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# Introduction

This executive summary provides a high-level overview of the current health and social care needs of Medway Unitary Authority.

The majority of this information has been sourced from [Medway’s Joint Strategic Needs Assessment](https://www.medway.gov.uk/jsna) (JSNA)1 and the latest data has been obtained from the Office for Health Improvement and Disparities’ (OHID) online public health data collection tool, [Fingertips](https://fingertips.phe.org.uk/).

Some of the data presented in this report was collected pre COVID-19 and may not reflect the impact of the pandemic on these conditions.

# Demographic

Medway is located on the north coast of Kent. The main towns include (from west to east) Strood, Rochester, Chatham, Gillingham, and Rainham. While the towns are densely populated, there are larger, much more sparsely populated rural areas on the Hoo Peninsula (north Medway) and the ward of Cuxton, Halling and Riverside (west Medway). In these rural areas the population is generally older, and there may be greater levels of isolation and reduced access to services.

Medway has a population of 279,827 (mid-2021).2 Between the last two censuses (held in 2011 and 2021), the population of Medway increased by 6.0%, which is slightly lower than the population growth across England.3

The resident population in Medway is younger compared to England. The mean (median) age of residents in Medway is 39.0 years, which is 1.5 years younger than the national average of 40.5 years.2

In Medway, the percentage of children aged under 15 is 19.2%, which is higher than the 17.4% in England.2 The percentage of people aged 15 to 64 in Medway is 64.3%, which is similar to the 64.1% in England.2 Lastly, the percentage of people aged 65 and over in Medway is 16.6%, lower than the 18.5% in England.[[1]](#footnote-1)

The 2021 Census shows that the majority of the population is classified as White British/Irish (78.9%). The next largest ethnic groups are Asian, Asian British or Asian Welsh (5.9%) followed by Black, Black British, Black Welsh, Caribbean or African (5.6%) and White other (5.3%).4 Furthermore, between the 2011 and 2021 Censuses, the percentage of people from the Black, Black British, Black Welsh, Caribbean or African ethnic group increased from 2.5% to 5.6%.4 The 3.1 percentage-point change was the largest increase among high-level ethnic groups in Medway.3

In Medway, deprivation is higher than the England average. Medway is ranked as the 68th most deprived upper tier local authority out of 151 in England, with 1st being the most deprived.5 Medway contains some of the most deprived neighbourhoods in England; these neighbourhoods are in Gillingham and Chatham.

There are currently 35 GP practices in Medway and 8 Primary Care Networks (PCNs); correct as of May 2023. Medway Council is part of the Medway and Swale Health and Care Partnership (HCP) and the Kent and Medway Integrated Care System (ICS).

# Best start in life

What happens in pregnancy and early childhood impacts on physical and emotional health through into adulthood.6 Smoking is the main modifiable risk factor in pregnancy6, but in 2021/22 a tenth (10.8%) of mothers in Kent and Medway smoked at the time of delivery, which was significantly higher compared to England (9.1%).

Foetal Alcohol Spectrum Disorder (FASD) refers to the range of neurodevelopmental problems caused by alcohol exposure during pregnancy.7 The effects are diverse and impact early-years development, which can create great difficulties for individuals in their childhood that persist throughout life.7 Challenges in diagnosis and data collection make it difficult to obtain reliable estimates of FASD prevalence.7 Local prevalence is not available, but it is estimated that around 3.2% of babies born in the UK are affected by FASD.8

Breast milk provides the ideal nutrition for infants in the first stages of life, offers protection from certain infections, and helps improve long-term health.9 Breastfeeding is also associated with improved maternal health.9 The establishment and continuation of breastfeeding begins with initiation and first feed.9 In Medway, the percentage of babies whose first feed is breastmilk (56%) is lower compared to England (72%; 2020/21).

A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.10 In Medway, the A&E attendance rate in children under five years has been increasing in recent years and in 2021/22 was higher than England. It is worth noting that the COVID-19 pandemic had a large impact on hospital activity and A&E attendances decreased significantly across the country in 2020/2110, but rates are now higher than pre-pandemic levels.

Reducing the under 18 conception rate is a key priority nationally, as the health of a teenage mother, and that of their children, is likely to be worse than average.6 In 2021, the under 18 conception rate in Medway was significantly higher than England.

# Children and young people with special educational needs (SEN) and disabilities

A child or young person has a special educational need (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.11 In 2021, the percentage of pupils with SEN in schools was 16.9% in Medway compared to 16.6% nationally.

