Appendix H: Kent population demographics and health of the population

Contents

Kent population demographics and health of the population

The Pharmaceutical Needs Assessment (PNA) is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Local Health and Wellbeing Strategies.

This section aims to present further health needs data that might be of relevance to pharmacy services to complement Section 2 of the main Kent 2025 PNA.

It is not an interpretation of pharmaceutical service provision requirements for Kent. This section should be read in in conjunction with these detailed documents.

1 Kent the place

1.1 Kent residents

1.1.1 Why population is important

The term population can refer to a collection of people living in the same geographical area or who share a common characteristic such as being in the same age group, ethnicity, or with the same health condition.

Some groups of people are more likely to have poor health due to a combination of physiological, genetic, socio-economic and environmental factors. Understanding the characteristics of a population helps to explain and predict differences in health and wellbeing outcomes.

Also, the size of the population is used to calculate rates to make comparisons with other areas and observe changes over time.

1.1.2 Population estimates

According to the Office for National Statistics (ONS) mid-year population estimates, the total population of Kent in 2023 is 1,610,251.[1] This has increased by 8.1% since 2013.

Table 1: Total population of Kent districts in 2023, ONS mid-year population estimates

Area	Total population
Ashford	138,283
Canterbury	159,939
Dartford	120,699
Dover	118,591
Folkestone and Hythe	110,995
Gravesham	107,737

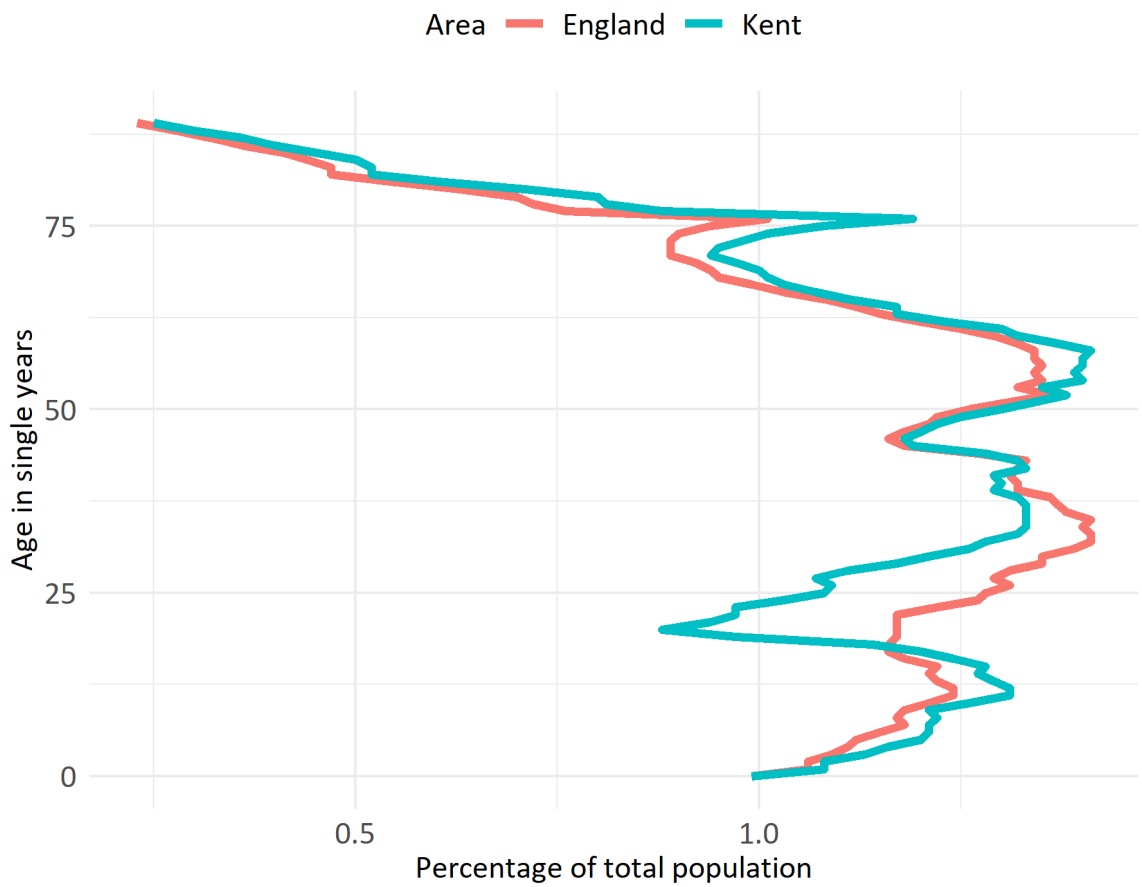
[1] ONS. Population estimates for England and Wales Mid-2024. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales.

Area	Total population
Maidstone	184,187
Sevenoaks	121,262
Swale	155,893
Thanet	140,439
Tonbridge and Malling	135,206
Tunbridge Wells	117,020
Kent	**1,610,251**

Table 2: Age profile of Kent districts and England in 2023, ONS mid-year population estimates

Area	Aged 0-15	Aged 16-24	Aged 25-49	Aged 50-64	Aged 65+
Ashford	19.7%	8.8%	31.7%	20.2%	19.6%
Canterbury	16.0%	15.6%	27.5%	18.7%	22.2%
Dartford	22.8%	8.8%	37.7%	17.1%	13.6%
Dover	17.5%	8.1%	28.4%	21.5%	24.5%
Folkestone and Hythe	16.4%	8.3%	28.1%	21.6%	25.5%
Gravesham	21.4%	9.6%	32.9%	18.9%	17.2%
Maidstone	19.7%	8.5%	33.5%	19.4%	18.9%
Sevenoaks	19.7%	8.3%	29.2%	20.7%	22.2%
Swale	19.8%	9.2%	32.0%	19.9%	19.1%
Thanet	17.9%	8.4%	29.3%	20.4%	24.0%
Tonbridge and Malling	20.0%	8.8%	31.5%	20.4%	19.3%
Tunbridge Wells	20.0%	8.3%	30.8%	20.9%	20.0%
Kent	**19.2%**	**9.3%**	**31.1%**	**19.9%**	**20.5%**
England	**18.5%**	**10.7%**	**32.9%**	**19.3%**	**18.7%**

Figure 1: Population profile by single year or age



In Kent there is a greater proportion of people aged 65 to 84 and a lower proportion aged 15 to 24 and 25 to 34 compared to England (Figure 1). Other broad age groups are within 1%. The median age in Kent is 42 compared to 40 in England.

There are more women than men in older age groups.

1.1.3 Fertility

The General Fertility Rate (GFR) is the ratio of live births divided by the number of women aged 15 to 44, multiplied by 1,000. Between 2013 and 2023, the GFR in Kent reduced from 61 per 1,000 to 53 per 1,000. Over the same period, the England rate has reduced from 62 to 50. At a district level in 2023, Gravesham is highest (61 per 1,000), followed by Dartford (58) and Swale (57). The lowest district is Canterbury (38 per 1,000). Canterbury has been lower than all other Kent districts over previous years. This is partly due to the high number of university students.[2]

[2] NOMIS. Live births in England and Wales: birth rates down to local authority areas. 2024 [Accessed February 2025]. https://www.nomisweb.co.uk/query/construct/summary.asp?menuopt=200&subcomp=.

1.1.4 Life expectancy

Life expectancy is the average time a person is expected to live, based on their birth year, current age, and other factors like sex. Period life expectancies use mortality rates from a specific year (or group of years) and assume these rates stay the same for the rest of a person's life. This means future changes in mortality rates aren't considered.[3]

Female life expectancy at birth is about four years higher than for males. Since 2001, life expectancy has increased for both genders. It remained stable from 2012 to 2019, then dropped in 2020 and 2021 due to the COVID-19 pandemic. It has slightly increased in 2022 and 2023. In Kent, life expectancy is higher than the national average for England, but the gap has narrowed since 2012.[4]

From 2021 to 2023, the average female life expectancy in Kent was 83.3 years, compared to 83.1 years across England. For males, it was 79.3 years in Kent, compared to 79.1 years in England.[4]

At district level, life expectancy at birth is lowest in coastal areas, which are also the most deprived. These areas include Thanet, Folkestone and Hythe, Swale, Dartford, Gravesham, Dover, and Canterbury. The areas with the highest life expectancy are Sevenoaks, Tonbridge and Malling, Tunbridge Wells, Maidstone and Ashford.[4]

The slope index of inequality measures the gap in life expectancy between the most and least deprived community segments. Between 2018 and 2020, this gap was 7.8 years for males and 5.6 years for females in Kent.[5]

1.2 Geography

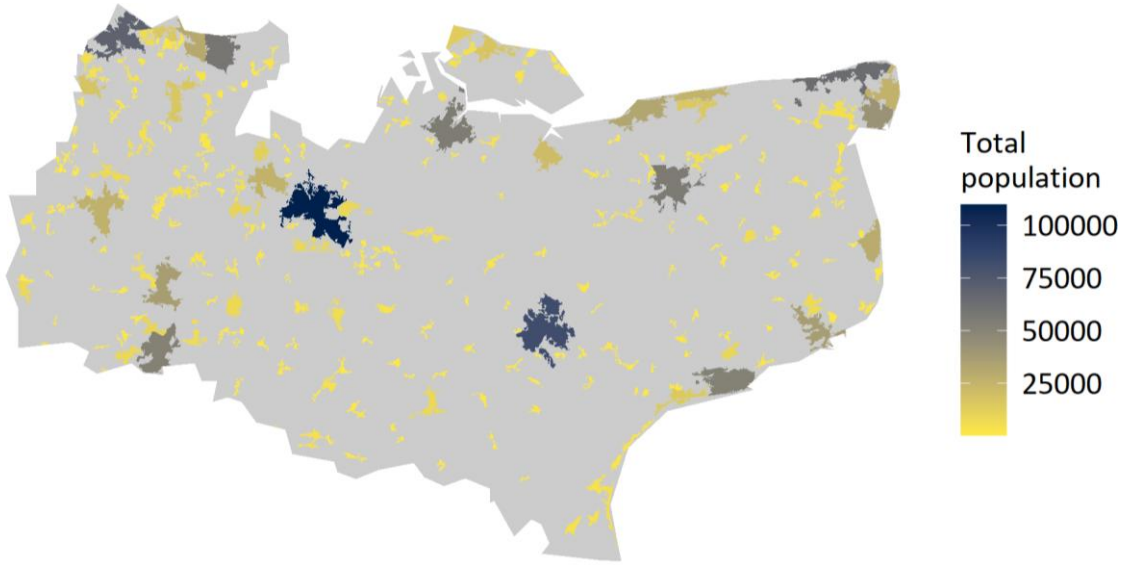
Figure 2 shows the location and population of the built-up areas in Kent.

[3] Buxton J. Period and Cohort life expectancy explained. ONS, 2023. [Accessed February 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/methodologies/periodandcohortlifeexpectancyexplained.

[4] ONS 2024. Life expectancy for local areas of Great Britain. [Accessed February 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain.

[5] OHID. Inequality in life expectancy at birth. [Accessed February 2025]. https://fingertips.phe.org.uk/search/life%20expectancy#page/3/gid/1938133217/pat/6/par/E12000008/ati/502/are/E10000016/iid/92901/age/1/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0.

Figure 2: Map of built-up areas with population at time of Census 2021



Digital boundary source:
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Contains OS data © Crown copyright and database right 2025
Data source: Census 2021, Office for National Statistics

Table 3 shows the 5 built-up areas with the largest population at the time of the Census 2021.

Table 3: Populations of largest built-up areas, Census 2021

Built-up area	**Population**
Maidstone	109,490
Ashford (Ashford)	82,140
Dartford	69,130
Margate	63,320
Gravesend	58,105

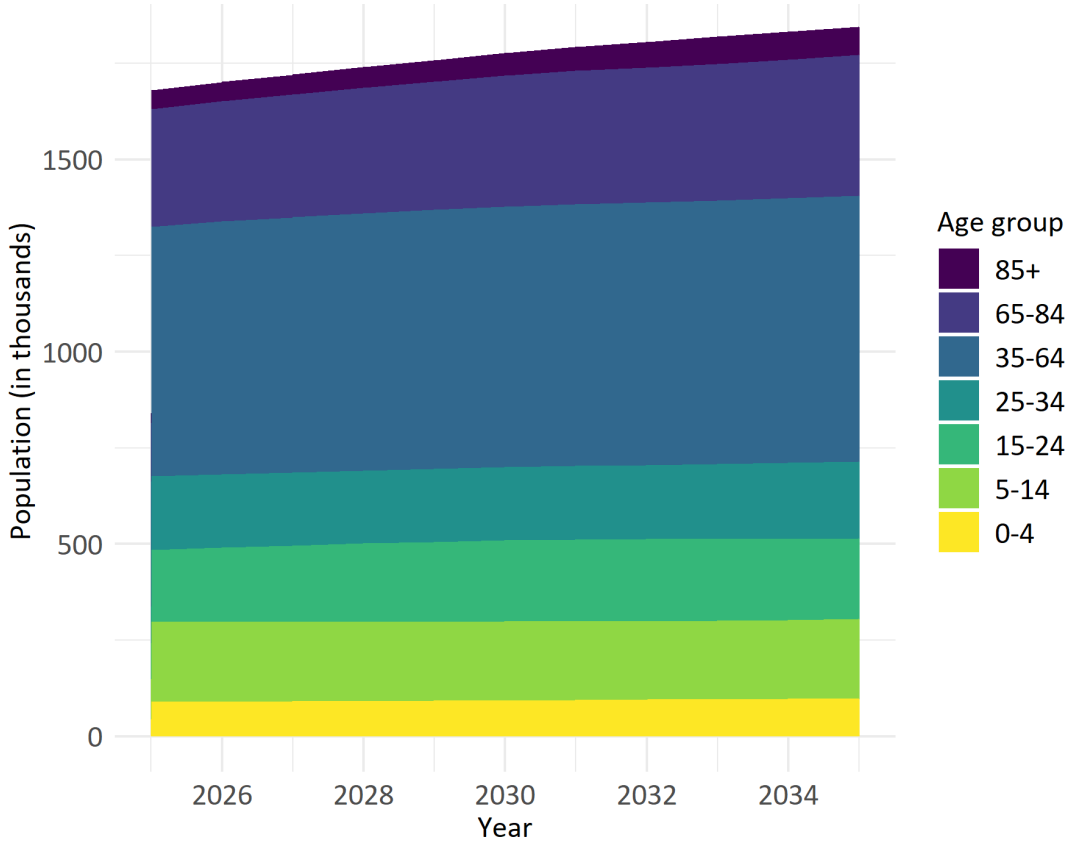
1.3 Projections and forecasts

The latest population projections[6] from the Office for National Statistics are based on the 2018 calendar year. ONS has consulted users[7] about the frequency and format of future releases. Projections are not forecasts and do not attempt to predict the impact of future political and economic changes or local development policies. The methodology is based on assumptions made about three major components of population change: natural change (births, deaths and ageing), migration and special populations using recent trends.

Kent County Council (KCC) produces complementary housing-led population forecasts.[8] Population growth is determined by the number of dwellings expected to be built in the county. It uses information provided by each Kent local authority planning department (including Medway) and includes some additional assumptions made at the county level.

By 2035, the total population of Kent is expected to be about 1,846,000.

Figure 3: Population forecast by age group, KCC Housing led



[6] ONS Subnational population projections for England. [Accessed February 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based#strengths-and-limitations.

[7] ONS Subnational population projections for England- user feedback. [Accessed February 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/articles/invitationtoprovidefeedbackontimescalesforfuturenationalandsubnationalpopulationprojections/april2021#final-decision.

[8] Kent Analytics. KCC Housing led forecasts 2021. [Accessed February 2025]. https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/population-and-census#tab-3.

Table 4 describes the forecast percentage change in population between 2025 and 2035.

Table 4: Population forecast percentage change by age group

Age	**Kent**
0-4	10.3%
5-14	-0.6%
15-24	11.6%
25-34	4.5%
35-64	6.4%
65-84	20.1%
85+	50.8%

Table 5: Population forecast of Kent districts between 2024 and 2030 by district, KCC Housing-based population forecasts (numbers are in 1,000's)

Area	**Year 2024**	**Year 2025**	**Year 2026**	**Year 2027**	**Year 2028**	**Year 2029**	**Year 2030**
Ashford	138.5	141.0	143.7	146.2	148.8	151.4	154.0
Canterbury	173.1	176.0	178.7	181.2	183.7	186.1	188.5
Dartford	122.5	124.4	125.9	127.4	128.8	130.2	131.5
Dover	123.5	125.7	128.0	128.3	128.7	129.2	129.6
Folkestone and Hythe	116.5	118.2	119.5	120.7	122.0	123.3	124.3
Gravesham	110.5	111.9	113.3	114.7	116.1	116.6	117.2
Maidstone	181.2	183.2	184.6	185.9	187.2	188.5	189.8
Sevenoaks	125.8	127.5	129.1	130.6	132.2	133.7	135.3
Swale	157.2	159.0	160.4	161.9	163.3	164.8	166.3
Thanet	145.7	148.5	151.5	154.4	157.3	160.2	163.2
Tonbridge and Malling	138.6	140.3	142.0	143.6	145.2	146.8	148.5
Tunbridge Wells	123.2	124.3	125.1	126.0	126.9	127.8	128.7
Kent	**1,656.2**	**1,680.1**	**1,701.9**	**1,721.0**	**1,740.3**	**1,758.6**	**1,776.7**

Table 6: Percentage change in population forecast of Kent districts between 2024 and 2030 by district, KCC Housing-based population forecasts

Area	**Year 2025**	**Year 2026**	**Year 2027**	**Year 2028**	**Year 2029**	**Year 2030**
Ashford	2%	4%	6%	7%	9%	11%
Canterbury	2%	3%	5%	6%	8%	9%
Dartford	2%	3%	4%	5%	6%	7%

Dover	2%	4%	4%	4%	5%	5%
Folkestone and Hythe	1%	3%	4%	5%	6%	7%
Gravesham	1%	3%	4%	5%	6%	6%
Maidstone	1%	2%	3%	3%	4%	5%
Sevenoaks	1%	3%	4%	5%	6%	8%
Swale	1%	2%	3%	4%	5%	6%
Thanet	2%	4%	6%	8%	10%	12%
Tonbridge and Malling	1%	2%	4%	5%	6%	7%
Tunbridge Wells	1%	2%	2%	3%	4%	4%
Kent	1%	3%	4%	5%	6%	7%

1.4 Identity

1.4.1 Ethnicity

In Kent at the time of the Census in 2021, 83.2% of the population were classified as 'White: English, Welsh, Scottish, Northern Irish or British'. This compares to 73.5% in England.

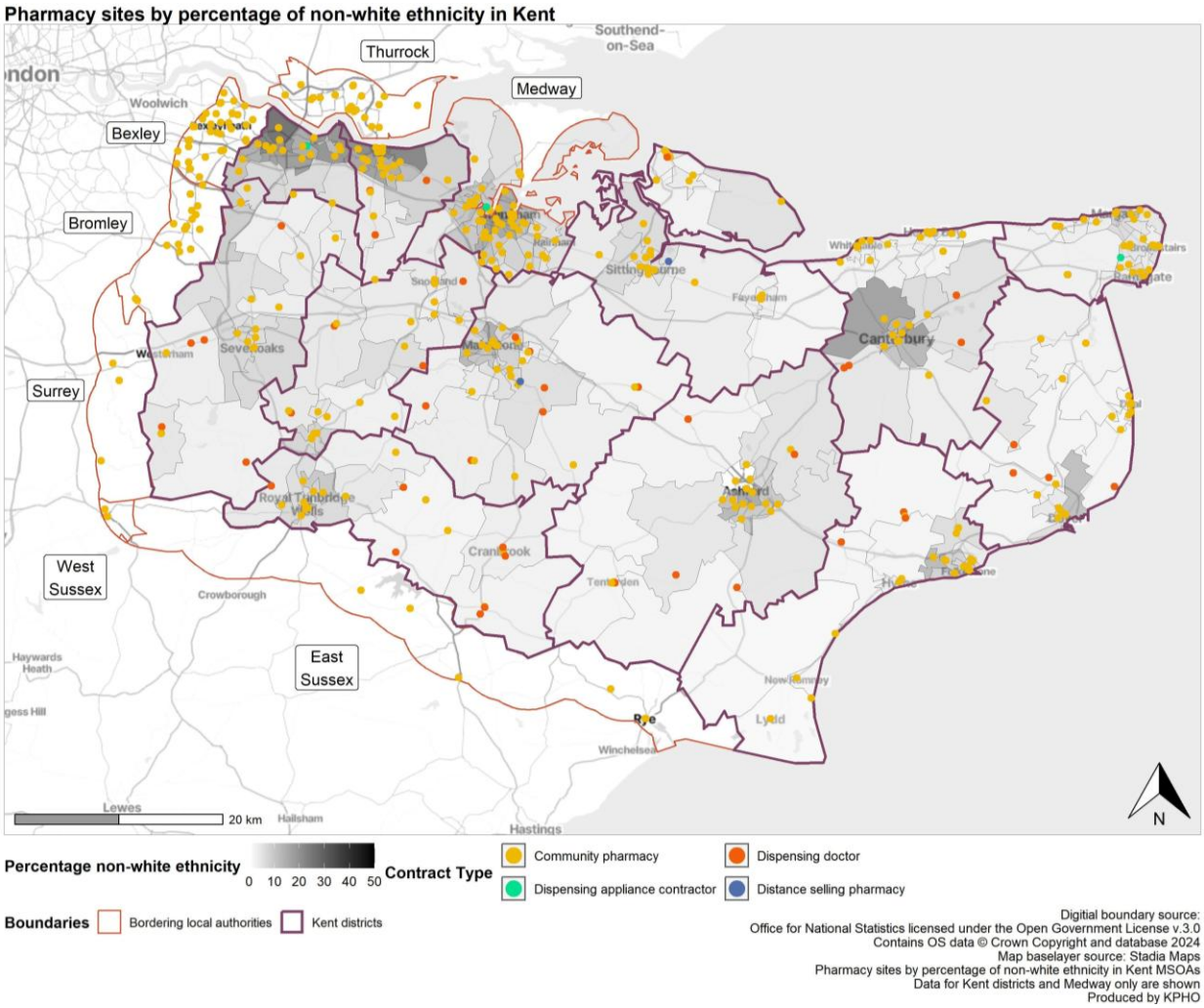
Figure 4: Shows the population profile of the other ethnic groups, comparing Kent and England.

Apart from White British, African (1.9%), Any other ethnic group (1%), Indian (1.7%), Other Asian (1.6%) and Other White (5%) ethnic groups account for more than 1% of the population.

Table 7: Total population of Kent districts by broad Ethnic group in 2021, ONS Census 2021

Area	**Asian, Asian British or Asian Welsh**	**Black, Black British, Black Welsh, Caribbean or African**	**Mixed or Multiple ethnic groups**	**White**	**Other ethnic group**
Ashford	5.8%	2.6%	2.2%	88.1%	1.4%
Canterbury	4.1%	2.5%	2.7%	89.2%	1.5%
Dartford	9.9%	10.5%	3.1%	74.5%	2.0%
Dover	2.1%	0.7%	1.5%	94.9%	0.9%
Folkestone & Hythe	3.9%	0.6%	1.9%	92.6%	1.0%
Gravesham	11.2%	6.5%	2.6%	76.6%	3.0%
Maidstone	4.7%	2.1%	2.3%	89.8%	1.2%
Sevenoaks	2.9%	1.6%	2.6%	92.1%	0.8%
Swale	1.5%	2.3%	1.8%	93.8%	0.5%
Thanet	2.3%	1.1%	2.4%	93.0%	1.2%
Tonbridge & Malling	2.9%	1.0%	2.2%	93.3%	0.6%
Tunbridge Wells	4.0%	1.0%	2.6%	91.5%	1.0%
Kent	**4.4%**	**2.6%**	**2.3%**	**89.4%**	**1.2%**

Figure 5: Non-White population in Kent and pharmacy locations



1.4.2 Gypsy Roma Traveller communities

Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities too. Nationally there is a lack of focus on Gypsy, Roma and Traveller communities in Joint Strategic Needs Assessments which results in these communities being overlooked when planning services. In response to these issues, Public Health in Kent County Council carried out a Gypsy, Roma and Traveller Health Needs Assessment (HNA)[9] to update the previous HNA of 2015.

[9] Abbott M, Jolly A, Chapman S. Kent gypsy, roma and traveller populations joint strategic needs assessment. 2023. [Accessed February 2025]. https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/ethnicity#tab1.

The 2021 Census recorded that 5,405 people in Kent (0.3%) identified as being from Gypsy and Irish Traveller ethnic groups, while the corresponding figure for England was 60,073 people (0.1%). Maidstone (Linton, Hunton and Ulcombe, Marden, Yalding, and Coxheath), Swale (Sheppey East) and Ashford (Weald Central) rank in the top five of England local authority districts with the highest proportion of people from the Gypsy or Irish Traveller ethnic group. Other areas in Kent where Gypsy and Traveller communities are located include near the Dartford Bypass, near Shadoxhurst and near South Alkam, Dover.

The 2021 Census recorded that 2,255 people in Kent (0.1%) identified themselves being from the Roma ethnic group, while the corresponding figure for England was 99,138 people (0.2%).

1.4.3 Main language

There are 98 distinct main languages spoken by people in Kent. 37 are spoken by at least 500 people. The top 5 languages are: English 89.8%, Polish 0.7%, Romanian 0.6%, Nepalese 0.5% and Panjabi 0.3%.

Table 8: Main spoken language

Area	**Percent English**	**Other languages at least 0.5 percent**
Ashford	93.2%	Nepalese (2.5%), Polish (0.7%)
Canterbury	94.6%	Romanian (0.7%)
Dartford	90.6%	Romanian (1.1%), Polish (1.0%), Tamil (0.9%)
Dover	96.4%	Polish (0.5%)
Folkestone and Hythe	95.2%	Nepalese (1.8%)
Gravesham	88.1%	Panjabi (3.7%), Romanian (1.5%), Polish (1.3%), Lithuanian (0.9%), Slovak (0.5%)
Maidstone	92.2%	Nepalese (1.2%), Polish (1.1%), Romanian (1.0%), Bulgarian (0.7%)
Sevenoaks	96.6%	No other language greater than 0.5%
Swale	96.2%	Romanian (0.7%), Polish (0.7%)
Thanet	95.3%	Polish (0.7%)
Tonbridge and Malling	96.9%	No other language greater than 0.5%
Tunbridge Wells	94.7%	Polish (0.8%), Romanian (0.5%)
Kent	**94.2%**	**Polish (0.7%), Nepalese (0.6%), Romanian (0.6%)**

1.4.4 Religion

In Kent, from the Census 2021 48.5% are Christian, 1.6% are Muslim and 1.2% Hindu. 40.9% declared no religion and 5.8% declined to answer.

Table 9: Religion, Census 2021

Religion	Value	Percentage
Christian	763,716	48.5%
No religion	644,189	40.9%
Not answered	90,629	5.8%
Muslim	25,615	1.6%
Hindu	19,240	1.2%
Sikh	12,309	0.8%
Buddhist	8,749	0.6%
Other religion	9,572	0.6%
Jewish	2,049	0.1%

1.4.5 Sexual orientation and gender identity

Sexual orientation is an umbrella term covering sexual identity, attraction, and behaviour.

Census 2021 was the first census in England and Wales to ask about people's sexual orientation and gender identity. These were voluntary questions for those aged 16 years and over.

