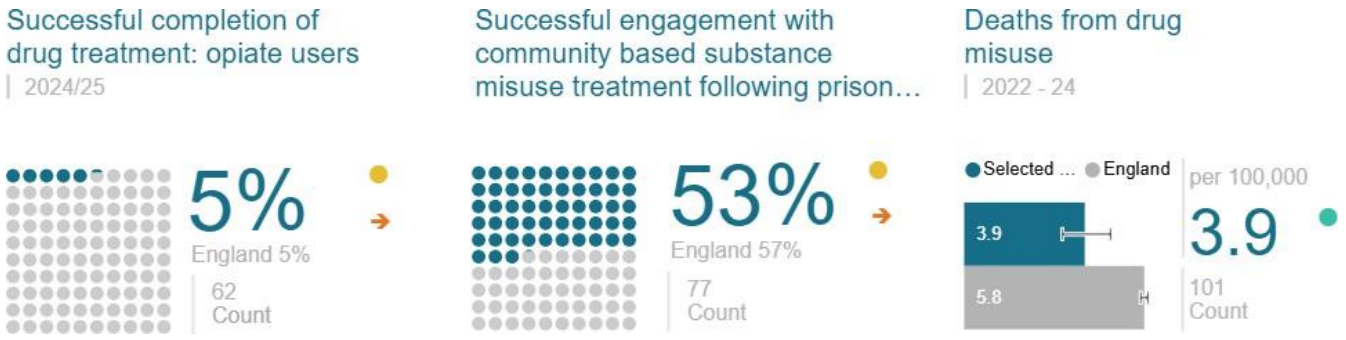
East Sussex



Surrey

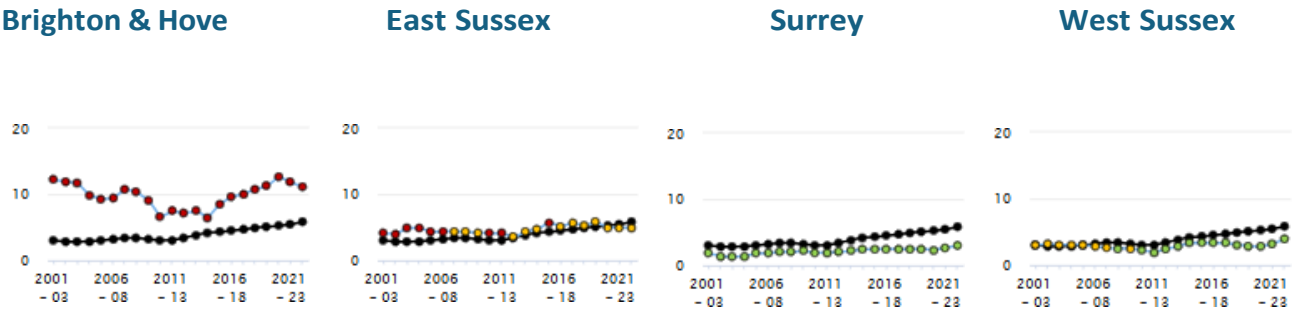


West Sussex



Source: Office for Health Improvement and Disparities, Microsoft Power BI

Deaths from drugs misuse, rate per 100,000 adults aged 18 years or over (directly standardised rate), Surrey and Sussex and England, 2022-2024



Source: Office for Health Improvement and Disparities Fingertips | Department of Health and Social Care

People subject to modern slavery[57]

Modern slavery is defined as the recruitment, movement, harbouring or receiving children, or adults, through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It is a crime under the Modern Slavery Act 2015.

The Home Office describe four main groupings of modern slavery:

- Labour exploitation: work is involuntary, forced and/or under the threat of a penalty e.g. rural work on farms, factories, construction, food processing, hospitality industries, fishing and beauty industry
- Domestic servitude: victims are domestic workers who perform a range of household tasks such as cooking and cleaning

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- Sexual exploitation: victims are exploited through non-consensual abuse of another person's sexuality for the purpose of sexual gratification, financial gain, or any other non-legitimate purposes
- Criminal exploitation: victims are forced to work under the control of criminals in activities such as forced begging, shoplifting, pickpocketing, cannabis cultivation, drug dealing and financial exploitation.

Modern slavery is a violation of human rights and has severe consequences for the health and wellbeing of those affected:

- The nature of exploitation and their contexts result in a range of consequences and people who are trafficked commonly experience poor mental health with high prevalence of post-traumatic stress disorder (PTSD), anxiety and depression
- Studies have found that physically demanding forced labour combined with long working hours, in poor, unsafe, working conditions, can result in a high incidence of physical injury
- Sexual exploitation brings with it a high prevalence of sexually transmitted infections (STIs) and trauma and people with infections may present for healthcare late and therefore have a worse prognosis
- The Royal College of Nursing (RCN) guidance for front lint staff, explains that signs of modern slavery and trafficking could include long-term multiple injuries, mental, physical and sexual trauma, STIs, disordered eating or poor nutrition, self-harm including attempted suicide, dental pain and fatigue.

Producing an accurate measure of modern slavery prevalence is difficult because of its hidden nature. The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery to ensure they receive the appropriate support. In addition, specific public authorities in England and Wales have a statutory Duty to Notify (DtN) the Home Office when they identify potential victims of modern slavery. The DtN process should be used when the suspected victim does not consent to enter the NRM. Children cannot be referred using the DtN referral as they do not have to consent to be referred into the NRM. Child victims are most often referred to the NRM for criminal exploitation, largely driven by the number of 'county lines' cases.

Surrey and Sussex

In 2024, across Surrey and Sussex Police Force areas, there were 588 referrals for adults and 215 for children (aged under 18 years) under the National Referral Mechanism. In addition, there were 46 Duty to Notify in 2024 by a Police Force or local authority in Surrey and Sussex (to note that any Duty to Notify from a government agency are not broken down by area and so not included in these figures).

People experiencing multiple compound needs

Multiple compound needs (MCN) is where people face overlapping issues such as mental health needs, substance use, homelessness, domestic abuse, and contact with the criminal justice system – requires a progressive and integrated system response. This may also be called also termed multiple complex needs, multiple disadvantage, or severe and multiple disadvantage.

The definition of MCN adopted in Sussex, provided by Changing Futures Sussex, is the experience of three or more of the following: homelessness, criminal justice experience, substance misuse, domestic abuse, and mental ill health. Surrey broadly use the same definition.

Research overwhelmingly shows that people with MCN are at high risk of poor health outcomes; particularly regarding mental health, isolation, and avoidable deaths. The cumulative impact of multiple compound needs over the course of a lifetime can be just as harmful when they occur sequentially as when they occur simultaneously. People with MCN have multiple areas of need which interact and having a compounding, multiplicative effect resulting in frequent crises and poor outcomes. Many people with MCN struggle to gain access and remain engaged with services, and some become high users of emergency services and have frequent contact with the criminal justice system. This way of engaging with services is resource-intensive and does not support clients towards long-term recovery.[58]

Adverse Childhood Experiences (ACEs) are key risk factors for adults that go onto develop multiple complex needs. See best start in life section for more on ACEs.

The national Changing Futures evaluation report found that, by April 2023, of 1,250 of their participants whose data were analysed the self-reported lifetime experience of different forms of disadvantage were[59]:

- 92% had mental health issues
- 85% experienced substance abuse
- 77% faced homelessness
- 64% were involved with the criminal justice system, and
- 40% experienced domestic abuse.

They additionally found that 83% of their total participants (2,567) had experienced three or more of the disadvantages, and 62% had experienced four or more of the disadvantages. Sosenko et al., in Gender Matters, revealed that the most common combination of three disadvantages (excluding involvement in the criminal justice system) was poor mental health, experience of interpersonal violence and abuse, and substance misuse.[60]

The most prevalent combination of two disadvantages were found to be, for men, poor mental health and substance misuse, and for women, poor mental health and being a victim of interpersonal violence and abuse.

Surrey and Sussex JSNAs:

Surrey: JSNA Multiple Disadvantage | Surrey-i

East Sussex: East Sussex in Figures – Data Observatory – JSNA – JSNA: Multiple Compound Needs Health Needs Assessment 2025

Brighton & Hove: Adults with multiple complex needs 2020.pdf

Black and Racially Minoritised people

Ethnicity is often associated with race and relates to the population group a person belongs to, identifies with or is identified by, considering cultural factors including language, diet, religion, ancestry and physical features.

Race and ethnicity are drivers of healthcare inequalities, as are other factors such as poverty, age, gender, sexuality and disability. It is important to consider how different aspects of a person's identity overlap and how this may have a cumulative impact their health – this is sometimes called intersectionality.

A Kings Fund report on the health of people from ethnic minority groups in England found:

- In England, there are health inequalities between ethnic minority and white groups, and between different ethnic minority groups. The picture is complex, both between different ethnic groups and across different conditions.
- Access to primary care health services is generally equitable for ethnic minority groups, but this is less consistently so, for example dental health care. However, people from some ethnic minority groups are more likely to report being in poorer health and to report poorer experiences of using health services than their white counterparts.
- Before the Covid-19 pandemic, life expectancy at birth was higher among ethnic minority groups than the white and Mixed groups. The headline figures conceal significant differences between ethnic groups, for example:
    - people from the White Gypsy or Irish Traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of indicators
    - rates of infant and maternal mortality, cardiovascular disease (CVD) and diabetes are higher among Black and South Asian groups than white groups
    - mortality from cancer, and dementia and Alzheimer's disease is highest among white groups.
- The Covid-19 pandemic has had a disproportionate impact on most ethnic minority communities. They experienced higher infection and mortality rates than the white population, in large part due to differences in location, occupation, deprivation, living arrangements and health conditions such as CVD and diabetes. Ethnic differences in Covid-19 mortality declined over the course of the pandemic, and by 2022 there was no excess in ethnic minority groups compared with the White British group.
- In 2020, Covid-19 caused overall mortality in some ethnic minority groups to exceed that of the white population, reversing the pre-pandemic picture. However, by 2022 overall mortality rates returned to pre-pandemic patterns, with the white and Mixed groups again having the highest mortality.
- Unpicking the causes of ethnic inequalities in health is difficult. Available evidence suggests a complex interplay of many factors including deprivation, environment, health-related behaviours and the 'healthy migrant effect'[2] . Most ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status in all communities.
- Among ethnic minority groups structural racism can reinforce inequalities, for example, in housing, employment and the criminal justice system, which in turn can have a negative impact on health. Racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups.
- Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in deprived and ethnic minority communities.
- Comprehensive, good-quality data is essential for enabling policy-makers and health care professionals to identify the specific needs of different ethnic groups, respond with tailored strategies for addressing inequalities, and track the impact of these strategies.

Surrey and Sussex

Across Surrey and Sussex there are 556,998 residents from Black or Minority Ethnics groups (non-White English, Welsh, Scottish, Northern Irish or British) according to the 2021 Census, 19.1% of the population.

At Upper Tier Local Authority level, Brighton & Hove and Surrey have the highest percentage of residents who are from Black or Minority Ethnics groups (26.2% in Brighton & Hove and 23.4% in Surrey), it is considerably lower in West Sussex (15.8%) and East Sussex (11.7%).

However, in Crawley in West Sussex more than one in three residents are from Black or Minority Ethnics groups (38.2%).

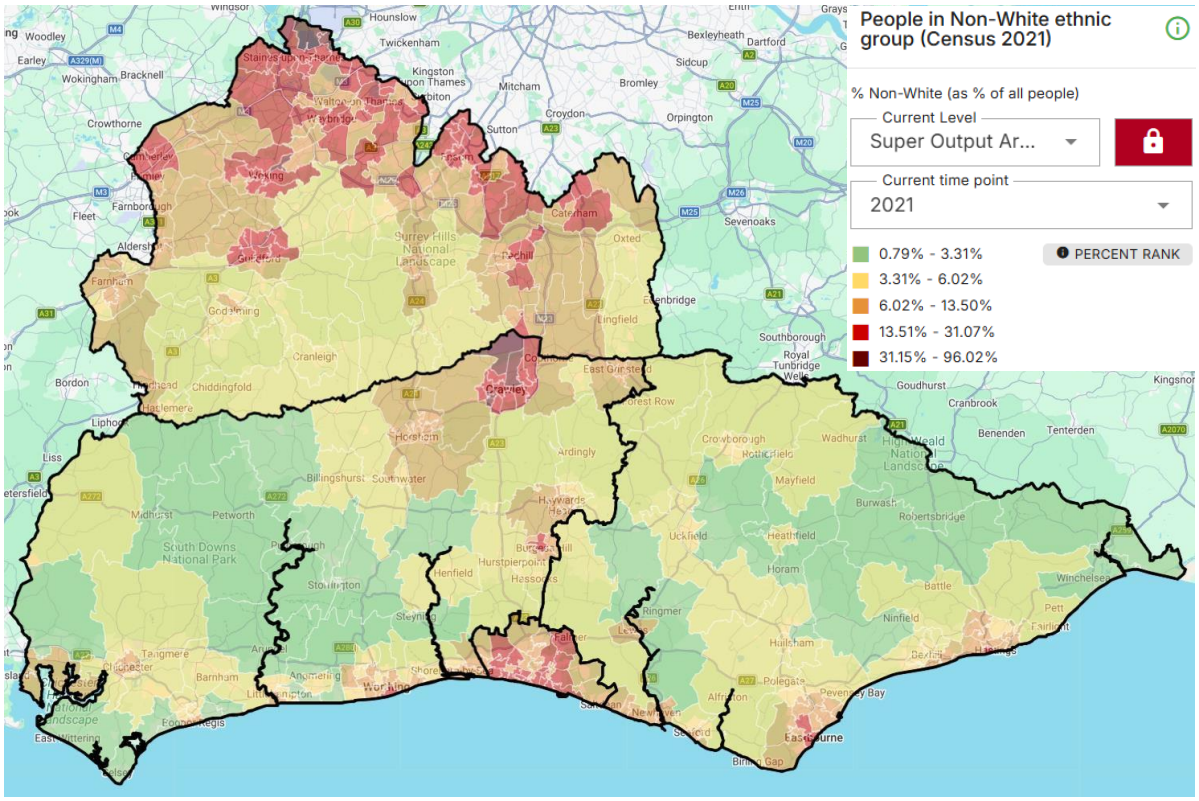
Number and percentage of people by ethnic group, by Upper Tier Local Authority in Surrey and Sussex, Census 2021

Ethnicity	Brighton and Hove	East Sussex	Surrey	West Sussex	Surrey and Sussex	South East	England
Asian, Asian British or Asian Welsh	4.8	2.1	7.7	4.3	5.4	7.0	9.6
Black, Black British, Black Welsh, Caribbean or African	2.0	0.8	1.7	1.3	1.5	2.4	4.2
Mixed or Multiple ethnic groups	4.8	2.3	3.4	2.4	3.0	2.8	3.0
White	85.4	93.9	85.5	91.0	88.7	86.3	81.0
White: English, Welsh, Scottish, Northern Irish or British	73.9	88.3	76.6	84.2	80.9	78.8	73.5
Other ethnic group	3.1	0.9	1.7	1.0	1.5	1.5	2.2
Black or Minority Ethnic (Non-White British)	26.2	11.7	23.4	15.8	19.1	21.2	26.5

Source: NOMIS Office for National Statistics (ONS), Census 2021

At small area level (MSOA level), there are more diverse populations in Crawley, the north of Surrey, Brighton & Hove and in parts of Burgess Hill and Worthing in West Sussex, Eastbourne and Hastings in East Sussex, and in Guildford and Redhill in Surrey (Figure).

Percentage of the resident population who Black or Racially Minoritised (non-White British), by MSOA in Surrey and Sussex, Census 2021



Source: Census 2021, Office for National Statistics, from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3726

Local JSNA resources:

- Brighton & Hove Ethnicity
- East Sussex East Sussex in Figures – Data Observatory – Ethnicity – East Sussex in Figures – Data Observatory
- West Sussex Ethnicity and language census 2021 briefing
- Surrey Census 2021: Ethnic Group | Surrey-i

Trans, non-binary or intersex (TNBI) people

Trans, non-binary or intersex (TNBI) people face unique challenges and disparities in accessing healthcare services, including barriers related to discrimination, lack of understanding among healthcare providers, and limited availability of transgender-affirming care.[61] They also often experience poorer health outcomes and high levels of mental health needs.[62,63]

There is no reliable information regarding the size of the TNBI population in England.

Since 2021, the annual GP Patient Survey conducted by NHS England has included questions about both gender and trans status in its surveys. Researchers analysed 850,000 survey responses received to the 2021 survey, which included over 6,300 responses where individuals identified as either trans or non-binary. The research found that Trans and non-binary respondents were[64]:

- More likely to be from Asian, Black, Mixed or Other ethnic groups,
- Less likely to be heterosexual

- More likely to live in more deprived parts of the country.
- More likely to be younger – just under one in four (23.6%) trans and non-binary respondents was aged 16-34 years, almost double the proportion among other respondents (13.4%).

After adjustment for age, ethnicity and deprivation, trans and non-binary adults reported higher prevalence for 10 out of the 15 long-term conditions. TNBI adults were:

- Three times as likely to be living with dementia or to have a learning disability
- Twice as likely to be experiencing mental health difficulties
- Almost six times as likely to be autistic
- Less likely to be involved in decisions about care and treatment (85.0% compared with 93.7%)
- Trans and non-binary adults with mental health needs were less likely to have their needs recognised and understood (77.6% compared with 87.3%)
- Less likely to say that overall their needs were met (88.1% compared with 95.2%).

Surrey and Sussex

As the 2021 Census data on the TNBI population are no longer accredited official statistics, there are currently no robust data on the size and composition of the TNBI population across Sussex and Sussex.

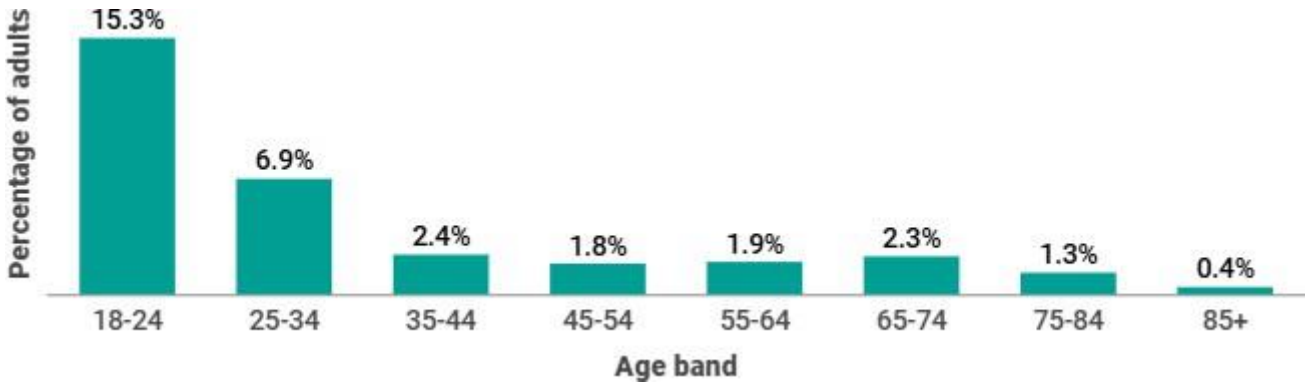
Brighton & Hove

The city has a large TNBI population. The 2024 Health Counts survey[65], a health and wellbeing survey of over 16,700 adults aged 18 years or over, found that 5% of respondents were trans, non-binary or intersex (TNBI).

This is considerably higher than the 2021 Census where 1% of adults in the city identified as TNBI, however we know this was likely to be an underestimate and that the Census figures for gender identity are no longer accredited official statistics. Health Counts estimates, are considered to be more representative of the city's significant TNBI population.

More younger adults are TNBI, ranging from 15% of 18-24 year olds and 7% of 25-34 year olds to 0.4% of those aged 85 years or over.

Percentage of adults who are Trans, Non-Binary or Intersex (TNBI) by age band, Brighton & Hove, Health Counts survey 2024



Source: Health Counts 2024 Report by Brighton and Hove City Council - Infogram

The survey found that TNBI respondents (compared to all survey respondents) were significantly more likely to:

- have a disability (68% compared to 37%)
- have high anxiety scores (57% compared to 38% for all survey respondents)
- have self-harmed in the last 12 months (31% compared to 9%)
- have thought of taking their life in the last 12 months, even though they would not actually do it (59% compared to 25%) or have ever made an attempt to take their life (39% compared to 12%)
- be a current smoker (28% compared to 17%) or vape (25% compared to 14%)
- have used drugs in the last year (42% compared to 20%)
- be fairly or very worried about their housing conditions (33% compared to 21%)
- feel very or a bit unsafe at night (41% compared to 34%) or feel very or fairly worried about physical violence (39% compared to 22%)
- 67% of TNBI adults were very or fairly worried about being targeted by perpetrators of hate crime because they are trans, non-binary or present as gender divergent (compared with 2% of adults who are not TNBI)

And significantly less likely to:

- be in good or better health (56% compared to 69%)
- eat five or more portions of fruit or vegetables (34% compared to 49%)
- never visit the dentist (18% compared to 10%)
- have a very or fairly strong feeling of belonging to their local area (40% compared to 53%) or if ill in bed and need help, have someone they could ask (64% compared to 70%).

An in depth needs assessment for Trans people was completed in 2015 making a series of recommendation to improve the health and wellbeing and services for trans people in the city Brighton & Hove.

East Sussex

The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) JSNA estimated that there are 5,572 Trans and Gender Diverse (TGD) people (1% of the population) and a range of between 0.05%-1.7% of the global population who have an intersex variation.

The needs assessment had similar issues identified from the Health Counts survey for Brighton & Hove, so these are not repeated here but can be found in the JSNA at East Sussex in Figures – Data Observatory – JSNA – JSNA: Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Needs Assessment 2021.

LGBQ+ people (Lesbian, gay, bisexual, queer or other non-heterosexual sexual orientation)

Whilst much progress has been made nationally regarding the rights of LGBQ+ individuals, there are still significant inequalities that exist and gaps in the rights and support of some groups.

Surrey and Sussex

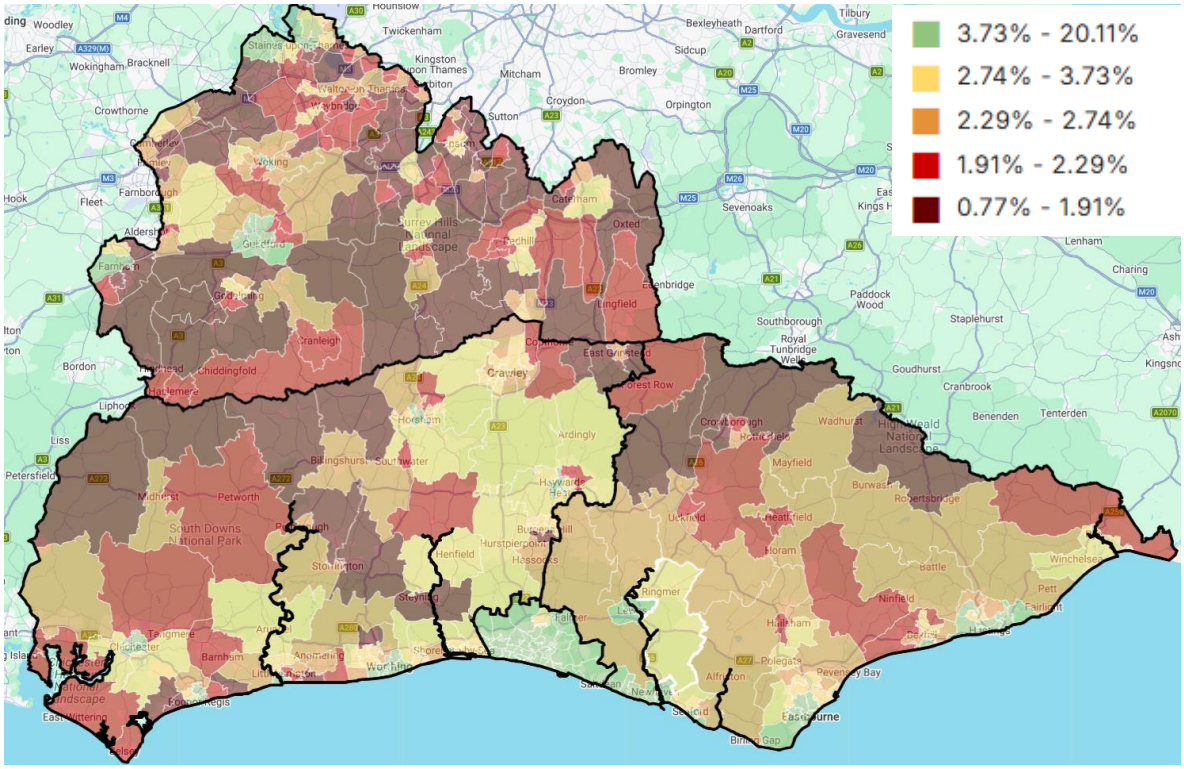
According to the 2021 Census, Brighton & Hove has the highest percentage of LGB+ adults of any local authority in England, at 11% of those aged 16 years or over compared to 3 % for England.

Within Surrey and Sussex it is followed by Hasting (5%), and Lewes, Worthing and Eastbourne (all 4%).

There are areas in each Place in the top 20% of areas in England (Figure):

- In Brighton & Hove, this is all except one Middle Super Output Area (MSOA)
- In East Sussex it includes areas in Hasting, Bexhill, Eastbourne, Lewes, Seaford, Newhaven and Saltdean
- In West Sussex it includes areas in Worthing, Littlehampton, Bognor Regis, Chichester, Haywards Heath and Horsham
- In Surrey it includes areas in Guildford, Farnham, Runnymede, Spelthorne and Woking.

Percentage of adults aged 16 years or over who are LGB+, MSOAs in Surrey & Sussex, Census 2021



Source: Office for National Statistics (ONS) Census 2021, by Middle Super Output Area (MSOA) from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3721

East Sussex

In the East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment 2021 found that:

- Experiencing heteronormative assumptions from staff was common for young LGB+ people, especially in GP practices, mental health services and in hospital settings, particularly for gay women/lesbians and bi people
- Young LGBTQ+ people are more likely to report feeling unsafe & levels of bullying are high
- Drug use appears to be substantially higher in LGBTQ+ people, as was smoking
- The GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), (heterosexual people 11%)

- An increased risk of self-harm and suicide in LGBTQ+ people.

Note: not all evidence was able to be broken down for LGBQ+ and TNBI communities.

Brighton & Hove

The city has a large LGBQ+ population. The 2024 Health Counts survey[66], a health and wellbeing survey of over 16,700 adults aged 18 years or over, found that 28% of respondents were lesbian, gay, bisexual, asexual, queer or prefer another term to describe their sexual orientation but are not heterosexual (LGBQ+).

This is considerably higher than the 2021 Census where 11% of adults in the city identified as LGBQ+, however we know this was likely to be an underestimate. Health Counts estimates, are considered to be more representative of the city's significant LGBQ+ population.

The survey found that LGBQ+ respondents (compared to all survey respondents) were significantly more likely to:

- have high anxiety scores (50% compared to 38% for all survey respondents)
- have self-harmed in the last 12 months (20% compared to 9%)
- have thought of taking their life in the last 12 months, even though they would not actually do it (42% compared to 25%) or have ever made an attempt to take their life (23% compared to 12%)
- be a current smoker (23% compared to 17%) or vape (18% compared to 14%)
- drink at increasing, higher risk, or possible dependence level (50% compared to 44%) or used drugs in the last year (33% compared to 20%)
- be fairly or very worried about their housing conditions (28% compared to 21%)
- feel very or a bit unsafe at night (40% compared to 34%) and feel very or fairly worried about physical violence (31% compared to 22%)
- 30% of LGBQ+ adults were very or fairly worried about being targeted by perpetrators of hate crime because of their sexual orientation or perceived sexual orientation (compared with 3% of adults who are heterosexual or straight)

And significantly less likely to:

- be in good or better health (62% compared to 69%)
- have a disability (50% compared to 37%)
- eat five or more portions of fruit or vegetables (44% compared to 49%)
- never visit the dentist (12% compared to 10%)
- have a very or fairly strong feeling of belonging to their local area (45% compared to 53%) or if ill in bed and need help, have someone they could ask (68% compared to 70%).

West Sussex

In West Sussex, at district level, between 3 and 4% of adults aged 16 years or over are LGB+ according to the 2021 Census.

Surrey

In Surrey 90.7% of people identified as heterosexual/straight in the 2021 Census. The overall number of residents of Surrey who identified with an LGB+ orientation (representing all sexual orientations apart from heterosexual and straight) was 24,122 and represented 2.5% of the population aged 16 years and over – lower than the South East (3.1%) and England (3.2%).

66

Disabled people

Over 1 in 5 people in the UK are disabled, over 14 million people. It is a number that has continued to rise as people are living longer and treatments and technology in healthcare improve.[67]

Disabled people share the same ambition to take part in society as non-disabled people, but often experience more barriers. Every day, many disabled people:

- wake up in a home that is not adapted to their needs
- rely on an unpredictable transport network to get out and about
- navigate inaccessible and inflexible workplaces or education settings
- face limited choice and additional expense when shopping around for goods and services
- use unresponsive and fragmented public services that do not meet their needs
- feel excluded from leisure opportunities and socialising
- find themselves barred from exercising rights, such as voting and serving on a jury.

Also see the best start in life and healthy ageing sections.

Surrey and Sussex

For the 2021 Census, people who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses were considered disabled.

This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

According to the 2021 Census, there are 477,351 people who are disabled under the Equality Act definition, ranging from 13.7% in Surrey to 19.5% in Brighton & Hove (age standardised percentages) (Table).

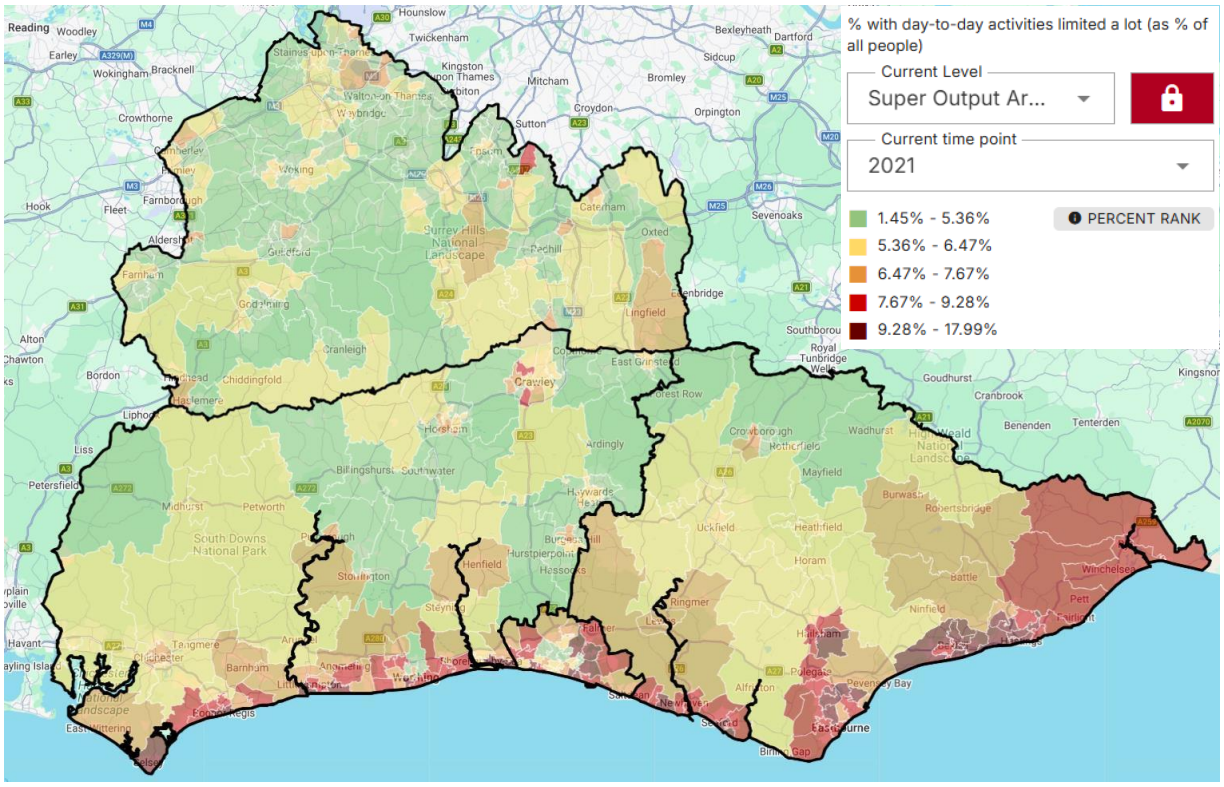
Number of people who are disabled under the Equality Act (day to day activities limited a little or a lot) (age standardised percent), by Upper Tier Local Authority in Surrey and Sussex, Census 2021

Area	Number of adults	% of total population
Brighton & Hove	51,797	19.5%
East Sussex	110,553	18.8%
Surrey	166,101	13.7%
West Sussex	148,900	16.1%
Surrey and Sussex	**477,351**	**16.4%***
South East		**16.1%**
England		**17.7%**

Source: NOMIS Office for National Statistics (ONS), Census 2021
*Note: Surrey and Sussex % is not age standardised

The map shows that there is a clear concentration along the coastal areas of Sussex with the highest percentages of people who are disabled where activities are limited a lot.

Percentage of the resident population who are disabled where activities are limited a lot (age standardised percent), MSOA in Surrey and Sussex, Census 2021



Source: Census 2021, Office for National Statistics, from Brighton & Hove Local Insight mapping tool https://brighton-hove.localinsight.org/#/map?savedmap=3724

Neurodivergent people

Neurodiversity is a word used to describe the different thinking styles that affect how people communicate with the world around them. It includes dyslexia, autism, Attention deficit hyperactivity disorder (ADHD), Tourette's Syndrome and more. Neurodivergent people encounter challenges accessing services which meet their needs.[68]

Neurodevelopmental conditions such as autism and ADHD are not mental health conditions. But just like everyone, neurodivergent people can sometimes face mental health difficulties and struggle with their emotional wellbeing.

Being neurodivergent in a neurotypical world can lead to challenges that may increase the risk of stress, anxiety or depression, and research indicates that neurodivergent people are more likely to experience mental health issues than neurotypical people. For example:

- up to half of autistic people also experience depression at some point in their lives[69]
- Attention-deficit/hyperactivity disorder (ADHD) is associated with heightened levels of anxiety; up to half of people with ADHD have one or more comorbid anxiety disorders.[70]

This link between neurodevelopmental conditions and mental health conditions can be put down to a number of different factors.[71] These include:

- differences in how you interact with the world and experience particular situations, which can lead to increased stress and anxiety
- negative attitudes and a lack of understanding from others, which can lead to loneliness and feelings of isolation

- differences in understanding relationships and social situations.

Sometimes, characteristics associated with neurodevelopmental conditions can be mistaken for symptoms of mental health conditions, which in turn can make it difficult to get the right support.

Neurodivergent individuals often experience significant barriers to accessing services and opportunities, leading to poorer outcomes in health, education, and employment.[72] Key challenges include:

- Autistic individuals are more likely to have chronic mental and physical health conditions and report lower quality healthcare than others.
- Neurodivergent people are more than twice as likely as the general population to have hypermobile joints and experience pain regularly
- A disproportionate number of people who die by suicide are autistic
- People with autism live an average of 16 years less, and those with ADHD around 13 years less, than neurotypical individuals
- Neurodivergent individuals often require ongoing support from families, friends, and carers, which can strain social networks and resources
- Unemployment and underemployment are more common among neurodivergent adults, impacting financial stability and perpetuating cycles of inequality.

Efforts must address these disparities by promoting inclusive environments, reducing systemic barriers, and fostering greater understanding and acceptance of neurodivergent individuals.

Neurodiversity affects individuals across all demographics, but certain groups experience unique challenges:

- **Gender disparities**: While males are more frequently diagnosed with autism and ADHD, evidence suggests this may reflect biases in diagnostic criteria and societal stigma, leading to underdiagnosis in females
- **Intersectionality**: Neurodivergent individuals from ethnic minority or low-income backgrounds face compounded barriers due to systemic inequalities in education, healthcare, and social services
- **Age-related needs**: Neurodivergent children often require specialised support in school environments, while older adults face unique challenges related to late diagnosis and accessing appropriate care.

Surrey and Sussex

There are no routine data sources on the number of neurodivergent adults by area.

Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI) provide estimates and projections of the number of Autistic adults to 2045. These systems are provided by the Institute of Public Care (IPC) at Oxford Brookes University with supporting funding from Partners in Care and Health.

Projections of the number of Autistic adults, by age, by Upper Tier Local Authority in Surrey and Sussex, 2025 to 2045

18-64 years	2025	2030	2035	2040	2045
Brighton & Hove	1,987	2,006	2,012	2,012	2,025
East Sussex	3,002	3,030	3,061	3,118	3,189
West Sussex	5,156	5,270	5,382	5,508	5,634
Surrey	7,315	7,435	7,578	7,707	7,820
Surrey and Sussex	**17,460**	**17,741**	**18,033**	**18,345**	**18,668**
65+ years	**2025**	**2030**	**2035**	**2040**	**2045**
Brighton & Hove	386	436	483	516	529
East Sussex	1,409	1,567	1,708	1,798	1,845
West Sussex	2,002	2,237	2,454	2,599	2,703
Surrey	2,243	2,459	2,642	2,781	2,889
Surrey and Sussex	**6,040**	**6,699**	**7,287**	**7,694**	**7,966**
Total aged 18+ years	**2025**	**2030**	**2035**	**2040**	**2045**
Brighton & Hove	2,373	2,442	2,495	2,528	2,554
East Sussex	4,411	4,597	4,769	4,916	5,034
West Sussex	7,158	7,507	7,836	8,107	8,337
Surrey	9,558	9,894	10,220	10,488	10,709
Surrey and Sussex	**23,500**	**24,440**	**25,320**	**26,039**	**26,634**

Source: Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI)

People with learning disabilities[73]

'Learning disability' is an umbrella term used to describe people who have "a significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence); a reduced ability to cope independently (impaired social functioning) and; a disability that started before adulthood, with a lasting effect on development".

The 'Building the Right Support Action plan 2022' published July 2022, is an action plan to strengthen community support for people with a learning disability and autistic people and to reduce reliance on mental health inpatient care. The driver for the action plan is 'adults, children, and young people with a learning disability, and autistic adults, children and young people should be equal citizens in their communities'.

The action plan brings together, in one place, commitments across systems to reduce reliance on inpatient care in mental health hospitals for children, young people and adults with a learning disability and for autistic children, young people and adults by building the right support in the community. The key areas of focus set out in this action plan are:

- ensuring that people with a learning disability and autistic people of all ages experience high-quality, timely support that respects individual needs and wishes, and upholds human rights
- understanding that every citizen has the right to live an ordinary, self-directed life in their community
- keeping each person at the centre of our ambitions and ensuring that we consider a person's whole life journey

- collaborating across systems to put in place the support that prevents crisis and avoids admission
- ensuring that, when someone would benefit from admission to a mental health hospital, they receive therapeutic, high-quality care and remain in hospital for the shortest time possible
- making sure that the people with a learning disability and autistic people who are in mental health hospitals right now are safe, and that they are receiving the care and treatment that is right for them
- working together to ensure that any barriers to an individual leaving a mental health hospital, when they are ready to do so, are removed.

Surrey and Sussex

According to GP practice registers, there were 17,889 people with a learning disability in Surrey and Sussex in 2024/25.[74] This is between 0.5% and 0.7% of the population and is increasing in all areas (Table X).

Table X: Number of people with a learning disability on GP practice registers, by Upper Tier Local Authority in Surrey and Sussex, 2024/25

Area	Number of adults	% of total population
Brighton & Hove	1,848	0.7%
East Sussex	3,893	0.6%
Surrey	6,251	0.6%
West Sussex	5,897	0.5%
Surrey and Sussex	**17,889**	
South East		**0.6%**
England		**0.6%**

Source: Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care

Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI) provide estimates and projections of the number of adults with a learning disability to 2045. These systems are provided by the Institute of Public Care (IPC) at Oxford Brookes University with supporting funding from Partners in Care and Health.

Tables overleaf show these projections for all adults with a learning disability, and for those with a moderate or severe learning disability:

- The number of people aged 18-64 years with a learning disability is projected to increase from 43,085 in 2025 to 45,395 by 2045
- For those aged 65 years or over the increase is projected from 13,553 to 17,858
- The number of people aged 18-64 years with a moderate or severe learning disability is projected to increase from 9,841 in 2025 to 10,385 by 2045
- For those aged 65 years or over the increase is projected from 1,777 to 2,271

Projections of the number of adults with a learning disability, by age, by Upper Tier Local Authority in Surrey and Sussex, 2025 to 2045

18-64 years	2025	2030	2035	2040	2045
Brighton & Hove	4,971	5,002	5,001	4,986	4,982
East Sussex	7,448	7,524	7,584	7,700	7,841
West Sussex	12,662	12,928	13,170	13,428	13,658
Surrey	18,004	18,252	18,528	18,753	18,914
Surrey and Sussex	**43,085**	**43,706**	**44,283**	**44,867**	**45,395**
65+ years	**2025**	**2030**	**2035**	**2040**	**2045**
Brighton & Hove	857	955	1,066	1,140	1,170
East Sussex	3,168	3,500	3,823	4,032	4,135
West Sussex	4,512	5,025	5,523	5,860	6,077
Surrey	5,016	5,486	5,917	6,236	6,476
Surrey and Sussex	**13,553**	**14,966**	**16,329**	**17,268**	**17,858**
Total aged 18+ years	**2025**	**2030**	**2035**	**2040**	**2045**
Brighton & Hove	5,828	5,957	6,067	6,126	6,152
East Sussex	10,616	11,024	11,407	11,732	11,976
West Sussex	17,174	17,953	18,693	19,288	19,735
Surrey	23,020	23,738	24,445	24,989	25,390
Surrey and Sussex	**56,638**	**58,672**	**60,612**	**62,135**	**63,253**

Source: Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI)

Projections of the number of adults with a moderate or severe learning disability, by age, by Upper Tier Local Authority in Surrey and Sussex, 2025 to 2045

18-64 years	2025	2030	2035	2040	2045
Brighton & Hove	1,136	1,144	1,144	1,141	1,141
East Sussex	1,693	1,715	1,730	1,756	1,787
West Sussex	2,889	2,957	3,013	3,070	3,121
Surrey	4,123	4,185	4,247	4,297	4,336
Surrey and Sussex	**9,841**	**10,001**	**10,134**	**10,264**	**10,385**
65+ years	**2025**	**2030**	**2035**	**2040**	**2045**
Brighton & Hove	115	129	145	152	153
East Sussex	415	460	501	520	523
West Sussex	591	660	722	755	770
Surrey	656	719	772	804	825
Surrey and Sussex	**1,777**	**1,968**	**2,140**	**2,231**	**2,271**
Total aged 18+ years	**2025**	**2030**	**2035**	**2040**	**2045**
Brighton & Hove	1,251	1,273	1,289	1,293	1,294
East Sussex	2,108	2,175	2,231	2,276	2,310
West Sussex	3,480	3,617	3,735	3,825	3,891
Surrey	4,779	4,904	5,019	5,101	5,161
Surrey and Sussex	**11,618**	**11,969**	**12,274**	**12,495**	**12,656**

Source: Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI)

Local JSNA resources:

- Surrey JSNA: People with Learning Disabilities | Surrey-i
- East Sussex: East Sussex in Figures – Data Observatory – Learning Disability – East Sussex in Figures – Data Observatory

Unpaid carers

Also see the best start in life for more information on young carers and healthy ageing section for more information on older carers.

Surrey and Sussex

The Census 2021 asked "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 problems related to old age?". People were asked to exclude anything they did as part of their paid employment. Percentages from the Census 2021 have been age-standardised.

According to the 2021 Census, 235,522 people provide unpaid care, (Table). Of these:

- 129,064 provide 19 hours or less of unpaid care
- 41,595 provide between 20 and 49 hours of unpaid care
- 64,863 provide 50 hours or more of unpaid care.

The percentage of people providing unpaid care ranges from 8.0% in Surrey to 9.6% in East Sussex (age standardised percentages).

Number of people who are provide unpaid care (age standardised percent), by Upper Tier Local Authority in Surrey and Sussex, Census 2021

Area	Number of adults	% of total population
Brighton & Hove	20,804	8.2%
East Sussex	51,405	9.6%
Surrey	90,497	8.0%
West Sussex	72,816	8.5%
Surrey and Sussex	**235,522**	**8.5%***
South East		**8.5%**
England		**8.9%**

Source: NOMIS Office for National Statistics (ONS), Census 2021

*Note: Surrey and Sussex % is not age standardised

Local JSNA resources:

- Brighton & Hove: Carers
- East Sussex: East Sussex in Figures – Data Observatory – Carers – East Sussex in Figures – Data Observatory
- West Sussex: Carers and Caring - West Sussex JSNA Website
- Surrey: 2011 Census – Disability, health and carers | Surrey-i

Care experienced adults

See best start in life section for children in care.

The chances of care leavers enjoying the same health, social and economic advantages as other adults are deeply unequal and there is growing recognition of the lifelong impacts of care experience on health and wellbeing outcomes.

