

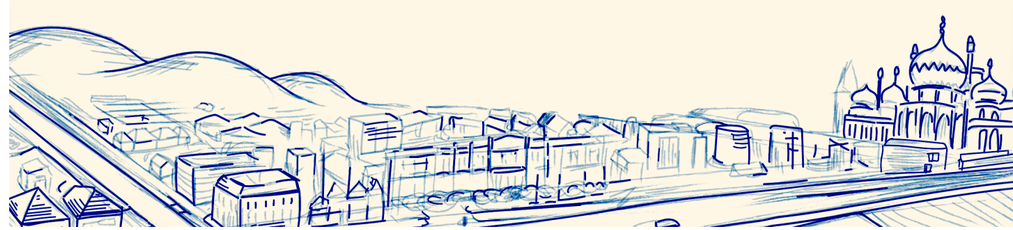
Nigel Sherriff, Kate Gilchrist, Jorg Huber,
Carrie Llewellyn, Massimo Mirandola, Alex Sawyer, Catherine Aicken, Shemane Murtagh, Ciara Gray, Susannah Davidson, Louise Knight, Caroline Vass, John Guzek.

HEALTH COUNTS 2024

Health & Social Care Network November 2026
Gender identity and sexual orientation

Louise Knight – she / her
Public Health Intelligence and Research | Brighton and Hove City Council
Honorary Research Fellow | Brighton & Sussex Medical School

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



HEALTH COUNTS 2024

Covering:

- Briefly on survey methods and considerations
- Some findings with focus on LGBQ+ and TNBI adults

Thoughts and reflections

- Everyone today asked to consider and feedback on how findings might resonate with experience, or not, and to critically view any methods or way's data are presented and interpreted (learning!)
- How these results may inform our priorities and programming
- Please do share thoughts on future analysis or research questions

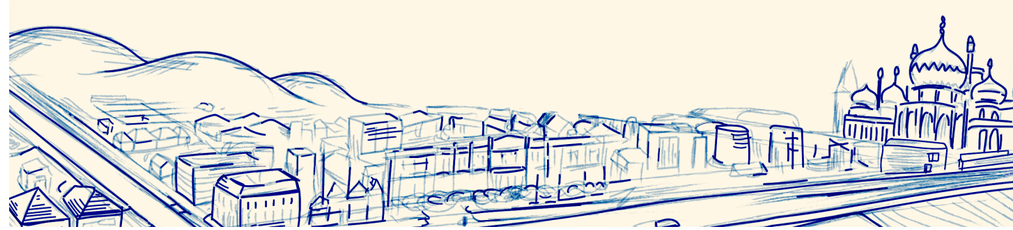


Note that the survey covers some sensitive areas, including worry about hate crime (slides – 9,10 and 11) please do take a moment away from the presentation at that time if needed

NHS Sussex · healthwatch Brighton and Hove Your health and social care champion · University of Brighton · brighton and sussex medical school · Brighton and Hove Federation Primary Care for our local community · Brighton & Hove City Council

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Health Counts methods



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- **Once every decade** since 1992 Public Health team commissioned
- 2024 survey led by **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), bids, planning 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)



NHS Sussex

healthwatch Brighton and Hove
Your health and social care champion

University of Brighton

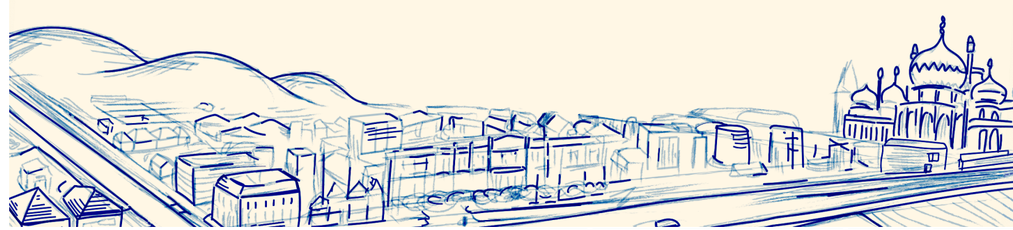
brighton and sussex medical school

Brighton and Hove Federation
Primary Care for our local community

Brighton & Hove City Council

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Important considerations: methods



