

The Power of **sleep** A Wake-Up Call

# Table of Contents

<b>Foreword</b>	<b>3</b>	<b>Section 2: Sleep in Medway</b>	<b>13</b>
<b>Section 1: Introduction</b>	<b>4</b>	<b>Section 3: Taking action to improve sleep</b>	<b>17</b>
<b>Sleep and health</b>	<b>4</b>	<b>Diagnosing poor sleep</b>	<b>17</b>
<b>Sleep and the economy</b>	<b>6</b>	<b>What works?</b>	<b>17</b>
<b>Sleep and health inequalities</b>	<b>8</b>	Individual level	17
Young people	8	Policy level	18
Perinatal and perimenopausal women	9	<b>Section 4: Recommendations and conclusion</b>	<b>20</b>
Older adults	10	<b>Addressing Health Inequalities</b>	<b>20</b>
People with obesity and obstructive sleep apnoea	10	<b>Strengthening supported self-management in the community</b>	<b>20</b>
People living with poor mental health	10	<b>Build a better profile of sleep in Medway</b>	<b>20</b>
People in temporary, overcrowded or poor-quality housing	11	<b>Conclusion</b>	<b>21</b>
Rough sleepers	11		
<b>Sleep in the local policy and strategic context</b>	<b>12</b>		
<b>Sleep and Medway's Joint Local Health and Wellbeing Strategy</b>	<b>12</b>		
<b>Sleep and the NHS 10-Year Plan</b>	<b>12</b>		

# Foreword

Sleep is fundamental to good health and wellbeing. We spend approximately one third of our lives sleeping and if we sleep well, we feel strong and ready to face the day. But if we sleep poorly, our mood is affected, it's harder to make good decisions, including those that relate to other factors that affect our health and well-being, such as diet, physical activity, smoking and alcohol consumption.

Poor sleep also means people perform less well at work and contributes to significant losses of productivity - it is estimated that the UK loses £30 to £40 billion per year due to poor sleep.

This report explores the causes and implications of poor sleep and presents initial findings for Medway. I wish to use this report as the foundation for work over the next few years to better understand sleep in Medway and to build an understanding of the role of sleep in the work that we do in Public Health and beyond. We will help people in Medway to think about their own relationship with sleep and how it affects their health and wellbeing and help them to find ways to improve how well they sleep. There are many simple changes that can be made that will lead to better sleep and a happier and healthier life.

I hope that reading this report isn't itself a cure for insomnia and that you find the topic as interesting as I do!

## Acknowledgements

My personal thanks to all colleagues who have contributed to the compilation of this Annual Public Health Report, in particular Ray Wang, Hanifa Ditta and Katie Town.



A handwritten signature in blue ink, appearing to read 'D Whiting', with a stylized, cursive style.

**David Whiting**  
Director of Public Health

## SECTION 1: INTRODUCTION

# WHY SLEEP? The case for action

## Sleep and health

Sleep is a vital process that enables us to rest and reset. Around one third of our lives is spent sleeping: a good night's rest is not just a passive state but an opportunity to awake feeling refreshed and rejuvenated. Indeed, sleep provides the foundation for much of our daily activities, from aiding concentration and focus, maintaining resilience and wellbeing, and supporting our ability to perform physical activities or make decisions.

Unsurprisingly, sleep disorders have a large impact on people's daily lives and overall health. Sleepiness is often the first sign of insufficient sleep, followed by an increase in the pressure to sleep which impairs our ability to stay awake,

sometimes causing microsleeps. Microsleeps happen over a few seconds when someone sleep deprived may still seem superficially awake. If this continues, it can significantly affect our ability to think and manage behaviour.

Deprivation of sleep can be distressing and can trigger anxiety and make existing mental health conditions worse. Poor sleep has also been linked to an increased risk of serious medical issues such as obesity, heart disease, and diabetes. It has also been shown to increase the risk of other unhealthy behaviours, such as binge eating and reduced physical activity.

# Sleep in numbers

AROUND  
**£30<sup>bn</sup>**

**ANNUAL COST**  
of lost sleep to  
the UK<sup>1</sup>



**200,000**  
Working days  
lost



**1 IN EVERY 3**  
people in the UK  
are affected by  
insomnia<sup>3</sup>



**BETTER SLEEP**  
is the biggest  
contributor to  
**living better**<sup>6</sup>

**2PM**



**2AM**

We naturally feel tired at two  
different times of the day



Working night shifts  
has about a **25-30%**  
**higher risk of injury**  
than working day  
shifts<sup>7</sup>

**3.2 MILLION**  
night workers in  
the UK<sup>5</sup>

**1 IN 9**  
who work night  
shifts the UK<sup>5</sup>

## HEALTH RISKS

Adults who sleep fewer than **6 hours** a night have a **13% higher mortality risk** than adults who sleep at least 7 hrs<sup>1</sup>

Adults who sleep less than **7 hours** a day are **30% more likely to be obese** than those who sleep for 9 hours or more<sup>4</sup>

## ADULTS NEED BETWEEN



**7 & 9** hours of sleep  
a night<sup>2</sup>



we spend about **1/3** of our  
lives sleeping

Source: Is lack of sleep affecting your work?