Research by the Nuffield Foundation and University College London (UCL) in 2021 found that[75]:

- Falling rates of premature mortality in the general population are not mirrored in the care leaver population, with adults who spent time in care as children between 1971-2001 70% more likely to die prematurely than those who did not
- The extra risk of premature death rose for care leavers from 40% in 1971 to 360% in 2011
- Care leavers are more likely to experience an unnatural death (suicide, a violent death or an accident)
- Adults who were in residential care as a child are between 3 and 4 times more likely to report their health as 'not good' compared with 'good'.

Surrey and Sussex

Care experience was adopted as a locally protected characteristic by Brighton and Hove City Council and West Sussex County Council in 2023, and as an additional category in equality considerations by East Sussex County Council in 2024. Those with experience in the care system are highlighted as a priority population in the Surrey Health and Wellbeing strategy.

Brighton & Hove

The 2024 Health Counts survey[76], a health and wellbeing survey of over 16,700 adults aged 18 years or over, found that 4% of adults have ever lived in care when they were a child or young person. As this was the first time the question was asked, Health Counts provides important evidence of the long term health and wellbeing outcomes of for adults who are care experienced which is relevant for all areas of Surrey and Sussex.

The survey found that care experienced adults (compared to all survey respondents) were significantly more likely to:

- be a disabled adult (59% compared to 37% for all survey respondents)
- have high anxiety scores (53% compared to 38%)
- have self-harmed in the last 12 months (19% compared to 9%)
- have thought of taking their life in the last 12 months, even though they would not actually do it (42% compared to 25%)
- have ever made an attempt to take their life (35% compared to 12%)
- be a current smoker (32% compared to 17%)
- vape (21% compared to 14%)
- have used drugs that were not prescribed for them and were not available at a chemist/pharmacy in the last year (29% compared to 20%)
- of those who gamble, to experience gambling related harms (37% compared to 19%)
- never use a condom (28% compared to 16%)
- taking actions due to the increases in cost of living (94% compared to 85%)
- be fairly or very worried about their housing conditions (56% compared to 21%)

- feel very or a bit unsafe at night (45% compared to 34%)
- feel very or fairly worried about physical violence (31% compared to 22%)

And significantly less likely to:

- be in good or better health (45% compared to 69%)
- have done **less than 30 minutes** of sport or fitness activity in the last week which raised their breathing rate (67% compared to 53%)
- eat five or more portions of fruit or vegetables (36% compared to 49%)
- to spend free time in nature at least monthly (76% compared to 89%)
- clean their teeth twice a day (or more) (61% compared to 75%)
- never visit the dentist (22% compared to 10%)
- be very or fairly satisfied with local area as a place to live (71% compared to 81%)
- have a very or fairly strong feeling of belonging to their local area (43% compared to 53%)
- if ill in bed and need help, have someone they could ask (49% compared to 70%).

Service personnel and military veterans[77]

Service personnel and their families lead very different lives to the civilian population and this way of life can continue to have an impact on them once they leave the Armed Forces.

They will periodically be required to deploy on operations, sometimes at very short notice, at times for protracted periods. There is often little or no choice for the Service person or their family in this separation. If the worst happens when deployed the consequences can be catastrophic on the family and children who may have lost a spouse or parent. The serving person may have witnessed loss of friends and comrades or receive life changing injuries which result in the permanent loss of their role in the Armed Forces.

During their service, the Service person may be moved around the country and abroad regularly, sometimes with little notice and usually no say in where they are going. Their family usually goes with them, which can impact on many aspects of life. If they leave friends and family behind this can also have an impact. Some families choose to enrol children in boarding school to provide continuity of education. If spouses/partners or children are on waiting lists or receiving medical or dental care, this can be interrupted if moving out of county or health borders. This could result in assessments needing to be repeated or the need to rejoin waiting lists, resulting in further delays for treatment and support. There are also the daily realities of Service life, such as working long or unsociable hours with the associated impact this can have on the family, for example, additional pressure on childcare responsibilities.

The majority of service personnel and their families live in Service accommodation on bases – these are usually isolated from the wider community behind the ‘wire’ and heavily guarded gates. This, along with the regular moves can lead to feelings of isolation, particularly for the family members.

Reservists make the same commitment to the nation and face the same risks if they are mobilised. The wrap around support for the Reservist is inevitably thinner than their Regular counterpart and anecdotally where Reservists are mobilised, the period when they return from mobilisation can put strain on the individual and their family. Mobilisation is unique to the Reserve Forces.

Surrey and Sussex

Surrey is very much a military county with 3,920 Regular members of the Armed Forces (includes 500 from the Rangers Regiment), 290 Royal Navy and 190 RAF. There are also 625 known service families with 1,224 service children in 208 different Surrey schools. There are just under 3,500 Cadets with 750 Cadet Force Adult Volunteers and 32,500 ex-service and veterans.[78]

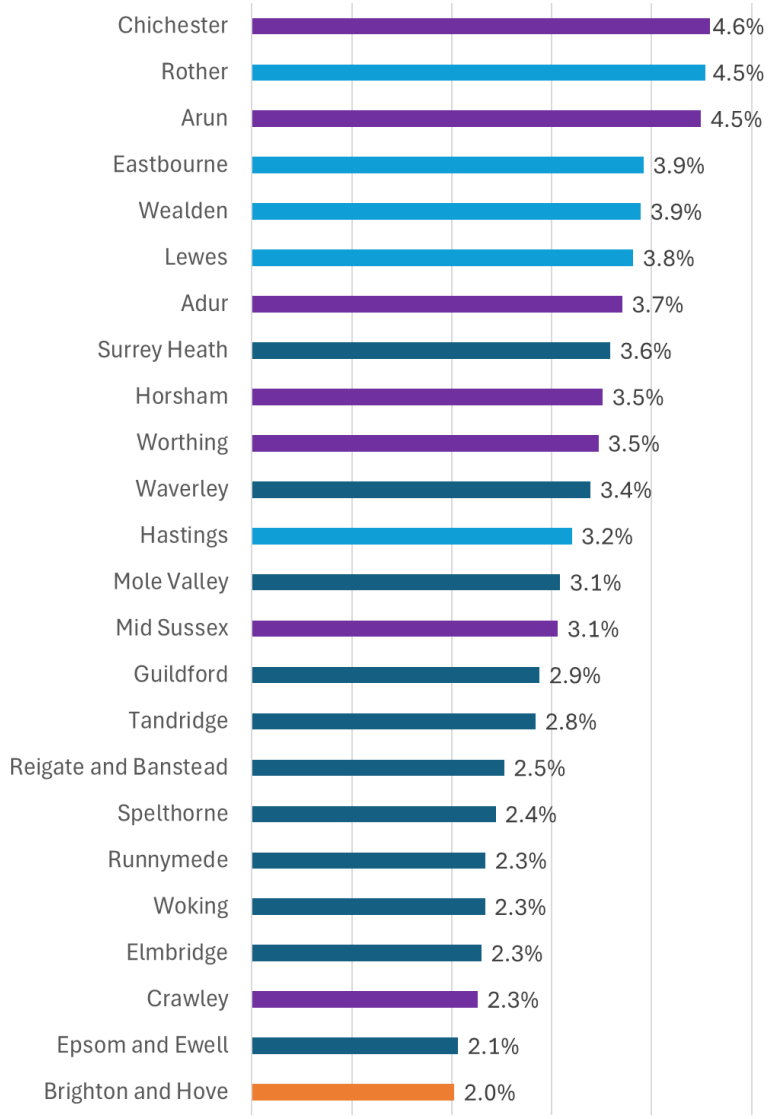
In West Sussex there is a military base at Thorney Island, near Chichester, where regiments from the Royal Artillery reside, with a resident population of approximately 1,800. In terms of military veterans, data from the Census 2021 show that almost 24,500 people have served in the armed forces. West Sussex JSNA - Thorney Island Briefing 2025

Veterans

Veterans are individuals who have served for at least one day's paid service in the Armed Forces, whether as a Regular or as a Reservist. This includes those who undertook National Service (which finished in 1960) who often do not consider that they have served. Some veterans preferred to be described as ex-service.

In the 2021 Census, Surrey and Sussex had a total of 91,251 veterans, 68,147 having served in the regular armed forces, 19,016 in the reserve armed forces and 4,088 having served in both the regular and reserved armed forces.[79] This was 3.5% of the population aged 16 years or over, similar to the England figure of 3.8%. This does not include people who are currently serving in the UK armed forces. This figures ranges from 4.6% of those aged 16 years or over in Chichester (in West Sussex) and 4.5% in Rother (in East Sussex), to 2.0% in Brighton & Hove (Figure).

Percentage of population aged 16 years or over who have previously served in the UK armed forces (regular and/or reserve), by lower tier local authority in Surrey and Sussex, 2021 Census



Source: Previously served in the UK armed forces - Office for National Statistics

Within Sussex there are a number of NHS services specifically for veterans. These include the Op Courage clinic at Crawley Hospital providing therapy, rehabilitation and mental health support and a dedicated clinic at the Royal County Hospital in Brighton for veterans with hip or knee conditions related to their military service.

Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, Reservists, armed forces veterans and their families. It supports veterans living in England who are registered with a GP (or are willing and eligible to register) and who have a mental health problem of any type or severity, which does not have to be connected to their service. Berkshire Healthcare NHS Foundation Trust leads on **Op COURAGE** in the South East, which entails Surrey, Sussex, Kent and Medway and is delivered by Sussex Partnership NHS Foundation Trust.

Surrey JSNA Armed Forces and Veterans: Armed Forces Community | Surrey-i

Pregnancy and maternity

See best start in life section.

Religion, faith and belief

Spiritual and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment. Faith institutions are community hubs which have long been involved in advocacy for social change, including addressing health inequalities. Faith-based groups and faith leaders are an integral part of many communities and are known to be powerful agents for both positive and negative health behaviour change.[80]

The Office for National Statistics, using data from the UK Household Longitudinal Study (UKHLS), found that after adjusting for age, sex, broad ethnic group and region, in England and Wales in 2016 to 2018:

- those who identified with no religion were significantly less likely to be satisfied with their health than those who identified as Christian, Hindu or Jewish
- prevalence of long-standing impairment, illness or disability was significantly lower among those who identified as Sikh compared with several other religious groups
- smoking prevalence was significantly higher among those who identified with no religion than several other religious groups
- those who identified as Jewish, Christian or with no religion reported a greater mean level of physical functioning than those who identified as Muslim according to the 12-item Short-Form Health Survey (SF-12)
- those who identified as Sikh, Hindu or Christian reported a significantly greater mean level of mental functioning than those with no religion according to the SF-12
- those who identified as Sikh were significantly less likely than several other religious groups to be in probable mental ill-health according to the 12-item General Health Questionnaire (GHQ-12).

Surrey and Sussex

Religion was asked in the 2021 Census. The question was voluntary and the variable includes people who answered the question, including "No Religion", alongside those who chose not to answer this question.

Across Surrey and Sussex there are 1.5 million residents with a religious affiliation (52% of the population).

At upper tier local authority level:

- This ranges from 38% in Brighton & Hove, to 57% in Surrey (West Sussex 53% and East Sussex 49%)
- Across all upper tier authorities, the largest religion is Christian (47% across Surrey and Sussex), followed by Muslim (2.5%)
- In Surrey 2% of residents are Hindu, higher than any other upper tier local authority in Sussex, Surrey also has a greater Sikh population (0.6% compared to 0-0.2% across the three Sussex local authorities
- Brighton & Hove, whilst it has the highest percentage of residents with no religion (55%), as well as a significant Muslim population (3.1%) it has the highest percentage of residents who are Jewish (0.9%) and Buddhist (0.9%) of any of the Surrey and Sussex upper tier authorities.

At lower tier local authority level:

- Crawley in West Sussex, and Woking in Surrey have significant Muslim populations with 10% and 9% of the population respectively
- 5% of residents in Crawley are Hindu, followed by 4% in Runnymede and Epsom and Ewell
- Spelthorne has the greatest Sikh population, at 2.5% of residents

Percentage of people by religion, by Upper Tier Local Authority in Surrey and Sussex, Census 2021

Religion	Brighton & Hove	East Sussex	Surrey	West Sussex	Surrey & Sussex	South East	England
No religion	55.2	44.7	36.6	41.1	41.3	40.2	36.7
Christian	30.9	45.9	50.1	48.1	46.9	46.5	46.3
Buddhist	0.9	0.5	0.6	0.4	0.5	0.6	0.5
Hindu	0.8	0.3	2.0	1.1	1.3	1.7	1.8
Jewish	0.9	0.2	0.3	0.2	0.3	0.2	0.5
Muslim	3.1	1.1	3.2	2.2	2.5	3.3	6.7
Sikh	0.1	0.0	0.6	0.2	0.3	0.8	0.9
Other religion	1.0	0.8	0.5	0.6	0.6	0.6	0.6
Not answered	7.1	6.5	6.3	6.1	6.3	6.1	6.0
Any religion	**37.7**	**48.8**	**57.3**	**52.8**	**52.4**	**53.7**	**57.3**

Source: NOMIS Office for National Statistics (ONS), Census 2021

Maps are available at: Map | Local Insight

Local JSNA resources:

- Brighton & Hove Religion, faith and belief
- East Sussex East Sussex in Figures – Data Observatory – JSNA – JSNA: Census 2021 – Ethnicity, Language and Religion briefing 2021
- West Sussex Ethnicity and language census 2021 briefing
- Surrey Census 2021: Religion | Surrey-i

Best start in life to early adulthood

Best start in life to early adulthood: Key points

Population size and births

- Overall, there are approximately 144,500 young children (0–4-year-olds), 167,000 5- to 9-year-olds, 181,000 10- to 14-year-olds, and 178,300 15- to 19-year-olds.
- Births have declined in all areas, with the largest 10 year drop in Brighton and Hove (30% drop between 2014 and 2024), lowest in West Sussex (12% drop).

Maternal and infant health

- No place has an infant mortality rate or child (0-17 years) mortality rate higher than the England rate.
- *Appointment with a midlife within 10 weeks of pregnancy* - East Sussex and West Sussex (in 2023/24) a significantly lower percentage of bookings are within 10 weeks.
- *Obesity in pregnancy* - **I**n 2023/24 Brighton and Hove, Surrey and West Sussex have significantly lower rates of measured obesity in early pregnancy. In East Sussex the rate is similar to England.
- *Maternal smoking* - In 2024/25 East Sussex had a significantly higher percentage of smoking at the time of delivery (7.6%), remaining areas had significantly lower rates. In 2024/25 approximately 1,200 women across Brighton and Hove, Sussex and Surrey were smoking at the time of delivery.
- *Birth weight* - All areas (except Brighton and Hove) had a significantly lower percentage of term babies of low birth weight compared with England.
- *Breastfeeding - All areas, at upper tier level, have rates significantly above England. For the 6–8-week check, no data were published for Surrey. There is variation within the county areas*

Health Visiting, Early Years

- *New Born Visits (NBV) and 6 -8 week checks* - In East Sussex and Surrey, the percentage of newborn visits conducted within 14 days is significantly lower than England, at 83.1% and 67.2% respectively. Surrey has a lower percentage of 6–8-week reviews compared to the other areas.
- All areas, except for Surrey, have higher percentage of babies having 12 month and 2 to 2½ reviews compared with England. In Surrey fewer reviews (89.7%) use the ASQ-3. Except for West Sussex, a higher percentage of children assessed in the other areas are found to have a good level of development compared with England.

Readiness for school

- Except for West Sussex, a higher percentage (than England) of children assessed in the other areas are found to have a good level of development.
- Children eligible for free school meals in Surrey and West Sussex achieve a Good Level of Development at rates well below both their local peers and the national average for this group: 46% in Surrey and 43.3% in West Sussex, compared to 51.3% across England. In some areas, the gap between eligible and non-eligible children is growing.

Immunisations

There are a number where all areas are rated red against goal:

- **DTaP / IPV** - % of children who received a booster dose of DTaP/IPV at any time before their fifth birthday
- **MMR for two doses** - % of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday.
- **HPV – one dose-** % of females or males in school year 8 (aged 12-13) who have received the first dose of HPV vaccine.
- **Men ACWY** - % of 14–15-year-olds (Year 9/10) receiving the Meningococcal ACWY conjugate vaccine

Brighton and Hove has more immunisations RAG rated red , followed by East Sussex.

Childhood measurement of weight and height

- All places (at upper tier level) are RAG rated amber or green compared with England on child measurement assessed at overweight or obese in Reception and Year 6.

Home, and wider determinants

- *Child poverty* - In 2023/24, the proportion of children living in relative low-income families across the four areas was below the England average of 22.1%. Surrey had the lowest rate at 9.0%, followed by West Sussex at 14.0%, Brighton and Hove at 14.3% and East Sussex at 18.0%.
- At end March 2025, 4,270 homeless households with dependent children were recorded across Surrey and Sussex. West Sussex had the highest absolute number, but East Sussex had the highest rate, 17.5 per 1,000 households, which was also significantly above the England average.
- In the last four years all places have seen an increase in the number of children living in temporary accommodation. At the end of September 2025 (Q2 2025/26) there were a total of 6,451 children in temporary accommodation.
- 80% of households in England have access to at least one green or blue space within a 15-minute walk, locally this ranges from 55% in Worthing (West Sussex) to 95% in Rother (East Sussex).

Hospital activity

- Hospital use among children and young people across the Sussex system shows considerable variation by place and indicator:
  - Self-harm admissions (10 to 24 years) are notably high across all three Sussex areas compared to the England rate of 266.6, with East Sussex the highest at 459.9
  - *Admissions for mental health conditions* follow a similar pattern, with Brighton and Hove and East Sussex and Surrey exceeding the England average, while West Sussex is considerably below it at 61.4
  - *Asthma admissions* are similar to the England rate in Brighton and Hove and East Sussex, but below it in West Sussex and Surrey
  - *Admissions for epilepsy and diabetes* show more mixed patterns, with East Sussex again tending to perform less favourably
  - *A&E attendances under 18 are higher* in East Sussex and West Sussex, lower in Brighton and Hove and Surrey
  - *Overall,* East Sussex emerges as the place with the highest rates across the broadest range of indicators.

Vulnerable groups, groups at risk of poorer health outcomes

- *Children in Need* - Across the four places, as at March 2025 there were 17,252 children in need. The most frequent primary need category is abuse/neglect. In 2025 West Sussex had a high recording of "not stated" against primary need. West Sussex had the highest re-referral rate, with approximately 1 in 4 referrals having had a previous referral in the last 12 months.
- *Child Protection Plans* - 2,159 were subject to Child Protection Plans as at March 31 2025.
- *Children Looked After* - Across the four places, there were 2,927 children looked after in 2025, of these 313 were unaccompanied asylum seeker children
- *Care Leavers* - Over 550 young people aged 17 to 18 years were care leavers in 2025, with an additional 1,674 care leavers known to the local authorities aged 19 to 21 years.
- *Younger carers* - The 2021 Census provides data on the number of people aged 5 years and over who provided unpaid care.
    - Across all four areas, approximately 4,630 children aged 15 years or under provided some unpaid care, including 550 providing 50 hours of unpaid care a week
    - In relation to young people aged 16 to 24 years, 11,130 young people provided some level of unpaid care, with over 1,200 providing 50 or more hours per week.
- *Using Annual School Census data* - Across the four areas, in 2024/25 there were 2,870 children in state-funded primary schools identified as a carer and 3,058 in state-funded secondary schools. Surrey had a higher percentage of children identified as a carer by schools.

General health and disability

- *General Health* - Using data from Census 2021, across the four places approximately 2,500 children aged 0-15 years had bad or very bad health, ranging from 0.4% of children aged 4 years or under, to 0.6% of young people aged 10 to 15 years.
- *Disability* - The 2021 Census assessed disability using a two-stage question aligned with the Equality Act 2010: whether a person had a long-term physical or mental health condition lasting 12 months or more, and the extent to which it limited their day-to-day activities — a lot, a little, or not at all. Across the four areas combined, Census 2021 recorded 14,505 children aged under 9 as disabled under the Equality Act, of whom 5,800 were limited a lot. This rose to 14,750 among 10- to 14-year-olds (5,350 limited a lot), and 38,350 among 15 to 24 year olds (11,600 limited a lot).
- *Mental Health* - National prevalence data on children and young people's mental health comes from the Mental Health of Children and Young People (MHCYP) survey, commissioned by NHS England and carried out by ONS, NatCen, and the Universities of Cambridge and Exeter. The most recent wave, published in 2023, found that approximately one in five children and young people aged 8 to 25 had a probable mental disorder, with rates of 15.7% among 8 to 10 year olds, 22.6% among 11 to 16 year olds, 23.3% among 17 to 19 year olds, and 21.7% among 20 to 25 year olds.

Special Educational Needs

- Health and Care Plan (EHCP). Nationally in 2024/25, 19.5% of all pupils had an identified SEN, 14.2% receiving SEN support without an EHCP, and 5.3% with an EHCP. Locally Brighton & Hove has the highest percentage with SEN with or without an EHCP (23.2%) , Surrey the highest percentage with an EHCP (5.9%).

- *The most cited need for children and young people **with** an EHCP* is autistic spectrum disorder, followed by speech, language and communication needs.
- *The most cited need for children and young people **without** an EHCP* is a speech, language and communication need, followed by a social, emotional and mental health need.

Transition – pupil absence, NEET, teenage pregnancy, youth justice

- *Pupil absence* has been a significant and sustained concern since the COVID-19 pandemic, with rates remaining well above pre-pandemic levels despite recent modest improvement. Brighton and Hove and East Sussex have rates higher than England, but all areas include Surrey and West Sussex remain above pre pandemic levels.
- *Teenage conception rates* have fallen substantially across England and locally over the past two decades, teenage conception remains strongly aligned to deprivation, with young women in the most disadvantaged areas significantly more likely to conceive than their peers in more affluent communities.
- *Youth Justice* - In 2024, the rate of 10-to-17-year-olds receiving their first reprimand, warning or conviction ranged from 120.1 per 100,000 in West Sussex, not significantly different to the England average (137.7 per 100,000) to 87.3 per 100,000 in Surrey.
- *Young people not in education, employment or training (NEET)* Brighton and Hove and East Sussex have a higher NEET rate compared with England, although West Sussex has a higher percentage of unknown.

Area specific links

Brighton and Hove

JSNA Health and Wellbeing in Brighton & Hove Executive Summary

Healthy people: Starting well

Healthy lives: Starting well

Safe and well at school survey

Health Counts

An in depth needs assessment on children and young people with SEND, learning disability and neurodivergent children and young people: Special Educational Needs and Disabilities, Learning Disabilities and Neurodiversity in-depth needs assessment, 0 to 25 year olds

East Sussex

JSNA: East Sussex Life Course Summary

JSNA resources: Children and Young People

JSNA: Birth rates in East Sussex briefing 2024

Surrey

Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027 | Surrey-i

Children and Young People with Additional Needs and Disabilities | Surrey-i

West Sussex

Young People's Recreational and Educational Leisure-Time - a Health Needs Assessment

This section describes the health of children and young people from the antenatal period through to the transition to adult services, covering maternal and infant health, the early years, education, wider determinants, health status and outcomes, and vulnerable groups. The health and wellbeing of children and young people is shaped by the circumstances into which they are born and the environments in which they grow up. Inequalities in health outcomes are evident from birth and tend to widen through childhood without effective intervention.

Child population, birth rate and projections

Overall, there are approximately 144,500 young children (0–4-year-olds), 167,000 5- to 9-year-olds, 181,000 10- to 14-year-olds, and 178,300 15- to 19-year-olds.

Mid-Year Estimate Data for Children and Young People 2024

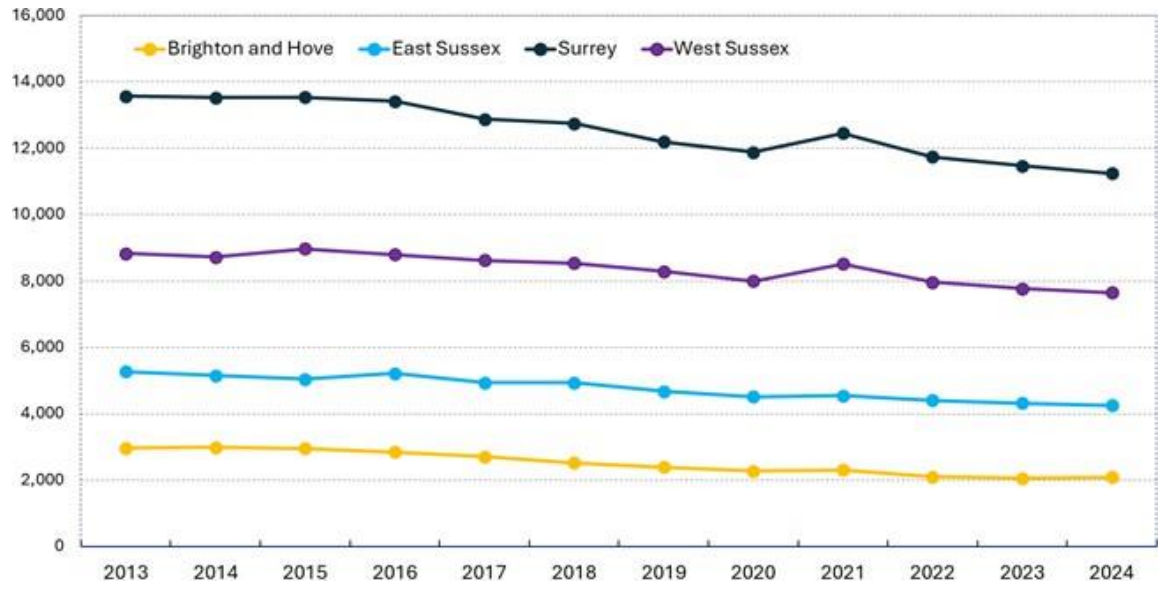
Age	Brighton and Hove	East Sussex	Surrey	West Sussex	Surrey and Sussex UTLA combined
All Ages	**283,870**	**560,882**	**1,248,649**	**915,037**	**3,008,438**
Age 0 - 4	11,149	24,243	65,178	44,025	144,595
Aged 5-9	12,481	28,740	74,714	50,991	166,926
Aged 10-14	13,776	31,815	80,578	54,841	181,010
Aged 15-19	19,468	30,673	77,949	50,236	178,326
Aged 20-24	30,109	22,861	63,789	39,019	155,778

Source: ONS

Births

Births have declined in all areas, with the largest 10 year drop in Brighton and Hove (30% drop between 2014 and 2024), lowest in West Sussex (12% drop).

Births 2013 to 2024



Source: ONS

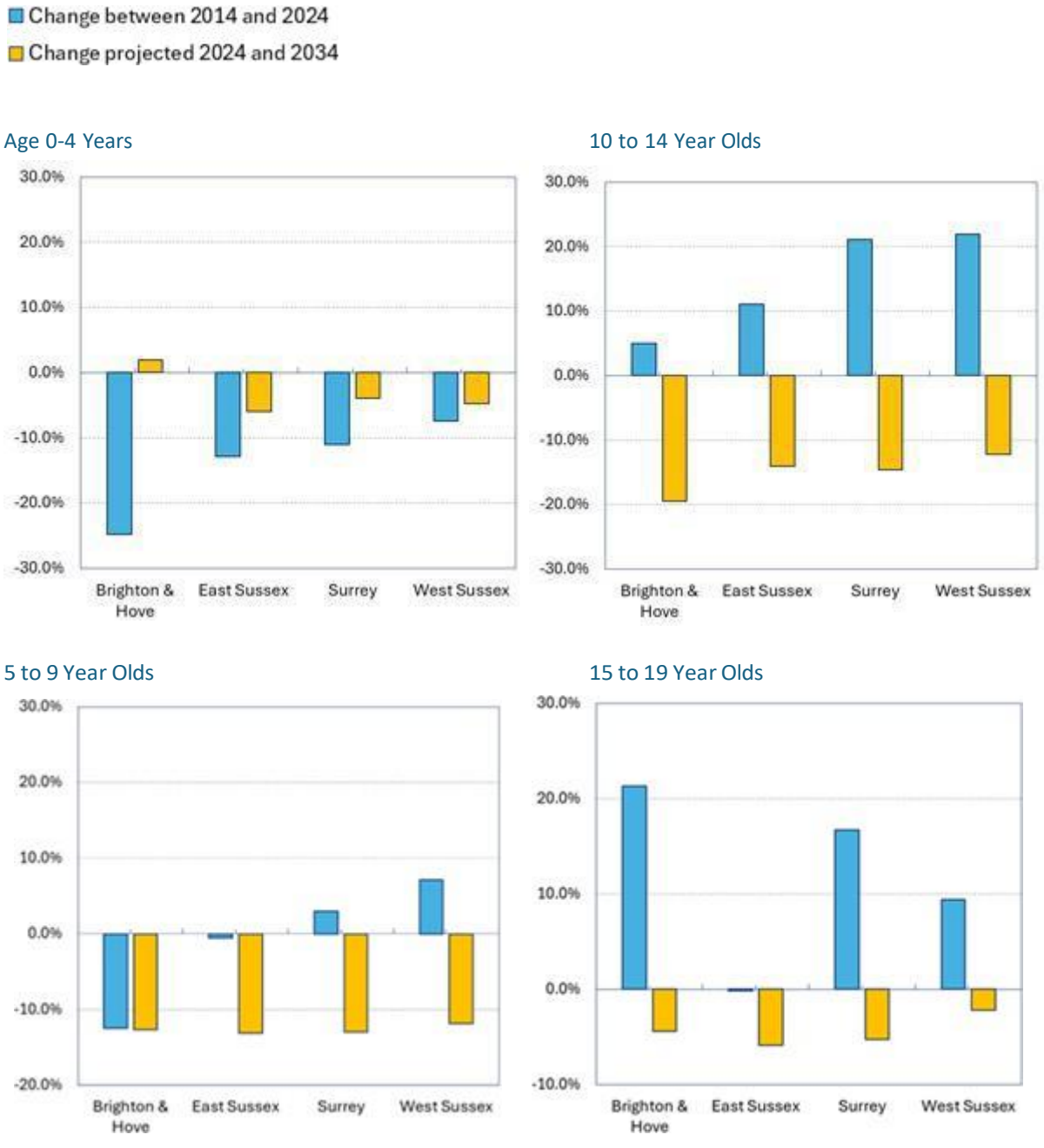
Population Projections – 2034 (ONS Sub-National 2022 Based)

Note: These are projections and should be treated with caution.

Age	Brighton and Hove	East Sussex	Surrey	West Sussex	Surrey and Sussex UTLA combined
All Ages	**294,000**	**587,900**	**1,283,700**	**969,100**	**3,134,700**
Age 0 - 4	11,400	22,800	62,700	41,900	138,800
Aged 5-9	10,900	25,000	65,000	44,900	145,800
Aged 10-14	11,100	27,300	68,800	48,100	155,300
Aged 15-19	18,600	28,900	73,900	49,100	170,500
Aged 20-24	34,700	24,700	69,200	43,000	171,600

Source: ONS

Change over the last 10 years in four age groups



Infant and maternal health

Appointment with a midlife within 10 weeks of pregnancy

The first appointment with a midwife (booking appointment) should happen before the woman is 10 weeks pregnant - NICE recommends antenatal booking by 10 weeks of pregnancy (CG62).

East Sussex and West Sussex (in 2023/24) a significantly lower percentage of bookings are within 10 weeks.

Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy 2023/24

Area	Recent Trend	Count	Value
England	→	397,575	63.5
Sussex Surrey	–	-	-
Brighton and Hove	↑	1,815	74.5
East Sussex	→	2,760	57.6
Surrey	↑	8,455	68.0
West Sussex	→	5,015	59.0

Source: OHID, based on NHS England data

Obesity in pregnancy

Obesity in pregnancy is a growing public health concern, with around one in five pregnant women classified as obese at their booking appointment, a proportion that has risen steadily over recent decades. It is associated with a range of serious risks for both mother and baby, including gestational diabetes, pre-eclampsia, complications during labour, and higher rates of stillbirth and infant mortality, as well as an increased likelihood that the child will go on to experience obesity and related health problems in later life.

- In 2023/24 Brighton and Hove, Surrey and West Sussex have significantly lower rates of measured obesity in early pregnancy. In East Sussex the rate is similar to England.

Percentage of pregnant women who are categorised as obese (body mass index >=30kg/m2) when the mother's weight and height were measured in early pregnancy 2023/24(note: OHID state this is an indicator in development)

Area	Recent Trend	Count	Value
England	–	100,525	26.2
Sussex Surrey	–	-	-
Brighton and Hove	–	330	16.8
East Sussex	–	1,035	25.6
Surrey	–	2,135	20.4
West Sussex	–	1,610	24.3

Source: OHID, based on NHS England data

Smoking at the time of delivery

Smoking at the time of delivery remains one of the most preventable causes of poor pregnancy outcomes, and is associated with low birthweight, preterm birth, stillbirth, and sudden infant death syndrome. Rates have declined over recent years, but significant inequalities persist with women from more deprived backgrounds, and younger mothers considerably more likely to be smoking at the time of delivery, making it a key marker of wider health inequalities as well as a clinical risk.

- In 2024/25 East Sussex had a significantly higher percentage of smoking at the time of delivery (7.6%), remaining areas had significantly lower rates. In 2024/25 approximately 1,200 women across Brighton and Hove, Sussex and Surrey were smoking at the time of delivery.

Percentage of women known to smoke at time of delivery 2024/24

Area	Recent Trend	Count	Value
England	↓	31,670	6.1
Sussex Surrey	–	-	-
Brighton and Hove	→	95	4.6
East Sussex	↓	301	7.6
Surrey	↓	455	4.5
West Sussex	↓	363	5.0

Source: OHID, based on NHS England data

Infant mortality rate

No area has an infant mortality rate significantly higher than England.

Infant deaths under 1 year of age, per 1,000 live births 2022-2024

Area	Recent Trend	Count	Value
England	–	7,117	4.2
Sussex Surrey	–	-	-
Brighton and Hove	–	22	3.5
East Sussex	–	40	3.1
Surrey	–	88	2.6
West Sussex	–	71	3.0

Source: OHID, based on Office for National Statistics data

Child mortality rate

No area has a child mortality rate significantly higher than England.

Directly age-standardised rate of death due to all causes, persons aged 1 to 17 years 2022-2024

Area	Recent Trend	Count	Value
England	–	3,987	11.6
Sussex Surrey	–	-	-
Brighton and Hove	–	12	8.6
East Sussex	–	28	9.2
Surrey	–	62	8.1
West Sussex	–	50	9.7

Source: OHID, based on Office for National Statistics data

Low birth weight (LBW)

All areas (except Brighton and Hove) had a significantly lower percentage of term babies of low birth weight compared with England. Note given smaller birth numbers the confidence intervals for Brighton and Hove are wider.

Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a % of all live births with recorded birth weight and a gestational age of at least 37 complete weeks 2024

Area	Recent Trend	Count	Value
England	↑	15,248	3.0
Sussex Surrey	–	-	-
Brighton and Hove	→	45	2.3
East Sussex	→	94	2.4
Surrey	→	235	2.3
West Sussex	→	176	2.5

Source: OHID, based on Office for National Statistics data

Breastfeeding

Breastfeeding initiation, whether a mother gives her baby any breast milk at all in the first hours after birth, can be an important early indicator of infant nutrition and the foundation for healthy development, with breast milk providing optimal immune protection, nutrients, and long-term health benefits for both mother and child. Sustaining breastfeeding through to the 6–8-week check helps us understand not just whether breastfeeding began but whether it was maintained through the early weeks when practical challenges, lack of support, and socioeconomic pressures can lead to early cessation.

- All areas, at upper tier level, have rates significantly above England. For the 6–8-week check, no data were published for Surrey.

First milk breastmilk

Number of live babies born in the period whose mothers (residence based on mother's postcode), whose first feed is known to be breastmilk, including expressed and donor milk 2023/24

Area	Recent Trend	Count	Value
England	→	345,565	71.9
Sussex Surrey	–	-	-
Brighton and Hove	↑	1,525	89.2
East Sussex	→	2,570	76.5
Surrey	↓	7,570	79.9
West Sussex	↑	5,540	79.7

Source: OHID, based on NHS England data

Note: OHID state this indicator EXCLUDES records with an unknown or invalid breastmilk status, caution is needed given some concerns about the quality of data collection in relation to this indicator

Breastfeeding at 6-8 weeks

Percentage of infants that are totally or partially breastfed at age 6 to 8 weeks 2024

Area	Recent Trend	Count	Value
England	↑	295,191	55.6*
Sussex Surrey	–	-	-
Brighton and Hove	–	1,572	76.2
East Sussex	–	2,405	57.7
Surrey	–	7,280	*
West Sussex	–	4,659	61.2

Source: OHID, based on interim reporting data for universal health visiting services

Health Visiting and developmental checks

The newborn visit (NBV) represents the first scheduled contact between a health visitor and a family following birth, typically occurring within the first two weeks of life. At this earliest stage, the health visitor begins to establish the relationship that underpins the Healthy Child Programme, assessing maternal and family wellbeing, infant feeding, and any immediate safeguarding concerns. The visit also provides an opportunity to identify postnatal mental health difficulties, including depression and anxiety.

Newborn Visits (NBV) within 14 days

- In East Sussex and Surrey, the percentage of newborn visits conducted within 14 days is significantly lower than England, at 83.1% and 67.2% respectively.

Proportion of New Birth Visits (NBVs) completed within 14 days 2024/25

Area	Recent Trend	Count	Value
England	→	452,523	85.2*
Sussex Surrey	–	-	-
Brighton and Hove	→	1,870	89.9
East Sussex	→	3,465	83.1
Surrey	↓	7,591	67.2
West Sussex	→	6,927	91.4

Source: OHID, based on interim reporting data for universal health visiting services

6–8-week check

- Surrey has a lower percentage of 6-8 week reviews compared to the other areas.

Proportion of infants receiving a 6-to-8-week review 2024/25

Area	Recent Trend	Count	Value
England	↑	448,637	85.1*
Sussex Surrey	–	-	-
Brighton and Hove	→	1,839	89.1
East Sussex	→	3,704	88.9
Surrey	→	9,249	82.4
West Sussex	↑	6,897	90.7

12-month review, 2 to 2½ year reviews

- All areas, except for Surrey, have higher percentage of babies having 12 month and 2 to 2½ reviews

Proportion of children receiving a 12-month review (within 12 months) and receiving 2 to 2½ year reviews

Area	Annual 12 month reviews by 12 months	Annual 2 to 2½ year reviews
England	**79.7%**	**80.8%**
Brighton and Hove	91.7%	86.8%
East Sussex	88.5%	87.7%
Surrey	64.3%	68.7%
West Sussex	90.4%	87.9%

Source: OHID

% of 2 to 2½ year reviews using ASQ-3

The ASQ-3 (Ages and Stages Questionnaires, Third Edition) is a parent-completed developmental screening tool used in early childhood. The questionnaire covers five developmental domains: communication, gross motor, fine motor, problem solving, and personal-social skills.

- In Surrey fewer reviews (89.7%) use the ASQ-3.

Proportion of children aged 2 to 2 and a half years receiving ASQ-3 as part of the Healthy Child Programme or integrated review 2024/25

Area	Recent Trend	Count	Value
England	↑	445,965	93.9*
Sussex Surrey	–	-	-
Brighton and Hove	–	1,849	100
East Sussex	→	4,265	98.3
Surrey	↑	7,608	89.7
West Sussex	–	7,576	100

Source: OHID, based on interim reporting data for universal health visiting services

Good Level of Development at 2 to 2.5 years

Children achieving a good level of development overall are assessed against five domains: communication skills, gross motor, fine motor, problem solving skills, and personal social skills.

- Except for West Sussex, a higher percentage (than England) of children assessed in the other areas are found to have a good level of development.

% of children achieving a good level of development at 2 to 2 and a half years 2024/25

Area	Recent Trend	Count	Value
England	→	353,238	81.4*
Sussex Surrey	–	-	-
Brighton and Hove	↑	1,638	88.6
East Sussex	↓	3,672	86.1
Surrey	→	6,508	85.5*
West Sussex	→	6,151	81.2

Source: OHID, based on interim reporting data for universal health visiting services

Readiness for school

The Early Years Foundation Stage Profile (EYFSP) is completed by reception teachers at the end of a child's first year in school, providing an assessment of development across seven areas of learning.

Children are assessed as either meeting or not yet meeting the expected level of development, described as a Good Level of Development (GLD), based on whether they achieve the early learning goals in the prime areas of personal, social and emotional development, physical development, and communication and language, alongside literacy and mathematics. GLD is widely used as a proxy measure for school readiness, reflecting the extent to which a child has the foundational skills, self-regulation, and communication abilities needed to engage with formal learning.

However, school readiness is understood to encompass more than developmental attainment alone, including a child's emotional security, ability to manage transitions, and experience of the routines and language of learning, factors shaped significantly by the quality of early relationships and early years provision in the preceding years.

- Except for West Sussex, in 2024/25 a significantly higher percentage of children were assessed as having a good level of development.

Percentage of children achieving a good level of development at the end of Reception 2024/25

Area	Recent Trend	Count	Value
England	–	402,591	68.3
Sussex Surrey	–	-	-
Brighton and Hove	–	1,595	70.4
East Sussex	–	3,465	70.3
Surrey	–	9,082	74.1
West Sussex	–	5,910	67.8

Source: Department for Education

In recent years there have been some increases in children assessed as ready for school, All areas have been set targets as part of the Best Start in Life Strategy.

Percentage of children achieving a good level of development at the end of Reception 2021/22 to 2024/25

		2021/22	2022/23	2023/24	2024/25
England		65.2%	67.2%	67.7%	68.3%
South East	Brighton and Hove	65.9%	69.2%	69.6%	70.4%
	East Sussex	69.0%	69.9%	69.0%	70.3%
	Surrey	73.0%	73.3%	73.9%	74.1%
	West Sussex	64.4%	67.5%	67.7%	67.8%

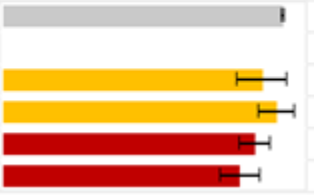
Looking at data relating to children eligible for free school meals reveals a persistent and significant gap in school readiness outcomes compared to those not eligible.

- In both Surrey and West Sussex, the proportion of children eligible for free school meals achieving a Good Level of Development is not only markedly lower than their non-eligible peers locally, but falls significantly below the England average for this group, 46% in Surrey

and 43.3% in West Sussex, compared to 51.3% nationally. The differences between children eligible and those not eligible has been increasing in some areas.

Percentage of children eligible for a free school achieving a good level of development at the end of Reception 2024/25

Area	Recent Trend	Count	Value
England	–	51,394	51.3
Sussex Surrey	–	-	-
Brighton and Hove	–	205	47.3
East Sussex	–	418	50.1
Surrey	–	530	46.0
West Sussex	–	299	43.3



Percentage of children eligible for a free school achieving a good level of development at the end of Reception 2021/22 to 2024/25

		2021/22	2022/23	2023/24	2024/25
England		49.1%	51.6%	51.5%	51.3%
South East	Brighton and Hove	43.1%	51.6%	49.6%	47.3%
	East Sussex	52.2%	51.0%	50.2%	50.1%
	Surrey	46.9%	47.3%	47.3%	46.0%
	West Sussex	43.7%	42.3%	44.4%	43.3%

Immunisations and vaccinations

Data relating to childhood immunisations and vaccines are shown overleaf.

Note RAG ratings are, in the main, against specified goals rather than significant difference compared with England.

There are a number where all areas are rated red against goal:

- **DTaP / IPV** - % of children who received a booster dose of DTaP/IPV at any time before their fifth birthday
- **MMR for two doses** - % of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday.
- **HPV – one dose-** % of females or males in school year 8 (aged 12-13) who have received the first dose of HPV vaccine.
- **Men ACWY** - % of 14–15-year-olds (Year 9/10) receiving the Meningococcal ACWY conjugate vaccine

Brighton and Hove has more immunisations RAG rated red , followed by East Sussex.