- **Quantitative survey data** only, missing voices or experiences of those with lived experience, e.g. captured through qualitative methods
- **Gaps in what we ask** and how we ask, although anonymous survey there are sensitive questions that people may prefer not to respond, and missing data
- **Gaps in who completed the survey**, communities facing social and cultural and digital exclusion- general population survey
- **Subjective** self-reporting, e.g. interpretations and understanding may vary across age and cultures
- **Descriptive analysis** and comparisons – not adjusted by age

Further points on data limitations and terminology in later slides for reference.

All data presented today has been published here: Health Counts

All analysis presented today uses weighted data

Demographics



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Over 16,700 respondents 7.2% of the resident population aged 18 years or over

- **5% Trans, Non-Binary, Intersex (TNBI)** Census 1% but no longer has official statistic status **(see questions to right – we used the Scottish Census question)**
- **28% Lesbian, Gay, Bisexual, Queer, Asexual, Other term preferred (LGBQ+)** Census 11%
- **People may identify across groups, in Health counts:**
  - **15% of LGBQ+ also TNBI**
  - **90% of TNBI also LGBQ+**

Consider intersectionality

- **24% Black and Racially Minoritised**
- **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**

Q78. Which best describes your gender?

☐ Female

☐ Intersex

☐ Male

☐ Non-binary

☐ Prefer to self-describe (please specify) _____

☐ Prefer not to say

Q79. Are you trans or do you have a trans history?

Trans or transgender is an umbrella term for people whose identity differs from what is typically associated with the sex they were assigned at birth

☐ Yes

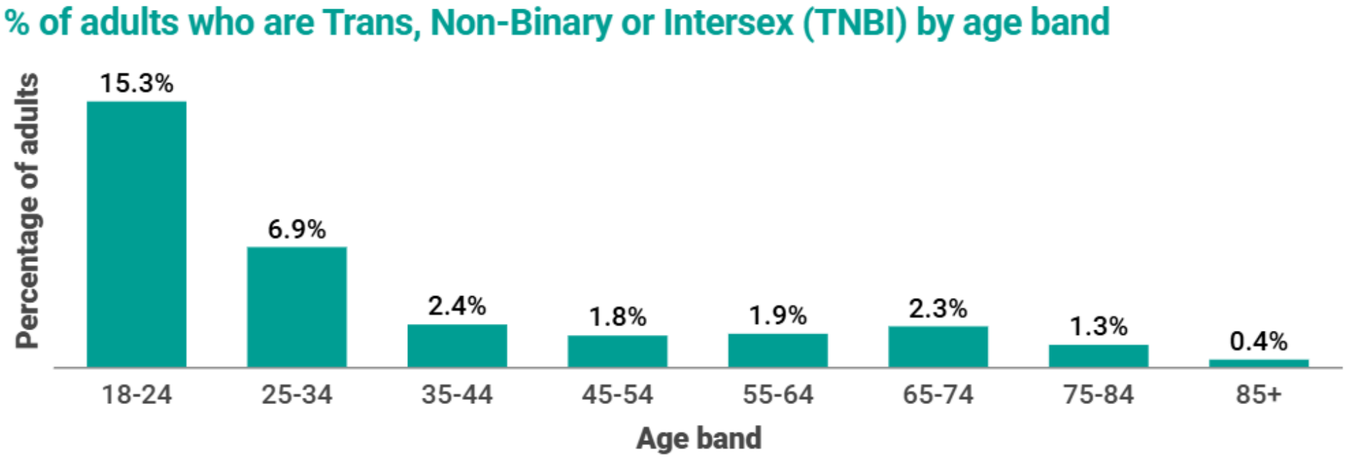
☐ No

☐ Prefer not to say

Gender identity

- Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex assigned and registered at birth.
- 2021 Census 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.
- We used the guidance for public bodies on the collection of data on sex and gender from the Scottish Government. Rather than ask "Is the gender you identify with the same as your sex registered at birth", we asked "Do you consider yourself to be trans, or have a trans history?".