In Kent at the time of 2021 Census, 90.6% of residents aged 16 years and over responded that they were Straight or Heterosexual. 2.7% were Gay or Lesbian, Bisexual or another sexual orientation. This question was not answered by 6.7% of people.

Table 10: Sexual orientation, Census 2021

Sexual orientation	Value	Percentage
Straight or Heterosexual	1,156,388	90.6%
Not answered	85,146	6.7%
Gay or Lesbian	16,912	1.3%
Bisexual	14,521	1.1%
All other sexual orientations	3,597	0.3%

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 registered at birth.

In Kent, 94.4% of residents responded that their gender identity was the same as their sex registered at birth. 0.5% identified as a different gender. This question was not answered by 5.1% of people.

1.5 Veterans and Armed Forces

The Armed Forces and Veteran Community Needs Assessment[10] focuses on the needs of armed forces and veterans living in Kent. It looks at the Armed Forces Covenant, governance in Kent and Medway, and the support structures that connect various organisations.

People who have previously served in the regular or reserve UK armed forces are often known as the veteran population and form part of the armed forces community (along with those who currently serve in the armed forces or Merchant Navy and their families). At the time of the 2021 Census, there were 52,542 veterans living in Kent, approximately 4.1% of the population aged 16 years and over. This compares to 3.8% in England. 6,315 veterans reported as female while 46,230 reported as male.

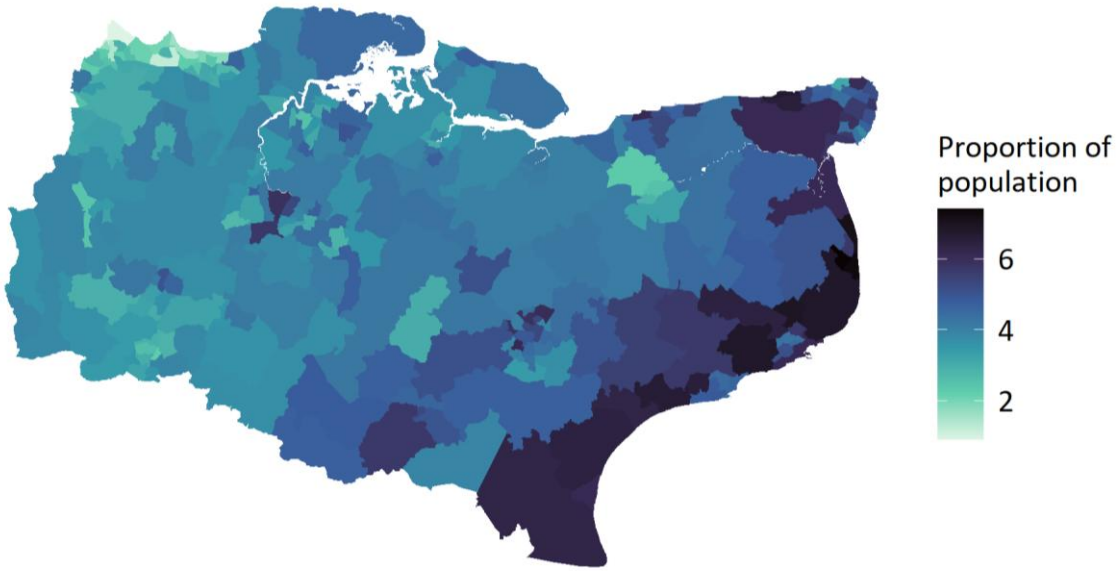
The proportion of the population who are veterans increases with age. Among those aged 75 to 84 it is 11% and in those aged 85 years and over it is 26%.

As of January 2024, there were 410 serving UK armed forces personnel in Kent, along with 900 Gurkha soldiers. These service personnel are stationed across Canterbury, Folkestone and Maidstone; namely Shorncliffe, Folkestone (640) and Maidstone (260) for the Gurkha community.[10] Gurkha soldiers have a Nepalese background, forming part of Kent's ethnic minority population. Additionally, in Kent and Medway, there are 11 Reserve Units with 340 of the Army Reserves in Kent, as well as the cadet community.[10]

Figure 6 shows a map of electoral wards in Kent and Medway shaded corresponding to the percentage of the population which has served in the armed forces.

[10] Cochrane S, George A, Hopton H. Armed Forces and Veteran Community Needs Assessment 2024. Kent Public Health Department; 2024. [Accessed February 2025].

Figure 6: Percentage of the population who are military veterans by electoral ward



The coastal fringe localities of Dover, Folkestone & Hythe and Thanet have the highest percentages of resident veterans, 5.9%, 5.7% and 5% respectively. Dartford and Gravesham have the lowest, 2.6% and 2.8% respectively.

1.6 Disability

1.6.1 Limited day-to-day activities

In response to the Census 2021, people who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

In Kent, 17.9% of residents are disabled using this definition (limited day-to-day activities), compared to 17.3% in England. There are five districts with higher rates than Kent and England average: Thanet (22.9%), Folkestone and Hythe (21.8%), Dover (21.2%), Canterbury (19.6%) and Swale (19.5%). Dartford, Tunbridge Wells, Sevenoaks, Tonbridge and Malling and Maidstone are all below 16%.[11]

[11] NOMIS. Day to day activities limited by long-term physical or mental health conditions or illnesses. 2021. [Accessed February 2025]. https://www.nomisweb.co.uk/datasets/c2021ts038.

Table 11: Limiting long-term activities and disability by Kent districts in 2021, ONS Census 2021

Area	Disabled under the Equality Act	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little
Ashford	17.1%	6.8%	10.2%
Canterbury	19.6%	7.9%	11.7%
Dartford	14.0%	5.7%	8.3%
Dover	21.2%	9.1%	12.0%
Folkestone & Hythe	21.8%	9.5%	12.3%
Gravesham	16.4%	6.9%	9.4%
Maidstone	15.9%	6.3%	9.7%
Sevenoaks	15.0%	5.8%	9.2%
Swale	19.5%	8.4%	11.2%
Thanet	22.9%	10.2%	12.6%
Tonbridge & Malling	15.3%	5.9%	9.4%
Tunbridge Wells	15.0%	5.6%	9.4%
Kent	17.9%	7.4%	10.5%

1.6.2 Economic inactivity

Questions about economic activity were part of the Census 2021. It should be noted that the Census took place during the COVID-19 pandemic which will have affected the responses.

Economically inactive are those aged 16 years and over who did not have a job between 15 March to 21 March 2021 and had not looked for work between 22 February to 21 March 2021 or could not start work within two weeks. It includes those who are retired. A subgroup of economically inactive is those who are long-term sick or disabled.

In Kent, 3.7% are economically inactive due to long-term sickness or disability which is lower than the England average 4.1%. It is highest in Thanet (5.4%), Folkestone and Hythe (5%), Dover (4.8%) and Swale (4.5%). Sevenoaks, Tunbridge Wells, Dartford and Tonbridge and Malling are all less than 3%.[12]

1.6.3 Unpaid carers

An unpaid carer may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. This does not include any activities as part of paid employment.

[12] NOMIS. Economic activity status. 2021. [Accessed February 2025]. https://www.nomisweb.co.uk/datasets/c2021ts066.

Of all Kent residents aged 5 years and over, just over 9 % provide some form of unpaid care. This is slightly higher than the England average (8%). It is highest in Dover and Thanet (10.4%), and Folkestone and Hythe (10.3%). It is lowest in Dartford and Tunbridge Wells (about 8%).[13]

1.7 Homeless and rough sleeping

1.7.1 Rough sleeping

Every Autumn, local authorities in England carry out an annual estimate of rough sleeping on a single night between 1 October and 30 November which includes some basic demographics details (age, gender, nationality). The results are submitted to the Ministry of Housing, Communities and Local Government.

People sleeping rough are defined as those sleeping or about to bed down in open air locations and other places including tents and makeshift shelters. The snapshot does not include people in hostels or shelters, or those in recreational or organised protest, squatter or traveller campsites. The snapshot can be carried out using either a count-based estimate, evidence-based estimate meeting with local partners or an evidence-based estimate with spotlight count. It does not include everyone in an area with a history of sleeping rough, or everyone sleeping rough in areas from October to November.

According to the Rough sleeping data dashboard,[14] the 2023 snapshot shows that there are an estimated 126 people sleeping rough (7.9 per 100,000 population) across Kent districts which compares to 6.8 per 100,000 across England. 75% are from the UK, 13% from the European Union and 7% outside the EU. Four-fifths are male, and 83% are over the age of 25. No under 18s were identified.

Table 12: Estimated number of rough sleepers in Kent by district (2023)

Area	Rough sleepers
Ashford	8
Canterbury	33
Dartford	3
Dover	9
Folkestone & Hythe	16
Gravesham	11
Maidstone	6
Sevenoaks	1
Swale	11
Thanet	23
Tonbridge & Malling	1
Tunbridge Wells	4

[13] Unpaid carers 2021. [Accessed February 2025]. https://www.nomisweb.co.uk/datasets/c2021ts039

[14] Rough sleeping data dashboard. Autumn 2023. [Accessed February 2025]. https://www.gov.uk/government/publications/dashboards-on-rough-sleeping

Area	Rough sleepers
Kent	**126**
South East	**670**
England	**3,898**

Source: Department for Levelling Up, Housing and Communities – presented by Kent.

Table 12 shows Canterbury had the highest number of rough sleepers (33). Thanet followed with 23 rough sleepers and Folkestone & Hythe with 16. Tonbridge & Malling and Sevenoaks had the least number of rough sleepers, one each, followed by Dartford, which had three.

1.7.2 Homeless

Each local housing authority is required to consider housing needs within its area, including the needs of homeless households, to whom local authorities have a statutory duty to provide assistance. The definition of homeless includes statutorily homeless, which are those households which meet specific criteria of priority need set out in legislation, and to whom a homelessness duty has been accepted by a local authority. Such households are rarely homeless in the literal sense of being without a roof over their heads but are more likely to be threatened with the loss of, or are unable to continue with, their current accommodation.[15] Table 13 summarises homelessness statistics across Kent in 2023-24.

Table 13: Statutory Homeless statistics by local authority per 1,000

Area	Threat homeless rate per 1,000 Households	Homeless rate per 1,000 Households
Ashford	7.2	7.8
Canterbury*	-	-
Dartford	6.4	6.0
Dover	4.1	6.0
Folkestone & Hythe	4.7	4.1
Gravesham	6.3	6.7
Maidstone	8.2	6.9
Sevenoaks	3.9	3.1
Swale	4.0	5.1
Thanet	5.9	6.4
Tonbridge & Malling	4.8	4.0
Tunbridge Wells	5.1	3.8
South East	**5.9**	**5.4**
England	**6.0**	**7.4**

* Data for Canterbury not published

[15] HM Government. Homelessness data: notes and definitions. 2018. [Accessed February 2025]. https://www.gov.uk/guidance/homelessness-data-notes-and-definitions.

Across Kent, the threat rate of homelessness in Ashford, Dartford, Gravesham and Maidstone was greater than the national average of 6.0 per 1,000 household, and greatest in Maidstone (8.2 per 1,000 household). However, the rate of homelessness was greatest in Ashford (7.8 per 1,000 household) followed by Maidstone (6.9 per 1,000 household).

1.8 Students

At the time of the 2021 Census, there were a total of 44,806 full-time students whose usual place of residence (term-time address) was in Kent (Table 14). This is approximately 3.6% of the total population aged 18 years and over, compared with 5.2% in England.

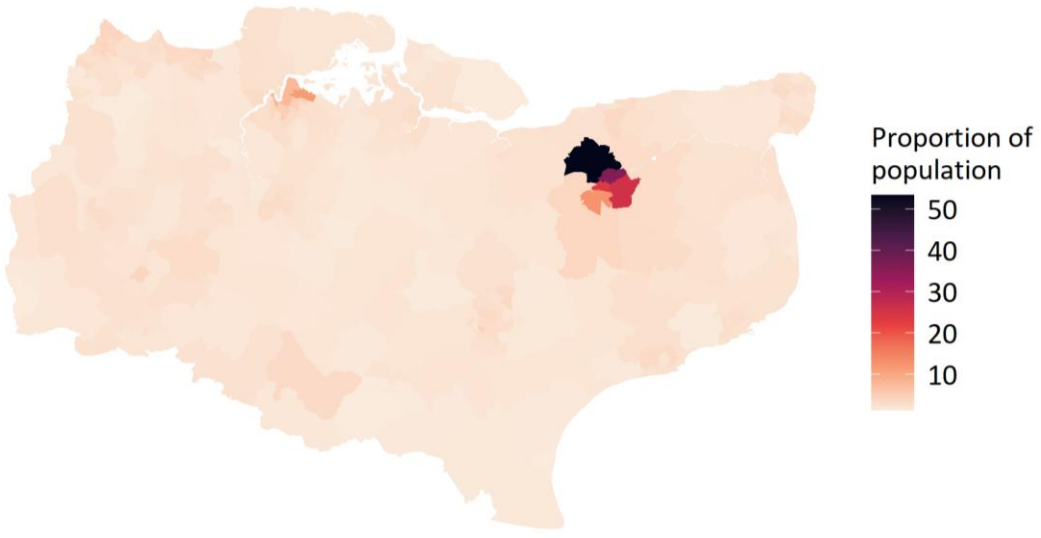
Please note, these figures include students aged 18 or more who are still in school or further education.

Table 14: Percentage of adult population who are full-time students, Census 2021

Area	Not a student	Student	Percent
Kent	1,194,881	44,806	3.6%
England	42,385,364	2,330,085	5.2%

As shown in Figure 7 across Kent and Medway, there are six electoral wards in Canterbury in which the proportion of the adult population who are full-time students is between 13% and 53%. From largest to smallest, these are Blean Forest, St Stephen's, Northgate, Barton, Westgate and Wincheap. In Medway, Gillingham North and River ward have 11% and 8% student populations respectively.

Figure 7: Percentage of the population aged 18 years and over who are full-time students by electoral ward, Census 2021



1.9 Deprivation

1.9.1 Indices of deprivation

The Indices of Deprivation 2019 (IoD2019) is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation (IMD) 2019.

This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower-layer Super Output Area (LSOA), or neighbourhood, in England. All neighbourhoods in England are then ranked according to their level of deprivation relative to that of other areas. High ranking LSOAs or neighbourhoods can be referred to as the 'most deprived' or as being 'highly deprived' to aid interpretation. However, there is no definitive threshold above which an area is described as 'deprived'.

The IoD2019 measure deprivation on a relative rather than an absolute scale, so a neighbourhood ranked 100th is more deprived than a neighbourhood ranked 200th, but this does not mean it is twice as deprived.

At the neighbourhood-level, the IoD2019 provides a place-based insight into deprivation. However, this description does not apply to every person living in these areas. Many non-deprived people live in deprived areas, and many deprived people live in non-deprived areas. It is important to note that the IoD2019 is designed to identify and measure specific aspects of deprivation, rather than measures of affluence.[16]

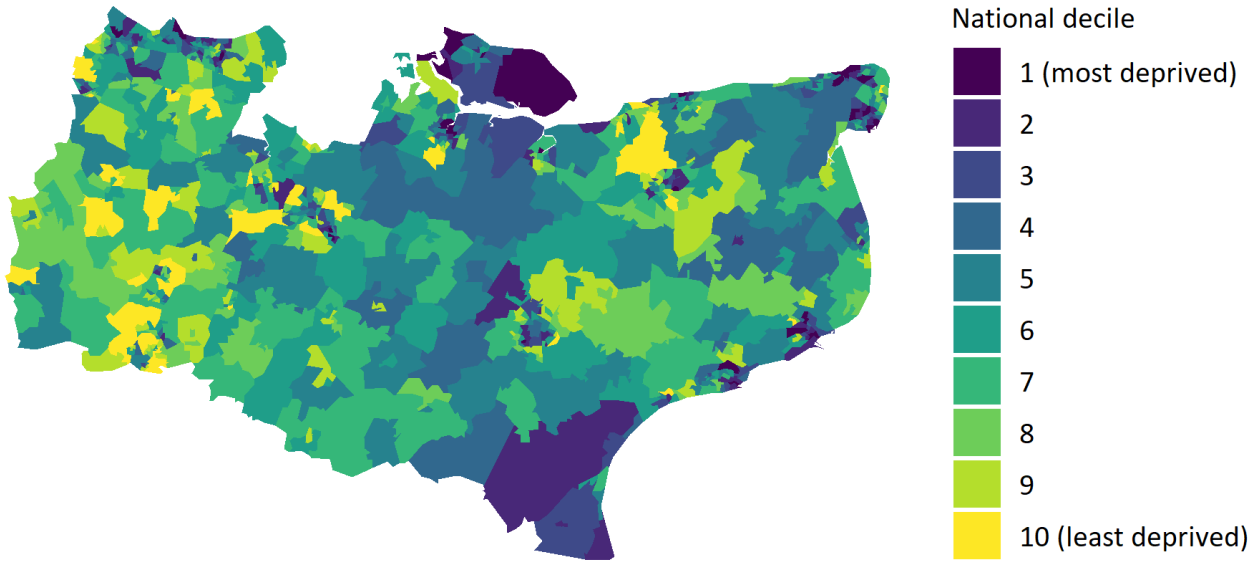
Table 15: Index of multiple deprivation 2019 – average score by Kent district and proportion of lower super output areas in the most deprived 10% nationally, Ministry of Housing, Communities & Local Government

Area	IMD - Average score	Proportion of LSOAs in most deprived 10% nationally
Ashford	18.5	1.3%
Canterbury	16.8	2.2%
Dartford	18.8	1.7%
Dover	22.2	7.5%
Folkestone and Hythe	24.1	6.0%
Gravesham	21.4	3.1%
Maidstone	16.5	2.1%
Sevenoaks	12.4	0.0%
Swale	27.1	18.8%

[16] Ministry of Housing, Communities & Local Government. The English Indices of Deprivation 2019 - Statistical Release. 2019. [Accessed February 2025]. https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019_Statistical_Release.pdf.

Area	IMD - Average score	Proportion of LSOAs in most deprived 10% nationally
Thanet	31.3	21.4%
Tonbridge and Malling	13.3	0.0%
Tunbridge Wells	11.3	0.0%

Figure 8: Index of Multiple Deprivation, 2019



Digital boundary source:
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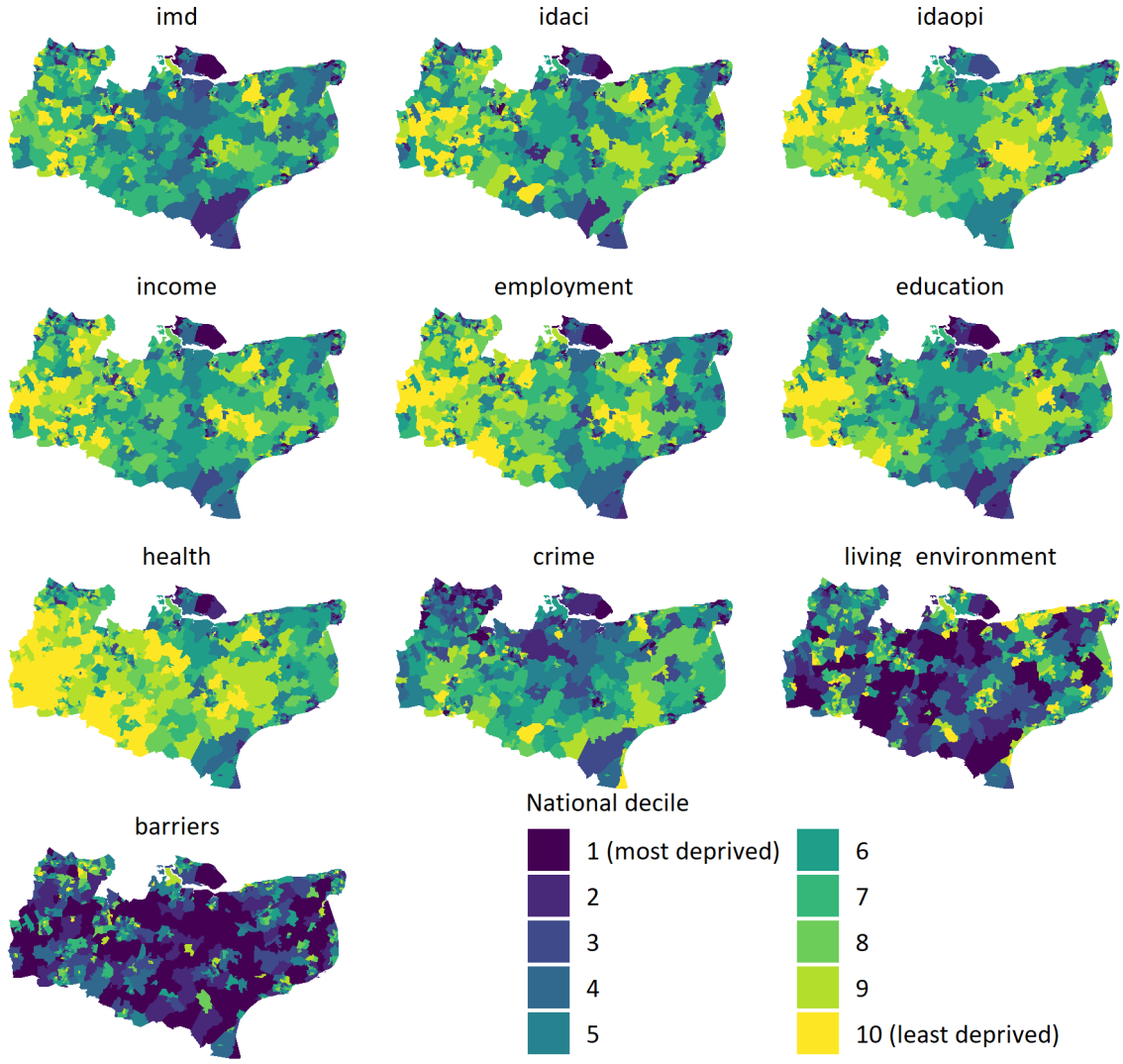
Data source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

The seven domains which comprise the overall index listed below with weighting in brackets:

- Income (22.5%)
- Employment (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills training (13.5%)
- Crime (9.3%)
- Barriers to housing and services (9.3%)
- Living environment (9.3%)

In addition, there are two supplementary indices of income deprivation: among children (IDACI) and older people (IDAOPI). The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families.

Figure 9: Deprivation deciles by domain of deprivation, 2019



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Contains OS data © Crown copyright and database right 2025
Data source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

1.9.2 Car or van availability

In Kent, 17.5% of households do not own or a car or have one available. All districts within Kent are lower than the England average (23.5%) apart from Thanet, which is 26.1%.[17]

Table 16: Car or van availability by Kent districts in 2021, ONS Census 2021

Area	**No cars or vans in household**
Area	14.4%
Ashford	20.8%
Canterbury	16.9%
Dartford	20.1%
Dover	20.5%
Folkestone & Hythe	19.7%
Gravesham	14.6%
Maidstone	11.4%
Sevenoaks	16.6%
Swale	26.1%
Thanet	12.3%
Tonbridge & Malling	15.5%
Tunbridge Wells	17.5%
Kent	**17.5%**
England	**23.5%**

[17] ONS. 2021 Census Profile for areas in England and Wales. [Accessed February 2025] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6.

2 Burden of disease

2.1 Cardiovascular disease

Cardiovascular Disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys, and eyes.[18]

CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle. For example, not smoking, avoiding excessive alcohol consumption, eating a balanced diet and taking regular exercise. Diagnosing CVD and recording it on GP registers may mean that a patient is more likely to be reviewed or investigated further and if appropriate, offered ongoing lifestyle advice, monitoring, and treatment, in accordance with NICE guidance.[19]

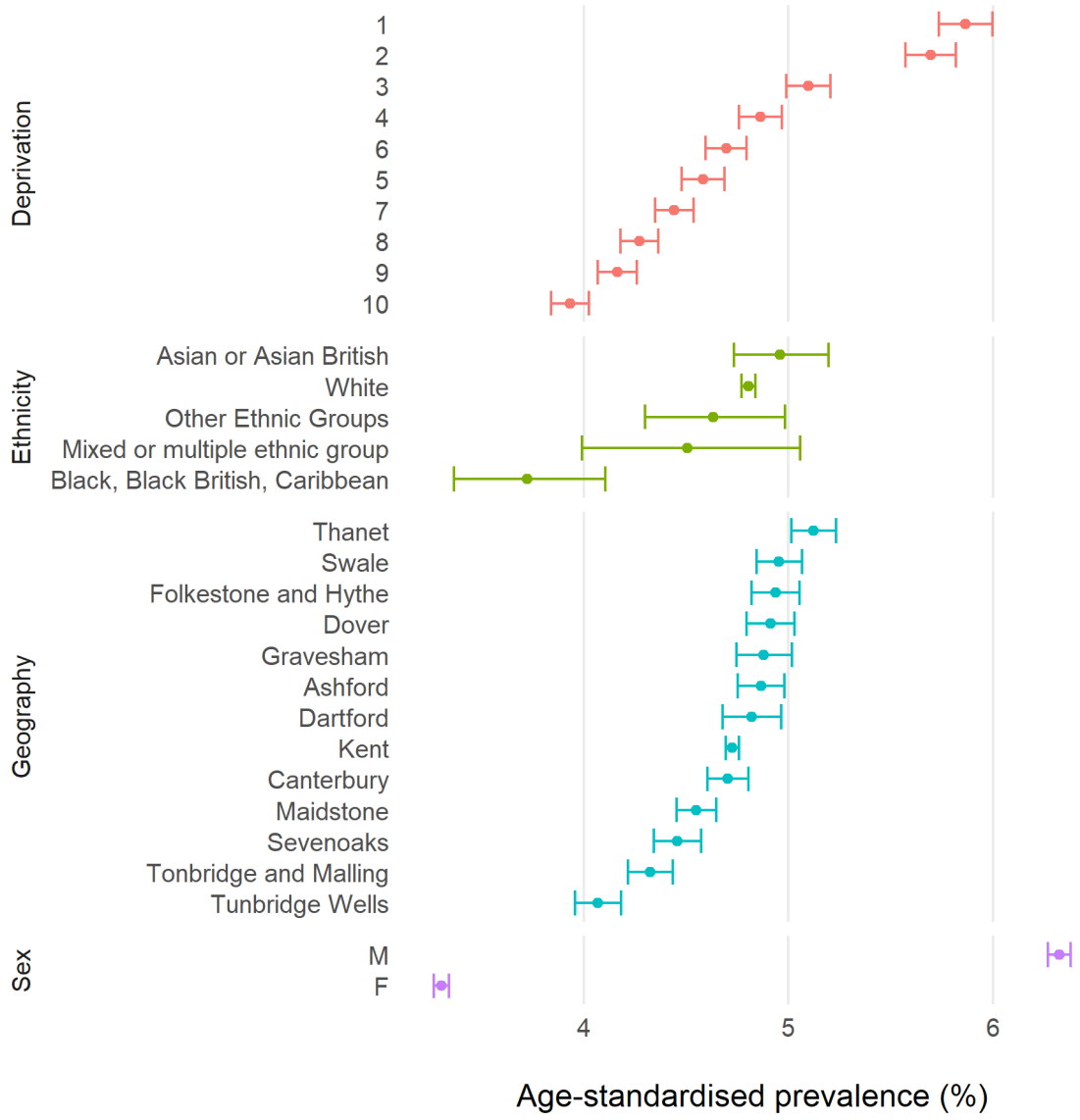
CVD is more likely to occur as we age but it is also one of the main causes of premature death (before the age of 75 years). Areas with older populations are therefore likely to have higher prevalence of CVD. Deaths from all types of circulatory disease is the most important contributor to the inequality gap in life expectancy within Kent between the most and least deprived 20% of the population.[20]

Local population impact

Age standardisation allows adjustments to be made to reflect the different age profile of an area. Age-standardised recorded prevalence is strongly associated with men, more deprived communities and is lower among Black ethnic groups.[21]

[18] Office for Health Improvement and Disparities (OHID) and the NHS Benchmarking Network. Prevalence of GP recorded CVD (wide definition) 2024 [Accessed February 2025]. https://www.cvdprevent.nhs.uk/.
[19] NICE. Cardiovascular Disease Prevention. 2010. [Accessed February 2025]. https://www.nice.org.uk/guidance/PH25.
[20] Office for Health Improvement and Disparities. Segment tool. 2023. [Accessed February 2025]. https://analytics.phe.gov.uk/apps/segment-tool/.
21 Chambers M. Age-standardised prevalence of disease registers in primary care using Kent and Medway Care Record. Analytical report. Unpublished: Kent Public Health Observatory; 2024. [Accessed February 2025].