Immunisations

	Detail	B&H	EAST SUSSEX	SURREY	WEST SUSSEX
Hepatitis B	% of children at age 12 months who have received the complete course (3 doses) of hepatitis B vaccine (2024/25) (Eng = 93.6%)	100%	*	95.2%	100.0%
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday 2024/25 (Eng = 91.3%)	93.0%	92.3%	93.9%	93.8%
MenB	% of children who received the MenB vaccine at any time before their first birthday 2024/25 (Eng = 91.0%)	92.3%	91.8%	93.4%	93.5%
Rotavirus	% of children who have received the rotavirus vaccine (1 year) 2024/25 (Eng = 88.8%)	89.7%	89.0%	92.0%	90.4%
PCV	% of children who received two doses of PCV at any time before their first birthday 2024/25 (Eng = 93.1%)	93.9%	93.7%	94.7%	95.3
Hepatitis B	% of children at age 24 months who have received the complete course (4 doses) of hepatitis B vaccine 2024/25 (Eng = 89.3%)	*	*	90.5%	76.9%
DTaP / IPV / Hib	% of children who received 3 doses of DTaP/IPV/Hib at any time before their 2nd birthday 2024/25 (Eng = 92.5%)	92.1%	92.6%	94.4%	94.7%
MenB Booster	% of children who received a booster dose of MenB at any time before their 2nd birthday 2024/25 (Eng = 87.3%)	88.0%	88.9%	90.7%	91.5%
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their 2nd birthday 2024/25 (Eng= 88.9%)	90.0%	90.0%	91.7%	92.1%
PCV Booster	% of children who received a booster dose of PCV at any time before their 2nd birthday 2024/25 (Eng = 88.0%)	89.2%	89.6%	91.0%	91.0%
Flu	% of children aged 2-3 years old, who received the Flu vaccination (1st Sept to the end of Feb) in a primary care setting 2024/25 9Eng = 42.6%)	49.1%	45.6%	52.7%	52.9%
Hib / Men C Booster	% of children who received a booster dose of Hib/MenC at any time before their second birthday 2024/25 (Eng = 88.6%)	92.5%	89.9%	91.5%	92.0%
DTaP / IPV	% of children who received a booster dose of DTaP/IPV at any time before their fifth birthday (Eng = 81.3%	81.3%	84.8%	84.8%	86.0%
MMR one dose	% of children who received one dose of MMR on or after their first birthday and at any time before their fifth birthday 2024/25 (Eng = 91.8%)	91.0%	91.9%	93.3%	93.8%
MMR for two doses	% of children who received two doses of MMR on or after their first birthday and at any time before their fifth birthday 2024/25 (Eng = 83.7%)	84.3%	85.9%	87.0%	87.8%
Flu	% of primary school aged children from reception to year 6 age receiving the flu vaccine 2024 (Eng=54.5%)	55.6%	50.9%	66.4%	58.1%
HPV – one dose	% of females in school year 8 (aged 12-13) who have received the first dose of HPV vaccine 2023/24 (Eng = 72.9%	71.4%	70.8%	78.5%	78.2%
HPV – one dose	% of males in school year 8 (aged 12-13) who have received the first dose of HPV vaccine 2023/24 (Eng = 67.7%)	63.5%	63.8%	72.5%	71.8%
Men ACWY	% of 14–15-year-olds (Year 9/10) receiving the Meningococcal ACWY conjugate vaccine 2023/24 (Eng = 73.0%)	70.9%	66.9%	78.6%	75.0%

Childhood measurement of weight and height

The National Child Measurement Programme (NCMP) collects height and weight data from children in Reception year (aged 4 to 5) and Year 6 (aged 10 to 11) providing a valuable picture of child weight status at two critical points in development. Note while overweight and obesity are often the primary focus of concern, the four measures presented for NCMP data below reflect the importance of considering the full weight distribution, including underweight, and promoting an increase in the proportion of children at a healthy weight. All areas (at upper tier level) are RAG rated amber or green compared with England.

NCMP Data – Reception 2024/25 Data (Source: OHID)

Underweight

Area	Recent Trend	Count	Value
England	→	5,989	1.1
Sussex Surrey	–	-	-
Brighton and Hove	–	15	0.7
East Sussex	→	35	0.8
Surrey	–	105	1.0
West Sussex	–	60	0.7

Healthy Weight

Area	Recent Trend	Count	Value
England	→	411,345	75.4
Sussex Surrey	–	-	-
Brighton and Hove	–	1,575	77.4
East Sussex	→	3,485	76.5
Surrey	–	8,520	80.5
West Sussex	–	6,335	76.9

Overweight (excludes children measured as obese)

Area	Recent Trend	Count	Value
England	→	71,013	13.0
Sussex Surrey	–	-	-
Brighton and Hove	–	255	12.5
East Sussex	→	615	13.5
Surrey	–	1,210	11.4
West Sussex	–	1,115	13.5

Obese

Area	Recent Trend	Count	Value
England	→	57,242	10.5
Sussex Surrey	–	-	-
Brighton and Hove	–	190	9.3
East Sussex	→	420	9.2
Surrey	–	750	7.1
West Sussex	–	730	8.9

NCMP Data – Year 6 2024/25 Data (Source: OHID)

Underweight

Area	Recent Trend	Count	Value
England	↑	9,637	1.6
Sussex Surrey	–	-	-
Brighton and Hove	→	25	1.1
East Sussex	–	70	1.4
Surrey	–	170	1.6
West Sussex	–	125	1.4

Healthy Weight

Area	Recent Trend	Count	Value
England	↑	373,570	62.2
Sussex Surrey	–	-	-
Brighton and Hove	→	1,530	68.6
East Sussex	–	3,240	66.1
Surrey	–	7,750	71.2
West Sussex	–	5,895	66.8

Overweight (excludes children pleasured as obese)

Area	Recent Trend	Count	Value
England	↓	83,544	13.9
Sussex Surrey	–	-	-
Brighton and Hove	→	280	12.6
East Sussex	–	655	13.4
Surrey	–	1,385	12.7
West Sussex	–	1,180	13.4

Obese

Area	Recent Trend	Count	Value
England	↓	133,553	22.2
Sussex Surrey	–	-	-
Brighton and Hove	→	395	17.7
East Sussex	–	940	19.2
Surrey	–	1,585	14.6
West Sussex	–	1,625	18.4

Home, and wider determinants

Children growing up in low-income households are more likely to experience food insecurity, live in poor-quality or overcrowded housing, and have limited access to activities and resources that support healthy development. Poverty in childhood is one of the strongest predictors of poor health, lower educational achievement, and reduced life chances, with effects that compound over time if circumstances do not improve. The Marmot Review (2010) recommended a policy objective of giving every child the best start in life.

Children in low income households

Children in relative low-income families (under 16s) 2023/24

Area	Recent Trend	Count	Value
England	↑	2,354,691	22.1
Sussex Surrey	–	-	-
Brighton and Hove	→	5,834	14.3
East Sussex	→	16,327	18.0
Surrey	→	21,222	9.0
West Sussex	→	22,244	14.0

Source: OHID, based on Department for Work and Pensions and Office for National Statistics data

Children in workless households

Children in workless households face many of the same material deprivations as those in low-income families but may also experience additional risks associated with parental stress, social isolation, and reduced routine and structure in daily life. Growing up without employment in the household can shape attitudes and expectations around work and opportunity, making intergenerational worklessness a recognised, though not inevitable pattern. It should be noted that the majority of children in low-income families live in households where at least one adult is in employment.

Households with dependent children – Workless (2023)

	No person in employment in household	Total Households with Dependent Children	% of households with dependent children – workless households
Brighton and Hove	3,477	28,739	12.1%
East Sussex	7,244	58,758	12.3%
Surrey	11,121	149,793	7.4%
West Sussex	8,976	101,100	8.9%
Surrey and Sussex	**30,818**	**338,390**	9.1%

Source: Census 2021

Home

Children in homeless households or temporary accommodation face significant and often lasting disadvantages, including disrupted schooling, limited space for play or study, and heightened exposure to stress and instability. Evidence consistently shows that housing insecurity in early childhood is associated with poorer physical and mental health outcomes, developmental delays, and reduced educational attainment, impacts that can persist well into adulthood.

Homelessness

As at end March 2025, there were 4,270 homeless households with dependent children across Surrey and Sussex. West Sussex had the highest number, but as a rate per 1,000 households East Sussex was not only the highest rate (17.5 per 1,000 households), this rate was significantly higher than England.

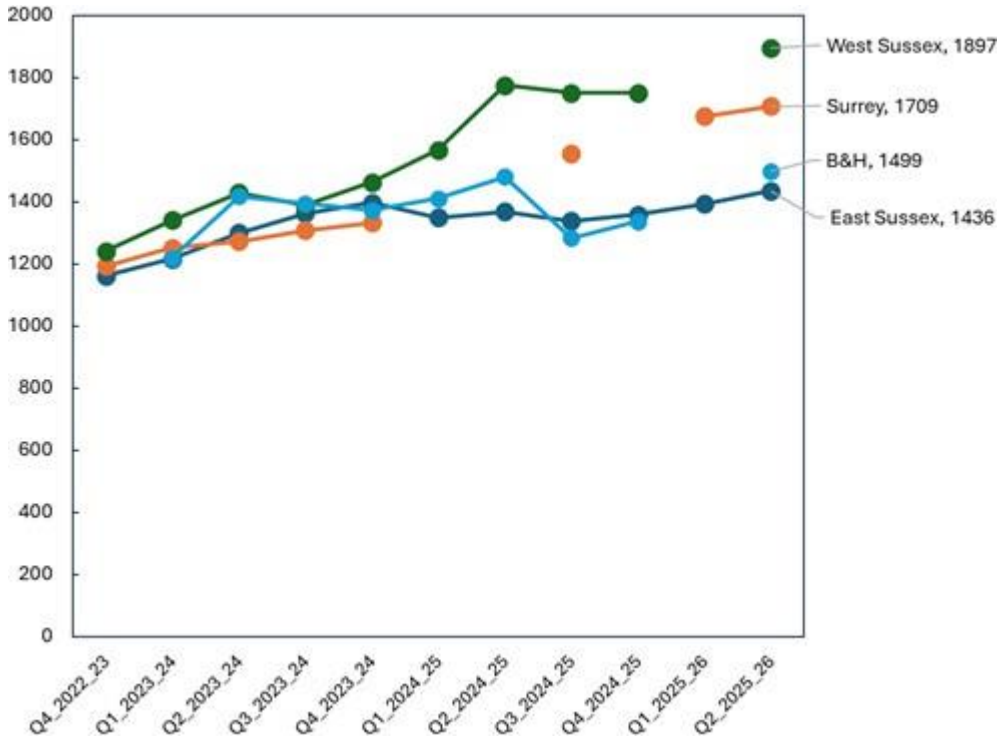
Table X: Households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act, crude rate per 1,000 estimated households that include at least one dependent child 2024/25

Area	Recent Trend	Count	Value
England	↑	107,970	16.2
Sussex Surrey	–	-	-
Brighton and Hove	–	287	10.1
East Sussex	↑	1,027	17.5*
Surrey	↑	1,458	9.8*
West Sussex	↑	1,498	14.8*

Children in temporary accommodation

In the last four years all areas have seen an increase in the number of children living in temporary accommodation. At the end of September 2025 (Q2 2025/26) there were a total of 6,451 children in temporary accommodation across Brighton and Hove, Sussex and Surrey.

Total number of children in Temporary Accommodation at end of quarter



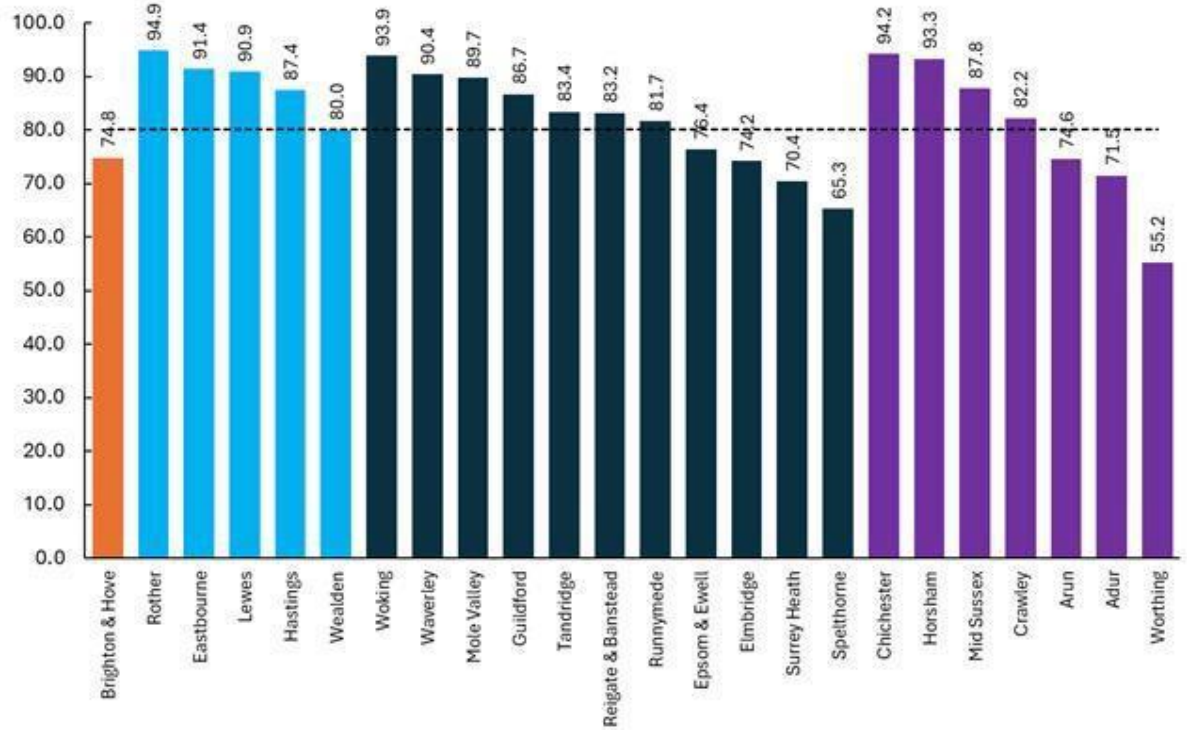
Source: Ministry of Housing, Communities and Local Government

Access to green spaces

Households that meet the '15-minute commitment' are defined as those which have access to either doorstep, local or neighbourhood standard green spaces, as well as some Public Rights of Way and blue spaces, within a 15-minute walk.

- 80% of households in England have access to at least one green or blue space within a 15-minute walk, locally this ranges from 55% in Worthing (West Sussex) to 95% in Rother (East Sussex).

The percentage of households with access to green or blue space within a 15-minute walk



Source: Department for Environment, Food and Rural Affairs
Dotted line = England %

Road safety

Road safety outcomes for children aged 0–15, particularly rates of pedestrian casualties and road traffic injuries, are a valuable indicator of both the physical safety of local environments and the degree to which public infrastructure is designed with children's needs in mind. Areas with higher rates of child road casualties often reflect wider inequalities, since children from more deprived backgrounds are disproportionately likely to be injured on the roads, partly due to living in areas with higher traffic volumes, fewer safe crossing points, and less access to off-road play space.

Rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population 2020-2022

Area	Recent Trend	Count	Value
England	–	5,194	16.5
Sussex Surrey	–	-	-
Brighton and Hove	–	28	22.4
East Sussex	–	72	26.5
Surrey	–	109	15.7
West Sussex	–	84	17.9

Hospital activity (Data overleaf)

Hospital use among children and young people across the Sussex system shows considerable variation by area and indicator:

- Self-harm admissions (10 to 24 years) are notably high across all three Sussex areas compared to the England rate of 266.6, with East Sussex the highest at 459.9
- Admissions for mental health conditions follow a similar pattern, with Brighton and Hove and East Sussex and Surrey exceeding the England average, while West Sussex is considerably below it at 61.4
- Asthma admissions are similar to the England rate in Brighton and Hove and East Sussex, but below it in West Sussex and Surrey
- Admissions for epilepsy and diabetes show more mixed patterns, with East Sussex again tending to perform less favourably
- A&E attendances under 18 are higher in East Sussex and West Sussex, lower in Brighton and Hove and Surrey
- Overall, East Sussex emerges as the area with the highest rates across the broadest range of indicators.

Hospital admissions

Detail	Year	B&H	EAST SUSSEX	SURREY	WEST SUSSEX	*England Rate*
Emergency Admissions – Children Under 1 Years, Crude Rate per 1,000	2023/24	285	442	352	393	*387*
Emergency Admissions – Children Under 0-4 Years, Crude Rate per 1,000	2023/24	151	173	131	152	*151*
Emergency Admissions – Children and Young People Under 18s, Crude Rate per 1,000	2023/24	61.3	79.3	59.9	66.8	*69.1*
Admissions of babies under 14 days	2023/24	76.5	59.7	93.4	111.5	*88.7*
Hospital admissions for asthma (under 19 years)	2023/24	168.8	169.0	110.5	100.7	*148.6*
Admissions for epilepsy (under 19 years)	2023/24	59.6	123.3	67.7	90.1	*79.3*
Admissions for diabetes (under 19 years)	2023/24	19.9	54.8	46.3	45.0	*49.8*
Hospital admissions as a result of self-harm (10-24 years)	2023/24	442.7	459.9	281.0	336.1	*266.6*
Hospital admissions due to substance misuse (15 to 24 years)	2021/22 - 23/24	43.6	75.3	*	39.5	*47.4*
Admission episodes for alcohol-specific conditions - Under 18s	2021/22 - 23/24	61.7	41.8	*	23.9	*22.6*
Hospital admissions caused by unintentional and deliberate injuries (0 to 4 years)	2023/24	117.1	128.3	83.1	110.4	*93.2*
Hospital admissions caused by unintentional &and deliberate injuries (0 to 14 years)	2023/24	99.4	108.9	66.0	87.1	*72.7*
Hospital admissions caused by unintentional & deliberate injuries (15 to 24 years)	2023/24	89.4	141.1	88.7	127.9	*88.6*
Hospital admissions for mental health conditions	2023/24	128.6	106.2	96.0	61.4	*80.2*
Hospital admissions for dental caries (0 to 5 years)	2021/22 - 23/24	276.2	27.6	*	74.0	*207.2*
A&E attendances (under 18 years)	2023/24	437.9	494.9	429.0	478.6	*460.3*

Source: Fingertips (OHID)

Oral health

Oral health in young children remains a significant and largely preventable public health concern. National survey data from OHID shows that 22.4% of five-year-olds in England experienced tooth decay in 2023/24, a slight improvement from 23.7% in 2021/22, though decay remains highly prevalent and strongly patterned by deprivation.

Note data are published below by OHID, but small numbers are suppressed, and there are some caveats noted on this metric.

Hospital admissions for dental caries among children aged 0 to 5, rate per 100,000 Pooled Years Data 2021/22 – 2023/4

Area	Recent Trend	Count	Value
England	–	23,094	207.2
Sussex Surrey	–	-	-
Brighton and Hove	–	115	276.2
East Sussex	–	25	27.6
Surrey	–	-	*
West Sussex	–	120	74.0

Source: OHID, based on NHS England and Office for National Statistics data

Vulnerable groups

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. Experiencing ACEs increases the risk of health harming behaviours, poor mental and physical health.

Compared to those with no ACEs, those who have experienced four or more are:

- twice as likely to binge drink or have a poor diet
- three times more likely to be a current smoker
- four times more likely to have low mental health
- five times more likely to have underage sex
- six times more likely to have unplanned/teenage pregnancy
- seven times more likely to be involved in violence
- eleven times more likely to use alcohol or drugs
- eleven times more likely to be incarcerated.[81]

Children in Need

Children in need (CIN) are a legally defined group of children (under the Children Act 1989) who are assessed as needing help and protection due to risks to their development and health. This group includes those on child in need or child protection plans, children looked after by local authorities, care leavers and disabled children. Children in need also includes young people aged 18 or over who continue to receive care, accommodation or support from children's services, and unborn children.

Across the four places, **as at March 2025 there were 17,252 children in need.**

Children in Need at 31 March

		2022	2023	2024	2025
England		404,310	403,090	399,460	402,400
South East	South East	65,250	64,990	62,960	63,540
	Brighton and Hove	2,378	2,180	1,991	2,055
	East Sussex	3,556	3,580	3,708	3,517
	Surrey	6,110	5,855	5,348	6,154
	West Sussex	5,380	5,555	6,106	5,526

Source: DfE

The most frequent primary need category is abuse/neglect. In 2025 West Sussex had a high recording of "not stated" against primary need.

Children in Need (as at 31 March) by Primary Need 2025

	Brighton and Hove	East Sussex	Surrey	West Sussex
N1 - Abuse or neglect	880	1,969	3,500	2,212
N2 - Child's disability or illness	161	164	849	407
N3 - Parent's disability or illness	67	12	c	135
N4 - Family in acute stress	482	500	503	376
N5 - Family dysfunction	163	382	735	171
N6 - Socially unacceptable behaviour	75	15	99	41
N7 - Low income	7	17	c	c
N8 - Absent parenting	130	256	424	56
N9 - Cases other than children in need	12	29	21	c
N0 - Not stated	78	173	0	2,098

Source: DfE

West Sussex had the **highest re-referral rate**, with approximately 1 in 4 referrals having had a previous referral in the last 12 months.

Children who have had a referral and percentage with re-referral in previous 12 months 2025

		2025	
		Number of children with a referral in the year	Number of children with a referral within 12 months of a previous referral (%)
England		557,810	21.0%
South East	South East	110,070	25.2%
	Brighton and Hove	2,846	22.3%
	East Sussex	3,751	15.7%
	Surrey	9,127	19.2%
	West Sussex	6,945	23.9%

2,159 were subject to **Child Protection Plans** as at March 31 2025.

Number of child protection plans at 31 March

	2022	2023	2024	2025
Brighton and Hove	281	285	262	260
East Sussex	534	663	685	613
Surrey	1,002	775	579	655
West Sussex	693	755	644	631

Across the four places, **there were 2,927 children looked after** in 2025, of these 313 were unaccompanied asylum seeker children

Children Looked After

	Unaccompanied asylum-seeking children									
	Total					Unaccompanied asylum-seeking children				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Brighton and Hove	376	391	347	355	332	38	42	53	51	44
East Sussex	610	627	654	659	688	56	59	71	75	72
Surrey	993	1,048	1,019	965	932	78	144	143	102	113
West Sussex	891	861	886	906	975	80	107	88	85	84

Source: DfE

Over **550 young people aged 17 to 18 years were care leavers** in 2025, with an additional 1,674 care leavers known to the local authorities aged 19 to 21 years.

Care leavers

	17 to 18 years					19 to 21 years				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Brighton and Hove	80	67	82	61	80	221	220	209	221	203
East Sussex	67	110	97	104	117	216	224	247	267	307
Surrey	210	205	223	213	190	532	542	560	620	633
West Sussex	130	184	188	177	171	384	384	441	482	531

Children with a Disability (Data from the Census 2021)

The 2021 Census used a two-stage disability question aligned with the Equality Act 2010, first asking whether a person had a long-term physical or mental health condition or illness lasting 12 months or more, and then whether it limited their day-to-day activities a lot, a little, or not at all.

This allows the population to be categorised into different groups: including those disabled and limited a lot; disabled and limited a little; not disabled but with a non-limiting long-term condition; and no condition.

Of children and young people aged 9 years or under between 4.1% (Surrey) and 5.6% in East Sussex were recorded as having a disability under the Equality Act. Note that of those approximately 40% did not have their day-to-day activities limited a lot.

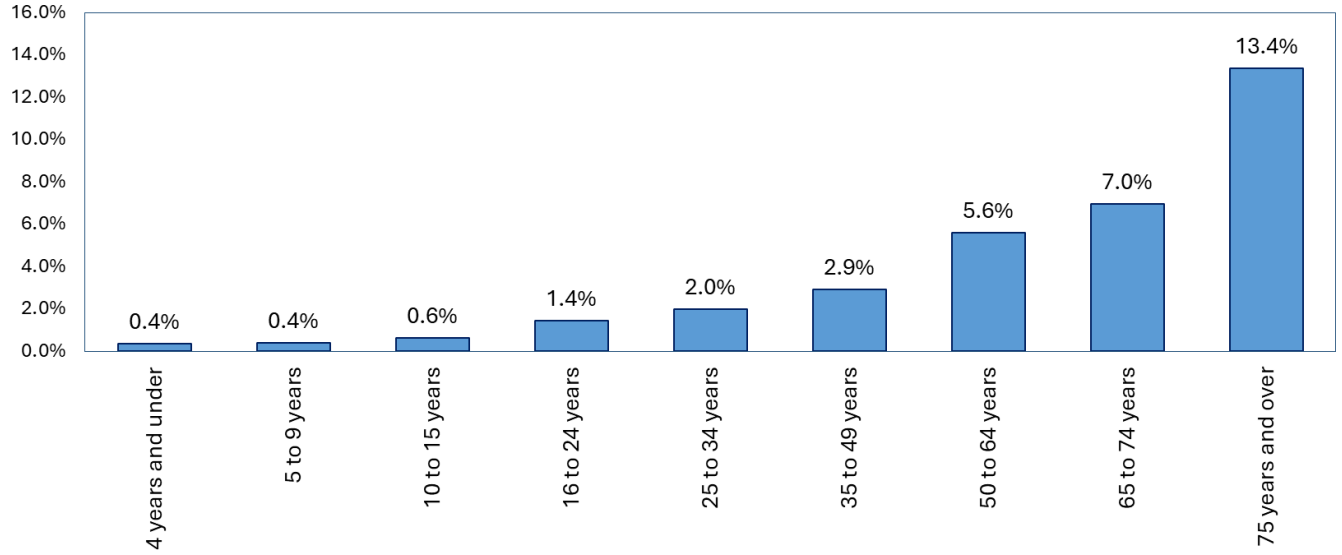
Census Data 2021 – Children and Young People with a Disability

	Disabled under the Equality Act	**Disabled under the Equality Act**: Day-to-day activities limited a lot	**Not disabled under the Equality Act**	**Not disabled under the Equality Act**: Has long-term health condition but day-to-day activities not limited	**% disabled under Equality Act**
9 years and under					
Brighton and Hove	1,216	514	23,562	523	4.9%
East Sussex	3,008	1,247	50,588	1,250	5.6%
Surrey	5,729	2,352	133,789	2,884	4.1%
West Sussex	4,079	1,688	90,192	2,062	4.3%
10 to 14 years					
Brighton and Hove	1,346	533	12,639	449	9.6%
East Sussex	3,366	1,268	26,947	1,055	11.1%
Surrey	5,930	2,045	69,217	2,561	7.9%
West Sussex	4,106	1,489	46,418	1,571	8.1%
15- to 24-year-olds					
Brighton and Hove	6,754	1,774	33,106	2,589	16.9%
East Sussex	7,493	2,572	43,059	2,740	14.8%
Surrey	13,668	3,931	106,596	6,643	11.4%
West Sussex	10,458	3,307	72,240	4,723	12.6%

General health (Data from the Census 2021)

Across the four places approximately 2,500 children aged 0-15 years had bad or very bad health, ranging from 0.4% of children aged 4 years or under, to 0.6% of young people aged 10 to 15 years.

Percentage of the Age Group Recorded as having bad or very bad health



Source: Census 2021

Children and young people with Common Mental Health Disorders

National prevalence data on children and young people's mental health is provided by the **Mental Health of Children and Young People (MHCYP)** survey in England, commissioned by NHS England and carried out by ONS, NatCen, and the universities of Cambridge and Exeter.

The most recent wave, published in 2023, found that approximately one in five children and young people aged 8 to 25 had a probable mental disorder, with rates of 15.7% among 8- to 10-year-olds, 22.6% amongst 11 to 16 year olds, 23.3% among 17- to 19-year-olds, and 21.7% among 20- to 25-year-olds.

The survey highlights strong associations between mental health and physical activity. Among children aged 11 to 16, those with a probable mental disorder were nearly four times more likely to have taken no exercise in the previous seven days (17.2%) compared with those unlikely to have a mental disorder (4.4%).

Among young people aged 17 to 23, the pattern was consistent across a broader range of activities:

- those with a probable mental disorder were three times more likely to have not exercised (26.6% compared with 8.7%),
- considerably more likely to have had no contact with green space (34.0% compared with 20.1%),
- and substantially more likely to have not participated in any group or club activity (80.0% compared with 52.7%).

The associations highlight the importance of physical activity, outdoor environments, and social participation to children and young people's mental health and wellbeing.

Applying national prevalence assumptions to Mid-Year Estimates of population 2024, 16,250 children aged between 8 to 10 years are estimated to have a probable mental health disorder

Children and young people aged 8 to 25 years estimated to have a probable mental disorder

	Brighton and Hove	East Sussex	Surrey	West Sussex	All Areas
8-10 year olds	1,250	2,800	7,300	4,950	16,250
11-16 year olds	3,900	8,800	22,100	14,900	49,750
17 19 year olds	3,100	4,100	10,550	6,650	24,400
20-25 year olds	7,500	6,100	16,900	10,450	40,950

Source: Applying prevalence from Mental Health of Children and Young People (MHCYP) survey to 2024 MYEs

Young carers

Young carers (children and young people who provide unpaid care for a family member with an illness, disability, mental health condition, or substance misuse problem) can represent a hidden form of childhood disadvantage, caring status can go unidentified and unsupported. Caring responsibilities can impact education, social development, and emotional wellbeing, with young carers more likely to experience persistent absence from school, lower attainment, social isolation, and poorer mental health than their peers. Prevalence is widely considered to be significantly underestimated in official figures. The 2021 Census provides data on the number of people aged 5 years and over who provided unpaid care.

- Across all four areas, approximately 4,630 children aged 15 years or under provided some unpaid care, including 550 providing 50 hours of unpaid care a week
- In relation to young people aged 16 to 24 years, 11,130 young people provided some level of unpaid care, with over 1,200 providing 50 or more hours per week.

Unpaid Care by Age (Census 2021)

15 and under*	Provides **19 or less hours**	Provides **20 to 49 hours**	Provides **50 or more hours**	Total - Unpaid Care	% Providing Unpaid Care
Brighton and Hove	250	53	54	357	1.2%
East Sussex	649	107	104	860	1.3%
Surrey	1,622	281	265	2,168	1.3%
West Sussex	973	145	124	1,242	1.1%
All Areas	**3,494**	**586**	**547**	**4,627**	**1.2%**
16 to 24 years					
Brighton and Hove	920	364	156	1440	3.4%
East Sussex	1,313	682	301	2296	5.0%
Surrey	2,753	1,029	439	4221	3.5%
West Sussex	1,976	848	345	3169	4.2%
All Areas	**6,962**	**2,923**	**1,241**	**11,126**	**3.9%**

*Children under 5 years excluded from the Census in relation to unpaid care

In Spring 2023, a category for young carers was added to the annual school census for state schools. Section 17ZA of the Children Act 1989 defines a young carer as 'a person under 18 who provides or intends to provide care for another person (which isn't a contract or voluntary work).

Across the four areas, in 2024/25 there were 2,870 children in state-funded primary schools identified as a carer and 3,058 in state-funded secondary schools.

- Surrey had a higher percentage of children identified as a carer by schools.

Young carers "Known to be a young carer", State-funded primary and State-funded secondary 2024/25

	Number of pupils				Percentage			
	Brighton and Hove	East Sussex	Surrey	West Sussex	Brighton and Hove	East Sussex	Surrey	West Sussex
Primary	107	127	2,132	504	0.6	0.4	2.4	0.8
Secondary	183	304	1,946	625	1.4	1.1	2.9	1.2

Source: DfE

Special Educational Needs (SEN)

Data on special educational needs (SEN) in England show a sustained and substantial rise in both the number of children receiving SEN support and those with an Education,

Health and Care Plan (EHCP). In 2024/25, 19.5% of all pupils had an identified SEN, 14.2% receiving SEN support without an EHCP, and 5.3% with an EHCP

- Locally Brighton & Hove has the highest percentage with SEN with or without an EHCP (23.2%) , Surrey the highest percentage with an EHCP (5.9%).

SEN – Children with SEN Support EHCP 2024/25 m(All Schools)

	2024/25				
	South East				England
	Brighton and Hove	East Sussex	Surrey	West Sussex	
EHC plans	1,840	3,616	12,067	6,899	482,640
EHC plans (percent)	5.3	4.9	5.9	5.3	5.3
SEN support/SEN without an EHC plan	6,200	11,262	29,971	21,045	1,284,284
SEN support/SEN without an EHC plan (percent)	17.9	15.3	14.7	16.1	14.2

SEN - Type of Need

- The most cited need for children and young people **with** an EHCP is autistics spectrum disorder, followed by speech, language and communication needs.
- The most cited need for children and young people **without** an EHCP is a speech, language and communication need, followed by a social, emotional and mental health need.

Type of Need – with EHCP 2024/25

	2024/25			
	South East			
	Brighton and Hove	East Sussex	Surrey	West Sussex
Total	1,795	3,181	10,326	5,939
Autistic Spectrum Disorder	857	1,245	3,454	1,580
Down Syndrome	7	8	16	13
Hearing Impairment	39	41	93	78
Moderate Learning Difficulty	56	227	935	469
Multi-sensory impairment	6	9	34	28
Other difficulty or disability	2	58	251	142
Physical Disability	51	182	208	219
Profound & Multiple Learning Difficulty	22	83	133	79
Severe Learning Difficulty	97	177	533	485
Social, Emotional and Mental Health	240	447	1,543	1,024
Specific Learning Difficulty	116	94	535	272
Speech, Language and Communications needs	285	591	2,507	1,501
Visual Impairment	17	19	84	49

Type of Need – SEN / without EHCP 2024/25

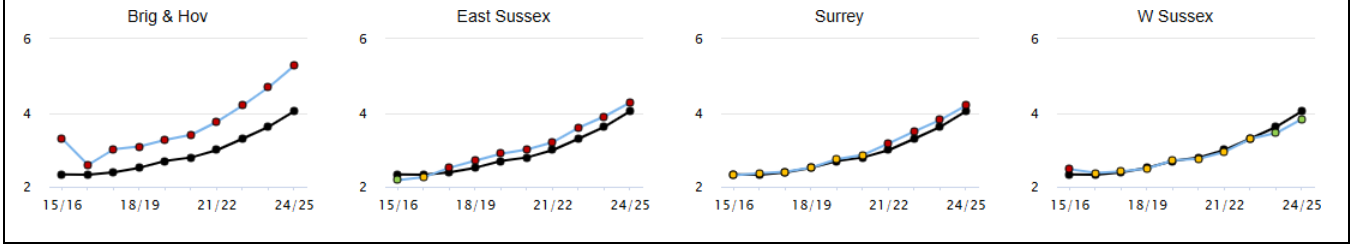
	2024/25			
	South East			
	Brighton and Hove	East Sussex	Surrey	West Sussex
Total	5,492	10,084	21,104	18,361
Autistic Spectrum Disorder	1,073	1,809	2,028	1,401
Down Syndrome	3	no data	no data	4
Hearing Impairment	91	106	210	213
Moderate Learning Difficulty	326	864	2,609	2,272
Multi-sensory impairment	11	21	76	44
Other difficulty or disability	19	336	1,032	903
Physical Disability	115	131	249	307
Profound & Multiple Learning Difficulty	no data	1	7	3
SEN support but no specialist assessment of type of need	no data	545	1,340	1,383
Severe Learning Difficulty	2	20	18	18
Social, Emotional and Mental Health	1,441	2,449	5,354	3,796
Specific Learning Difficulty	1,231	1,444	3,702	3,576
Speech, Language and Communications needs	1,136	2,302	4,352	4,327
Visual Impairment	44	56	127	114

Three places have higher percentages of pupils with social, emotional and mental health as a primary need compared with England. All areas including West Sussex have seen considerable increase in this primary need.

Number of primary, secondary and special school pupils with Special Education Needs (SEN) where primary need is social, emotional and mental health

Area	Recent Trend	Count	Value
England	↑	339,146	4.0
Sussex Surrey	–	-	-
Brighton and Hove	↑	1,597	5.3
East Sussex	↑	2,869	4.3
Surrey	↑	6,827	4.2
West Sussex	↑	4,499	3.8

Source: Department for Education



Pupil absence

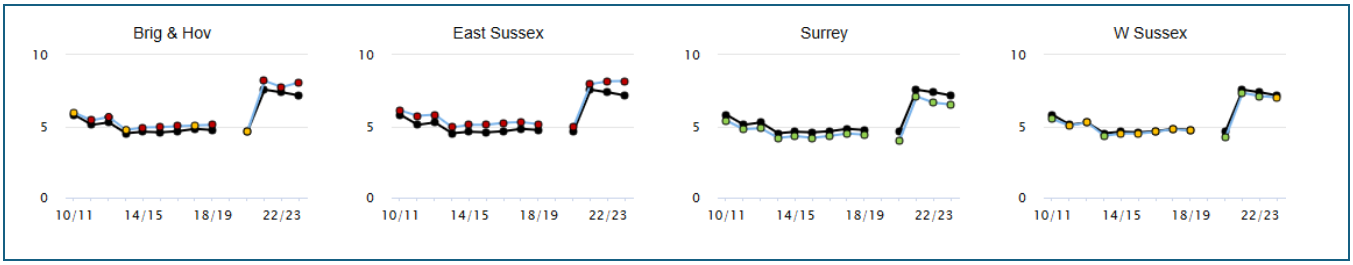
Pupil absence has been a significant and sustained concern since the COVID-19 pandemic, with rates remaining well above pre-pandemic levels despite recent modest improvement.

- Brighton and Hove and East Sussex have rates higher than England, but all areas include Surrey and West Sussex remain above pre pandemic levels.

Percentage of half days missed by pupils due to overall absence in the academic year (including authorised and unauthorised absence) 2023/24

Area	Recent Trend	Count	Value
England	–	187,334,908	7.1
Sussex Surrey	–	-	-
Brighton and Hove	–	809,818	8.1
East Sussex	–	1,791,406	8.2
Surrey	–	3,333,269	6.5
West Sussex	–	2,670,383	7.0

Source: OHID, based on Department for Education data



Not in Education, employment or training (NEET)

Young people not in education, employment or training (NEET) represent an important indicator of disengagement with consequent risks to long-term health, wellbeing and economic participation.

- Brighton and Hove and East Sussex have a higher NEET rate compared with England, although West Sussex has a higher percentage of unknown.

16- to 17-year-olds not in education, employment or training (NEET) or whose activity is not known

		2025				
		England	South East			
			Brighton and Hove	East Sussex	Surrey	West Sussex
16-17	Activity not known proportion	2.2%	1.7%	0.9%	3.8%	9.3%
	NEET proportion	3.4%	5.0%	4.9%	2.0%	2.2%
	NEET/not known proportion	5.6%	6.7%	5.8%	5.7%	11.5%
	Number NEET	45,990	285	589	537	408
	Number NEET/activity not known	75,000	382	692	1,562	2,152

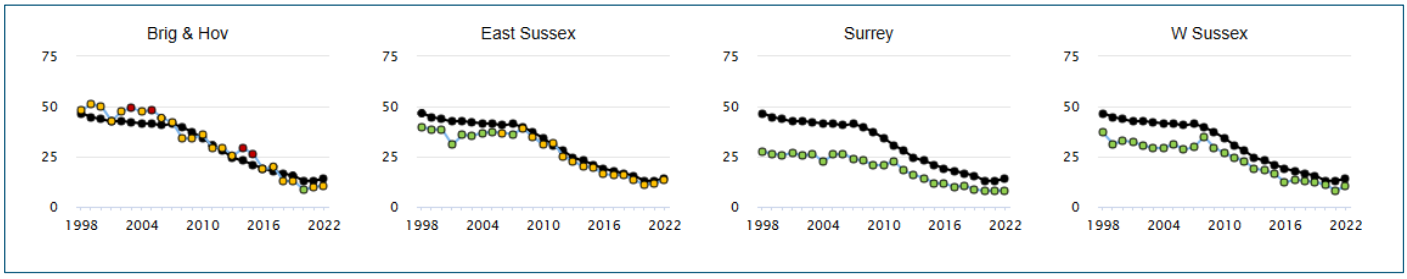
Teenage conception rate

The teenage conception rate (measured as the number of conceptions per 1,000 females aged 15 to 17) is a well-established indicator of adolescent sexual health, educational attainment, and wider social disadvantage. Teenage conception rates have fallen substantially across England over the past two decades, teenage conception remains strongly aligned to deprivation, with young women in the most disadvantaged areas significantly more likely to conceive than their peers in more affluent communities. Teenage pregnancy is associated with a range of poorer outcomes for both mother and child, including lower educational achievement, reduced employment prospects, higher rates of poverty, and increased likelihood of the child experiencing developmental disadvantage.

Conceptions in girls aged under 18 per 1,000 girls aged 15-17 years 2022

Area	Recent Trend	Count	Value
England	↓	13,424	13.9
Sussex Surrey	–	-	-
Brighton and Hove	→	45	10.6
East Sussex	→	121	13.6
Surrey	→	181	8.2
West Sussex	↓	152	10.5

Source: OHID, based on Office for National Statistics data



Youth Justice

The Youth Justice System deals with young people aged 10–17-year-olds who may have committed a crime. First time entrants to the youth justice system (defined as children aged 10 to 17 receiving their first caution or court sentence) have fallen substantially over the past decade, reflecting the impact of prevention, diversion and community-based approaches.

- In 2024, the rate of 10-to-17-year-olds receiving their first reprimand, warning or conviction ranged from 120.1 per 100,000 in West Sussex, not significantly different to the England average (137.7 per 100,000) to 87.3 per 100,000 in Surrey.

First time entrants to the youth justice system 2024

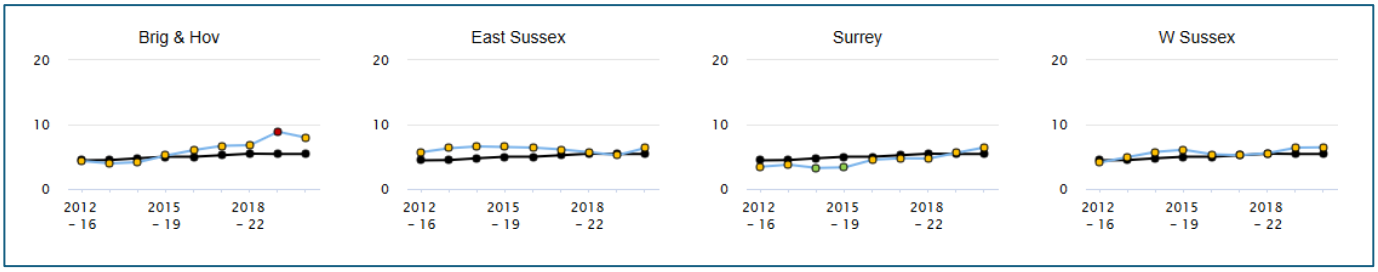
Area	Recent Trend	Count	Value
England	↓	7,722	137.7
Sussex Surrey	–	-	-
Brighton and Hove	→	26	114.4
East Sussex	↓	51	100.6
Surrey	→	111	87.3
West Sussex	→	102	120.1

Source: OHID, based on Ministry of Justice and Office for National Statistics data

Suicide 10-24 Year Olds

Age-standardised rate for suicide rate per 100,000 population by age and sex (10-24 year olds) 2020-2024

Area	Recent Trend	Count	Value
England	–	2,697	5.4
Sussex Surrey	–	-	-
Brighton and Hove	–	28	8.0
East Sussex	–	24	6.4
Surrey	–	65	6.5
West Sussex	–	41	6.5



Obesity and physical activity, smoking and alcohol

Obesity and physical activity, smoking and alcohol: Key points

Obesity

- Surrey has the best outcomes when considering lowest concentration of fast-food outlets, the prevalence of overweight or obese adults, and the prevalence of overweight children in both reception and Year 6.
- Surrey and West Sussex have observed a significant increase in overweight prevalence in Reception.
- West Sussex and Brighton and Hove have observed a significant increase in overweight prevalence in Year 6.
- Brighton and Hove have more fast-food outlets for every person compared to Surrey, West Sussex and East Sussex.
- The highest levels of IDACI are grouped along the coast, particularly in Hastings and Brighton & Hove.

Physical activity

- East Sussex and West Sussex have the lowest percentage of physically active adults.
- Brighton and Hove have the lowest percentage of physically active children and young people.
- Surrey and Brighton and Hove have observed increases for physically active adults.
- Surrey has observed increases for physically active children and young people.

Smoking

- Emergency admissions to hospital for COPD is worse for East Sussex, smoking prevalence in adults with a long-term mental health condition is worse for Brighton and Hove, and smoking status at time of delivery (SATOD) is worse for East Sussex.
- Over the last 10 years, smoking prevalence has been coming down across the four areas.
- East Sussex has a consistently higher percentage of mothers smoking at time of delivery.

Alcohol

- Surrey has better outcomes for both admission episodes for alcohol specific conditions and alcohol related mortality. West Sussex also has a better outcome for admission episodes for alcohol-specific conditions.
- Brighton and Hove has a worse outcome for admission episodes for alcohol-specific conditions.
- Since 2015, admissions rates for alcohol-specific conditions have increased across Surrey, West Sussex and East Sussex, whilst a decrease was seen in Brighton & Hove around 2019/20.
- Alcohol-related mortality rates have stayed similar across all four areas over the past eight reported years.

Area specific links
Brighton and Hove
NCMP 2024/25 profile Brighton & Hove by Brighton and Hove City Council - Infogram
Physical activity in Brighton & Hove 2022
Brighton_&_Hove_drugs_and_alcohol_needs_assessment_2022
Public Health Framework for Assessing Alcohol Licensing | Tableau Public
Health Counts survey
Safe and well at school survey
Food poverty, diet and health topic summary 2019.pdf
East Sussex
JSNA: Physical Activity Data Overview for Children and Young People, Oct 2025
JSNA: Physical Activity Data Overview for Adults, Oct 2025
JSNA: Healthy Weight Data Overview for Children and Young People, Oct 2025
JSNA: Healthy Weight Data Overview for Adults, Feb 2026
JSNA_Tobacco_and_Alcohol_Behavioural_Insights_2025
JSNA: Alcohol data briefing 2024
Surrey
Food_and_Health_|_Surrey-i
JSNA Smoking, Vaping and Tobacco Control | Surrey-i
JSNA Substance Misuse | Surrey-i
West Sussex
Drugs and Alcohol - West Sussex JSNA Website
Smoking_and_Tobacco_Use_-_West_Sussex_JSNA_Website
Physical activity and weight management - West Sussex JSNA Website
Excess Weight in Childhood - National Child Measurement Programme - West Sussex JSNA Website
Child_Health_Profiles_(formerly_Children_and_Family_Centre_Profiles)_-_West_Sussex_JSNA Website

Overweight and obesity

Obesity has emerged as a major public health concern in recent years. In the UK, approximately 1 in 4 adults and 1 in 5 children aged 10 to 11 are living with obesity. Obesity places a significant burden on the NHS, costing around £6.5 billion annually. It is the second leading preventable cause of cancer and a major risk factor for other serious conditions, including diabetes, heart disease, respiratory issues, and musculoskeletal problems. Beyond physical health, obesity also affects mental wellbeing, particularly in children.