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support.12 EHC plans identify educational, health and social needs and set out the additional support to meet those needs.12 The number of children and young people for whom Medway maintains an EHC has increased by 8.3% (April 21 to April 22) and remains on an upward trajectory.

# Obesity

Being overweight or obese is a significant physical and mental health issue across the life course and increases the risk of developing a host of diseases.13 In Medway in 2021/22, over a third of children aged 10 to 11 were overweight or obese (41.3%), which is higher than the England average (37.8%). These children are more likely to stay obese into adulthood.13

The latest data (2021/22) show a decrease in the percentage of adults being classified as overweight or obese in Medway. Two-thirds of adults in Medway are classed as overweight or obese (67.2%), which is now statistically similar to the England average (63.8%).

# Cancer

In Medway, breast cancer screening rates have been consistently higher or similar compared to England. However, the number of women screened for breast cancer decreased both locally and nationally in 2021/22. This is likely due to the fact that the NHS Breast Screening Programme was seriously impacted by disruption from the COVID-19 pandemic.14

Cervical screening rates for 25 to 49 year olds in Medway are consistently higher than the national average, however rates for 50 to 64 year olds are decreasing and are currently lower compared to England (up to 2021/22). The bowel cancer screening rate has increased in recent years, but is still lower compared to England (up to 2021/22).

There are, however, some areas for improvement across the cancer care pathway in Medway. In 2021, the rate of premature mortality from cancer in Medway was higher than England. Cancer survival rates in Medway have been among the lowest in the country, particularly for lung cancer.

# Cardiovascular disease

As cardiovascular disease (CVD) is the leading cause of disability and death in the UK and given that the majority of CVD cases are preventable,15 reducing the prevalence of modifiable risk factors plays an important role.

In Medway, smoking prevalence has dramatically decreased in recent years and in 2021 was similar to the national average. However, smoking prevalence continues to be higher in routine and manual occupations than in managerial and professional occupations.

The GP recorded prevalence of hypertension is significantly higher than the national average (2021/22). Also, as previously mentioned, two-thirds of adults in Medway are classed as being overweight or obese (2021/22).

While the recorded prevalence of coronary heart disease, chronic kidney disease, stroke, and atrial fibrillation in Medway have remained lower compared to England over the last decade, the recorded prevalence of diabetes has been consistently higher.

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.16 Regular physical activity is also associated with a reduced risk of obesity and diabetes.16 In 2021/22, the percentage of physically inactive adults in Medway (20.9%) was similar to the national average (22.3%).

Over the last two decades, premature mortality from all cardiovascular diseases has significantly decreased in Medway and in recent years has remained lower compared to England (up to 2021).

# Multimorbidity

Multimorbidity refers to the co-existence of multiple long-term conditions17, which can include:

* defined physical and mental health conditions such as diabetes or schizophrenia
* ongoing conditions such as learning disability
* symptom complexes such as frailty or chronic pain
* sensory impairment such as sight or hearing loss
* alcohol and substance misuse

These are associated with an increased treatment burden for the individual, including multiple medical appointments and polypharmacy (use of multiple medicines), and an increase in unplanned care.17

According to figures from local data, approximately 20% of the Kent and Medway population have multimorbidity, rising to 40% in those aged 50 years and above and 70% in those aged 85 years and above.17 Approximately 21% of patients living in the most deprived areas are multimorbid, compared to 16% in the most affluent areas.17

# Ambulatory care-sensitive conditions

Ambulatory care sensitive conditions (ACSC), such as diabetes, hypertension or dementia, are those where effective community care and case management can help prevent the need for hospital admission.18 In Medway, the rate of unplanned hospitalisation for chronic ACSC (all ages) has been consistently higher than the England average (up to 2021/22).

Three conditions that children and young people (CYP) under 19 years are most commonly admitted to hospital with as an emergency are asthma, diabetes and epilepsy. In Medway, hospital admission rates for all three are conditions for CYP are higher compared to the national average (2021/22).

# Neurodevelopmental conditions

Neurodevelopmental conditions are a group of conditions that are caused by differences in early brain development, and affect the way a person processes information, thinks, or learns.19 Two of the main neurodevelopmental conditions are autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).19 They commonly appear in childhood but are lifelong conditions.19 Neurodevelopmental conditions can lead to health inequalities. Since April 2021, there has been a significant increase in the number of children waiting for neurodevelopmental (ASD and ADHD) assessments in Medway and Swale. For adults in Medway and Swale, waiting times have been reduced due to a new neurodevelopmental health service opening in April 2022, however the demand on this service continues to increase.