Figure 10: Age-standardised prevalence of CVD by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



According to the Kent and Medway Care Record, there are an estimated 86,000 people living in Kent with CVD, a crude rate of 4.9% of the total population. The age-standardised prevalence is 4.7% with a 95% confidence interval between 4.69% and 4.76%.

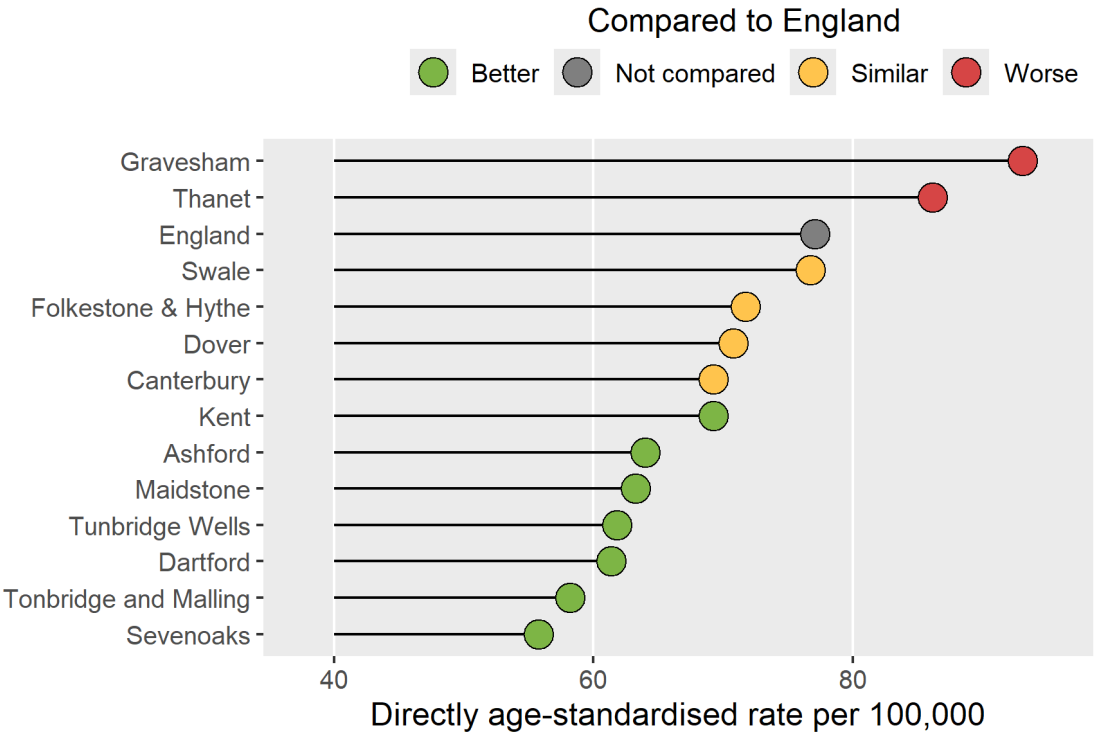
The following areas are significantly higher than Kent: Thanet, Swale, Folkestone and Hythe and Dover. The areas which are significantly lower than Kent are Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

The age-standardised prevalence rate for females in Kent is 3.3%, males is 6.3%. The recorded prevalence in males is nearly double that of females.

Across Kent, the Asian or Asian British group has the highest age standardised prevalence rate at 5%. It is significantly higher than Black, Black British and Caribbean. The White group is second highest (4.8%). It is significantly higher than Black, Black British and Caribbean. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with CVD but whose ethnicity is unknown is 0.5%.

The age-standardised prevalence of CVD in the most deprived segment of the Kent population is 5.9%, compared to 3.9% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

Figure 11: Under 75 mortality rates from cardiovascular disease (2021 - 23), OHID (Fingertips)



The directly age-standardised under 75 mortality rates from cardiovascular disease in Kent in the three-year period from 2021 to 2023 was 69.3, with a 95% confidence interval between 66.8 and 71.8 (Figure 11). There were 3,009 occurrences over the latest time period. The following areas are significantly worse than England: Gravesham and Thanet. The following areas are significantly better than England: Kent, Ashford, Dartford, Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

Figure 12: Under 75 mortality rates from cardiovascular disease, OHID (Fingertips)

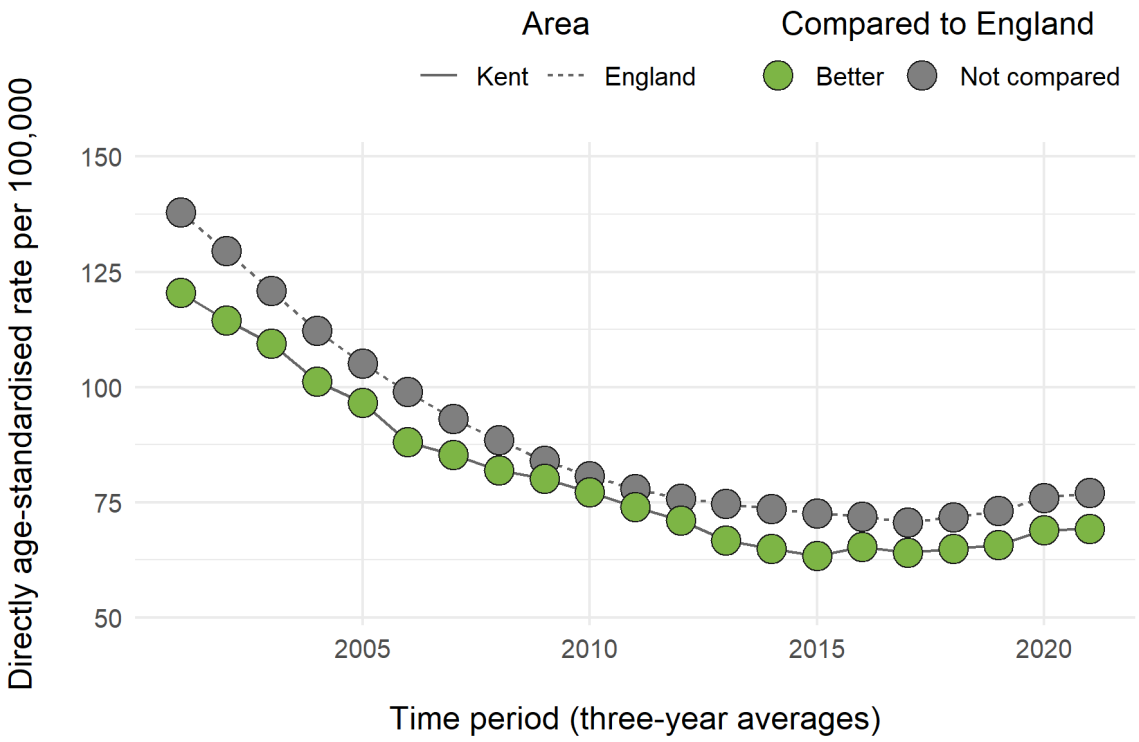


Figure 12 shows trend shows Kent compared to England in three-year averages. There are 21 data points between 2001 to 2003 and 2021 to 2023. The rate decreased until 2015 to 2017, then rose slightly. This pattern is mirrored for England.

2.2 Diabetes

Diabetes is a condition that causes a person's blood sugar level to become too high, known as hyperglycaemia.[22]

There are 2 main types of diabetes:

- Type 1 diabetes - a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin
- Type 2 diabetes - where the body does not produce enough insulin, or the body's cells do not react to insulin properly

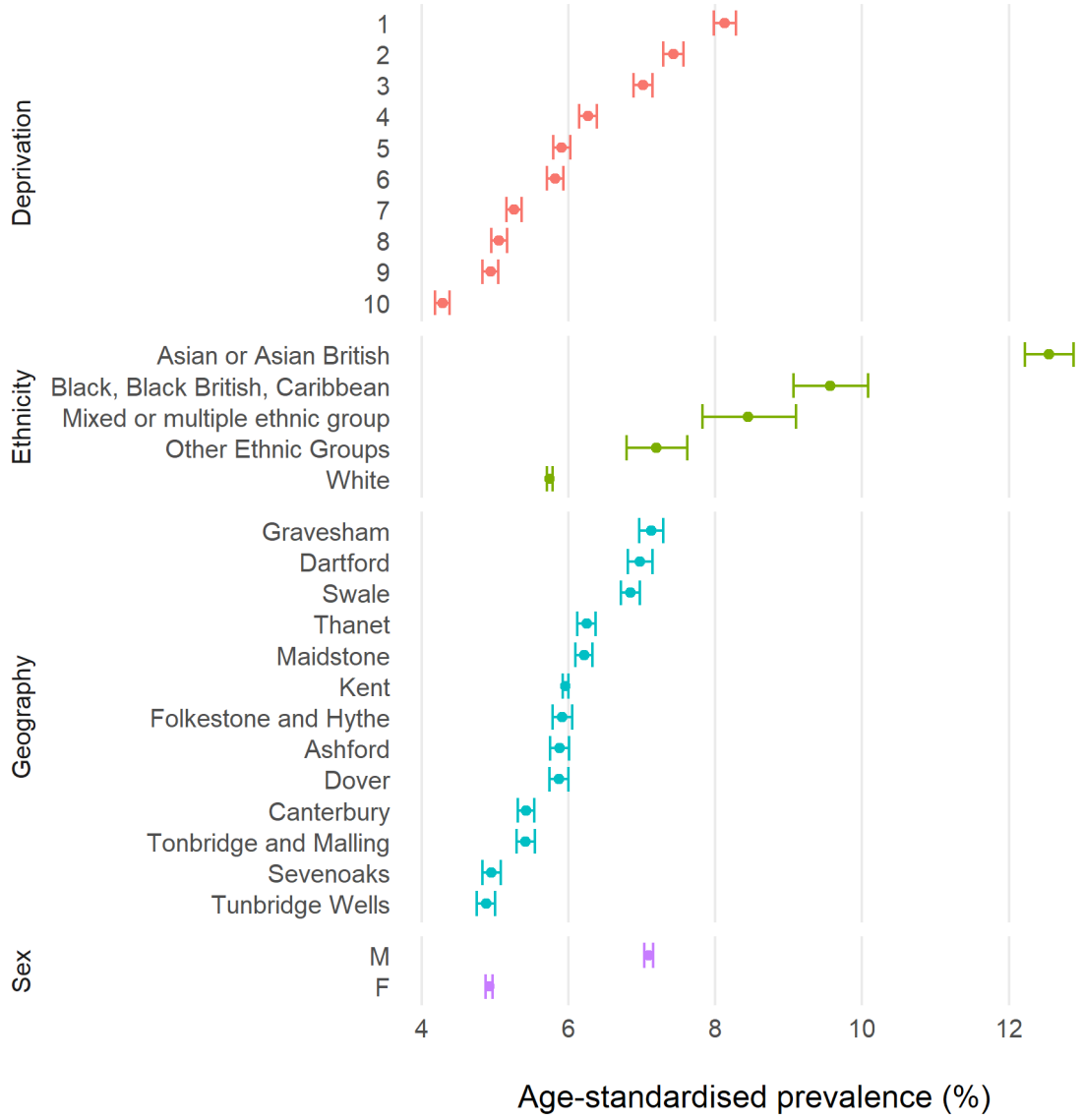
Type 2 diabetes is far more common than type 1. In the UK, over 90% of all adults with diabetes have type 2. Type 1 diabetes most commonly presents in children and young people and persists into adult life. It can also start in adulthood.[23]

[22] NHS England. Diabetes. February 2025. [Accessed March 2025] https://www.nhs.uk/conditions/diabetes/
[23] NICE. Diabetes - Type 1. December 2024. [Accessed March 2025] https://cks.nice.org.uk/topics/diabetes-type-1/

In both cases, it is important that people with Diabetes lead a healthy lifestyle and receive regular check-ups. Some of the main complications associated with Diabetes are increased risk of heart disease and stroke, nerve damage (and associated foot problems), blood vessel damage to the eyes and kidneys.[24]

Local population impact

Figure 13: Age-standardised prevalence of Diabetes by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



According to the Kent and Medway Care Record, there are an estimated 105,000 people living in Kent with Diabetes, a crude rate of 6.01% of the total population. The age-standardised prevalence is 5.96% with a 95% confidence interval between 5.92% and 6%.

[24] Diabetes UK. Complications of Diabetes. [Accessed March 2025]. https://www.diabetes.org.uk/about-diabetes/complications

The following areas are significantly higher than Kent: Gravesham, Dartford, Swale, Thanet and Maidstone. The areas which are significantly lower than Kent are Canterbury, Tonbridge and Malling, Sevenoaks and Tunbridge Wells.

The age-standardised prevalence rate for females in Kent is 4.92%, males is 7.09%. The recorded prevalence in males is about 40% higher than females.

Across Kent, the Asian or Asian British group has the highest age standardised prevalence rate at 12.55%. It is significantly higher than all the other ethnic groups. The Black, Black British, Caribbean group is second highest (9.56%). It is significantly higher than Other Ethnic Groups and White. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with Diabetes but whose ethnicity is unknown is 0.9%.

The age-standardised prevalence of Diabetes in the most deprived segment of the Kent population is 8.13%, compared to 4.28% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

2.3 Respiratory disease

Respiratory diseases range from acute infections, such as pneumonia and bronchitis, to chronic conditions such as asthma and Chronic Obstructive Pulmonary Disease (COPD). COPD not only affects the lungs but can also cause muscle wasting and weight loss, swollen ankles, and depression.[25]

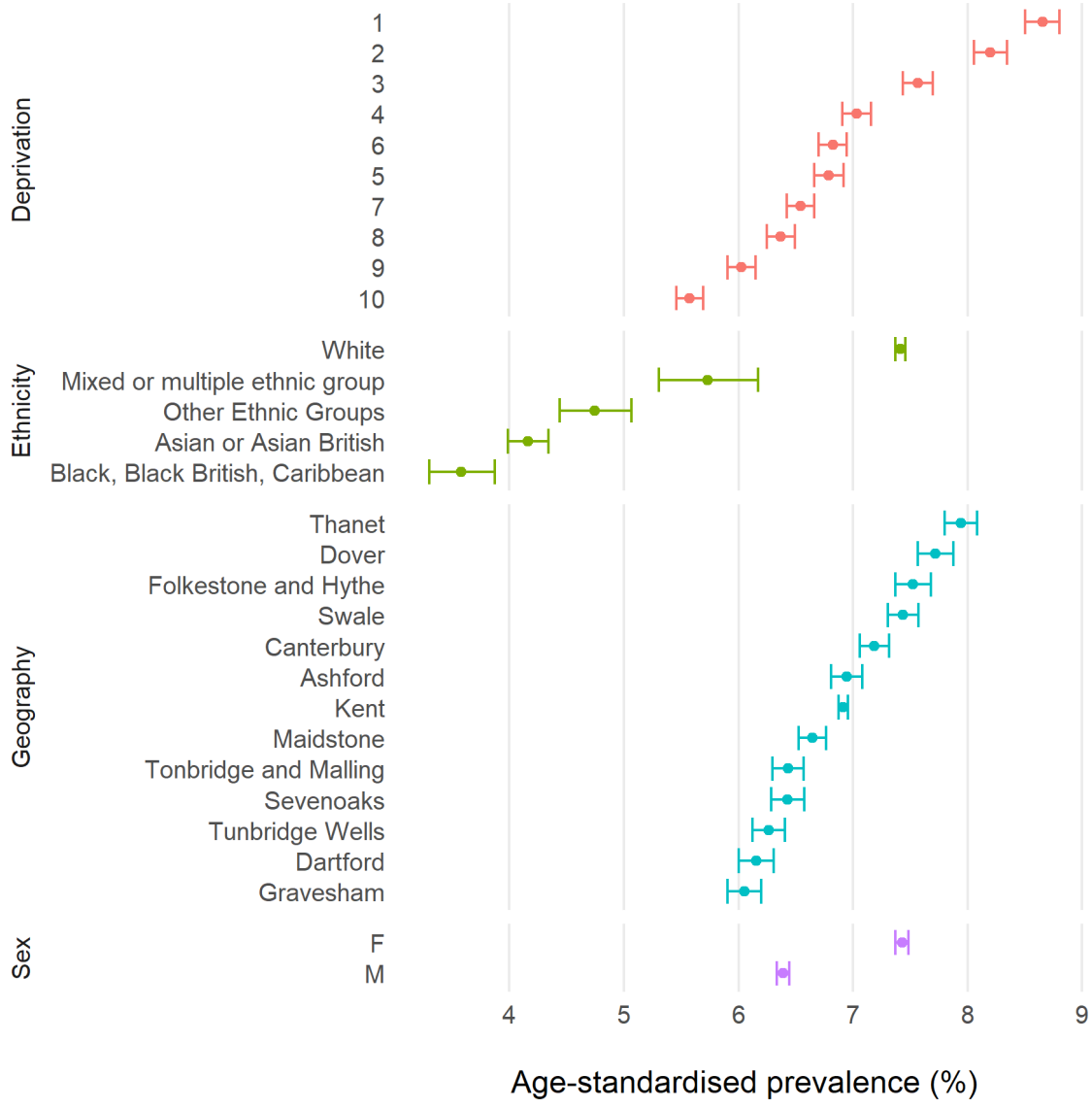
The most important cause of COPD is smoking, but past exposures to fumes, chemicals and dusts at work will have also contributed to causing many currently occurring cases. Socioeconomic status and genetic causes may also be risk factors. There is a clear social class gradient in respiratory disease mortality.

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. People with asthma have swollen (inflamed) and sensitive airways that become narrow and clogged with sticky mucus in response to certain triggers such as infections and allergies among others.[26]

[25] NHS England. Chronic obstructive pulmonary disease. April 2023. [Accessed March 2025]. https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/.
[26] NHS England. Asthma. April 2021. [Accessed March 2025]. https://www.nhs.uk/conditions/asthma/.

Local population impact

Figure 14: Age-standardised prevalence of Asthma or COPD by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



According to the Kent and Medway Care Record, there are an estimated 121,000 people living in Kent with respiratory disease, a crude rate of 7% of the total population. The age-standardised prevalence is 6.9% with a 95% confidence interval between 6.87% and 6.95%.

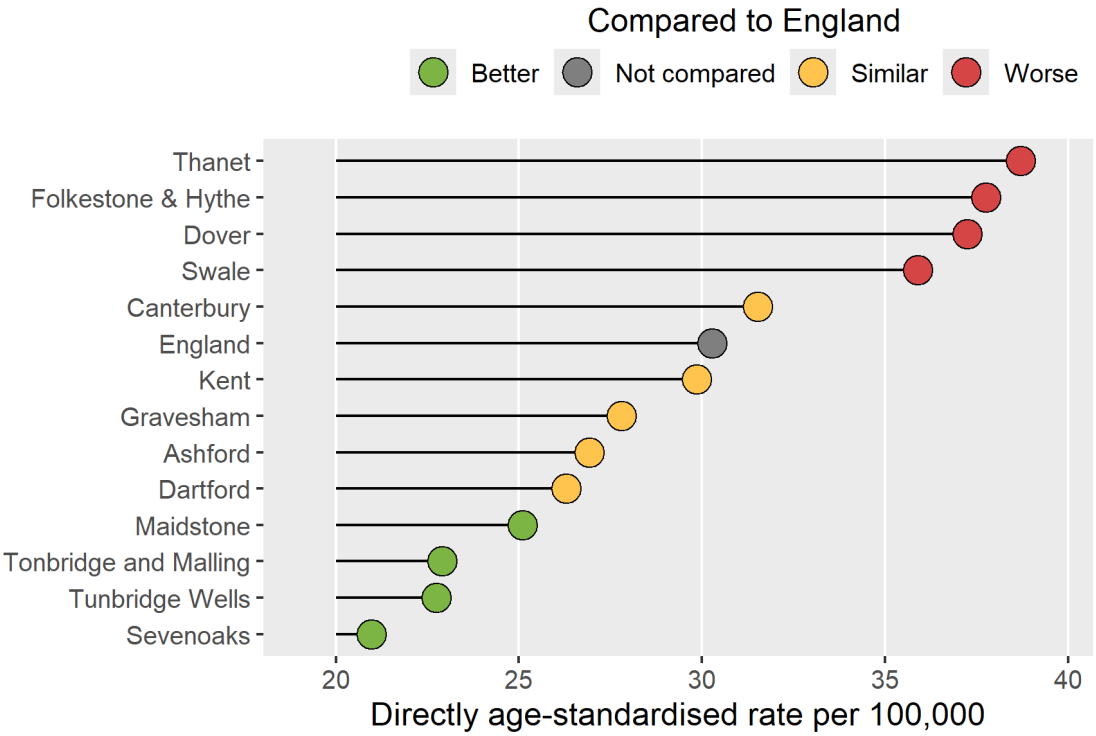
The following areas are significantly higher than Kent: Thanet, Dover, Folkestone and Hythe, Swale and Canterbury. The areas which are significantly lower than Kent are Maidstone, Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Dartford and Gravesham.

The age-standardised prevalence rate for females in Kent is 7.4%, males is 6.4%. The recorded prevalence in females is about 20% higher than males.

Across Kent, the White group has the highest age standardised prevalence rate at 7.4%. It is significantly higher than all the other ethnic groups. The Mixed or multiple ethnic groups is second highest (5.7%). It is significantly higher than Other Ethnic Groups, Asian or Asian British, Black, Black British and Caribbean. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with respiratory disease but whose ethnicity is unknown is 0.8%.

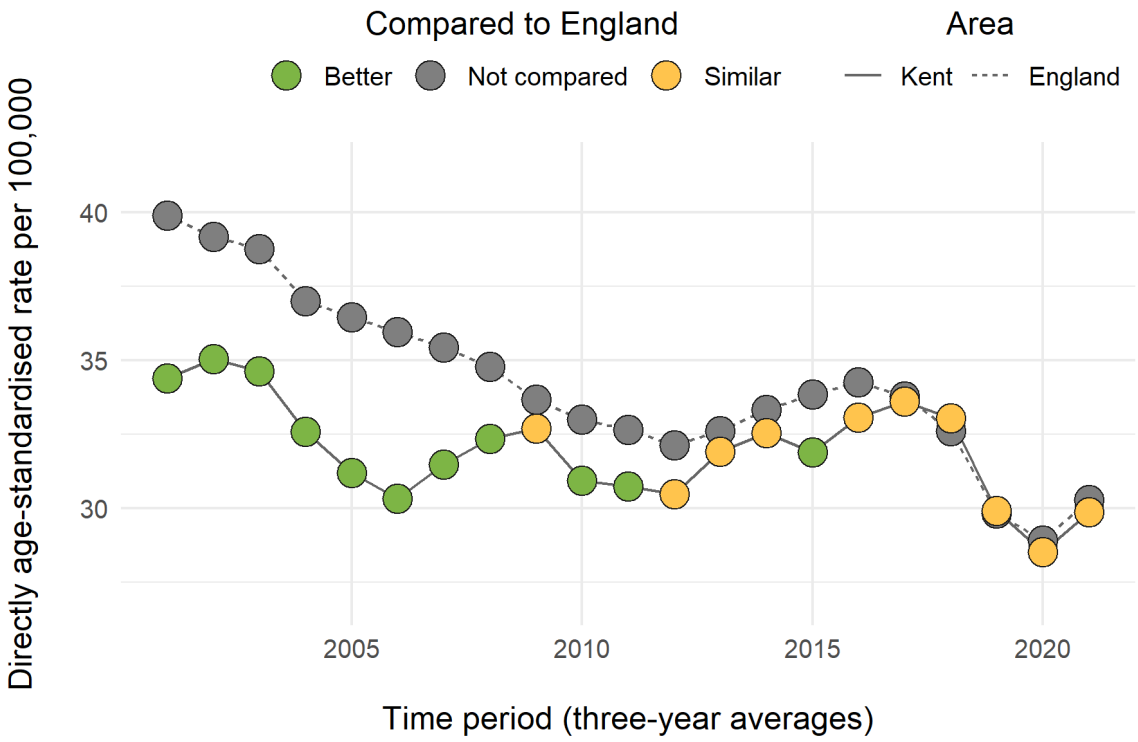
The age-standardised prevalence of respiratory disease in the most deprived segment of the Kent population is 8.7%, compared to 5.6% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

Figure 15: Under 75 mortality rates from respiratory disease (2021 - 23), OHID (Fingertips)



The directly age-standardised under 75 mortality rates from respiratory disease in Kent in the three-year period from 2021 to 2023 was 29.9, with a 95% confidence interval between 28.3% and 31.5%. There were 1,301 occurrences over the latest time period. The following areas are significantly worse than England: Dover, Folkestone & Hythe, Swale and Thanet. The following areas are significantly better than England: Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

Figure 16: Under 75 mortality rates from respiratory disease, OHID (Fingertips)



The trend shows Kent compared to England in three-year averages. There are 21 data points between 2001 to 2003 and 2021 to 2023. The rate has fluctuated, varying between 29 and 35 per 100,000 people. The England data indicates a long-term decreasing trend.

2.4 Dementia

Dementias are a range of diseases characterised by progressive changes to the brain. They can affect anyone but become more common with age. Indeed, the number of elderly people with dementia is increasing as people live longer.

Over half of those with dementia have Alzheimer's disease and up to a third vascular dementia.

