Health and Wellbeing of Coastal Communities in Kent

Annual Public Health Report 2021

Kent County Council
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Health and Wellbeing
of Coastal Communities in Kent

Dr Allison Duggal - Director Public Health

Dr Nirosha Dissanayake - Public Health Specialist

Jessica Mookerjee - Public Health Consultant

Paul Clarke - Public Health Specialist

Mark Chambers - Head of Health Intelligence

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CHAPTER 1

INTRODUCTION

Kent has a coastline that is undeniably one of the most iconic and beautiful in England. It includes vibrant small towns, major ports and historic white cliffs. However, recently 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[1].

Why is this? The coast has a higher proportion of older residents and health problems tend to increase with age. Often housing is either unaffordable, poor quality or unavailable, jobs are seasonal and sparse, and in some cases, local economic growth has been slow. The CMO's 2021 report painted a picture of concentrated deprivation and ill health among coastal communities. There are identified barriers to attracting NHS and social care staff into coastal areas, including the remote nature of some areas and lack of available public transport[2].

This year our Annual Public Health Report responds to the CMO's report and features data and analysis for Kent to support the national focus on coastal deprivation and health inequalities.

The effects of the COVID-19 pandemic mean it is more important than ever that health inequalities are addressed through a sustained, evidence-informed, local strategy. The many challenges facing coastal communities in modern Britain are in urgent need of recognition.

The issues in Kent county can be considered within three key areas:

Our coastal communities have higher needs compared to non-coastal communities.

Coastal communities show considerable variability and each one has its own unique history and context requiring locally based plans and action.

Each community needs a sufficient workforce and access to services for residents.

The first two chapters in this report describe the differences between coastal areas in Kent. They present a picture of some of the most socially and economically deprived areas, with some stark contrasts between communities. Just under a quarter of Kent's population live in these coastal areas and, just as in the national CMO's report, Kent shows a 'coastal excess'. This refers to health outcomes in coastal towns that are worse than those in non-coastal towns, the county as a whole and England. This '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.

When taken as a whole, Kent's health outcomes are often better than the national average. However, this is not the case for coastal areas, highlighting the importance of locally data and place-based plans.

How will these inequalities be tackled? This report recommends locally aligned strategies based on the most up-to-date data and evidence.

There are many challenges facing Kent's coastal communities that are in urgent need of recognition. The aim of this report is to highlight the issues facing coastal communities in Kent and the need for

engagement with local communities to create sustainable plans for the future. It provides a good basis for further analysis and action in the years ahead to enable communities and services to tackle the unique needs of these important coastal areas.

CHAPTER 2

KEY COASTAL AREAS IN KENT

A coastal community is defined as any coastal settlement within an English local authority area whose boundaries include an English foreshore. Coastal settlements include seaside towns, ports and other areas which have a clear connection to the coastal economy[1].

There are 12 coastal towns in the county with a population of 5,000-225,000. Eight are larger coastal towns with a population of more than 20,000 and four are smaller towns of between 5,000 and 20,000 people.

Areas with a population of less than 5,000 have been excluded from this report. The 12 coastal areas included in the report are shown in Figure 1.

The following chapter summarises the characteristics of these coastal communities, highlighting the similarities and contrasts that exist.

FIGURE 1 THE COASTAL AREAS OF KENT

Source: Office for National Statistics licensed under the Open Government Licence v.3.0
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SHEERNESS
MINSTER (SWALE)
MARGATE
BROADSTAIRS
WHITSTABLE
RAMSGATE
HERNE BAY
DEAL
DOVER
FOLKESTONE
HYTHE
NEW ROMNEY
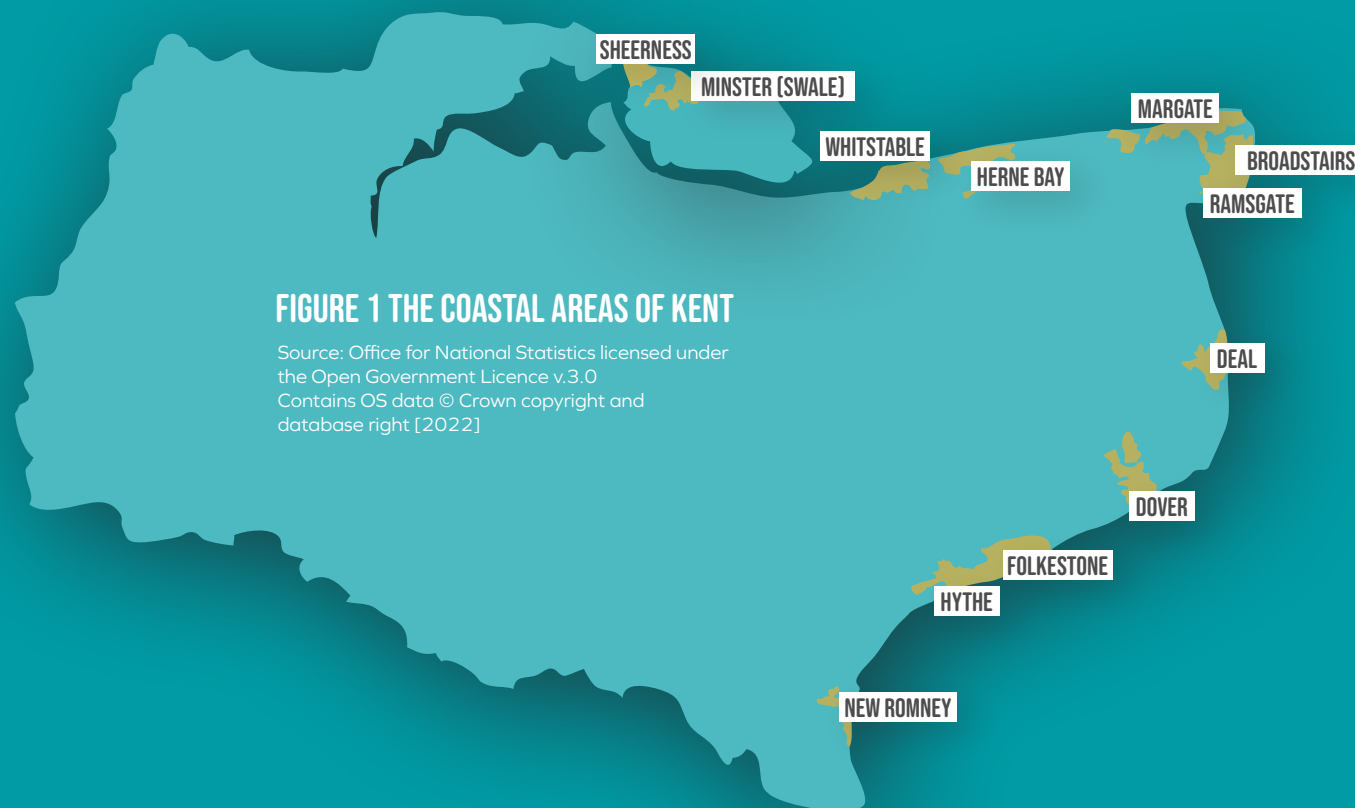
2.1 HERNE BAY

BACKGROUND

Herne Bay is a larger seaside town in Canterbury district. It is a traditional seaside resort with reasonable transport links, beaches and a nostalgia factor that draws people to the town. Its heyday was in the late Victorian era when investment from London led to the construction of a pleasure pier and promenade. Like many British seaside resorts, its popularity as a holiday destination has declined over recent decades. This is partly due to the increase in foreign travel which has significantly reduced the income from tourism.

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT

HERNE BAY
WHITSTABLE
DEAL
DOVER
FOLKESTONE
HYTHE
NEW ROMNEY
MINSTER
SHEERNESS
BROADSTAIRS
MARGATE
RAMSGATE

DEMOGRAPHY

Herne Bay has a population of 39,457. A population pyramid and the population change over the period 2001 to 2020 are shown below.

From the population pyramid we can see that Herne Bay has a much greater proportion of older people aged over 55 and fewer younger people when compared to the Kent non-coastal average. Between 2001 and 2020, the Herne Bay population increased in all age groups. Most growth was in the 65+ age group. In comparison to non-coastal areas, population growth was lower in Herne Bay.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Herne Bay is a higher deprivation residential coastal town.

Apart from one ward, the premature death rates of wards in Herne Bay are similar to or better than Kent and England.

FIGURE 2A POPULATION PYRAMID FOR HERNE BAY, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities.
Source: ONS mid-2020 population estimates for LSOAs. Prepared by KPHO (TF), Nov 2021

FIGURE 2B POPULATION CHANGE IN HERNE BAY COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT

2.2 WHITSTABLE

BACKGROUND

Whitstable is a town whose success has been built on trade and commerce operating through a mixed-use port with a shopping centre and working harbour. The production and sale of oysters have been at the root of the town's status as a fashionable place to visit. Over the past decade or so, Whitstable has developed into a bijou arts hub with many former shops and businesses turning into boutique art galleries, artist's workshops and independent jewellery and clothes shops.

The high street is the shopping centre for the town and main vehicle access to the harbour. The town's popularity with tourists means it can become very busy with pedestrians and traffic and has very high seasonal demand for parking spaces, particularly during the weekend of the annual Oyster festival. Whitstable attracts many tourists from London and is a popular place for second homes.

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT

DEMOGRAPHY OF WHITSTABLE

According to the ONS coastal town classification, Whitstable is a larger seaside town located in Canterbury district. The current population of Whitstable is estimated to be 27,707. A population pyramid and the population change over the period 2001 to 2020 are shown below.

Whitstable has an older population than the Kent non-coastal average. This could be because the older population are coming to retire here. Between 2001 and 2020, Whitstable's population increased only in the 25-64 and 65+ age groups. Most growth was in the 65+ age group.
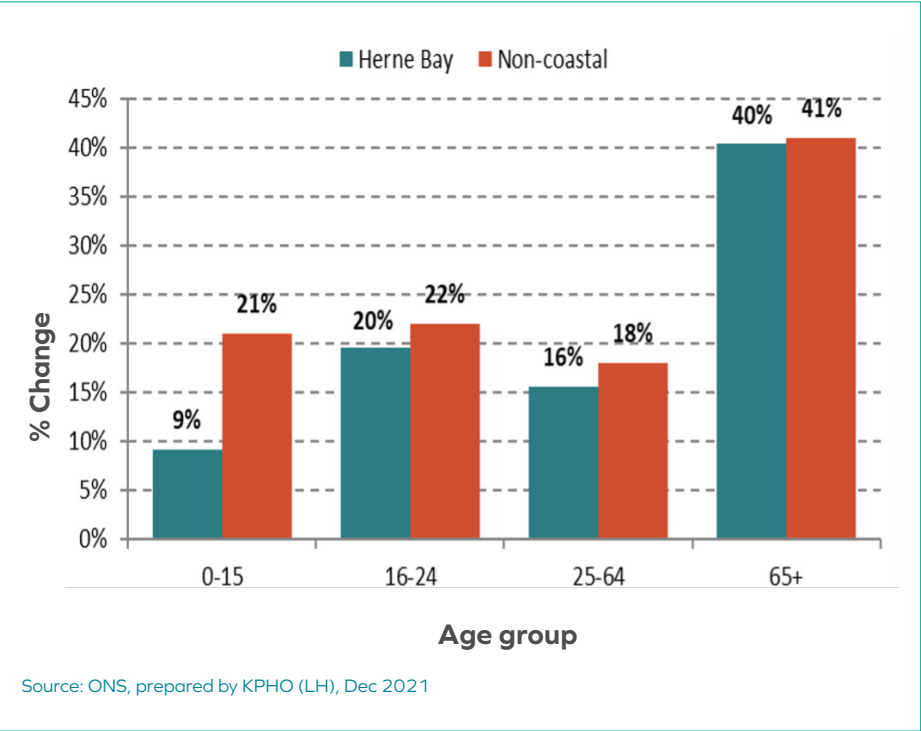
WIDER DETERMINANTS

According to the ONS Income Deprivation/ Job Density classification of coastal towns, Whitstable is a lower deprivation mixed coastal town in Kent.

The premature death rates for all causes in all five wards in Whitstable are similar to or better than both the Kent and England average.

FIGURE 3A POPULATION PYRAMID FOR WHITSTABLE, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities.
Source: ONS mid-2020 population estimates for LSOAs. Prepared by KPHO (TF), Nov 2021

FIGURE 3B POPULATION CHANGE IN WHITSTABLE COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT
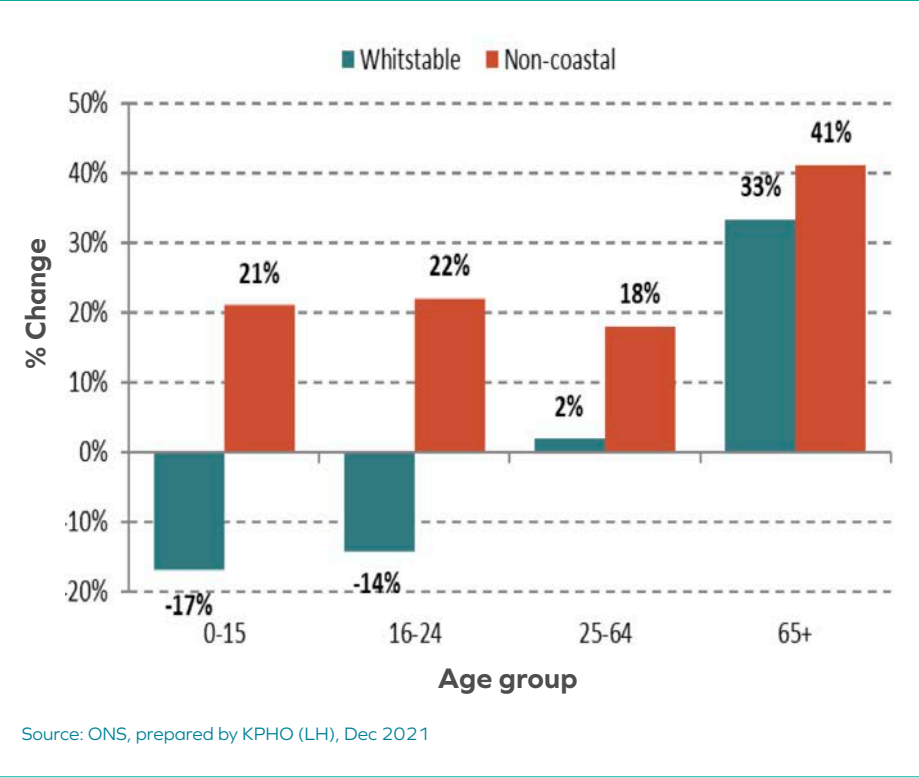
2.3 DEAL

BACKGROUND

Deal is one of the prettiest seaside towns in Kent. It hosts several independent shops, eating establishments and three tutor castles which have attracted an increasing number of visitors in recent years. It is a former fishing, mining and garrison town which has a notorious history of smuggling.

DEMOGRAPHY OF DEAL

Deal is classed as a larger seaside town located in Dover district. The population of Deal is estimated to be 28,340. A population pyramid and the population change over the period 2001 to 2020 are shown below.

A key characteristic of Deal's population composition is the greater proportion of older people compared to non-coastal towns. Between 2001 and 2020, Deal's population increased only in those aged above 25 years. Most growth was in the 65+ age group.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Deal is a higher deprivation residential coastal town in Kent.

