

HEALTH COUNTS 2024



University of Brighton

 **brighton and sussex
medical school**



Brighton and Hove Federation
Primary Care for our local community

healthwatch

NHS
Sussex



**Brighton & Hove
City Council**

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Foreword

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

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

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

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

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

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

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

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



Caroline Vass
Acting Director of Public Health

About Health Counts

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

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

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

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

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

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

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

Key:

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



Trend

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



Comparison

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



Inequalities

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

Demographics

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

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

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

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

5% TNBI

(Trans, non-binary or intersex)

Higher than the 2021 Census at 1% of adults.

28% LGBTQ+

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

Higher than the 2021 Census at 11% of adults.

13% Neurodivergent adults

No comparative data available.

24% Black and Racially Minoritised

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

60% have no religion

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

0.9% live in temporary or emergency accommodation

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

16% provide some unpaid care

Higher than the 2021 Census at 8%.

35% married or in a civil partnership

Similar to the 2021 Census at 33%.

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

No comparative data available.

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

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

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

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

General health and disability

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

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

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

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

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

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

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

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

And people living in the following areas:

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


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

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


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

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

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

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

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

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

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

Falls and pains

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

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



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

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



Trend

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



Inequalities

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

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



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

This includes both work outside the home and housework.



Trend

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



Inequalities:

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

Emotional wellbeing and mental health

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

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

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



24% of adults have a low happiness score

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



Trend

An increase from 11% in Health Counts 2012



Comparison

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



Inequalities:

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



38% have a high anxiety score

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



Trend

An increase from 25% in Health Counts 2012.



Comparison

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



Inequalities

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

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

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

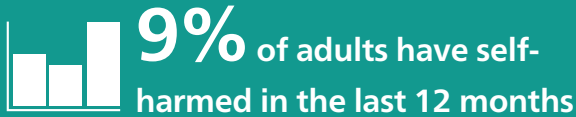
And people living in the following areas:

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

Self-harm and suicidal thoughts and attempts

Sensitive questions

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



Comparison

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



Inequalities

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

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

People in the following groups are more likely to have self-harmed:

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

And people living in the following areas:

Areas of Moulsecoomb and Bevendean, Coldean and Stanmer, Kempton, and Central Brighton.



That is, thought of taking their life, even though they would not actually do it.

Comparison

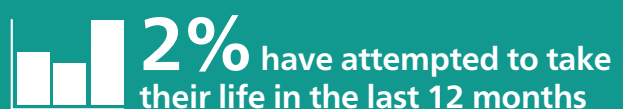


5% of adults aged 16-74 in England said they had suicidal thoughts in the last 12 months as reported in the 2014 Adult Psychiatric morbidity survey (the 2023/24 Adult Psychiatric Morbidity survey results are due to be published in June 2025).



Inequalities

30% of those living in the most deprived areas have experienced suicidal thoughts in the last 12 months, compared to 18% of those in the least deprived areas.




Smoking and vaping


While smoking rates are falling, smoking remains the greatest cause of inequality and preventable ill health and early death in the UK.

Vaping is one of the most effective aids to help adults stop smoking. Although it is not risk free, vaping is significantly less harmful compared with smoking.

 **17%** of adults currently smoke - either occasionally (7%) or daily (10%)

 **Trend**
A decrease from 2012 (23%) and halved from 1992 (33%)
Health Counts.

 **Comparison**
This is similar to the smoking prevalence on GP registers and the GP patient survey for Brighton & Hove, both at 18%.

 **Inequalities**
25% of adults living in the most deprived areas smoke, compared to 9% of those living in the least deprived areas.

This absolute inequality gap in Health Counts has narrowed from 23% in 2012 to 16% in 2024

People in the following groups are more likely to smoke:

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


These groups are similar for vaping.

And people living in the following areas:


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

 **41%** of current smokers have tried to give up smoking in the last 12 months

 **25%** of current smokers usually smoke or use tobacco within five minutes of waking up

 **13%** of adults currently vape - either occasionally (5%) or daily (9%)

 **Comparison**
Higher than the estimated 10% for people aged 16 or over in Great Britain in 2023 from the Office for National Statistics Opinions and Lifestyle Survey (no Brighton & Hove figure available).