Overall, Surrey has the best outcomes looking at the 4 obesity indicators, with all four indicators being benchmarked as better than the four-area average. West Sussex, East Sussex and Brighton & Hove have similar outcomes in these areas, all showing a mix of better, worse or similar when benchmarked to the four-area average.

Overview of obesity indicators

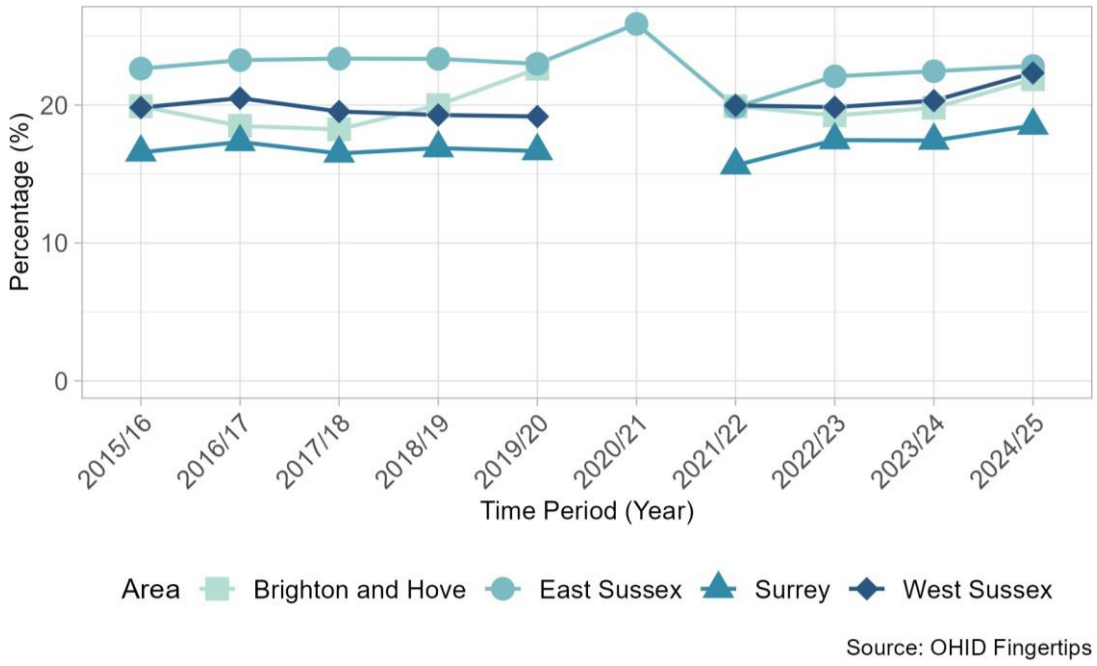
	Brighton and Hove	East Sussex	Surrey	West Sussex
Fast food outlets per 100,000 population (2024)	140.2	84.4	80.2	86.3
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (2023/24)	60.6	63.1	57.4	63.4
Reception prevalence of overweight (including obesity) (2024/25)	21.9	22.8	18.5	22.3
Year 6 prevalence of overweight (including obesity) (2024/25)	30.3	32.4	27.3	31.8

Source: OHID Fingertips

Benchmarked to the average across Surrey, East Sussex, West Sussex and Brighton & Hove; green = better; amber = similar; red = worse.

Reception age prevalence of Overweight and Obesity has increased across Surrey and West Sussex over the last 10 years (1.9% & 2.5% respectively), whilst it has stayed similar across East Sussex and Brighton & Hove. As of 2024/25 East Sussex has the highest prevalence (22.8%), followed by West Sussex (22.3%), Brighton & Hove (21.9%) and Surrey (18.5%).

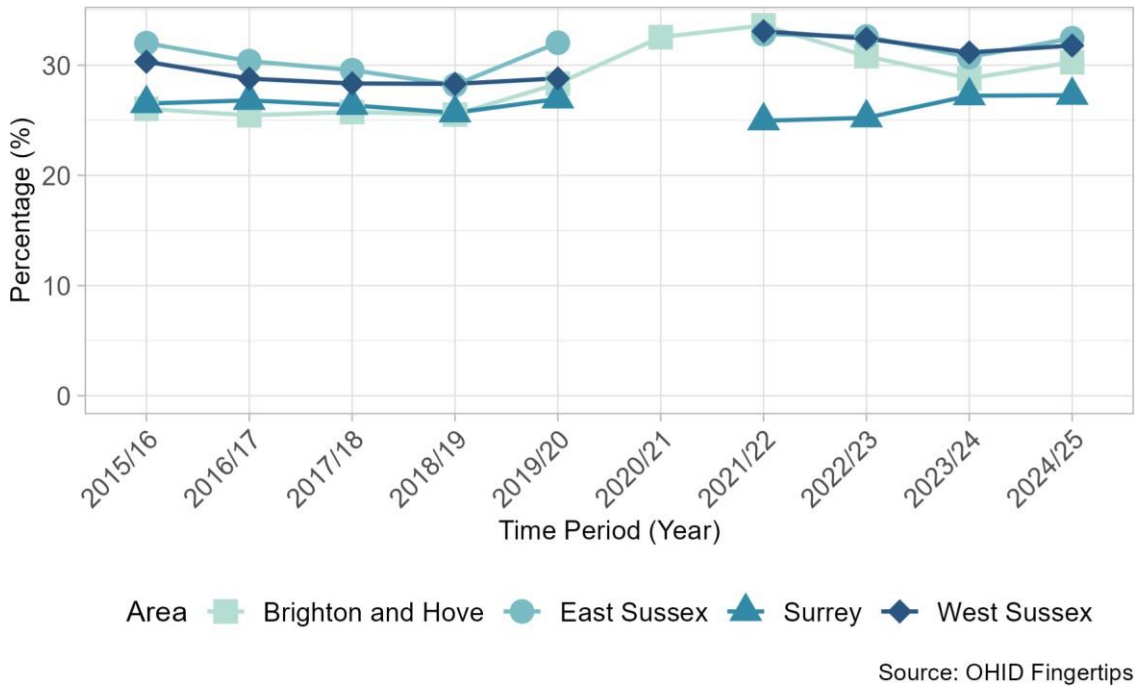
Reception age prevalence of overweight and obesity over time



Year 6 age prevalence of Overweight and Obesity has increased across West Sussex and Brighton & Hove over the last 10 years whilst staying similar across East Sussex and Surrey. As of 2024/25 East Sussex has the highest prevalence (32.4%), followed by West Sussex (31.8%), Brighton & Hove (30.3%) and Surrey (27.3%)

Comparing the 2015/16 Financial year with 2024/25 both West Sussex and Brighton & Hove have seen statistically significant increases in prevalence (1.5% & 4.2% respectively), Surrey and East Sussex show no statistically meaningful change over the period.

Year 6 age prevalence of overweight and obesity over time



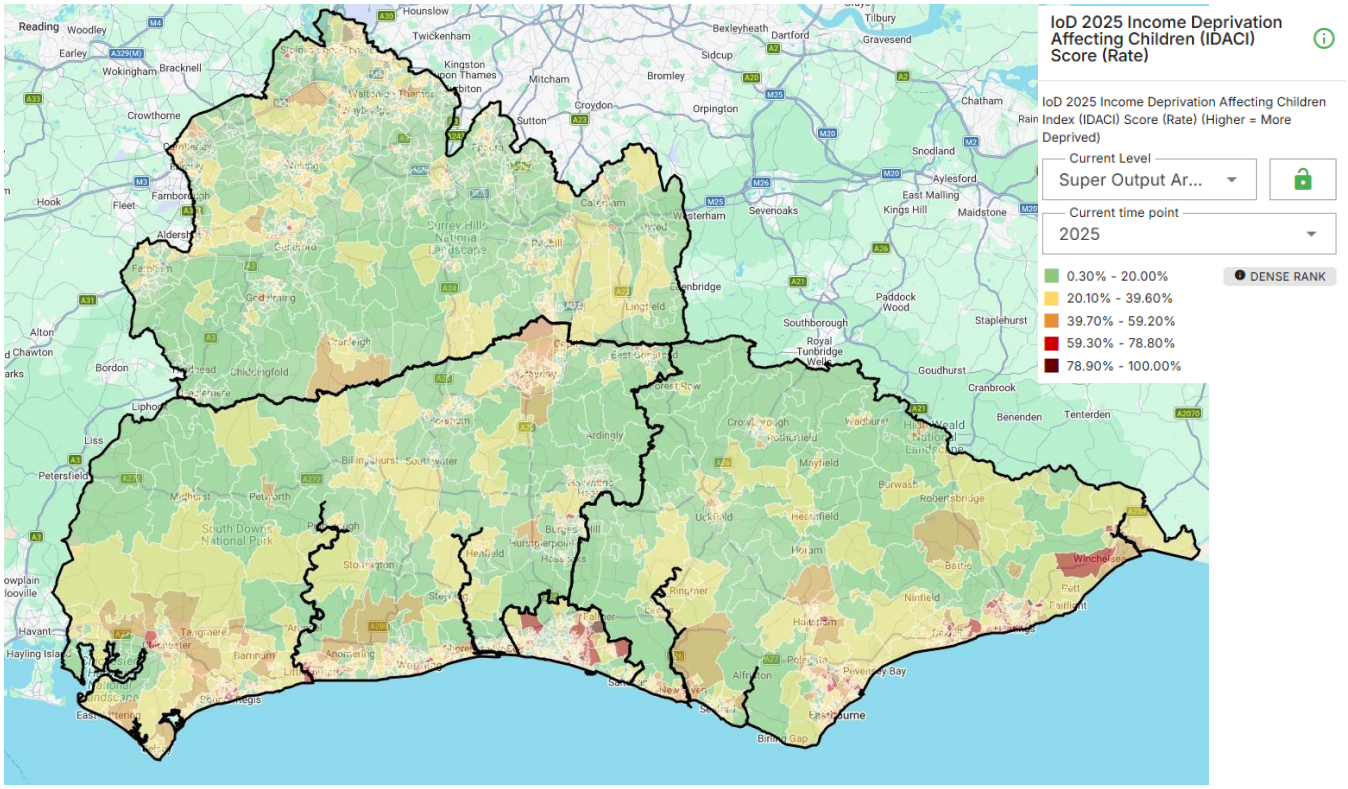
Income Deprivation Affecting Children (IDACI) has been shown to have strong association with childhood overweight-obesity and has been suggested as a metric for identification of at risk populations.

Overall, the highest levels of IDACI are grouped along the coast, particularly in Hastings and Brighton & Hove, whilst Surrey and large parts of West Sussex show comparatively low levels of deprivation.

Across the four-area geography, the highest IDACI scores are seen in East Sussex and Brighton & Hove. The two most deprived LSOAs are both located in Broomgrove, Hastings, East Sussex. Of the top 10 most deprived LSOAs overall, the remaining eight are found in Brighton & Hove. No LSOAs from West Sussex or Surrey appear within the top 10 most deprived.

- Within Brighton & Hove, the most deprived LSOA is Brighton & Hove 025C (Whitehawk) with an IDACI score of 87.2, whilst the least deprived is Brighton & Hove 011A (Withdean Woods) with a score of 4.2.
- Within East Sussex, the most deprived LSOA is Hastings 005A (Broomgrove) with an IDACI score of 94.1, whilst the least deprived is Wealden 004D (Crowborough Whitehill & Warren) with a score of 4.5.
- Within West Sussex, the most deprived LSOA is Chichester 011B (Stockbridge & Fishbourne) with an IDACI score of 73.1, whilst the least deprived is Chichester 001A (Fernhurst & Northchapel) with a score of 2.6.
- Within Surrey, the most deprived LSOA is Runnymede 002F (Englefield Green & University) with an IDACI score of 70.3, whilst the least deprived is Guildford 003B (Horsley & Effingham) with a score of 0.7.

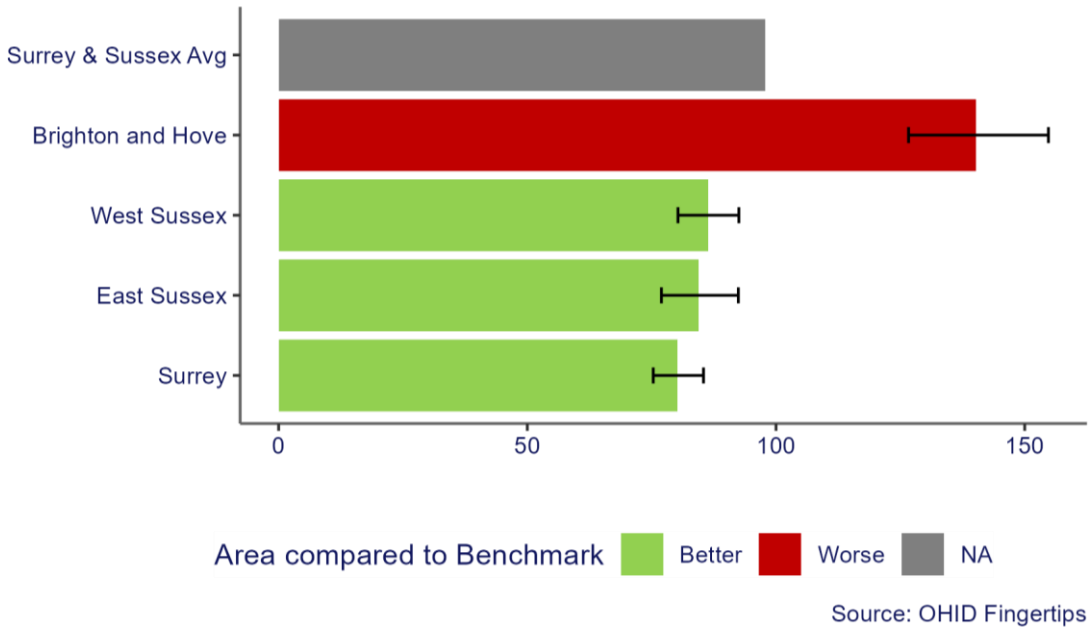
Income Deprivation Affecting Children (IDACI) Score (Rate), LSOAs in Surrey and Sussex, 2025



Source: Income Deprivation Affecting Children (IDACI) Score (Rate) by Lower Super Output Area (LSOA) from Surrey County Council Local Insight mapping tool
https://app.localinsight.org/#/map?savedmap=3616

As of 2024, the number of fast-food outlets per 100,000 population is highest in Brighton & Hove, followed by West Sussex, East Sussex and Surrey. The rate in Brighton & Hove is statistically significantly higher than the four-area average. In contrast across Surrey, West Sussex and East Sussex the rate of fast-food outlets per 100,000 is statistically significantly lower than the four-area average.

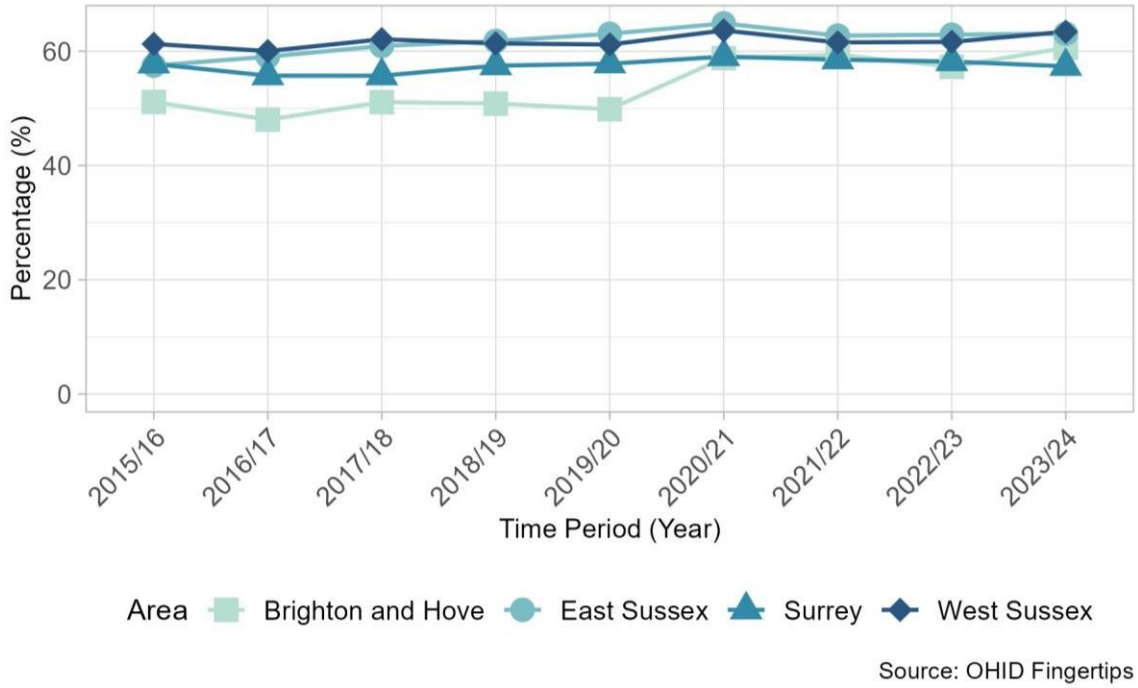
Fast Food Outlets per 100,000 Population (2024)



Adults (18+) prevalence of Overweight and Obesity has increased across West Sussex and Brighton & Hove over the last 10 years, whilst it has stayed similar across East Sussex and Surrey. As of 2024/25 East Sussex had the highest prevalence (32.4%), followed by West Sussex (31.8%), Brighton & Hove (30.3%) and Surrey (27.3%)

Comparing the 2015/16 financial year with 2024/25, both East Sussex and Brighton & Hove have seen statistically significant increases in prevalence (+5.6% & +9.5% respectively), Surrey and West Sussex show no statistically meaningful change over the period.

Adults Prevalence of Overweight and Obesity Over Time



Source: OHID Fingertips

Physical activity

Physical activity is defined by the Office for Health Improvement and Disparities as any bodily movement produced by skeletal muscles that requires energy. This can include activities such as walking, cycling, or playing sport.

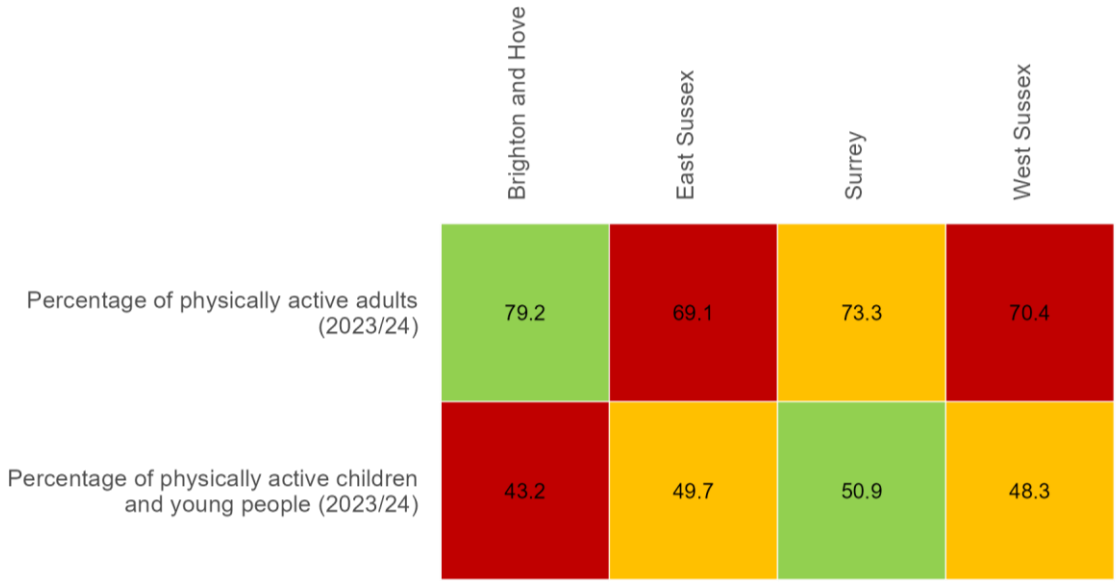
Being physically inactive is the fourth leading risk factor for deaths globally (link). Within the UK it is estimated to contribute to almost 1 in 10 premature deaths from coronary heart disease and 1 in 6 deaths from any cause (link). People who are physically active have a reduced risk of developing health conditions including diabetes, obesity, osteoporosis, certain cancers, and poor mental health. Physical activity can also help people manage long-term health conditions, although those with long-term health conditions are not as likely to be as active as those without(link).

The 2019 Chief Medical Officer (CMO) guidelines recommend that adults should carry out at least 2.5 hours of moderate intensity activity (e.g., brisk walking) or 75 minutes of high intensity activity (e.g., running) each week (link).

In 2023/24, a significantly higher proportion of adults in Brighton and Hove were physically active (79.2%) compared to the four area average. Both East Sussex (69.1%) and West Sussex (70.4%) had a significantly lower proportion and Surrey (73.3%) was not significantly different.

In contrast to physical activity in adults, Brighton and Hove had a significantly lower proportion of children and young people who were physically active (43.2%) compared to the four-area average. East Sussex (49.7%) and West Sussex (48.3%) were similar, whereas Surrey (50.9%) had a significantly higher proportion of children who were physically active.

Overview of Physical Activity Indicators

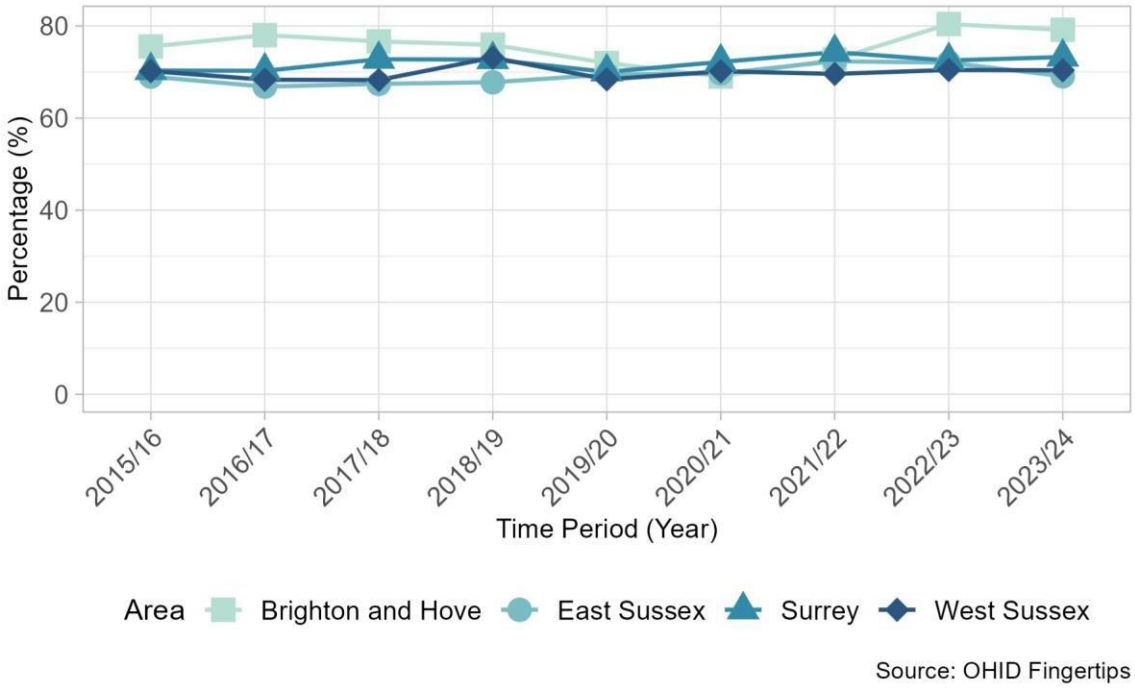


Source: OHID Fingertips

Benchmarked to the average across Surrey, East Sussex, West Sussex and Brighton & Hove; green = better; amber = similar; red = worse.

Over the seven years up until 2023/24, the percentage of physically active adults in Surrey significantly increased from 70.3% in 2016/17 to 73.3% in 2023/24. Since 2015/16, the percentage of physically active adults in East Sussex and West Sussex stayed the same. In Brighton and Hove, the percentage of active adults in 2023/24 (79.2%) was significantly higher than in 2020/21 (69.0%) following a downwards trend from 2015/16 to 2020/21.

Percentage of Physically Active Adults Over Time

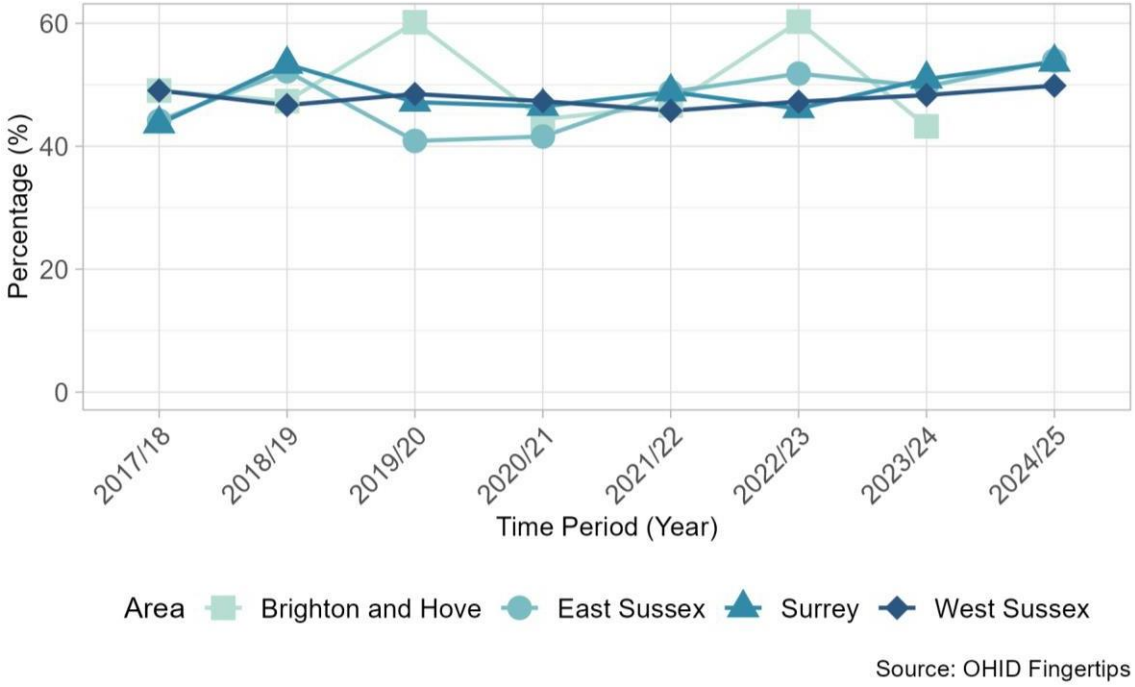


Source: OHID Fingertips

The percentage of physically active children has significantly increased for both Surrey and East Sussex in recent years. In Surrey this was from 46.1% in 2022/23 to 53.7% in 2024/25. In East

Sussex this was from 40.9% in 2019/20 to 54.0% in 2024/25. West Sussex has seen no significant change. The percentage of physically active children has fluctuated in Brighton and Hove. In general, it has stayed consistent with two notable increases in 2019/20 and 2022/23. It is important to note that the number of children in each of the local authorities is lower than the number of adults and so greater fluctuations in the data are expected.

Percentage of Physically Active Children and Young People Over Time



Source: OHID Fingertips

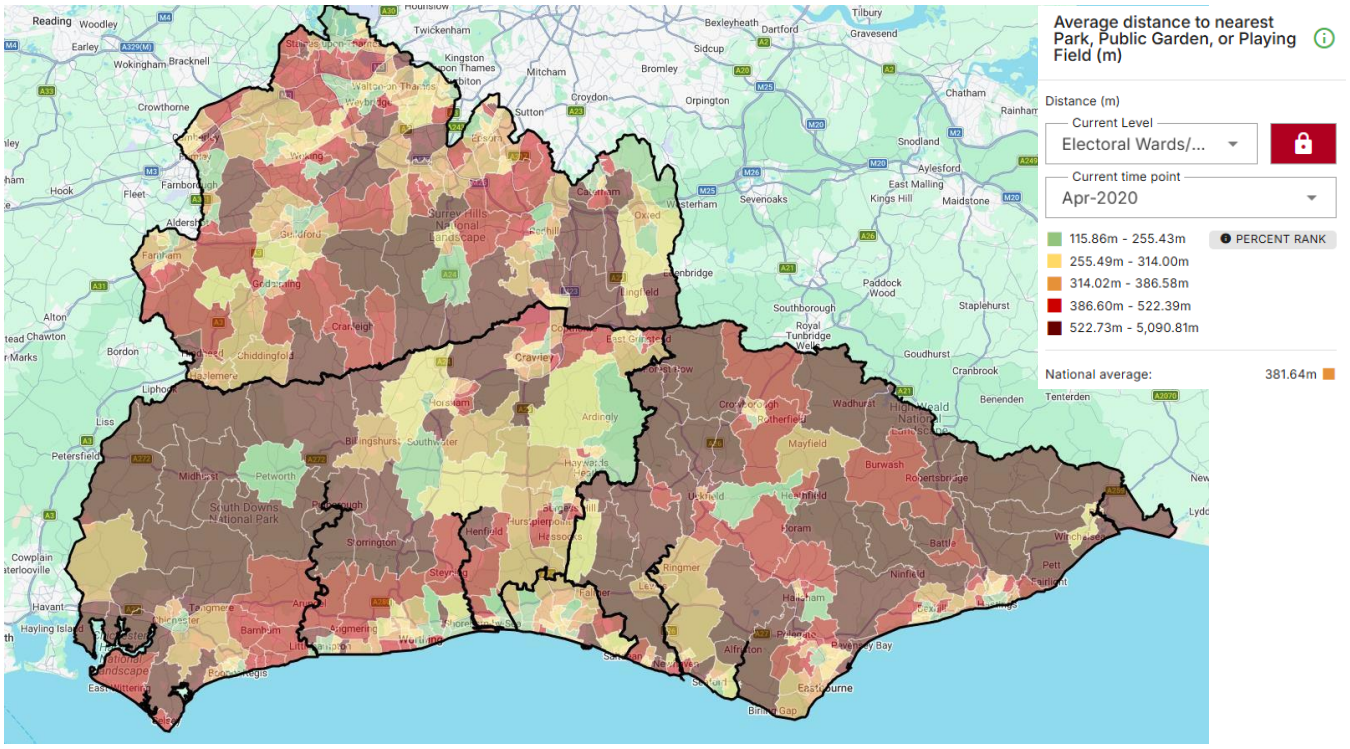
Improving access to greenspace promotes healthy behaviours, such as engaging in physical activity. Connecting those spaces together can encourage active travel, such as walking to the shops instead of driving (link).

Across all the local authorities there were 82 (18.8%) electoral wards in the group furthest away from a park, public garden, or playing field and 80 (18.3%) in the group closest to these.

East Sussex had the highest proportion of electoral wards in the group furthest from these green spaces (34 electoral wards; 31.5%) compared to Surrey (22 electoral wards; 12.8%), West Sussex (25 electoral wards; 18.8%) and Brighton and Hove (1 electoral ward; 4.3%).

In East Sussex there was a higher proportion of electoral wards further away from these spaces, in Brighton and Hove there were a higher proportion of electoral wards closer to them. In Surrey, more wards were located in the middle distance with fewer very near or very far. In West Sussex the proportion was similar no matter the distance.

Average distance to nearest Park, Public Garden, or Playing Field (m), Apr-2020



Source: Average distance to nearest Park, Public Garden, or Playing Field (m) by Electoral Wards/Divisions from Surrey County Council Local Insight mapping tool https://app.localinsight.org/#/map?savedmap=3617

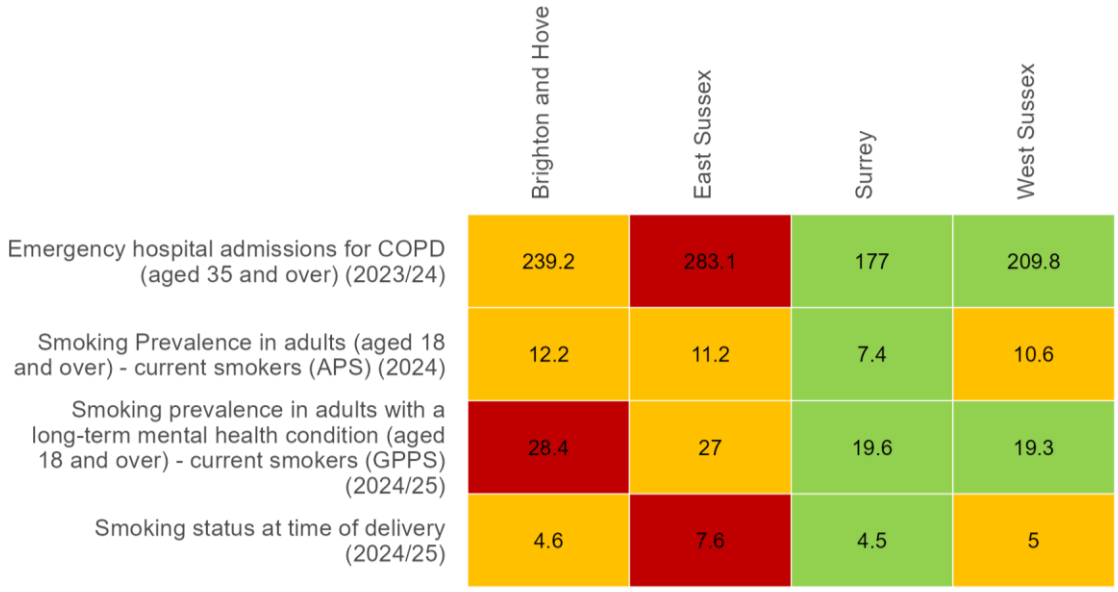
Smoking

Smoking is a leading cause of preventable illness and premature death in England. It harms nearly every organ in the body and can cause lung cancer, respiratory diseases such as chronic obstructive pulmonary disorder (COPD), and cardiovascular disease. Smoking can also reduce fertility and significantly increase the risk of developing type two diabetes, eye disease and dementia (link). Smoking during pregnancy is associated with a range of poor outcomes including miscarriage, stillbirth, neonatal complications, low birth weight and sudden infant death syndrome. It is the single most important modifiable risk factor in pregnancy.

Certain groups within the population are more likely to smoke than others leading to health inequalities. These include people with mental health conditions, those who work in routine and manual occupations, and those who live in more socio-economically deprived areas.

For each of the indicators highlighted, Surrey was significantly better than the average across Brighton and Hove, East Sussex, Surrey and West Sussex. This means that emergency admissions to hospital for COPD, smoking prevalence in adults, smoking prevalence in adults with a long-term mental health condition, and smoking status at time of delivery (SATOD) were all significantly lower than the average across the four local authorities. West Sussex also had significantly lower emergency hospital admissions for COPD and smoking prevalence in adults with long-term mental health conditions but was similar for smoking prevalence in adults and SATOD. Brighton and Hove was similar for all indicators except smoking prevalence in adults with a long-term mental health condition for which it had a significantly higher prevalence. East Sussex had a significantly higher rate of emergency hospital admissions for COPD and SATOD.

Overview of Smoking Indicators

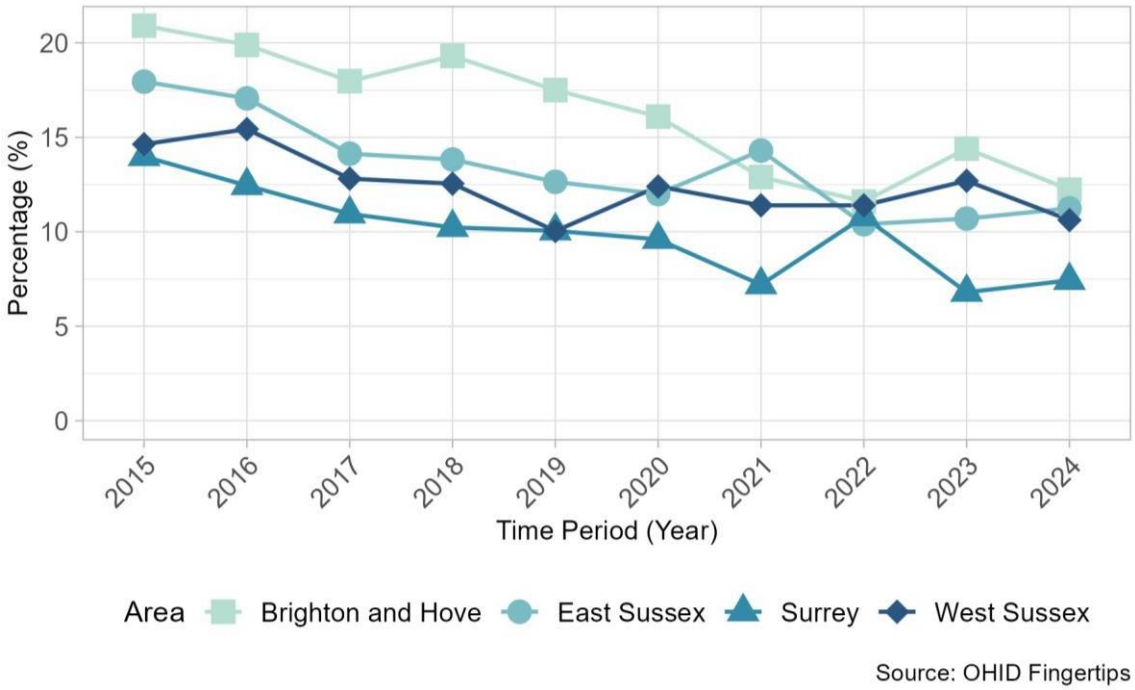


Source: OHID Fingertips

Benchmarked to the average across Surrey, East Sussex, West Sussex and Brighton & Hove; green = better; amber = similar; red = worse.

Smoking prevalence has significantly decreased in adults from 2015 to 2024 in Surrey, East Sussex and Brighton and Hove.

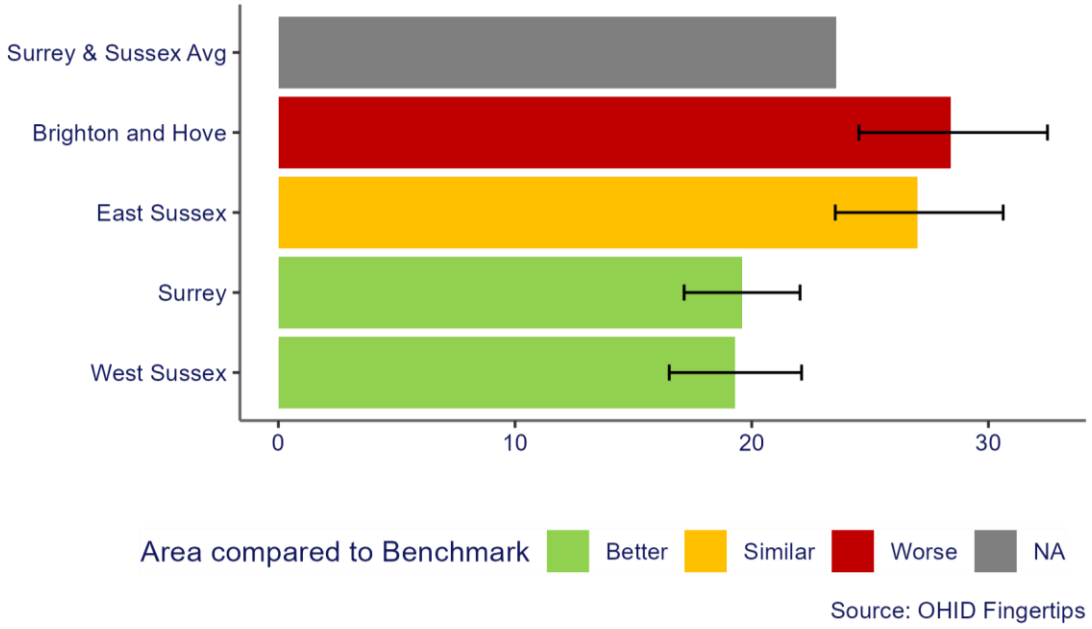
Smoking Prevalence in Adults



Source: OHID Fingertips

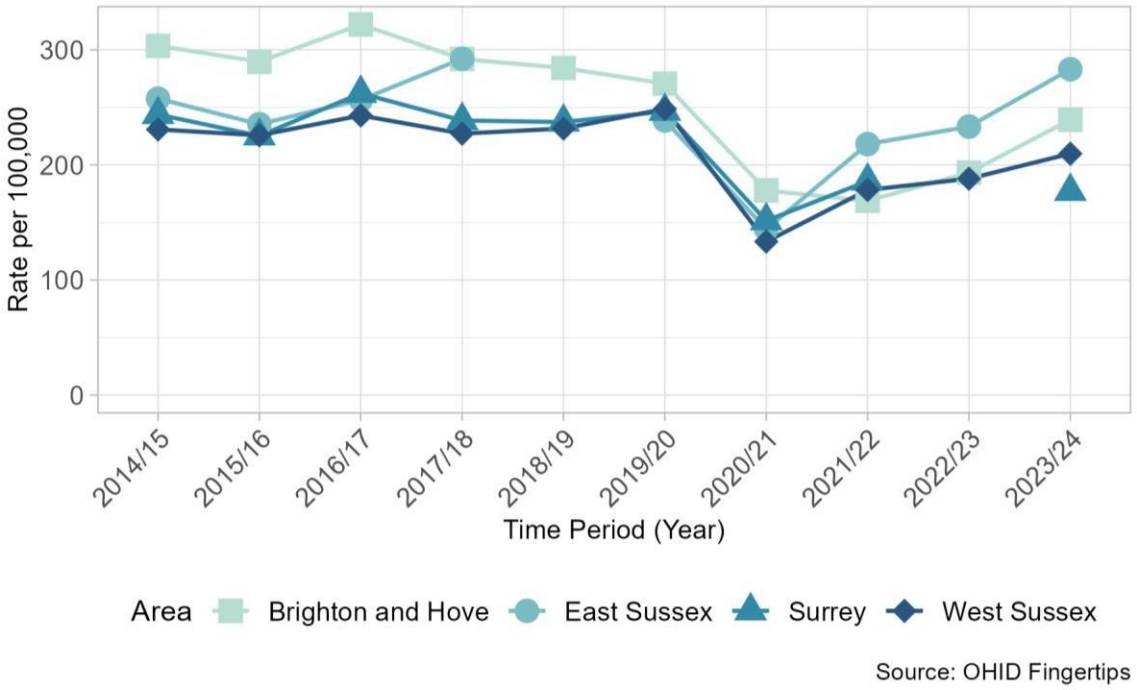
Smoking prevalence in adults with a long-term mental health condition was significantly higher in Brighton and Hove compared to the average across all four local authorities. It was significantly lower in Surrey and West Sussex.

Smoking Prevalence in Adults With a Long-Term Mental Health Condition (2024/25)



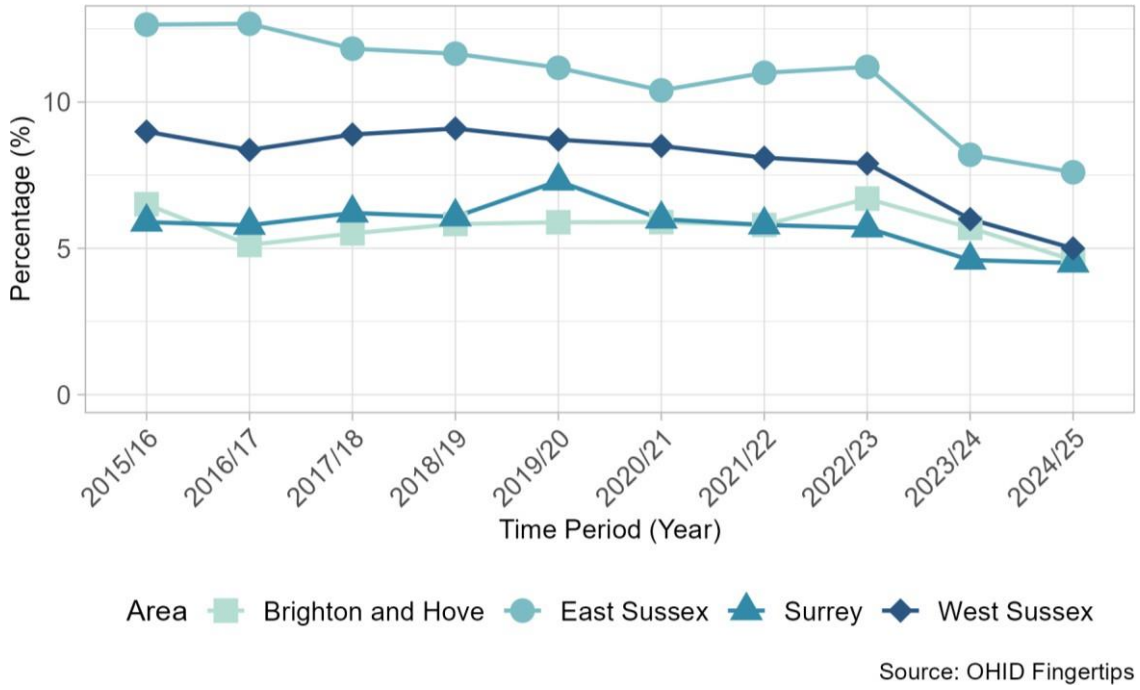
Surrey, East Sussex and West Sussex have similar emergency hospital admissions, with Brighton and Hove being higher until 2020/21. From 2021/22 East Sussex has the highest rates. Note that the fall in admissions in 2020/21 is likely due to the effect of the COVID-19 pandemic.