The premature death rates for all causes in all five wards in Deal are similar to or better than both the Kent and England average.

FIGURE 4A POPULATION PYRAMID FOR DEAL, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities.
Source: ONS mid-2020 population estimates for LSOAs. Prepared by KPHO (TF), Nov 2021

FIGURE 4B POPULATION CHANGE IN DEAL COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT
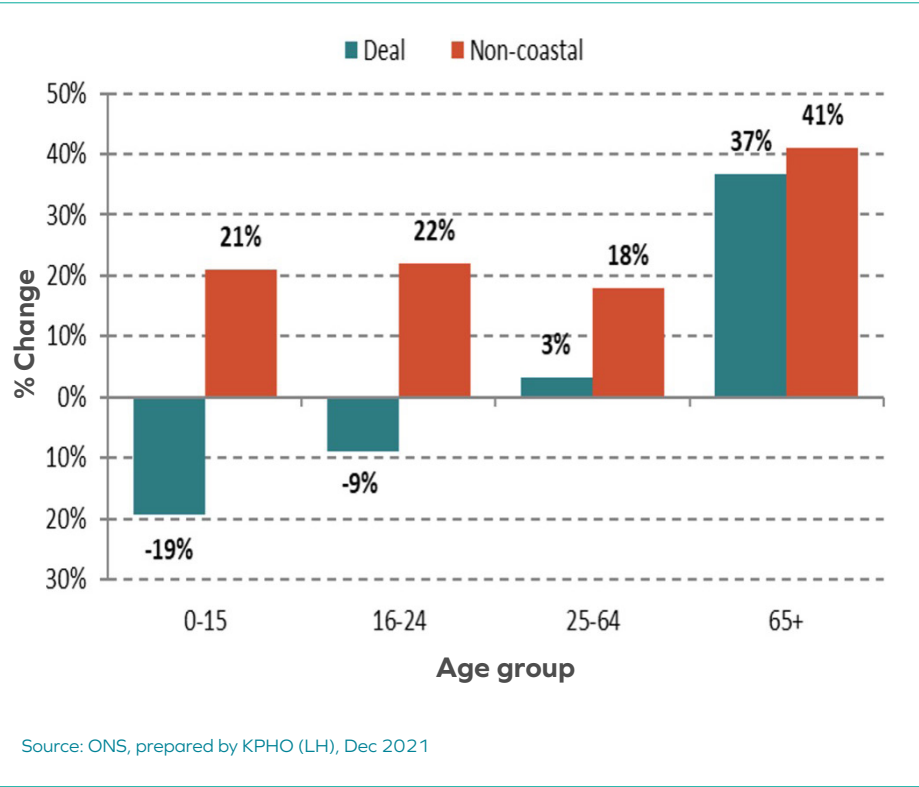
2.4 DOVER

BACKGROUND

Dover is a larger 'other coastal' town and it is home to the world-famous White Cliffs. Dover is a major ferry port on the narrowest part of the English Channel. The port provides much of the town's employment, as does tourism. In recent years the town has had significant investment with a high-speed rail link to London, new retail in the St James' area, revamped promenade and beachfront, new pier to the west of the harbour and new marina. It has also been a point of destination for many illegal migrant crossings.

DEMOGRAPHY OF DOVER

Dover has a population of 37,333. A population pyramid and the population change over the period 2001 to 2020 are shown in Figures 5a and 5b.

The age structure of Dover is similar to the Kent non-coastal average. Between 2001 and 2020, Dover's population increased in all age groups. Most growth was in the 65+ age group. When compared to non-coastal areas in Kent, population growth was lower in Dover for all age groups except 25-64.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Dover is a higher deprivation mixed coastal town.

The premature death rates for all causes in 3 out of 6 wards are worse than both the Kent and England average. The other three wards are similar to the English and Kent average.

FIGURE 5A POPULATION PYRAMID FOR DOVER, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities.
Source: ONS mid-2020 population estimates for LSOAs. Prepared by KPHO (TF), Nov 2021

FIGURE 5B POPULATION CHANGE IN DOVER COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT

2.5 FOLKESTONE

BACKGROUND

Folkestone is the principal town in Folkestone and Hythe District. It was originally a small fishing port which did not develop significantly until the 1800s with the arrival of the railway from London. This transformed the town into a successful cross-channel port with a harbour and it became a tourist destination. In the years since the first and second world wars the town has continued to rebuild and reinvent itself. Most recently the town has sought to rebrand itself as a hub for the arts and culture. The Harbour Arm, formerly used solely for port activities, has been extensively restored and developed as a recreational space and promenade with bars and restaurants.

DEMOGRAPHY OF FOLKESTONE

Folkestone is a larger seaside town with a population of 54,130. A population pyramid and population change over the period 2001 to 2020 are shown below.

The age structure of Folkestone is similar to the Kent non-coastal average. Between 2001 and 2020, Folkstone's population increased in all age groups. Most growth was in the 65+ age group. In comparison to non-coastal areas in Kent, population growth was lower in Folkestone except for the 25-64 age group.
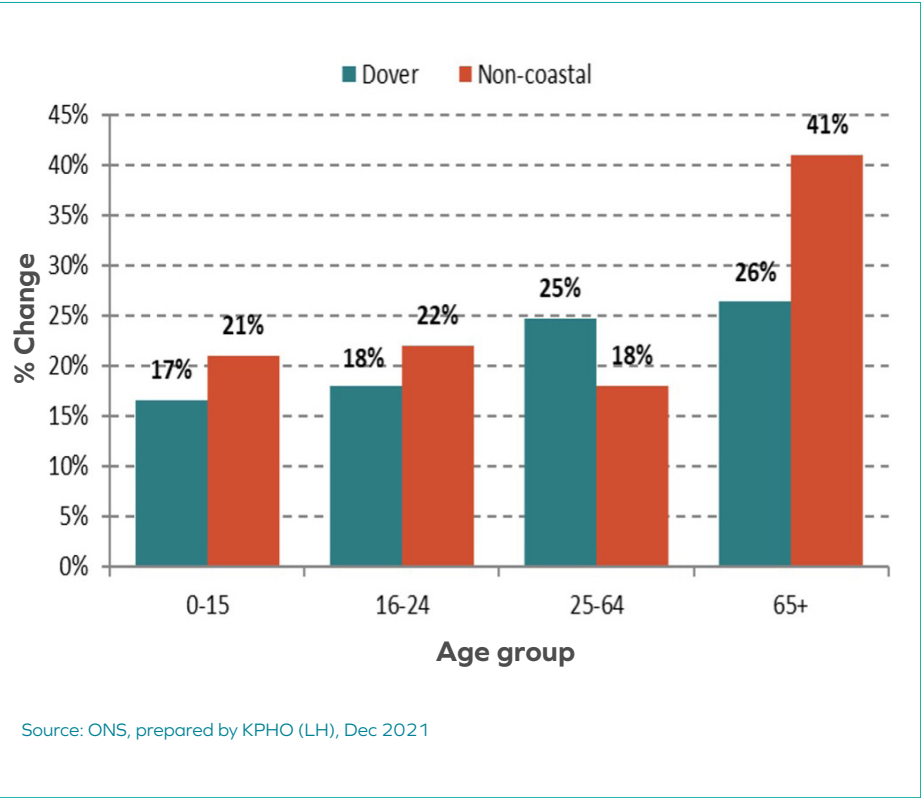
WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Folkestone is a higher deprivation mixed coastal town.

The premature death rates for all causes in Folkestone wards are predominantly worse than both the Kent and England average.

FIGURE 6A POPULATION PYRAMID FOR FOLKESTONE, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Nov 2021

FIGURE 6B POPULATION CHANGE IN FOLKESTONE COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT

2.6 HYTHE

BACKGROUND

Hythe is a coastal town on the edge of Romney Marsh. During medieval times the town developed as a harbour. Later, during the Napoleonic wars, Hythe played an important part in the defence of the country with the construction of the Royal Military Canal. Built originally to repel invasion, the canal now gives central Hythe a distinctive character. The town centre is predominantly retail, largely independent retailers selling more specialist products, mainly confined to the high street.

HERNE BAY
WHITSTABLE
DEAL
DOVER
FOLKSTONE
HYTHE
NEW ROMNEY
MINSTER
SHEERNESS
BROADSTAIRS
MARGATE
RAMSGATE

DEMOGRAPHY OF HYTHE

Hythe has a population of 15,193. A population pyramid and the population change over the period 2001 to 2020 are shown below.

Hythe's population is ageing, as shown by the higher proportion of over 50's compared to non-coastal towns, and the decrease in the percentage of 0-24 year olds over the past 20 years. Almost all of the population growth was in the 65+ age group.
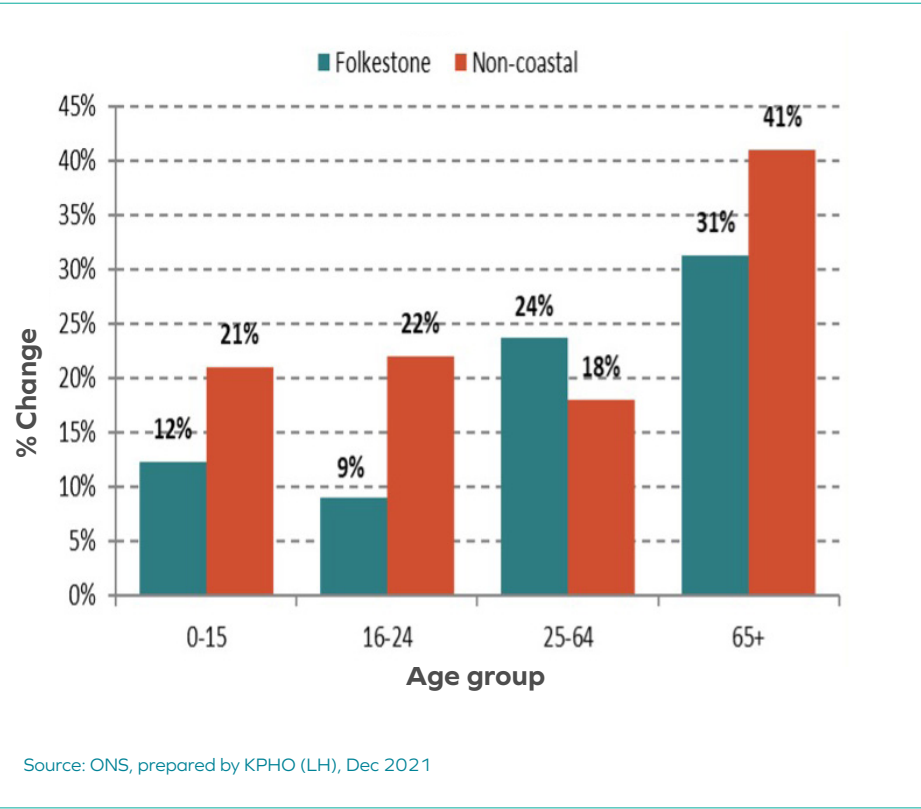
WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Hythe is a mid-deprivation residential coastal town.

The premature death rates for all causes for the two wards in Hythe are either similar to or better than both the Kent and England average.

FIGURE 7A POPULATION PYRAMID FOR HYTHE, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Nov 2021
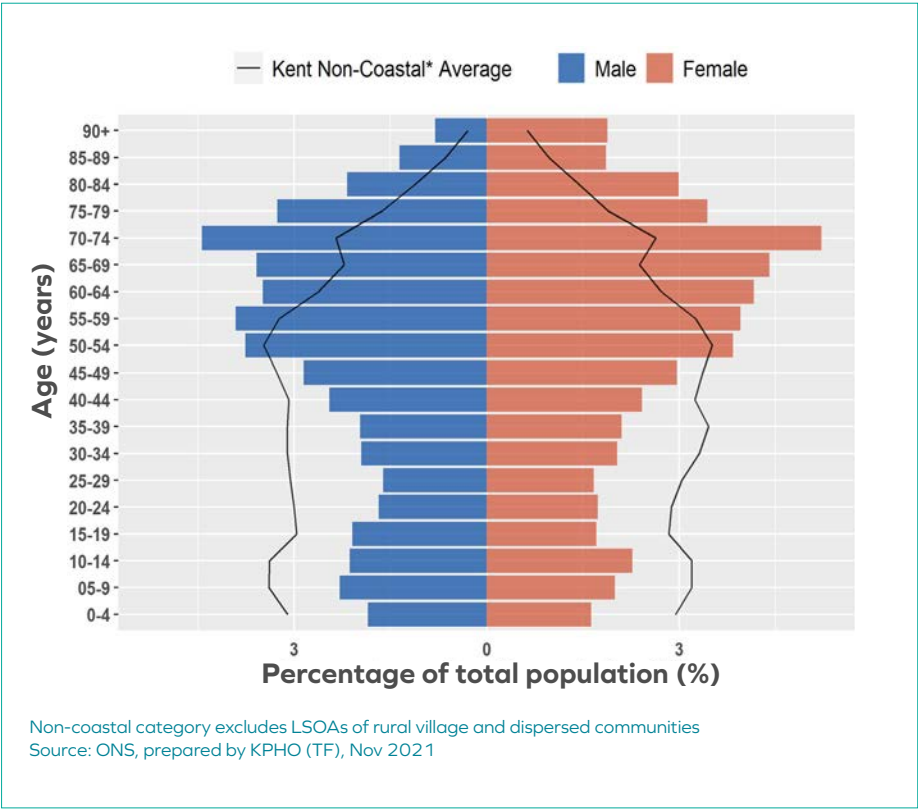
FIGURE 7B POPULATION CHANGE IN HYTHE COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021
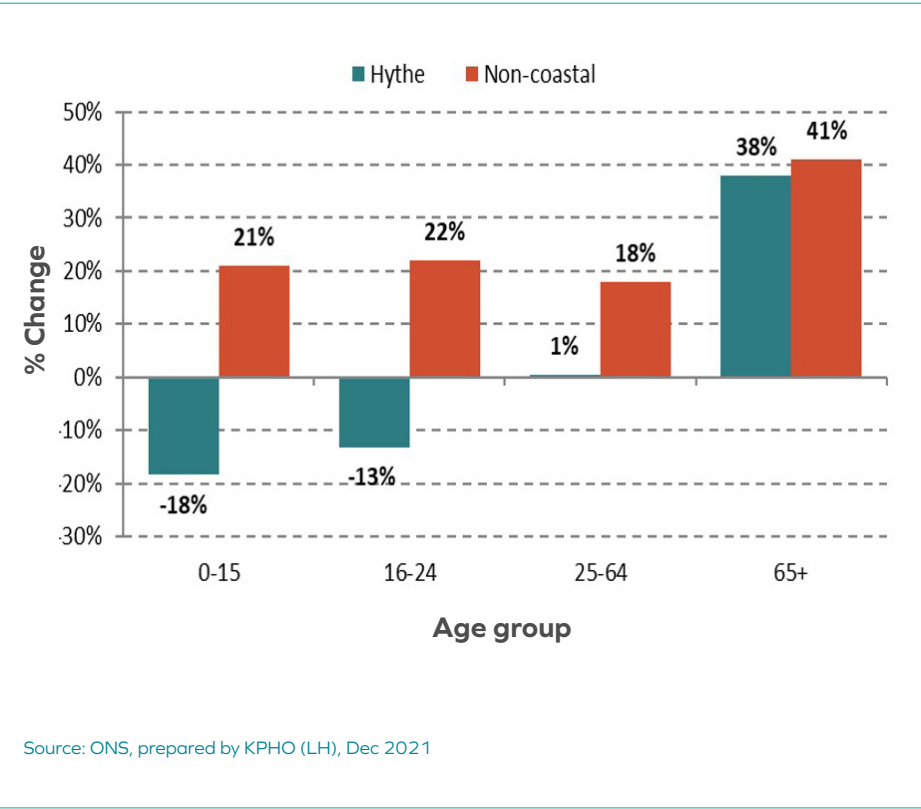
2.7 NEW ROMNEY

BACKGROUND

New Romney is in Folkestone district. It is a late Anglo-Saxon settlement which grew into a small trading town. By the eighth century the coastline had changed dramatically and New Romney became a prominent port. By the latter part of the thirteenth century a series of severe storms weakened the coastal defences of Romney Marsh and changed the coastline and landscape definitively. The port which was still important at the time became surrounded by land and found itself a mile away from the sea. The flat, rich land reclaimed from the sea is now agricultural.