 **Inequalities**
18% of adults living in the most deprived areas vape, compared to 8% of those living in the least deprived areas.

Alcohol and drugs

Drugs and alcohol are key public health issues in Brighton & Hove, with higher rates of drug use and drug related deaths in the city compared to England.



56% of adults don't drink, or drink at low risk levels



Inequalities

Adults living in less deprived areas are more likely to drink at increasing, higher risk, or possible dependence level (combined).



44% drink at increasing risk (28%), higher risk (14%) or possible dependence levels (2%)



Inequalities

48% of those in the least deprived areas compared to 37% of those in the most deprived areas.



16% binge drink weekly



2% daily or almost daily



Inequalities

People in the following groups are more likely to binge drink daily or almost daily:

Adults aged 55-74,, males, adults with a mental health condition or a physical difference (limiting their physical activities), living in temporary/emergency accommodation.



20% of adults have taken drugs not prescribed for them and not available at a chemist or pharmacy in the last 12 months Health Counts

Most commonly used drugs are cannabis and cocaine.



Trend

An increase from 17% in Health Counts 2012.



Comparison

Higher than estimates from the Crime Survey for England and Wales (10% of adults aged 16-59). 35% of 18-24-year-olds in the city have used drugs in the last year, almost double the estimate from the Crime Survey for England and Wales for 16-24-year-olds.



Inequalities
People in the following groups are more likely to have taken drugs in the last 12 months:

Adults living in 20 – 40% most deprived areas of the city, aged 18-44, adults from Mixed/multiple ethnic groups, Gypsy, Roma, and/or Traveller adults, males, TNBI and LGBTQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Central Hove to Kemptown, West Hill and North Laine, Round Hill and Hanover and Elm Grove, and Coldean and Stanmer.

Gambling and gambling-related harms

Gambling-related harm is associated with poorer mental and physical health. With a greater risk of gambling-related harm among people experiencing health challenges and lower life satisfaction.

Health Counts asked individuals about both their own gambling, and that of people close to them for the first time in the 2024 survey.



21% of adults gamble, even if only occasionally



19% of adults who gamble experience at least one gambling-related harm

The most common harms for those who gamble are:

- Reducing/cutting back on spending on everyday items (11%)
- Feeling isolated, left out or completely alone (10%)



24% of adults have someone they are close to who gambles, even if only occasionally



18% of people with someone close to them who gambles experience at least one harm

The most common harms for those with someone close to them who gambles are:

- Experiencing conflicts or arguments (12%)
- Feeling isolated, left out or completely alone (9%)



Inequalities:

25% of adults living in the most deprived areas (20% of the city) experience gambling-related

harms compared to 14% living in the least deprived areas.

Of those who gamble, people in the following groups are more likely to experience gambling related harm:

Adults living in the most deprived areas, aged 18-24, Black and Racially Minoritised, Asian or Asian British or Arab adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

South Portslade, Whitehawk and Marina, Coldean and Stanmer, and Moulsecoomb and Bevendean wards.

Sexual health and HIV

Brighton & Hove has the highest rate of sexually transmitted infections (STIs) in people under 25 outside of London and the second highest rate for all ages outside of London (after Manchester). The city also has the highest prevalence of HIV outside of London.

Questions on sexual health and HIV were therefore included in Health Counts. These differ from the questions asked in 2012, so no trend is available.



37% of adults who reported that they had sex with a new partner in the last year used a condom every time

35% sometimes, 16% never, 9% said this was not applicable and 3% preferred not to say.



Inequalities
Of those who had sex with a new partner in the last year, people in the following groups are more likely to never use a condom:

Adults living in the most deprived areas, aged 55-64, Gypsy, Roma, and/or Traveller adults, neurodivergent adults, adults with some physical and mental health conditions, adults with experience of the care system as a child or young person.