In 2021/22, Medway Council carried out the ‘Better Health Survey’ to understand which aspects of life residents’ thought were most important to their health and wellbeing. Sleeping well was cited as a key priority for both adults and adolescents and featured in the top five for both groups.

Although sleep sounds like a simple part of life, it is influenced by many factors present in our daily lives. The Social Ecological Model of sleep (below) summarises the multiple layers of influence that determine sleep health.

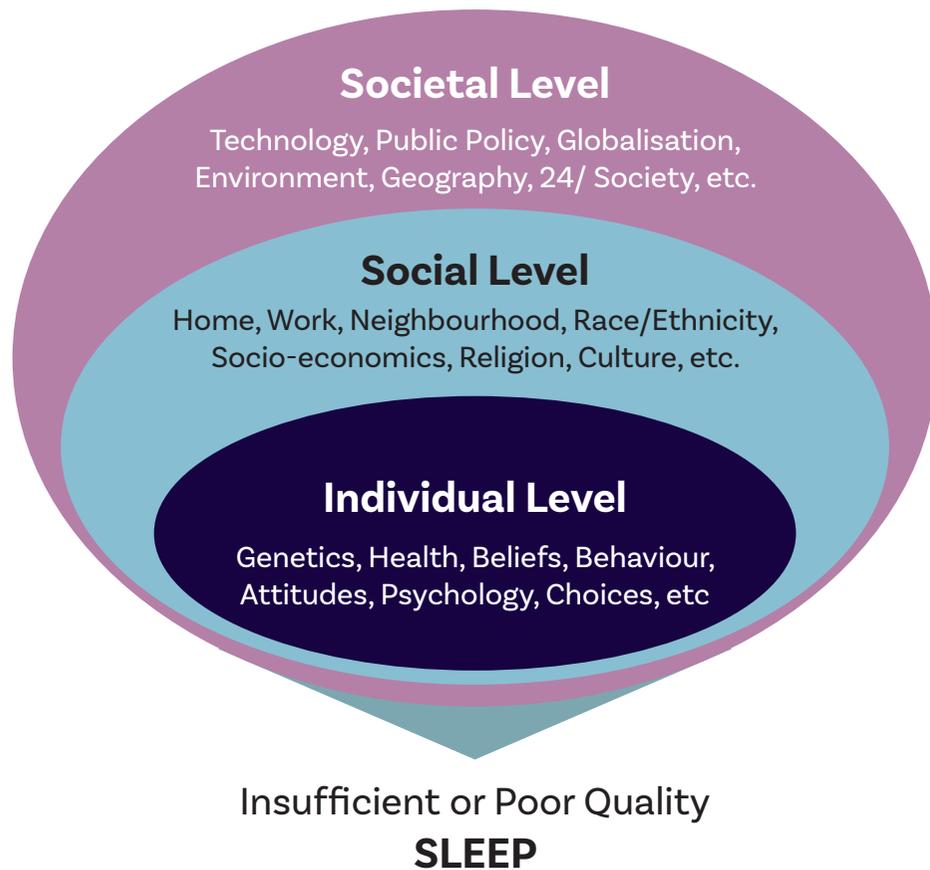


Fig. 1: Social Ecological Model of sleep

It is estimated that around one third of people in the UK are affected by insomnia<sup>1</sup>, while two thirds of adults report suffering from disrupted sleep<sup>2</sup>. Sleep disorders are one of the most common complaints reported in primary care, and according to YouGov surveys, whilst 80% aim for at least eight hours of sleep per night, only 19% achieve this<sup>3</sup>.

‘Better sleep’ has been described as the biggest single contributor to living well and this applies to individuals regardless of their income level, marital status, whether they have children, and how they choose to spend their time<sup>4</sup>. However, only half of adults take measures to improve their sleep, meaning there is a significant public health gap which can be addressed through a holistic, behavioural and prevention-based approach.