More younger adults are TNBI; almost 1 in 6 18-24 year olds – Health Counts 2024



LGBQ+

The Health Counts question differs slightly to the 2021 Census, where 11% of adults in the city identified as LGBQ+

This was a voluntary question in the 2021 Census.

Asexual: 2.8%

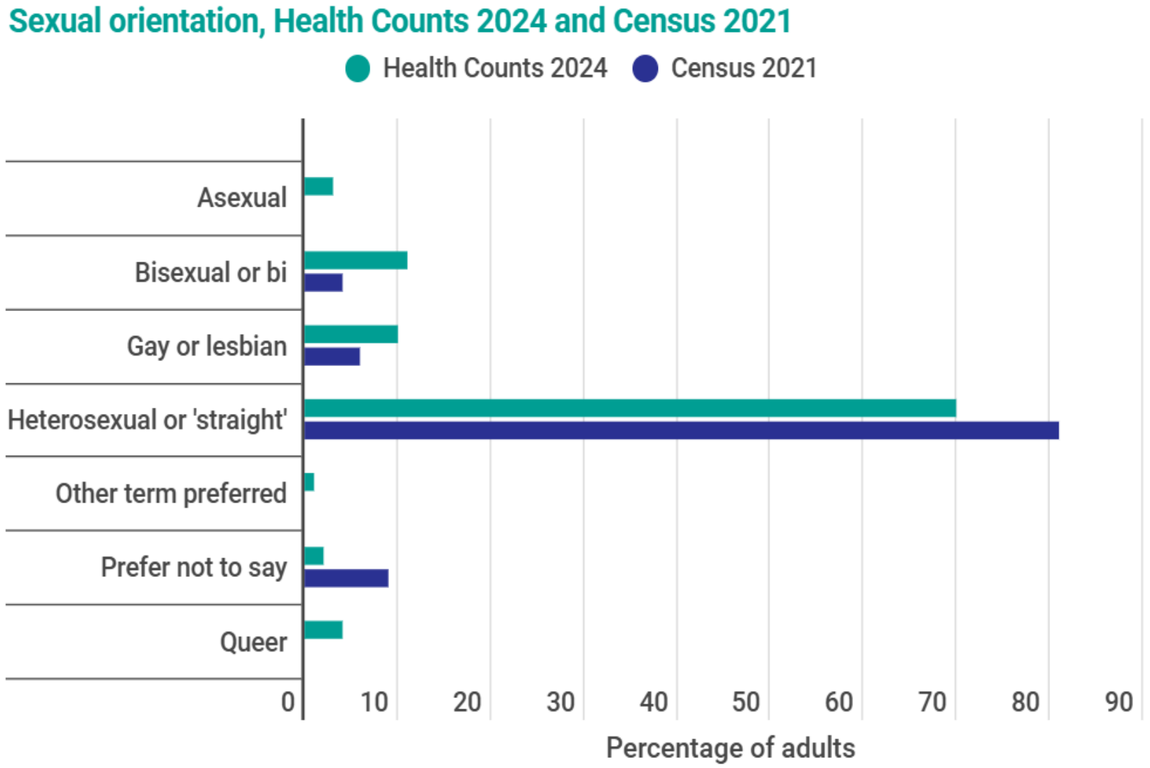
Bisexual or bi:11%

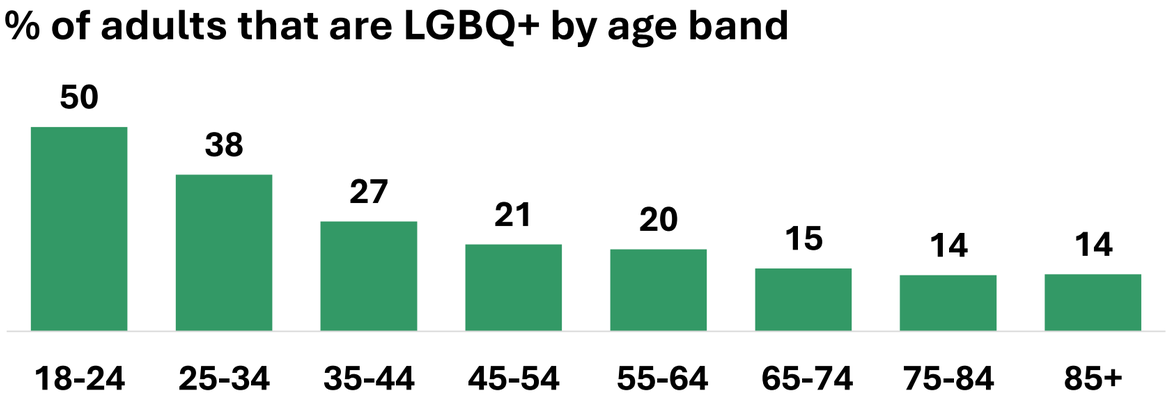
Gay or lesbian:10%

Queer: 3.6%

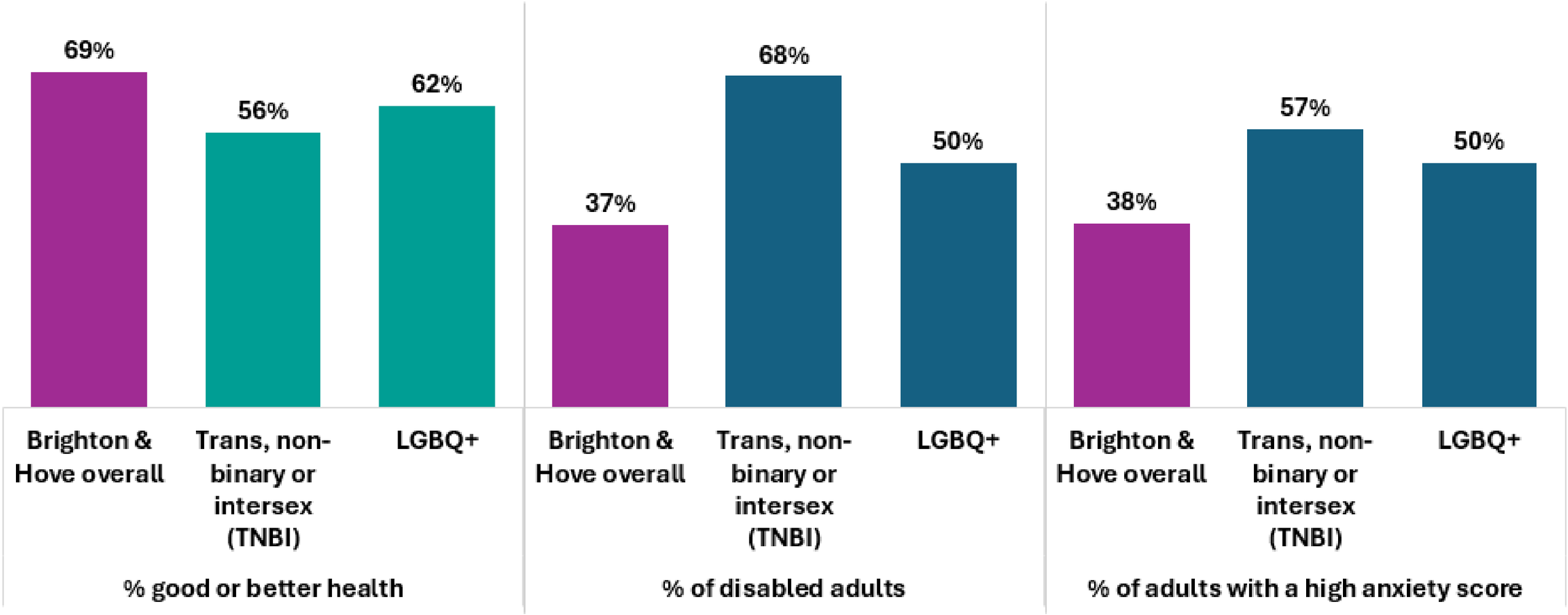