# Dementia

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life.20 Alzheimer’s Disease is the most common type of dementia, followed by vascular dementia.20 Dementia can affect a person at any age, but it is more commonly diagnosed in people over the age of 65 years; however, dementia is not an inevitable part of ageing.20

Around 40% of dementia cases might be attributable to potentially avoidable risks including physical inactivity, high blood pressure (hypertension), type 2 diabetes, obesity, smoking, midlife hearing loss, depression, and social isolation.20

Dementia has physical, psychological, social, and economic impacts, not only for people living with dementia, but also for their carers, families, and the wider society.20

In 2021/22, the GP recorded dementia prevalence (all ages) in Medway was lower than England as a whole. In 2022, the estimated dementia diagnosis rate (aged 65 and over) in Medway was lower (52.3%) than the national ambition (66.7%).

As Medway’s population is projected to age, a timely diagnosis for those people living with dementia will become increasingly important to improve health and care outcomes.

# Ageing well

Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing, and independence of older people. Falls can become recurrent and result in injuries, including head injuries and hip fractures.21 In Medway, the emergency hospital admission rates related to falls and hip fractures among patients aged 65 and over were both similar compared to the England average in 2021/22.

Social isolation and loneliness can have a detrimental effect on quality of life and life expectancy. While people can experience social isolation at any age, older individuals are especially prone due to factors like retirement, the loss of loved ones, health conditions causing disability, and caregiving responsibilities limiting social interactions.22

# Mental health and wellbeing

Mental health and wellbeing are key issues in Medway. Self-reported personal wellbeing scores across all four indicators (low satisfaction, low worthwhile, low happiness, and high anxiety) are similar to the England average (2021/22).

The GP recorded prevalence of depression is higher compared to England (2021/22), as is the rate of hospital admissions for self-harm for children and young people (10 to 24 years). Self-harm is an expression of personal distress, and following an episode of self-harm there is a significant and persistent risk of future suicide. It is important to note that data on self-harm trends using hospital data may be somewhat misleading as increases can reflect improved data collection.23

The suicide rate for Medway between 2018 and 2020 was similar to the England average.

People with severe mental illness (SMI) live on average 15 to 20 years less than the general population, largely due to preventable or treatable physical health problems. To reduce this stark health inequality, NHS England set a target to ensure that 60% of people with SMI access health checks.24 In Kent and Medway, 47% of people on the GP SMI register received a physical health check in the last 12 months to the end of 2022/23 Q4.24 This is lower than the England average (58%) and lower than the national ambition.

# Health inequalities

Health inequalities are unfair and avoidable differences in health status between groups of people or communities.25 They arise because of the conditions in which people are born, grow, live, work and age.26

## Inequalities in life expectancy

Life expectancy is one of the main indicators for monitoring health inequalities. It represents the average number of years a person would expect to live based on current mortality rates.26 This section refers to life expectancy at birth throughout.

Life expectancy in Medway is below the England average for both sexes. Life expectancy has generally increased in recent decades, but the rate of increase has slowed.27 The coronavirus pandemic has led to a far greater number of deaths in total and a higher rate of death in 2020 compared with recent years.28 It affected male mortality more than female mortality.28 In Medway, this led to a larger decrease in life expectancy in males in 2020, compared to females.

Life expectancy is not uniform across Medway; inequalities exist. Life expectancy is greater for females than males.27 Individuals living in more affluent areas live longer than those living in more deprived areas.

There are also distinct differences in life expectancy across the wards in Medway. It is likely that this variation is due to the level of deprivation within each ward.

## Inequalities in mortality

It is important to understand the underlying causes of mortality (death) and morbidity (ill health) that are contributing most to inequalities in life expectancy. This will enable the identification of key areas where actions can be taken to reduce health inequalities.29

Before the COVID-19 pandemic, the gap in life expectancy between the most and least deprived areas was driven mostly by higher mortality rates from circulatory disease, cancer, and respiratory disease in the most deprived areas.30 However, the most recent estimates show that higher mortality from COVID-19 is now also a key contributor to the life expectancy gap.30

In Medway, mortality rates from lung cancer31 and chronic obstructive pulmonary disease (COPD)32 are significantly higher than England. In Medway, males have higher mortality rates from both lung cancer31 and COPD32 compared to females (2021). A high proportion of deaths related to both lung cancer and COPD are caused by a common modifiable risk, smoking.33 It is therefore unsurprising that smoking attributable mortality in Medway has also been significantly higher than England consistently (up to 2017-19).34

## Inequalities in behavioural risk factors

Health inequalities begin early in life.35 Differences exist between population groups for many key child health outcomes,35 such as smoking in pregnancy, breastfeeding, and childhood obesity, which can affect health and wellbeing outcomes in later life.