38% of adults had ever had a test for HIV

11% had a test in the last year and 55% had never had a test for HIV.



35% have heard of PrEP (pre-exposure prophylaxis), which can reduce the chance of getting HIV from sex or injection drug use

60% have not heard of PrEP and 5% are not sure.



5% of those who have heard of PrEP were currently using it

3% have used it in the past.

Activity and diet

Being active and eating a healthy diet is good for both our mental and physical health and reduces our risk of developing a number of health conditions.

 **53%** of adults did less than 30 minutes of sport or fitness activity which raised their breathing rate in the past week

This doesn't give the full picture of physical activity as it excludes walking and cycling.



Inequalities

65% of adults living in the most deprived areas did less than 30 minutes of sport and fitness activity, compared to 48% of those living in the least deprived areas.

People in the following groups/areas of the city are more likely to have done less than 30 minutes of sport or fitness activity:

Adults living in the most deprived areas, aged 65+, adults from Asian or Asian British, Black, Black British, Caribbean or African, and Arab ethnic groups, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system, and unpaid carers.

And people living in the following areas:

Whitehawk and Marina, South Portslade, Moulsecoomb and Bevendean, Coldean and Stanmer, Woodingdean, North Portslade, Hangleton and Knoll, and Queen's Park wards.



28% of adults sit for 10 or more hours during a weekday

Including time spent at work, at home, studying, and during leisure time.



Inequalities

People in the following groups are more likely to sit for 10 or more hours during a weekday:

Adults living in the most deprived 40% of areas, aged 18-34, adults who are Black and Racially Minoritised, Mixed/multiple ethnic groups, White Irish or other White, males, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions.

And people living in the following areas:

Central Hove to Regency, West Hill and North Laine, Moulsecoomb and Bevendean, and Coldean and Stanmer.



49% of adults eat five or more portions of fruit and vegetables per day



Trend

A decrease from 2012 (52%), but an increase from 2003 (43%) Health Counts.

Inequalities



People in the following groups are less likely to eat five or more portions of fruits or vegetables a day:

Adults living in the most deprived areas, aged 18-44, from Black and Racially Minoritised, Asian or Asian British, Black, Black British, Caribbean or African, and Arab ethnic groups, males, TNBI and LGBTQ+ adults, disabled adults, neurodivergent adults, adults with some physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Coldean and Stanmer, Moulsecoomb and Bevendean and Kemptown wards.

Healthy weight and access to nature

There are a wealth of benefits from being a healthy weight at an individual, population, and societal level. We need to make systemic changes to provide a healthier environment for everyone.

Green and open spaces are an important asset for supporting physical and mental health and wellbeing. We included questions on access to nature for the first time in the 2024 Health Counts.



37% of adults are a healthy weight, 36% are overweight and 25% are obese



Comparison

The Office for Health Improvement and Disparities (OHID) for the city estimate that 43% of adults are a healthy weight, 42% are overweight and 15% are obese.



Inequalities

People in the following groups are less likely to be a healthy weight:

Adults living in the most deprived areas, aged 45-84, adults from Black, Black British, Caribbean or African ethnic groups, males, disabled adults, neurodivergent adults, adults with physical and mental health conditions, and unpaid carers.

And people in the following areas:

Woodingdean, Whitehawk and Marina, Wish, South Portslade, North Portslade and Rottingdean and West Saltdean ward.



22% of adults spend time in nature daily

The beach, then parks, are the most commonly visited.



Comparison

Higher than estimates in the People and Nature Survey for England 2023/24 (16%) (this survey does not provide figures by area).



Inequalities

82% of those living in the most deprived areas spend time in nature at least monthly, compared to 92% of those living in the least deprived areas.

People in the following groups are less likely to spend free time in nature at least monthly:

Adults living in the most deprived areas, aged 25-34, adults from Black and Racially Minoritised, Asian or Asian British, Black, Black British, Caribbean or African, and Arab ethnic groups, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child or young person.