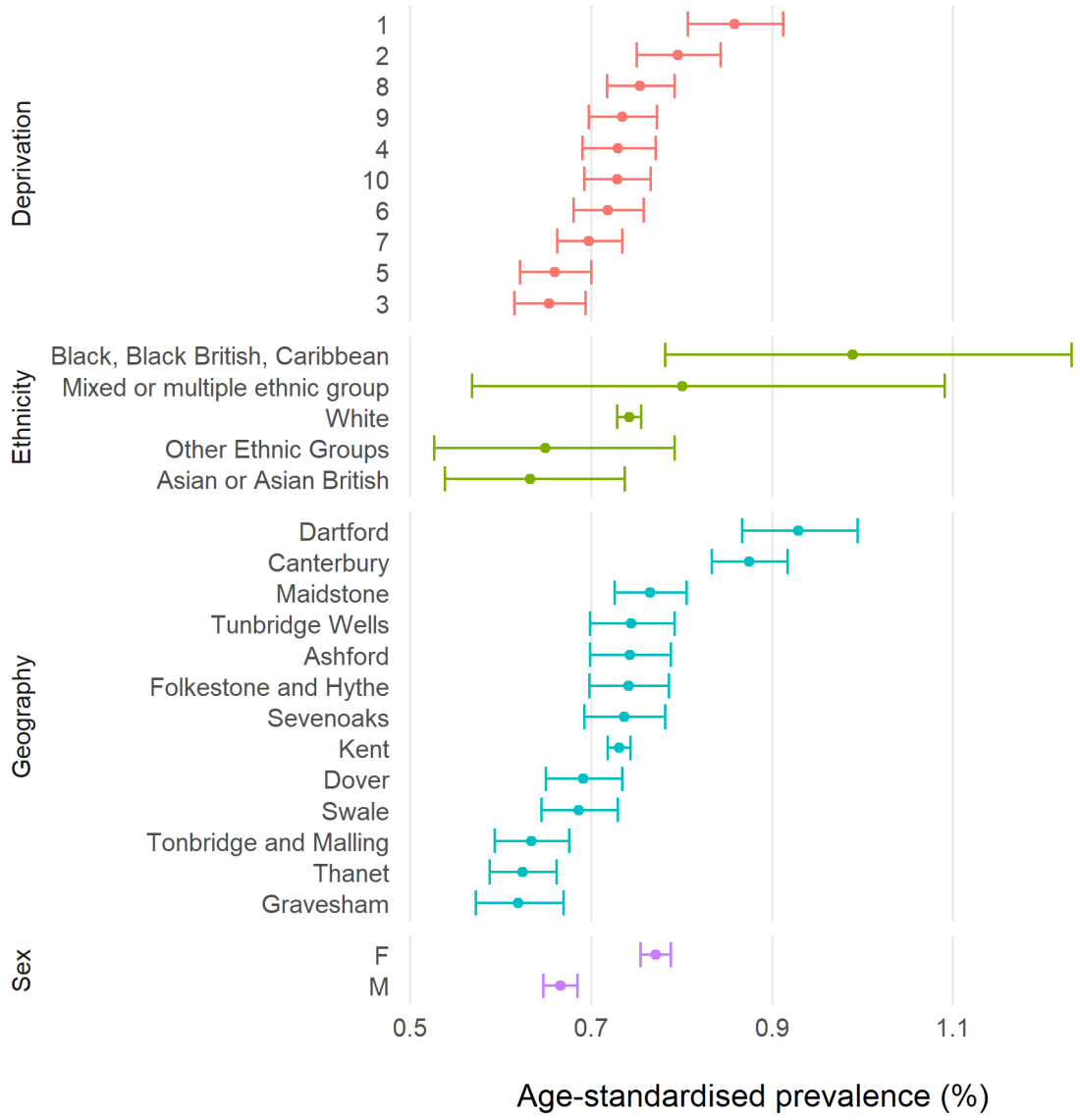
The likelihood of developing dementia increases significantly with age. One in 14 people aged over 65 has dementia. This rises to one in six for people aged over 80. Dementia can affect younger people too. This is often called young-onset dementia. Around one in 20 people with dementia are younger than 65. Dementia is also more common among women than men.[27]

[27] Alzheimer's Society. What is dementia? Symptoms, causes and treatments. [Accessed March 2025]. https://www.alzheimers.org.uk/about-dementia/types-dementia/what-is-dementia.

Dementia is associated with complex needs and especially, in the later stages, high levels of dependency and morbidity. As the condition progresses, people with dementia can present carers and social care staff with complex problems including aggressive behaviour, restlessness and wandering, eating problems, incontinence, delusions and hallucinations and mobility difficulties that can lead to falls and fractures. The impact of dementia on an individual may be compounded by personal circumstances such as changes in financial status and accommodation, or bereavement.[28]

Local population impact

Figure 17: Age-standardised prevalence of Dementia by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



[28] George A, Abi-Aad G. Kent County Council Public Health. Dementia, p6, 2017. [Accessed March 2025]. https://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-archive.

According to the Kent and Medway Care Record, there are an estimated 14,000 people living in Kent with Dementia, a crude rate of 0.8% of the total population. The age-standardised prevalence is 0.7% with a 95% confidence interval between 0.72% and 0.74%.

The following areas are significantly higher than Kent: Dartford and Canterbury. The areas which are significantly lower than Kent are Tonbridge and Malling, Thanet and Gravesham.

The age-standardised prevalence rate for females in Kent is 0.8%, males is 0.7%. The recorded prevalence in females is about 20% higher than males.

Across Kent, the Black, Black British, Caribbean group has the highest age standardised prevalence rate at 1%. It is significantly higher than White and Asian or Asian British. The Mixed or multiple ethnic groups is second highest (0.8%). No ethnic groups are significantly lower than it. The confidence intervals are relatively wide which limits direct comparisons. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with Dementia but whose ethnicity is unknown is 0.1%.

The age-standardised prevalence of Dementia in the most deprived segment of the Kent population is 0.9%, compared to 0.7% among the least deprived. There is insufficient evidence of an association with deprivation.

2.5 Cancer

Cancer is a group of diseases characterised by the uncontrolled growth and spread of abnormal cells. If the growth is not controlled, it can result in death.[29]

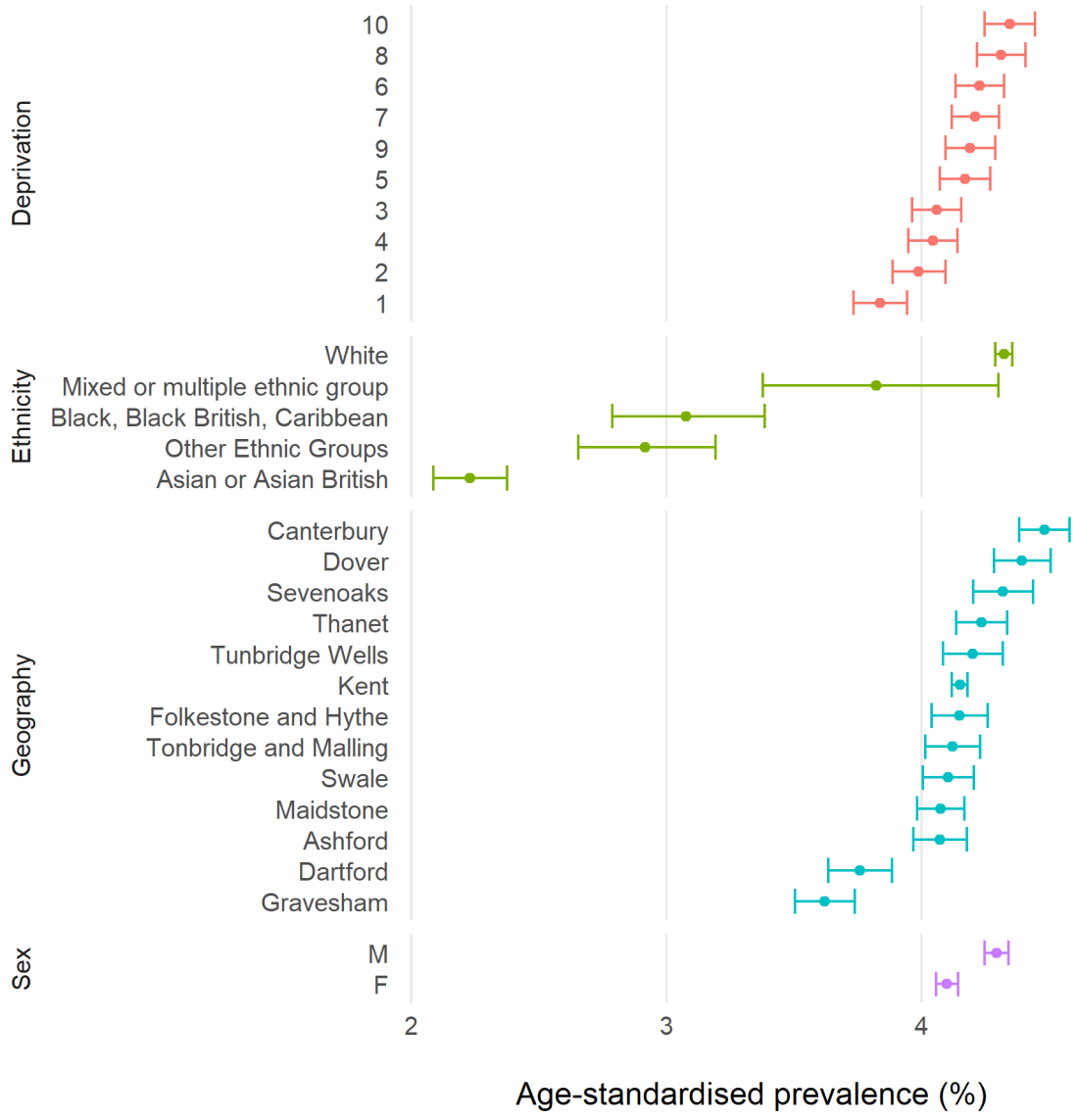
The most common types of cancer include breast, lung, colon and prostate cancers. These cancers account for a significant portion of cancer cases worldwide.[29]

Risk factors for cancer include behavioural risk factors such as tobacco use, alcohol consumption, poor diet and lack of physical activity, as well as environmental exposures like air pollution and radiation.[29]

[29] World Health Organisation. Cancer. February 2025. [Accessed March 2025] https://www.who.int/news-room/fact-sheets/detail/cancer

Local population impact

Figure 18: Age-standardised prevalence of Cancer by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record.



According to the Kent and Medway Care Record, there are an estimated 74,000 people living in Kent with Cancer, a crude rate of 4.26% of the total population. The age-standardised prevalence is 4.15% with a 95% confidence interval between 4.12% and 4.18%.

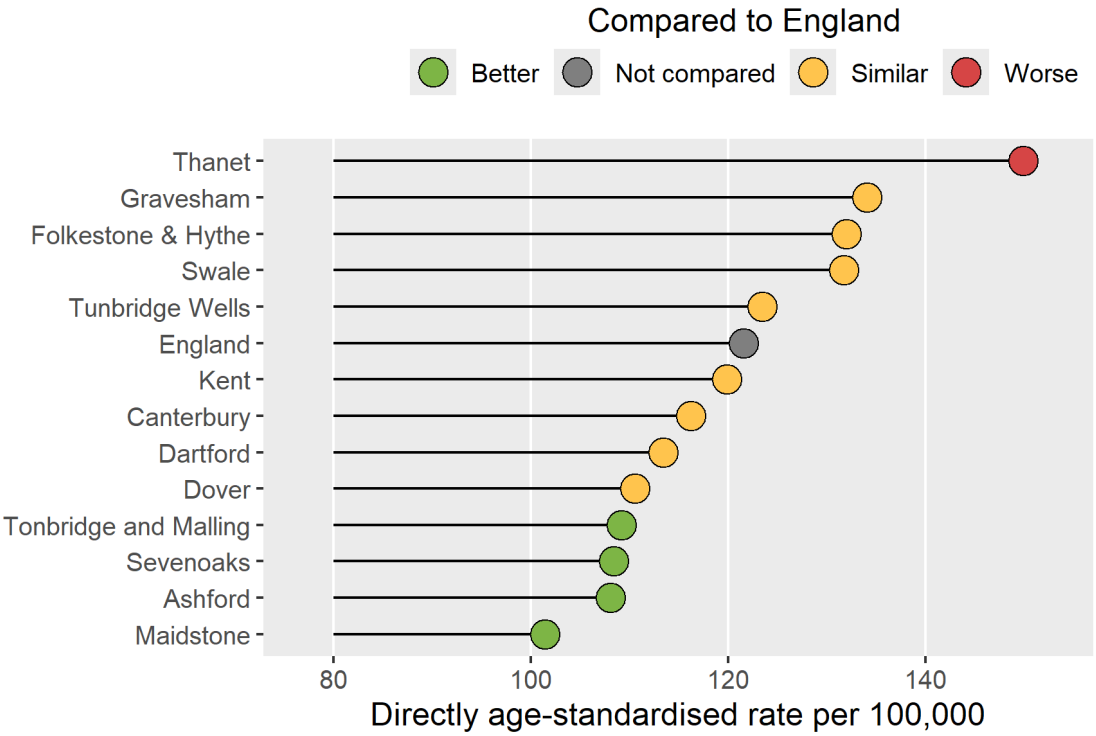
The following areas are significantly higher than Kent: Canterbury, Dover and Sevenoaks. The areas which are significantly lower than Kent are Dartford and Gravesham.

The age-standardised prevalence rate for females in Kent is 4.1%, males is 4.29%. The recorded prevalence is about the same for males and females.

Across Kent, the White group has the highest age standardised prevalence rate at 4.32%. It is significantly higher than Black, Black British, Caribbean, Other Ethnic Groups and Asian or Asian British. The Mixed or multiple ethnic groups is second highest (3.82%). It is significantly higher than Other Ethnic Groups and Asian or Asian British. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with Cancer but whose ethnicity is unknown is 0.7%.

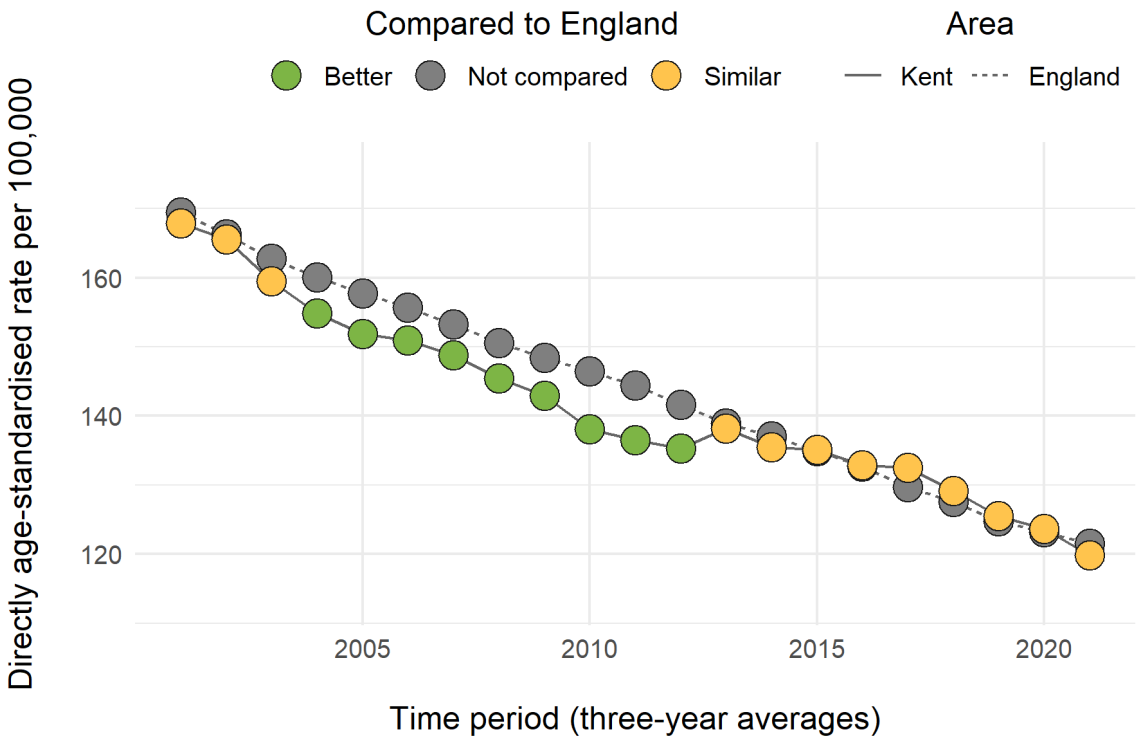
The age-standardised prevalence of Cancer in the most deprived segment of the Kent population is 3.84%, compared to 4.35% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the less deprived areas.

Figure 19: Under 75 mortality rates from cancer (2021-23), OHID (Fingertips)



The directly age-standardised under 75 mortality rates from cancer in Kent in the three-year period from 2021 to 2023 was 119.8, with a 95% confidence interval between 116.6 and 123.1. There were 5,209 occurrences over the latest time period. Only Thanet is significantly worse than England. The following areas are significantly better than England: Ashford, Maidstone, Sevenoaks and Tonbridge and Malling.

Figure 20: Under 75 mortality rates from cancer, OHID (Fingertips)



The trend shows Kent compared to England in three-year averages. There are 21 data points between 2001 to 2003 and 2021 to 2023. There is clear evidence of a decreasing trend with an overall change of 30%. This pattern is mirrored for England.

2.6 Mental health

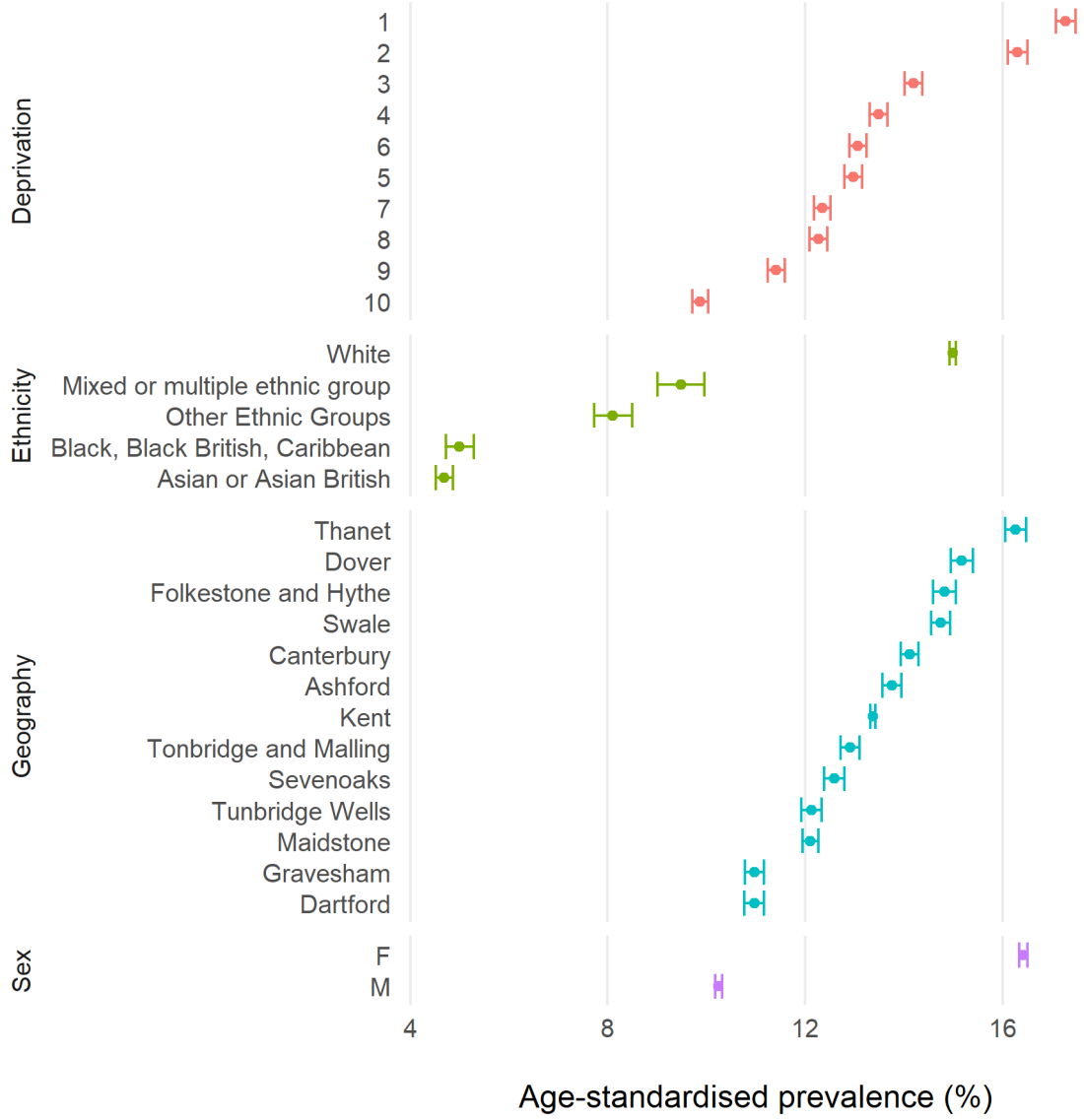
Mental health is a state of well-being that enables individuals to cope with the stresses of life, realise their abilities, learn well, work well and contribute to their community.[30] Mental health conditions, including depression and anxiety are common and can significantly impact all aspects of life, including relationships, work and overall health.[31] Risk factors for mental health conditions include individual factors like genetics and emotional skills, as well as broader social, economic and environmental factors such as poverty, violence and inequality.[30]

[30] World Health Organisation. Mental Health Strengthening our Response. WHO. 2022. [Accessed March 2025]. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
[31] World Health Organisation. Mental Health. WHO. [Accessed March 2025]. https://www.who.int/health-topics/mental-health#tab=tab_1.

In England, one in six adults (17%) experiences a common mental health problem, such as anxiety or depression, each week[32]. Furthermore, around one in four people in the UK will experience a mental health problem of some kind each year in England.[33]

Local population impact

Figure 21: Age-standardised prevalence of depression by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



[32] McManus S, Bebbington P, Jenkins R, Brugha T. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NatCen Social Research; University of Leicester; 2016. [Accessed March 2025]. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014.

[33] McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R. Adult psychiatric morbidity in England, 2007: Results of a household survey. NatCen Social Research; University of Leicester; 2009. [Accessed March 2025]. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey.

According to the Kent and Medway Care Record, there are an estimated 227,000 people living in Kent with depression, a crude rate of 13% of the total population. The age-standardised prevalence is 13.4% with a 95% confidence interval between 13.32% and 13.43%.

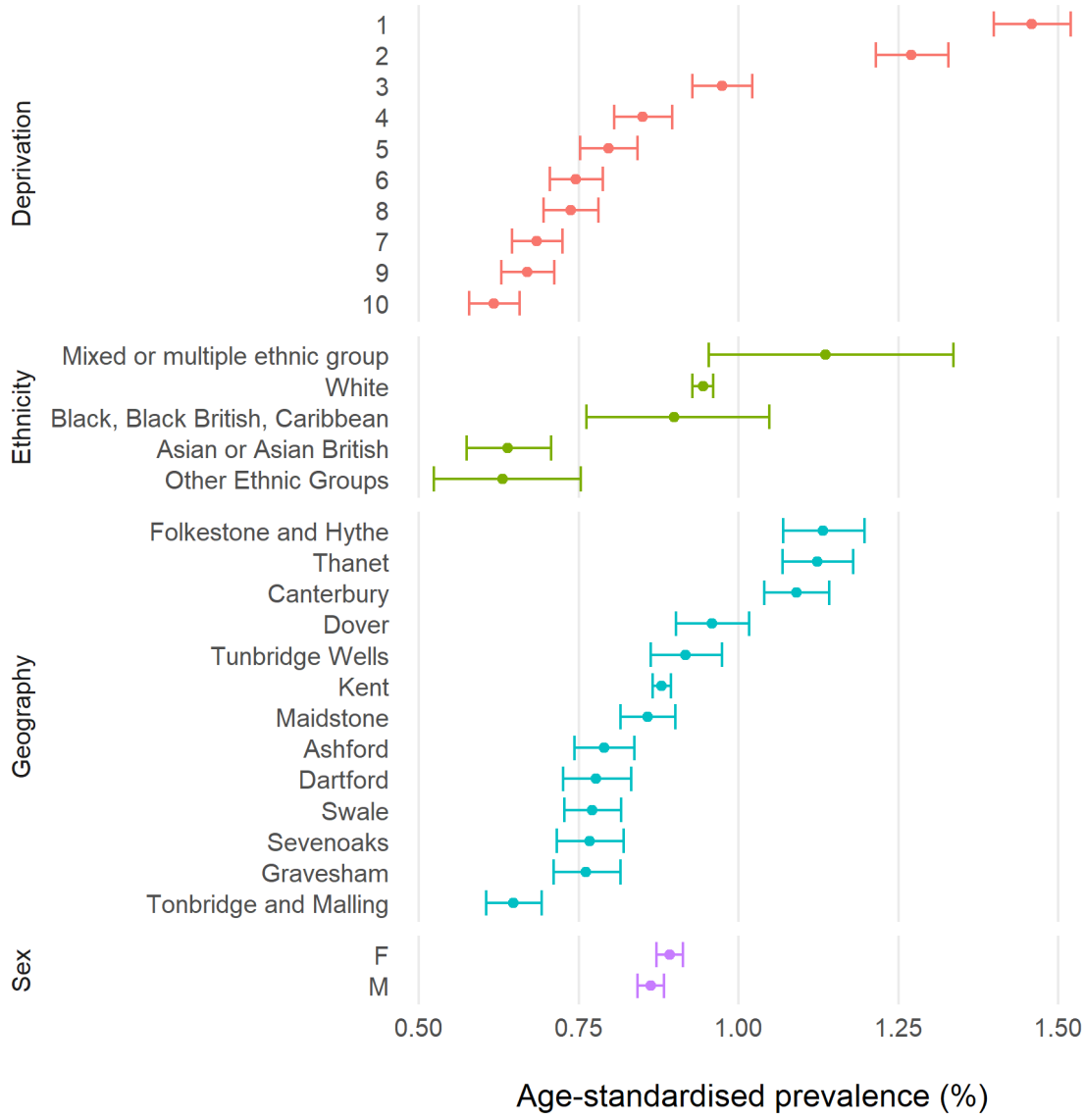
The following areas are significantly higher than Kent: Thanet, Dover, Folkestone and Hythe, Swale, Canterbury and Ashford. The areas which are significantly lower than Kent are Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Maidstone, Gravesham and Dartford.

The age-standardised prevalence rate for females in Kent is 16.4%, males is 10.2%. The recorded prevalence in females is about 60% higher than males.

Across Kent, the White group has the highest age standardised prevalence rate at 15%. It is significantly higher than all the other ethnic groups. The Mixed or multiple ethnic groups is second highest (9.5%). It is significantly higher than Other Ethnic Groups, Black, Black British, Caribbean and Asian or Asian British. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with depression but whose ethnicity is unknown is 0.9%.

The age-standardised prevalence of depression in the most deprived segment of the Kent population is 17.3%, compared to 9.9% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

Figure 22: Age-standardised prevalence of Severe Mental Illness by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



According to the Kent and Medway Care Record, there are an estimated 15,000 people living in Kent with severe mental illness, a crude rate of 0.86% of the total population. The age-standardised prevalence is 0.88% with a 95% confidence interval between 0.87% and 0.89%.

The following areas are significantly higher than Kent: Folkestone and Hythe, Thanet, Canterbury and Dover. The areas which are significantly lower than Kent are Ashford, Dartford, Swale, Sevenoaks, Gravesham and Tonbridge and Malling.

The age-standardised prevalence rate for females in Kent is 0.89%, males is 0.86%. The recorded prevalence is about the same for males and females.

Across Kent, the Mixed or multiple ethnic groups has the highest age standardised prevalence rate at 1.14%. It is significantly higher than Asian or Asian British and Other Ethnic Groups. The White group is second highest (0.94%). It is significantly higher than Asian or Asian British and Other Ethnic Groups. The confidence intervals are relatively wide which limits direct comparisons. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with severe mental illness but whose ethnicity is unknown is 0.4%.