Being overweight or obese is a significant physical and mental health issue across the life course and increases the risk of developing a host of diseases.36 Over a third of children aged 10 to 11 are overweight or obese in Medway, and these children are more likely to stay obese into adulthood.36 Like many other indicators relating to early child health, children living in more deprived areas experience higher prevalence of obesity.

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. While smoking rates in Medway have significantly fallen over the last decade, rates remain higher for routine and manual occupations (2021). Furthermore, a tenth of mothers in Kent and Medway smoke at the time of delivery, which is significantly higher compared to England (2021/22).

## Approaches to reducing health inequalities

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are.25 Two key approaches are proposed to reduce health inequalities: 1) proportionate universalism37; and 2) place-based approach.25 Proportionate universalism focuses action and resources along the whole social gradient with a scale and intensity that is proportionate to the level of disadvantage.37 Improving the lives of those with the worst health, fastest.25 Further to this, a place-based approach is recommended. This requires joined-up action from all components of the local system, across civic-level, service-based and community centred interventions, in order to reduce health inequalities at a population scale.25

There are at least four dimensions in which health inequalities have been reported.25 These are listed below with examples of the characteristics of the people or communities in each of these groups:25

1. Socio-economic groups: People living in deprived areas; unemployed; low income.
2. Protected characteristics: Age; sex; race; sexual orientation; disability.
3. Vulnerable groups: Homeless people; sex workers; vulnerable migrants; Gypsy, Roma and Travellers.
4. Geography: Urban or rural areas.

To reduce health inequalities, the design and delivery of services must consider these groups of people and communities.

## Wider determinants of health

Inequalities in health outcomes are underpinned by the wider determinants of health. This consists of the physical, social, and economic environment in which we live, including education, employment, and income.35

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially, and emotionally. Children who do not achieve a good level of development by the age of five will often struggle with reading, maths, social and physical skills leading to long term impacts on their educational attainment and health.38 In Medway, the proportion of children achieving a good level of development at the end of Reception (66%) is similar to the England average (65%).

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Improving attendance (that is, tackling absenteeism) in schools is crucial to increasing social mobility and to ensuring every child can meet their potential.39 The absence rate in Medway in 2021/22 was (7.7%), which is higher than the England average (7.6%).

There is clear evidence that good work improves health and wellbeing across people’s lives and protects against social exclusion. Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity, including limiting long-term illness, cardiovascular disease, poor mental health, suicide, and health-harming behaviours.40 In Medway in 2021/22, the unemployment rate (5.5%) was higher than the England average (5.0%).

Evidence suggests that child poverty can lead to poor health outcomes in adulthood and premature mortality.35 In 2012/22, 20% of children aged under 16 in Medway were living in relative low-income families, which is similar compared to England. However, if less children experience child poverty, this should lead to improvements in adult health outcomes and increase healthy life expectancy.41

Homelessness does not just refer to people who are sleeping rough. There are a wide range of situations that are also described as homelessness, including houselessness (with a place to sleep but temporary), living in insecure housing, and living in inadequate housing. The health and wellbeing of people who experience homelessness are poorer than that of the general population.42 In Medway, the rate of households owed a homelessness prevention or relief duty under the Homelessness Reduction Act (16%) was higher compared to England (12%) in 2021/22.

# References

1. Medway Council. Medway’s Joint Strategic Needs Assessment. https://www.medway.gov.uk/jsna

2. Office for National Statistics. Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

3. Office for National Statistics. How life has changed in Medway: Census 2021. Published 2023. Accessed June 2, 2023. https://www.ons.gov.uk/visualisations/censusareachanges/E06000035/

4. Nomis. Census 2021. TS022 - Ethnic group (detailed).

5. Ministry of Housing Communities & Local Government. English indices of deprivation 2019. Published 2019. Accessed May 31, 2023. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

6. Public Health England. Health Matters: Giving every child the best start in life. Published 2016. https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

7. Department of Health and Social Care. *Guidance. Fetal Alcohol Spectrum Disorder: Health Needs Assessment*.; 2021.

8. Wise J. Guidance on fetal alcohol syndrome aims to improve diagnosis and treatment in Scotland. 2019;396(January):2019. doi:10.1136/bmj.l396

9. Office for Health Improvement and Disparities. Fingertips. Baby’s first feed breastmilk. Indicator ID: 93614.

10. Office for Health Improvement and Disparities. Fingertips. A&E attendances (0-4 years). Indicator ID: 90809.

11. Department for Education and Department of Health. Special educational needs and disability code of practice : 0 to 25 years. Published online 2015.