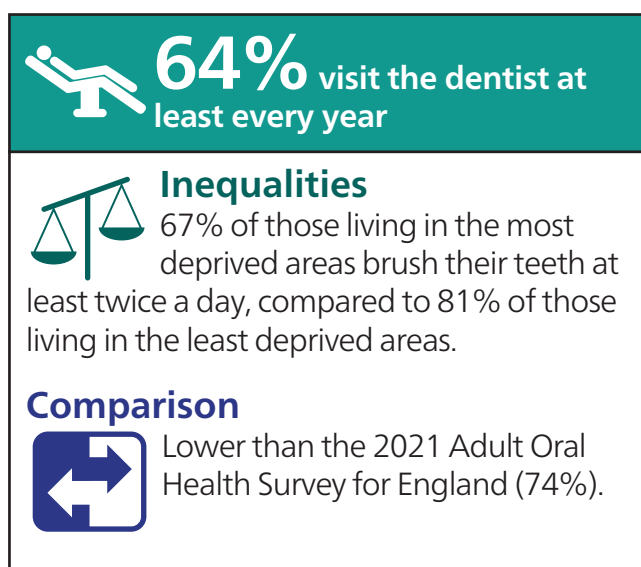
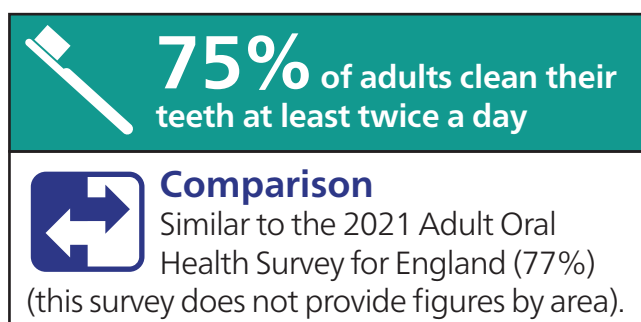
And people living in the following areas:

Whitehawk and Marina, and Moulsecoomb and Bevendean wards.

Oral health

Good oral health is an important part of general health and wellbeing, allowing people to eat, speak and communicate effectively and socialise free from pain, discomfort or embarrassment.

Questions on oral health and access to dentists were included in the Health Counts 2024 for the first time, so no trend is available.



10% never visit the dentist

The most common reasons for those who never visit the dentist are:

- Unable to register with an NHS dentist (49%)
- Unable to afford to see a private dentist (37%)
- Not felt I needed to see a dentist (30%)
- Have fear / anxiety about seeing a dentist (28%)

Inequalities
People in the following groups are more likely to never visit the dentist:

Adults living in the most deprived areas, aged 25-34, adults from Black British, Caribbean or African, and Arab ethnic groups, males, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child or young person.

And people living in the following areas:
Kemptown, West Hill and North Laine and Preston Park wards.

Cost of living and housing concerns

Feeling in control of our circumstances and the quality or condition of a home are some of the most direct ways finance and housing can affect health. Cost of living and housing condition worries were therefore included in Health Counts 2024.

£ 85% of adults are taking at least one action due to the cost of living

The most common actions are:

- Reducing leisure activities (45%)
- Shopping around more (43%)
- Spending less on food (40%)
- Using less fuel at home (38%)
- Using savings (33%)
- Using credit cards, loans or overdrafts more (20%)
- Using support from charities, e.g. food banks (4%)

Comparison



Lower than 91% for England reported in the 2023 ONS Opinions and Lifestyle Survey (this survey does not provide figures by area).

Inequalities



People in the following groups are more likely to be taking any actions due to the increases in cost of living:

Adults living in the most deprived areas, aged 18-44, adults from Black and Racially Minoritised, Asian or Asian British, Black British, Caribbean or African, Gypsy, Roma, and/or Traveller, White Irish or White other ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the

care system as a child or young person, and unpaid carers.

And people living in the following areas:

Moulsecoomb and Bevendean, Coldean and Stanmer, Brunswick and Adelaide, Whitehawk and Marina, Roundhill and Hanover and Elm Grove wards.