The town today retains several historic buildings and has a range of shops, restaurants, and cafes along the high street, plus a supermarket, primary school and secondary school. The town consists mainly of residential dwellings, many of which are care homes for the coastal communities of Littlestone and Greatstone.

HEALTH AND WELLBEING OF COASTAL COMMUNITIES IN KENT

DEMOGRAPHY OF NEW ROMNEY

New Romney has a population of 8,769. A population pyramid and the population change over the period 2001 to 2020 are shown below.

New Romney has an ageing population with a higher proportion of over 50s than non-coastal towns in Kent and a large increase in the percentage of the population aged 65+ since 2000.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, New Romney is a higher deprivation mixed coastal town.

The premature death rates for all causes for both the wards in New Romney are similar to the Kent and England average

FIGURE 8A POPULATION PYRAMID FOR NEW ROMNEY, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Nov 2021

FIGURE 8B POPULATION CHANGE IN NEW ROMNEY COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

2.8 MINSTER

BACKGROUND

Minster is classed as a smaller 'other coastal' town in Swale district. Minster is located on the north coast of the Isle of Sheppey. Up until the 11th Century, the village of Minster lay right on the estuary of the River Wantsum, making it one of the nearest ports to the continent, with ships on their way to London often anchoring in what are now arable fields. Minster now has a tranquil seafront with a grassy area and park benches and slopes down to a long, Blue Flag award winning (2017) shingle beach. The town offers a selection of shops and bus service, as well as lots of green spaces and walking routes.
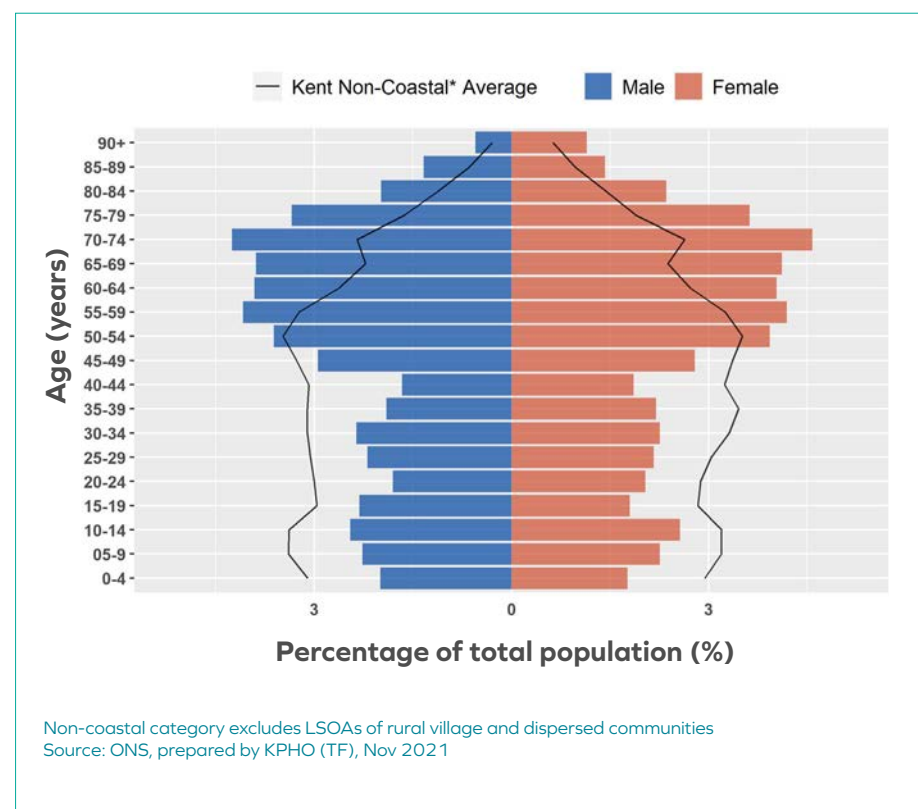
DEMOGRAPHY OF MINSTER

Minster has a population of 20,368. A population pyramid and the population change over the period 2001 to 2020 are shown below.

Compared to non-coastal towns in Kent, Minster has a higher proportion of its population aged 50+ and a smaller percentage of people aged under 50. Between 2001 and 2020, Minster's population increased in all age groups. The most growth was in the 65+ age group. In comparison to non-coastal areas in Kent, population growth was higher in Minster for the 16-24 and 65+ age groups.
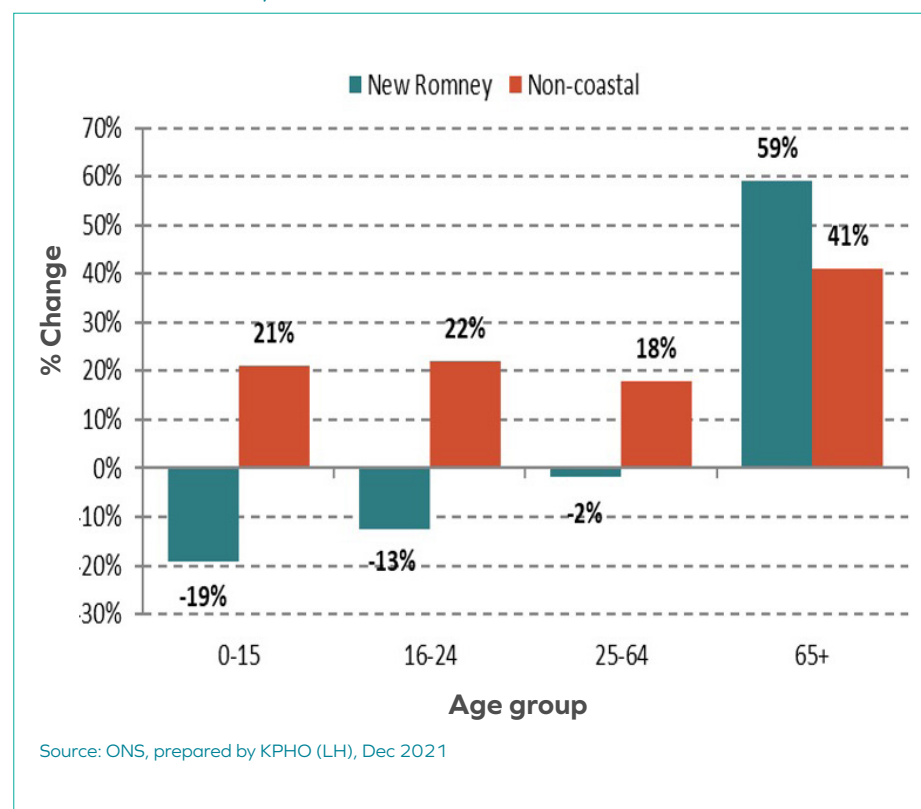
WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Minster is a higher deprivation residential coastal town.

The premature death rates for all causes in Minster wards are mostly similar to Kent and England, apart from one ward which has a higher rate.

FIGURE 9A POPULATION PYRAMID FOR MINSTER, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Nov 2021

FIGURE 9B POPULATION CHANGE IN MINSTER COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

2.9 SHEERNESS

BACKGROUND

Sheerness is a smaller seaside town. It is the main town on the Isle of Sheppey which lies beside the mouth of the River Medway and is on the northwest of the island. It owes much of its distinctness to its role as a traditional seaside town and the past and present industries that were established there, particularly the former naval dockyard which closed in 1960 and the current port facility.

The port is a significant contributor to the Isle of Sheppey's economy. It is a deep-water facility with good rail freight and road connections and is one of the UK's largest import points for fruit, timber, paper products and vehicles. The town centre functions as the main shopping and service centre for the island's residents and visitors.
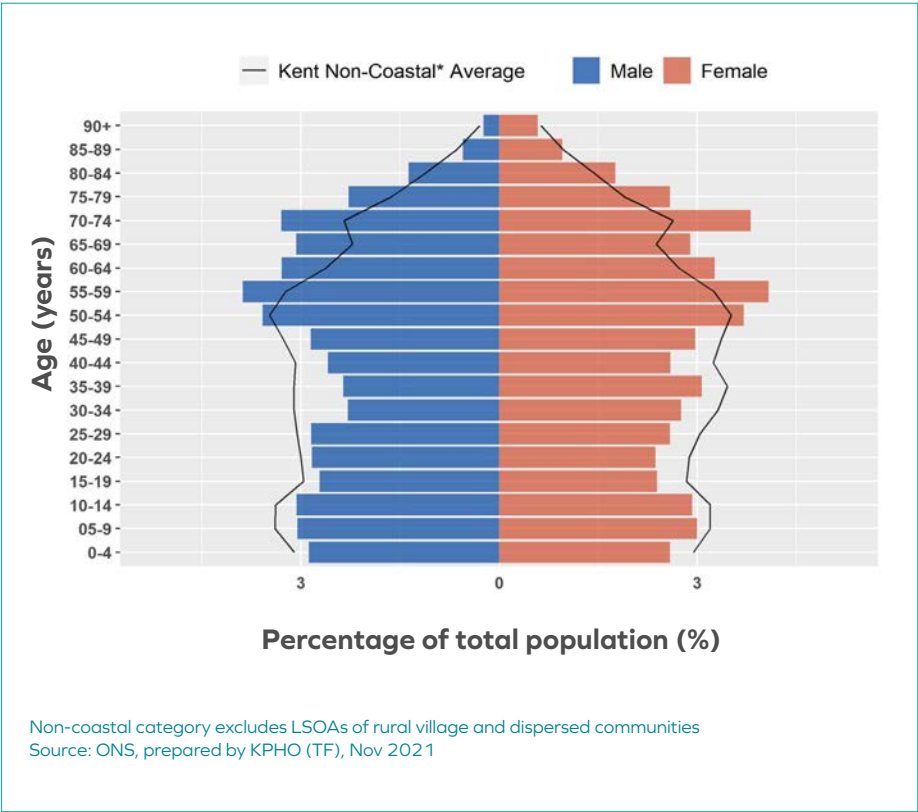
DEMOGRAPHY OF SHEERNESS

Sheerness has a population of 13,475. A population pyramid and the population change over the period 2001 to 2020 are shown below.

Sheerness has a larger proportion of children aged under 15 than the Kent non-coastal average and a lower proportion of people aged 65+. Over the period 2001-2020 the population of Sheerness has increased in all age groups except 16-24. However, the increase in the proportion of people aged 65+ was much lower than non-coastal areas in Kent.
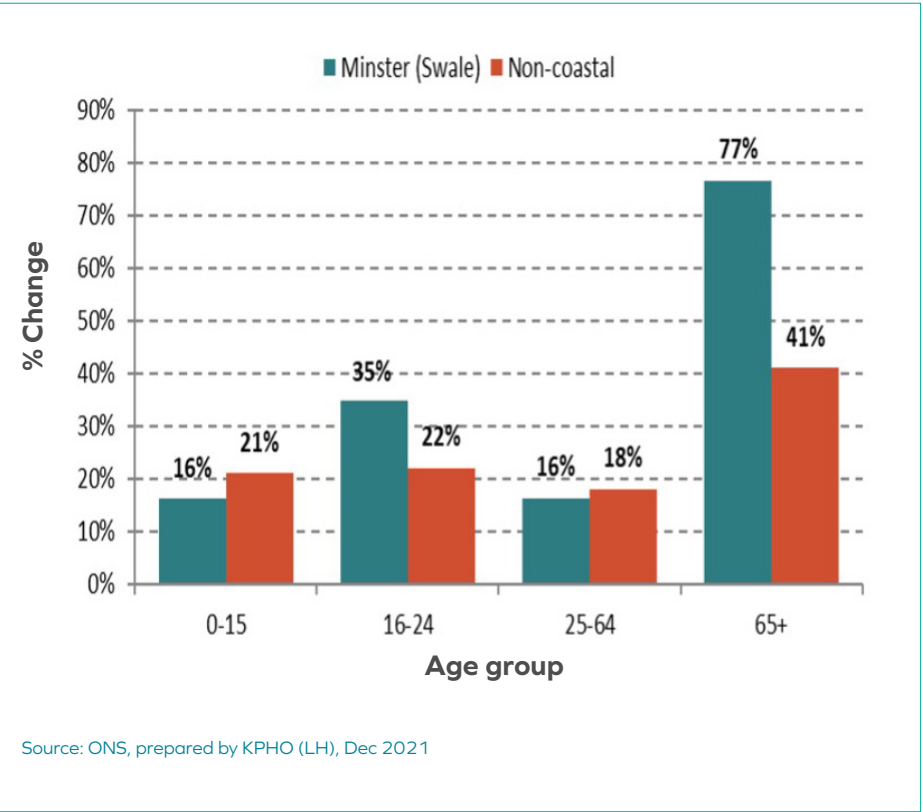
WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Sheerness is a higher deprivation mixed coastal town.

The premature death rate for all causes in Sheerness ward is worse than the Kent and England average.