Other term preferred: 1.2%

Prefer not to say: 2.4%



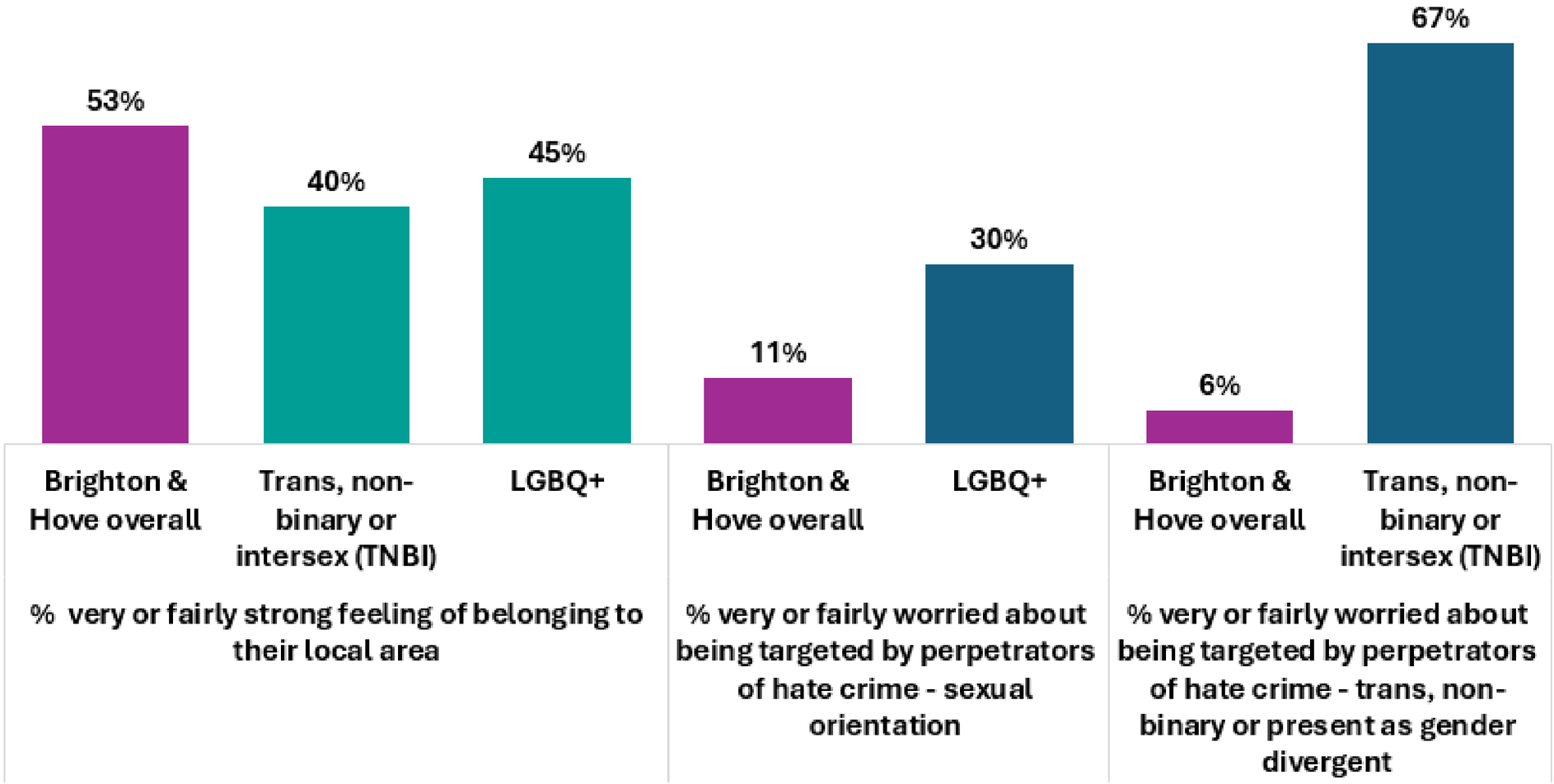


Health and wellbeing indicators: TNBI and LGBQ+ adults



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