The age-standardised prevalence of severe mental illness in the most deprived segment of the Kent population is 1.46%, compared to 0.62% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

3 Behavioural risk factors

Behavioural risk factors that affect the health of a population include the use of alcohol, drugs and other substances which can lead to mental health issues such as depression, anxiety and substance use disorders.[34] [35]

Another risk factor is inadequate emotional regulation, and coping mechanisms can increase vulnerability to mental health conditions. A lack of social connections and support can contribute to feelings of loneliness and depression.[34]

3.1 Excess weight and obesity

Overweight and obesity (Excess weight) are defined as abnormal or excessive fat accumulation that presents a risk to health. In the UK, obesity is typically measured using the Body Mass Index (BMI), with a BMI of 25 to 29.9 indicating overweight and a BMI of 30 or above indicating obesity.[36]

Obesity is a complex issue influenced by various intersectional factors, including biology, society, culture, environment, and sedentary working patterns. Effectively tackling obesity requires a long-term, large-scale commitment.[37]

Behavioural risk factors for obesity include poor diet, physical inactivity, and excessive alcohol consumption. These behaviours contribute to an energy imbalance where calorie intake exceeds calorie expenditure.[38] [39]

Excess weight can significantly impact health, increasing the risk of chronic diseases such as type 2 diabetes, cardiovascular disease, liver disease, some form of cancers, and osteoarthritis. Obesity can also be a risk factor for depression and low self-esteem, negatively impacting well-being and quality of life while reducing life and health expectancy.[37]

[34] Centers for Disease Control and Prevention. Mental Health. August 2024. [Accessed March 2025]. https://www.cdc.gov/mental-health/about/index.html.
[35] Centers for Disease Control and Prevention. About Behavioural Health. August 2024. [Accessed March 2025]. https://www.cdc.gov/mental-health/about/about-behavioral-health.html.
[36] World Health Organisation. Obesity and Overweight. March 2024. [Accessed March 2025]. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight.
[37] World Health Organisation. Obesity. [Accessed March 2025] https://www.who.int/health-topics/obesity/
[38] World Health Organisation. Noncommunicable Diseases: Risk Factors and conditions. [Accessed March 2025]. https://www.who.int/data/gho/data/themes/topics/noncommunicable-diseases-risk-factors.
[39] Ojo A. Adult Obesity Needs Assessment. Kent County Council Public Health; 2024. [Accessed March 2025]. Adult Obesity Needs Assessment

The increasing rate of overweight and obesity in adults in the UK is a national priority with government commitment to tackle obesity. In 2020, the government published an obesity strategy "Tackling obesity: empowering adults and children to live healthier lives"[40] with a focus on making healthy choices the easiest choices, while also providing support for individuals to lose weight.

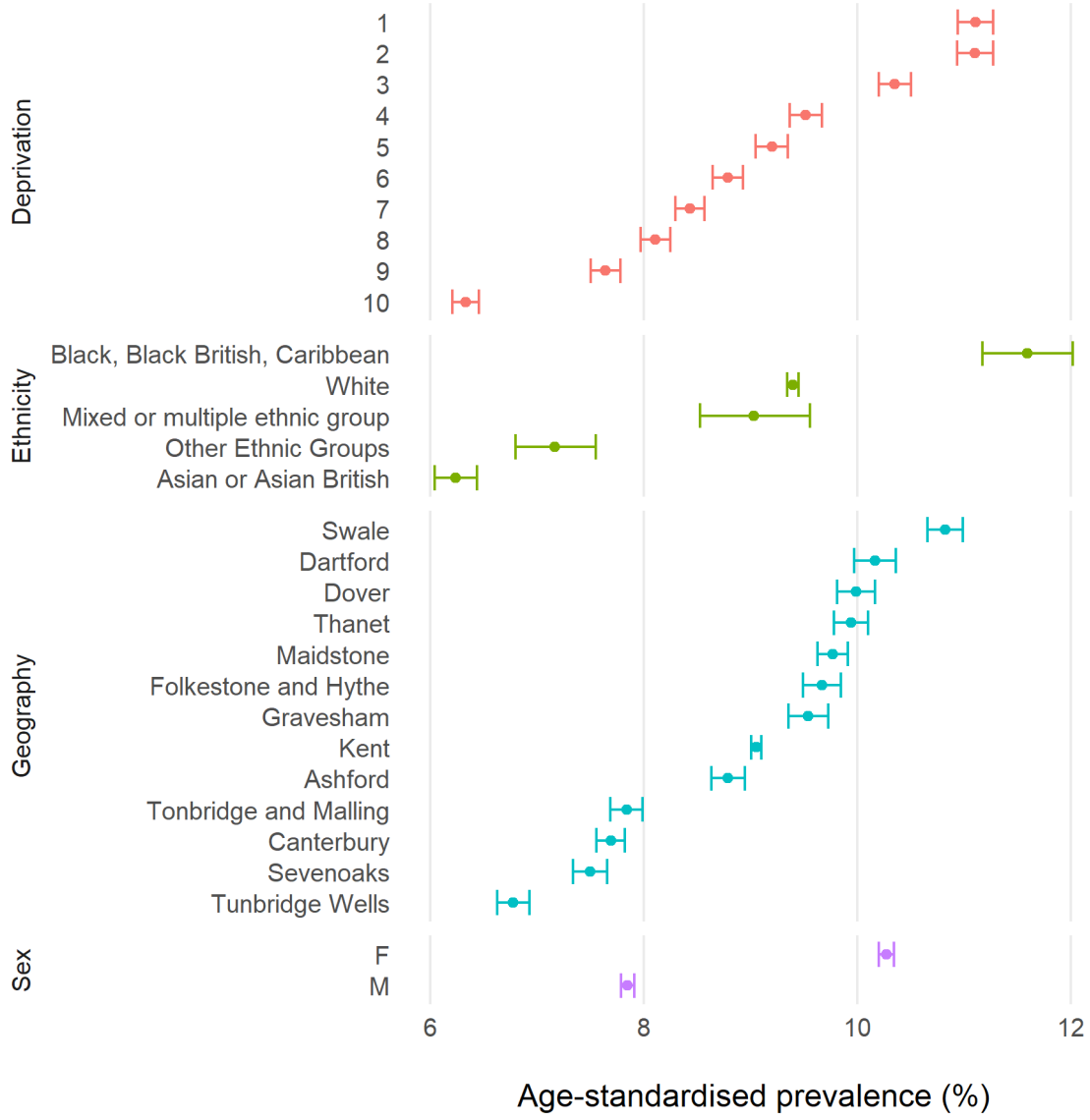
In Kent, efforts to address excess weight involve many partners working across the systems in making obesity everybody's business, such as the whole systems approach programme providing the platforms for collaborating with stakeholders across various sectors to promote healthy weight in Kent.[37]

Local population impact

The estimated prevalence of obesity among adults in Kent is 27.8% in the year 2022/23. The prevalence of excess weight is 67%. Both these figures are statistically significantly higher than the England average.

[40] Department of Health and Social Care (DHSC). Tackling obesity: Empowering adults and children to live healthier lives. February 2025. [Accessed March 2025] https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives

Figure 23: Age-standardised prevalence of obesity by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record



According to the Kent and Medway Care Record, there are an estimated 156,000 people living in Kent with obesity, a crude rate of 8.91% of the total population. The age-standardised prevalence is 9.05% with a 95 % confidence interval between 9.01% and 9.1%. These figures must be interpreted with caution because obesity in children is not consistently recorded by General practices. It is also an under-estimate compared to surveys among adults. However, it is useful to make comparisons between other population groups which is not possible using other sources.

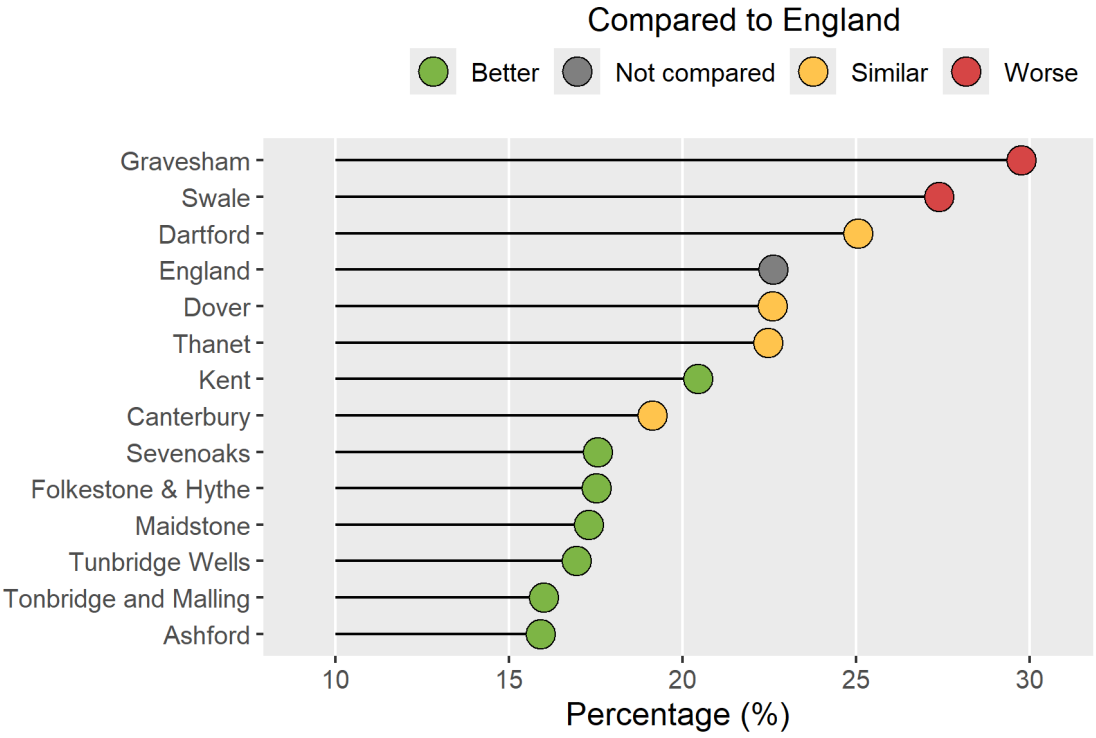
The following areas are significantly higher than Kent: Swale, Dartford, Dover, Thanet, Maidstone, Folkestone and Hythe and Gravesham. The areas which are significantly lower than Kent are Ashford, Tonbridge and Malling, Canterbury, Sevenoaks and Tunbridge Wells.

The age-standardised prevalence rate for females in Kent is 10.27%, males is 7.85%. The recorded prevalence in females is about 30% higher than males.

Across Kent, the Black, Black British, Caribbean group has the highest age standardised prevalence rate at 11.59%. It is significantly higher than all the other ethnic groups. The White group is second highest (9.4%). It is significantly higher than Other Ethnic Groups and Asian or Asian British. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with obesity but whose ethnicity is unknown is 0.8%.

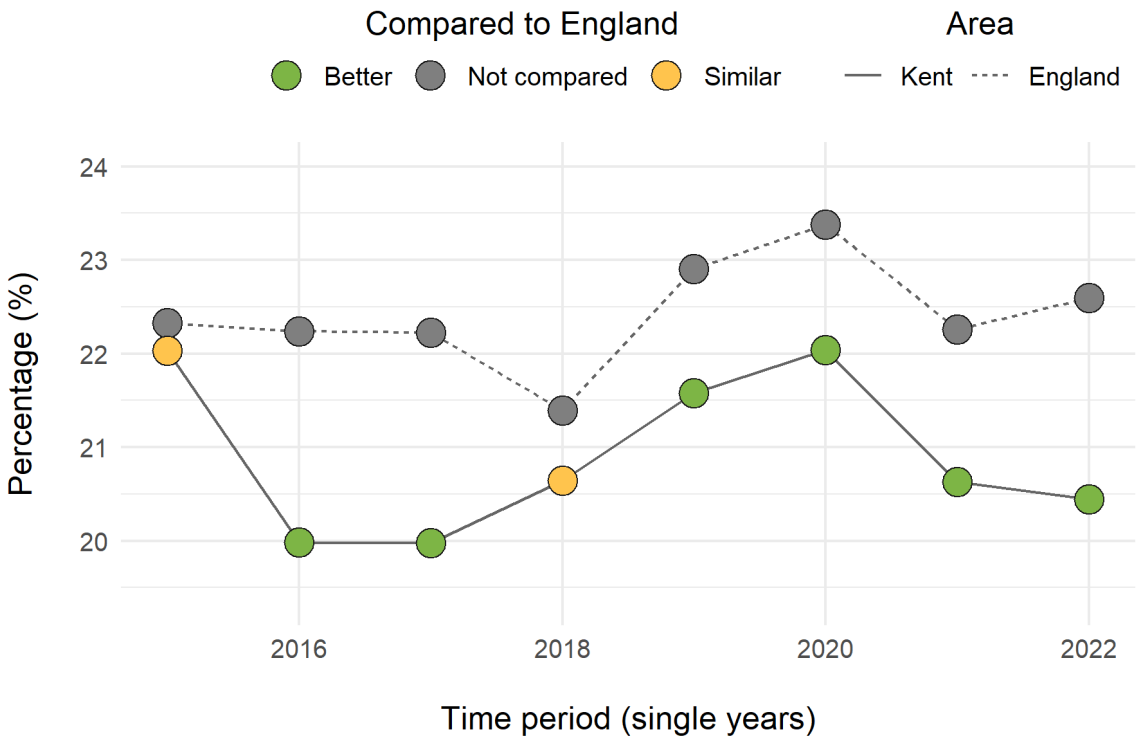
The age-standardised prevalence of obesity in the most deprived segment of the Kent population is 11.11%, compared to 6.33% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

Figure 24: Percentage of physically inactive adults (2022/23), OHID (Fingertips)



The estimated percentage of physically inactive adults in Kent in 2022/23 was 20.4, with a 95% confidence interval between 19.4 and 21.5. The following areas are significantly worse than England: Gravesham and Swale. The following areas are significantly better than England: Kent, Ashford, Maidstone, Sevenoaks, Folkestone & Hythe, Tonbridge and Malling and Tunbridge Wells.

Figure 25: Percentage of physically inactive adults, OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 8 data points between 2015/16 and 2022/23. The rate has fluctuated, varying between 20 and 22%. The England data has also fluctuated.

3.2 Smoking

Smoking is the act of inhaling and exhaling the smoke of burning tobacco. This is typically done through cigarettes, cigars, or pipes. Tobacco smoke contains nicotine, which is highly addictive, as well as thousands of other chemicals, many of which are harmful and can cause serious health issues.

Smoking is a major risk factor for 16 different cancers, COPD, heart disease and stroke causing approximately 6,000 deaths in Kent each year. Smoking rates remain stubbornly high among our vulnerable communities such as those who live in areas of deprivation, people with mental health illness and lesbian, gay, bisexual, transgender, queer groups.[41] Smoking also negatively impacts mental health. Contrary to the belief that it relieves stress; smoking can actually increase anxiety and depression. Quitting smoking is associated with improved mood and reduced stress levels.[42] Smoking is the leading cause of health inequalities and accounts for half of the difference in life expectancy between the most and least affluent communities in England.[43]

There has been a decline in the number of people using stop smoking services to quit, representing only 3.4% of smokers over the 12-month period April 2023 to March 2024. Stop smoking services need to be effectively promoted and delivered to high smoking prevalence groups (such as people with a serious mental illness in whom smoking prevalence is about 40%), Black and Ethnic minority groups, LGBTQ communities. More information is needed to ensure that messaging and services are culturally appropriate and may require extending the length of quit programmes or introduce harm reduction programmes prior to quitting. There are also opportunities to deliver smokefree activities in workplace and residential settings, particularly social housing, and prisons.[41]

The Government has published a new national tobacco control plan, Stopping the Start,[44] to create a smokefree generation. This includes £70million per year for five years in additional funding to local authorities, starting in 2024/25 to support stop smoking services to help reach the Smokefree 2030 ambition. There is also funding allocated to fund a new national anti-smoking campaign and a proposal to increase the minimum age of sale of tobacco products. The plan is based on the 15 recommendations set out in the Khan review[45] and can be localised for a newly established Tobacco Control Alliance to deliver. In addition, local maternity systems and Acute Trusts will be delivering in-house stop smoking support in response to the NHS Long Term Plan.[46] [41]

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[41] Smith D. Tobacco Control Needs Assessment. Kent County Council Public Health; December 2022. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/word_doc/0018/164034/Tobacco-Control-Needs-Assessment-2022.docx.

[42] NHS England. The Truth About Smoking. Better Health. February 2025. [Accessed March 2025]. https://www.nhs.uk/better-health/quit-smoking/why-quit-smoking/the-truth-about-smoking-stress-and-mental-health/.

[43] OHID. Smoking and Inequalities. Fingertips. [Accessed March 2025]. https://fingertips.phe.org.uk/profile/tobacco-control/supporting-information/smokingandinequalities.

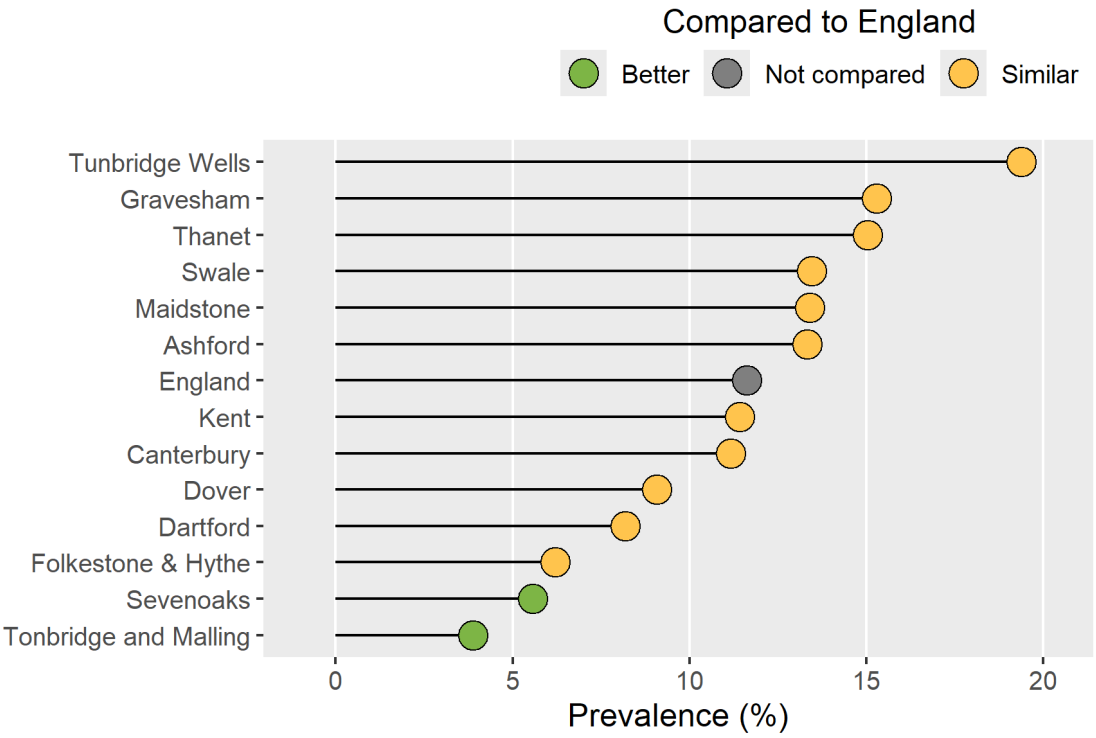
[44] DHSC. Stopping the start: Our new plan to create a smokefree generation. October 2023. [Accessed March 2025]. https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation.

[45] Khan J. Making smoking obsolete. Office for Health Improvement and Disparities; June 2022. [Accessed March 2025]. https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete.

[46] NHS England. Smoking NHS LTP. [Accessed March 2025]. https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/.

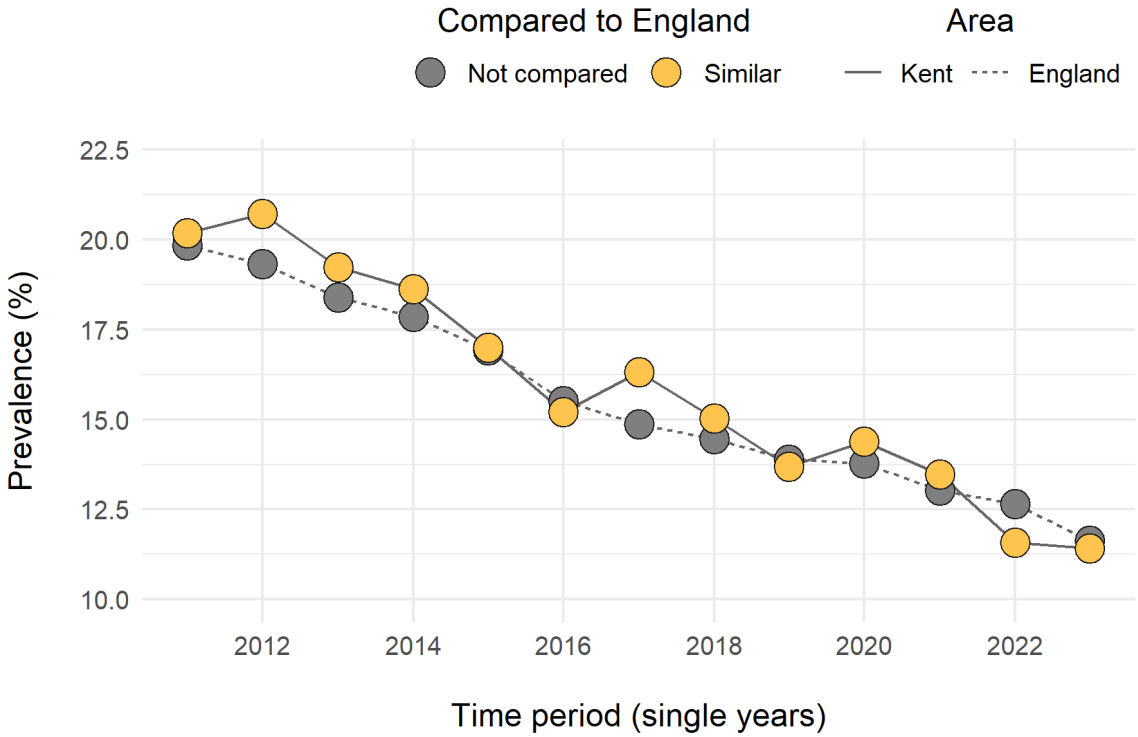
Local population impact

Figure 26: Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) (2023), OHID (Fingertips)



The estimated smoking prevalence in adults in Kent in 2023 was 11.4%, with a 95% confidence interval between 9 and 13.9. No areas are significantly worse than England. The following areas are significantly better than England: Sevenoaks and Tonbridge and Malling.

Figure 27: Smoking Prevalence in adults (aged 18 and over) - current smokers (APS), OHID (Fingertips)



The trend shows Kent compared to England in single years. There are 13 data points between 2011 and 2023. There is clear evidence of a decreasing trend with an overall change of about 9 percentage points. This pattern is mirrored for England.

3.3 Substance misuse

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including illicit drugs. It can lead to addiction, physical and mental health issues, and social problems.[47]

The health impacts of substance misuse are significant. It can cause a range of acute and chronic health problems, including liver disease, cardiovascular issues, mental health disorders, and increased risk of infectious diseases.[47]

Effective treatment and support are essential for recovery. This includes medical treatment, counselling, and social support services to help individuals overcome addiction and reduce the harm associated with substance misuse.[47] [48]

[47] NHS England. Alcohol Misuse. NHS UK. October 2022. [Accessed March 2025]. https://www.nhs.uk/conditions/alcohol-misuse/risks/.

[48] Hampshire Child and Adolescent Mental Health Service. Substance Misuse (Drugs and Alcohol). [Accessed March 2025]. https://hampshirecamhs.nhs.uk/issue/substance-misuse/.

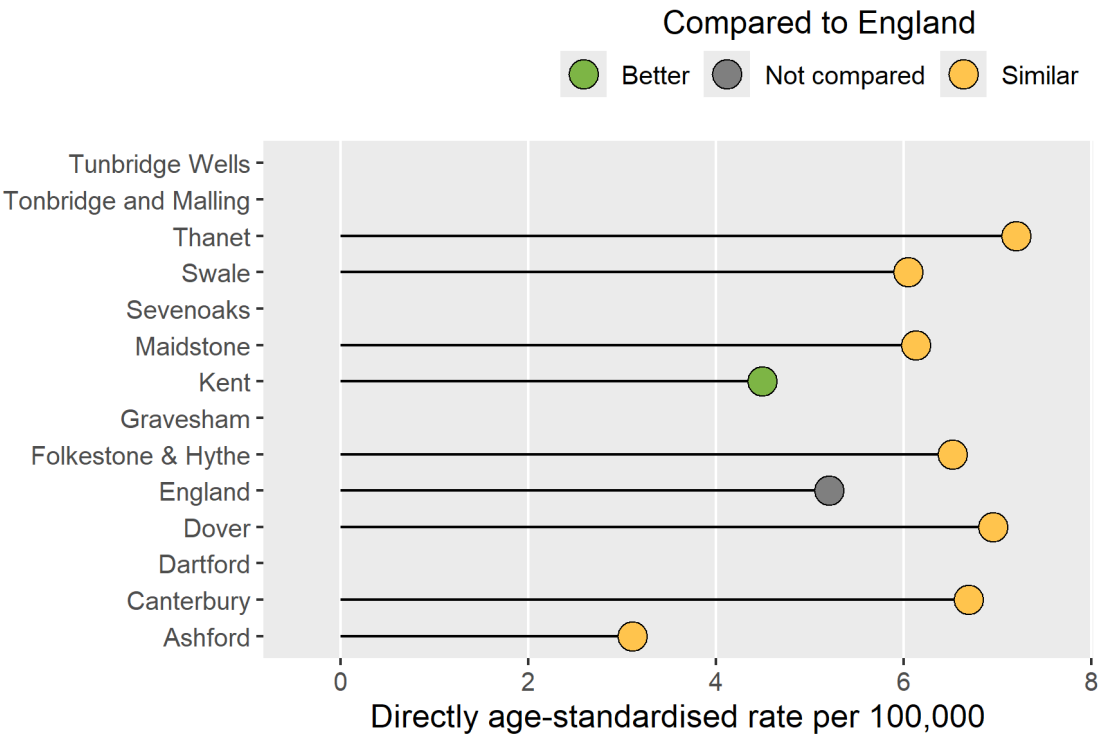
Local population impact

There are an estimated 81,000 people taking illegal drugs in Kent of which around 32,000 take Class A drugs. The modelled estimate of the number of opiate and / or crack users (OCUs) in Kent is approximately 5,600. The rate of unmet need of OCUs is 63%, higher than the national average of 54%.[49]

The estimated rate of opiate and/or crack use in England is 9.5 per 1,000 population in the period 2019 to 2020. The rate among males is nearly four times that of females (15.07 compared to 4.01)[50].