<sup>1</sup> De Lange, M.A., Richmond, R. C., Eastwood, S.V., et al (2024). Insomnia symptom prevalence in England: a comparison of cross-sectional self-reported data and primary care records in the UK Biobank. *BMJ Open* 2024;14:e080479. doi: 10.1136/bmjopen-2023-080479

<sup>2</sup> Aviva. Sleepless cities revealed as one in three adults suffer from insomnia. 27 October 2017. Available from [www.aviva.com/newsroom/news-releases/2017/10/Sleepless-cities-revealed-as-one-in-three-adults-suffer-from-insomnia/](https://www.aviva.com/newsroom/news-releases/2017/10/Sleepless-cities-revealed-as-one-in-three-adults-suffer-from-insomnia/)

<sup>3</sup> YouGov: Health and wellness roundup: Trends and insights for the UK in 2024. 17 January 2025. Available from <https://yougov.com/en-gb/articles/51370-health-and-wellness-roundup-trends-and-insights-for-the-uk-in-2024>

<sup>4</sup> Oxford Economics and the National Centre for Social Research (2017). The Sainsbury’s Living Well Index.

# Common sleep disorders

BOX 1

## INSOMNIA

- The most common sleep problem: difficulty falling asleep, staying asleep, or waking too early and being unable to drift off again.
- Short-term insomnia is usually linked to stressful life events, illness, or changes in routine, and often improves once the trigger passes.
- Chronic insomnia (lasting more than three months, at least three nights per week) affects around 1 in 10 people. It often has multiple causes, including anxiety, depression, chronic pain, shift work, and poor “sleep hygiene” (such as late-night screen use or noisy bedrooms).
- Poor sleep feeds back into health – worsening fatigue, mood, concentration, and even raising risks for long-term conditions.

## SLEEP APNOEA

- A serious disorder where breathing repeatedly stops and starts during sleep.
- The most common type is obstructive sleep apnoea, where the airway temporarily collapses or becomes blocked. Less common is central sleep apnoea, where the brain fails to send the signal to breathe.
- Symptoms include loud snoring, choking or gasping during sleep, waking up unrefreshed, and extreme daytime tiredness. Many people do not realise they have it.
- Untreated sleep apnoea increases the risk of high blood pressure, heart disease, diabetes, and road accidents. It is more common in people who are overweight, middle-aged, or male, though it can affect anyone.

## CIRCADIAN RHYTHM DISORDERS

- These happen when the body’s internal clock (which controls sleep and wake times) does not match daily schedules.
- A common type is delayed sleep phase, where people can’t fall asleep until very late and struggle to wake early. Teenagers are especially prone due to natural changes in their body clock, often leading to late nights and weekend “lie-ins” to catch up.
- Shift workers, frequent travellers (jet lag), and those with little exposure to natural light can also be affected.
- The result is sleep deprivation, daytime drowsiness, and poorer school or work performance.

## RESTLESS LEGS SYNDROME (RLS)

- Causes uncomfortable sensations in the legs – crawling, tingling, aching, or cramping – that create a strong urge to move them.
- Symptoms usually get worse at night or when lying still, making it hard to fall asleep. In some cases, arms are affected too.
- Severity ranges from mild and occasional to nightly, leading to severe sleep disruption.
- More common in women, especially during pregnancy, and may be linked to how the brain uses dopamine. It is also sometimes associated with other health conditions such as kidney disease or anaemia.

# Sleep and the economy

BOX 2

Poor sleep has a significant impact on the economy, safety, and workforce wellbeing. Across the UK, it is estimated that 200,000 working days are lost every year due to insufficient or disturbed sleep, with productivity losses costing more than £40 billion annually. Using this to estimate for Medway, productivity losses may be around £200 million each year. The human cost is also severe: around 20% of all road accident fatalities are attributed to driver fatigue<sup>5</sup>.

The National Institute for Health and Care Excellence (NICE) advises that individuals with certain sleep disorders, such as obstructive sleep apnoea, must notify the Driver and Vehicle Licensing Agency (DVLA) if their condition affects their ability to drive. This requirement can have serious consequences for people whose jobs depend on driving, such as lorry drivers, delivery workers, or emergency responders.

Shift work and night-time employment present challenges to good quality sleep. Working against the body's natural circadian rhythm disrupts sleep timing and quality, increasing the risk of accidents. National data suggests that 27% of the UK workforce, or 8.7 million people in 2022, were engaged in evening or night-time work. Locally, 14% of Medway's population and 43% of its employed workforce are active in night-time industries<sup>6</sup>, including hospitality, leisure, logistics, health, and security.