Sense of belonging and worry about being targeted by perpetrators of hate crime: TNBI and LGBQ+ adults

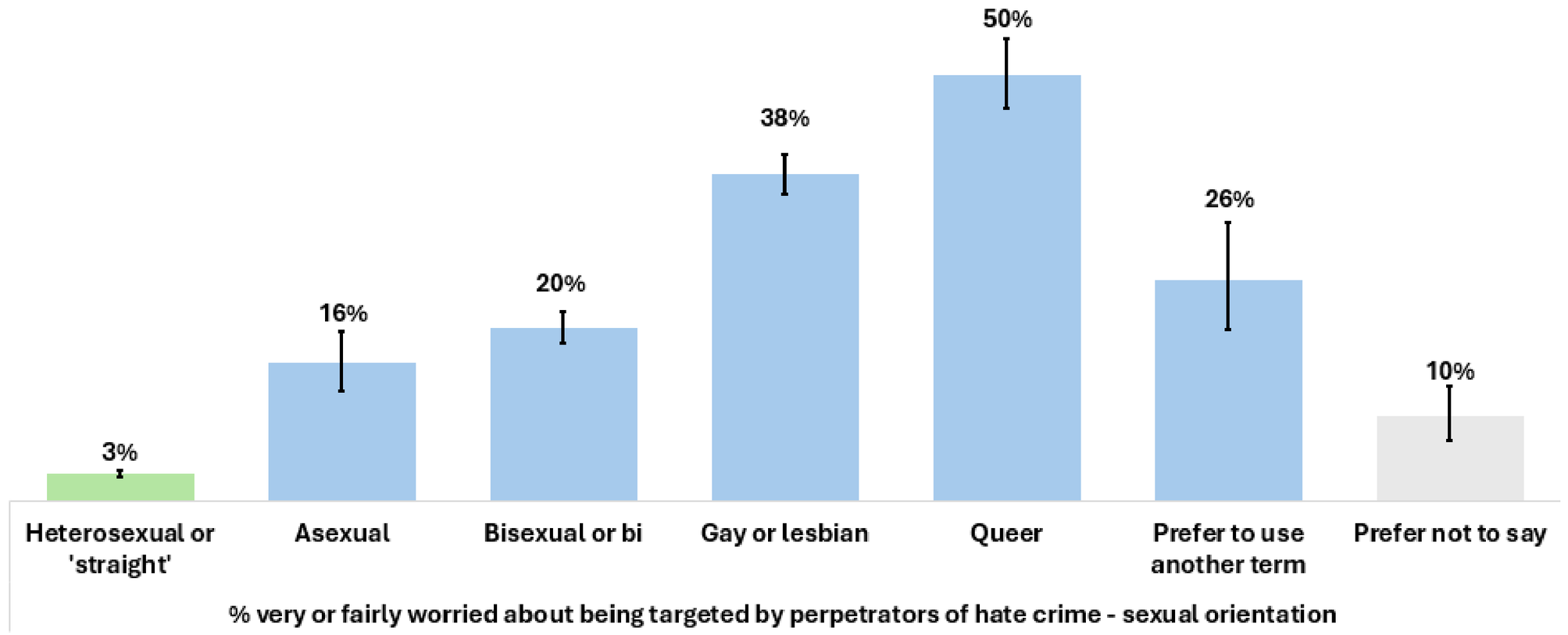


% of adults who are very or fairly worried about being targeted by perpetrators of hate crime because:

- of your sexual orientation or perceived sexual orientation
- you are trans, non-binary or present as gender divergent

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

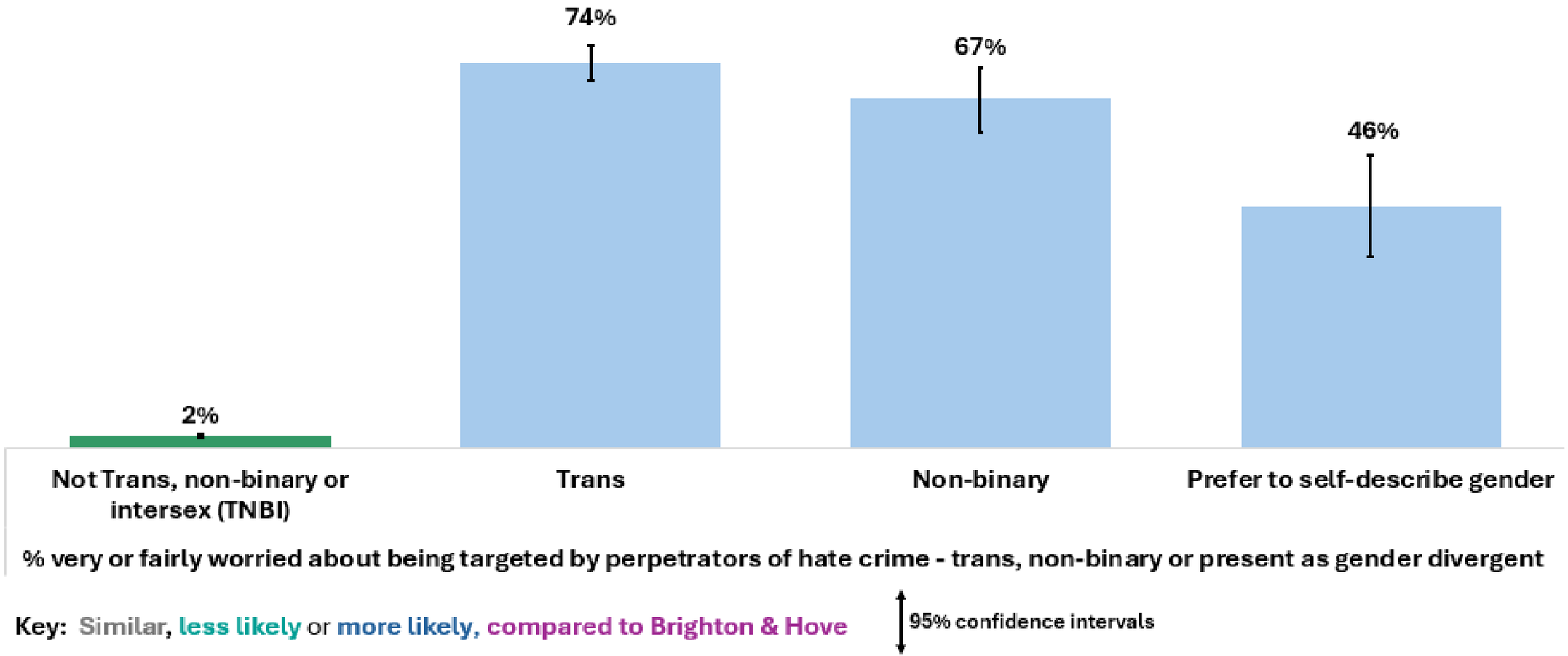
Worry about being targeted by perpetrators of hate crime because of your sexual orientation or perceived sexual orientation – by sexual orientation – LGBQ+ 30% Brighton and Hove average 11%,



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

95% confidence intervals

Worry about being targeted by perpetrators of hate crime because of you are trans, non-binary or present as gender divergent, by trans, non-binary and prefer to self describe -TNBI 67% Brighton and Hove average 6%



Thank you - thoughts and reflections?