FIGURE 10A POPULATION PYRAMID FOR SHEERNESS, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Dec 2021

FIGURE 10B POPULATION CHANGE IN SHEERNESS COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

2.10 BROADSTAIRS

HERNE BAY
WHITSTABLE
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DOVER
FOLKESTONE
HYTHE
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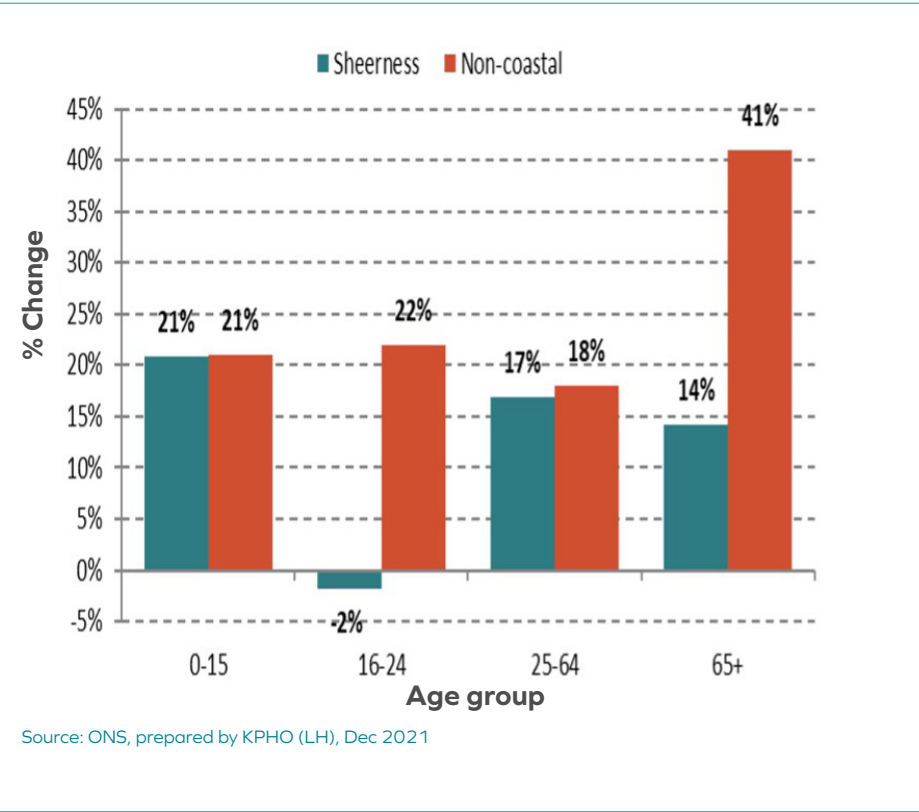
BACKGROUND

Broadstairs is a larger seaside town in Thanet. It was originally a fishing hamlet which supported the community of St. Peters and eventually grew to become a larger town. As Broadstairs grew, artists, writers and poets started to visit, as did clerks, lawyers, and architects, causing more accommodation for rent to be built and the seaside holiday industry started. Charles Dickens was a frequent visitor during this period and spent many vacations writing his famous novels in the town. Unlike many other resorts, the town successfully came through the decline in British seaside holidays that started in the 1960s and 1970s and has been resilient during economic downturns. Broadstairs has a strong commercial and visitor economy and remains an attractive town. It is popular with visitors and residents who enjoy its heritage, Dickensian past, picturesque beach, and waterfront, along with a range of independent shops, cafes, restaurants and pubs.

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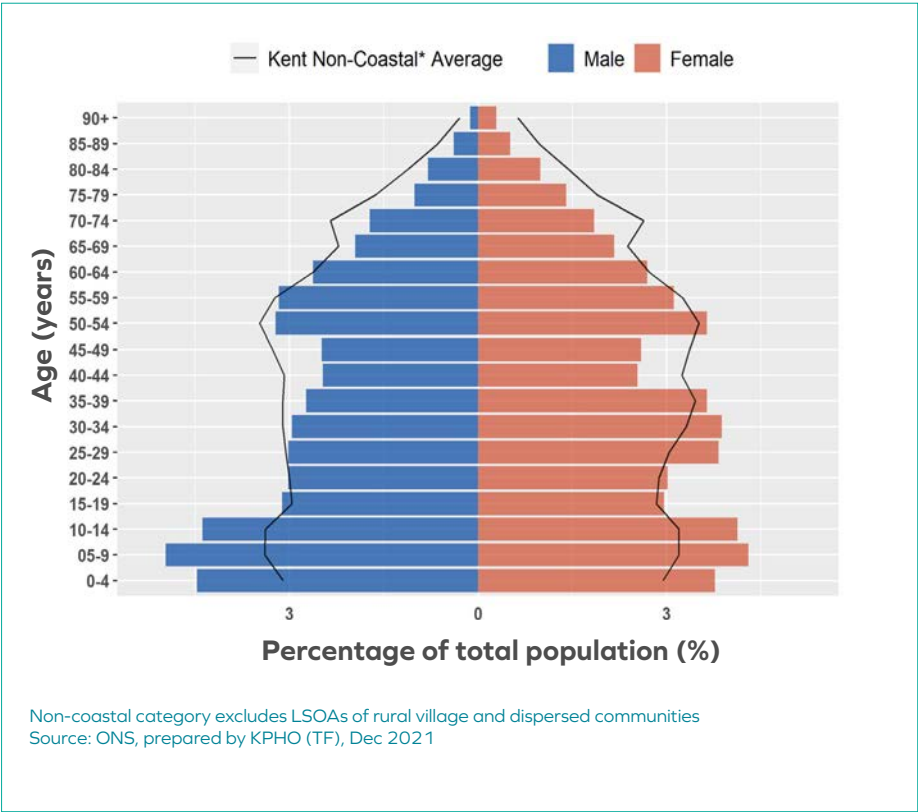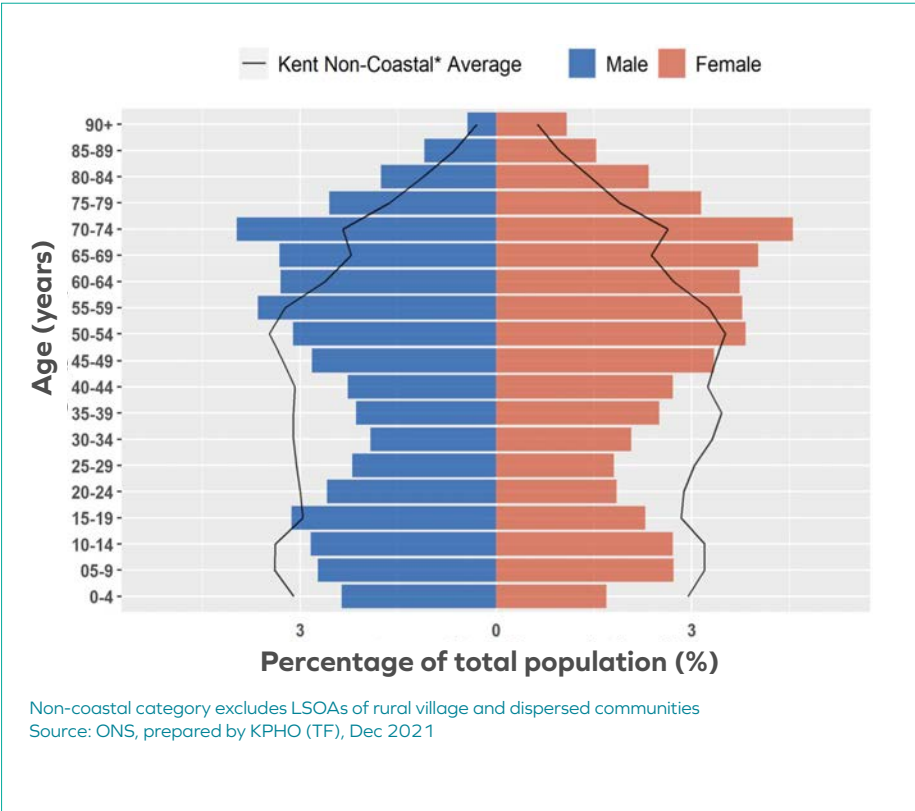
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DEMOGRAPHY OF BROADSTAIRS

Broadstairs has a population of 23,464. A population pyramid and the population change over the period 2001 to 2020 are shown below. Broadstairs has an older population compared to non-coastal towns in Kent, with a higher proportion of people aged over 55 and lower proportion of people in the younger age groups.

In the period 2001-2020 there was a decrease in the proportion of the population aged under 64 and an increase in over 65s. However this increase was lower than that of non-coastal towns in Kent.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Broadstairs is a mid-deprivation working coastal town.

The premature death rates for all causes for all wards in Broadstairs are similar to or better than the Kent and England average.

FIGURE 11A POPULATION PYRAMID FOR BROADSTAIRS, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Dec 2021

FIGURE 11B POPULATION CHANGE IN BROADSTAIRS COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021
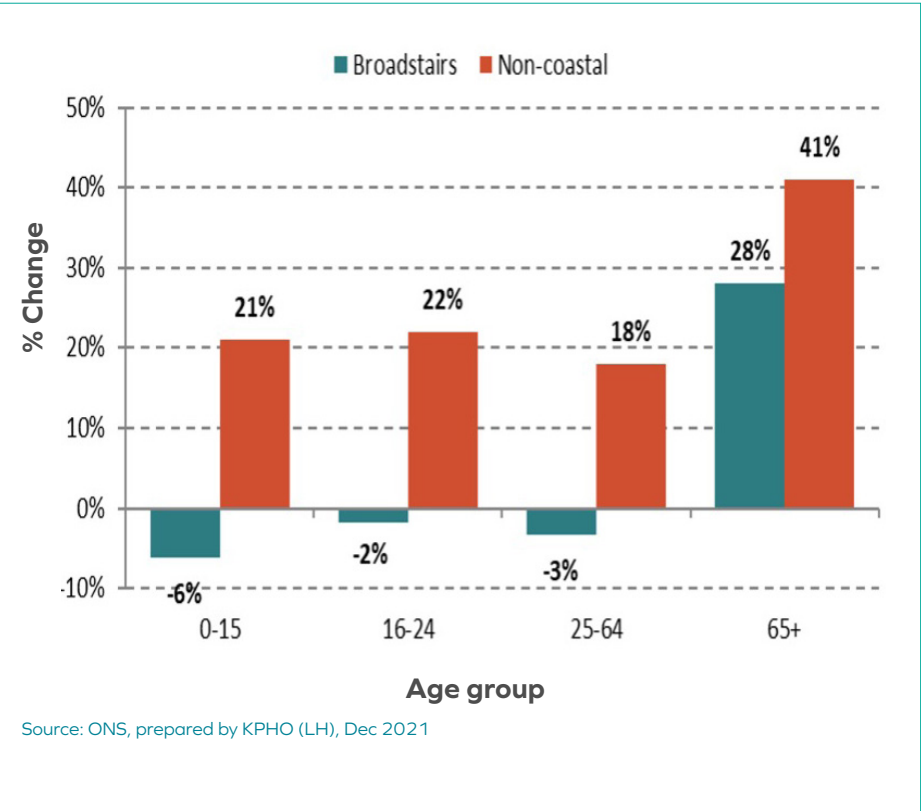
2.11 MARGATE

BACKGROUND

Margate is a larger seaside town in Thanet district. It has a large sandy beach, harbour, and rich townscape. The town has been a significant maritime port since the Middle Ages and was associated with Dover as part of the Cinque Ports in the 15th century. Margate became a popular place for holidaymakers in the 18th century, owing to easy access via the River Thames, and later with the arrival of the railways. Popular landmarks include the sandy beaches and Dreamland amusement park. During the late 20th century the town went into decline, as did many other British seaside resorts. Revitalising the economy by building on the creative industry, niche retail and educational sectors have diversified the economic heart of the town.
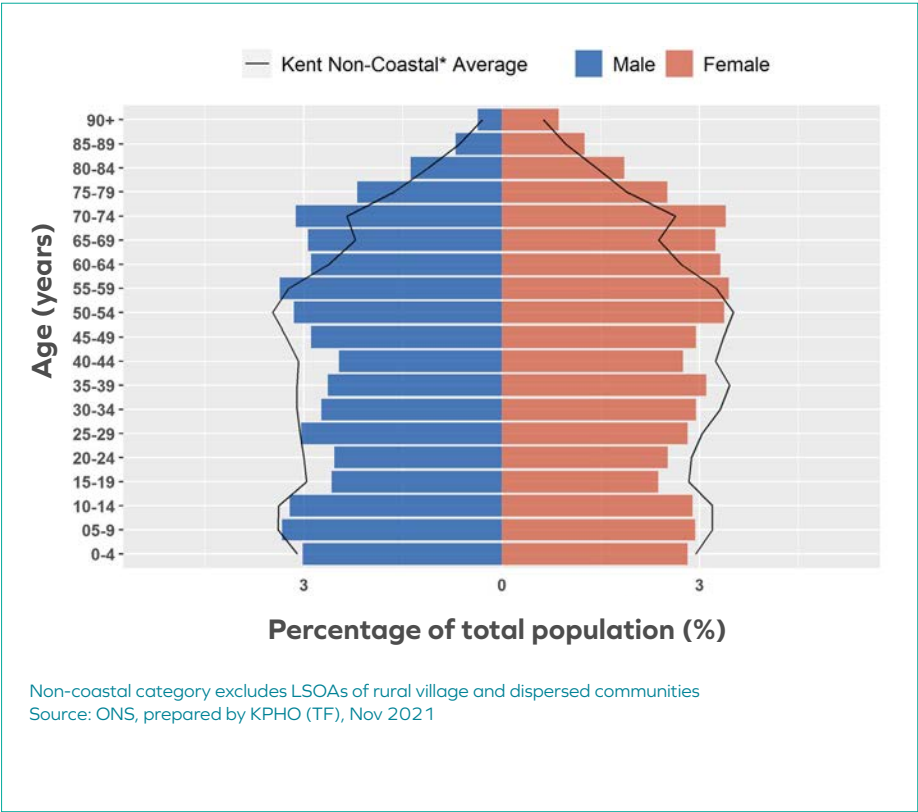
DEMOGRAPHY OF MARGATE

Margate has a population of 63,811. A population pyramid and the population change over the period 2001 to 2020 are shown below.

Margate has a slightly higher proportion of people aged over 55 and lower proportion of 15-55 year olds than non-coastal towns in Kent. The 25-64 and 65+ age groups saw the most growth in the period 2001-2020. In comparison with non-coastal areas in Kent, Margate experienced less population growth in all age groups.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Margate is a higher deprivation residential coastal town.

Margate contains 11 electoral wards. Compared to Kent and England, the all cause premature deaths rates are higher in six wards, similar in three wards and lower in two wards.

FIGURE 12A POPULATION PYRAMID FOR MARGATE, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Nov 2021

FIGURE 12B POPULATION CHANGE IN MARGATE COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021
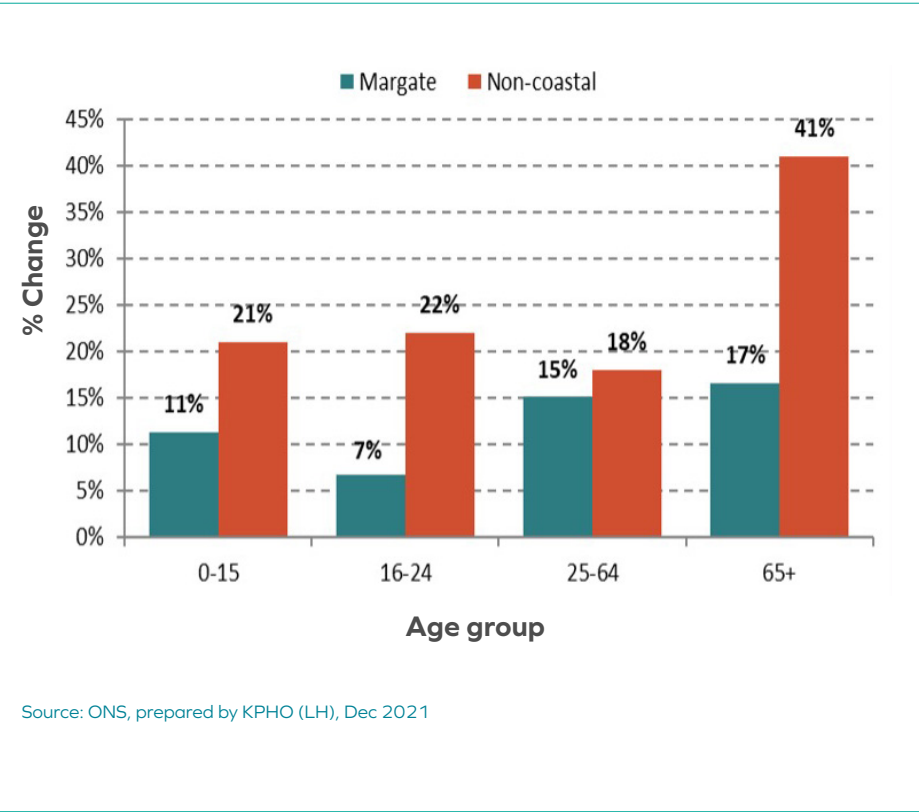
2.12 RAMSGATE

BACKGROUND

Ramsgate is a larger seaside town in Thanet district. As well as being a traditional seaside town, Ramsgate is a cross channel port with capacity for passenger and freight services to mainland Europe. It has also recently established itself as a base for servicing offshore wind farms. Ramsgate has a picturesque coastline with main industries being tourism and fishing. It has one of the largest marinas on the English south coast.