Emergency Hospital Admissions for COPD



All local authorities have seen a significant decrease in the percentage of mothers known to be smokers at the time of delivery. This includes of both live and stillborn babies. In 2021/22, East Sussex and West Sussex were significantly higher than Surrey and Brighton and Hove. Since then, in 2024/25, East Sussex is still significantly higher whereas the percentage in West Sussex decreased and was similar to Surrey and Brighton and Hove.

Smoking Status at Time of Delivery (Over Time)



Source: OHID Fingertips

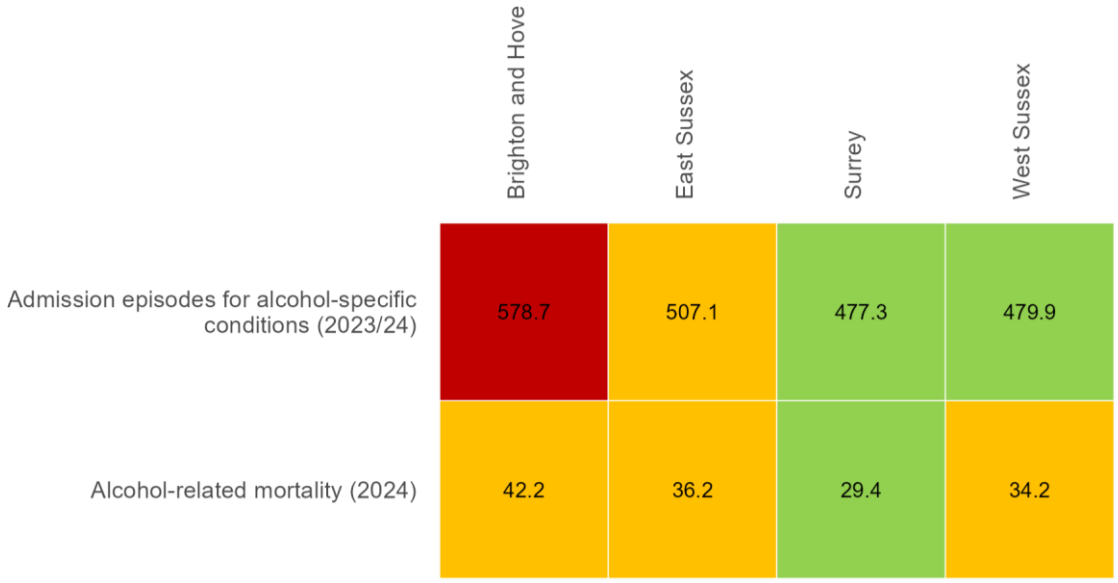
Alcohol-related harm

Misuse of alcohol is a major public health concern with wide-ranging effects on our society including the health, care and financial consequences to individuals, their families, and wider society.

Alcohol use costs millions of pounds every year in dealing with the associated health problems, loss of productivity, children and adult social care costs and drug related crime and disorder. Problematic alcohol use can be a pathway to poverty, lead to family breakdown, crime, debt, homelessness and child neglect.

Overall, Surrey has the best outcomes looking at the 2 alcohol related indicators, with both indicators being benchmarked as better than the four-area average. West Sussex performed slightly better being benchmarked as better for one indicator and similar for the other. East Sussex was benchmarked as being similar to the four-area average for both of the indicators and Brighton & Hove was benchmarked as being similar to the average for one and worse than the average for the other.

Overview of Alcohol Indicators



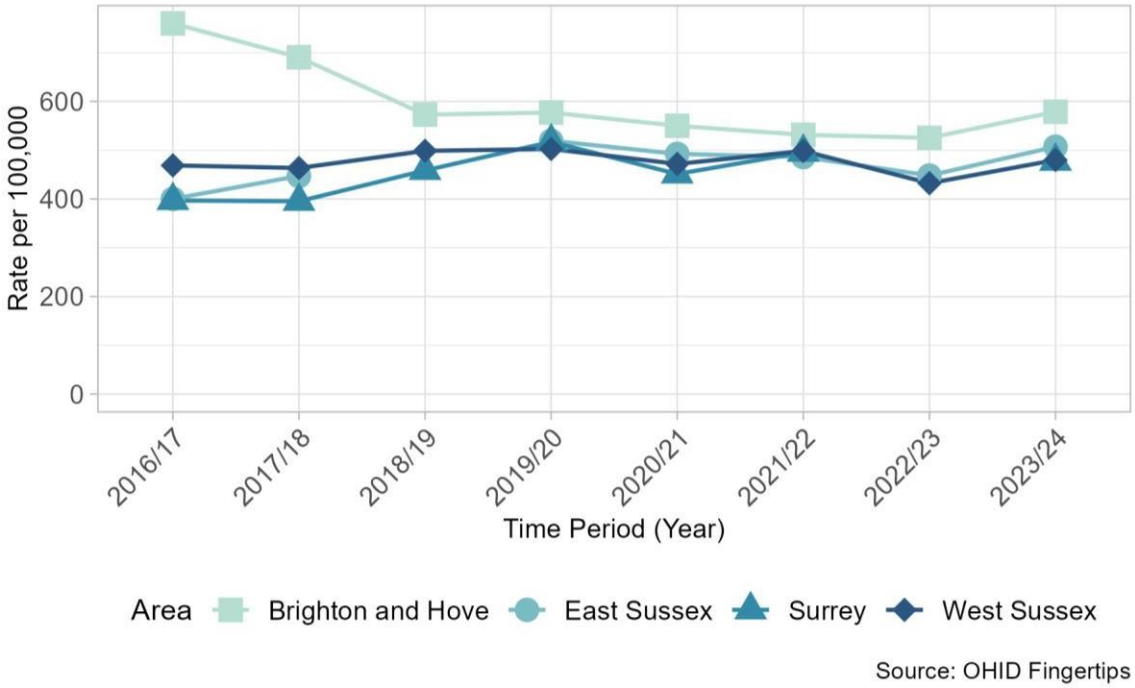
Source: OHID Fingertips

Benchmarked to the average across Surrey, East Sussex, West Sussex and Brighton & Hove; green = better; amber = similar; red = worse.

Admissions episodes for Alcohol-specific conditions have increased across Surrey, West Sussex and East Sussex over the last 8 years, whilst a large decrease in admissions per 100,000 population has been seen in Brighton & Hove. As of 2024/25 Brighton & Hove has the highest admission rate for alcohol specific conditions (579 per 100,000 population), followed by East Sussex (507 per 100,000 population), West Sussex (480 per 100,000 population) and Surrey (477 per 100,000 population).

Comparing the 2016/17 Financial year with 2023/24 Surrey, West Sussex and East Sussex saw statistically significant increases in admission episodes for alcohol specific conditions (80 per 100,000, 11 per 100,000 & 107 per 100,000 respectively). Brighton & Hove saw a statistically significant decrease in admissions over the same period (181 per 100,000).

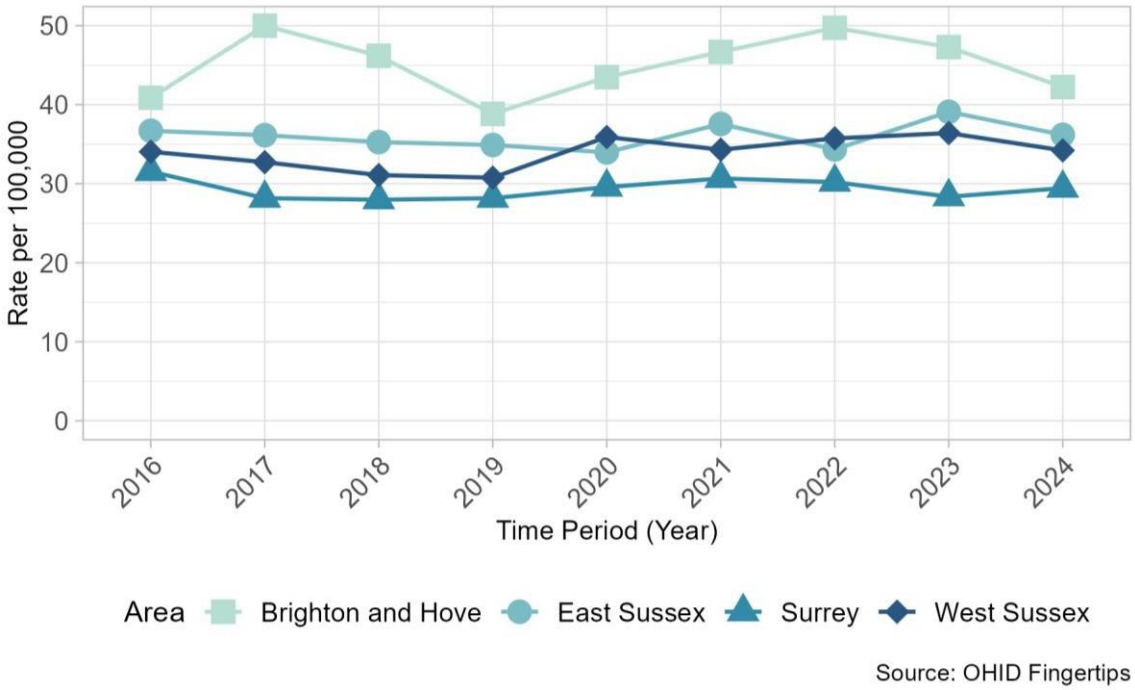
Admission Episodes for Alcohol-Specific Conditions



Source: OHID Fingertips

Alcohol-Related Mortality rates have stayed similar across all four areas over the past 8 years. As of 2024 Brighton & Hove has the highest rate of alcohol related mortality (42.2 per 100,000), followed by East Sussex (36.2 per 100,000), West Sussex (34.2 per 100,000) and Surrey (29.4 per 100,000)

Alcohol-Related Mortality Over Time



Source: OHID Fingertips

Cancer and Cardiovascular, Renal, and Metabolic (CVRM)

Cancer and CVRM: Key points

Preventable cancer deaths

There continues to be a reduction in preventable cancer deaths both nationally and local in Surrey and Sussex. At a lower tier local authority level, only Hastings has rates significantly above England.

Early cancer diagnosis

Trends have been improving nationally and locally since 2020 and Surrey has the highest rates of early cancer diagnoses, with Brighton & Hove having the lowest, although still similar to England overall.

Cancer screening

Whilst Breast and Bowel cancer screening are seeing improvements in uptake in recent years, the cervical cancer programme has experienced gradual declining trends.

There are areas across Surrey and Sussex that have significantly lower uptake rates compared to England and these are as follows:

Bowel cancer: Hastings, Brighton & Hove and Crawley

Breast cancer: Hastings, Crawley, Elmbridge, Runnymede, Spelthorne, Brighton & Hove, Eastbourne, Epsom & Ewell and Woking.

Cervical cancer (25-49 year olds): Brighton & Hove, Guildford and Woking

Cervical cancer (50-64 year olds): Hastings, Eastbourne, Elmbridge, Brighton & Hove, Arun, Worthing and Epsom & Ewell

Preventable CVD deaths

Following dramatic reductions in preventable CVD death rates to around 2010, there has been a period of stability since, with slight increases during the pandemic period.

All four upper tier areas of Surrey and Sussex have significantly better mortality rates compared to England, and at lower tier level no single area is significantly worse than England.

CVRM disease prevalence

Prevalence of CVRM conditions are generally lower than England in Brighton & Hove and Surrey, with rates similar or higher in East and West Sussex. This reflects the age profile of those areas as disease prevalence is age-related.

Treatment targets

The management of CVD risk factors remains a challenge across Surrey and Sussex with a mixed picture for controlled blood pressure, treatment with lipid lowering therapy for eligible patients and smoking cessation support offered.

Only Brighton & Hove are significantly better than England for receipt of an NHS Health Check for those eligible.

Performance looks good overall across both ICB areas for the management of diabetes, but unfortunately the numbers are too low in the National Diabetes Audit to provide data for lower geographies.

Preventable respiratory deaths

Preventable respiratory death rates reduced during the pandemic and have now returned to pre-pandemic levels. Rates are significantly better than England for Surrey and West Sussex, and similar to England for Brighton & Hove and East Sussex. At the lower tier geography only Hastings has significantly worse rates.

COPD, Asthma and Influenza & Pneumonia

Looking across a range of indicators relating to respiratory diseases the four upper tier areas of Surrey and Sussex are either better or similar to England for mortality from COPD and Asthma, whist Surrey has significantly worse mortality rates from influenza and pneumonia.

Prevalence of COPD and Asthma are lower than England in Brighton & Hove and Surrey and higher or similar in East and West Sussex.

Area specific links
Brighton and Hove
Cancer in Brighton & Hove
Chronic Respiratory Disease - signposting
Hypertension - signposting (2024)
East Sussex
JSNA resources: Cancer
JSNA resources: Circulatory disease
JSNA resources: Diabetes
JSNA resources: Respiratory disease
Surrey
JSNA Smoking, Vaping and Tobacco Control | Surrey-i
Please contact jsnafeedback@surreycc.gov.uk for updates on the JSNA chapter around physical activity currently in progress
West Sussex

Cancer

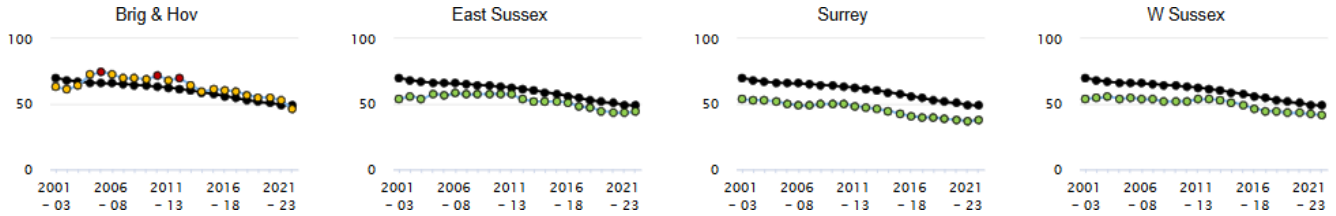
Preventable deaths

There continues to be a reduction in preventable cancer deaths both nationally and local in Surrey and Sussex. At a lower tier local authority level, only Hastings has rates significantly above England.

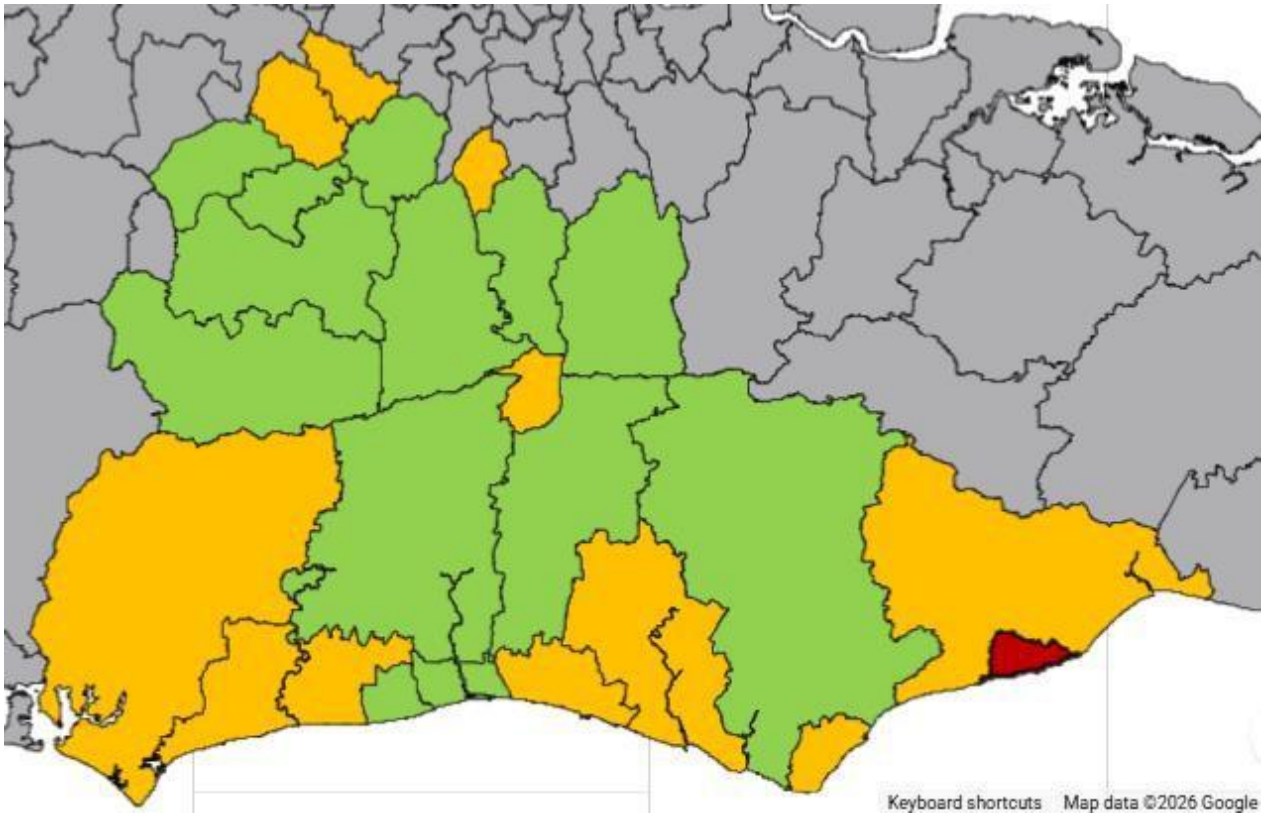
Directly age-standardised mortality rate from cancers considered preventable, per 100,000 population, in those aged under 75 years, 2022-24

Area	Recent Trend	Count	Value
England	–	71,743	48.6
Sussex and Surrey UTLAs from April 2023	–	-	-
Brighton and Hove	–	282	45.8
East Sussex	–	784	44.1
West Sussex	–	1,087	41.9
Surrey	–	1,169	37.6

Source: OHID, based on Office for National Statistics data



Map for lower tier local authority areas



Early diagnosis

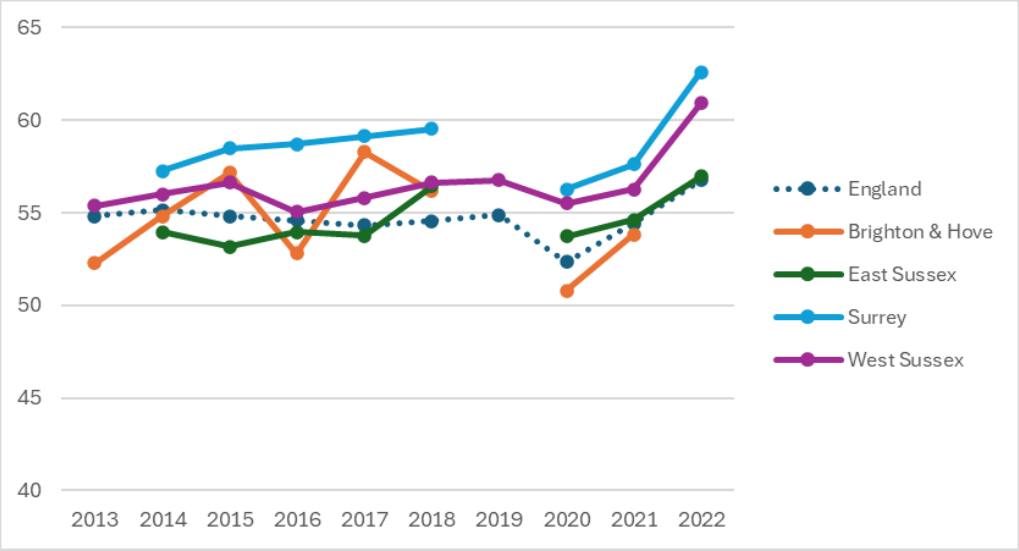
Stage at diagnosis is a measure of how much a cancer has grown and spread, with advanced stages meaning the cancer is bigger or has spread to other parts of the body (metastasis) and consequentially patient outcomes are worse for later stages.

The data can be used to provide information to a wide range of patient and professional groups; plan services aimed at early detection and diagnosis of cancer, and inform cancer research. Additionally, as there are often different treatment options at an advanced stage at diagnosis these data can inform understanding of cancer treatment services.

Data included is for cases of cancer diagnosed at stages 1 and 2 for the following cancer sites: invasive malignancies of lung, oesophagus, colon, rectum, pancreas, invasive melanomas of the skin, breast, uterus, ovary, prostate, testis, kidney, bladder, Hodgkin Lymphoma, larynx, oropharynx, oral cavity, and non Hodgkin lymphoma.

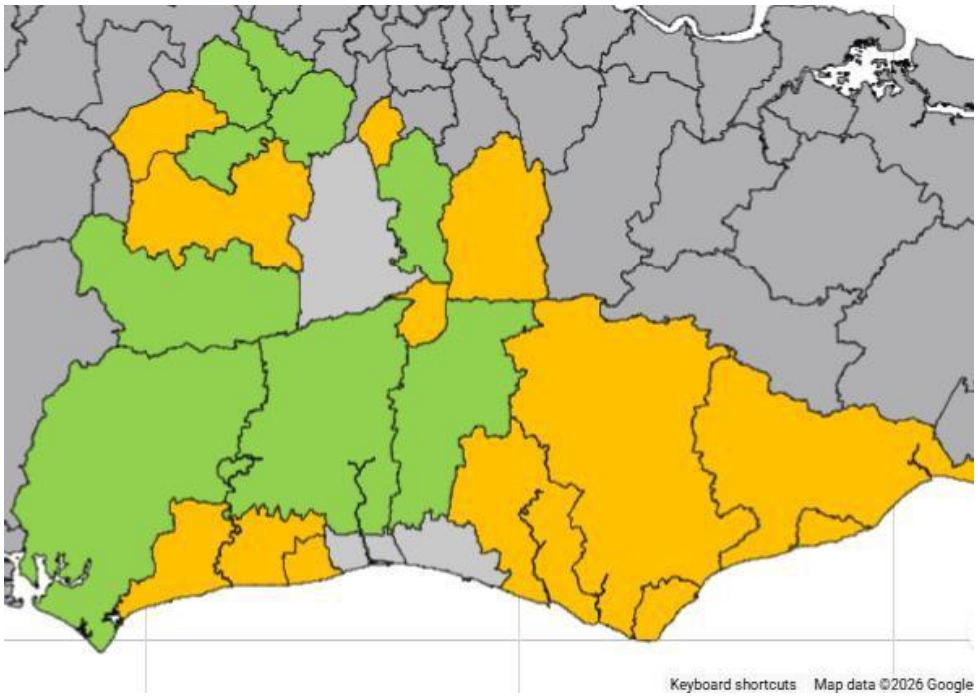
Trends have been improving nationally and locally since 2020 and Surrey has the highest rates of early cancer diagnoses, with Brighton & Hove having the lowest, although still similar to England overall.

New cases of cancer diagnosed at stages 1 and 2 as a percentage of all new cases of cancer diagnosed at any known stage. Scale does not start at zero



Source: Cancer diagnosis at stage 1 and 2 - ONS

Map for lower tier local authority areas



Source: Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care

Cancer screening

Cancer screening programmes support the early detection of cancers at more treatable stages.

Whilst Breast and Bowel cancer screening are seeing improvements in uptake in recent years, the cervical cancer programme has experienced gradual declining trends.

There are areas across Surrey and Sussex that have significantly lower uptake rates compared to England and these are as follows:

Bowel cancer: Hastings, Brighton & Hove and Crawley

Breast cancer: Hastings, Crawley, Elmbridge, Runnymede, Spelthorne, Brighton & Hove, Eastbourne, Epsom & Ewell and Woking.

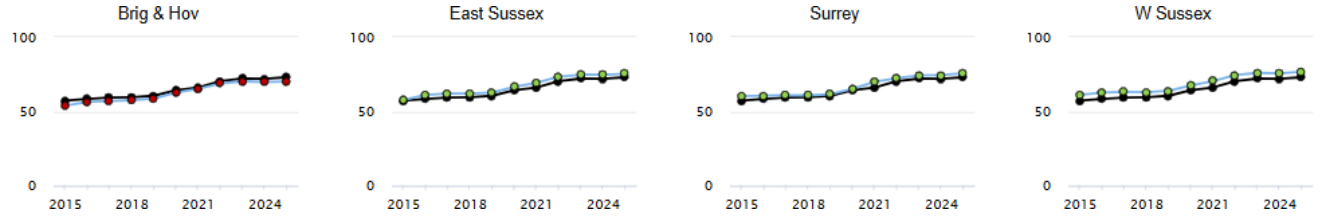
Cervical cancer (25-49 year olds): Brighton & Hove, Guildford and Woking

Cervical cancer (50-64 year olds): Hastings, Eastbourne, Elmbridge, Brighton & Hove, Arun, Worthing and Epsom & Ewell

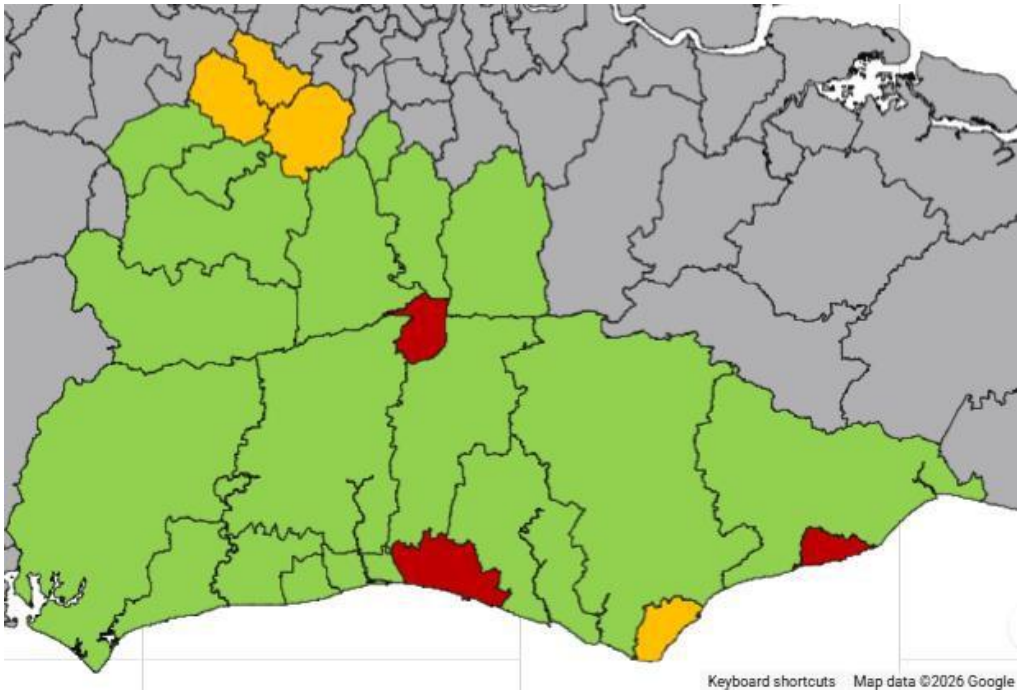
Bowel cancer screening: % of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months, as at March 2025

Area	Recent Trend	Count	Value
England	↑	6,996,159	72.9*
Sussex and Surrey UTLAs from April 2023	–	-	-
West Sussex	↑	127,411	76.6*
Surrey	↑	152,596	75.7*
East Sussex	↑	86,346	75.3*
Brighton and Hove	↑	28,783	70.0

Source: NHS England, Bowel Cancer Screening Programme



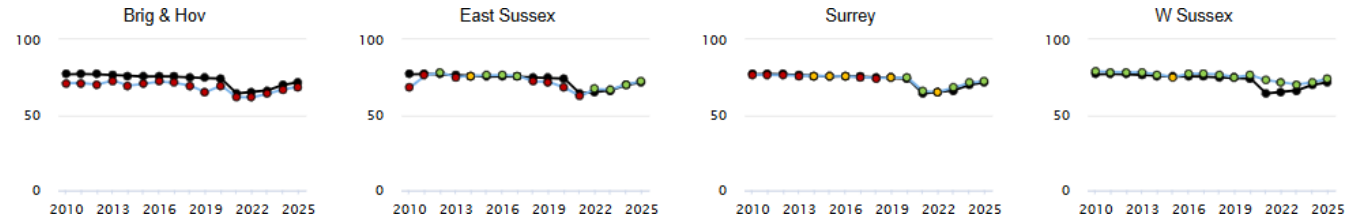
Map for lower tier local authority areas



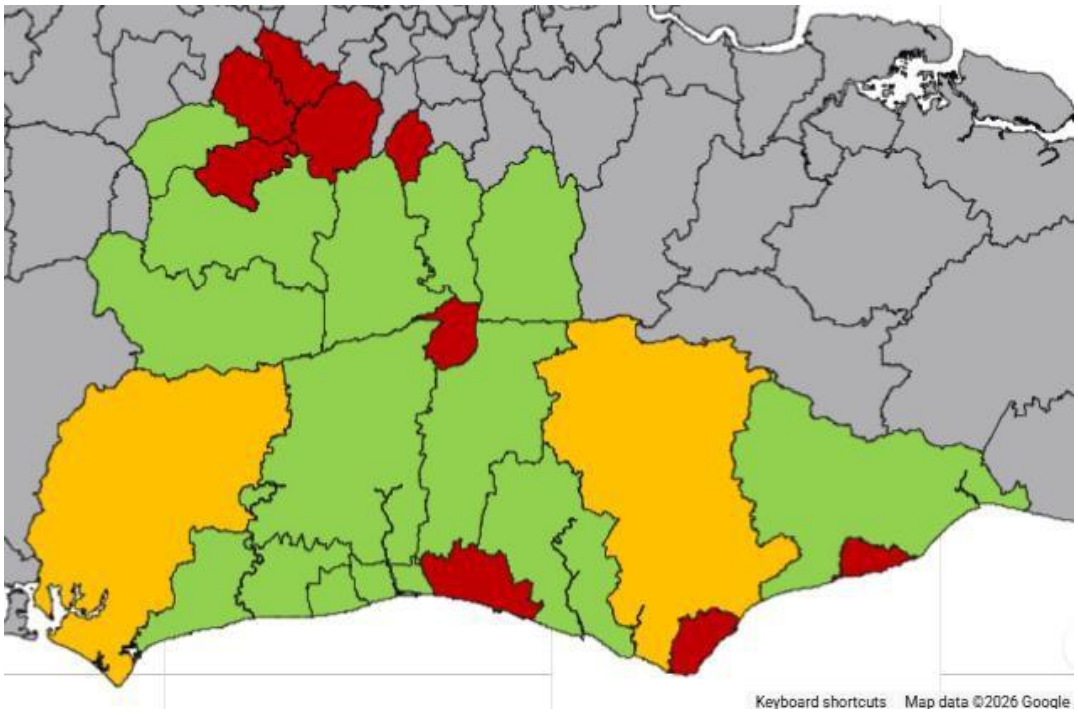
Breast cancer screening: % women eligible for screening who have had a test with a recorded result at least once in the previous 36 months, as at 31st March 2025

Area	Recent Trend	Count	Value
England	↑	4,794,633	71.7*
Sussex and Surrey UTLAs from April 2023	–	-	-
West Sussex	→	83,550	74.0*
Surrey	↑	104,530	72.4*
East Sussex	↑	54,670	72.2*
Brighton and Hove	↑	21,036	68.5

Source: NHS England, Breast Screening Programme



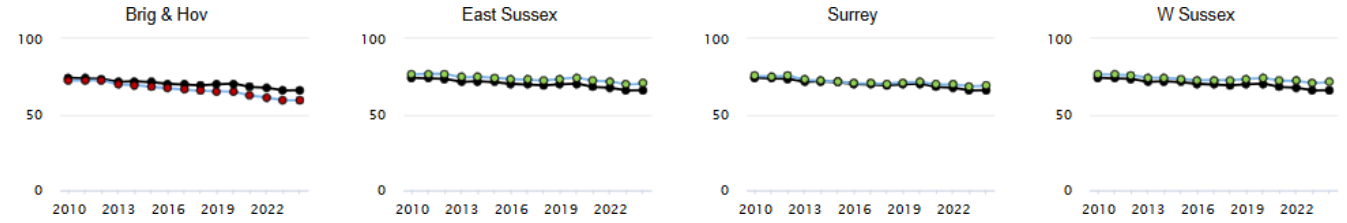
Map for lower tier local authority areas



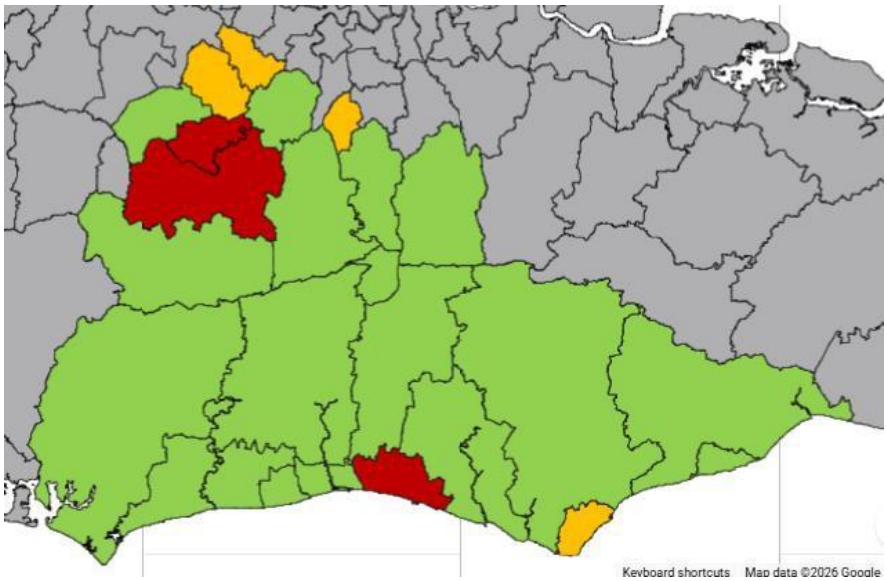
Cervical cancer screening: % of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years, as at 31st March 2025

Area	Recent Trend	Count	Value
England	↓	7,306,325	66.1*
Sussex and Surrey UTLAs from April 2023	–	-	-
West Sussex	↓	105,272	71.2*
East Sussex	↓	58,956	70.3*
Surrey	↓	155,638	69.0*
Brighton and Hove	↓	38,245	59.3

Source: NHS England, Cervical Screening Programme



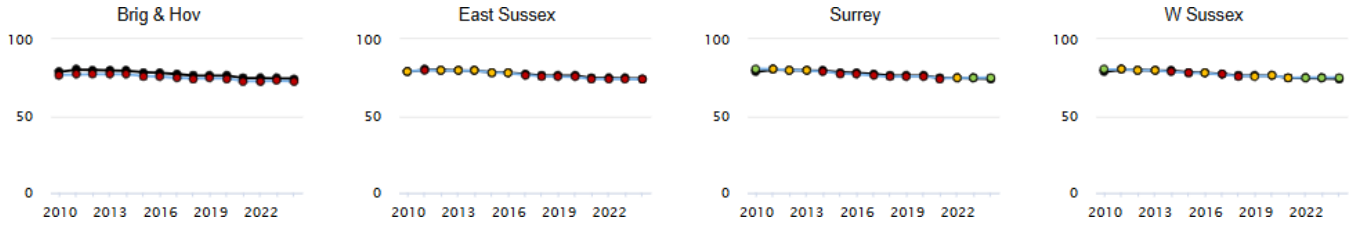
Map for lower tier local authority areas



Cervical cancer screening:, % of women in the resident population eligible for cervical screening aged 50 to 64 years at end of period reported who were screened adequately within the previous 5.5 years, as at 31st March 2025

Area	Recent Trend	Count	Value
England	↓	4,071,683	74.3*
Sussex and Surrey UTLAs from April 2023	–	-	-
West Sussex	→	66,969	75.0*
Surrey	→	93,007	74.9*
East Sussex	↓	43,631	73.8*
Brighton and Hove	→	20,389	72.6

Source: NHS England, Cervical Screening Programme



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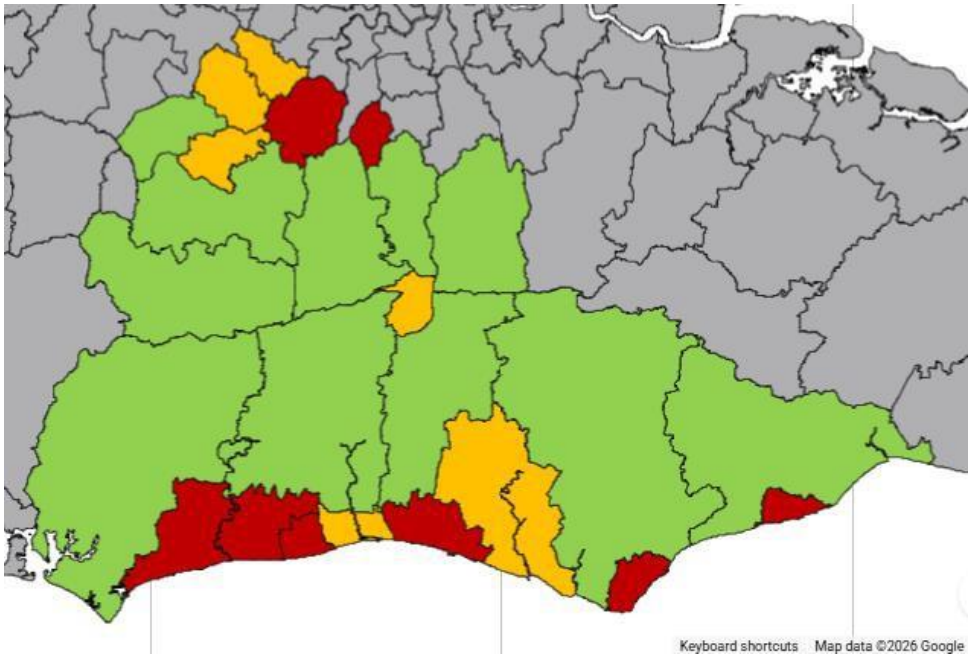


Cardiovascular disease (Cardiovascular, Renal, and Metabolic (CVRM))

Preventable deaths

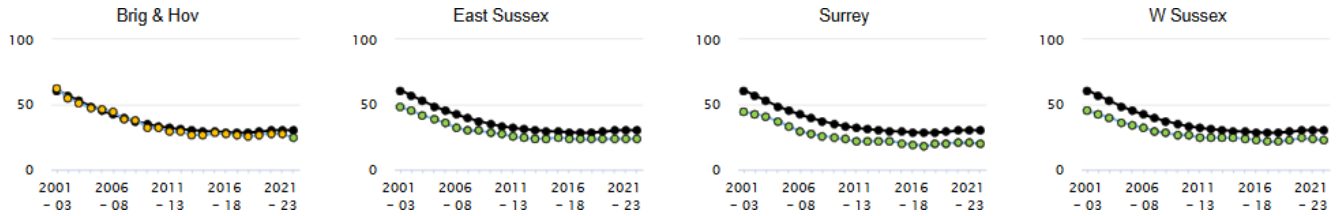
Following dramatic reductions in preventable death rates to around 2010, there has been a period of stability since, with slight increases during the pandemic period.

All four upper tier areas of Surrey and Sussex have significantly better mortality rates compared to England, and at lower tier level no single area is significantly worse than England.

Directly age-standardised mortality rate from cardiovascular disease considered preventable (including heart disease), per 100,000 population, in those aged under 75 years, 2022-24

Area	Recent Trend	Count	Value
England	–	44,716	30.2
Sussex and Surrey UTLAs from April 2023	–	-	-
Brighton and Hove	–	152	24.6
East Sussex	–	417	23.6
West Sussex	–	591	22.8
Surrey	–	629	20.2

Source: OHID, based on Office for National Statistics data



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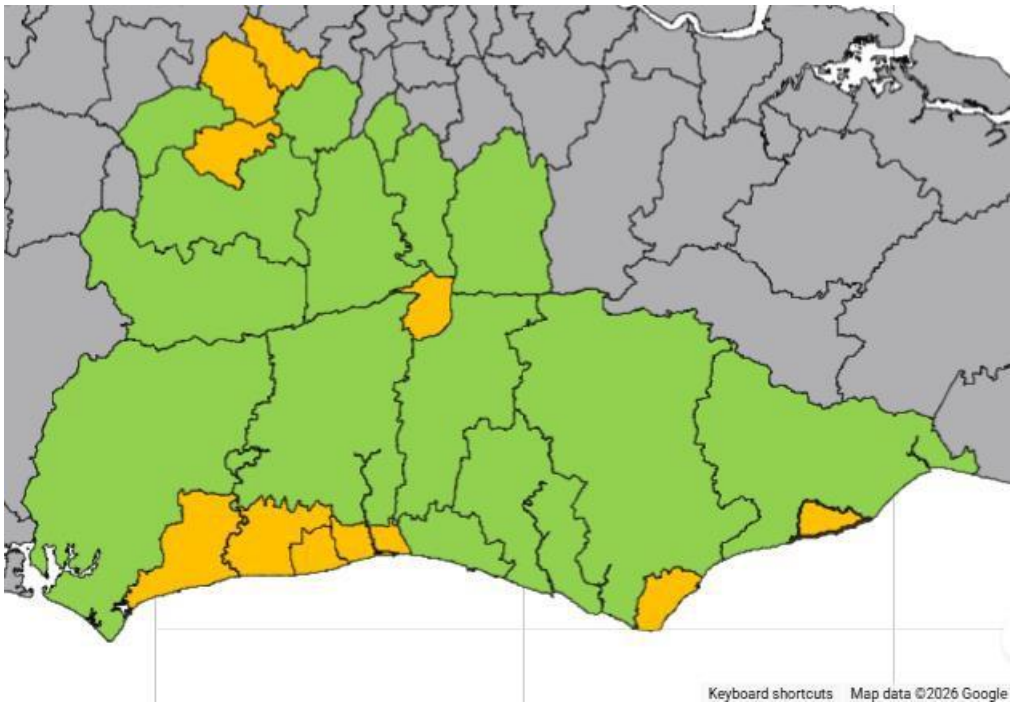


CVRM disease prevalence

Prevalence of CVRM conditions are generally lower than England in Brighton & Hove and Surrey, with rates similar or higher in East and West Sussex. This reflects the age profile of those areas as disease prevalence is age-related.

QOF registers, 2024/25

Indicator	Period	England	Sussex and Surrey UTLAs	Brighton and Hove	East Sussex	Surrey	West Sussex
Hypertension: QOF prevalence (Persons, All ages)	2024/25	15.2	15.5*	10.5	18.4	14.4	17.1
CHD: QOF prevalence (Persons, All ages)	2024/25	3.0	3.0*	2.1	3.6	2.7	3.5
Stroke: QOF prevalence (Persons, All ages)	2024/25	1.9	2.0*	1.4	2.6	1.8	2.2
Diabetes: QOF prevalence (Persons, 17+ yrs)	2024/25	7.9	6.9*	5.0	7.9	6.3	7.9
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (Persons, 18+ yrs)	2024/25	9.2	8.9*	6.8	8.9	8.3	10.6
CKD: QOF prevalence (Persons, 18+ yrs)	2024/25	4.6	5.0*	3.2	6.7	4.6	5.3

Lower 99.8% | Similar | Higher 99.8% | Quintiles: Low | High

Source: Your indicator lists

Treatment targets

The management of CVD risk factors remains a challenge across Surrey and Sussex with a mixed picture of controlled blood pressure, treatment with lipid lowering therapy for eligible patients and smoking cessation support offered.

Reducing CVD risks: Treatment targets by Sub-ICB area, 2024/25

Indicator	Period	England	Surrey & Sussex ICB Total	Surrey Heartlands (92A)	Brighton & Hove (09D)	West Sussex (70F)	East Sussex (97R)
Hypertension patients with a recent blood pressure reading	2025	90	-	89.5	88.6	91.1	89.4
Hypertension patients treated to appropriate threshold	2025	70.3	-	71.4	66.5	70.7	67.6
Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs)	2024/25	87.3	86.9	85.9	83.6	88.0	88.4
Last BP reading of patients (<80 yrs, with hypertension), in the last 12 months is <= 140/90 mmHg (denominator incl. PCAs)	2024/25	67.8	67.3	68.1	65.3	68.6	64.6
Last BP reading of patients (80+ yrs, with hypertension), in the last 12 months is <= 150/90 mmHg (denominator incl. PCAs)	2024/25	81.2	79.5	79.9	78.3	80.6	77.5
Patients with QRISK ≥ 20% treated with lipid lowering therapy	2025	63.6	-	59.4	58.7	61.4	58.1

Indicator	Period	England	Surrey & Sussex ICB Total	Surrey Heartlands (92A)	Brighton & Hove (09D)	West Sussex (70F)	East Sussex (97R)
Smoking status of patients with certain conditions recorded in the last 12 months (denominator incl. PCAs)	2024/25	93.9	-	93.3	92.4	94.5	92.8
Record of offer of support and treatment in the last 24 months for smokers aged 15+ yrs (denominator incl. PCAs)	2024/25	93.6	93.0	93.6	92.5	92.5	93.3

Better 99.8% | Similar | Worse 99.8% | Better 95% | Similar | Worse 95% | Lower 99.8% | Similar | Higher 99.8% | Not compared

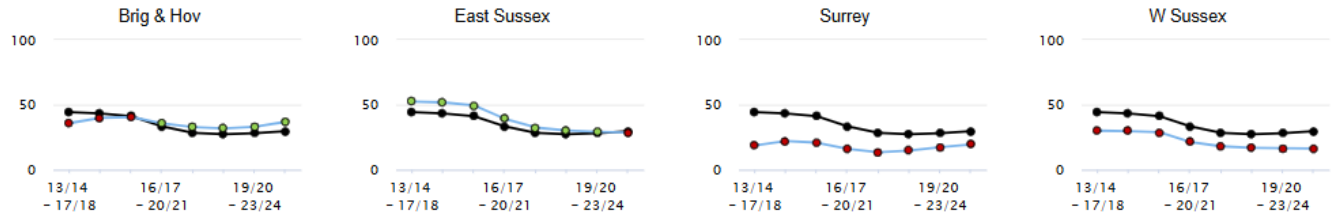
Source: Cardiovascular Disease - Data | Fingertips | Department of Health and Social Care

Only Brighton & Hove are significantly better than England for receipt of an NHS Health Check for those eligible.