21% of adults are fairly or very worried about their housing conditions e.g. damp, cold and leaks



Inequalities:

27% of those living in the most deprived areas worry about their housing conditions, compared to 10% of those living in the least deprived areas.

People in the following groups are more likely to be fairly/very worried about their housing conditions:

Adults living in the most deprived areas, aged 18-44, adults from Black and Racially Minoritised, Black, Black British, Caribbean or African, Gypsy, Roma, and/or Traveller, White Irish or White other or other ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system as a child or young person, and unpaid carers.

And people living in the following areas:

There are concentrations of areas where adults are more likely to be worried about housing conditions along the seafront wards from Central Hove to Kemptown and inland to West Hill and North Laine, Roundhill, Hanover and Elm Grove and Moulsecoomb and Bevendean. At small area level there are also areas in Hangleton and Knoll with higher rates.

Community cohesion

Family, friends and communities are the cornerstone of our everyday lives.

The nature of our social networks – the quality of our relationships, the support we have, whether we feel we belong where we live – all influence our health and wellbeing.



81% of adults are very or fairly satisfied with their local area as a place to live



Trend

A decrease from 88% in Health Counts 2012.



Inequalities

69% of those living in the most deprived areas are very/fairly satisfied with their local area as a place to live, compared to 90% of those living in the least deprived areas.



8% are fairly or very dissatisfied with their local area as a place to live



Trend

An increase from 5% in Health Counts 2012.



53% feel that they belong to their immediate neighbourhood very/fairly strongly



Trend

A decrease from 58% in Health Counts 2012.



Inequalities

This breakdown is available for all community cohesions questions in the full report, but only shown here for belonging.

45% of those living in the most deprived areas have a very/fairly strong sense of belonging, compared to 64% of those living in the least deprived areas.

People in the following groups are less likely to have a very or fairly strong feeling of belonging:

Adults living in the most deprived areas, aged 18-34, adults from Asian or Asian British, Black, Black British, Caribbean or African, Arab or White Irish or White other ethnic groups, males, TNBI and LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Hangleton and Knoll, parts of Portslade, central seafront and city centre, Kemptown, Hanover and Elm Grove and Whitehawk, Moulsecoomb and Bevendean and Coldean and Stanmer.