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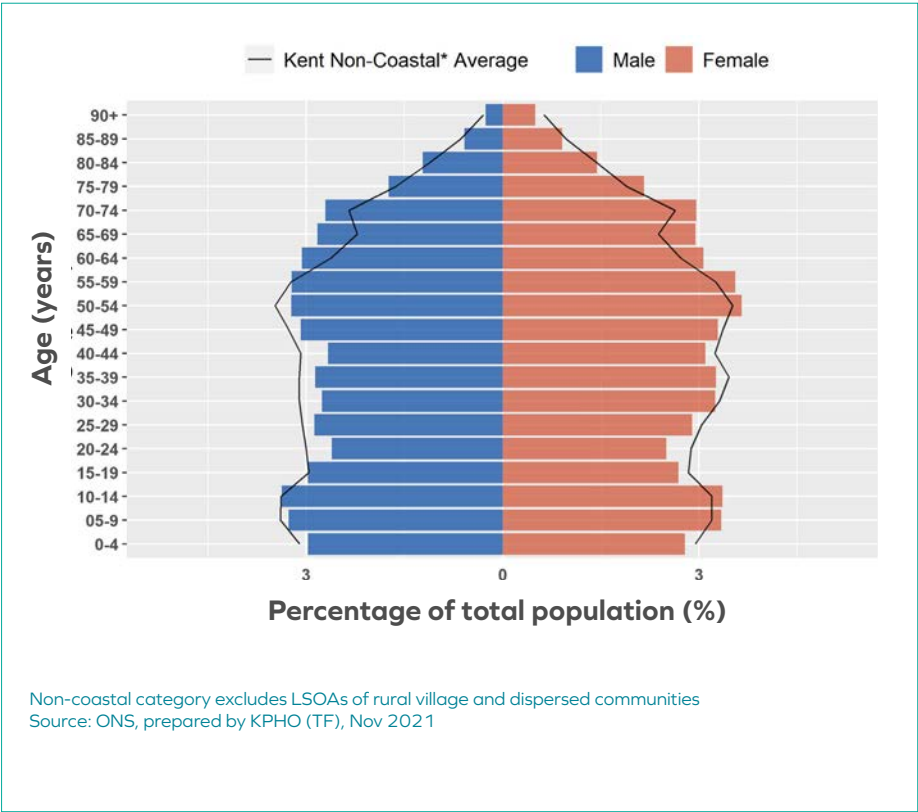NEW ROMNEY
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SHEERNESS
BROADSTAIRS
MARGATE
RAMSGATE

DEMOGRAPHY OF RAMSGATE

Margate has a population of 63,811. A population pyramid and the population change over the period 2001 to 2020 are shown below.

The age structure of Ramsgate is similar to the Kent non-coastal average. Between 2001 and 2020, Ramsgate's population increased in all age groups. The 65+ age group saw the most growth, however this was lower than the increase in this age group seen in non-coastal towns in Kent.

WIDER DETERMINANTS

According to the ONS Income Deprivation / Job Density classification of coastal towns, Ramsgate is a higher deprivation residential coastal town.

Four out of the six wards in Ramsgate have worse all cause premature death rates than Kent and England.

FIGURE 13A POPULATION PYRAMID FOR RAMSGATE, 2020

Non-coastal category excludes LSOAs of rural village and dispersed communities
Source: ONS, prepared by KPHO (TF), Nov 2021

FIGURE 13B POPULATION CHANGE IN RAMSGATE COMPARED TO NON-COASTAL TOWNS, 2001-2020

Source: ONS, prepared by KPHO (LH), Dec 2021

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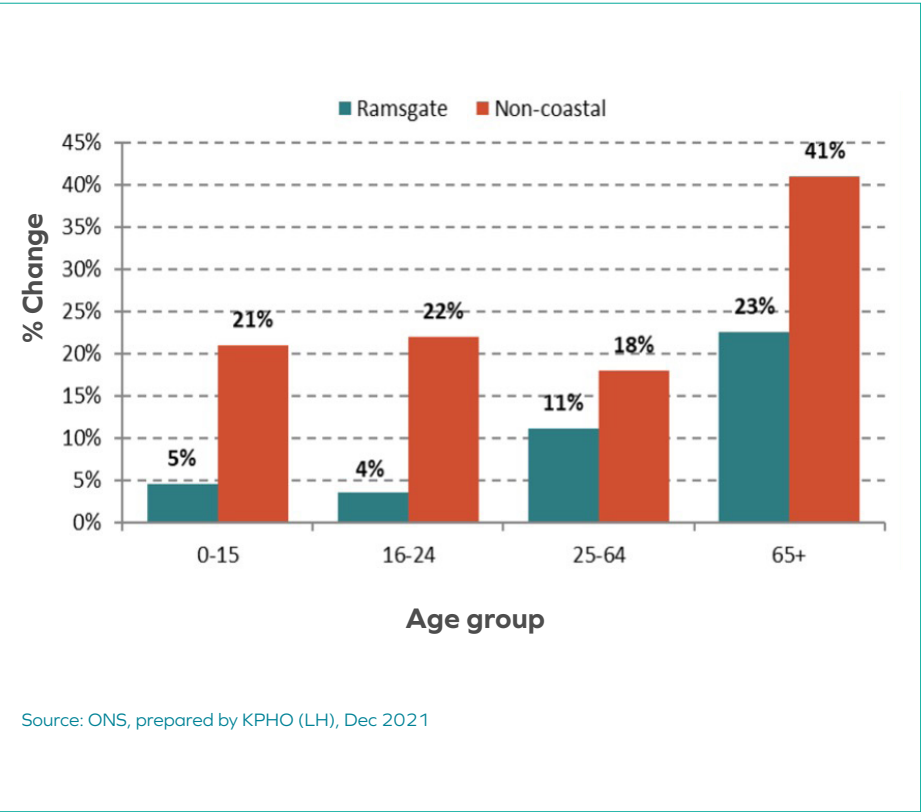
CHAPTER 3

ECONOMIC, SOCIAL AND DEMOGRAPHIC TRENDS IN COASTAL AREAS

This chapter describes some of the wider determinants of health for the 12 coastal towns compared to non-coastal communities in Kent. Rural and sparse populations were excluded from the analysis.

3.1 DEMOGRAPHICS

The population composition of coastal areas in Kent is described in Table 1. Nearly a quarter (23.5%) of the population in Kent were living in coastal towns in 2020.

TABLE 1 POPULATION OF COASTAL AREAS IN KENT

Area	2020 population	% Of Kent population
Coastal community	373,823	23.5
Broadstairs	23,464	1.5
Deal	28,340	1.8
Dover	37,333	2.3
Folkestone	54,130	3.4
Herne Bay	39,457	2.5
Hythe	15,193	1.0
Margate	63,811	4.0
Minster (Swale)	20,368	1.3
New Romney	8,769	0.6
Ramsgate	41,776	2.6
Sheerness	13,475	0.8
Whitstable	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

There is a diversity in age structure across the coastal towns in Kent (see Figure 14).

FIGURE 14 AGE STRUCTURE OF KENT COASTAL COMMUNITIES, 2020

Source: ONS, prepared by KPHO (LH), Dec 2021
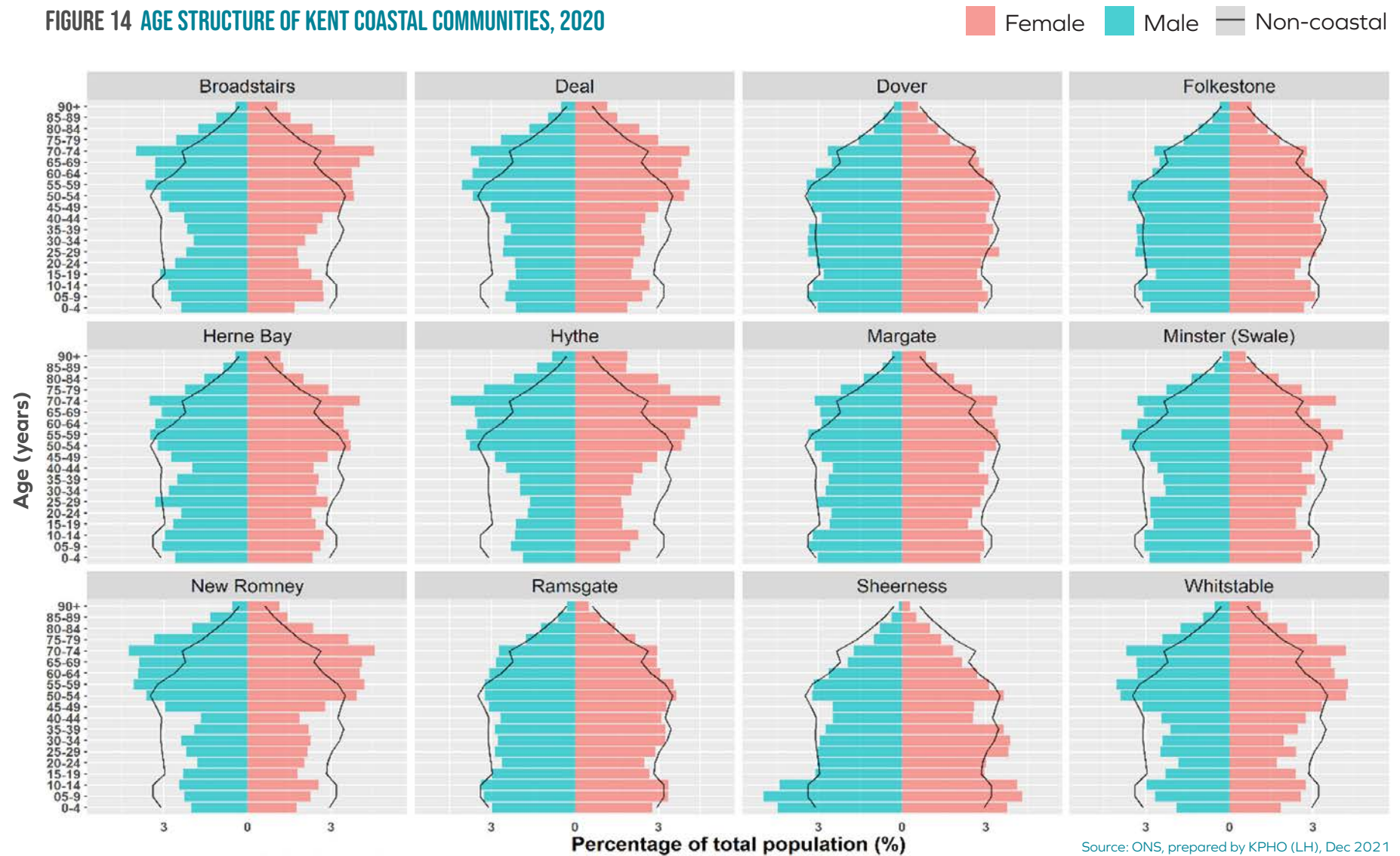
Broadstairs, Deal, Hythe, New Romney, and Whitstable have a higher proportion of over 55's and a lower proportion of younger age groups compared to the non-coastal average. The population pyramids for the Dover, Folkestone, and Ramsgate do not reveal a striking difference compared to non-coastal areas.

Figure 15 below shows the population pyramids of coastal towns grouped into three types according to job density and levels of income deprivation; higher deprivation mixed (Dover, Folkestone, New Romney, Sheerness), higher deprivation residential (Deal, Herne Bay, Margate, Minster, Ramsgate), and low to mid deprivation (Broadstairs, Hythe, Whitstable). The latter type is a combination of lower deprivation mixed, mid deprivation working and mid deprivation residential.

FIGURE 15 POPULATIONS OF COASTAL COMMUNITIES ACCORDING TO JOB DENSITY AND INCOME DEPRIVATION CATEGORIES, 2020
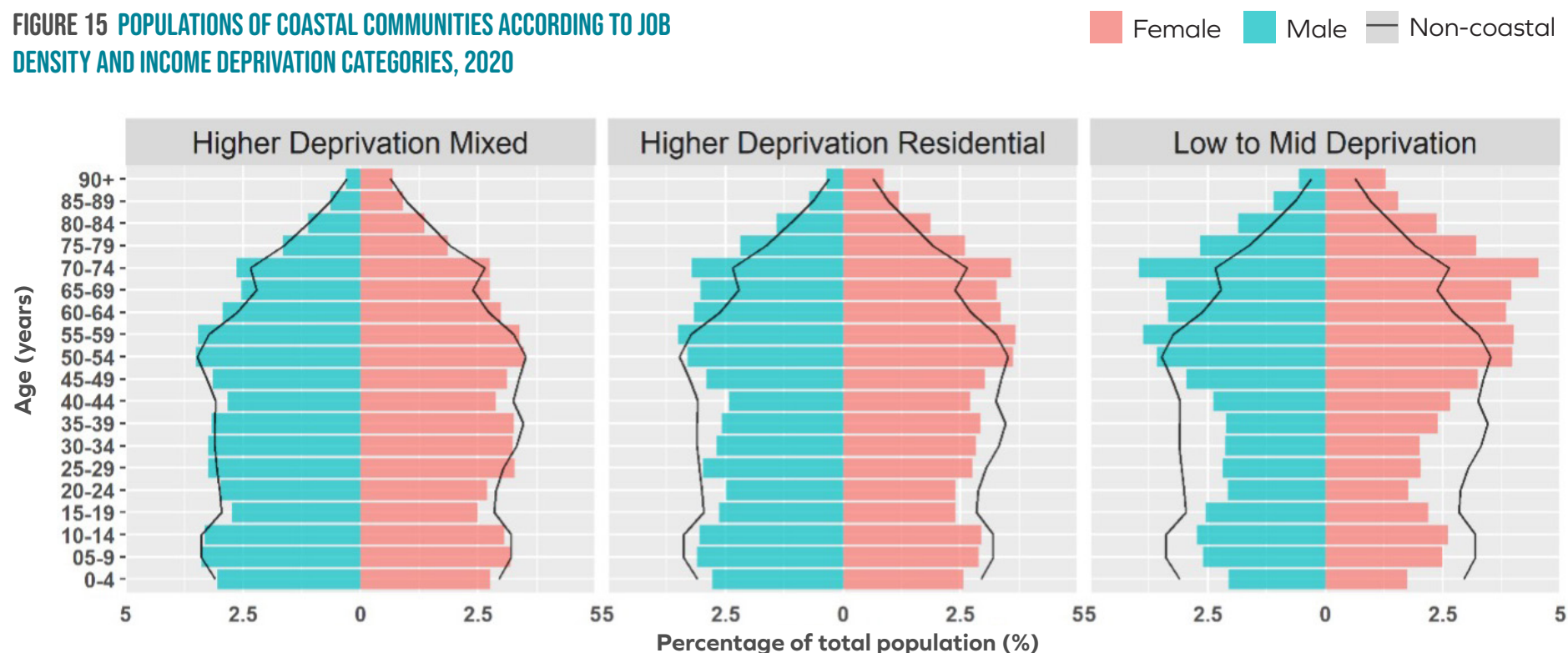
Source: ONS, prepared by KPHO (SS/TF/CB), Dec 2021

Coastal towns that fall in the higher deprivation mixed category have a similar population structure to non-coastal towns in Kent, whereas higher deprivation residential towns have a slightly older population. The population of low to mid deprivation coastal towns is considerably older than non-coastal towns with a much lower proportion of adults of working age and children.