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BIG thank you to all those who completed the survey

And all who helped with delivering and promoting the survey



Slides for reference:

- Acknowledgements, participants, community and voluntary organisations – study team and beyond
- Data limitations and terminology

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

Data limitations

- We use the best data available to us at the time of producing public health intelligence products, needs assessments and research outputs.
- In some cases, data sources do not include the level of detail needed to break information down by all characteristics that would support a more inclusive analysis such as, by age, disability, ethnicity, gender identity, marriage/civil partnership, pregnancy/maternity, religion/belief, sex and sexual orientation.
- We present data using the terms and classifications provided by the original data sources, which means that the language and level of detail may vary between datasets. This can influence how comprehensively we are able to describe different groups and characteristics.
- Where more detailed data is available, including data that reflects protected or demographic characteristics, we will use it. We recognise the importance of presenting data in ways that reflect the diversity of our local population and will continue to review and improve our approach as data quality develops.
- We aim to highlight the limitations of the data we are using in each piece of work.

Terminology

- Language changes over time, and the words people prefer to describe their experiences, identities and needs are not fixed. We recognise that views differ, and that individuals and communities have the right to choose the terms that feel right for them.
- We also recognise that different groups within communities may use language in different ways.
- As a council, it is not our role to decide the “best” terms for people to use. However, we do need to be clear about the language we are using so that our meaning is understood and our work supports inclusion.
- The terminology used reflects current local and national practice, as well as the preferences expressed by community groups we work with.
- We are committed to listening and adapting as language continues to evolve. We understand that people describe themselves in varied ways.
- We respect and aim to use language that is inclusive and clear, while recognising the right to self identification.

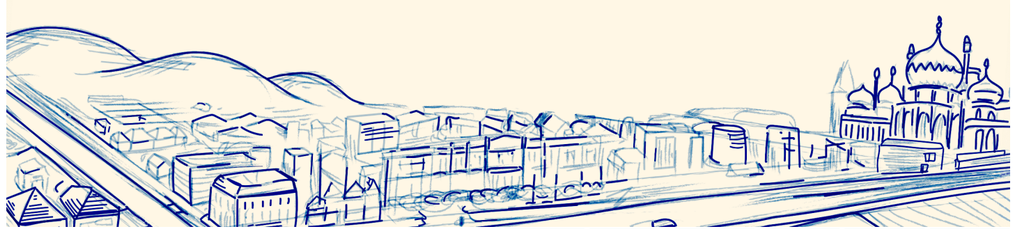
Acknowledgements

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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.

Acknowledgements and use of Health Counts data



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Acknowledgements

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- **Brighton & Sussex Medical School** Prof Carrie Llewellyn
- **Brighton & Hove City Council** Kate Gilchrist, John Guzek, Louise Knight, Caroline Vass, Georgina Watson
- **Healthwatch Brighton and Hove** Dr Lester Coleman
- **Brighton & Hove Federation** Mark Cannon, Kate Waller
- **NHS Sussex Integrated Care Board** Lola Banjoko, Natasha Darby
- **GP Practice Manager Forum** Cheryl Palmer
- **Primary Care Network (PCN) managers** Tori Lawrence, Gemma Clayton, Laura Fernandez-Kayne, Samantha Lade, Carol Witney, Peter Sutcliffe

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.

Webpages Health counts & Health Counts 2024

Health Counts 2024 Report - Appendix 2 data tables by population group.xlsx