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**HEALTH
COUNTS
2024**

Health & Social Care Network April 2026

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Health Counts 2024 is funded by Brighton & Hove City Council Public Health Department

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Covering:

- Some findings with focus on Black and Racially Minoritised communities

**HEALTH
COUNTS
2024**

Note that the survey covers some sensitive areas, including hate crime – please do take a moment away from the presentation at those results if needed

[Health Counts 2024 Report by Brighton and Hove City Council - Infogram](#)



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Health Counts Brighton & Hove



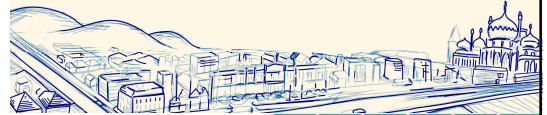
**HEALTH
COUNTS
2024**

- **Once every decade since 1992** Public Health team commissioned
- **University of Brighton**, with Brighton & Sussex Medical School. In collaboration with NHS Sussex, Healthwatch and Brighton & Hove Federation
- **Important evidence** of inequalities across the city for Joint Strategic Needs Assessment (JSNA) and strategies
- **Whole adult population** via GP practices text message invites
- **Community activities** including supported completion for groups less likely to be registered with a GP, or to complete an online survey and wide promotion across the city. (see list of organisations at the end)



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Demographics



**HEALTH
COUNTS
2024**

16,799 respondents 7.2% of the resident population aged 18 years or over

Different population groups

24% Black and Racially Minoritised - 2021 Census at 26% (over 4,000 respondents)

Intersectionality

- **5% TNBI**
- **28% LGBTQ+**
- **4% have ever lived in care as a child or young person**
- **0.9% live in temporary or emergency accommodation**
- **13% Neurodivergent adults**
- **6% Autistic adults**

Q81. What is your ethnic group?

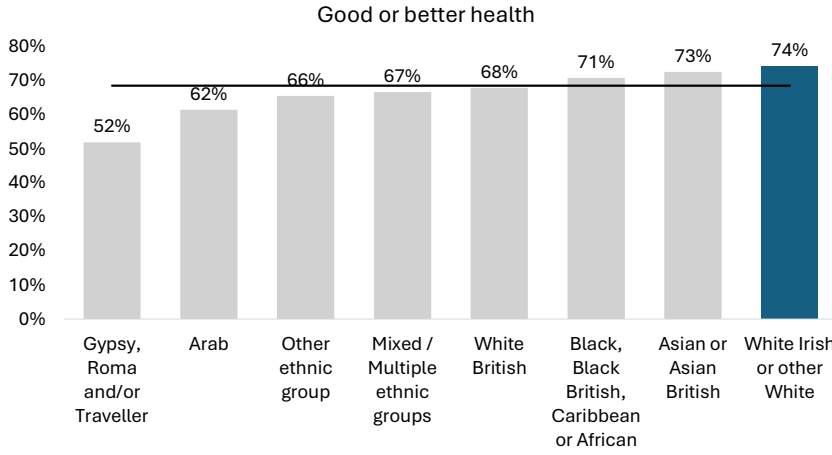
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please specify) _____
Black, Black British, Caribbean or African	<input type="checkbox"/> Caribbean <input type="checkbox"/> African background (please specify) _____ <input type="checkbox"/> Any other Black, Black British, or Caribbean background (please specify) _____
Mixed / Multiple ethnic groups	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background (please specify) _____
Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (please specify) _____
White	<input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background (please specify) _____

General health: Brighton and Hove 69%

Black and Racially Minoritised (all non-White British) 71%, significantly higher % than B&H average

Full breakdown by ethnicity.

Note that different age profiles need to be considered across all indicators



The following are less likely, compared to Brighton & Hove as a whole, to be in good or better health

- Adults aged 75-84 and 85+ years (64% and 56% respectively)
- Females (69%)
- Trans, non-binary or intersex adults (TNBI) (56%)
- Lesbian, gay, bisexual, queer or other non-heterosexual orientation (LGBQ+) adults (62%)
- Disabled adults (39%) – See full list in report
- Autistic adults (38%) neurodivergent adults (41%)
- Adults living in temporary or emergency accommodation (33%)
- Adults with experience of the care system as a child/young person (45%)
- Unpaid carers (62%)
- Areas of city and living in more deprived areas