Figure 16 shows the population growth of coastal and non-coastal towns by broad age group from 2001 to 2020.

FIGURE 16 POPULATION GROWTH BY AGE GROUP, 2001-2020
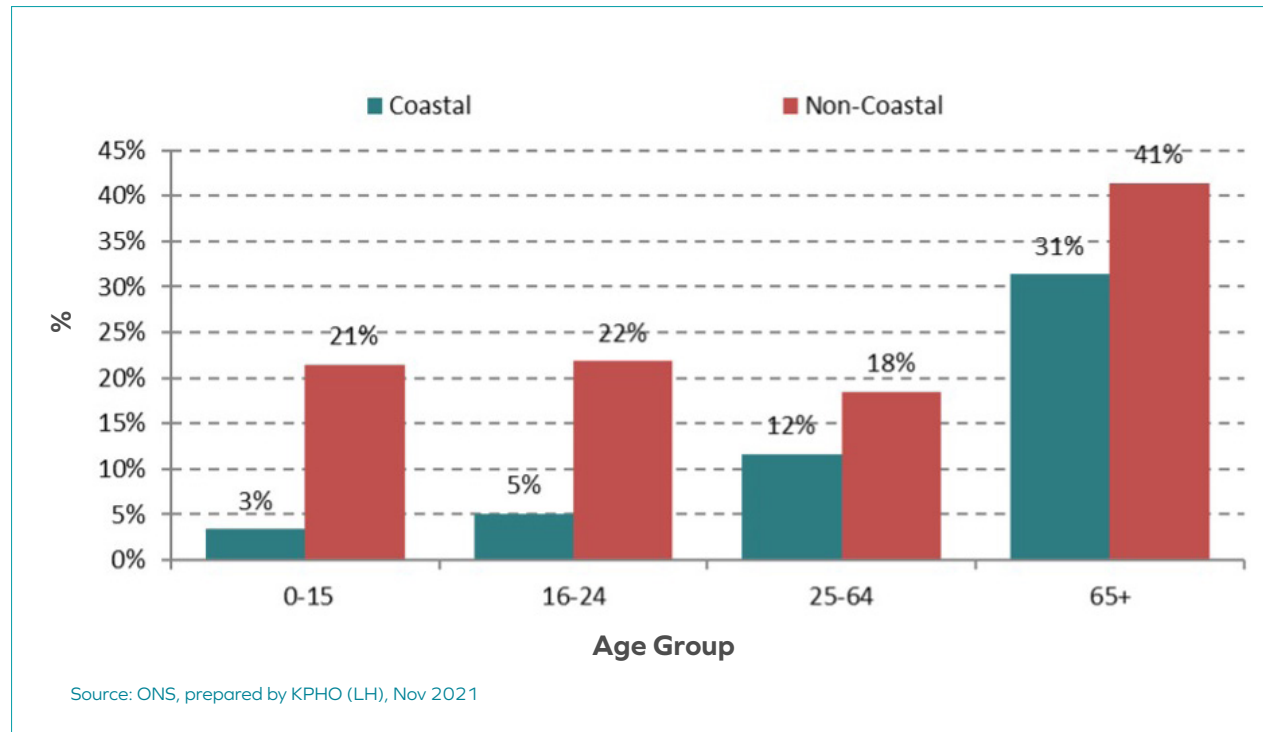
Across all age groups, population growth was much lower in coastal towns compared to non-coastal towns. This difference is more striking in the younger age groups (0-15 and 16-24). For both coastal and non-coastal areas, the 65+ age group showed the highest increase.

Source: ONS, prepared by KPHO (LH), Nov 2021

3.2. COASTAL DEPRIVATION

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in small areas in England. The IMD 2019 is based on a large set of indicators that are grouped into seven different domains; income, employment, education, health, crime, barriers to housing and services, and living environment deprivation.

Figure 17 shows the proportion of the coastal and non-coastal town populations that live in the 30% most deprived neighbourhoods in Kent, according to IMD and each of its domains.

FIGURE 17 PERCENTAGE OF THE POPULATION LIVING IN THE 30% MOST DEPRIVED AREAS IN KENT, 2020
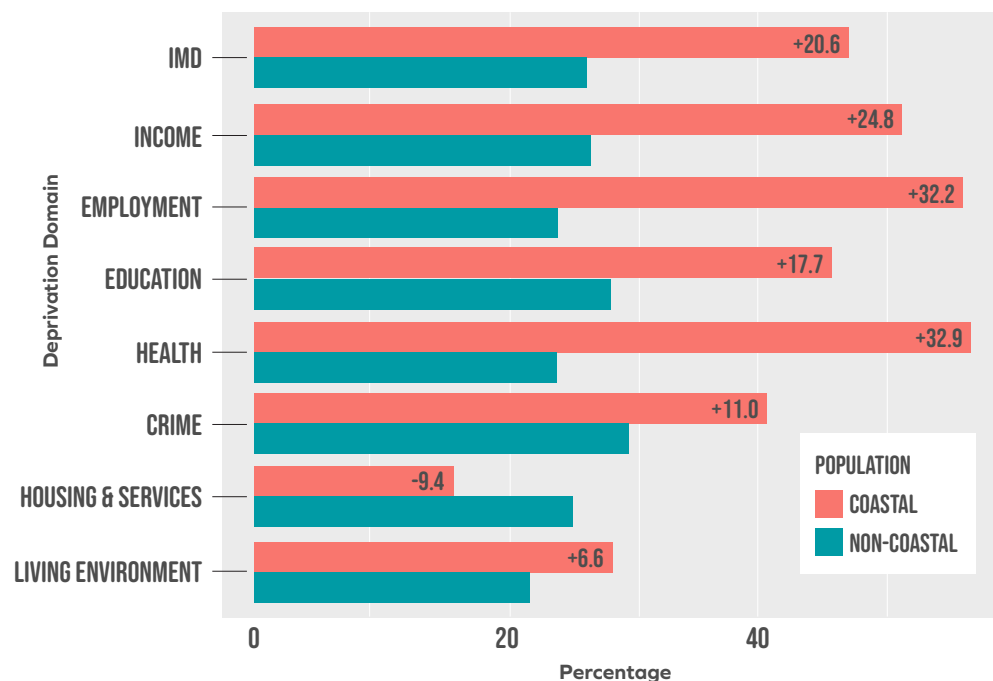
Value within bars show coastal excess

Source: Indices of Deprivation 2019 (Ministry of Housing, Communities & Local Government)

According to Figure 17, coastal areas had a higher proportion of their population living in the most deprived areas across all deprivation domains except for housing. For the overall index of deprivation, 21% more of the population lived in the most deprived areas when compared to non-coastal towns.

The health domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. For this domain, as much as 33% more people in coastal areas lived in the most deprived neigbourhoods.

Housing is the only deprivation domain in which the extent of deprivation was lower in coastal areas compared to non-coastal areas. The housing domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability and homelessness.

3.3 LABOUR MARKET STATISTICS

The relationship of employment status and working conditions with health and wellbeing are well understood. Figure 18 compares rates of unemployment in coastal versus non-coastal areas.

FIGURE 18 PERCENTAGE OF WORKING POPULATION CLAIMING UNEMPLOYMENT BENEFITS, SEPTEMBER 2021
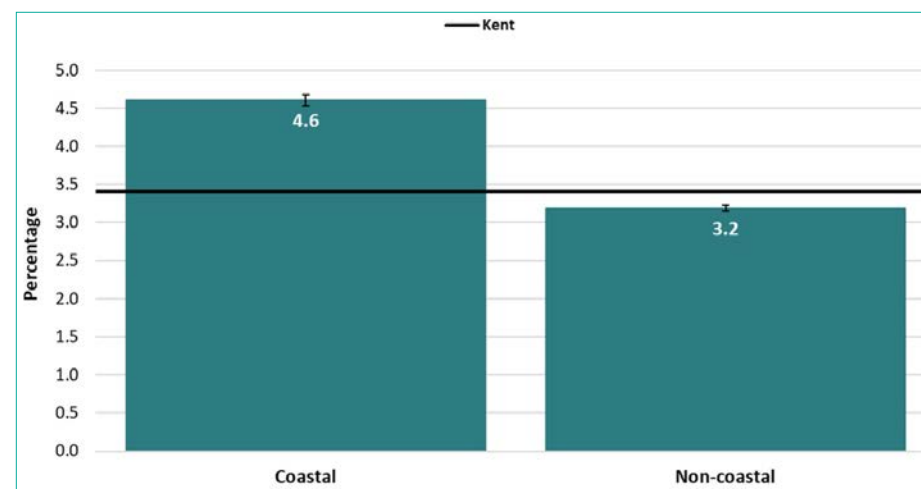
Source: Claimants of Jobseekers Allowance or Universal Credit whilst unemployed
NOMIS, prepared by KPHO (LH), Nov 2021

In coastal areas 4.6% of the working age population were claiming unemployment benefits compared to 3.2% in non-coastal areas; a coastal excess of 1.4%.

FIGURE 19 PART-TIME EMPLOYEES AS A PERCENTAGE OF ALL EMPLOYEES, 2020
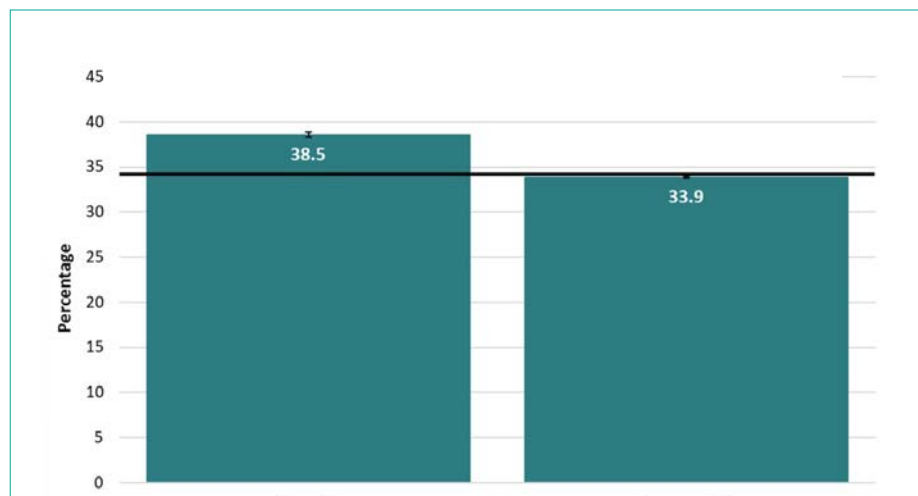
Source: NOMIS, prepared by KPHO (LH), Nov 2021

Coastal areas had a higher proportion of adults working part-time (see Figure 19), showing a coastal of excess of 4.6%. Regardless of the reasons for working part-time, this type of employment tends to restrict career opportunities and slow down wage growth for an individual.

**FIGURE 20 WEEKLY INCOME AND HOUSING COSTS, 2017/18**

Source: ONS, prepared by KPHO (LH), Dec 2021

On average, total weekly income after housing costs was lower in coastal towns compared to non-coastal towns and Kent. Housing costs were also higher in coastal areas than in non-coastal areas and Kent.

3.4 HOUSING STATISTICS

According to the 2011 Census, the proportion of people owning their own home or living in social rented accommodation was 3.3% lower in coastal compared to non-coastal areas (see Figure 21). However, there was a greater percentage of the population in private rented accommodation. In March 2021, median house prices were on average 16% lower in coastal towns compared to non-coastal towns (see Figure 22).

FIGURE 21 HOUSING TENURE, 2011
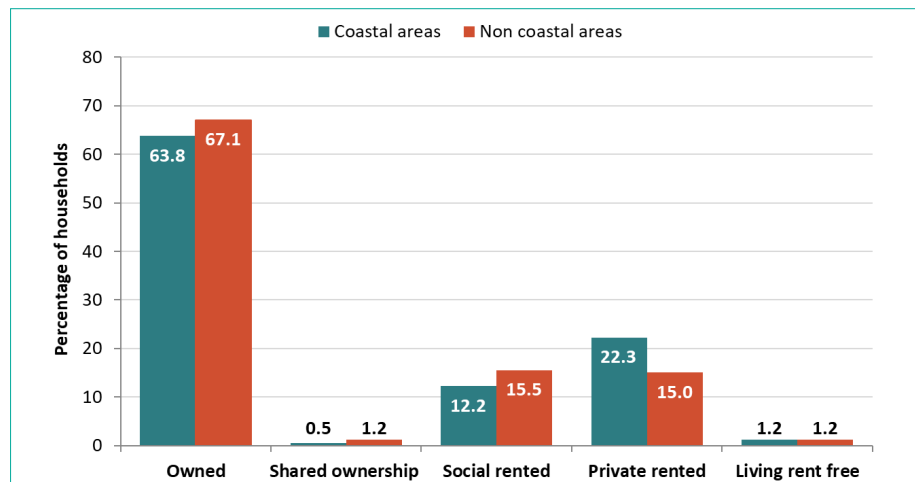
Source: NOMIS, prepared by KPHO (LH), Nov 2021

FIGURE 22 MEDIAN HOUSE PRICES, MARCH 2021
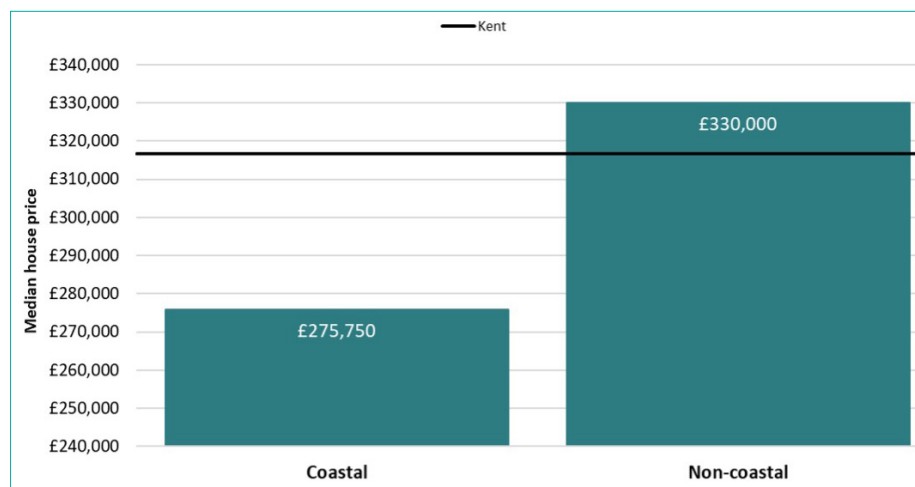
Source: ONS House Price Statistics for Small Areas, prepared by KPHO (LH), Dec 2021

3.5 SUMMARY OF ECONOMIC, SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF COASTAL AREAS

- Kent's coastline is home to a quarter (23.5%) of the county's population.