In May 2024, there were 5,463 clients in Kent's Drug and Alcohol treatment services. This includes 882 opiates only clients, 922 OCUs (opiate and crack), and 2,140 alcohol only clients. There has been a nationwide reduction in numbers into treatment services. In Kent there has been a 3% reduction in OCU users in treatment but there are increasing numbers of Alcohol dependent people in treatment. It is estimated that around 200 people in Kent will need Inpatient detox per year.[49]

Figure 28: Deaths from drug misuse (2020 - 22), OHID (Fingertips)

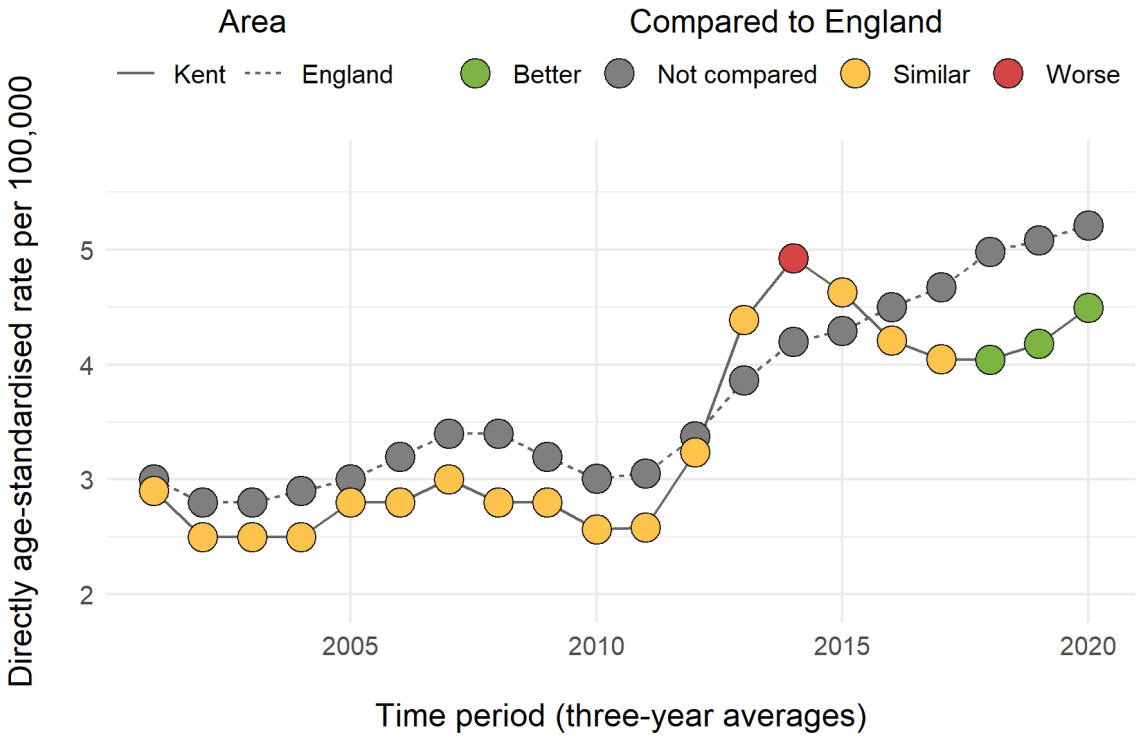


The estimated directly age-standardised rate of deaths from drug misuse per 100,000 in Kent in the three-year period from 2020 to 2022 was 4.5, with a 95% confidence interval between 3.9 and 5.2. There were 205 occurrences over the latest time period. No areas are significantly worse than England. Only Kent is significantly better than England.

[49] Guo L. Opiate & Crack Users in Substance Misuse Treatment Services. Briefing. Unpublished: Kent County Council Public Health; 2024. [Accessed March 2025].

Please note, some areas are missing values because the number of recorded cases is too small to calculate robust rates.

Figure 29: Deaths from drug misuse, OHID (Fingertips)



The trend shows Kent compared to England in three-year averages. There are 20 data points between 2001 to 2003 and 2020 to 2022. The rate increased greatly in 2012 to 2014, 2013 to 2015 and 2014 to 2016, rising from 2.5 to 5 per 100,000. The England rate also started to increase at the same time.

3.4 Alcohol

Alcohol misuse refers to drinking in a way that is harmful or when you are dependent on alcohol. It can lead to a range of health issues, including liver disease, heart problems, and mental health disorders.[47]

The health impacts of alcohol misuse are significant. Short-term effects include accidents, injuries, and alcohol poisoning, while long-term misuse can cause chronic conditions such as liver cirrhosis, cardiovascular diseases, and various cancers.[51]

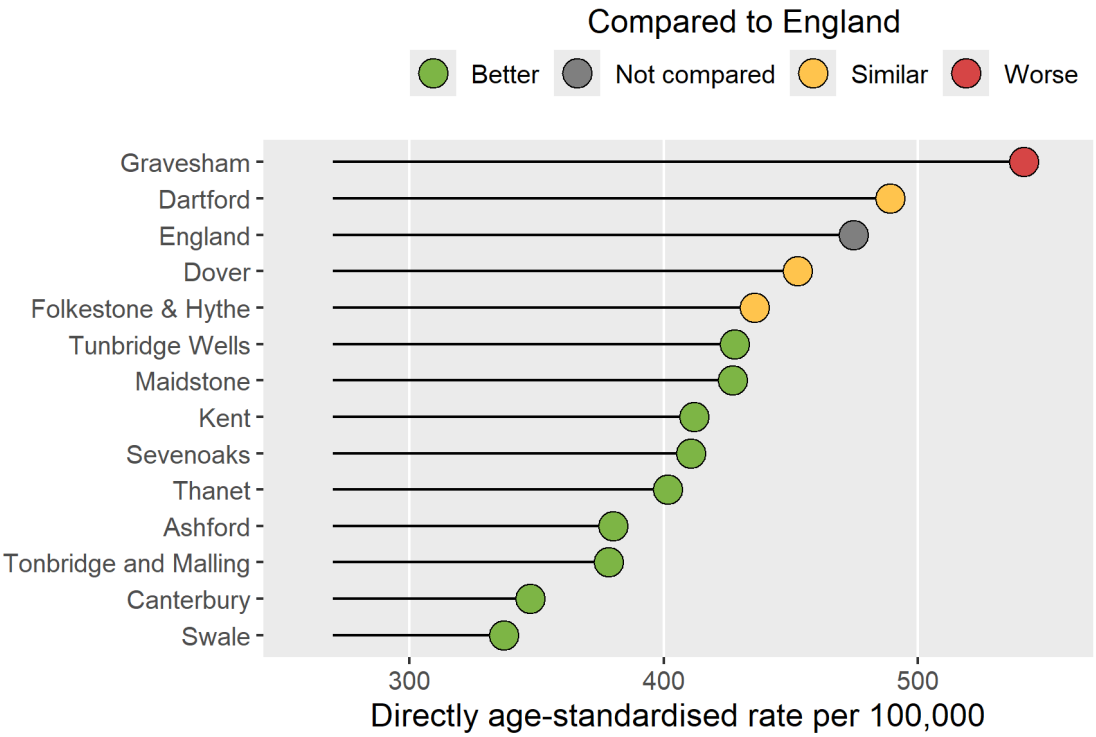
Reducing alcohol consumption can lead to significant health benefits, including lower blood pressure, improved liver function, and a decreased risk of chronic diseases such as liver cirrhosis and heart disease. It also enhances mental well-being by reducing anxiety and depression, improves sleep quality, and aids in weight management.[51]

[51] Public Health England. Harmful Drinking and Alcohol Dependence. January 2016. [Accessed March 2025]. https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence.

Local population impact

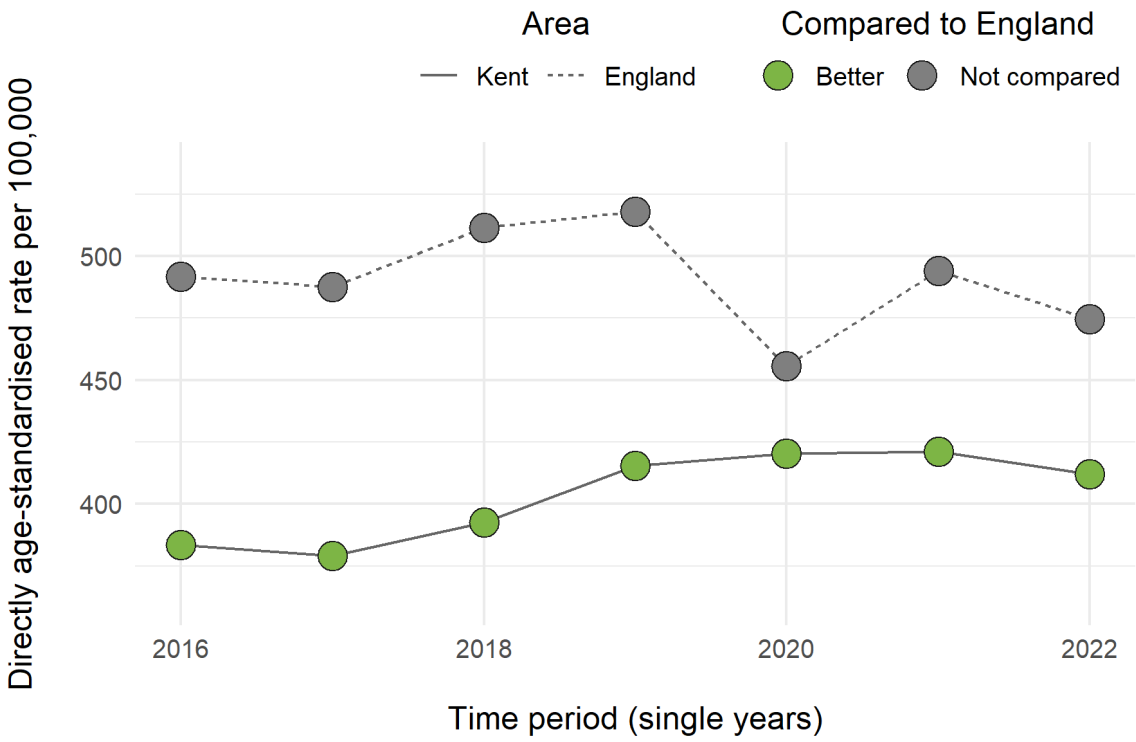
In May 2024, there were 5,463 clients in Kent's Drug and Alcohol treatment services. This includes 882 opiates only clients, 922 OCUs (opiate and crack), and 2,140 alcohol only clients. There has been a nationwide reduction in numbers into treatment services. In Kent there has been a 3% reduction in OCU users in treatment but there are increasing numbers of Alcohol dependent people in treatment. It is estimated that around 200 people in Kent will need Inpatient detox per year.[49]

Figure 30: Admission episodes for alcohol-related conditions (Narrow) (2022/23), OHID (Fingertips)



The estimated directly age-standardised rate of alcohol-related hospital admissions (narrow definition) per 100,000 in Kent in 2022/23 was 412, with a 95% confidence interval between 402.1 and 422.2. There were 6,550 occurrences over the latest time period. Only Gravesham is significantly worse than England. The following areas are significantly better than England: Kent, Ashford, Canterbury, Maidstone, Sevenoaks, Swale, Thanet, Tonbridge and Malling and Tunbridge Wells.

Figure 31: Admission episodes for alcohol-related conditions (Narrow), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 7 data points between 2016/17 and 2022/23. There is clear evidence of an increasing trend with an overall change of 7%. The pattern for England is less clear.

3.5 Sexual health

Sexually transmitted infections (STIs) are a major public health concern. STIs are often considered to be stigmatising and may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services.[52]

If left undiagnosed and untreated, common STIs may cause complications and long-term health problems, including:

- Pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis, infertility, and chronic abdominal pain in women
- Adverse pregnancy outcomes - including abortion, intrauterine death, and premature delivery
- Neonatal and infant infections and blindness
- Urethral strictures and epididymitis in men
- Genital malignancies, proctitis, colitis, and enteritis in men who have sex with men (MSM)
- Cardiovascular and neurological damage.[52]

[52] Public Health England. Health matters: Preventing STIs. August 2019. [Accessed March 2025]. https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis.

Sexual health is not a single issue and can be affected by a variety of factors which can have lasting positive or negative effects on sexual behaviours; including but not limited to child and adult experiences, vulnerability, lifestyle, mental health, misuse of drug and alcohol, sexual abuse, gender identity, reproductive health, utilization and flexibility of sexual health services and accessibility to preconceptual care services.[53]

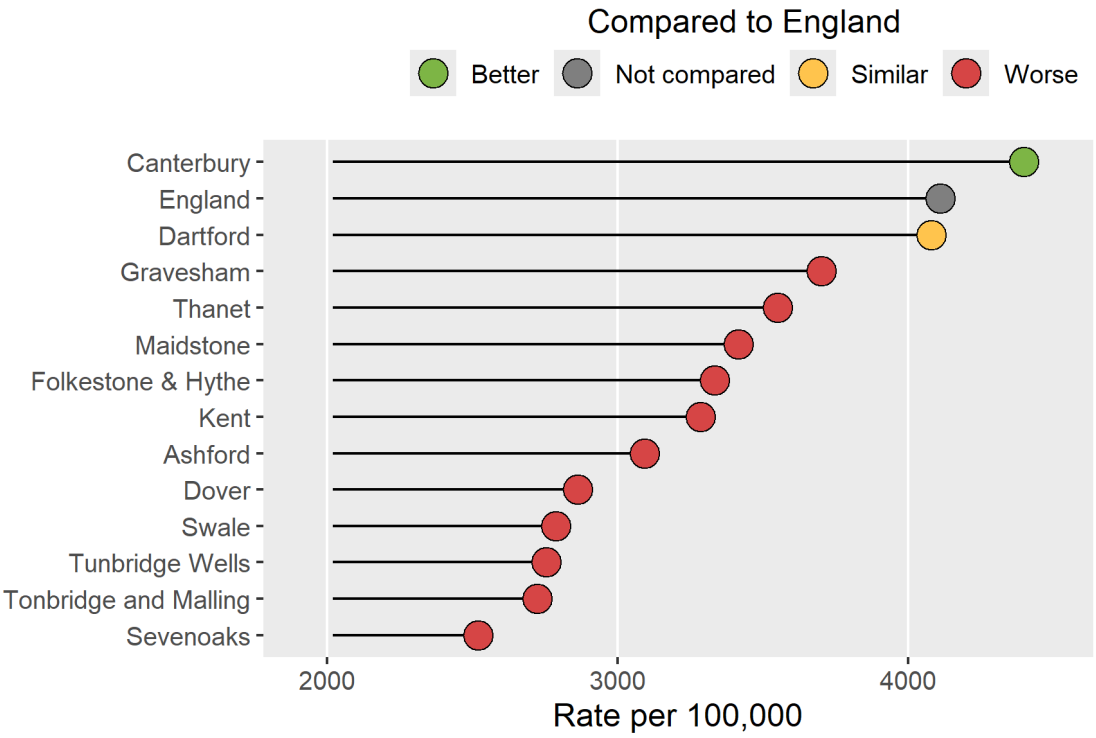
Certain population groups within Kent are at a higher risk of poor sexual health. These groups include young people, people living in deprived areas, black and ethnic minorities, migrants, the homeless population, LGBTQ+ people, those experiencing sexual abuse and violence, people in contact with the justice system, Gypsy, Roma and Traveller people and those misusing drugs and alcohol. Insight works for these groups highlighted a lack of awareness of services, ensuring services have good understanding of various cultures and communities, barriers to access resulting from a lack of openness of discussion of sexual health issues within some communities and ensuring sex education is inclusive for LGBTQ+ people.

The Kent Sexual Health Needs Assessment conducted in 2024 reported that the COVID-19 pandemic resulted in a changed landscape in sexual health. Kent services adapted by introducing more availability of online services, for example by introducing symptomatic testing in addition to the existing asymptomatic testing offer via the online testing route in 2019. Since 2020, there have been several national policy changes and strategies that influence sexual health including the Women's Health Strategy, the addition of oral contraception availability in pharmacies, introduction of statutory relationship and sex education in schools and changes in the way people can access termination of pregnancy services. Reductions in spending for sexual health services has been affected by cuts to the public health grant.

[53] Jeffreys W, Pateman M. Sexual Health Needs Assessment. Kent Public Health Observatory. 2018. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/pdf_file/0006/89151/Kent-sexual-health-needs-assessment.pdf.

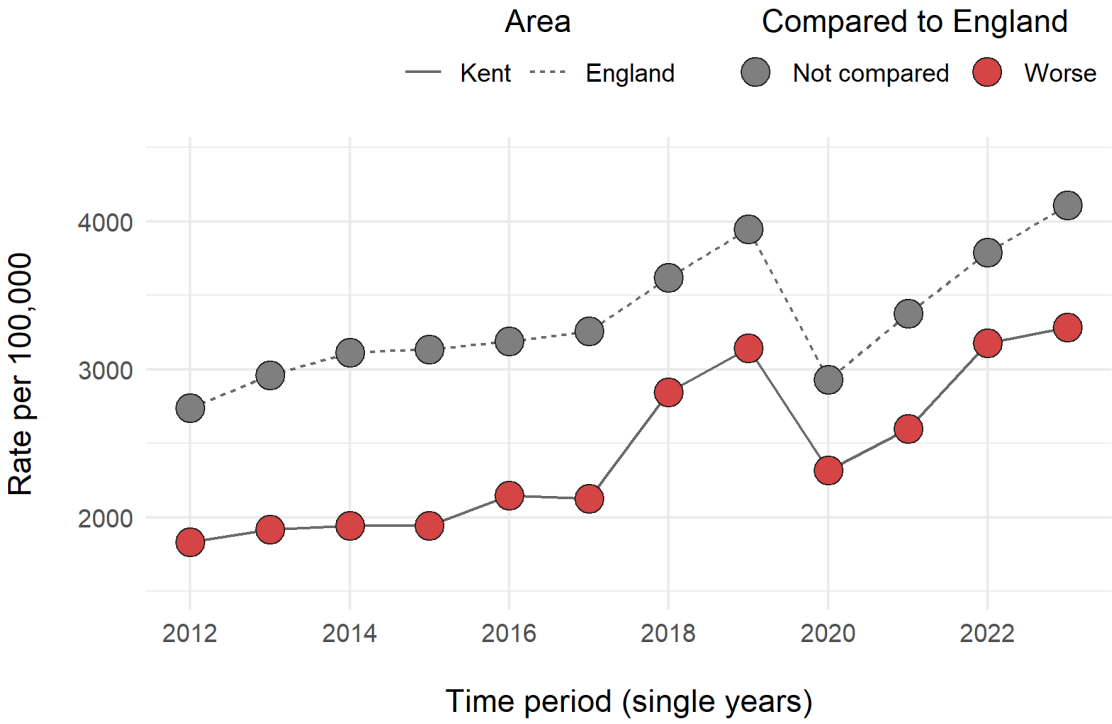
Local population impact

Figure 32: STI testing rate (exclude chlamydia aged under 25) per 100,000 (2023), OHID (Fingertips)



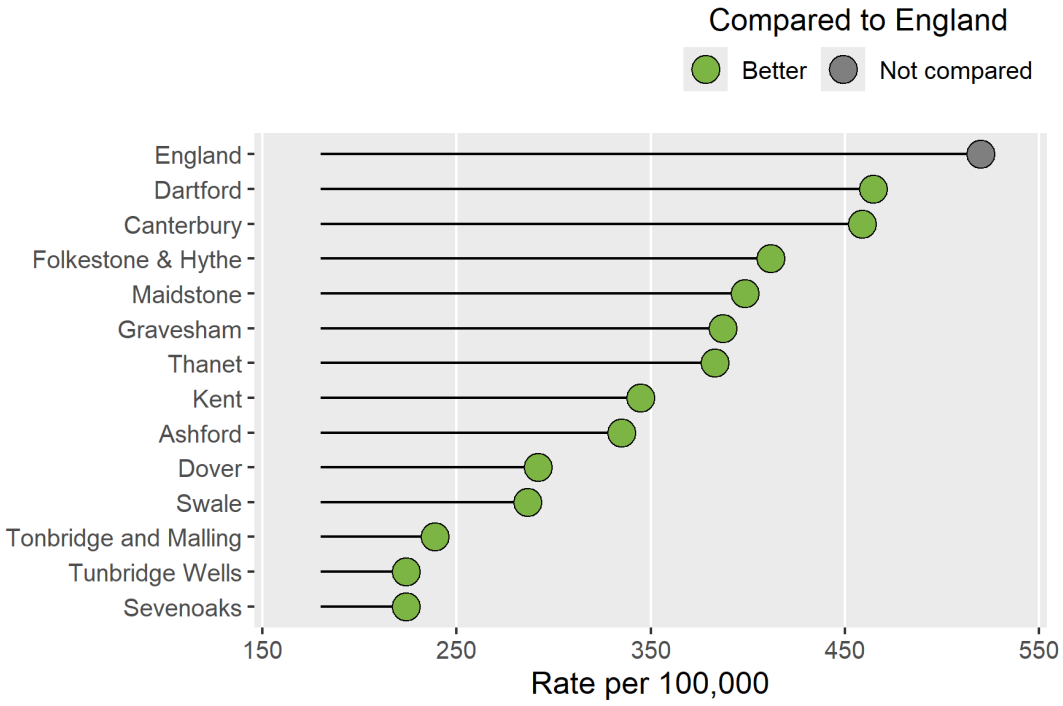
The estimated STI testing rate (exclude chlamydia aged under 25) per 100,000 in Kent in 2023 was 3284, with a 95% confidence interval between 3256 and 3313. There were 52,325 occurrences over the latest time period. The following areas are significantly worse than England: Kent, Ashford, Dover, Gravesham, Maidstone, Sevenoaks, Folkestone & Hythe, Swale, Thanet, Tonbridge and Malling and Tunbridge Wells. Only Canterbury is significantly better than England.

Figure 33: STI testing rate (exclude chlamydia aged under 25) per 100,000, OHID (Fingertips)



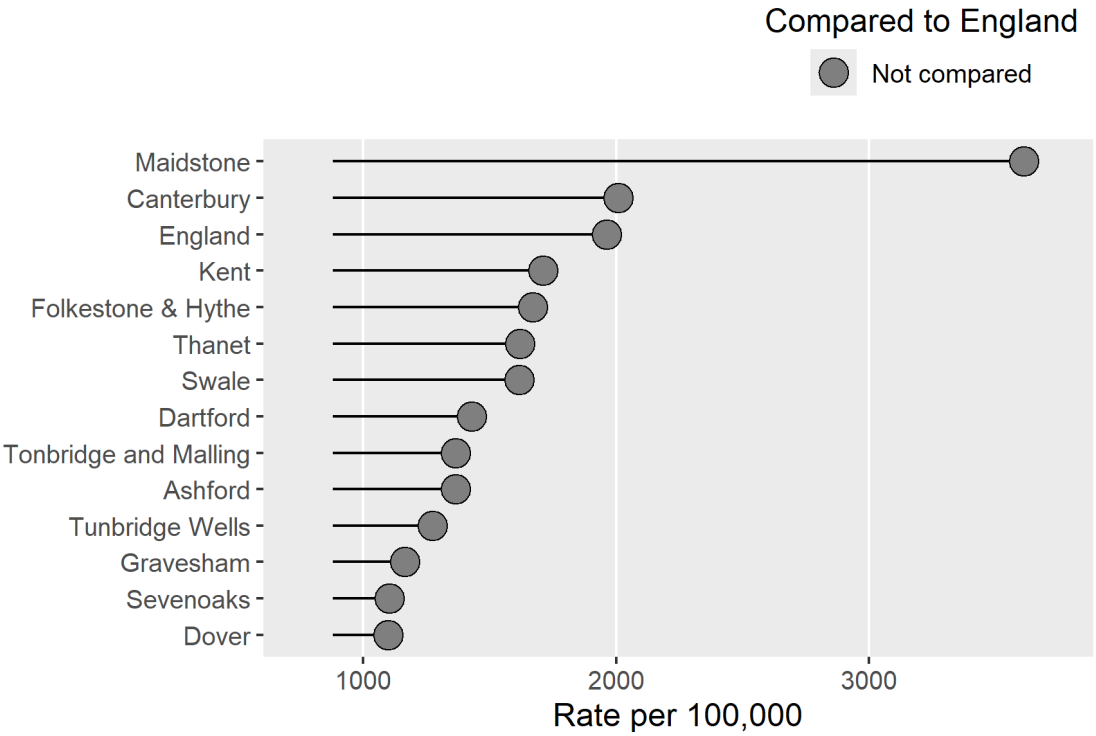
The trend shows Kent compared to England in single financial years. There are 12 data points between 2012 and 2023. There is clear evidence of an increasing trend, interrupted by the COVID-19 pandemic in 2020 and 2021. The overall change in rate is about 80%. This pattern is mirrored for England.

Figure 34: New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (2023), OHID (Fingertips)



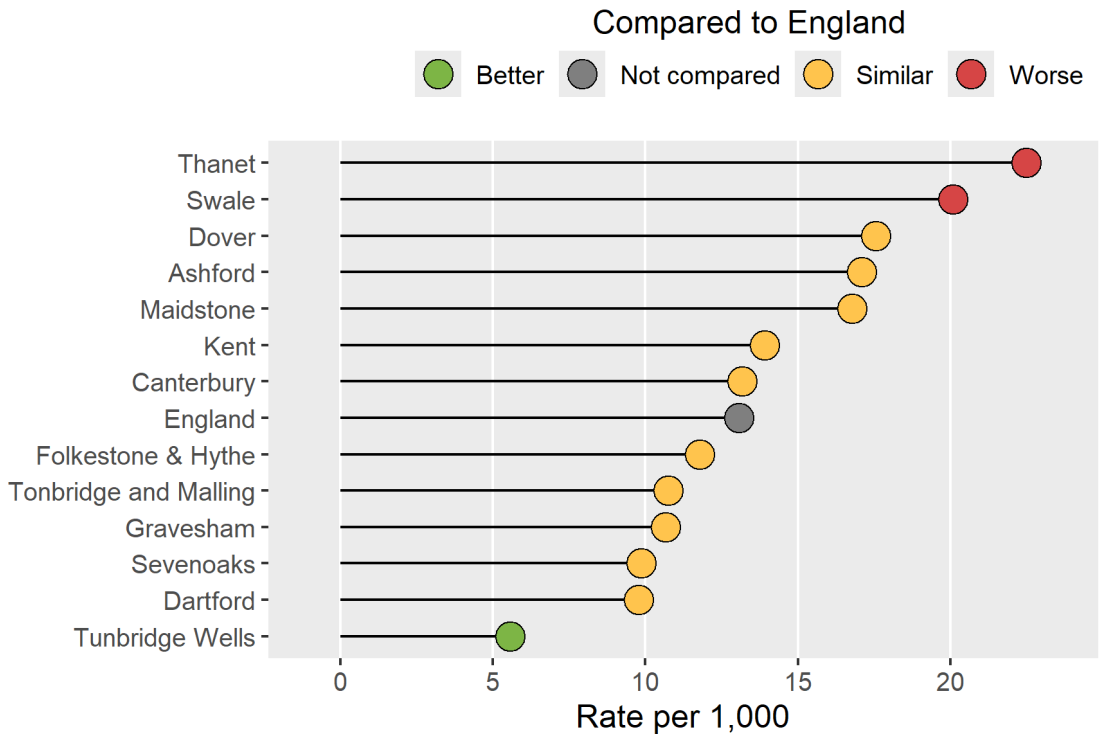
The estimated rate of new STI diagnoses (excluding Chlamydia aged under 25) per 100,000 in Kent in 2023 was 345, with a 95% confidence interval between 336 and 354. There were 5,491 occurrences over the latest time period. No areas are significantly worse than England. The following areas are significantly better than England: Kent, Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Sevenoaks, Folkestone & Hythe, Swale, Thanet, Tonbridge and Malling and Tunbridge Wells.