Key: Similar, less likely or more likely, compared to Brighton & Hove

Inequalities in good health by ethnicity | The Health Foundation

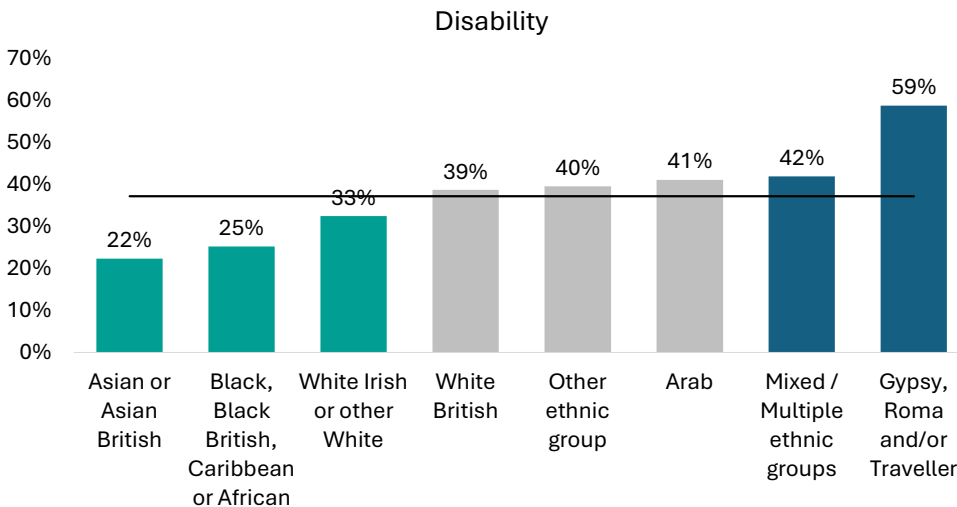
In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

Disability: Brighton and Hove 37%

% of people who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled

Black and Racially Minoritised 33%, significantly lower % than B&H average.



The following were more likely, compared to Brighton & Hove, to be a disabled adult

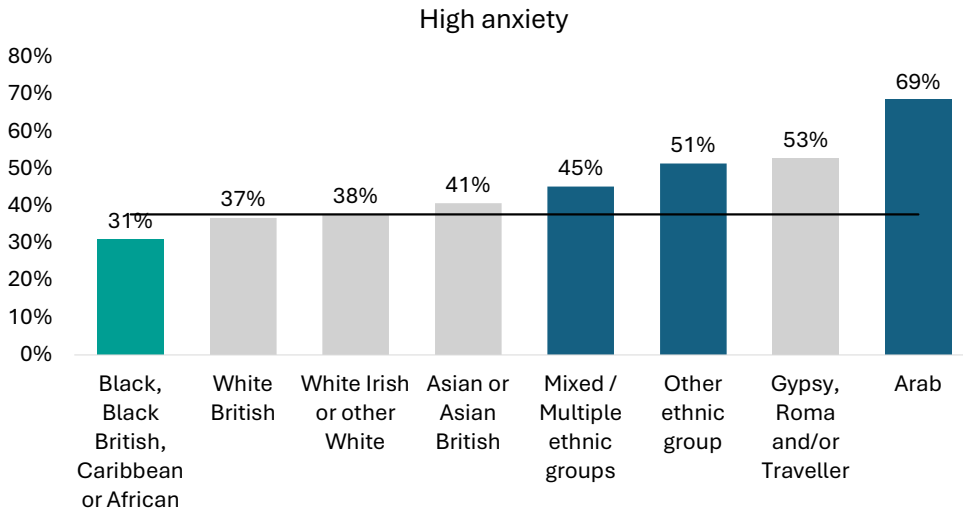
- Those aged 18-24 and 85+ years (47% and 54% respectively)
- Females (39%)
- TNBI (68%)
- LGBQ+ (50%)
- Those living in temporary or emergency accommodation (67%)
- Those with experience of the care system as a child/young person (59%)
- Unpaid carers (45%)
- Areas of city and those living in more deprived areas

Key: less likely or more likely, compared to Brighton & Hove

Anxiety: Brighton and Hove 38%

People were asked to rate their anxiety yesterday on a scale of 0-10

Black and Racially Minoritised 41%, significantly higher % than B&H.



The following were significantly more likely to have high anxiety scores:

- Aged 18-24 and 25-34 years (58% and 45%)
- TNBI (57%)
- LGBQ+ (50%)
- Adults with a disability (58%) – see report for full list
- Those living in temporary or emergency accommodation (72%), social renting (53%) or privately renting (47%)
- Those with experience of the care system as a child/young person (53%)
- Areas of city and those living in more deprived areas

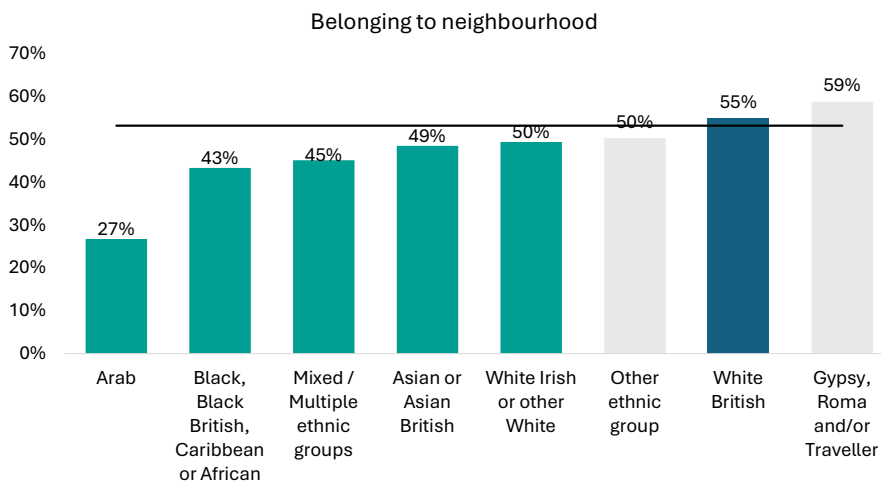
Key: **less likely** or **more likely**, compared to Brighton & Hove

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Belonging: Brighton and Hove 53%

Adults feel that they belong to their immediate neighbourhood very/fairly strongly.