12. GOV.UK. Children with special educational needs and disabilities (SEND). https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help

13. Public Health England. Health matters: obesity and the food environment. Published 2017. https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

14. NHS Digital. NHS Breast Screening Programme, England 2020-21. NHS Breast Screening Programme, England 2020-21. Published 2022. https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2020-21/covid-impact---programme-summary-2020-21

15. UK Health Security Agency. Health Matters: Preventing cardiovascular disease. Published 2019. https://ukhsa.blog.gov.uk/2019/02/14/health-matters-preventing-cardiovascular-disease/

16. Office for Health Improvement and Disparities. Fingertips. Percentage of physically active adults. Indicator ID: 93014.

17. Medway Council and Kent County Council. *Case For Change in Kent and Medway*.; 2019.

18. NHS England. *Emergency Admissions for Ambulatory Care Sensitive Conditions - Characteristics and Trends at National Level.*; 2014.

19. UK Parliament. *Research Briefing. Autism.*; 2020.

20. Kent and Medway Integrated Care Board. *Joint Dementia Strategy for Kent and Medway 2022-2025. [Unpublished].*

21. Office for Health Improvement and Disparities. Falls: applying All Our Health. Published 2022. Accessed May 26, 2023. https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

22. Public Health England. Local action on health inequalities. Reducing social isolation across the lifecourse. Published 2015. Accessed May 30, 2023. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/461120/3a\_Social\_isolation-Full-revised.pdf

23. Office for Health Improvement and Disparities. Fingertips. Emergency Hospital Admissions for Intentional Self-Harm. Indicator ID: 21001.

24. NHS England. Physical Health Checks for people with Severe Mental Illness. Accessed May 31, 2023. https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/

25. Public Health England. *Guidance. Health Inequalities: Place-Based Approaches to Reduce Inequalities*.; 2019.

26. Public Health England. Health profile for England: 2017. Published 2017. https://www.gov.uk/government/publications/health-profile-for-england

27. Office for Health Improvement and Disparities. Fingertips. Life expectancy at birth. Indicator ID: 90366.

28. Office for National Statistics. Has the Coronavirus pandemic caused life expectancy in the UK to fall? Published 2021. https://blog.ons.gov.uk/2021/09/23/has-the-coronavirus-pandemic-caused-life-expectancy-in-the-uk-to-fall/

29. Public Health England. Reducing health inequalities: system, scale and sustainability. Published 2017. https://www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas

30. Public Health England. Segment Tool. https://analytics.phe.gov.uk/apps/segment-tool/

31. Office for Health Improvement and Disparities. Fingertips. Mortality rate from lung cancer. Indicator ID: 1203.

32. Office for Health Improvement and Disparities. Fingertips. Mortality rate from chronic obstructive pulmonary disease. Indicator ID: 1204.

33. Public Health England. *Local Tobacco Control Profile Slideset*.; 2019.

34. Office for Health Improvement and Disparities. Fingertips. Smoking attributable mortality (new method). Indicator ID: 93748.

35. Public Health England. Health profile for England: 2018. Published 2018. https://www.gov.uk/government/publications/health-profile-for-england-2018

36. Office for Health Improvement and Disparities. Fingertips. Percentage of adults (aged 18+) classified as overweight or obese. Indicator ID: 93088.

37. Marmot M. *Fair Society, Healthy Lives*.; 2010.

38. Public Health England. Initiatives to improve school readiness across the South East. Published 2019. Accessed May 26, 2023. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/781623/improving\_school\_readiness.pdf

39. Office for Health Improvement and Disparities. Fingertips. Pupil absence. Indicator ID: 10301.

40. Public Health England. Health matters: health and work. Published 2019. Accessed May 26, 2023. https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

41. Office for Health Improvement and Disparities. Fingertips. Children in relative low income families (under 16s). Indicator ID: 93700.

42. Public Health England. Homelessness: applying All Our Health. Published 2019. Accessed May 26, 2023. https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health

1. Due to rounding, percentages may not add up to 100%. [↑](#footnote-ref-1)