Figure 35: Chlamydia detection rate per 100,000 aged 15 to 24 (2023), OHID (Fingertips)



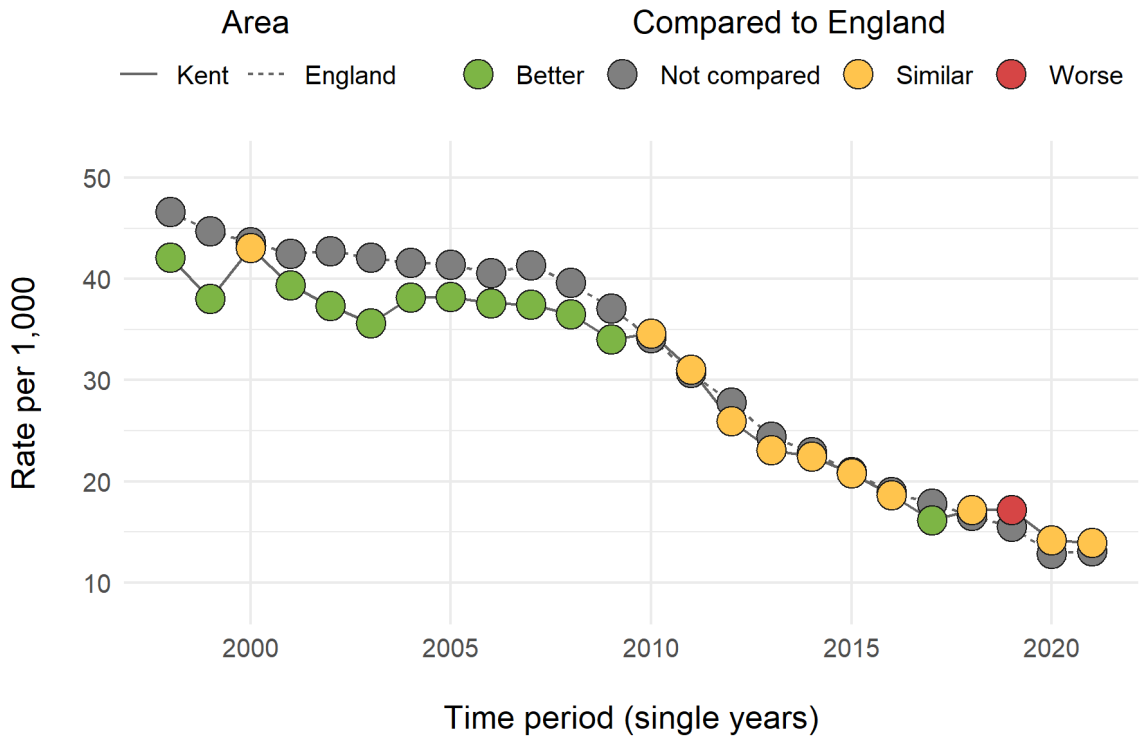
The estimated chlamydia detection rate per 100,000 aged 15 to 24 in Kent in 2023 was 1712, with a 95% confidence interval between 1624 and 1804. There were 1,405 occurrences over the latest time period. No areas are significantly worse than England. No areas are significantly better than England.

Figure 36: Under 18s conception rate / 1,000 (2021), OHID (Fingertips)



The estimated under 18 conception rates per 1,000 in Kent in 2021 was 13.9, with a 95% confidence interval between 12.5 and 15.4. There were 373 occurrences over the latest time period. The following areas are significantly worse than England: Swale and Thanet. Only Tunbridge Wells is significantly better than England.

Figure 37: Under 18s conception rate / 1,000, OHID (Fingertips)



The trend shows Kent compared to England in single years. There are 24 data points between 1998 and 2021. There is clear evidence of a decreasing trend with an overall change of 67%. This pattern is mirrored for England.

3.6 Immunisations and vaccinations

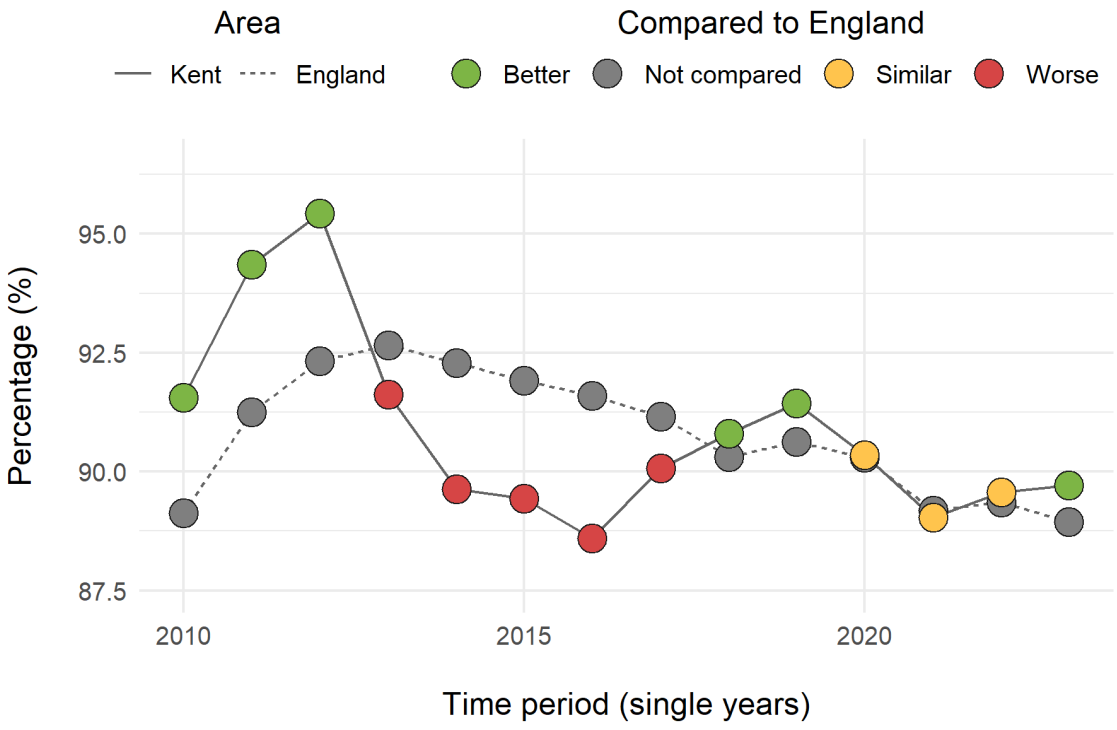
Immunisation is a crucial public health measure that protects individuals from infectious diseases by stimulating the body's immune system to recognize and fight pathogens. Vaccines are a safe and effective way to prevent diseases such as measles, polio, and influenza.[54]

Vaccines have significantly reduced the prevalence of many life-threatening diseases. For example, childhood vaccines alone prevent approximately 4 million deaths globally each year.

Widespread immunisation contributes to herd immunity, protecting those who cannot be vaccinated due to medical conditions. This collective protection helps prevent outbreaks and control the spread of infectious diseases.

Local population impact

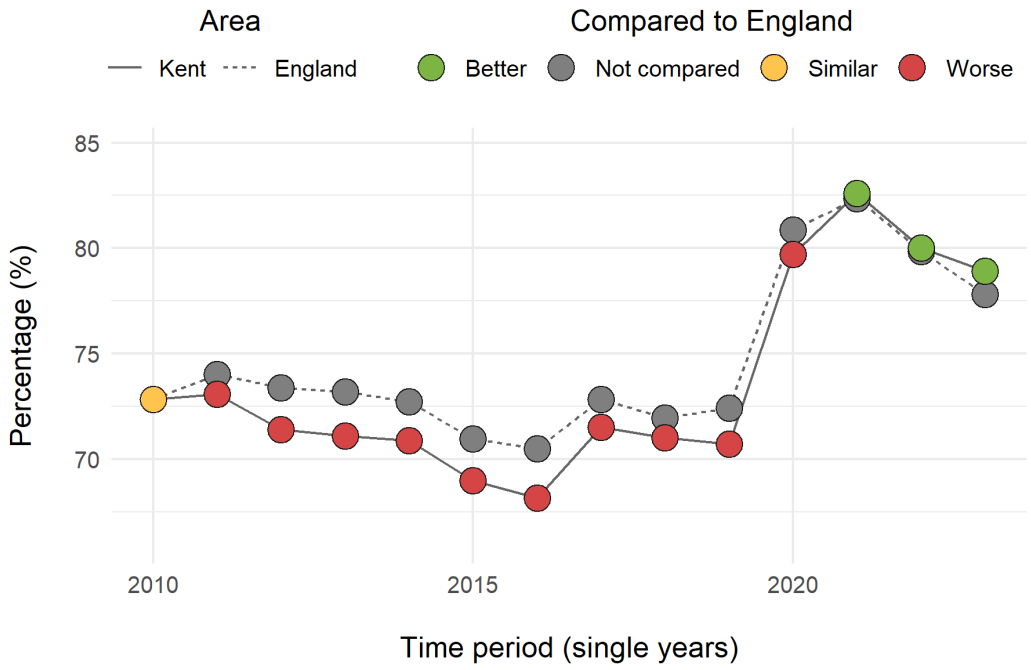
Figure 38: Population vaccination coverage: MMR for one dose (2 years old), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 14 data points between 2010/11 and 2023/24. The rate has fluctuated, varying between 89 and 95%. The England data has also fluctuated.

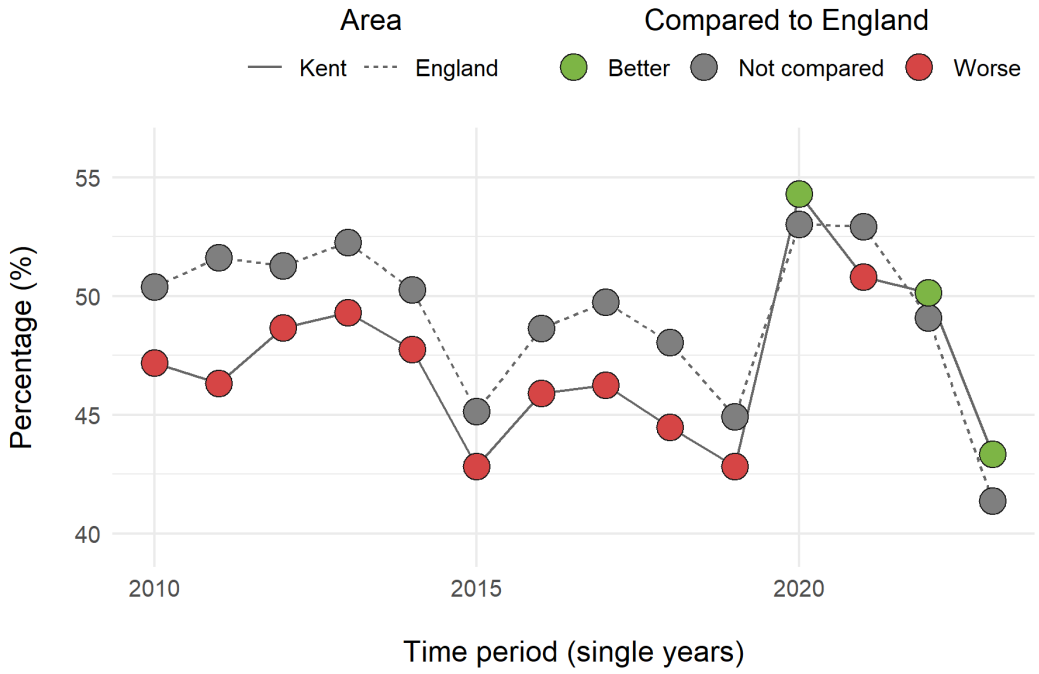
[54] World Health Organisation. Vaccines and Immunizations. [Accessed March 2025]. https://www.who.int/health-topics/vaccines-and-immunization.

Figure 39: Population vaccination coverage: Flu (aged 65 and over), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 14 data points between 2010/11 and 2023/24. Prior to 2020/21, the rate fluctuated, varying between 68 and 73%. Since 2020/21, the rate has increased about 10 percentage points, likely due to concern about COVID-19 and other respiratory viruses. This pattern is mirrored for England.

Figure 40: Population vaccination coverage: Flu (at risk individuals), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 14 data points between 2010/11 and 2023/24. Prior to 2020/21, the rate fluctuated, varying between 43 and 49%. Since 2020/21, the rate has increased about 10 percentage points, likely due to concern about COVID-19 and other respiratory viruses. In the latest year, it has reduced back to pre-pandemic levels. This pattern is mirrored for England.

4 Health of specific populations

4.1 Coastal communities

Kent has a coastline that is undeniably one of the most iconic and beautiful in England. However, in 2021, the Chief Medical Officer (CMO) for England published a report that revealed England's coastal communities experience many health inequalities, with some of the highest rates of many major diseases, the worst health outcomes and the lowest life expectancy in England.[55] The coast has a higher proportion of older residents and health problems tend to increase with age.

Kents coastline stretches over 350 miles and nearly a quarter of Kent's population (23.5% in 2020) live in these coastal areas. Kent shows a 'coastal excess', which refers to health outcomes in coastal towns that are worse than those in non-coastal towns, the county as a whole and England. The 'coastal excess' is often combined with poorer access to health and social care facilities, a lack of employment opportunities and difficulty recruiting and retaining health and social care workers.

There are 12 coastal towns in Kent located in the districts of Canterbury, Dover, Folkestone and Hythe, Thanet and Swale with a population larger than 5000 people: Broadstairs, Deal, Dover, Folkestone, Hythe, Herne Bay, Margate, Minster (Swale), New Romney, Ramsgate, Sheerness and Whitstable. There are eight coastal towns with a population of more than 20,000 and four are smaller towns of between 5,000 and 20,000 people.[56] The population composition and age structure of coastal areas in Kent are described in Table 17 and Figure 41.

Table 17: Coastal community population in Kent, 2020

Area	2020 population	Kent population (%)
Coastal community, District	373,823	23.5%
Broadstairs, Thanet	23,464	1.5%
Deal, Dover	28,340	1.8%
Dover, Dover	37,333	2.3%
Folkestone, Folkestone and Hythe	54,130	3.4%
Herne Bay, Canterbury	39,457	2.5%
Hythe, Folkestone and Hythe	15,193	1.0%

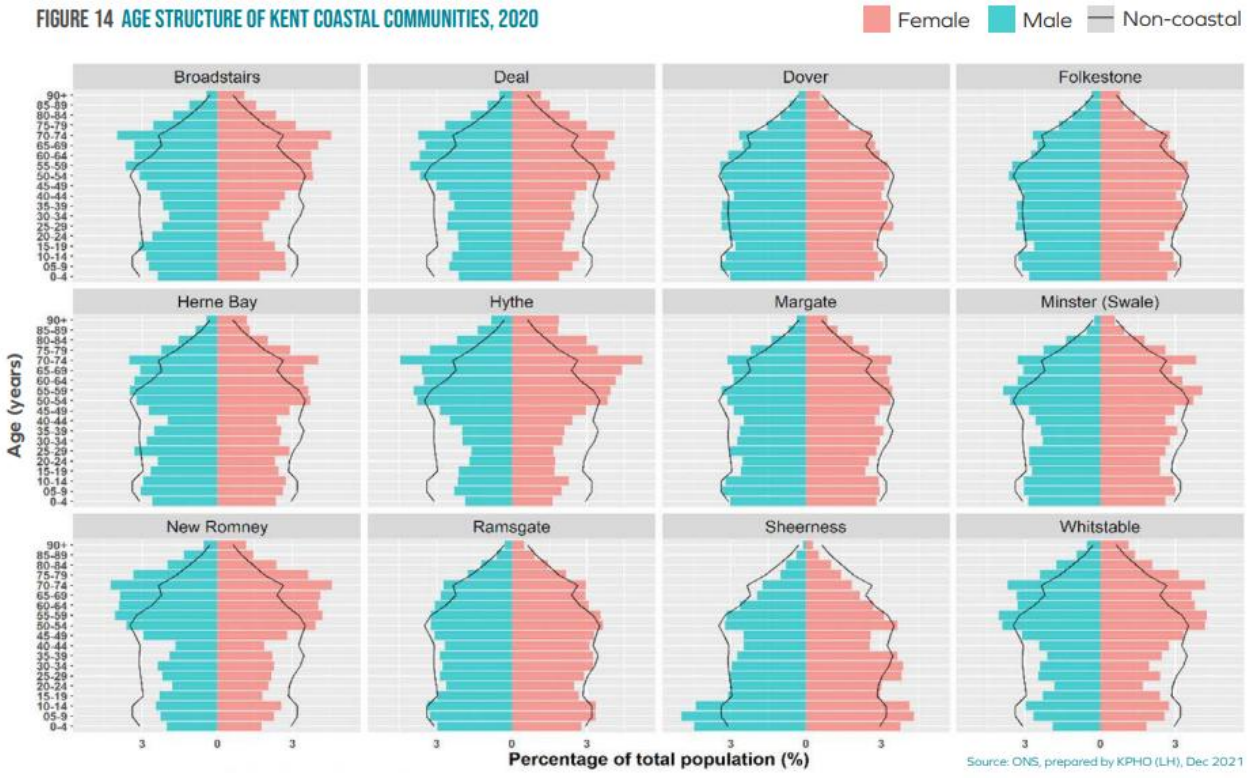
[55] Whitty CJM, Loveless B. Health of Coastal Communities. Chief Medical Officer's Annual Report 2021. Department of Health and Social Care, London, 2021. [Accessed March 2025]. https://assets.publishing.service.gov.uk/media/60f98750e90e0703bbd94a41/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf.

[56] Duggal A, Dissanayake N, Mookerjee J, et al. Annual Public Health Report 2021: Health and Wellbeing of Coastal Communities in Kent. Kent Public Health Department. August 2023. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/pdf_file/0003/138270/Kent-APHR-2021-Coastal-Communities.pdf.

Area	2020 population	Kent population (%)
Margate, Thanet	63,811	4.0%
Minster, Swale	20,368	1.3%
New Romney, Folkestone and Hythe	8,769	0.6%
Ramsgate, Thanet	41,776	2.6%
Sheerness, Swale	13,475	0.8%
Whitstable, Canterbury	27,707	1.7%
Non-coastal community	1,029,435	64.8%
Rural village or dispersed	185,799	11.7%
Kent county	1,589,057	100.0%

Source: Annual Public Health Report 2021, Kent County Council

Figure 41: Age structure (population pyramids) of Kent coastal communities, 2020



Source: Annual Public Health Report 2021, Kent County Council

Broadstairs, Deal, Hythe, New Romney, and Whitstable have a higher proportion of over 55's and a lower proportion of younger age groups compared to the non-coastal average. The population pyramids for the Dover, Folkestone, and Ramsgate do not reveal a striking difference compared to non-coastal areas.[56]

The scope of ill-health in coastal areas in Kent can be seen by the number of patients on selected GP disease registers. An “unadjusted coastal effect” is demonstrated in Table 18 which highlights the difference between the proportion of practice patients that were on each disease register (QOF condition) in coastal areas compared to England, Kent and non-coastal towns in Kent.

Table 18: Unadjusted coast effect on proportion of practice patients on disease registers, 2019/2020

GP disease register	Compared to non-coastal towns in Kent	Compared to Kent	Compared to England
CHD*	37.0%	23.5%	17.5%
Hypertension	22.0%	14.0%	20.0%
Diabetes	21.0%	15.1%	11.9%
COPD*	60.0%	38.0%	48.0%
Depression	23.0%	16.0%	28.0%
Smoking	26.0%	20.4%	20.7%
Obesity	22.0%	14.8%	3.3%
Asthma	14.0%	9.0%	2.0%

* CHD- coronary heart disease; COPD- Chronic Obstructive Pulmonary Disease
Source: Annual Public Health Report 2021, Kent County Council

Table 18 shows that a higher proportion of patients in coastal towns were on disease registers for coronary heart disease (CHD), hypertension, diabetes, chronic pulmonary obstructive disease (COPD), depression, smoking, obesity and asthma, compared to non-coastal areas in Kent, Kent County and England. The greatest coastal effect was seen for COPD where prevalence was 60% higher than non-coastal towns.[56]

There is a higher burden of disease in coastal towns compared to non-coastal towns in Kent; this is the case for CHD, hypertension, diabetes, COPD, depression, smoking, obesity and asthma and was most evident for COPD and CHD. Risk factors such as obesity and smoking also show a coastal excess when compared to non-coastal Kent towns, Kent and England. Whilst disease burden varies across coastal towns, Dover, Folkestone, Margate and Ramsgate contain some of the wards with the highest ‘coastal excess’. Coastal areas in Kent contain a higher proportion of people living in the most deprived neighbourhoods. Even after adjusting for demography and deprivation in Kent, the ‘coastal effect’ remained for all diseases investigated. Premature mortality from all causes and cancer were also found to be significantly higher in Kent coastal areas. Higher rates of hospital admissions related to alcohol among adults and admissions for self-harm in young people may point to a degree of socio-psychological disturbance in coastal communities.[56]

4.2 Gypsy Roma Traveller communities

It is recognised nationally that Gypsy, Roma and Traveller people have significantly poorer health outcomes than the general population of England and these inequalities in health are a result of interactions between adverse environments (living, working and social), lifestyle behaviours and poor access to health, social care and wider support services. Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities.

Findings from the 2023 Kent Gypsy, Roma and Traveller population Needs Assessment were in line with what is known about the health needs of these communities nationally.[57] Stakeholders reported significantly poorer health outcomes across the life course for all Gypsy, Roma and Traveller groups. Poorer health outcomes included: high rates of childhood illness, predominance of non-communicable disease, poor mental health across the life course, unhealthy lifestyle behaviours e.g. high prevalence of smoking and obesity. Additional concerns for older community members included musculoskeletal issues, especially in men, and the care of individuals with dementia. All groups have a strong tradition of elder care which may deter help seeking for older relatives. Poor mental health was reported across the life course, specifically perinatal mental health for Gypsy and Traveller mothers. Stakeholders highlighted that the concept of mental health is unfamiliar amongst Roma communities which negatively impacts help seeking and treatment.

Members of the Gypsy, Roma and Traveller communities face multiple barriers to accessing healthcare, many of which are common across all communities. A major theme was a lack of trust resulting from experiences of discrimination and a lack of cultural awareness amongst healthcare providers. Stakeholders reported low levels of health literacy amongst some community members. This was partly attributable to general low literacy levels, language difficulties (for first generation Roma migrants) and on-going cultural beliefs/taboos of issues such as sexual health, mental health, and cancer. Barriers to healthcare result in low uptake of preventative and screening services across all communities. Uptake of antenatal and cancer screening services were of particular concern.

In the UK, around three quarters of Gypsy and Travellers now live in bricks and mortar settled accommodation, and one quarter live in caravans or mobile structures.[58] Kent County Council owns and manages seven sites designated for Gypsy and Traveller accommodation in Dover, Sevenoaks, Aylesford, Canterbury, Polhill, Sittingbourne and West Malling as detailed in Table 19 below. Additionally, there are a variety of other authorised sites across Kent. The needs of those living on these sites should be taken into consideration when planning pharmaceutical services.

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[57] Jolly A, Abbott M, and Chapman S. Kent 'Gypsy, Roma and Traveller Populations' Joint Strategic Needs Assessment. June 2023. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/word_doc/0003/154803/Gypsy-Roma-Traveller-HNA-2023.docx.

[58] Friends, Families and Travellers How to Tackle Health Inequalities in Gypsy Roma and Traveller Communities: A Guide for Health and Care Services. November 2020. [Accessed March 2025]. https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf.

Table 19: Local authority authorised site provision in Kent, Caravan Count, July 2022

District	Site name and location	No. pitches (of which transit)	Caravan capacity	Date opened	Date of last site changes
Ashford	Chilmington, Chart Road	23 (0)	32	1985	Not known
Dartford	Claywood Lane, Bean	12 (0)	12	1972	2012
Dover	Snowdown Caravan Site, Aylesham	14 (0)	14	1985	2002
Gravesham	Denton Caravan site, Gravesend	8 (0)	16	1977	1984
Maidstone	Stilebridge Lane Caravan Site, Marden	23 (0)	23	Not known	Not known
Maidstone	Water Lane Caravan Site, Ulcombe	20 (0)	20	Not known	Not known
Sevenoaks	Barnfield Park, Ash	35 (0)	35	1999	1999
Sevenoaks	Hever Road, Edenbridge	16 (0)	16	1993	2013
Sevenoaks	Polhill, Dunton Green	7 (0)	7	1993	Not known
Swale	Silverspot, Old Ferry Road	1 (0)	1	1990	Not known
Swale	Three Lakes Park, Swale Way	14 (0)	22	1990	Not known
Tonbridge and Malling	Coldharbour Caravan Site, Aylesford	33 (0)	52	1982	2013
Tonbridge and Malling	Windmill Lane, West Malling	14 (0)	14	1969	Not known
Tunbridge Wells	Cinderhill Wood, Five Wents	8 (2)	8	1988	2007
Tunbridge Wells	Heartenoak, Hawkhurst	5 (2)	5	1978	1978
TOTAL		**233 (4)**	**277**		

Information provided by partners indicates that Kent has larger communities in areas such as Headcorn or Lenham, where there are significant numbers of private plots, such as The Meadow Gypsy and Travellers site located alongside Lenham Road in Headcorn. In addition, a lot of Gypsy, Roma and Travellers communities are dispersed around general population, living in bricks and mortar. Marden and Staplehurst and Ulcombe are an example of an area where Romani Gypsy settled.

Pharmaceutical services may significantly contribute to the well-being of Gypsy, Roma and Travellers by fulfilling their health requirements, mitigating health disparities, and cultivating trust. Close walking proximity to pharmacies is essential particularly amongst many Roma communities. Some Roma individuals struggle with English communication, find public transport travel to unfamiliar locations problematic, and often fear prejudice and are anxious about being singled out.

An exemplary illustration of the culturally sensitive pharmaceutical approach and its connection with Roma communities from Slovakia and Bulgaria is the partnership established by the Central Pharmacy on Northdown Road in Margate and the community.

Case study: Central Pharmacy, Northdown Road, Cliftonville

Central Pharmacy on Northdown Road has become an essential healthcare service for the local Roma community in Cliftonville, showcasing effective strategies to meet the specific needs of this population. The pharmacy is ideally situated near streets with a significant population of Slovak and Bulgarian Roma households, ensuring accessibility.

Central Pharmacy has established trust via the provision of consistent, accessible, and non-discriminatory services. This sense of trustworthiness has motivated members of the Roma community to pursue healthcare guidance and services. The staff exhibit cultural sensitivity, which is essential for addressing health conditions that are frequently stigmatised or misconstrued, such as mental health and sexual health issues.

The pharmacy partners with local services and experts engaged with Roma communities to tailor services to their distinct health and social requirements.

Central Pharmacy's strategy emphasises the significance of cultural competence, community trust, and accessibility in servicing underprivileged populations.

Pharmaceutical services should be strategically located near Gypsy, Roma and Traveller communities to provide adaptable and inclusive services that cater to their specific requirements. Services should be inclusive and culturally sensitive to the diverse history, culture and needs of Gypsy, Roma and Traveller people, which is not one homogenous group. Cultural Competency Training (CCT) is essential for pharmaceutical service staff to improve their understanding of Gypsy, Roma, and Travellers communities. This training is instrumental in reducing the barriers that these communities frequently encounter when seeking access health care. CCT will provide staff members with the necessary knowledge and ability to deliver culturally sensitive, inclusive care, which guarantees equitable access to health services. Services should be conscious of the barriers some Gypsy, Roma and Traveller community members face, such as low/no literacy and digital exclusion, which might present a barrier for form filling and referral to other services. Materials and services which avoids jargon, uses visuals and enables use of easy read or audio versions of text will support accessibility. The ability to communicate in a language spoken by the local community would also be helpful.