NHS Health Checks: % of people aged 40 to 74 eligible for an NHS Health Check who received an NHS Health Check in the five year period, 2020/21 - 2024/25

Area	Recent Trend	Count	Value
England	–	4,736,485	29.6
Sussex and Surrey UTLAs from April 2023	–	-	-
Brighton and Hove	–	29,416	36.9
East Sussex	–	46,444	28.6
Surrey	–	70,399	19.4
West Sussex	–	43,067	16.3

Source: Office for Health Improvement and Disparities

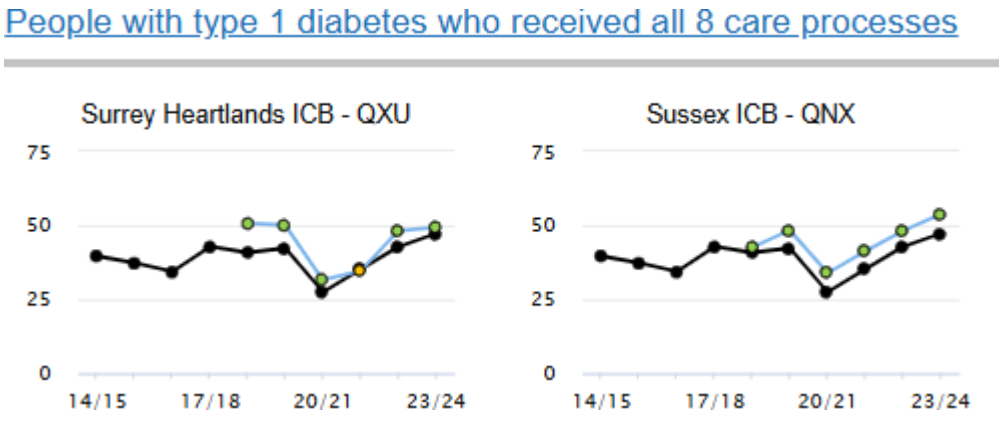


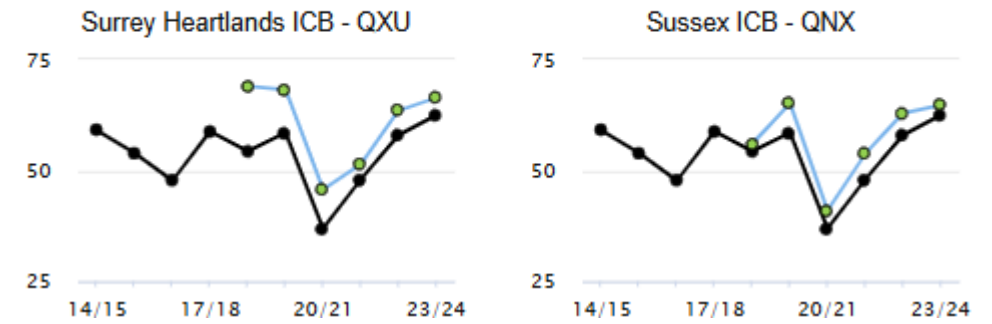
Diabetes care management

The National Institute for Health and Care Excellence (NICE) recommends 9 care processes for diabetes for people with diabetes on an annual basis. These are five risk factors for further complications causing deteriorating health including body mass index measure, blood pressure check, smoking status recorded, blood tests for glucose levels (HbA1c) and a measure of cholesterol. In addition, there are four tests to identify early signs of complications including urine albumin creatinine ratio (to assess kidney risk), serum creatinine measure (an indicator for renal function), foot nerve and circulation examination, and retinal screening. Effective control and monitoring of diabetes can reduce mortality and morbidity in this population.

Performance looks good overall across both ICB areas, but unfortunately the numbers are too low in the National Diabetes Audit to provide data for lower geographies.

% of people with type 2 or type 2 diabetes who have received 8 care processes (excluding a retinal screening check) as recorded by practices participating in the National Diabetes Audit (NDA) during the audit period, 2014/15 to 2023/24





Source: Cardiovascular Disease - Data | Fingertips | Department of Health and Social Care

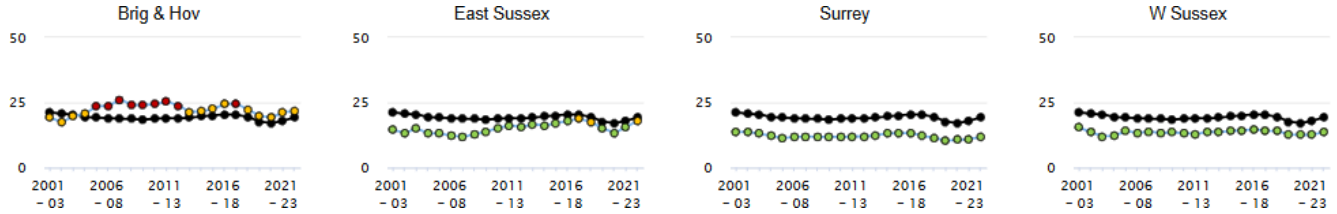
Respiratory disease

Preventable respiratory death rates reduced during the pandemic and have now returned to pre-pandemic levels. Rates are significantly better than England for Surrey and West Sussex, and similar to England for Brighton & Hove and East Sussex. At the lower tier geography only Hastings has significantly worse rates.

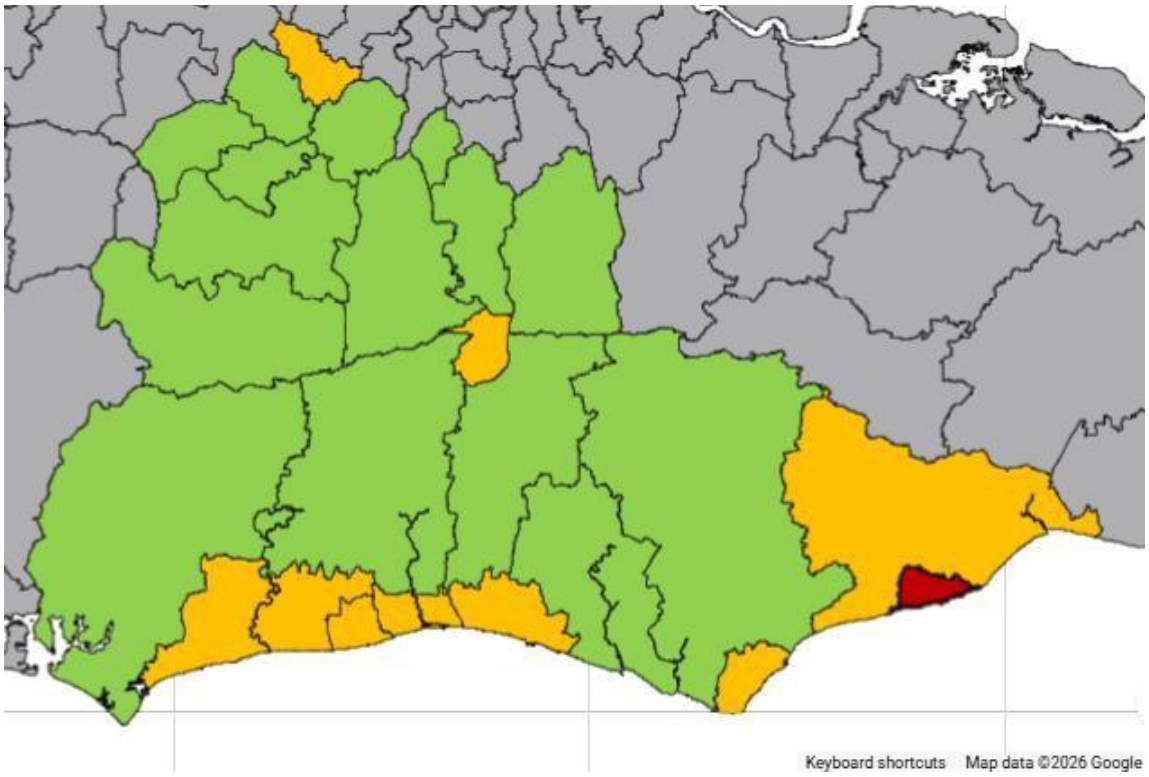
Directly age-standardised mortality rate from respiratory diseases considered preventable, per 100,000 population, in those aged under 75 years, 2022-24

Area	Recent Trend	Count	Value
England	–	28,353	19.3
Sussex and Surrey UTLAs from April 2023	–	-	-
Brighton and Hove	–	127	21.7
East Sussex	–	325	18.0
West Sussex	–	359	13.7
Surrey	–	360	11.7

Source: OHID, based on Office for National Statistics data



Map for lower tier local authority areas



COPD, Asthma and Influenza & Pneumonia

Looking across a range of indicators relating to respiratory diseases the four upper tier areas of Surrey and Sussex are either better or similar to England for mortality from COPD and Asthma, whist Surrey has significantly worse mortality rates from influenza and pneumonia.

Prevalence of COPD and Asthma are lower than England in Brighton & Hove and Surrey and higher or similar in East and West Sussex.

Indicator	Period	England	Sussex and Surrey UTLAs	Brighton and Hove	East Sussex	Surrey	West Sussex
Mortality rate from chronic obstructive pulmonary disease, all ages (Persons, All ages)	2022 - 24	45.5	-	49.4	40.0	30.5	34.2
COPD: QOF prevalence (Persons, All ages)	2024/25	1.9	1.7*	1.6	2.4	1.3	1.8
Mortality rate from asthma, all ages (Persons, All ages)	2022 - 24	2.07	-	2.72	2.50	1.18	1.63
Asthma: QOF prevalence (Persons, 6+ yrs)	2024/25	6.6	6.7*	6.2	7.2	6.0	7.4
Hospital admissions for asthma (under 19 years) (Persons, 0-18 yrs)	2023/24	148.6	-	168.8	169.0	110.5	100.7
Mortality rate from influenza and pneumonia, all ages (Persons, All ages)	2022 - 24	37.3	-	29.1	29.1	40.2	33.7
Mortality rate for deaths involving influenza and pneumonia, all ages (Persons, All ages)	2022 - 24	148.1	-	150.4	126.8	141.8	124.4

Better 99.8% | Better 95% | Similar | Worse 95% | Worse 99.8%

Lower 99.8% | Similar | Higher 99.8%

Respiratory disease - Data | Fingertips | Department of Health and Social Care

Mental health and wellbeing

Mental health and wellbeing: Key points

Mental health problems are common, affecting almost two thirds of us. Mental and physical health are fundamentally linked and mental health problems can shorten lives. Mental health problems are subject to stigmatisation and may be kept hidden. They affect, and are affected by, our relationships with family, friends and communities.

Mental ill health is distributed unequally across the country, especially in areas of high deprivation and coastal communities. Mental health problems are costly and are both a cause and a consequence of social inequalities.

Prevalence:

- Across Surrey and Sussex there were 15,800 school pupils with emotional and mental health needs as at March 2025, from 4-5% of pupils and highest in Brighton & Hove. In each area these rates are increasing
- For adults, between 24% and 27% of adults are estimated to have a high anxiety score compared to 23% for England
- There were 37,000 people newly diagnosed with depression in the year to end March 2024 across Surrey and Sussex - this incidence of depression (new diagnosis in the last year) ranges from 1.3% of adults in West Sussex to 1.8% of adults in East Sussex.

Premature mortality among adults with serious mental illness:

- People with a long-standing mental health problem are twice as likely to smoke. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease.
- People with SMI make more use of secondary urgent and emergency care, and experience higher premature mortality rates.
- Excess mortality among adults (aged 18-74) with Serious Mental Illness (SMI), remains a serious concern across both Surrey and Sussex.
- The national average stands at 3.8 times higher than in the general population but in East Sussex the rate of excess mortality reaches 5.1, with male SMI mortality at a concerning 5.7, which is the second worst rate nationally.
- Other areas are also significantly above the national average, with Surrey reporting 4.8, West Sussex 4.6 and Brighton and Hove 4.4 times higher.
- This is driven largely by deaths due to physical health conditions rather than mental illness itself, illustrating how mental health acts as a multiplier of physical ill health, inequality and premature death.
- This pattern is consistent across all four places, indicating a system-wide challenge that cuts across geography but is likely intensified in more deprived areas.

Self-harm:

- Across each Place in Sussex, rates of emergency hospital admissions for self-harm are significantly higher than England. They are highest in East Sussex (193 per 100,000 population), followed by Brighton & Hove (162) and West Sussex (127) compared with

117 per 100,000 across England. Rates in Surrey are lower than England at 94 per 100,000.

- As only the most serious cases are admitted to acute care and provide the only data, defining the true extent of self-harm is problematic. Based on national data, we can assume these emergency cases are just the 'tip of the iceberg'.
- In the 2024 adult health and wellbeing survey in Brighton & Hove almost one in ten adults (9%) said that they had self harmed in the last 12 months. Ranging from 28% of 18-24 year olds to less than 1% in those aged 65 years or over.
- People in the following groups are more likely to have self-harmed: Adults living in more deprived areas, aged 18-34, from Mixed/ multiple ethnic groups, Gypsy, Roma, and/ or Traveller adults, Trans, non-binary and intersex (TNBI) adults, LGBQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child/young person.
- Self-harm in children and young people is a significant public health concern and is covered in the best start in life section.

Suicide:

- Every death by suicide is a tragedy and a cause of profound distress to families, friends, and communities. The reasons why people take their lives are complex and are often linked to a variety of circumstances over an extended period of time.
- At Place level across Surrey and Sussex, Brighton & Hove has a very high rate of deaths from suicide. Overall rates have been statistically significantly higher than England for over two decades. Rates are much higher than East and West Sussex and Surrey.
- At lower tier local authority level, Hastings (18.2 per 100,000), Lewes (16.4) and Arun (14.4) also have significantly higher suicide rates than England.[82]

Mental health need at small area level:

Across Surrey and Sussex, there are clear concentrations of higher mental health need mostly concentrated across the coastal areas of Sussex.

Area specific links
Brighton and Hove
Mental health and wellbeing in Brighton & Hove JSNA report and summary
Suicide audit 2026 (to be published shortly)
Health Counts survey 2024
Safe and well at school survey
Integrated community team profiles
East Sussex
JSNA resources: Mental health
CYP Self Harm Needs Assessment June 2023
Surrey
Emotional and Mental Wellbeing in Surrey Adults | Surrey-i

Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027 | Surrey-i JSNA Loneliness and Social Isolation | Surrey-i
West Sussex
Public_Mental_Health_Needs_Assessment_2024_-_West_Sussex_JSNA_Website West_Sussex_self_harm_needs_analysis_2019.pdf

Introduction[83]

Mental health problems are common, affecting almost two thirds of us. Mental and physical health are fundamentally linked and mental health problems can shorten lives. Mental health problems are subject to stigmatisation and may be kept hidden. They affect, and are affected by, our relationships with family, friends and communities. They are costly and are both a cause and a consequence of social inequalities.

The risk of developing a diagnosable mental illness, and of having low levels of mental wellbeing, varies across people and communities and over time. It is strongly influenced by multiple factors past and present - by the environment in which we are born, grow, live, work and age, by our family relationships especially when we are a child, life experiences, trauma, and our genetics. Some factors increase the likelihood of having mental health problems (risk factors) and other reduce it (protective factors).

Evidence shows that the largest determinant of our health is our wider socio-economic circumstances such as income, wealth, education, employment and community cohesion. Mental ill health is distributed unequally across the country, especially in areas of high deprivation and coastal communities.[84]

Common risk and protective factors for mental wellbeing at individual and family/community level:

	Individual level	Family and community level
Risk factors	Adversity in early life Weak or difficult relationships with impact on attachment Adverse life events (ACEs) Healthy lifestyles Financial worries or debt Traumatic events Violence / abuse Natural disasters Serious illness or disability Bereavement	Poverty / deprivation Poor housing Homelessness Lack of employment Insecure or low paid employment Working conditions that create stress Crime and safety Poor quality neighbourhood environment Low social capital Social isolation
Protective factors	Includes factors that support or increase the development of individual level attributes such as: • Coping abilities, • Self-efficacy and resilience, and • The ability to learn and to develop social skills all of which may encourage healthy behaviours and mental health and wellbeing.	Protective family and community level factors include social support and protective influences organised in schools, neighbourhoods and workplaces. • Feeling part of a community • Access to green and open spaces • Shared public spaces • Sustainable local economy • Arts and creativity

Source: Office for Health Improvement and Disparities Mental health JSNA toolkit, prototype Mental Health tool and The Mental Health Wellbeing Impact Assessment Toolkit from Brighton & Hove Mental Health JSNA 2022

The factors are complex and often cluster. For example, a person who has financial insecurity is more likely to live in poorer quality housing, have difficulties in keeping their home warm and have worse access to green spaces. Factors can be inter-generational e.g. poor parental mental health is a key risk factor for their child's mental health. Risks accumulate over time, for example if a person experiences parental conflict as a child, and/or discrimination as a young adult, those factors may impact on mental health not only at the time, but also in later life.

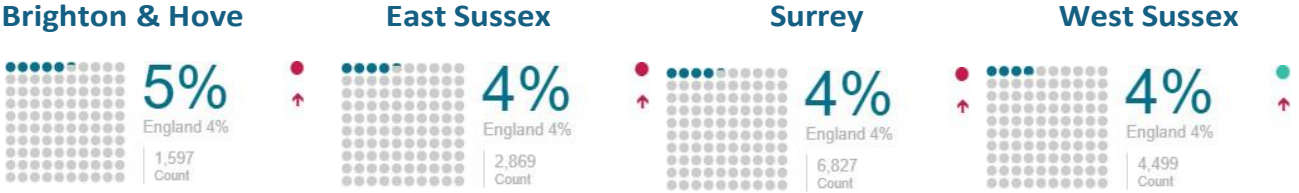
Higher risk groups and risk factors for children and young people's mental health and wellbeing:

Source: West Sussex Mental Health JSNA 2024

Prevalence

Across Surrey and Sussex there were 15,800 school pupils with emotional and mental health needs as at March 2025, from 4-5% of pupils and highest in Brighton & Hove. In each area these rates are increasing (Figure).

Proportion of school pupils with social, emotional and mental health needs, 2024/25:



Source: Office for Health Improvement and Disparities, Microsoft Power BI

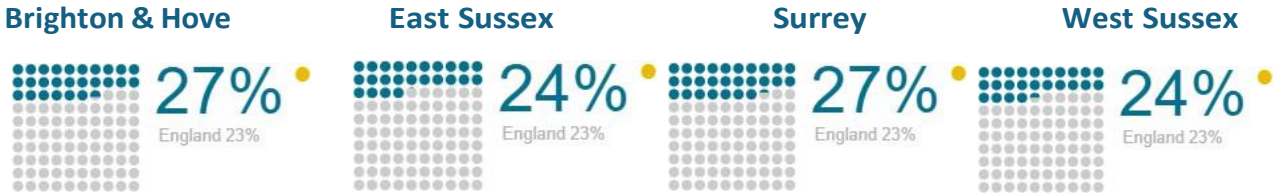
See best start in life section for more on children and young people's mental wellbeing.

For adults:

- Between 24% and 27% of adults are estimated to have a high anxiety score (Figure) compared to 23% for England

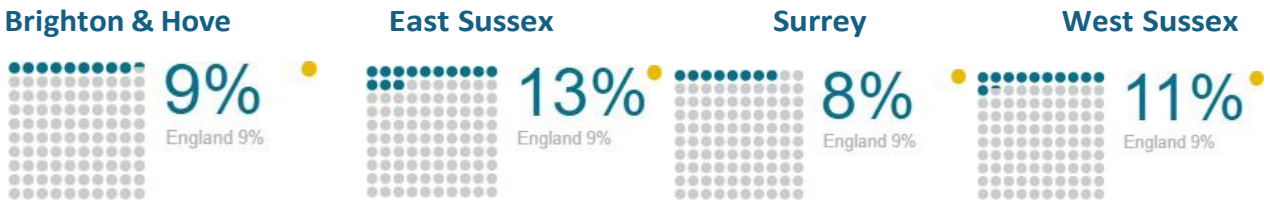
- Rates of low happiness scores are similar to England – ranging from 8-13% of adults (Figure). Though these figures are lower than in the Brighton & Hove Health Counts 2024 survey which suggests 24% of adults have a low happiness score
- There were 37,000 people newly diagnosed with depression in the year to end March 2024 across Surrey and Sussex (Figure) - this incidence of depression (new diagnosis in the last year) ranges from 1.3% of adults in West Sussex to 1.8% of adults in East Sussex (Figure).

High anxiety prevalence,16+ years, 2022/23:



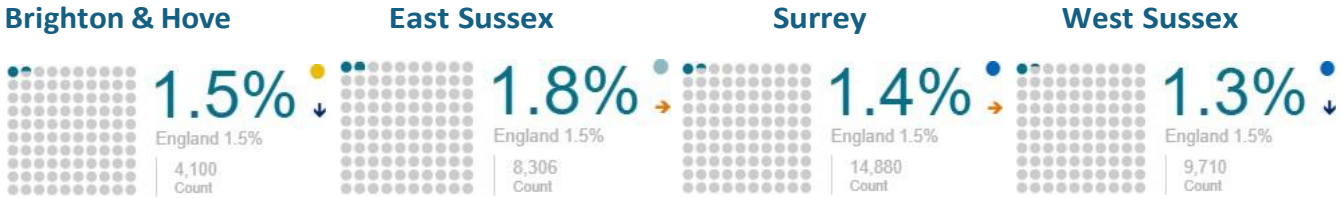
Source: Office for Health Improvement and Disparities, Microsoft Power BI

Low happiness prevalence,16+ years, 2022/23



Source: Office for Health Improvement and Disparities, Microsoft Power BI

Depression: QOF incidence – new diagnosis,18+ years, 2023/24:



Source: Office for Health Improvement and Disparities, Microsoft Power BI

Premature mortality among adults with serious mental illness

People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. People with SMI make more use of secondary urgent and emergency care, and experience higher premature mortality rates.[85]

Excess mortality among adults (aged 18-74) with Serious Mental Illness (SMI), remains a serious concern across both Surrey and Sussex.

The national average stands at 3.8 times higher than in the general population but in East Sussex the rate of excess mortality reaches 5.1, with male SMI mortality at a concerning 5.7, which is the second worst rate nationally. Other areas are also significantly above the national average, with Surrey reporting 4.8, West Sussex 4.6 and Brighton and Hove 4.4 times higher.[86]

This is driven largely by deaths due to physical health conditions rather than mental illness itself, illustrating how mental health acts as a multiplier of physical ill health, inequality and premature death.

This pattern is consistent across all four places, indicating a system-wide challenge that cuts across geography but is likely intensified in more deprived areas.

Self-harm

Across each Place in Sussex, rates of emergency hospital admissions for self-harm are significantly higher than England. They are highest in East Sussex (193 per 100,000 population), followed by Brighton & Hove (162) and West Sussex (127) compared with 117 per 100,000 across England. Rates in Surrey are lower than England at 94 per 100,000.

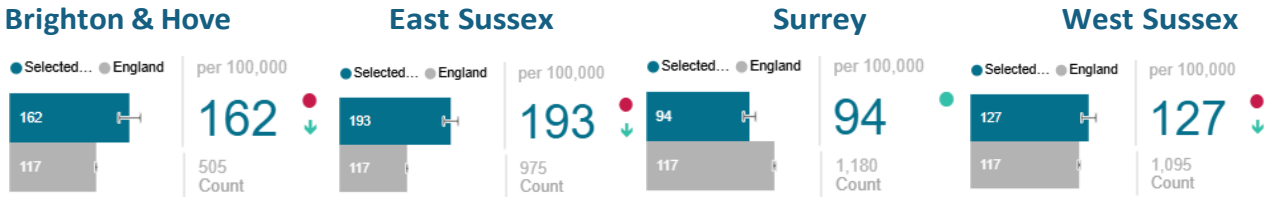
Self-harm in children and young people is a significant public health concern. Those who self-harm are at greater risk of poor outcomes such as enduring mental health problems, poor educational attainment, unemployment and suicide. See best start in life section for more on children and young people's mental wellbeing.

As only the most serious cases are admitted to acute care and provide the only data, defining the true extent of self-harm is problematic. Based on national data, we can assume these emergency cases are just the 'tip of the iceberg'.

In the 2024 adult health and wellbeing survey in Brighton & Hove almost one in ten adults (9%) said that they had self harmed in the last 12 months. Ranging from 28% of 18-24 year olds to less than 1% in those aged 65 years or over.[87]

People in the following groups are more likely to have self-harmed: Adults living in more deprived areas, aged 18-34, from Mixed/ multiple ethnic groups, Gypsy, Roma, and/ or Traveller adults, Trans, non-binary and intersex (TNBI) adults, LGBQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child/young person.

Emergency hospital admissions for self-harm, per 100,000, 2023/24:



Source: Office for Health Improvement and Disparities, Microsoft Power BI

Suicide

Every death by suicide is a tragedy and a cause of profound distress to families, friends, and communities. The reasons why people take their lives are complex and are often linked to a variety of circumstances over an extended period of time.

Reducing deaths by suicide is a national, regional and local priority. Preventing suicide is everyone's business, and effective suicide prevention requires a partnership approach with health, social care, voluntary sector, education, communities, business and wider partners working in a coordinated way to reduce risk and to support those affected.

The following groups have increased risk[88]:

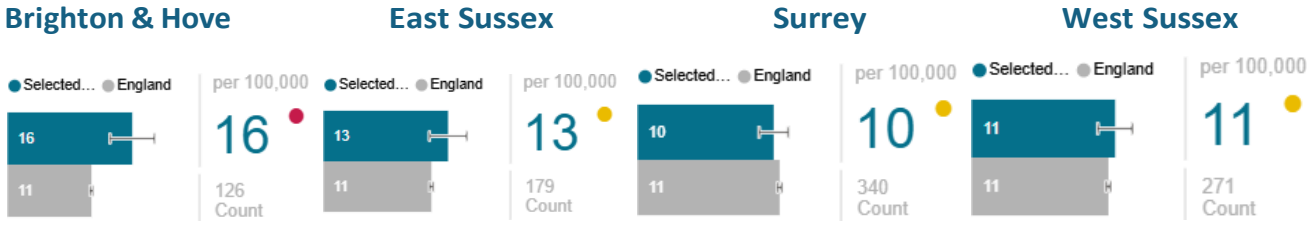
- Some black and racially minoritised communities, LBGQ+ people, TNBI people, those with experience of care, neurodivergent people and those living in deprived areas.

- People with multiple compound needs (MCN) refers to those who experience three or more of the following: homelessness, harmful or problematic drug and/or alcohol use, offending, domestic violence and mental health difficulties. All of these experiences are associated with an increased risk of suicide and people with several of these experiences have a very much higher risk.
- Issues like unemployment, debt, relationship breakdown, and physical ill health are all factors that increase risk of death by suicide.

In the three years 2022 to 2024, there were 916 people who died by suicide across Surrey and Sussex.

At Place level across Surrey and Sussex, Brighton & Hove has a very high rate of deaths from suicide. Overall rates have been statistically significantly higher than England for over two decades. Rates are much higher than East and West Sussex and Surrey (Figure).

Suicide rate, directly age standardised per 100,000, by Place, 2022-2024:

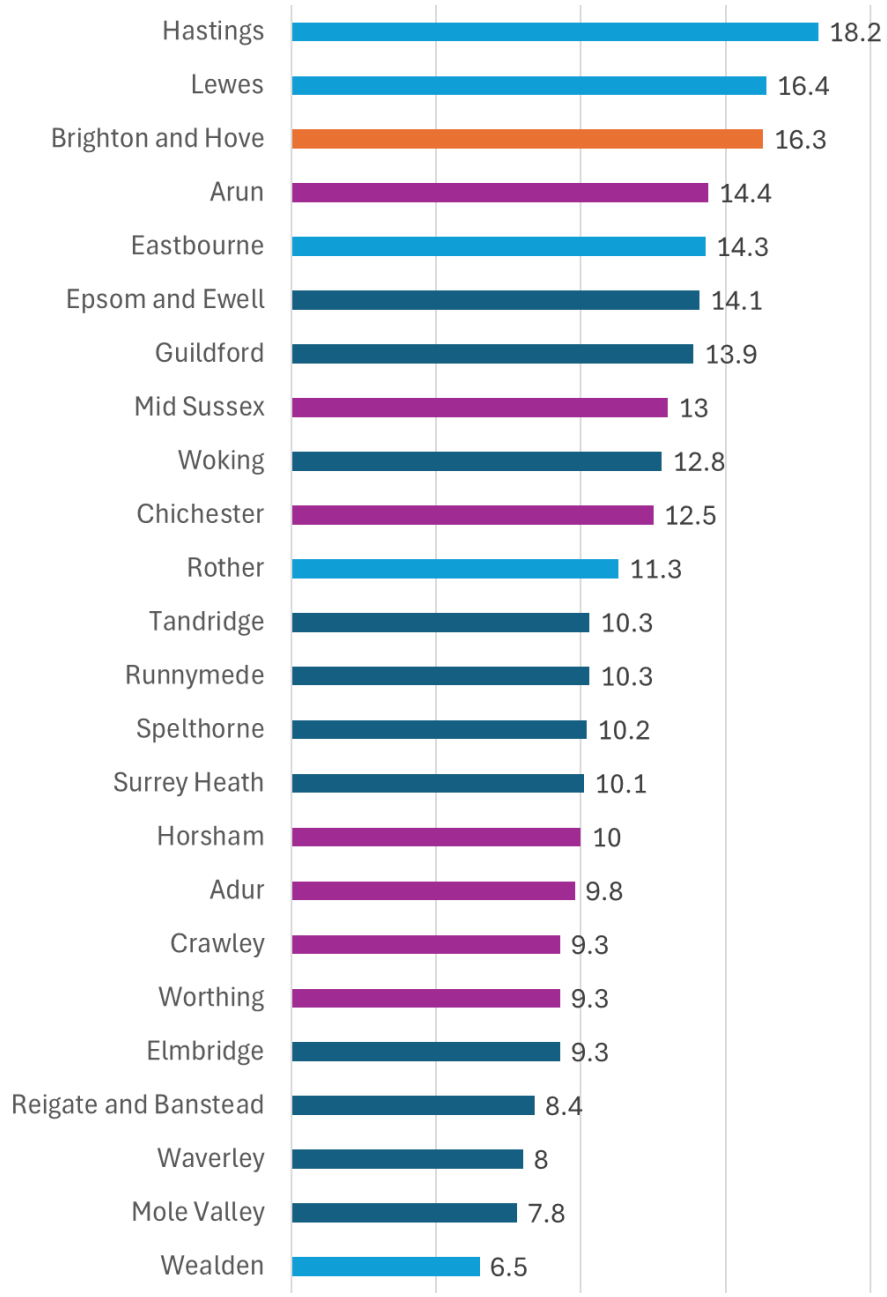


Source: Office for Health Improvement and Disparities, Microsoft Power BI

The city has the 10th highest age standardised mortality rate of suicide deaths of the 152 upper tier local authorities in England (16.3 deaths per 100,000 people, compared to 10.9 in England). It has the 28th highest for males (21.9 deaths per 100,000, compared to 16.8 in England) and 2nd highest for females (11.0 per 100,000 compared to 5.5 for England).[89] Whilst there are more deaths in males than females in the city, females make up a higher proportion of suicide deaths than for England – 36% of deaths in Brighton & Hove compared to 26% for England in 2022-2024.

At lower tier local authority level, Hastings (18.2 per 100,000), Lewes (16.4) and Arun (14.4) also have significantly higher suicide rates than England (Figure).[90]

Suicide rate, directly age standardised per 100,000, by lower tier local authority in Surrey and Sussex, 2022-2024:



Source: Office for Health Improvement and Disparities Fingertips | Department of Health and Social Care

The 2025 National Confidential Inquiry into Suicide and Safety in Mental Health identified high proportions of those with alcohol (47%) and drug (38%) misuse among those who died from suicide in the UK. Over half (55%) had a comorbid (i.e. additional) mental health diagnosis. See the section on multiple compound needs for more.

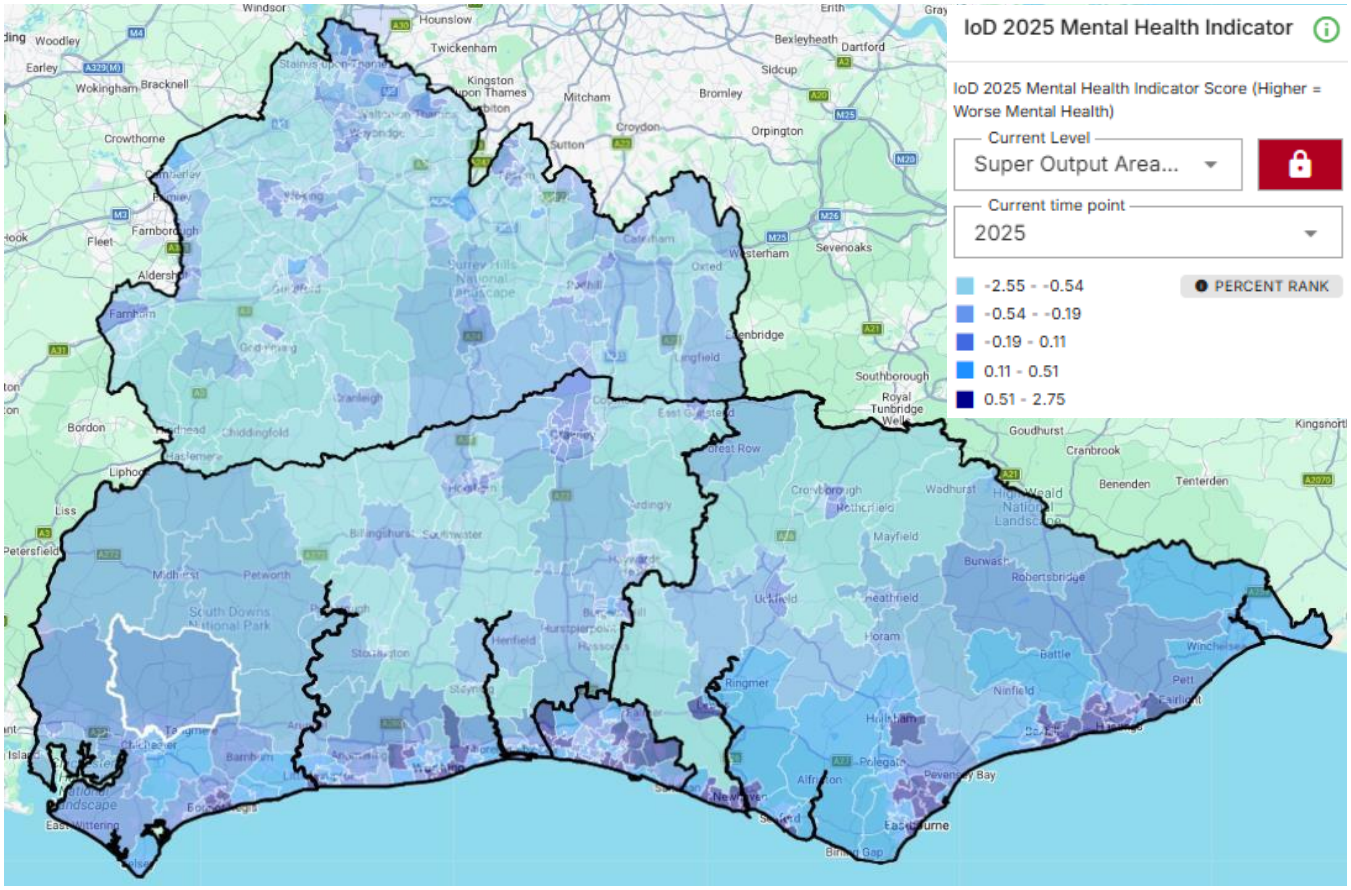
Mental health need at small area level within Surrey and Sussex

The Indices of Deprivation (IoD) 2025 has a mental health indicator at small area level, which is a broad measure of levels of mental ill health in the local population.

The indicator is a modelled estimate based on four underlying components: suicide mortality data, hospital admissions, prescribing data; and health benefits data. Although none of these sources on their own provide a comprehensive measure of mental health conditions, used in combination they represent a large proportion of all those suffering mental ill health. The mental health indicator is not age and sex standardised. Although there are particular ages when a person is at higher risk of suffering from these mental health disorders, and females are at a greater risk than males, the distribution of mental health does not follow a clear distribution over the lifespan, so age and sex have not been controlled for.

Across Surrey and Sussex, there are clear concentrations of higher mental health need mostly concentrated across the coastal areas of Sussex (Figure).

Indices of Deprivation (IoD) 2025 Mental Health Indicator Score (Higher = Worse Mental Health), Middle Super Output Area in Surrey and Sussex, 2025



Source: IoD 2025 Mental Health Indicator Score from Brighton & Hove Local Insight https://brighton-hove.localinsight.org/#/map?savedmap=3678

Vaccinations and sexual and reproductive health

Vaccinations and sexual and reproductive health: Key points

- Vaccination coverage is highest in Surrey and West Sussex, while Brighton & Hove consistently records the lowest uptake across all major vaccination indicators
- All four areas remain below the WHO 95% target for MMR coverage, despite improvement being seen across Surrey and West Sussex
- Flu vaccination uptake amongst adults aged 65+ has increased across all areas, with a notable increase during the COVID-19 pandemic.
- Syphilis diagnosis rates are significantly higher in Brighton & Hove compared to Surrey, East Sussex and West Sussex.
- HIV late diagnosis rates have increased in all four areas, with a statistically significant increase being seen in Brighton & Hove.
- Under-18 conception rates have declined significantly across all four areas, Surrey currently has the lowest rate whilst East Sussex has the highest rate.

Area specific links
Brighton and Hove
JSNA Health and Wellbeing in Brighton & Hove Executive Summary
Health Counts survey 2024
Safe and well at school survey
Sexual health JSNA summary 2021 by Brighton and Hove City Council - Infogram
HIV JSNA summary 2021 by Brighton and Hove City Council - Infogram
Integrated community team profiles
East Sussex
East Sussex Rapid Sexual Health Needs Assessment 2025
Surrey
Screening | Surrey-i
Sexual Health JSNA | Surrey-i
JSNA Tuberculosis | Surrey-i
West Sussex
Sexual Health Needs Assessment 2025
West Sussex Health Protection Dashboard

Vaccinations

Vaccinations are seen by the World Health Organisation (WHO) as one of the two public health interventions that have had the greatest impact on global health. Their primary purpose is to

induce immunity against the targeted infection and reduce the probability that transmission within the wider population occurs.

Across the United Kingdom (UK), a range of vaccination programmes are in place, each designed to target specific demographic groups and prevent infectious disease. The below section summarises performance across five key vaccination indicators for Surrey, West Sussex, East Sussex and Brighton & Hove.

Overall, Surrey and West Sussex have consistently higher vaccination coverage, than the combined four-area average for all 5 vaccination indicators. East Sussex shows slightly lower uptake, being benchmarked as either lower or similar to average for all indicators apart from 65+ Flu vaccination coverage, where it performs better than the average. Brighton and Hove has the lowest coverage amongst the four areas, with all 5 indicators benchmarked as either similar or lower than average.

https://www.gov.uk/government/publications/immunity-and-how-vaccines-work-the-green-book-chapter-1

https://www.gov.uk/government/collections/immunisation

Overview of Vaccination Indicators

	Brighton and Hove	East Sussex	Surrey	West Sussex
Population vaccination coverage: DTaP and IPV booster (5 years) (2024/25)	81.3	84.8	84.8	86
Population vaccination coverage: Dtap IPV Hib HepB (1 year old) (2024/25)	93	92.3	93.9	93.8
Population vaccination coverage: Flu (aged 65 and over) (2024/25)	71	75.9	76.6	79.1
Population vaccination coverage: MMR for one dose (2 years old) (2024/25)	90	90	91.7	92.1
Population vaccination coverage: MMR for two doses (5 years old) (2024/25)	84.3	85.9	87	87.8

Source: OHID Fingertips

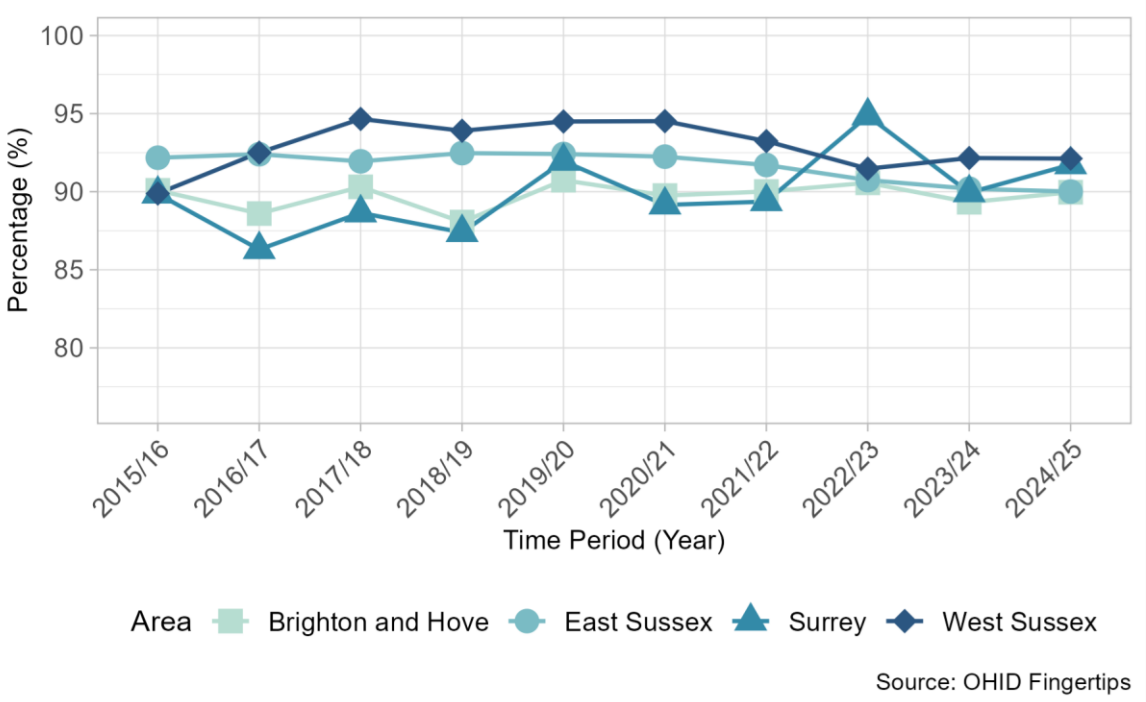
Benchmarked to the average across Surrey, East Sussex, West Sussex and Brighton & Hove; green = better; amber = similar; red = worse.

Measles Mumps Rubella (MMR) first dose vaccination coverage at 2 years old has stayed relatively similar across the four areas over the last 10 years. As of 2024/25, West Sussex has the highest coverage (92.1%), followed by Surrey (91.7%), East Sussex (90.0%) and Brighton & Hove (89.9%). All areas MMR vaccination uptake is below the WHO target of 95%.