Black and Racially Minoritised 48%, lower % than B&H.



The following are less likely to have a very or fairly strong feeling of belonging to their local area

- Adults aged 18-24 and 25-34 (both 38%)
- Adults living in the most deprived areas: Males (51%)
- TNBI adults (40%)
- LGBQ+ adults (45%)
- Adults living in temporary or emergency accommodation (35%)
- Adults with experience of the care system as a child/young person (43%)
- Disabled adults (47%) - see report for full list
- Autistic adults (37%), neurodivergent adults

Key: **less likely** or **more likely**, compared to Brighton & Hove

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Community safety and hate crime

How worried are you about physical violence: % that feel very or fairly worried about physical violence against themselves (Brighton & Hove **22%**):

- **Adults from Mixed/multiple ethnic groups (32%) and Gypsy, Roma, and/or Traveller (61%) or other ethnic groups (29%)**
- Younger, adults living in the most deprived areas and other groups in the report.....

How worried are you about hate crime: % 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** (Brighton & Hove **9%**)

- **23% of adults who are Black and Racially Minoritised** were very or fairly worried. Compared to 4% of White British adults.
- This was highest for Sikh adults (69%), Muslim adults (45%), refugee or asylum seeker adults (44%), Jewish adults (43%) and Arab adults (40%).

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Acknowledgements

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Brighton & Hove Federation; Brighton & Hove Healthwatch; Arke Agency; University of Brighton Communications and Marketing, Brighton & Hove City Council Public Health and Communications teams; Brighton & Sussex Medical School Communications;

NHS Sussex; Brighton & Hove Libraries; Albion in the Community; Digital Brighton & Hove; Bridging Change; Families, Friends and Travellers; Refugee Radio; Trust for Developing Communities; Whitehawk FC; Jolloffe Café; Black and minority ethnic Chinese elders' council; Hangleton & Knoll Project; Hangleton & Knoll Western Group; Whitehawk Outreach Group; Oasis Homeless Charity; Arch Healthcare; Acorn; Trust for Developing Communities; Community works; Community Base; Sussex Impact Initiatives; UOK?; Cascade; NHS Public engagement involvement Brighton and Hove; The Peoples' (Digital) Panel; Somerset Centre; Allsorts; Mind out; Older and Out; Clare Project; Speak Out; Amaze Families; Primary Care Network East Central Brighton; East Brighton Food cooperative Baker Street; and the Womens' Institute.

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- **GP Practice Manager Forum** Cheryl Palmer
- **Primary Care Network (PCN) managers** Tori Lawrence, Gemma Clayton, Laura Fernandez-Kayne, Samantha Lade, Carol Witney, Peter Sutcliffe



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Use of Health Counts data



Webpages [Health counts](#) & [Health Counts 2024](#)

[Health Counts 2024 Report - Appendix 2 data tables by population group.xlsx](#)

If using Health Counts 2024 results – please use the following citation: Gilchrist, K., Sherriff, N.S., Huber, J., Galvin, K., Mirandola, M., Murtagh, S., Llewellyn, C., Vass, C., Knight, L., Guzek, J., Aicken, C., Sawyer, A., Davidson, S., & Gray, C (2024). Health Counts 2024: Summary of Results. Brighton, Brighton & Hove City Council.

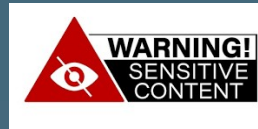
Accessing and using Health Counts data

- 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. [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: Nigel Sherriff N.S.Sherriff@brighton.ac.uk and Kate Gilchrist Kate.Gilchrist@brighton-hove.gov.uk



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Sussex Palliative and End of Life Care, and Bereavement Support, Needs Assessment.



Engagement Activity
28th April 2026

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Public Health
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Sussex Palliative and End of Life Care, and Bereavement Support Needs Assessment.

Purpose: It aims to understand people's needs and experiences at the end of life and after bereavement, so that services and systems across Sussex can meet these needs.

Focus on inclusion: The assessment brings together health, social care, and voluntary and community organisations. It places a strong emphasis on hearing from people whose voices are often missed, including those with protected characteristics and people facing barriers to services.

Impact on future services: Findings will be used to identify gaps and make recommendations to improve access and coordination of services and inform future commissioning and service design to ensure palliative and end of life, and bereavement support works better for everyone.

eastsussex.gov.uk



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Key questions for us

- What does a 'good death' look like for people in Sussex?
- What are the specific needs at the end of life?
- Would this group/you like to share any specific case studies for the needs assessment project?

Thank you & Contact
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