- Kent coastal areas are mixed and diverse in population composition. Areas with lower levels of deprivation have a higher proportion of older people, which is expected to increase in the future as the areas attract more retired citizens. This could create additional pressure on the health and social care system.

- Coastal areas show disproportionately higher levels of deprivation. Barriers to housing and services is the only deprivation domain where coastal areas appear to fair better than non-coastal areas.

- On average, total weekly income is lower in coastal towns compared to non-coastal towns and a higher proportion of income is spent on housing costs.

CHAPTER 4

COASTAL HEALTH OUTCOMES IN KENT

The health characteristics of communities living in coastal towns in Kent have been seldom studied previously. An exploratory analysis was carried out to compare the health outcomes of coastal areas with non-coastal areas in Kent.

4.1 EXCESS BURDEN OF ILL-HEALTH IN COASTAL AREAS

Coastal communities are experiencing a high burden of ill-health, with life expectancy, obesity, alcohol-related conditions, self-harm, and premature mortality all worse than the English average[1].

4.1.1 Crude burden of disease

The scope of ill-health in coastal areas in Kent can be seen by the number of patients on selected GP disease registers (see Table 2). The expected number of patients on disease registers living in coastal and non-coastal areas was calculated using GP practice disease prevalence data, NHS Digital data on number of patients living in each LSOA for each practice, and population weighting. The difference between the proportion of practice patients that were on each register in coastal areas compared to England, Kent and non-coastal towns in Kent was then expressed as an "unadjusted coastal effect". This shows that a higher proportion of patients in coastal towns were on disease registers for CHD, hypertension, diabetes, 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. CHD showed the next highest coastal effect at 37%. Asthma showed the lowest coastal effect at 14%.

TABLE 2 UNADJUSTED COASTAL EFFECT ON PROPORTION OF PRACTICE PATIENTS ON DISEASE REGISTERS, 2019/20

| QOF condition	Unadjusted coastal effect (%)		
	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

4.1.2 Adjusting for demography and deprivation

As discussed in section 3.2, coastal areas in Kent contain a higher proportion of people living in the most deprived neighbourhoods. Even after adjusting for demography and deprivation, the proportion of patients on disease registers is higher in coastal towns. This adjusted coastal effect is evident for all diseases investigated (see Figure 23).

Smoking and obesity are risk factors for long term health conditions. The adjusted coastal effect for these risk factors are 19% and 16% respectively.

FIGURE 23 ADJUSTED COASTAL EFFECT ON THE PROPORTION OF PATIENTS ON SELECTED GP DISEASE REGISTERS, 2019/20
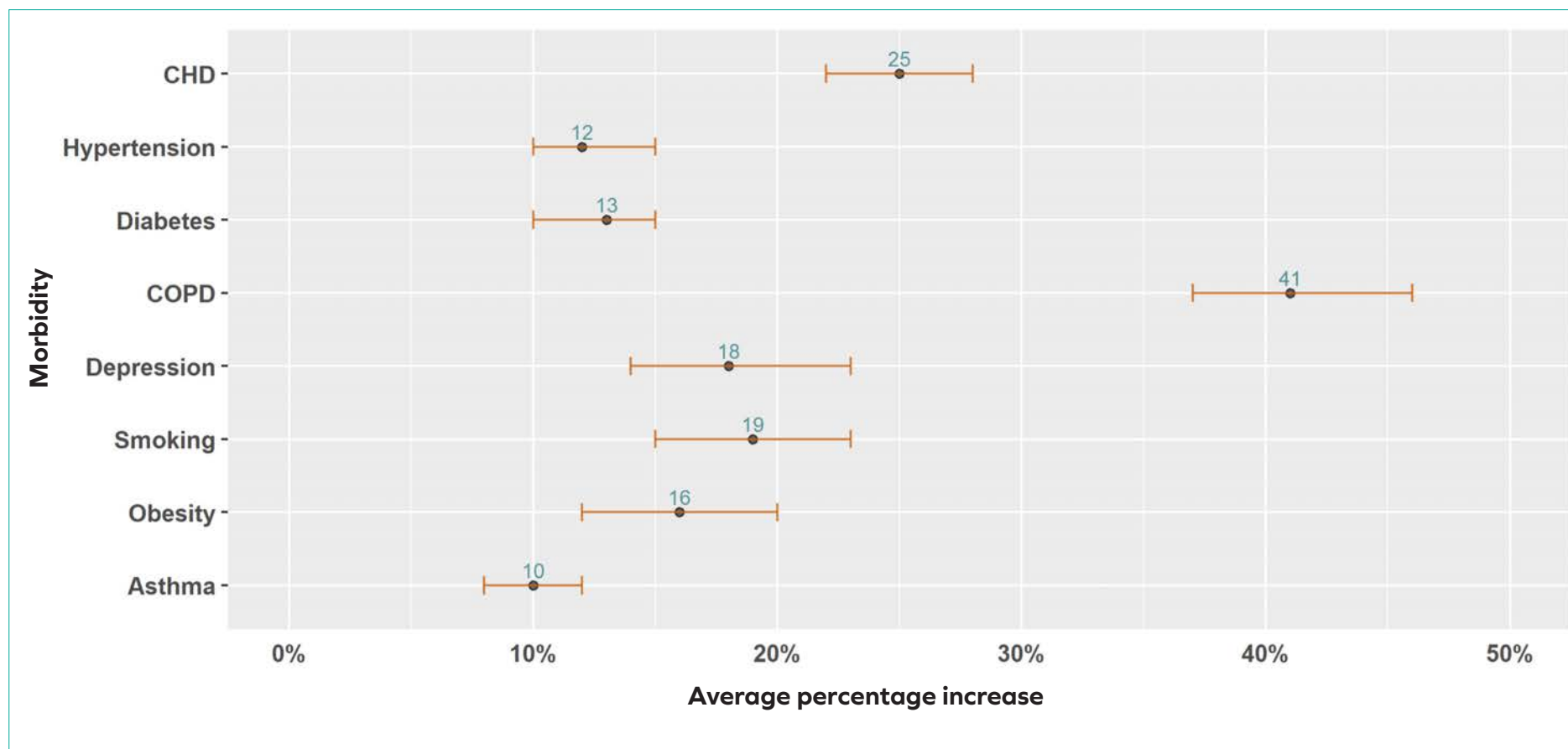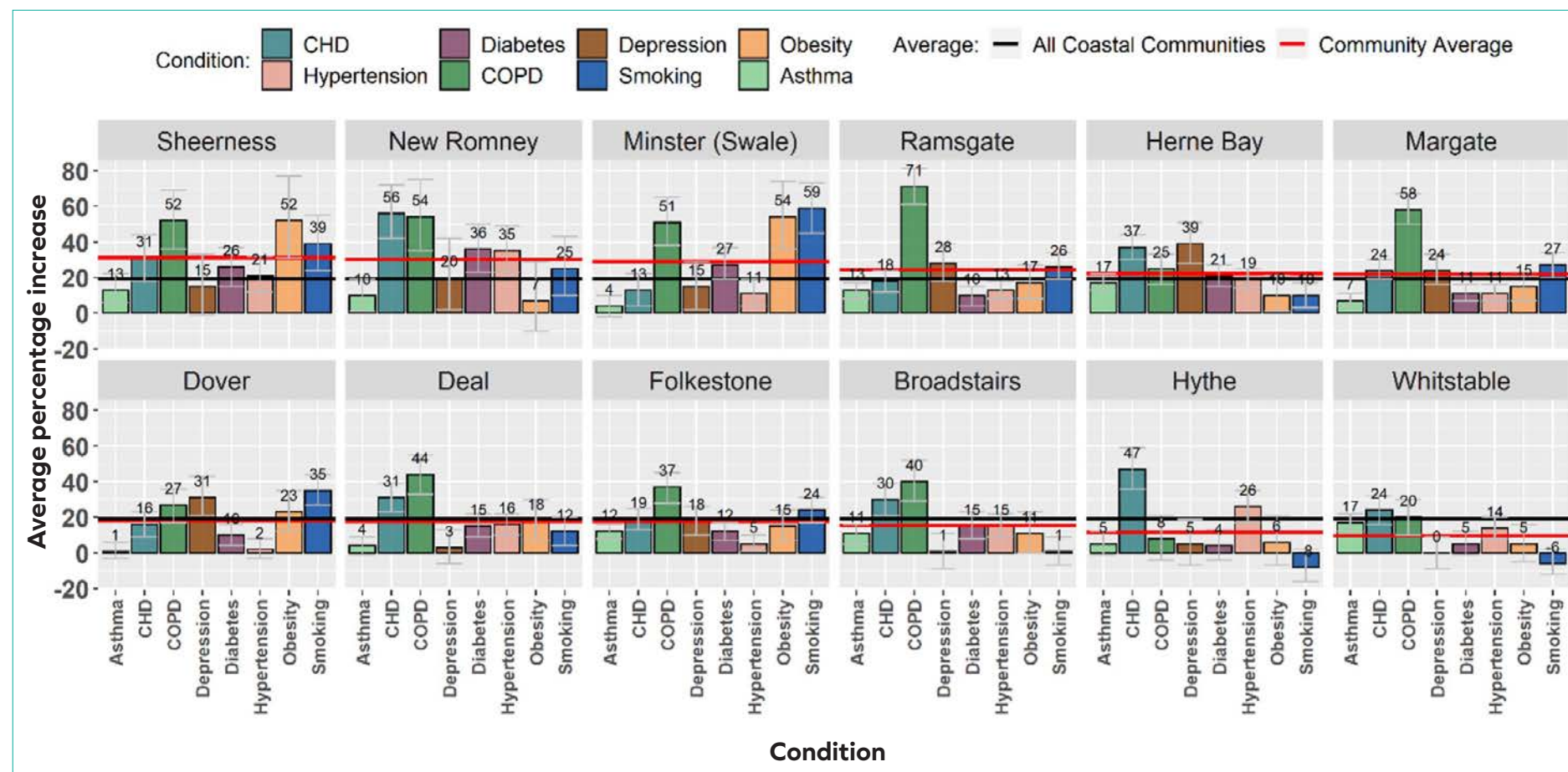

* Data using 720 Kent LSOAs defined as 'coastal' or non-coastal. 95% confidence intervals shown by error bars. Source: ONS & NHS Digital. Prepared by KPHO (TF), Dec 2021

4.1.3 Coastal effect at a community level

Figure 24 shows the extent to which disease prevalence is higher for each condition in each coastal town, after adjusting for deprivation and demographic factors. All towns show this adjusted coastal effect for all conditions except for Hythe and Whitstable, where smoking prevalence is lower than in non-coastal areas. The areas with highest overall adjusted coastal effect across all diseases (shown by the red line) include Sheerness, New Romney and Minster.

**FIGURE 24** ADJUSTED COASTAL EFFECTS ON DISEASE REGISTERS BY COASTAL COMMUNITY, 2019/20

* Data using 720 Kent LSOAs defined as 'coastal' or non-coastal. 95% confidence intervals shown by error bars. Source: ONS & NHS Digital. Prepared by KPHO (TF), Dec 2021

4.1.4 Premature mortality from all causes

Figure 25 shows that premature mortality in coastal towns is worse than non-coastal towns, Kent county and England.

FIGURE 25 STANDARDISED MORTALITY RATIO FOR ALL CAUSES FOR RESIDENTS UNDER 75 YEARS, 2015-2019
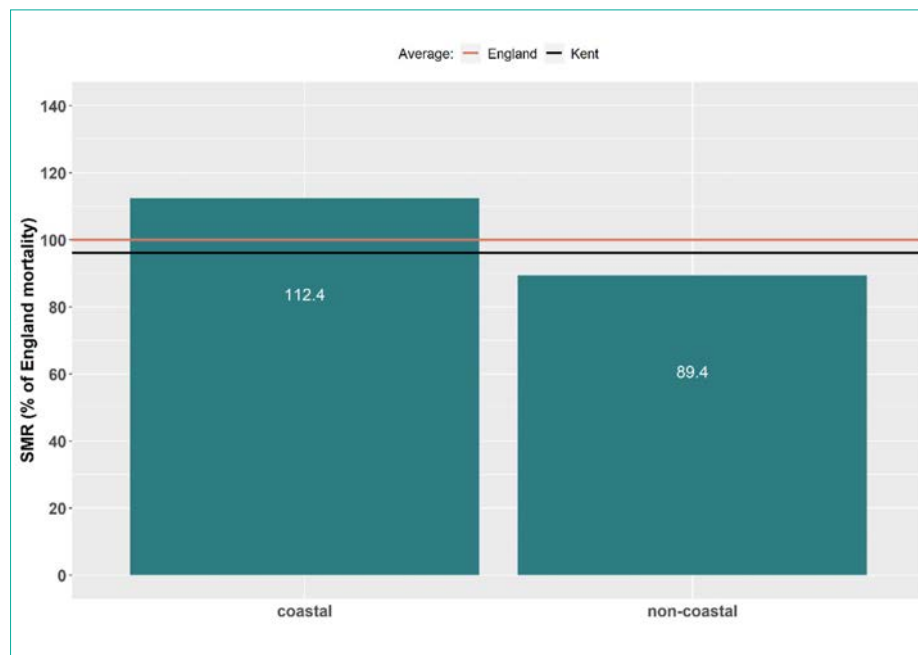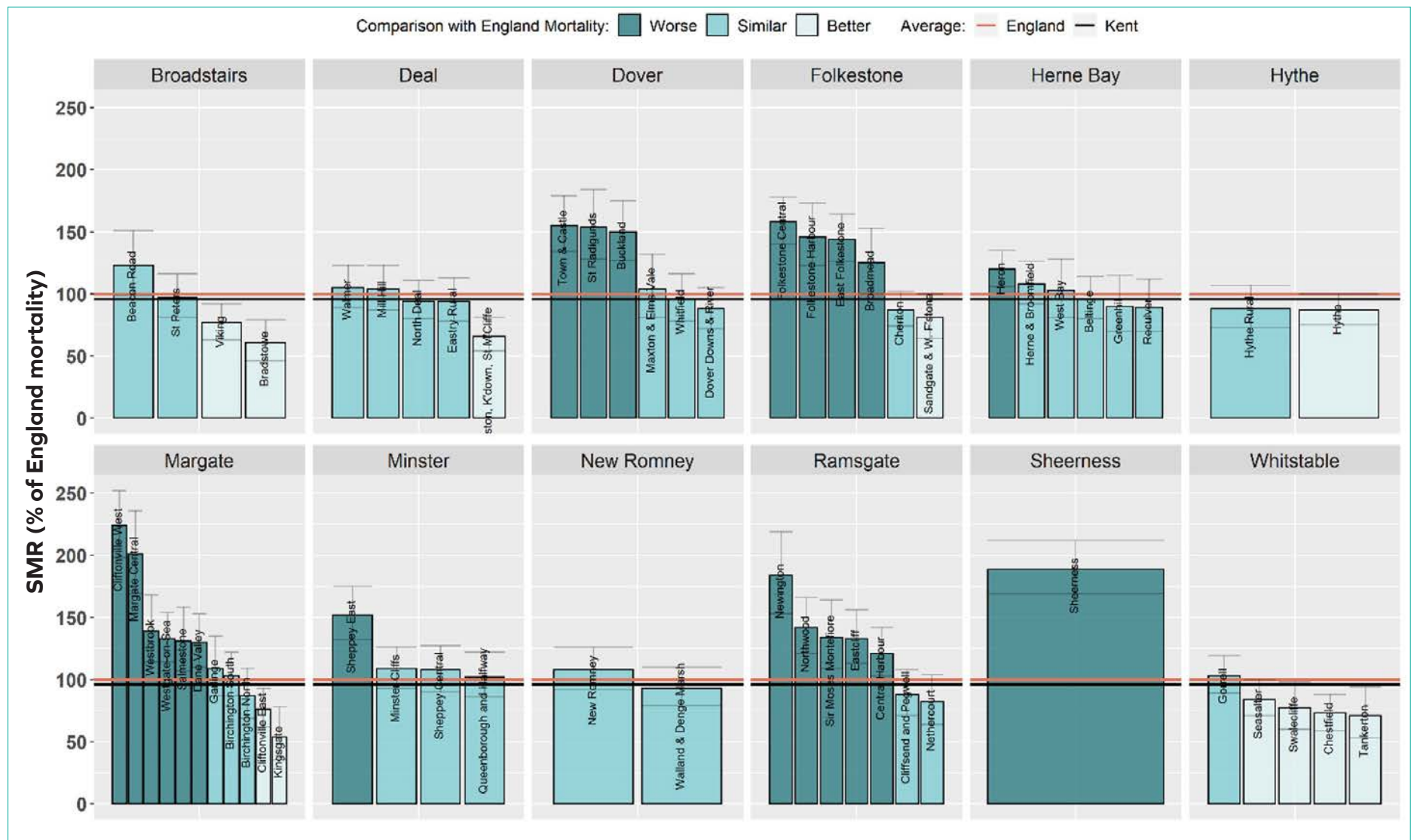

Source: PHE, prepared by KPHO (SS/TF/CB), Dec 2021

4.1.5 Premature mortality at community level

Figure 26 shows the all cause standardised mortality ratio for residents aged under 75 for each coastal ward in Kent, grouped by coastal town compared to England and Kent. It indicates that although premature mortality is worse in coastal communities overall, there is significant diversity across coastal towns. For example Dover, Folkestone, Herne Bay, Margate, Minster, Ramsgate and Sheerness all have at least one ward with significantly worse premature mortality than England. Whereas Broadstairs, Deal, Hythe, New Romney and Whitstable only contain wards with premature mortality similar to or better than the England average.