4.3 Homeless and rough sleepers

People who experience homelessness for longer periods are more likely to have their health at risk. Homeless people have a much higher risk of death from a range of causes compared to the general population. Those experiencing the worst health out of the homeless population are those who are (and have recently been) rough sleepers. Rough sleepers are those who sleep or live on the street. This is the most extreme manifestation of homelessness. A greater proportion of people sleeping rough suffer from chronic physical illness, and mental illnesses compared to the general population. This is due to the exposure to poor living conditions, difficulty in maintaining personal hygiene, poor diet, high levels of stress and drug and alcohol dependence. Many of them have co-occurring physical and mental health conditions, and drug and alcohol dependence. They also report higher rates of communicable diseases including HIV and Tuberculosis. Hepatitis B and C are commonly found among people sleeping rough and often associated with high morbidity and mortality.[59]

The rough sleeping population in Kent demonstrate unique and complex health needs. Findings from the 2022 Rough Sleepers Needs Assessment show mental health conditions are extremely prevalent among the rough sleeping population in Kent. Proportions of rough sleepers with mental ill-health varied from 32% to 90% across different districts in Kent, in line with the findings from national research. Depression and anxiety were the most reported mental ill-health. More than 40% of rough sleepers across six Kent districts reported a drug, alcohol or drugs and alcohol misuse problem. 4.5% to 59% of rough sleepers in different Kent districts reported to be suffering from long term physical health conditions; diabetes, heart disease, cancer, and epilepsy were commonly reported long term physical health conditions among the rough sleepers in Kent. It is widely documented that homeless people are at increased risk of respiratory disease, coronary heart disease, diabetes, and hypertension.[59]

The scale of homelessness is much larger than that which is reported as hidden homelessness is not captured in the statistics. Hidden homeless and households at risk of homelessness are relative gaps for which there is no reliable local data available. The most visible form of homelessness is rough sleeping.[59]

4.4 People in contact with the Justice System

People in contact with the justice system include those in prison serving a sentence and those under supervision of probation services.[60] There is a distinction made between community offenders and those accommodated in prison. The term ‘youth’ is used to refer to those under the age of 18 who offend.[61]

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[59] Mookherjee J and Dissanayake N. Rough Sleepers Needs Assessment. February 2022. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/pdf_file/0014/134042/Rough-Sleepers-Needs-Assessment.pdf

[60] OHID. Inclusion Health Groups in Kent and Medway ICS: An overview of available data and published evidence. December 2023. [Accessed March 2025]. https://www.southeastclinicalnetworks.nhs.uk/wp-content/uploads/2023/12/Inclusion-Health-Groups-SE-datapack_KM.pdf.

[61] Kent Public Health Department. Kent ‘Offenders’ JSNA Chapter Summary Update 2014/15. January 2015. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/pdf_file/0004/44527/Offenders.pdf.

People in contact with the justice system experience greater health inequalities compared to the general population. They are some of the most marginalised and vulnerable of all population groups in society with poor access to health services.[60] Evidence shows they suffer from multiple and complex health and social care issues, including mental and physical health problems, learning difficulties, substance misuse and increased risk of premature mortality, all exacerbated by difficulties in accessing community health and social care services.[62] People in contact with the justice system also tend to be affected by wider determinants of health and have a background of poverty, unemployment, indebtedness, poor education and homelessness.[60]

People in prison are more likely to engage in high-risk behaviours, have poorly managed existing health issue and had limited contact with healthcare services.[60] A higher prevalence of infectious diseases (e.g. Hepatitis C, Tuberculosis and sexually transmitted infections), long-term conditions (e.g. cardiovascular disease, type 2 diabetes and asthma), substance misuse (including tobacco consumption) and mental ill health are recorded in the prison population [63].

Across Kent and Medway there are seven prison institutions, see Table 20 below. As of September 2023, the total adult prison population across Kent and Medway was 3,865, of which 3,770 were male.[60] NHS England has overall responsibility for the commissioning of prison healthcare services, including pharmaceutical services. Across Kent, these services have been commissioned to a lead provider, Oxleas NHS Foundation Trust.

Table 20: Kent prisons, category and capacity (2023)

Prison	Category	Capacity
HMP Swaleside	CAT B (Trainer)	1100
HMP Elmley	CAT B (Local Remand)	1150
HMP Standford Hill	CAT D Open	464
HMP Maidstone	CAT C (Foreign National)	600
HMP Rochester	CAT C	695
HMP East Sutton Park	Female Open	90
HMYOI Cookham Wood	Youth Offending	188

Source: NHS England – South East Region, July 2023

[62] Revolving Doors Agency. BALANCING ACT: Addressing health inequalities among people in contact with the criminal justice system. October 2013. [Accessed March 2025]. https://revolving-doors.org.uk/wp-content/uploads/2016/08/Balancing-Act.pdf.

[63] Revolving Doors. Rebalancing Act A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users. February 2017. [Accessed March 2025]. https://revolving-doors.org.uk/wp-content/uploads/2017/01/Rebalancing-Act.pdf.

In September 2023, the number of Kent and Medway youth in contact with the justice system, in the Children and Young People's Secure estate (which comprises secure children's homes, secure training centre and young offender institutions), was 441; this has reduced from a peak of 3,654 in 2002.[60] It is well established that youth offenders are a vulnerable group, with complex psychosocial and physical health needs.[61]

People currently and previously in contact with the justice system are socially excluded populations and face challenges in navigating the healthcare system.[64] As of January 2025, the total number of offenders in the community (those on a prison licence or having been sentenced to a Community Sentenced Order by the court) in contact with Kent Probation services was 7,480, of which 90% were males, see Table 21 below.

Table 21: Population demographic of people in contact with Kent Probation Services, 2025

Age	Male (number)	Male (%)	Female (number)	Female (%)	Total (number)	Total (%)
<18 or not specified	5	0%	-	-	5	0
18-27	1,356	20%	132	18%	1,488	20%
28-37	2,090	31%	246	33%	2,336	31%
38-47	1,618	24%	223	30%	1,841	25%
48-57	883	13%	103	14%	986	13%
58-67	494	7%	41	5%	535	7%
68-77	207	3%	9	1%	216	3%
78-87	61	1%	2	0%	63	1%
88-97	9	0%	-	-	9	0%
98-107	1	0%	-	-	1	0%
TOTAL	**6,724**	**100%**	**756**	**100%**	**7,480**	**100%**

Source: HM Prison & Probation Service Kent, Surrey & Sussex, January 2025

The age structure of this cohort was predominantly young adults when compared with the population of Kent and are therefore less likely to have a long-term health condition.[64] 51% were 37 years old or younger, 89% were 57 years old or younger and 11% were 58 years old or older. Between the age range of 88-107 years, there were 10 males and no females.

[64] Kent Public Health Department. Kent Probation Community Offenders Health Needs Assessment. June 2014. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/pdf_file/0020/43085/KM-Community-Offenders-Final-Documen-3rdMarch-2014-V16-2-1.pdf.

Table 22: Needs of people in contact with Kent Probation services, 2025

Need	Population = 7,480	Percent
Drug misuse	1,533	20%
Alcohol misuse	1,035	14%
Drugs and Alcohol misuse	552	7%
Recorded Disability	1,860	25%
General Health condition *	2,696	36%
Mental health condition **	3,479	47%
Accommodation needed	1,702	23%

* Type unspecified

** Self-reported low mood, anxiety, depression or a diagnosed mental health condition

Source: HM Prison & Probation Service Kent, Surrey & Sussex, January 2025

Data in Table 22 from HM Prison & Probation Service Kent, Surrey & Sussex shows nearly 50% of people in contact with Kent probation services had either a self-reported or diagnosed mental health condition. 36% had an unspecified general health condition and 25% had a recorded disability. In relation to substance misuse, more people misused drugs (20%) compared to alcohol (14%), and a smaller portion of people misused a combination of drugs and alcohol (7%). Nearly one quarter of people reported issues with accommodation.

Similar to what is known nationally and the findings from the 2013 Kent Probation Community Offenders Health Needs Assessment, people in contact with Kent Probation services have a high prevalence of health problems, namely mental health conditions and substance misuse. Smoking rates were also reported high among community offenders in 2013.[64]

Transition from prison to probation services and back into the community is a fundamental time to ensure continuity of care.[60] Certain health issues, such as mental health problems and substance misuse (particularly drug misuse), are linked with crime and reoffending.[60] [61] Addressing the health needs of this population can reduce risk factors of re-offending and have an overall positive impact in the community, as well as individual health benefits.[60] Evidence to support interventions which support prison leavers with drug misuse, reduce drug-related deaths and re-offending have been identified by a 2021 literature review; these interventions are Community-based treatments, take home naloxone intervention/opioid substitution therapy and continuity of care.[65] Pharmaceutical service providers engaging with people in contact with the justice system should be aware of the health needs and challenges faced by this population.

[65] Kent Public Health Department. What works to reduce drug-related deaths for prison leavers with drug misuse- Literature search. February 2021. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/word_doc/0017/125441/Interventions-for-prison-leavers-Literature-Search.docx.

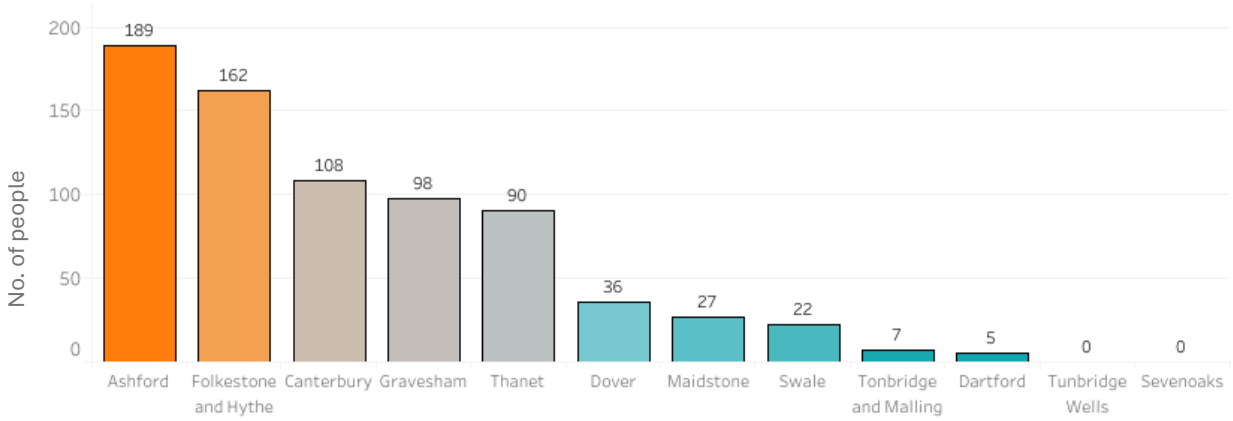
4.5 Refugees and asylum seekers

As of mid-2024, there were 122.6 million forcibly displace people globally as a result of persecution, conflict, violence and human rights violations. Of these, 37.9 million were refugees and 8 million were asylum seekers. Between 2018 and 2023, an estimated 2 million children were born as refugees.[66]

There were 72,464 asylum applications lodged in the UK in 2023, 4,880 (6.7%) of which were by Unaccompanied Asylum-Seeking Children (UASC). In relation to the number of applicants granted protection, resettlement or alternative legal basis to remain in the UK, there were 63,008 in 2023.[67] In the Southeast region of England, Afghanistan, Iran and Iraq were the leading nationalities of asylum seekers in receipt of local authority support (correct as of September 2024).[68] [69]

In September 2024, there were 744 asylum seekers receiving support from lower tier authorities in Kent as shown in Figure 42;[69] Ashford, Folkestone and Hythe and Canterbury provided support to most of the asylum seekers in Kent (189, 162 and 108 respectively).

Figure 42: Number of asylum seekers supported by local authority in Kent (September 2024)



Source: Home Office Immigration System Statistics- Presented by South East Strategic Partnership for Migration Data Dashboard

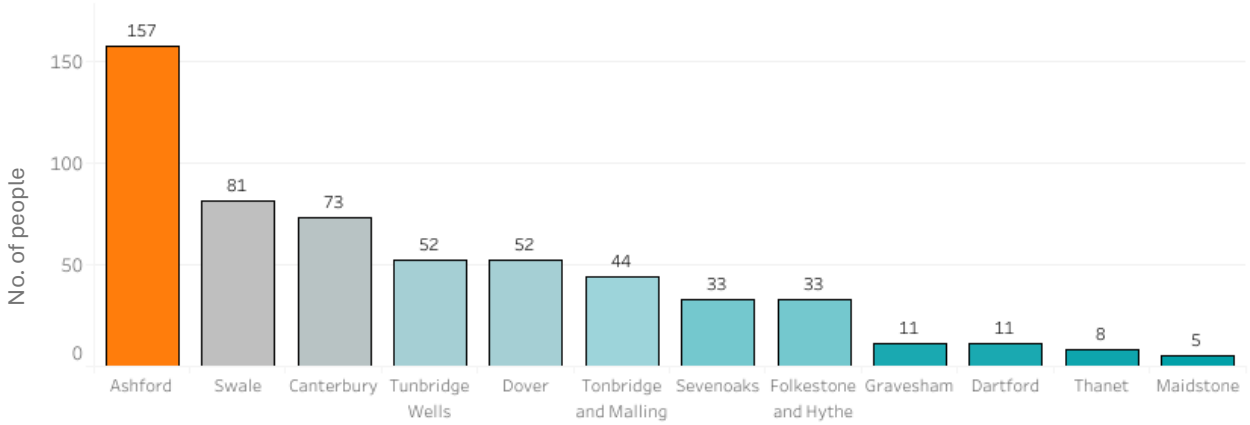
[66] UNHCR. Refugee Data Finder. [Accessed March 2025]. https://www.unhcr.org/refugee-statistics.

[67] Home office. Immigration system statistics data tablets- Asylum and resettlement summary tables, year ending September 2024. November 2024. [Accessed March 2025]. https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement.

[68] Home office. Immigration system statistics data tablets- Asylum Support. Asylum seekers in receipt of support. November 2024. [Accessed December 2024]. https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement.

[69] South East Strategic Partnership for Migration. Data Dashboard. [Accessed December 2024]. https://southeastspm.org.uk/south-east-asylum-nationality-breakdown/.

Figure 43: Cumulative number of refugees initially resettled in Kent (2014 – 2024 Q3)



Source: Home Office Immigration System Statistics- Presented by South East Strategic Partnership for Migration Data Dashboard

Between 2014 and September 2023, a cumulative total of 560 refugees had been resettled in Kent.[69] 157 refugees have been resettled in Ashford, followed by 81 in Swale and 73 in Canterbury. Maidstone had the lowest number of refugees resettled in Kent (Figure 43).

Asylum seekers and refugees can have complex health needs, which may be related to experiences in their country of origin, journey to the UK and arrival. The mental and physical health needs of this group of migrants are strongly linked to social determinants of health, such as employment, education and housing.[70] Physical health problems affecting these migrants can include poorly controlled non-communicable diseases, communicable diseases e.g. measles, food- and waterborne diseases, untreated health conditions and lack of medical care, accidental injuries, hypothermia, burns and unwanted pregnancy and lack of maternity care.[70] Mental health issues affecting these migrants can include post-traumatic stress disorder, depression, anxiety and Insomnia.[70] Consequently, this group of migrants may have difficulty trusting people in positions of authority, including healthcare professionals.

[70] World Health Organisation. Refugee and migrant health. [Accessed March 2025]. https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health.

KCC (along with a small number of other 'gateway authorities') regularly support asylum seekers who arrive in the UK after crossing the channel, including unaccompanied children. Between 2021 and 2024, the number of looked after UASC registered with KCC increased year on year and ranged between 289 and 498.[71] It is important to emphasise this does not reflect the initial number of UASC arriving in Kent. An analysis of UASC Initial Health Assessments from 2015 found dermatological (rashes, scares and fungal infections), anaemia and musculoskeletal symptoms to be the most common complaints of ill physical health; the most common mental health symptoms noted were of post-traumatic stress disorder, anxiety and depression.[72]

As reported by local- and non- government organisations supporting asylum seekers and refugees in Kent, pharmacies facilitate the care of these migrants by providing "*convenient*" and "*quick*" healthcare advice and services. However, there are general barriers to health experienced by asylum seekers and refugees. These can include:

- A perceived stigma among some migrant groups with certain health issues (such as mental health and sexually transmitted diseases) and cultural views that may prevent disclosure of particular health needs or past medical history,
- Language barriers, and/ or lack of interpretation or translation, which can comprise patient safety and medicine adherence as a result of limited understanding and effective communication between migrant and healthcare professional,
- Difficulty accessing healthcare due to a lack of understanding of how the UK healthcare system works (particularly asylum seekers who do not benefit from the support of a caseworker), or
- Limited financial resources, especially within weeks of arrival, when an individual may have no access to cash and/or is yet to be issued a HC2 certificate exempting them from prescription costs, hindering access to over the counter and prescription-only medication.

Pharmaceutical services provide a point of access into the UK healthcare system and are utilised by asylum seekers and refugees in Kent. Sensitivity to and an understanding of these migrants' health needs should be applied when engaging with asylum seekers and refugees; some individuals may need additional support with health education and may benefit from translation and/ or interpretation of written and/ or verbally communicated advice and guidance.

[71] Department for Education. Children looked after in England adoption: 2023 to 2024. November 2024. [Accessed March 2025.] https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/4cd4f681-d54b-4835-97dc-426bb6b7b99e#dataSetFootnotes

[72] Kent Public Health Department. Health Needs Assessment- Unaccompanied children seeking asylum. March 2016. [Accessed March 2025]. https://www.kpho.org.uk/__data/assets/pdf_file/0011/58088/Unaccompanied-children-HNA.pdf.

4.6 Veterans

Veterans are often indistinguishable from other members of the community. Many veterans present in primary care with health problems relevant to their general age and health profile rather than a problem related to their time in the Armed Forces e.g . complex and co-occurring mental , physical health issues. musculoskeletal problems, hearing loss, respiratory conditions, accident acquired conditions (Land Transport Accidents), limb loss, vision impairment/loss, heat/cold related conditions, and increased occurrence of certain cancers, including ovarian and breast cancer.[73]

In Kent, veterans are statistically more likely to attend substance misuse treatment services for treatment for alcohol rather than opiates or non-opiates compared to non-veterans.[73] Data from Kent commissioned drug and alcohol services in Table 23 shows Maidstone had the highest number of recorded veterans accessing substance misuse treatment.

Table 23: Veterans accessing Kent substance misuse services in 2023 by district

Area	**Patients**
Maidstone	35
Tunbridge Wells	25
Margate	20
South Kent Coastal	20
Gravesend	15
Canterbury	10
Sittingbourne	10
Ashford	*

* Totals may not add up to 100% as low numbers suppressed and rest rounded to nearest 5
Source: Kent commissioned drug and alcohol services

In terms of wider determinants, veterans face challenges with employment, housing including homelessness and training, but within Kent, there are numerous charities and agencies able to assist veterans and their families in addressing barriers and inequalities.[73]

Insights from the Armed Forces Community (AFC) in Kent, Surrey and Sussex report the following challenges members face in accessing healthcare:[73]

- Although improving, stigma around mental health and addictions prevent health seeking behaviour within the AFC due to issues around masculine culture and concerns around impact on career. The ‘military mindset’ may encourage them to be self-sufficient and not seek help.

[73] Kent Public Health Department. Armed Forces and Veteran Community Needs Assessment 2024. [Accessed March 2025]. https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/minority-groups#tab1.

- Veterans feel they are seen as too complex to treat and are passed between services
- Armed Forces communities can be reticent to speak to people who do not have armed forces experience and may struggle to relate to civilians
- Civilians can be viewed by the AFC to lack any understanding of their lives and experiences, fail to understand their methods of communication, and fail to show respect for what they have done in their lives
- A lack of translatable materials in Nepali required for Gurkha and Nepalese Armed Forces Communities.

The Armed Forces Covenant is a promise by the nation that those who serve and have served, and their families, should be treated fairly. The Covenant was enshrined in law in the Armed Forces Act 2011 and ensures that members of the AFC are not disadvantaged as a result of their service in accessing public and commercial services;[74] KCC actively supports this covenant.

4.7 Visitors

Kent, also known as the "Garden of England", is accessible by high-speed rail and passenger ferry ports linked to Europe and the rest of Britian. It is estimated the Garden of England received 66 million visitors in 2023: a combination of day and overnight trips.[75] Domestic visitors made up the larger portion of visitors versus overseas visitors. Visiting Kent for holiday and/or leisure or visiting friends and family were the most frequent type of visit. 49% of day visitors visited urban areas, while 31% and 20% visited the countryside and coastal areas. The leading nations of visitors from overseas who stayed overnight in Kent were the USA, France and Germany.[75] As shown in Table 24, Dartford, Canterbury and Swale had the most visitors, while Gravesham, Tonbridge and Malling and Sevenoaks had the least visitors[76].

Table 24: Number of day and overnight trips by visitors to Kent by district

Area	**Number of visitors (million)**
Ashford	4.5
Canterbury	8.1
Dartford	10.5
Dover	4.5
Folkestone and Hythe	4.7
Gravesham	2.2

[74] Ministry of Defence. Armed Forces Covenant Duty Statutory Guidance. November 2022. [Accessed March 2025]. https://www.gov.uk/government/publications/armed-forces-covenant-duty-statutory-guidance.
[75] Visit Kent Business. Kent Tourism Economic Impact Study. December 2024. [Accessed March 2025]. https://www.visitkentbusiness.co.uk/media/117895/economic-impact-of-tourism-kent-2023-report.pdf.
[76] Visit Kent Business. Kent Tourism Economic Impact Study Infographic. [Accessed March 2025]. https://www.visitkentbusiness.co.uk/media/117907/kent-s-visitor-economy-2023.pdf.

Area	Number of visitors (million)
Sevenoaks	4.3
Maidstone	4.6
Swale	5.3
Thanet	4.6
Tonbridge and Malling	3.1
Tunbridge Wells	4.7
Medway	4.8
Kent	**66**

Some of the numbers have been rounded up.
Source: Visit Kent Business, Kent's visitor economy (2024)

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Kent. As they may only be in the county for a day or two, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care, or
- Signposting to other health services such as a GP or NHS 111.

4.8 People with sensory impairment

People with sensory impairment or loss can experience substantial challenges with safe and effective access to/ use of medicines. The Safety Gap report (March 2025) commissioned by the Patient Safety Commissioner highlights barriers to pharmaceutical care experienced by people with sensory impairment.[77] Many of these barriers are associated with access to information, primarily written (including digital), but also verbal in terms of communication during consultations and accessing support services. A lack of training and awareness of the needs of people with sensory impairment amongst healthcare professionals, including pharmacy personnel, has also been identified. Consequentially, service users with sensory impairments will be affected and the Safety Gap reports people with sensory loss have lower levels of medication-related knowledge and are at higher risk of medicine-related harm compared to people without.

The Royal National Institute of Blind People (RNIBP) reports over 2 million people in the UK have a form of visual impairment, and of these, 320,000 are registered as blind or partially blind.[78]

[77] Patient safety commissioner. The safety Gap: Safety and Accessibility of Medicine and Medical Devices for people with sensory impairment. March 2025. [Accessed July 2025]. https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap_Accessible.pdf.
[78] Royal Institute of Blind People. RNIB Insight snapshots: Population and demographics. RNIB Insight snapshots – Population and demographics. [Accessed July 2025]. https://media.rnib.org.uk/documents/Population_and_demographics_-_Insight_snapshot.pdf.

With regard to hearing impairment, the Royal Institute of Deaf People reports one in three adults in the UK (18 million people) are affected by deafness, hearing impairment or tinnitus; an estimated 1.2 million people have hearing loss impacting ability to hear most conversational speech.[79]

The Equality Act (2010) places legal responsibilities on pharmaceutical providers to make reasonable adjustments to their service to meet the needs of people with protected characteristics (which includes people with sensory impairments). Guidance to improve the accessibility of medicines and medical devices for people with sensory impairments have been produced by community pharmacy organisations, however, organisations also highlight that a lack of government funding makes it difficult for community pharmacies to comply with their responsibilities under the Equality Act.[80] NHS England reported "*despite the existence of legislation and guidance … in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate*".[81]

4.9 Impact of the changing climate

Climate is one of the wider determinants of health impacting particularly more on deprived communities and groups. Climate change is expected to bring extreme weather events including, but not limited to, heatwaves, flooding and droughts, all of which increase risk to health and excess mortality. Kent's climate is already changing but its impacts are likely to be felt acutely in Kent with its long, strategically important coastline and warm summers compared to the rest of the UK. The impact of climate change on individuals will vary, with the worst effects on disadvantaged and vulnerable populations; vulnerable groups include people with poor cognition, children, older people, people with existing conditions, people who are overweight and obese, people with unconventional lifestyles such as those who are homeless and people who work outdoors such as famers or outdoor labourers.[82] [83] [84]

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[79] Royal Institute of Deaf People. Prevalence of deafness and hearing loss. Prevalence of deafness and hearing loss – RNID. [Accessed July 2025]. https://rnid.org.uk/get-involved/research-and-policy/facts-and-figures/prevalence-of-deafness-and-hearing-loss/.

[80] Patient safety commissioner. The safety Gap: Safety and Accessibility of Medicine and Medical Devices for people with sensory impairment. March 2025. [Accessed July 2025]. https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap_Accessible.pdf.

[81] NHS England (2017). Accessible Information: Specification v.1.1. NHS England Report Template 1 - long length title. [Accessed July 2025]. https://ca2-ecl.edcdn.com/implementation-guidance.pdf?v=1719916171.

[82] Deakin, S, Schwartz, E. Implications of Climate Change for Public Health (2024). The Public Health Department Kent County Council. [Accessed July 2025]. https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=127475.

[83] UK Health Security Agency. Health Effects of Climate Change (HECC) in the UK (2024). Health Effects of Climate Change in the UK: state of the evidence 2023. [Accessed July 2025]. https://assets.publishing.service.gov.uk/media/659ff6a93308d200131fbe78/HECC-report-2023-overview.pdf.

[84] The Pharmaceutical Journal. Heat-related illnesses: preparing for periods of high temperatures. Heat-related illnesses: preparing for periods of high temperatures - The Pharmaceutical Journal. [Accessed July 2025]. https://pharmaceutical-journal.com/article/ld/heat-related-illnesses-preparing-for-high-temperatures.

In the UK an estimated 2295 heat related deaths occurred during the summer of 2023 and almost 3000 in the summer of 2022, when temperatures exceeded 40°C for the first time. Extreme heat has also affected the UK's health service, as heatwaves in 2022 led to service disruption in three London hospitals. Warmer temperatures and changing human behaviours could increase the spread of resistant infections, making it harder to fight antimicrobial resistance. Despite the warming climate, deaths from cold are also expected to rise, mainly due to an ageing population.

The top five climate change risks in Kent are: heat leading to increased mortality, overheating homes and public buildings causing productivity and health issues, overheating of public spaces affecting health, water scarcity and droughts affecting access to water, increase in flood risk impacting people's homes, businesses, health and social care facilities and access.