Comparing the 2015/16 Financial year with 2024/25 both Surrey and West Sussex have seen statistically significant increases in uptake (1.9% & 2.3% respectively), Brighton & Hove shows no statistically meaningful change over the period and East Sussex showed a statistically significant decrease -2.2%.

https://www.who.int/news/item/23-11-2022-nearly-40-million-children-are-dangerously-susceptible-to-growing-measles-threat

Trends in Population Vaccination Coverage of MMR (for one dose, 2 years old)

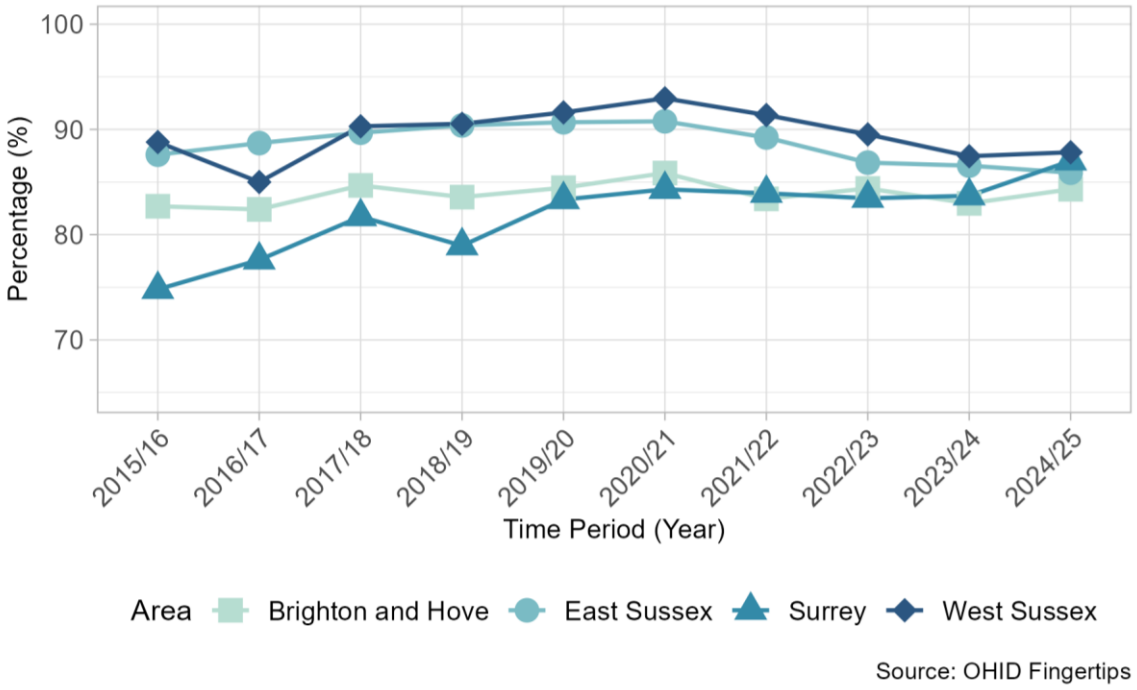


Source: OHID Fingertips

Measles Mumps Rubella (MMR) second dose vaccination coverage at 5 years old has shown a large increase within Surrey and stayed relatively similar across the three remaining areas over the last 10 years. As of 2024/25 West Sussex has the highest coverage (87.8%), followed by Surrey (87.0%), East Sussex (85.9%) and Brighton & Hove (84.3%). All areas MMR vaccination uptake is below the WHO target of 95%.

Comparing the 2015/16 Financial year with 2024/25 Surrey has seen a statistically significant increase in uptake (+12.2%), both West Sussex and East Sussex saw statistically significant decreases (-1.0% & -1.7% respectively) whilst Brighton & Hove saw no statistically significant change.

Trends in Population Vaccination Coverage of MMR (for two doses, 5 years old)

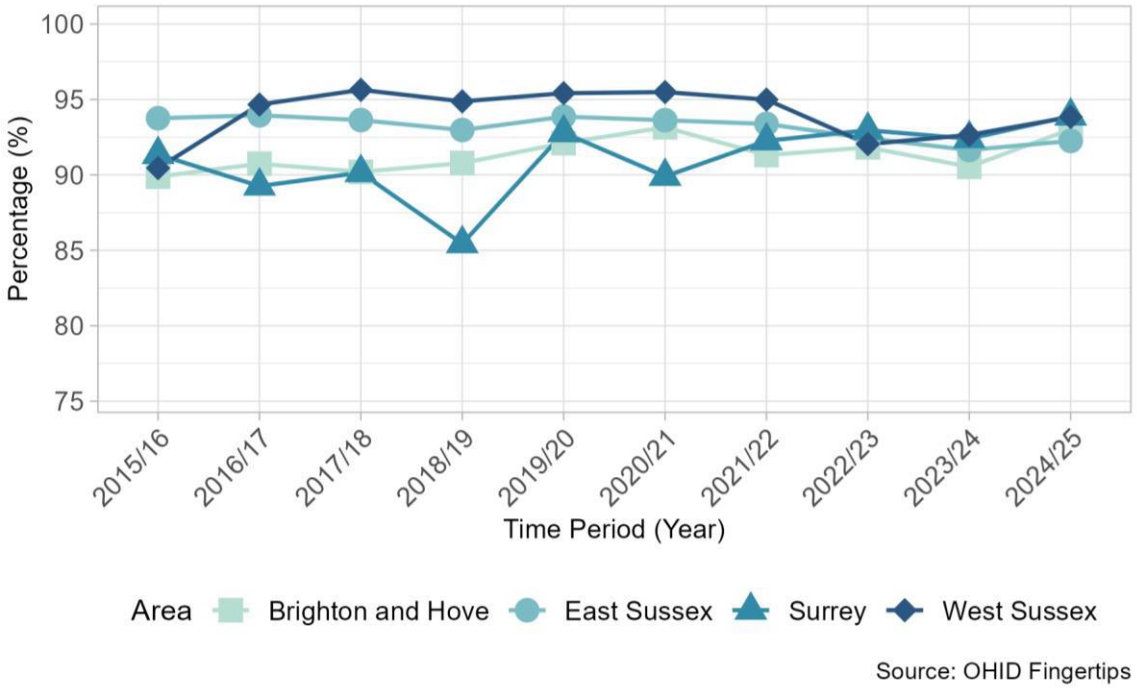


Source: OHID Fingertips

The combined DTAP/IPV/Hib/HepB vaccination coverage at 1 years old has shown varying trends over the last 10 years. As of 2024/25 Surrey has the highest coverage (93.9%), followed by West Sussex (93.8%), Brighton & Hove (93.0%) and East Sussex (92.3%).

Comparing the 2015/16 Financial year with 2024/25 Surrey, West Sussex and East Sussex have seen statistically significant increases in uptake (+2.5%, +3.4% & 3.1% respectively), whilst Brighton & Hove has seen a statistically significant decrease in vaccination uptake (-3.1%).

Trends in Population Vaccination Coverage of Dtap IPV Hib HepB (1 year old)



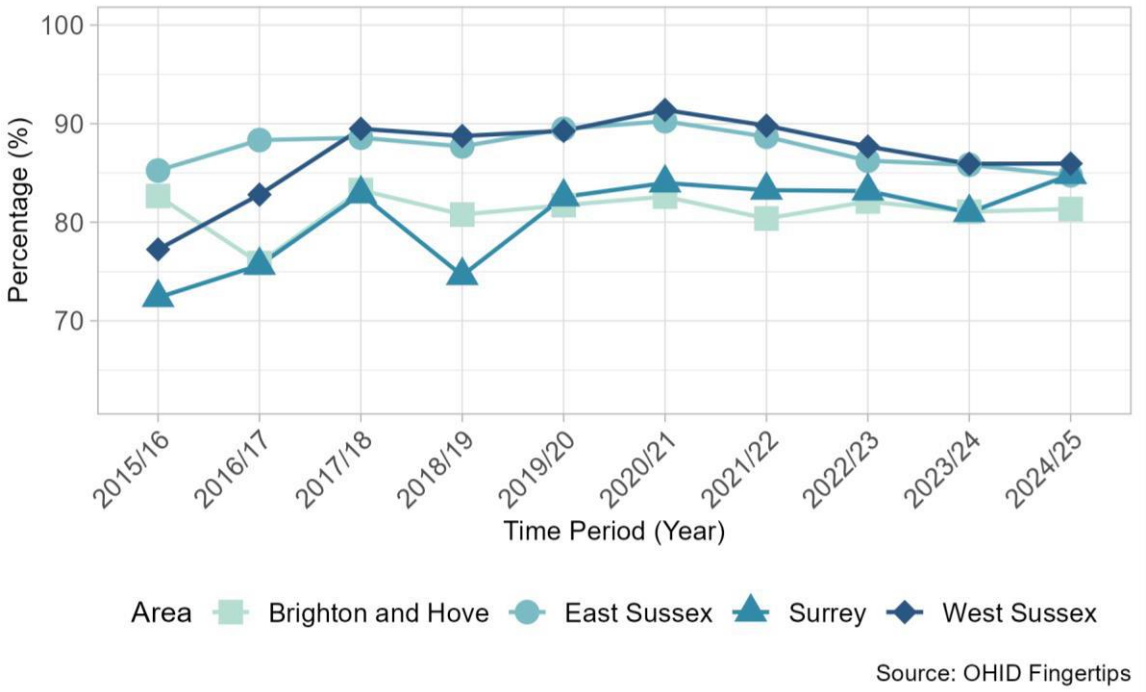
Source: OHID Fingertips

The combined Dtap/IPV booster coverage at 5 years old has shown a large increase within Surrey & West Sussex whilst it stayed relatively similar across the 2 remaining areas over the last 10

years. As of 2024/25 West Sussex has the highest coverage (86.0%), followed by Surrey (84.8%), East Sussex (84.8%) and Brighton & Hove (81.3%).

Comparing the 2015/16 Financial year with 2024/25 Surrey and West Sussex have seen statistically significant increases in uptake (+12.5% & +8.7% respectively), both Brighton & Hove and East Sussex saw no statistically significant change over the period.

Trends in Population Vaccination Coverage of Dtap and IPV Booster (5 years old)

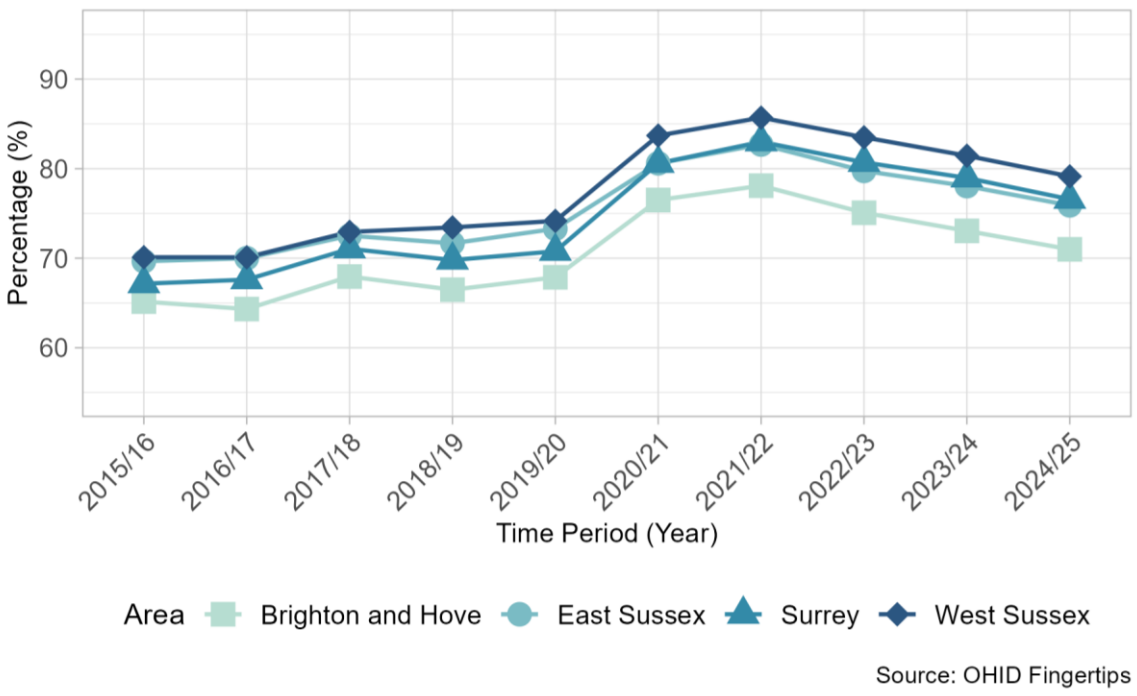


Flu vaccination coverage in persons over 65 year olds has shown large increases across all four areas over the last 10 years. As of 2024/25 West Sussex has the highest coverage (79.1%), followed by Surrey (76.6%), East Sussex (75.9%) and Brighton & Hove (71%).

Comparing the 2015/16 Financial year with 2024/25 all four areas saw statistically significant increases in coverage. Surrey saw the largest increase (+9.4%) followed by West Sussex (+9.0), East Sussex (+6.2%) and Brighton & Hove (+5.8%).

All four areas saw statistically significant increases comparing the 2019/20 and 2020/21 Financial years, coinciding with the COVID-19 Pandemic.

Trends in Population Vaccination Coverage of Flu (65+ years old)



Source: OHID Fingertips

Sexual and reproductive health

Sexual and reproductive health is an important public health issue and equitable access to services is essential to improve the health and wellbeing of residents. Sexual health is described as a state of emotional, mental and social well-being in relation to sexuality, not merely the absence of disease, dysfunction or infirmity. Many factors contribute to our sexual health including our culture and the place we grew up in, our education and the decisions we make about sex and relationships, and our sexual health needs change across the life course.

Prevalence of certain Sexually Transmitted Infections (STIs) will have service level impacts, increasing demand on sexual and reproductive services in that area. It is widely reported that persons living in areas with higher levels of deprivation are significantly more likely to have positive STI test results or under-18 year old conceptions. Additionally, under 18 year old conception is associated with poor outcomes for mothers and their children.

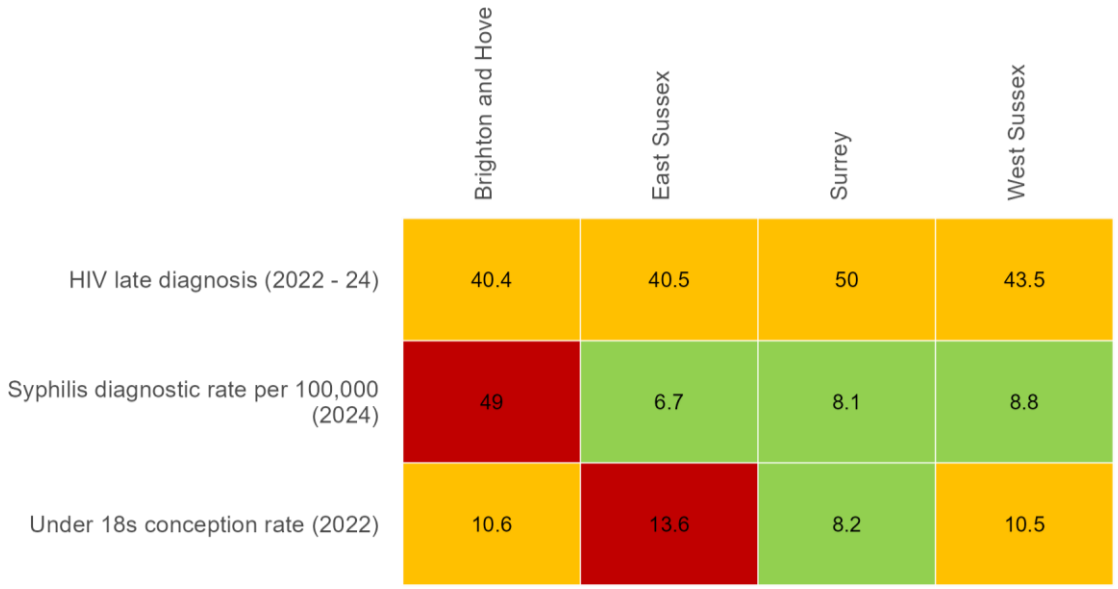
For STI diagnosis rates, Surrey, West Sussex and East Sussex have lower diagnosis rates than Brighton & Hove, with all 3 areas being benchmarked as better than the average across the four areas for Syphilis diagnosis rates and being benchmarked as similar to the four-area average for HIV late diagnosis. Even though all four areas are benchmarked as similar to the four area average for HIV late diagnosis rates, Surrey has the highest value and Brighton & Hove the lowest. Brighton & Hove has a similar level of HIV late diagnosis rates to the four-area average and has a significantly higher rate of Syphilis diagnosis per 100,000 persons.

For under-18s conceptions, Surrey has the lowest rate being the only area benchmarked as better than the four area average. Brighton & Hove and West Sussex both have been benchmarked as similar to the average and East Sussex worse than the four area average.

https://www.surreyi.gov.uk/jsna/sexual-health-jsna/

https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/conceptions-in-young-people/

Overview of Sexual and Reproductive Health Indicators



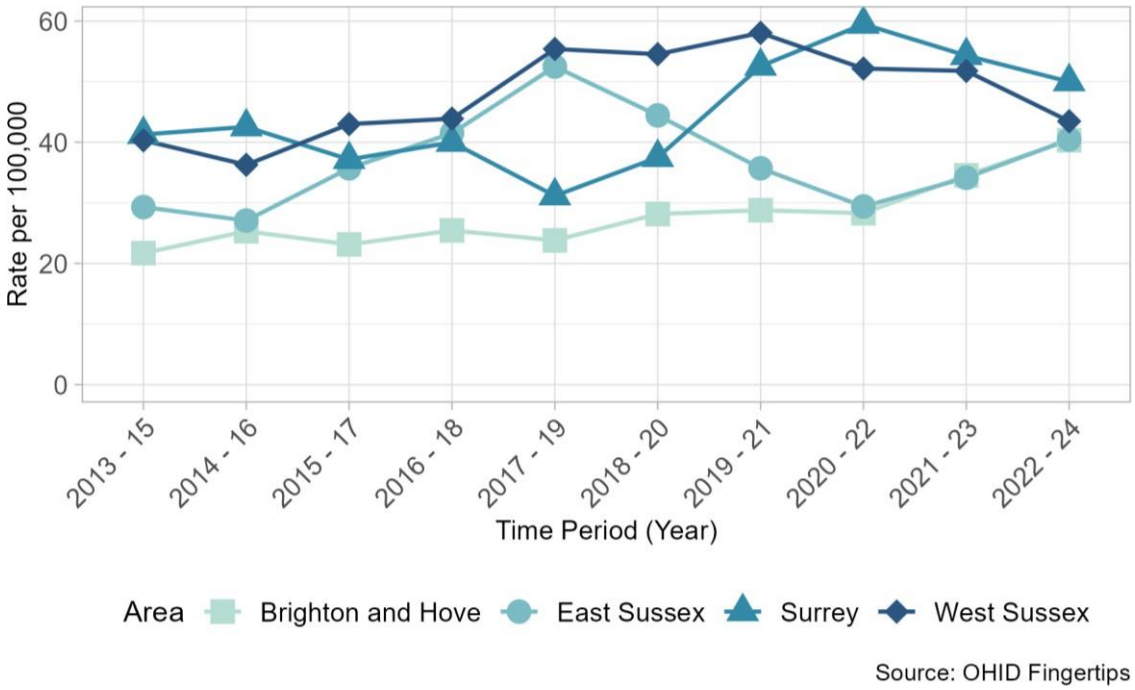
Source: OHID Fingertips

Benchmarked to the average across Surrey, East Sussex, West Sussex and Brighton & Hove; green = better; amber = similar; red = worse.

HIV-late diagnosis rates have seen increases across all four areas over the last 10 years. During the 2022 – 2024 time period, Surrey had the highest rate (50.0 per 100,000), followed by West Sussex (43.5 per 100,000), East Sussex (40.5 per 100,000) and Brighton & Hove (40.4 per 100,000).

Comparing 2013 – 2015 with 2022 – 2024, only Brighton & Hove saw a statistically significant increase in HIV late diagnosis rates (+18.6%), all other areas saw no statistically significant change.

HIV Late Diagnosis Over Time

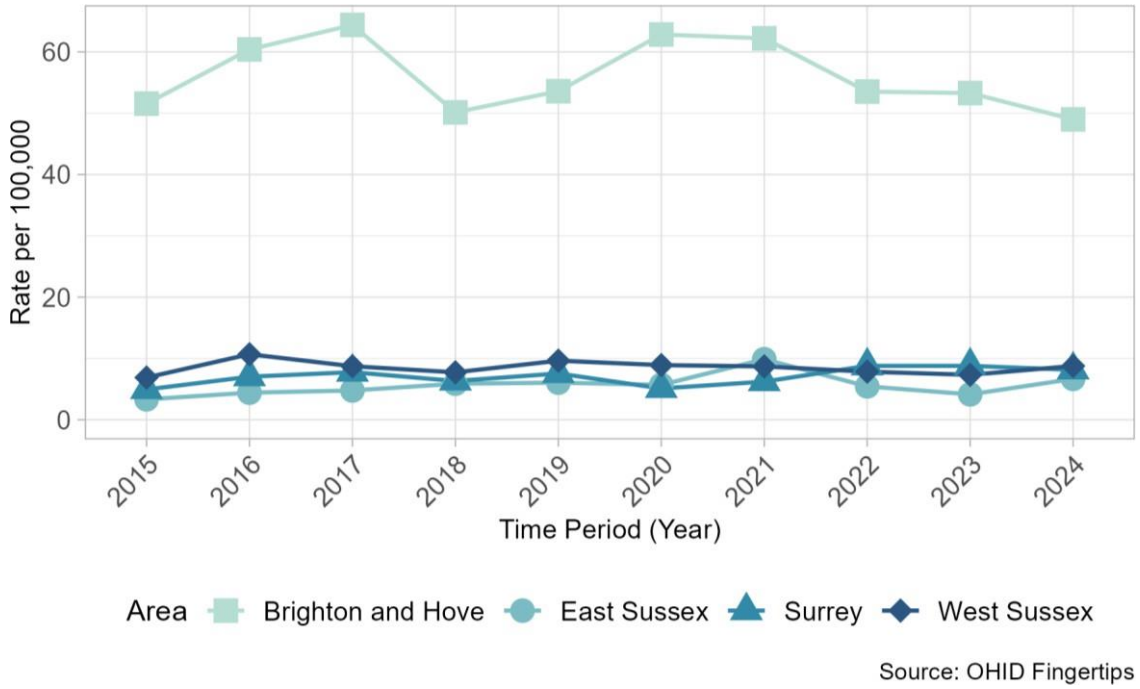


Source: OHID Fingertips

Syphilis diagnosis rates per 100,000 have stayed roughly similar across all four areas over the last 10 years. As of 2024 Brighton & Hove has the highest rate (49.0 per 100,000), followed by West Sussex (8.8 per 100,000), Surrey (8.1 per 100,000) and East Sussex (6.7 per 100,000).

Comparing 2015 with 2024, Surrey and East Sussex saw small statistically significant increases in Syphilis diagnosis rates (+3.2 per 100,000 & 3.3 per 100,000 respectively) whilst both East Sussex and Brighton & Hove saw no statistically significant change.

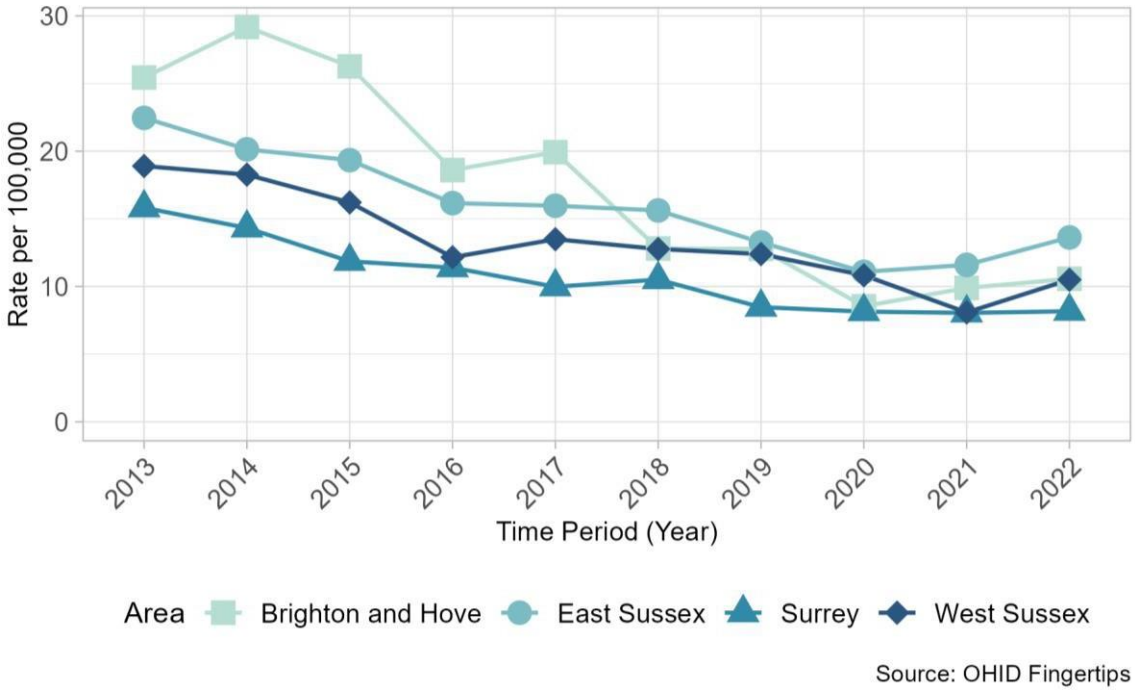
Syphilis Diagnostic Rate per 100,000 Over Time



Source: OHID Fingertips

Under 18 year old conception rates per 100,000 population have decreased across all four areas over the last 10 years. As of 2022 East Sussex has the highest rate (13.6 per 100,000), followed by Brighton & Hove (10.6 per 100,000), West Sussex (10.5 per 100,000) and Surrey (8.2 per 100,000). Comparing 2013 with 2022, all four areas saw large statistically significant reductions in rates. Brighton & Hove saw the largest reduction (-14.9 per 100,000) and Surrey saw the smallest reduction (-7.6 per 100,000).

Under 18s Conception Rate Over Time



Source: OHID Fingertips

Healthy ageing

Healthy ageing: Key points

Residence Type

- In all four areas, more than 3% of people aged 65 and over were living in a communal establishment at the time of the 2021 Census, a higher proportion than England as a whole. Within Surrey and Sussex, several areas stand out: Worthing had the highest rate at 4.9%, followed by Hastings at 4.6% and Reigate and Banstead at 4.4%, suggesting a notably higher concentration of older people in care homes and other communal settings in these localities.

Households with Older People

- Around a third of people aged 65 and over live alone, a proportion that rises sharply with age, among those aged 85 and over, more than half live in single-person households. In some coastal, rural, and seaside resort communities, the share of older lone households is considerably higher than the national average, compounding risks of social isolation.
- In terms of households - at local authority level 1 in 5 households in Rother are single older person households, compared to 1 in 10 in Crawley.

Employment into older age

- The State Pension Age (SPA) has increased in the UK to the age of 67 years, in part as a response to the ageing population, and workforce shortages. Employers will have a role in enabling flexible working arrangements that accommodate the needs of those managing long-term conditions, recovering from illness, or providing unpaid care to a partner, parent or other family member. Using data from the Annual Population Survey (APS) 16.1% of people over the age of 65 are in employment in Surrey, down to 10.4% in Brighton and Hove.

Income and Poverty in Older Age

- The *Income Deprivation Affecting Older People Index (*IDAOPI) is one of two supplementary indices published alongside the Index of Multiple Deprivation 2025 (IoD25). The IDAOPI measures the proportion of all those aged 60 or over who experience income deprivation, 9.7% people aged 60 or over in Surrey were income deprived, compared with 21.9% in Brighton and Hove.
- *Pension Credit* - Across all four places, in August 2025, 49,200 older people were in receipt of Pension Credit (29,000 of these on the guaranteed income element of the benefit.

Estimation of Specific Health Needs (using IPC POPPI Tool)

Across the four areas of Brighton and Hove, East Sussex, Surrey, and West Sussex, the scale of predicted health need among older people is substantial.

- *Visual impairment* - An estimated 60,015 people aged 65 and over are predicted to have a moderate or severe visual impairment, with a further 22,050 aged 75 and over predicted to have a registrable eye condition.
- *Hearing loss* affects a similarly large number, with around 54,735 people aged 65 and over predicted to have severe hearing loss.
- *Mobility limitations* represent the largest single area of need: approximately 125,605 people aged 65 and over are estimated to be unable to manage at least one essential daily activity independently, such as getting up and down stairs, moving around the home, or going outdoors.

- *Obesity* - an estimated 199,040 people aged 65 and over having a BMI of 30 or more.
- *Other long-term conditions* add further to the overall burden. An estimated 100,690 older people are predicted to have Type 1 or Type 2 diabetes, and around 109,365 are estimated to experience bladder problems at least once a week. Chronic respiratory disease, specifically bronchitis and emphysema, affects a smaller but still significant group, with approximately 11,020 people aged 65 and over living with these conditions across the four areas.
- Taken together, these figures point to a large and varied population of older people with significant health and care needs, many of whom are likely to be managing multiple conditions simultaneously.

Mental Health

- Across the four areas, an estimated 76,150 people aged 65 and over are predicted to have a common mental health condition (CMHC). Generalised anxiety disorder (GAD) is the most prevalent specific condition, affecting an estimated 26,725 people, followed by depressive episodes (11,215) and a substantial number (38,2200) falling into the "not otherwise specified" category. Less prevalent but still significant conditions include phobias (3,505), obsessive compulsive disorder (4,725), and panic disorder (3,200).
- Prevalence assumptions reflect a modest decline with age: for GAD, for example, the assumed rate falls from 4.9% among those aged 65 to 74 to 3.5% among those aged 75 and over, a pattern seen across most conditions. Surrey and West Sussex, by virtue of their larger older populations, account for the greatest absolute numbers, with Surrey alone estimated to have 28,355 older people with any common mental health condition and West Sussex 25,230.

Dementia

- Across the four areas, an estimated 46,400 people aged 65 and over are living with dementia, of whom 30,200 have a recorded diagnosis. Diagnosis rates fall below estimated prevalence in all four areas: Surrey has the highest rate at 68.1%, followed by Brighton and Hove at 66.1%, West Sussex at 64.2%, and East Sussex at 60.7%. This means that between approximately one in four and one in three people estimated to be living with dementia do not have a recorded diagnosis, representing around 16,000 people.

Support Needed for Self-Care and Domestic Tasks

Attendance Allowance

- Attendance Allowance is a non-means-tested benefit available to people aged 65 and over who have a physical or mental disability severe enough to require help with personal care. It is paid at two rates reflecting the level of need. A lower rate for those who need help either during the day or at night; and a higher rate for those who need help both during the day and at night, or who are terminally ill.
- Overall, 12% of people aged 65 or over are Attendance Allowance claimants, this ranges from 14% in Eastbourne down to 10% in Waverley. Over 46,500 people are in receipt of higher rate Attendance Allowance.

Older People as Carers

- The 2021 Census highlights the often-overlooked contribution, and vulnerability, of older unpaid carers. Across Brighton and Hove, East Sussex, Surrey, and West Sussex, older people providing substantial amounts of unpaid care represent a significant group, with men aged 85 and over the most likely to be providing 50 or more hours of care per week; 6.3% of men in this age group across the four areas were doing so.

There is an association between high intensity caring and poorer health outcomes: older carers providing 50 or more hours of care per week are significantly more likely than non-carers to report poor health and caring at this level is linked to higher rates of depression, anxiety, musculoskeletal problems, and cardiovascular disease.

Social Care Provision

- Between 1 April 2024 and 31 March 2025, there were 68,295 requests for support from new clients aged 65 years or over received by local authorities in Surrey, Sussex and Brighton and Hove.
- There were 18,675 people receiving long-term support at the end of the year (31 March 2025) across Surrey, Brighton and Hove and Sussex. There were 12,295 people who received long-term support throughout the entire 12-month period.

Falls

- Emergency hospital admissions for falls injuries among people aged 65 and over are above the England average across most of the four areas. In 2023/24, the directly age-standardised rate for England was 1,984 per 100,000; Brighton and Hove and East Sussex both recorded rates of 2,401, West Sussex 2,498, and Surrey 1,998, broadly similar to the national figure.
- The picture is more varied by age group. Among 65- to 79-year-olds, Surrey's rate of 855 per 100,000 was notably below the England average of 955, while Brighton and Hove (1,222) and West Sussex (1,261) were above it. Among those aged 80 and over, rates are substantially higher across all areas and exceed the England average of 4,969 in every case: Brighton and Hove 5,819, East Sussex 6,048, Surrey 5,310, and West Sussex 6,084. Recent trends are broadly stable or worsening across most areas, with no area showing consistent improvement.

Area specific links
Brighton and Hove
Ageing Well in Brighton and Hove Summary.pdf
East Sussex
JSNA: Healthy Ageing data pack for East Sussex 2024
Surrey
Screening | Surrey-i Armed Forces Community | Surrey-i
West Sussex
Forecasting future co morbidity and dependency needs in West Sussex

Living arrangements, general health – data from the 2021 Census

Communal Establishments – Residence Type of People aged 65 years or over

In all four areas, more than 3% of people aged 65 and over were living in a communal establishment at the time of the 2021 Census, a higher proportion than England as a whole. Within Surrey and Sussex, several areas stand out: Worthing had the highest rate at 4.9%, followed by Hastings at 4.6% and Reigate and Banstead at 4.4%, suggesting a notably higher concentration of older people in care homes and other communal settings in these localities.

Area	Total: All usual residents (65+)	Lives in a household	Lives in a communal establishment	% living in a communal establishment
Brighton and Hove	**38,976**	**37,690**	**1,286**	**3.3%**
East Sussex	**142,478**	**137,486**	**4,992**	**3.5%**
Eastbourne	24,919	23,876	1,043	4.2%
Hastings	18,419	17,571	848	4.6%
Lewes	26,458	25,618	840	3.2%
Rother	30,191	29,200	991	3.3%
Wealden	42,488	41,218	1,270	3.0%
Surrey	**227,190**	**219,656**	**7,534**	**3.3%**
Elmbridge	24,821	23,871	950	3.8%
Epsom and Ewell	14,616	14,341	275	1.9%
Guildford	25,158	24,561	597	2.4%
Mole Valley	20,762	20,119	643	3.1%
Reigate and Banstead	26,716	25,549	1,167	4.4%
Runnymede	15,161	14,715	446	2.9%
Spelthorne	18,592	18,108	484	2.6%
Surrey Heath	17,808	17,078	730	4.1%
Tandridge	18,339	17,690	649	3.5%
Waverley	28,006	26,911	1,095	3.9%
Woking	17,211	16,713	498	2.9%
West Sussex	**201,390**	**194,850**	**6,540**	**3.2%**
Adur	15,239	14,872	367	2.4%
Arun	46,883	45,154	1,729	3.7%
Chichester	33,627	32,549	1,078	3.2%
Crawley	15,754	15,510	244	1.5%
Horsham	33,443	32,507	936	2.8%
Mid Sussex	31,491	30,528	963	3.1%
Worthing	24,953	23,730	1,223	4.9%
England	**10,401,301**	**10,116,144**	**285,157**	**2.7%**

Source: ONS Census 2021

Households

Around a third of people aged 65 and over live alone, a proportion that rises sharply with age, among those aged 85 and over, more than half live in single-person households. In some coastal, rural, and seaside resort communities, the share of older lone households is considerably higher than the national average, compounding risks of social isolation.

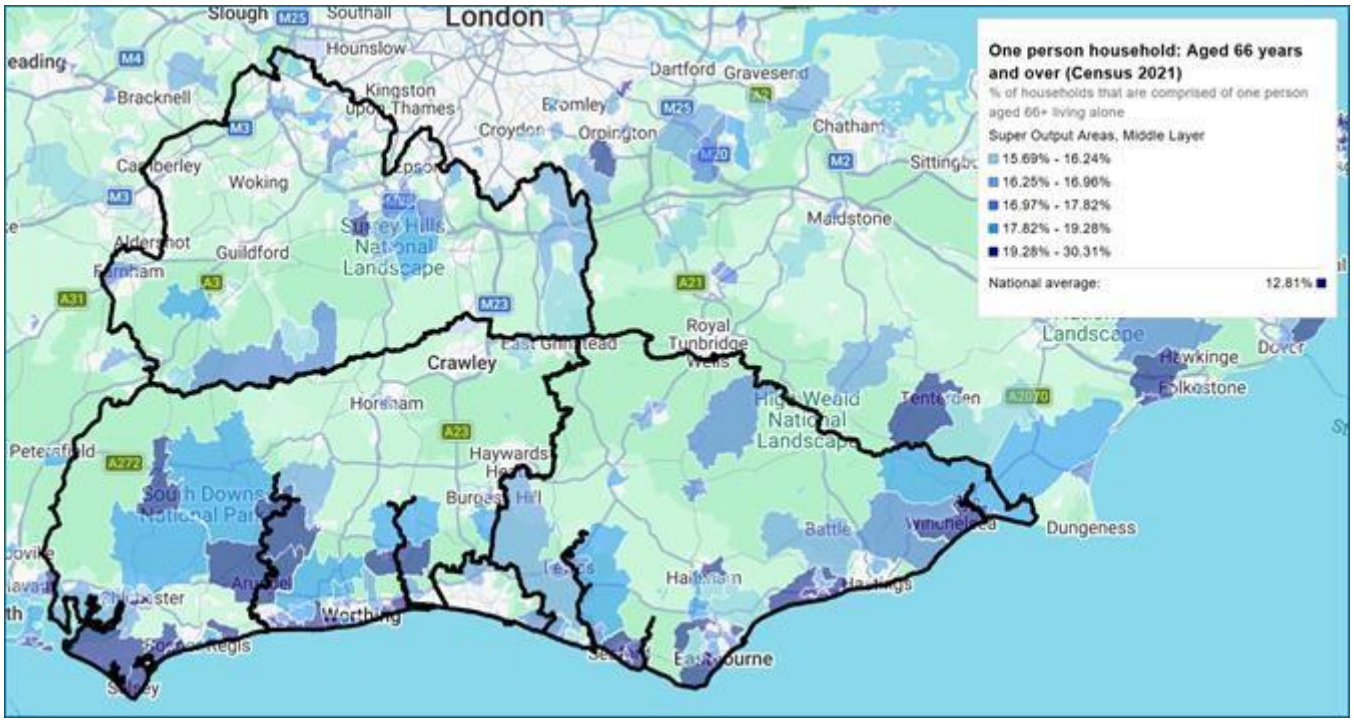
Access to transport is a further dimension of disadvantage: a substantial minority of older lone-person households report having no car or van, limiting access to health services, shops, and social networks, with this problem particularly acute in areas poorly served by public transport.

Turning to health, the Census 2021 confirms the well-established relationship between age and limiting long-term illness or disability: around 40% of people aged 65–74 report a disability that limits their day-to-day activities, rising to over 60% among those aged 75 and over.

At local authority level 1 in 5 households in Rother are single older person households, compared to 1 in 10 in Crawley.

% of Households Containing One Older Person (aged 66+)

Note this map only shows areas in the top quintile



Source: OSCI Local Insight Tool

Census Data Relating to Older People

Area	**% of Households - one person household:** Aged 66 years and over	**Lone pensioner households with no car** or van	People with a **limiting long-term illness** (aged 65+)	People over the age of 65 with **bad or very bad health**
Brighton and Hove	**11.4%**	**61.5%**	**33.0%**	**41.3%**
East Sussex	**17.2%**	**45.0%**	**30.5%**	**38.7%**
Eastbourne	17.8%	54.8%	32.4%	41.7%
Hastings	14.9%	55.3%	33.9%	44.8%
Lewes	17.9%	44.9%	30.7%	38.4%
Rother	19.9%	41.0%	30.3%	37.9%
Wealden	16.0%	35.2%	27.8%	35.2%
Surrey	**13.1%**	**36.4%**	**26.8%**	**34.2%**
Elmbridge	13.1%	34.1%	25.1%	32.7%
Epsom and Ewell	12.6%	41.3%	27.3%	34.7%
Guildford	12.1%	35.0%	26.2%	32.4%
Mole Valley	15.7%	32.8%	26.2%	32.5%
Reigate and Banstead	12.3%	37.8%	27.0%	35.2%
Runnymede	12.8%	38.2%	29.2%	37.8%
Spelthorne	12.8%	39.0%	29.3%	38.7%
Surrey Heath	12.2%	34.8%	25.4%	33.5%
Tandridge	14.0%	35.5%	27.4%	35.2%
Waverley	14.5%	34.7%	25.4%	31.5%
Woking	11.7%	40.5%	28.3%	36.0%
West Sussex	**15.3%**	**42.1%**	**29.1%**	**37.1%**
Adur	17.0%	48.0%	32.8%	41.4%
Arun	18.3%	41.6%	30.1%	38.9%
Chichester	17.5%	37.2%	27.0%	33.7%
Crawley	10.1%	53.7%	34.1%	43.7%
Horsham	14.3%	36.3%	26.3%	32.9%
Mid Sussex	13.6%	37.9%	27.2%	34.1%
Worthing	15.8%	50.1%	30.8%	41.2%
South East	13.2%	43.3%	29.5%	37.6%
England	12.8%	49.4%	32.8%	42.1%

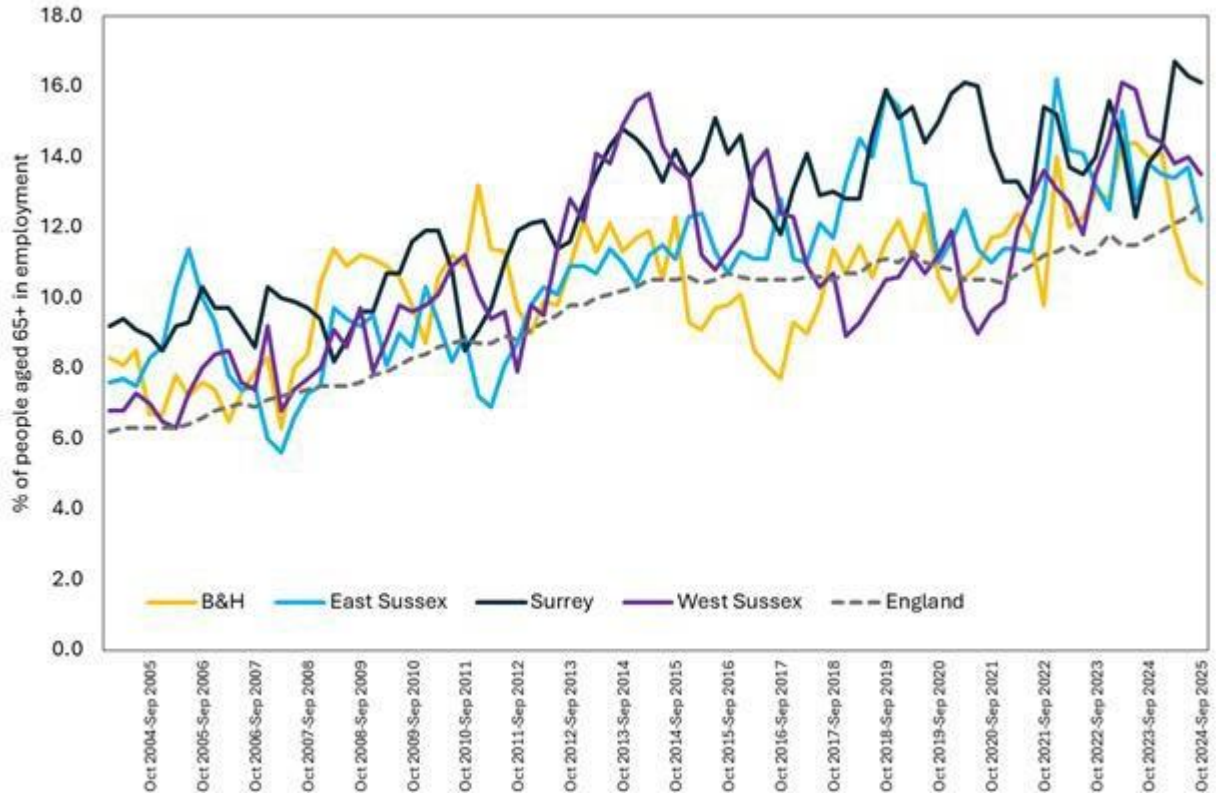
Employment in older age groups

Employment among people aged 65 and over has grown steadily over recent decades, reflecting both demographic change and shifts in attitudes, health, and pension policy. Continued employment in older age can have significant benefits beyond income, paid work is associated with better physical and mental health outcomes, sustained social connection, and a sense of purpose and identity that contributes to healthy ageing.

However, for some employment is less a matter of choice than necessity. The State Pension Age (SPA) has increased in the UK to the age of 67 years, in part as a response to the ageing population, and workforce shortages. At the same time analysis by the Fabian Society[a] has identified that while some people are entering retirement with relatively good incomes a quarter of people aged 60 to 65-year-olds are living in poverty, which is the highest poverty rate of any adult age group, and income disparities in this age group are becoming increasingly large. Supporting the health and wellbeing of older workers requires recognition that this is not a homogeneous group. Employers will have a role in enabling flexible working arrangements that accommodate the needs of those managing long-term conditions, recovering from illness, or providing unpaid care to a partner, parent or other family member. Without such flexibility, older workers in poorer health or with caring responsibilities are at greater risk of early exit from the labour market.

Using data from the Annual Population Survey (APS) 16.1% of people over the age of 65 are in employment in Surrey, down to 10.4% in Brighton and Hove.

% of 65+ population in employment 2004 to 2025



Source: APS

Income deprivation affecting old people (IDAOPI)

The Income Deprivation Affecting Older People Index (IDAOPI) is one of two supplementary indices published alongside the Index of Multiple Deprivation 2025 (IoD25). The IDAOPI measures the proportion of all those **aged 60 or over** who experience income deprivation.

% Older People in Income deprived (IMD 2025)

Area	% of Older People Income Deprived
Brighton and Hove	**21.9%**
East Sussex	**13.5%**
Eastbourne	17.5%
Hastings	23.5%
Lewes	12.2%
Rother	11.7%
Wealden	8.9%
Surrey	**9.7%**
Elmbridge	10.7%
Epsom and Ewell	9.2%
Guildford	9.6%
Mole Valley	8.3%
Reigate and Banstead	9.5%
Runnymede	11.2%
Spelthorne	11.5%
Surrey Heath	8.0%
Tandridge	9.1%
Waverley	9.0%
Woking	11.1%
West Sussex	**11.4%**
Adur	12.8%
Arun	11.7%
Chichester	11.0%
Crawley	18.2%
Horsham	8.4%
Mid Sussex	8.7%
Worthing	13.2%

Pension Credit (August 2025)

Pension Credit is a means-tested benefit designed to provide a minimum income guarantee for people of State Pension age on low incomes. It has two elements, Guarantee Credit, which tops up weekly income to a minimum threshold, and Savings Credit, which is available to those who have made some provision for their retirement and is only accessible to people who reached State Pension age before April 2016.