FIGURE 26 ALL CAUSE PREMATURE MORTALITY FOR ELECTORAL WARDS IN KENT COASTAL TOWNS, 2015-2019
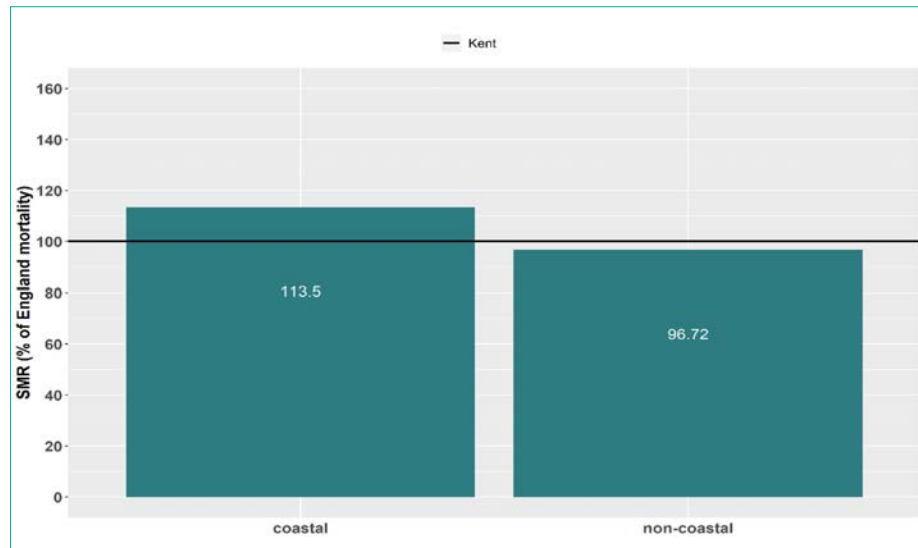

Source: PHE, prepared by KPHO (SS/TF/CB), Dec 2021. Category of similar mortality applied if 95% confidence interval encompassed England average (100%), Category of worse mortality applied if 95% confidence interval was entirely above England average. Category of better mortality applied if 95% confidence interval was entirely below England average.

4.1.6 Premature mortality from cancer

Premature deaths from cancer are higher in coastal areas compared to non-coastal areas in Kent (113.5 vs 96.7 respectively) (see Figure 27).

**FIGURE 27 CANCER STANDARDISED MORTALITY RATIO (SMR) FOR RESIDENTS UNDER 75 YEARS, 2015-2019**

Source: PHE, prepared by KPHO (SS/TF/CB), Dec 2021. Note: Red line for England is hidden behind black line for Kent.

4.1.7 Premature mortality from cancer at a community level

Figure 28 shows the variation in premature cancer mortality across and within coastal towns in Kent. Deal, Dover, Folkestone, Margate, Minster, Ramsgate and Sheerness all contain one or more wards with significantly higher premature cancer mortality than England.

FIGURE 28 PREMATURE MORTALITY FROM CANCER FOR ELECTORAL WARDS IN KENT COASTAL TOWNS, 2015-2019
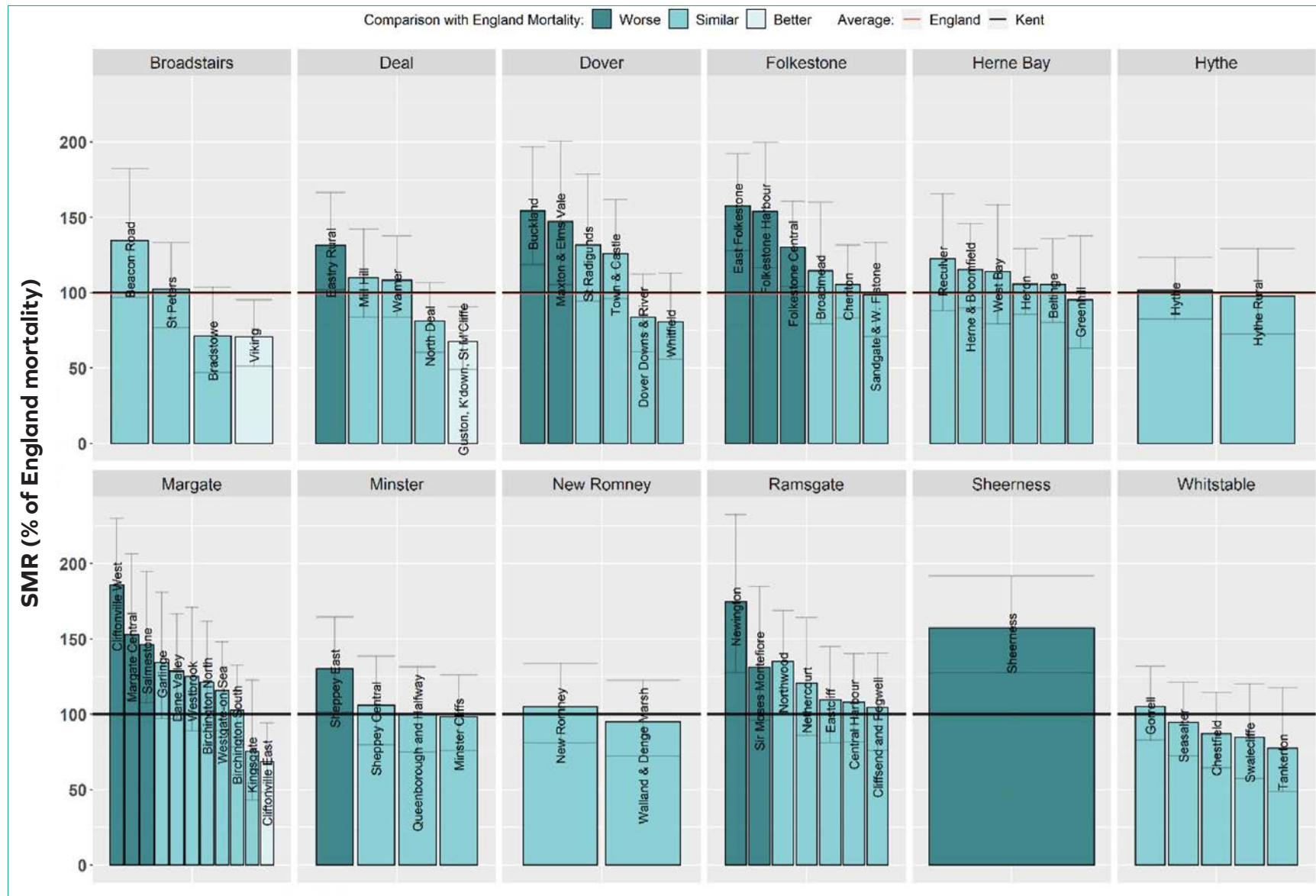

Source: PHE, prepared by KPHO (SS/TF/CB), Dec 2021. Category of similar mortality applied if 95% confidence interval encompassed England average (100%), Category of worse mortality applied if 95% confidence interval was entirely above England average. Category of better mortality applied if 95% confidence interval was entirely below England average.

4.1.8 Wellbeing

We looked at two health outcomes related to wellbeing; alcohol related admissions to hospital in adults, and admissions due to self-harm amongst 10-24 year olds. A significant coastal effect was seen in both of these indicators, at 9.6% and 25.6% higher than non-coastal areas respectively.

FIGURE 29 ALCOHOL RELATED AGE STANDARDISED ADMISSION RATE, 2018/19 - 2020/21
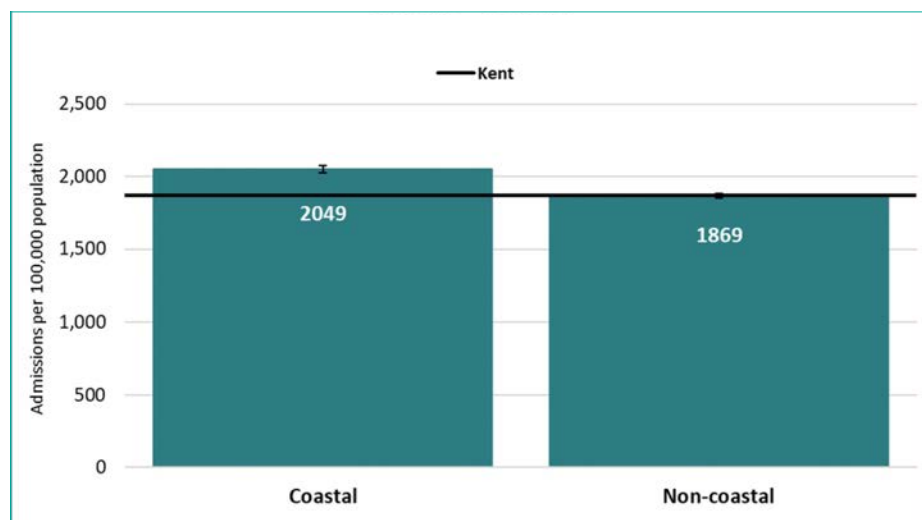
Source: Hospital Episodes Statistics, prepared by KPHO (SS)

FIGURE 30 AGE STANDARDISED ADMISSION RATE AS A RESULT OF SELF-HARM AMONG YOUNG PEOPLE AGED 10-24, 2018/19 - 2020/21
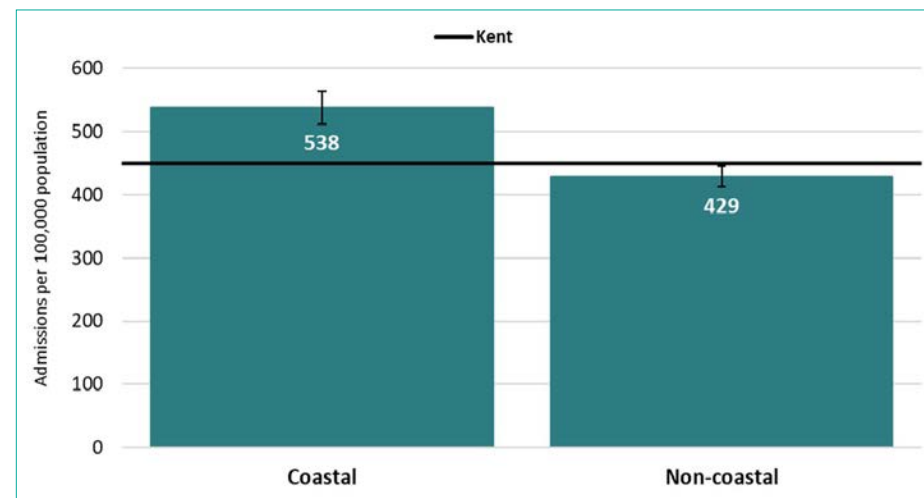
Source: Hospital Episodes Statistics, prepared by KPHO (SS)

4.2 SUMMARY OF COASTAL HEALTH OUTCOMES IN KENT

- There is a higher burden of disease in coastal towns compared to non-coastal towns in Kent. This is the case for all health conditions investigated and is most evident for chronic pulmonary obstructive disease and coronary heart disease. Risk factors such as obesity and smoking also show a coastal excess when compared to non-coastal towns, Kent and England.

- Disease burden varies across coastal towns, with Dover, Folkestone, Margate and Ramsgate containing some of the wards with the highest coastal excess.

- This coastal effect remains even after adjusting for differences in demographics and deprivation.

- Premature mortality from all causes and cancer are also significantly higher in 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.

- There is a lack of available small area data for detailed analysis of the health of local communities, both on and beyond the coastal fringe.

CHAPTER 5

REPORT SUMMARY AND RECOMMENDATIONS

As an island nation, England has a diverse coastline lined with villages, towns, and cities. There are twelve coastal towns in Kent situated in the districts of Canterbury, Dover, Folkestone, Thanet and Swale. These towns and their communities are important to the fabric of Kent and are often areas of great beauty or historical importance.

Unfortunately, these communities also have worse health outcomes compared to the non-coastal areas of the county. It has been stated that coastal communities have long been overlooked, with limited research on the health and wellbeing of residents. In 2021 the Chief Medical Officer (CMO), Professor Sir Chris Whitty, devoted his annual report to health in coastal communities. This report seeks to further investigate these issues, focussing on our coastal communities in Kent.

As a result of this report, Kent Public Health plan to work with partners to develop local evidence which will be used to inform a strategy aiming to address the needs of individual coastal communities in Kent.

The recommendations from this initial analysis are as follows:

- Further analysis needs to be done to understand the health gap between coastal and non-coastal areas better.
- Not all our coastal areas are the same. Some areas are thriving whilst others are under pressure, therefore they should be addressed differently, and local plans need to be linked with Integrated Care Providers.
- Ageing populations living in more deprived coastal areas can put pressure on health and social care systems, so it is important to have plans to mitigate this.
- Six out of the seven domains of deprivation are worse in coastal areas. This means that economic growth needs to be linked with health in local plans in these areas.
- Every disease we investigated showed a coastal excess, therefore local primary care networks and Public Health need to work together to form health improvement plans.
- Coastal towns that contain wards with a higher coastal excess should be treated as priority coastal areas.
- The biggest drivers for premature mortality are long term conditions, therefore the management of these conditions needs to be more proactive in coastal areas.
- Alcohol and smoking are big contributors to morbidity and mortality, so there is a need to develop alcohol and smoking plans.

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