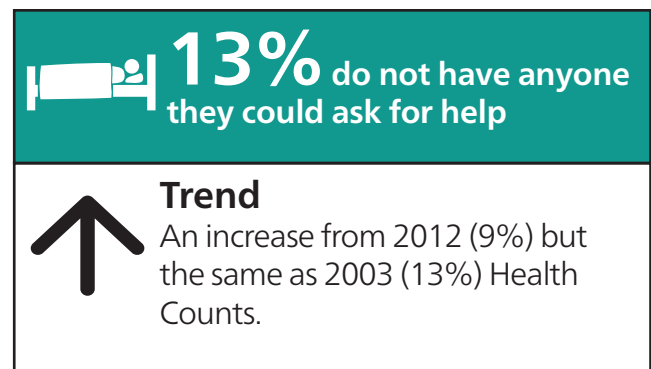
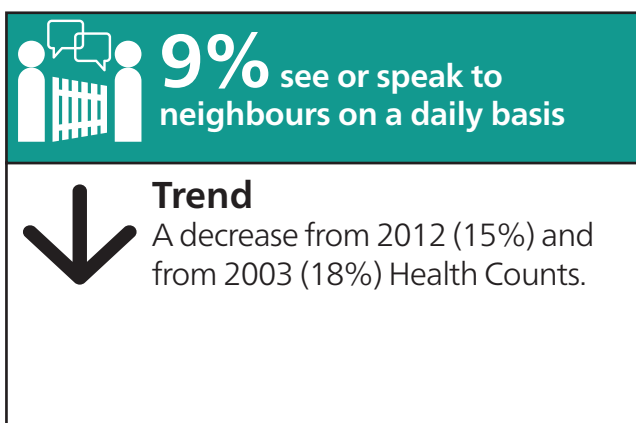
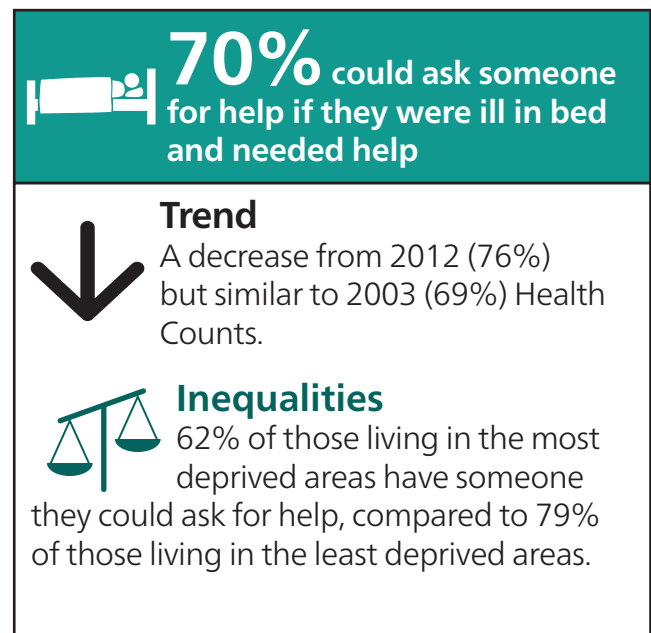
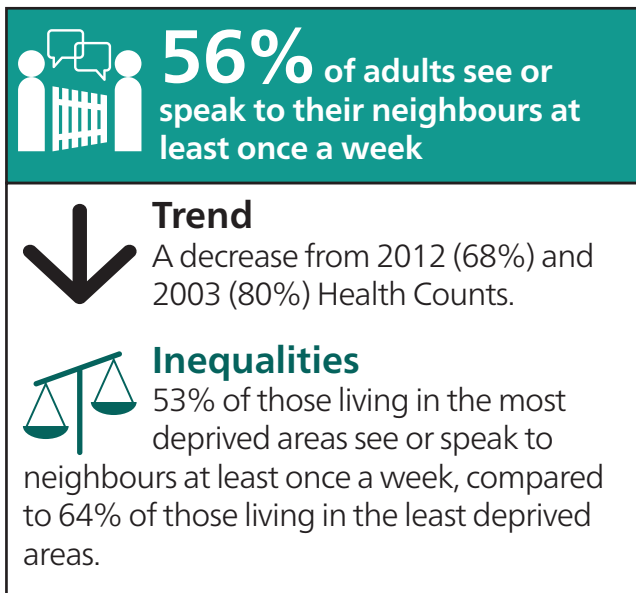


42% rate their sense of belonging as not very strong or not at all



Trend

An increase from 38% in Health Counts 2012.



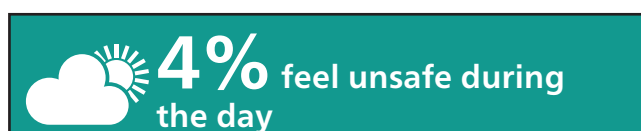
Community safety

Crime affects physical and mental health in many ways. Feeling unsafe can also have psychological effects and directly reduce health promoting behaviours, such as physical activity and social contact. These areas were therefore added into Health Counts 2024.



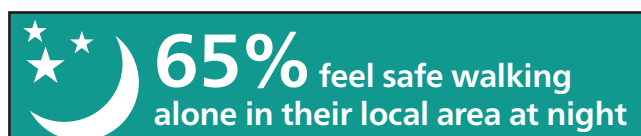
Comparison

The same as the 2018 Brighton & Hove City Tracker Survey.



Comparison

Higher than 1% in the 2018 Brighton & Hove City Tracker Survey.



Comparison

Lower than 79% in the 2018 Brighton & Hove City Tracker Survey.



8% feel very unsafe at night



Comparison:

Higher than 3% in the 2018 Brighton & Hove City Tracker Survey.



Inequalities

48% of those living in the most deprived areas of the city feel very or a bit unsafe at night, compared to 25% of those living in the least deprived areas.