Claimants may also qualify for additional amounts within Pension Credit if they have a severe disability, care responsibilities, or dependent children. Importantly, Pension Credit acts as a gateway benefit, unlocking entitlement to a range of other support including Housing Benefit, Council Tax Reduction, and help with NHS costs, making uptake a significant concern for those working to address poverty and financial hardship among older people.

Overall 49,200 people across Surrey and Sussex claim Pension Credit.

Pension Credit Claimants (August 2025)

	Guarantee Credit only	Savings Credit only	Both Guarantee and Savings Credit	Total
Brighton and Hove	**3,896**	**556**	**1,490**	**5,944**
East Sussex	**7,461**	**1,598**	**4,103**	**13,159**
Hastings	1,803	290	808	2,898
Eastbourne	1,686	311	808	2,803
Lewes	1,198	265	703	2,172
Rother	1,364	317	834	2,516
Wealden	1,410	415	950	2,770
Surrey	**9,212**	**1,750**	**3,671**	**14,618**
Elmbridge	1,192	178	395	1,765
Epsom and Ewell	606	94	229	925
Guildford	920	202	386	1,505
Mole Valley	684	124	280	1,094
Reigate and Banstead	1,052	196	485	1,729
Runnymede	667	153	316	1,132
Spelthorne	975	181	328	1,487
Surrey Heath	650	123	254	1,026
Tandridge	676	147	291	1,112
Waverley	962	218	399	1,577
Woking	828	134	308	1,266
West Sussex	**8,452**	**2,153**	**4,879**	**15,485**
Adur	706	205	478	1,385
Arun	2,072	554	1,251	3,875
Chichester	1,196	352	763	2,319
Crawley	1,190	196	442	1,825
Horsham	1,028	250	637	1,914
Mid Sussex	971	269	576	1,820
Worthing	1,289	327	732	2,347
Total	**29,008**	**6,055**	**14,133**	**49,200**

Source: DWP Stat-Explore

Conditions and Impairments – Estimates provided by the IPC Projecting Older People Population Information System (POPPI)

All data rounded to nearest 5

Visual Impairment

People aged 65 and over and over predicted to have a moderate or severe visual impairment

Brighton and Hove	3,655
East Sussex	14,045
Surrey	22,295
West Sussex	20,020
Total	60,015

People aged 75 and over predicted to have registrable eye conditions

Brighton and Hove	1,265
East Sussex	5,180
Surrey	8,225
West Sussex	7,380
Total	22,050

Hearing Impairment

People aged 65 and over predicted to have severe hearing loss

Brighton and Hove	3,200
East Sussex	12,655
Surrey	20,695
West Sussex	18,185
Total	54,735

Mobility

People aged 65+ unable to manage at least one activity* on their own

Brighton and Hove	7,550
East Sussex	29,135
Surrey	47,155
West Sussex	41,770
Total	125,605

*Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

Diabetes

People aged 65 and over estimated to have Type 1 or Type 2 diabetes

Brighton and Hove	6,295
East Sussex	23,525
Surrey	37,370
West Sussex	33,500
Total	100,690

Obesity - People 65 and over who are obese or morbidly obese (with a BMI of 30 or more)

Brighton and Hove	12,710
East Sussex	46,415
Surrey	73,730
West Sussex	66,185
Total	199,040

Continence

People aged 65 and over estimated to have a bladder problem at least once a week

Brighton and Hove	6,750
East Sussex	25,485
Surrey	40,730
West Sussex	36,400
Total	109,365

Bronchitis and emphysema

People aged 65 and over estimated to have a longstanding health condition caused by bronchitis and emphysema

Brighton and Hove	700
East Sussex	2,570
Surrey	4,090
West Sussex	3,660
Total	11,020

Dementia - Diagnosis Rate - Not everyone with dementia has a formal diagnosis. The NHS publish data on the estimated prevalence in an area (for people aged 65 years or over) and the number of people who have a formal diagnosis. The target is for at least two thirds of people with dementia to be diagnosed.

- Across the four areas, an estimated 46,400 people aged 65 and over are living with dementia, of whom 30,200 have a recorded diagnosis.
- Diagnosis rates fall below estimated prevalence in all four areas: Surrey has the highest rate at 68.1%, followed by Brighton and Hove at 66.1%, West Sussex at 64.2%, and East Sussex at 60.7%. This means that between approximately one in four and one in three

people estimated to be living with dementia do not have a recorded diagnosis, representing around 16,000 people.

Dementia: 65+ Estimated Diagnosis Rate (Feb 2026)

	Estimate Prevalence (65+)	Registered Diagnosis	Diagnosis Rate	*Lower Limit*	*Upper Limit*
Brighton and Hove	2,928	1,936	66.1	*58.8*	*72.4*
East Sussex	10,387	6,300	60.7	*54.6*	*65.9*
Surrey	17,765	12,101	68.1	*61.5*	*74.1*
West Sussex	15,337	9,844	64.2	*57.9*	*69.7*

Source: NHS

Type of Dementia (January 2025)

- Alzheimer's disease is the most common form of dementia across both ICB areas, accounting for 14,070 of the 28,535 recorded diagnoses, just under half of all cases. Vascular dementia is the next most prevalent specific type at 3,135, followed by mixed dementia (2,265) and Lewy body dementia (980).

	NHS Surrey Heartlands ICB	NHS Sussex ICB	Grand Total
ALZHEIMERS_DISEASE	5,175	8,895	14,070
FRONTOTEMPORAL	85	75	160
INCONCLUSIVE_DEMENTIA_TYPE	170	230	400
LEWY_BODY	385	595	980
MIXED_DEMENTIA_TYPES	825	1,440	2,265
OTHER_DEMENTIA_TYPES	2,080	5,445	7,525
VASCULAR_DEMENTIA	1,695	1,440	3,135

Source: NHS

Mixed dementia – patients being diagnosed as having more than one type of dementia

Residence Type

- In terms of care setting, the majority of people with a recorded dementia diagnosis 13,225 are living in other residential types, with 7,535 in residential care homes and 2,565 in nursing homes. A relatively small proportion, 4,575, are recorded as living in their own private residence, though this figure may underrepresent the true number living at home given recording variation across settings.

	NHS Surrey Heartlands ICB	NHS Sussex ICB	Grand Total
INCONCLUSIVE_RESIDENTIAL_TYPE	210	415	625
NO_PERMANENT_ADDRESS	0	10	10
NURSING_HOME	990	1,575	2,565
OTHER_RESIDENTIAL_TYPE	6,150	7,075	13,225
PRIVATE_RESIDENCE	530	4,045	4,575
RESIDENTIAL_CARE_HOME	2,540	4,995	7,535
Total	**10,420**	**18,115**	**28,535**

Independence – Domestic Tasks and Self Care Tasks – Estimates provided by the IPC Projecting Older People Population Information System (POPPI)

Activities of Daily Living (ADLs) are basic self-care tasks like bathing, dressing, and eating.

Instrumental Activities of Daily Living (IADLs) are more complex tasks that support independent living in a community. This data is based on IADLs, which include:

- Routine housework and laundry
- Shopping for food
- Getting out of the house (mobility and community access)
- Managing paperwork and paying bills (financial and administrative literacy)

"Needed Help"
This category encompasses all those who reported difficulty, requiring help, or being unable to perform an ADL.

"Unmet Need"
This is a critical indicator signifying a gap where individuals require assistance with one or more ADLs but are not receiving adequate or any help.

Across the four areas, an estimated 180,385 people aged 65 and over need help with at least one self-care activity, and a similar number, 179,225, need help with at least one domestic task.

Self-care (estimates rounded to nearest 5)

	People aged 65 and over who **need help with at least one self-care activity**	People aged 65 and over with **unmet need for at least one self-care task**
Brighton and Hove	11,015	9,510
East Sussex	42,070	36,440
Surrey	67,200	58,270
West Sussex	60,100	52,065
Total	**180,385**	**156,285**

Domestic Tasks (estimates rounded to nearest 5)

	People aged 65 and over who **need help with at least one domestic task**	People aged 65 and over with **unmet need for at least one domestic activity**
Brighton and Hove	10,875	6,320
East Sussex	41,710	24,190
Surrey	66,935	38,745
West Sussex	59,705	34,610
Total	**179,225**	**103,860**

Source: IPC Estimates are based on data from the Health Survey for England (HSE) 2021. Participants were asked about their ability to perform each ADL independently, or if they required assistance (i.e., managing with difficulty, needing help, or being unable to do the activity at all).

Attendance Allowance

Attendance Allowance is a non-means-tested benefit available to people aged 65 and over who have a physical or mental disability severe enough to require help with personal care. It is paid at

two rates reflecting the level of need. A lower rate for those who need help either during the day or at night; and a higher rate for those who need help both during the day and at night, or who are terminally ill. Eligibility is based on the nature and frequency of care needs rather than whether care is actually being provided. Take-up is known to be incomplete.

- Overall, 12% of people aged 65 or over are Attendance Allowance claimants, this ranges from 14% in Eastbourne down to 10% in Waverley. Over 46,500 people are in receipt of higher rate Attendance Allowance.

Attendance Allowance Claimants (August 2025)

	Numbers			% of People 65 and over		
Area	Lower Rate	Higher Rate	Total	% Lower Rate	% Higher Rate	% All AA
Brighton and Hove	2,026	2,935	4,966	5.0%	7.2%	12.3%
East Sussex	7,671	11,672	19,336	5.1%	7.8%	12.9%
Surrey	10,997	16,620	27,629	4.6%	6.9%	11.5%
West Sussex	10,576	15,455	26,028	5.0%	7.3%	12.2%
ALL COMBINED	**31,270**	**46,682**	**77,959**	**4.9%**	**7.3%**	**12.1%**

Source; DWP – StatExplore

People in receipt of Social Care

New requests

Between 1 April 2024 and 31 March 2025, there were 68,295 requests for support from new clients aged 65 years or over received by local authorities in Surrey, Sussex and Brighton and Hove.

Note: DHSC state that an individual can make several requests for support in a year and could therefore be counted more than once if their requests were made while they were considered a new client.

Number of requests for support per 100,000 adults aged 65 years or over 2024 to 2025

	New Requests (from people 65 years or over	As a Rate per 100,000 People aged 65+
Brighton and Hove	2,350	5,799
East Sussex	21,980	14,711
Surrey	26,805	11,205
West Sussex	17,160	8,060
South East	209,565	10,968
England	1,301,885	11,856

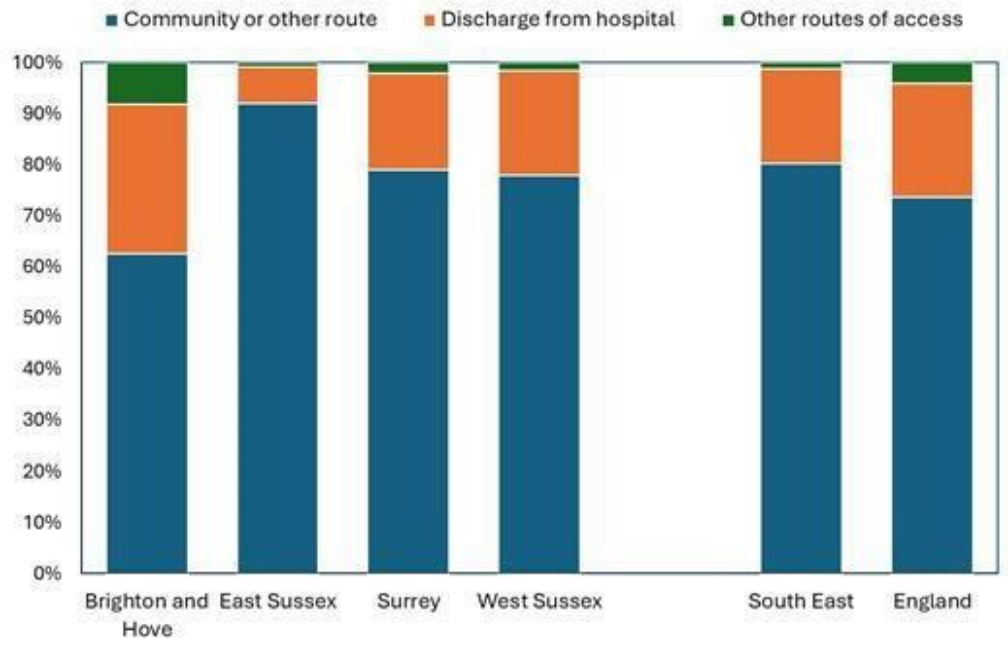
Source: DHSC, rate calculated using MYE 2024

Routes of access

The majority of new requests made for new clients originated from the community. There are some differences across the area with a higher percentage of community-based requests in East Sussex, lower in Brighton and Hove.

Proportion of requests for support, by route of access – 65 years or over, 2024 to 2025

Note other routes includes – from other local authorities, from prison etc



Source: DHSC

Outcomes to requests for support

DHSC note that outcomes to new requests are determined based on the events that take place in the 3 months following each request. A single outcome is determined for each request, and a hierarchy is used to identify this where multiple actions are taken following a request. The majority of new clients in 2024 to 2025 in all areas resulted in no further action. Note this includes cases where no services were provided by the local authority, but also where people were given information and advice or signposted to other services outside of adult social care.

Proportion of outcomes to requests 2024 to 2025

Local Authority	Long Term Outcomes	No Further Action	Short Term	Unknown
Brighton and Hove	16.6%	59.4%	22.8%	1.3%
East Sussex	9.1%	62.4%	26.2%	2.3%
Surrey	8.4%	74.1%	15.6%	1.8%
West Sussex	7.8%	78.6%	12.2%	1.5%
South East	7.7%	71.2%	19.5%	1.5%
England	8.6%	65.8%	22.7%	3.0%

Source: DHSC

People in Receipt of Long-Term Support (Aged 65 years or over)

There were 18,675 people receiving long-term support at the end of the year (31 March 2025) across Surrey, Brighton and Hove and Sussex. There were 12,295 people who received long-term support throughout the entire 12-month period.

People in Receipt of Long-Term Support

Local Authority	Year end (31 Mar 2025)	Supported for over 12 months (at year end)
Brighton and Hove	1,675	1,165
East Sussex	4,685	2,950
Surrey	7,075	4,765
West Sussex	5,240	3,415
South East	55,855	36,800
England	396,300	261,810

Source: DHSC

People in long-term support at the end of the year (31 March 2025), by support setting

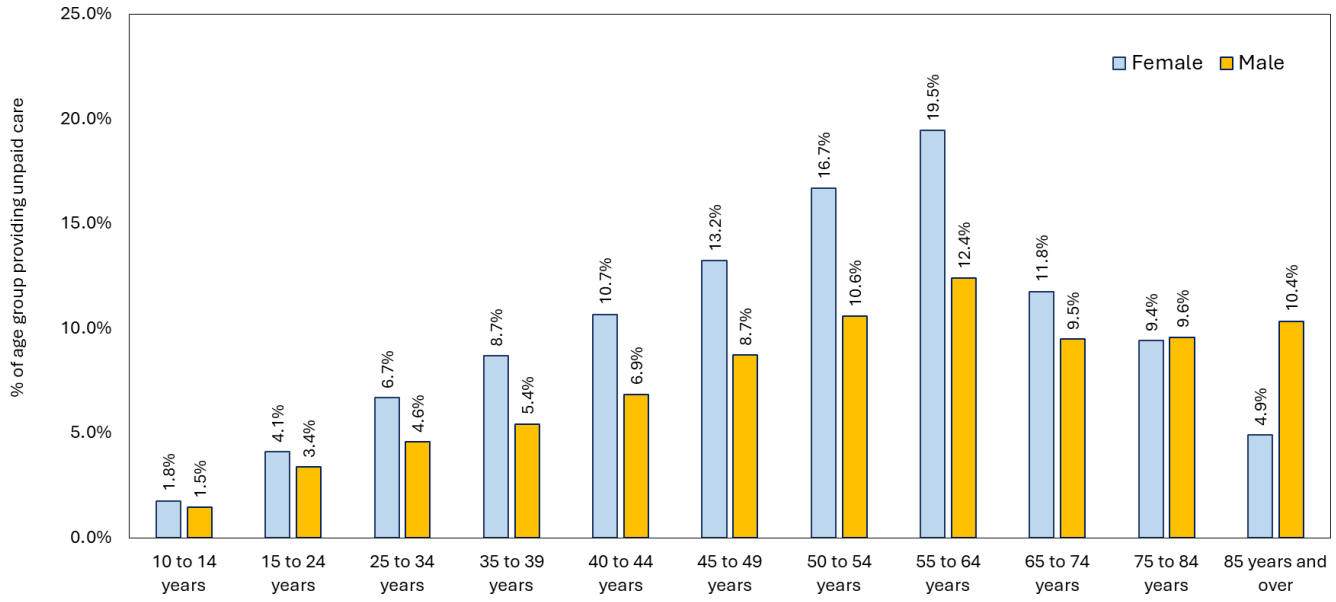
Local Authority	Nursing	Residential	Community, direct payment	Community, CASSR managed personal budget	Other	Total
Brighton and Hove	355	385	110	*	820	1,670
East Sussex	805	1,250	425	2,205	*	4,685
Surrey	1,490	1,590	725	*	3,275	7,080
West Sussex	980	1,630	300	2,325	*	5,235
South East	9,390	14,465	4,365	17,870	9,770	55,860
England	48,055	106,275	33,025	159,770	49,180	396,305

Source: DHSC

Unpaid care – Older people

The Census 2021 collected information on people providing unpaid care (to a partner, family member etc). Older unpaid carers can be an overlooked group. Older carers providing substantial hours of care (50+ hours) are significantly more likely than non-carers to report poorer health, with caring associated with increased rates of depression, anxiety, musculoskeletal problems, and cardiovascular disease.

Percentage of People Providing Unpaid Care by Age Group, (Combined data for Brighton and Hove, East Sussex, Surrey and West Sussex), Census 2021



Men aged 85 to 89 were the group most likely to be providing 50 or more hours of unpaid care per week. Across Surrey, Sussex and Brighton overall 6.3% of men aged 85+ were providing care for 50 hour a week or more.

Falls and fractures

Falls and fractures represent one of the most significant causes of disability, loss of independence and mortality among older people. Around one in three people aged 65 and over, and one in two aged 80 and over, fall at least once a year. Falls are not an inevitable consequence of ageing; the majority of falls are preventable through evidence-based interventions addressing strength and balance, medication review, home hazard assessment, and management of underlying conditions such as osteoporosis and visual impairment.

Data are published by OHID for the 65+ population overall and also in two age bands (65-79, and 80+). The implications for the 80+ group likely to have higher impact on independence and on going health status.

- Emergency hospital admissions for falls injuries among people aged 65 and over are above the England average across most of the four areas. In 2023/24, the directly age-standardised rate for England was 1,984 per 100,000; Brighton and Hove and East Sussex both recorded rates of 2,401, West Sussex 2,498, and Surrey 1,998, broadly similar to the national figure.

- The picture is more varied by age group. Among 65- to 79-year-olds, Surrey's rate of 855 per 100,000 was notably below the England average of 955, while Brighton and Hove (1,222) and West Sussex (1,261) were above it. Among those aged 80 and over, rates are substantially higher across all areas and exceed the England average of 4,969 in every case: Brighton and Hove 5,819, East Sussex 6,048, Surrey 5,310, and West Sussex 6,084. Recent trends are broadly stable or worsening across most areas, with no area showing consistent improvement.

Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.2023/24

Area	Recent Trend	Count	Value
England	↓	219,155	1,984
Sussex Surrey	–	-	-
Brighton and Hove	→	975	2,401
East Sussex	↓	3,810	2,401
Surrey	–	5,295	1,998
West Sussex	→	5,695	2,498

Source: OHID, based on NHS England and Office for National Statistics data

Emergency hospital admissions for falls injuries in persons aged 65-79 years, directly age standardised rate per 100,000.2023/24

Area	Recent Trend	Count	Value
England	↓	76,755	955
Sussex Surrey	–	-	-
Brighton and Hove	→	360	1,222
East Sussex	→	1,250	1,143
Surrey	–	1,460	855
West Sussex	→	1,945	1,261

Source: OHID, based on NHS England and Office for National Statistics data

Emergency hospital admissions for falls injuries in persons aged 80 years and over, directly age standardised rate per 100,000.2023/24

Area	Recent Trend	Count	Value
England	↓	142,400	4,969
Sussex Surrey	–	-	-
Brighton and Hove	↓	620	5,819
East Sussex	↓	2,560	6,048
Surrey	–	3,835	5,310
West Sussex	↓	3,750	6,084

Source: OHID, based on NHS England and Office for National Statistics data

Hip Fractures

Hip fracture is a debilitating condition. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long term care. The majority in people aged 75 and over, with women accounting for approximately two thirds of cases reflecting both greater longevity and higher rates of osteoporosis.

- The higher number of fractured NOF is in Surrey (1,400 in 2023/24), the highest rate per 100,000 in Brighton and Hove (596 per 100,000). All areas similar to the England rate.

Emergency Hospital Admission for fractured neck of femur in persons aged 65 and over, directly age standardised rate per 100,000 2023/24

Area	Recent Trend	Count	Value
England	→	60,633	547
Sussex Surrey	–	-	-
Brighton and Hove	→	245	596
East Sussex	→	915	574
Surrey	–	1,400	524
West Sussex	→	1,270	550

Source: OHID, based on NHS England and Office for National Statistics data

Emergency Hospital Admission for fractured neck of femur in persons aged 65 – 79 years, directly age standardised rate per 100,000 2023/24

Area	Recent Trend	Count	Value
England	→	19,256	237.8
Sussex Surrey	–	-	-
Brighton and Hove	→	85	284.5
East Sussex	→	290	262.4
Surrey	–	345	200.7
West Sussex	→	380	239.6

Source: OHID, based on NHS England and Office for National Statistics data

Emergency Hospital Admission for fractured neck of femur in persons aged 80 years or over, directly age standardised rate per 100,000 2023/24

Area	Recent Trend	Count	Value
England	↓	41,377	1,444
Sussex Surrey	–	-	-
Brighton and Hove	→	160	1,498
East Sussex	→	625	1,476
Surrey	–	1,055	1,462
West Sussex	→	895	1,450

Source: OHID, based on NHS England and Office for National Statistics data

Prevalence of Common Mental Health Disorders 65+ Year Olds

The Adult Psychiatric Morbidity Survey (APMS) 2023/24 is the most comprehensive national survey of mental health prevalence among adults in England. While the survey's primary common mental disorder prevalence measures focus on adults aged 16–64, it provides valuable data on the mental health of older people, including prevalence and patterns of treatment seeking.

- Older people are consistently less likely than younger adults to seek or receive treatment for mental health conditions.

Across the four areas, an estimated 76,150 people aged 65 and over are predicted to have a common mental health condition (CMHC). Generalised anxiety disorder (GAD) is the most prevalent specific condition, affecting an estimated 26,725 people, followed by depressive episodes (11,215) and a substantial number (38,2200) falling into the "not otherwise specified" category. Less prevalent but still significant conditions include phobias (3,505), obsessive compulsive disorder (4,725), and panic disorder (3,200).

Prevalence assumptions reflect a modest decline with age: for GAD, for example, the assumed rate falls from 4.9% among those aged 65 to 74 to 3.5% among those aged 75 and over, a pattern seen across most conditions. Surrey and West Sussex, by virtue of their larger older populations, account for the greatest absolute numbers, with Surrey alone estimated to have 28,355 older people with any common mental health condition and West Sussex 25,230.

Common Mental Health Disorders, Estimates in 65+ Population

Disorder	Prevalence Assumption		Applied to MYE 2024			
	65-74 years	75+ year	Brighton and Hove	East Sussex	Surrey	West Sussex
Generalised anxiety disorder (GAD)	4.9	3.5	1,710	6,210	9,950	8,855
Depressive episode	1.8	1.7	710	2,610	4,175	3,720
Phobias	0.6	0.5	220	815	1,305	1,165
Obsessive compulsive disorder (OCD)	1.0	0.5	305	1,095	1,760	1,565
Panic disorder	0.5	0.5	200	745	1,195	1,060
CMHC not otherwise specified	6.9	5.1	2,445	8,880	14,230	12,665
Any CMHC	**13.7**	**10.2**	**4,870**	**17,695**	**28,355**	**25,230**

Source: APMS 2023/24 applied to MYE 2024

Sight loss

Age-related sight loss is common but frequently preventable or treatable if detected early. The leading causes in older people, age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy. Glaucoma and diabetic retinopathy are largely asymptomatic in their early stages, making routine screening essential for timely intervention. Sight loss has profound consequences beyond vision itself, strongly associated with falls, depression, social isolation, cognitive decline, and loss of independence.

People aged 65-74 registered blind or partially sighted Crude Rate per 100,000 2024/25

Area	Recent Trend	Count	Value
England	–	29,215	533
Sussex Surrey	–	1,260	414*
Brighton and Hove	–	130	622
East Sussex	–	285	402
Surrey	–	430	382
West Sussex	–	415	416

Source: OHID, based on NHS England and Office for National Statistics data

People aged 75+ registered blind or partially sighted Crude Rate per 100,000 2024/25

Area	Recent Trend	Count	Value
England	–	155,960	3,031
Sussex Surrey	–	10,005	3,142*
Brighton and Hove	–	475	2,549
East Sussex	–	1,940	2,605
Surrey	–	2,610	2,186
West Sussex	–	4,980	4,701

Source: OHID, based on NHS England and Office for National Statistics data

Preventable sight loss: diabetic eye disease Crude Rate per 100,000 2024/25

Area	Recent Trend	Count	Value
England	↑	1,484	2.9
Sussex Surrey	–	-	-
Brighton and Hove	–	6	2.4
East Sussex	→	16	3.2
Surrey	→	28	2.6
West Sussex	→	19	2.4

Source: OHID, based Moorfields Eye Hospital and Office for National Statistics data

Preventable sight loss: age related macular degeneration (AMD) Rate per 100,000 2024/25

Area	Recent Trend	Count	Value
England	→	11,033	100.5
Sussex Surrey	–	-	-
Brighton and Hove	→	25	61.7
East Sussex	→	135	90.4
Surrey	→	253	105.8
West Sussex	→	224	105.2

Source: OHID, based Moorfields Eye Hospital and Office for National Statistics data

Preventable sight loss: glaucoma Rate per 100,000

Area	Recent Trend	Count	Value
England	↑	4,113	14.0
Sussex Surrey	–	-	-
Brighton and Hove	–	14	10.5
East Sussex	→	51	15.3
Surrey	↑	82	12.4
West Sussex	→	89	17.4

Source: OHID, based Moorfields Eye Hospital and Office for National Statistics data

Preventable sight loss: sight loss certifications Crude Rate per 100,000 2024/25

Area	Recent Trend	Count	Value
England	↑	24,819	42.3
Sussex Surrey	–	-	-
Brighton and Hove	→	62	21.8
East Sussex	→	316	56.3
Surrey	↑	463	37.1
West Sussex	→	451	49.3

Source: OHID, based Moorfields Eye Hospital and Office for National Statistics data

GP Disease Registers

Number of patients on the coronary heart disease (CHD) register 2024/25 (QOF)

Area	Recent Trend	Count	Value
England	↓	1,899,633	3.0
Sussex Surrey	→	96,701	3.0*
Brighton and Hove	→	7,101	2.1
East Sussex	→	21,018	3.6
Surrey	↑	35,491	2.7
West Sussex	→	33,091	3.5

Source: NHS England

Number of patients on the hypertension register 2024/25 (QOF)

Percentage of patients with established hypertension, as recorded on practice disease registers

Area	Recent Trend	Count	Value
England	↑	9,711,491	15.2
Sussex Surrey	↑	492,048	15.5*
Brighton and Hove	↑	35,182	10.5
East Sussex	↑	105,944	18.4
Surrey	↑	188,871	14.4
West Sussex	↑	162,051	17.1

Number of patients on the stroke register 2024/25 (QOF)

Area	Recent Trend	Count	Value
England	↑	1,204,419	1.9
Sussex Surrey	↑	64,184	2.0*
Brighton and Hove	↑	4,590	1.4
East Sussex	↑	15,137	2.6
Surrey	↑	23,223	1.8
West Sussex	↑	21,234	2.2

Source: NHS England

Patients on the diabetes register 2024/25 (QOF)

Area	Recent Trend	Count	Value
England	↑	4,109,134	7.9
Sussex Surrey	↑	181,263	6.9*
Brighton and Hove	↑	14,270	5.0
East Sussex	↑	37,882	7.9
Surrey	↑	67,358	6.3
West Sussex	↑	61,753	7.9

Source: NHS England

[a] Fabian Society report 'When I'm 64. A strategy to tackle poverty before state pension age: summary report", April 2024.

[2] Policy in Practice (2024) People of pension age may be missing out on £5.2 billion in Attendance Allowance. London: Policy in Practice. Available at: https://policyinpractice.co.uk/publication/unclaimed-aa/

Dying well

Dying well: Key points

A good death (or good end of life experience) is defined as having the right care, support and systems in place, so people feel protected and safe, and their carers and loved ones understand what support is available. National evidence suggests most people want to die at home.

Deaths in Surrey and Sussex

- There were 29,659 deaths registered in 2024 for residents of Surrey and Sussex. This represents about 1% of the population. There has been a 12% increase in the number of deaths between 2014 and 2024 (an increase of 3,090).
- This increase is highest in East Sussex at 15% (906 increase), with a 14% increase in West Sussex (1,185 increase), a 10% increase in Surrey (970 increase), whilst Brighton & Hove saw a marginal 1% increase (29 increase).

Causes of death

- In Surrey and Sussex over a quarter of all deaths are due to cancer, just under a quarter due to CVD, 13% for Dementia and Alzheimer's and 12% due to respiratory disease.

Age of death

- Over 90% of deaths in Surrey and Sussex occur in people aged 60 years and over, with over 60% occurring aged 80+.

Place of death

- In Surrey and Sussex, 38% of deaths occurred in hospital, 28% in care homes, 26% at home, 6 % in hospices and 2% elsewhere. The highest percentage of deaths in hospital are in Surrey (41%), the highest percentage at home are in Brighton & Hove (30%), for care homes its East and West Sussex (29%) and for Hospices its East Sussex (7%).
- In Sussex, people aged 75 and over account for the vast majority of deaths in all settings, especially in care homes and hospitals. Overall, older age groups are strongly associated with residential care and hospital settings, while younger groups are more represented in home, hospice, and other locations.
- In Sussex, there is variation between place of death and condition. For example, a larger proportion of cancer deaths occur in hospices, over 60% of those who died from dementia died in a care home, whilst most people that died from respiratory disease died in hospital. Liver deaths saw the highest proportion dying in hospital at 64%.

Hospital use

- 5.2% of people who died in Surrey and Sussex experienced three or more emergency admissions in the last 90 days of life. This is lower than for England overall (6.6%) and ranges between 5.6% in East Sussex and 2.8% in Brighton & Hove.

Area specific links
Brighton and Hove

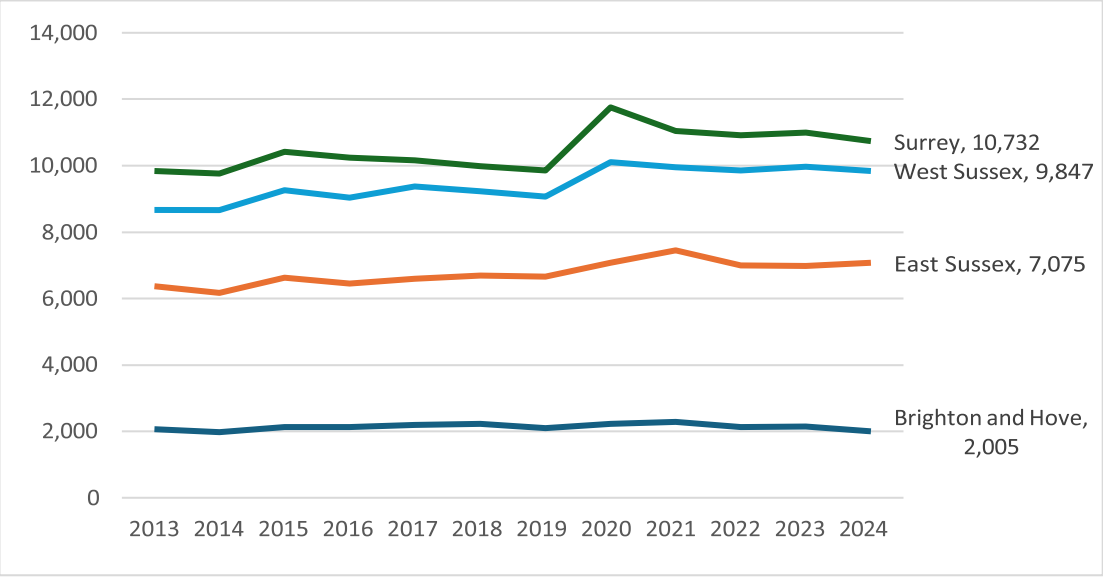
JSNA Dying well summary August 2025.pdf Brighton & Hove Palliative and End of Life Care (PEoLC) ICT Profile
East Sussex
Palliative and End of Life care data profiles for ICTs/districts & boroughs: JSNA: ICT Profiles
Surrey
JSNA chapters on End of Life and Bereavement are currently in progress. Please email jsnafeedback@surreycc.gov.uk for more information.
West Sussex

A good death

A good death (or good end of life experience) is defined as having the right care, support and systems in place, so people feel protected and safe, and their carers and loved ones understand what support is available. National evidence suggests most people want to die at home.

The ability of all health and care professionals to recognise when someone is entering the last year of life and the ability to be able to discuss end of life openly, honestly and sensitively are essential gateways to appropriate end of life care.

Registered deaths for residents in Surrey and Sussex between 2013 and 2024



Source: Nomis - Query Tool - Mortality statistics - underlying cause, sex and age

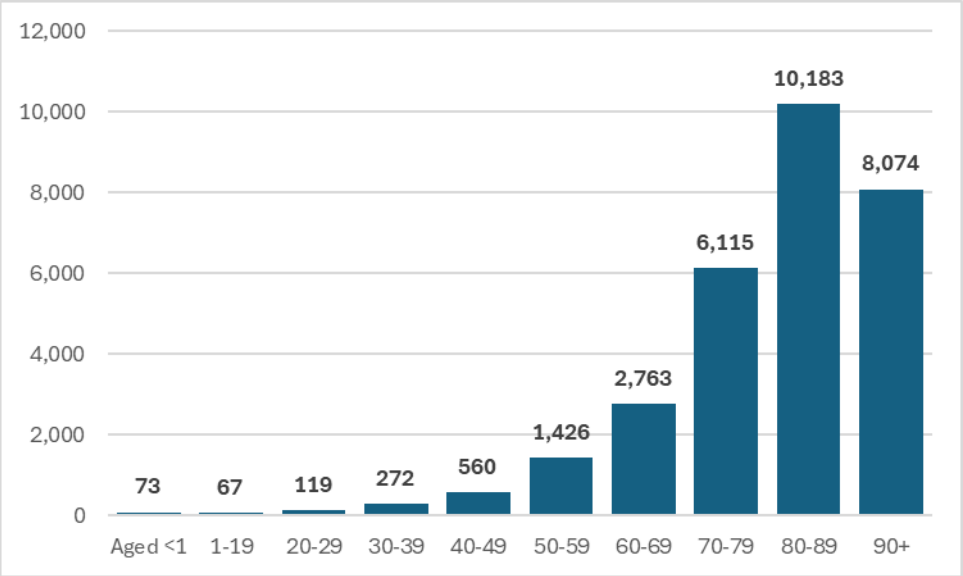
Deaths in Surrey and Sussex by main cause of death, deaths registered in 2024

	England		Surrey & Sussex		Brighton & Hove		East Sussex		Surrey		West Sussex	
Cause of death	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Cancer	139,795	26%	7,652	26%	513	26%	1,917	27%	2,710	25%	2,512	26%
Cardiovascular disease	126,250	24%	7,073	24%	490	24%	1,808	26%	2,507	23%	2,268	23%
Dementia and Alzheimer's disease	64,353	12%	3,906	13%	227	11%	836	12%	1,571	15%	1,272	13%

Liver disease	14,938	3%	731	2%	62	3%	175	2%	254	2%	240	2%
Respiratory disease	64,232	12%	3,426	12%	227	11%	792	11%	1,262	12%	1,145	12%
Other	122,385	23%	6,871	23%	486	24%	1,547	22%	2,428	23%	2,410	24%
All causes	531,953	100%	29,659	100%	2,005	100%	7,075	100%	10,732	100%	9,847	100%

Source: Mortality Profile - Data | Fingertips | Department of Health and Social Care

Deaths in Surrey and Sussex by age group, deaths registered in 2024



Source: Nomis - Query Tool - Mortality statistics - underlying cause, sex and age

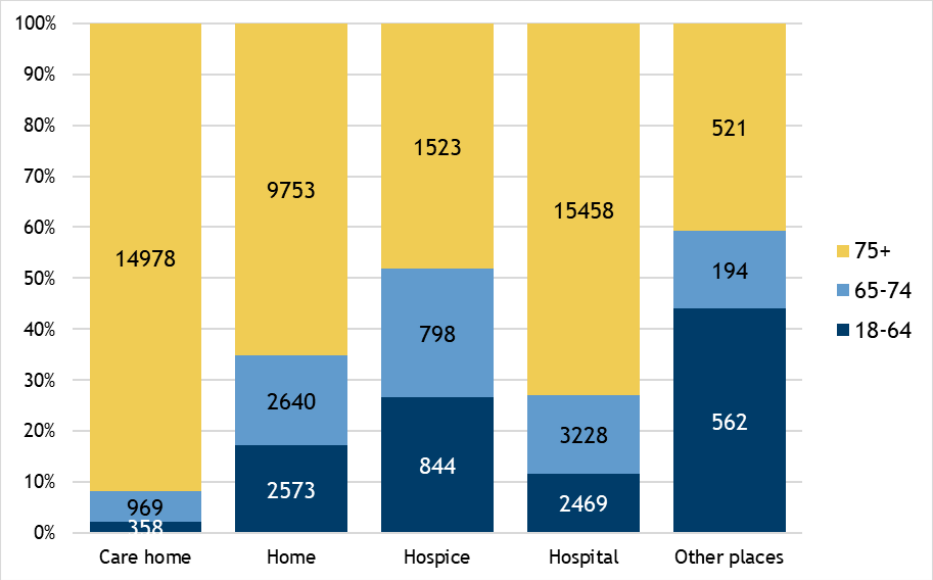
Percentage of deaths by place of death by Sub-ICB area, deaths registered in 2024

Percentage of deaths that occur:	England	Surrey & Sussex ICBs total	Surrey Heartlands (92A)	Brighton & Hove (09D)	West Sussex (70F)	East Sussex (97R)
in hospital	42	38	41	38	37	36
at home	28	26	25	30	26	26
in care homes	21	28	26	25	29	29
in hospice	5	6	6	5	6	7
in 'other places'	3	2	2	3	2	2

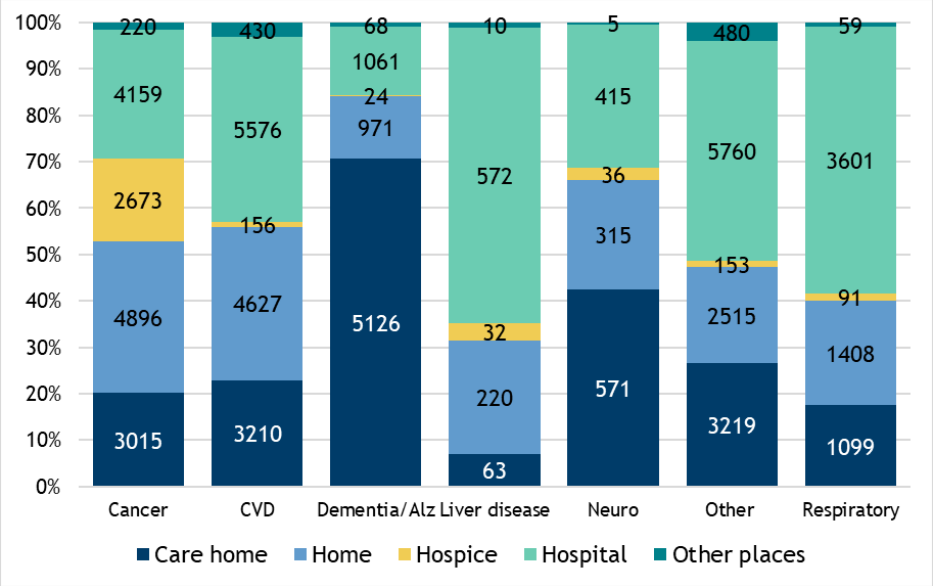
Source: Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care

There is a needs assessment being developed for Palliative and End of Life care in Sussex and some early analysis is presented here to look deaths by place of death by age and by cause using local death registration data.

Place of death and age groups for residents in Sussex, 2022-2024



Underlying cause of death by Place of death, residents in Sussex, 2022-24

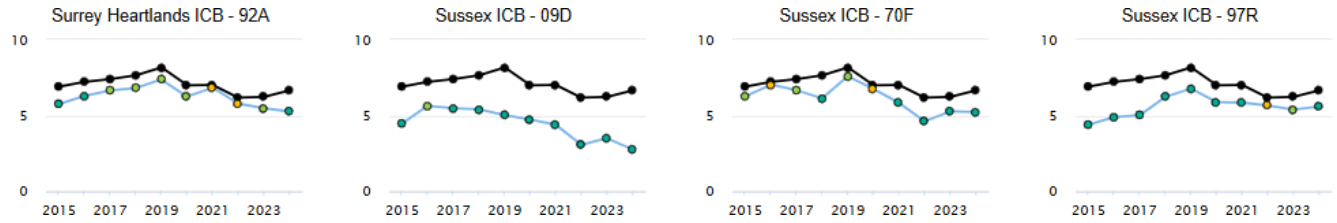


Percentage of deaths with three or more emergency admissions in the last 90 days of life, 2024

Area	Recent Trend	Count	Value
England	↓	35,210	6.6
Surrey & Sussex Sub-ICBs	–	1,450	5.2*
Sussex ICB - 97R	→	395	5.6
Surrey Heartlands ICB - 92A	↓	490	5.3
Sussex ICB - 70F	↓	510	5.2
Sussex ICB - 09D	↓	55	2.8

Source: OHID, based on NHS England and Office for National Statistics data

Better 99.8% | Better 95% | Similar | Worse 95% | Worse 99.8%



Source: Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care

Sub-ICB codes: Surrey Heartlands (92A), Brighton & Hove (09D), West Sussex (70F) and East Sussex (97R)

Palliative care

Palliative or end of life care is the active, holistic care of patients with advanced, progressive disease and those important to them. By identifying patients early, they can be supported to live and die well through proactive involvement in planning their care and support, along with those important to them, ensuring access to the right services in line with their needs and preferences.

This QOF indicator is for GP practices to establish and maintain a register of all patients in need of palliative care/support irrespective of age.

Just under 14,000 patients in Surrey and Sussex were on a palliative care register, which represents 0.5% of the GP registered population. In East Sussex 0.6% were on a palliative care register whilst in Brighton & Hove 0.3% were on one.

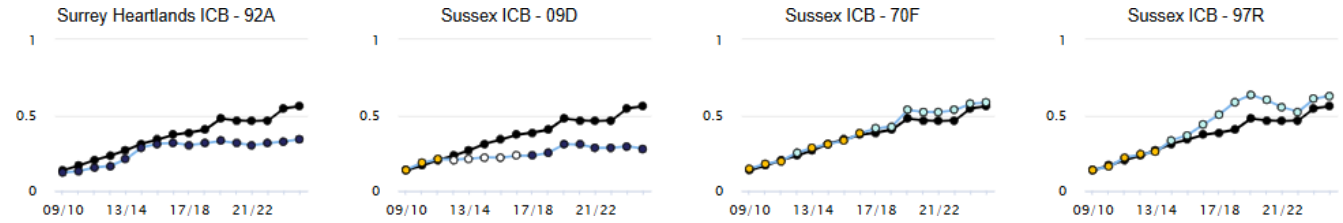
According to a recent Health and Social Care Committee report into Palliative care, around 1% of the population dies each year nationally, and this is anticipated in 74–96% of cases. Individuals reaching the end of their life, irrespective of age, should be included in the primary care Palliative Care Register, which is used locally as an early identification system to direct individual care planning, and in aggregate to identify service need. However, in 2023–24, only 0.55% of the population were included on the Palliative Care Register, meaning that more than 20% of people whose death was anticipated had not been recorded. This was despite a financial incentive for GPs to maintain the register. The 2025/26 changes to the GP contract removed this incentive, but the Government's expectation for GPs to complete the register remains. Health and Social Care Committee: Palliative Care, Sixth Report of Session 2024–26 HC 1763

QOF Palliative care register, 2024/25

Area	Recent Trend	Count	Value
England	↑	356,543	0.6
Surrey & Sussex Sub-ICBs	–	13,996	0.5*
Sussex ICB - 97R	→	3,628	0.6
Sussex ICB - 70F	↑	5,533	0.6*
Surrey Heartlands ICB - 92A	↑	3,901	0.3*
Sussex ICB - 09D	→	934	0.3

Source: NHS England

Lower 99.8% | Similar | Higher 99.8%



Source: Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care

Sub-ICB codes: Surrey Heartlands (92A), Brighton & Hove (09D), West Sussex (70F) and East Sussex (97R)

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