People in the following groups are more likely to feel very or a bit unsafe at night:

Adults living in the most deprived areas, aged 18-34 and 85+, adults from Gypsy, Roma, and/or Traveller ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

And people living in the following areas:

Central Brighton, Whitehawk, Queen's Park, Moulsecoomb and Bevendean, Falmer, Woodingdean, Hangleton and Knoll and Portslade.

Harassment and violence

Sensitive questions

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

Harassment and violence have significant impacts, including on health and wellbeing, and can have far reaching consequences. These questions were included for the first time in Health Counts 2024.

40% of adults experienced any of the listed types of harassment in the past 12 months



Comparison

Higher than 22% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey (this survey does not provide figures by area).



14% have felt physically threatened by a stranger in a public space



Comparison

Higher than 6% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.



25% have been insulted or shouted at by a stranger in a public space



Comparison

Higher than 12% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.



16% have experienced catcalls, whistles, unwanted sexual comments or jokes from a stranger in a public space



Comparison

Higher than 8% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.



13% have felt like they were being followed



Comparison

Higher than 7% for Great Britain in the 2022 ONS Opinions and Lifestyle Survey.

People are very or fairly worried about:

24% Physical violence against a family member

22% Physical violence against themselves

21% Being sexually assaulted/raped



Inequalities:

31% of those living in the most deprived areas feel very or fairly worried about physical violence against them, compared to 15% of those living in the least deprived areas.

People in the following groups are more likely to feel very or fairly worried about physical violence against them:

Adults living in the most deprived areas, aged 18-34, adults from Mixed/multiple and Gypsy, Roma, and/or Traveller or other ethnic groups, females, TNBI adults, LGBTQ+ adults, disabled adults, neurodivergent adults, adults with physical and mental health conditions, living in temporary/emergency accommodation, with experience of the care system.

Hate crime

Hate crime can have a profound impact on both individual and community health and wellbeing.

Beyond the individual, hate crime can create a climate of fear and mistrust within communities, reducing social cohesion and making people feel unsafe in their everyday lives. Questions about hate crime were included for the first time in the 2024 survey.

30% of LGBTQ+ adults were very or fairly worried about being targeted by perpetrators of hate crime because of their sexual orientation or perceived sexual orientation

This was highest for:

- Queer adults (50%)
- Gay or lesbian adults (38%)

67% of TNBI adults were very or fairly worried about being targeted by perpetrators of hate crime because they are trans, non-binary or present as gender divergent

This was highest for:

- Trans adults (74%)
- Non-binary adults (67%)

23% of adults who are Black and Racially Minoritised were very or fairly worried about being targeted by perpetrators of hate crime because of their ethnic heritage or religion or their perceived ethnic heritage or religion

This was highest for:

- Sikh adults (69%)
- Muslim adults (45%)
- Refugee or asylum seeker adults (44%)
- Jewish adults (43%)
- Arab adults (40%)

11% of disabled adults were very or fairly worried about being targeted by perpetrators of hate crime because of their disability or assumed disability

This was highest among adults with:

- Speech and language conditions (50%)
- Developmental conditions (e.g. affecting motor, cognitive, social or language) (49%)
- Learning disabilities (45%)
- A visible difference with a disabling and/or discriminatory impact (42%)

Acknowledgements and citation

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If using Health Counts 2024 results – please use the following citation:

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Accessing and using Health Counts data:

If you are a researcher who wants to apply to use the Health Counts data for research, there is an editorial board approval process. If you work within Brighton & Hove City Council, NHS or a Community and Voluntary Sector organisation and want to discuss use of/access to the data, then please contact the Health Counts team.

For details of the application process for using Health Counts data for research and contact details, visit www.brighton-hove.gov.uk/health-counts or for further information visit www.brighton.ac.uk/research/health-counts-2024

HEALTH COUNTS 2024



University of Brighton

 **brighton and sussex**
medical school



Brighton and Hove Federation
Primary Care for our local community

healthwatch

NHS

Sussex



Brighton & Hove
City Council