## Lived experience from a local resident doctor

A Foundation Year 2 resident doctor, S, reflected upon the impact of shift working on their sleep and overall wellbeing:

“During my FY2 year, I rotated through several specialties, many of which involved long days, nights, and weekend shifts. At first, I thought I could cope by ‘catching up’ on sleep whenever I had a day off, but I quickly realised it doesn’t work like that. After a run of nights, I would struggle to sleep during the day – even with blackout blinds and ear-plugs, my body felt wired when it should have been resting. I often managed only a few hours of broken sleep before heading back into another twelve-hour shift.

The effects soon spilled into the rest of my life. I felt constantly tired, found it hard to focus, and my mood became more irritable. Exercise, which I normally enjoy, was one of the first things to go, and my diet suffered as I relied on caffeine and convenience foods to keep me going. Even simple tasks felt harder, and I worried that fatigue might affect the quality of care I was giving my patients. It was frustrating, because I wanted to perform at my best but my sleep never allowed me to feel fully recovered.

Eventually, I began to make small changes – limiting caffeine, sticking to a consistent wind-down routine, and being stricter about prioritising rest. These helped, but I’m still aware of how much disrupted sleep takes out of me. More than anything, the experience has shown me how shift work doesn’t just affect doctors, but anyone working nights or irregular hours. The toll it takes on your sleep, health, and wellbeing is very real.”

Those working more than 55 hours a week consistently report the poorest sleep outcomes: short sleep (less than 6 hours), difficulty falling or staying asleep, and early waking. People working most or all weekends, or in irregular patterns such as rotating shifts, report high levels of disturbed sleep and both “short” and “long” sleep patterns, the latter often being of poor quality.

Light exposure plays a critical role. Reduced access to natural daylight, common for night-time workers, disrupts the production of melatonin, the hormone that regulates sleep. Morning daylight normally suppresses melatonin and resets the body clock, promoting alertness. Without this reset, people are left struggling to follow basic advice such as “keeping a regular routine.” Instead, prolonged exposure to artificial light and screens further disturbs natural rhythms, deepening sleep disruption.

There are also socioeconomic inequalities in sleep. Employees in night-time industries, particularly those in restaurants, pubs, and entertainment, are often on lower pay than the general workforce. This financial strain makes it harder to afford practical aids that support daytime sleep, such as blackout curtains or better mattresses, creating a vicious cycle of poor sleep and poorer health.

There are also gender differences in sleep and employment:

- Men who frequently worked weekends were more likely to experience short sleep, while women were at increased risk of short sleep if they worked any weekends at all.
- These findings reflect wider inequalities: women are overrepresented in low-paid service sector jobs with poor working conditions (e.g. low autonomy, limited job satisfaction), which may help explain why they experience disproportionate sleep disruption.

Taken together, the evidence demonstrates that poor sleep is not just a personal health issue, but an economic and social challenge. It affects productivity, increases accident risks, and compounds existing inequalities in income, gender, and health.

<sup>5</sup> Health and Safety Executive. Fatigue. Available from [www.hse.gov.uk/humanfactors/topics/fatigue.htm](http://www.hse.gov.uk/humanfactors/topics/fatigue.htm)

<sup>6</sup> Office for National Statistics (ONS), released 24 January 2023, ONS website, article, The night-time economy, UK: 2022

<sup>7</sup> Virtanen M, Ferrie JE, Gimeno D, Vahtera J, Elovainio M, Singh-Manoux A, Marmot MG, Kivimäki M. Long working hours and sleep disturbances: the Whitehall II prospective cohort study. *Sleep*. 2009 Jun;32(6):737-45

# Sleep and health inequalities

## Young people

Sleep problems are a growing concern for adolescents. The WHO Health Behaviour in School-aged Children study, led in the UK by the University of Kent, shows that both sleep quality and duration have declined. Over one in three 15-year-olds (34%) say lack of sleep affects their ability to concentrate in class – rising to over half (57%) of girls. Older adolescents, girls, and young people from less affluent families consistently report the worst sleep.

The Mental Health of Children and Young People in England 2023 report echoes these findings. It found that 38% of 8-16-year-olds and almost 65% of 17-23-year-olds struggle with sleep. Among older teenagers and young adults, the problem is particularly acute for young women (75%) compared with young men (56%).

Adolescents, in particular older adolescents, have a biological delay in the timing of sleep onset, resulting in them staying awake later. A reduced sleep drive results in overall shortened sleep duration, and this factor is particularly noticeable during the school years, as the time required to rise for the school day remains constant. Furthermore, young people are frequent users of electronic devices, which prompts them to stay up later and exposes them to light in the late evening which shifts the biological clock.

Young people are recommended a longer period of sleep of nine to 13 hours per day compared to the recommended seven to nine hours of sleep for adults. This mismatch can result in a period of relative sleep deprivation compared with the adult population.

Poor sleep is also strongly associated with mental health issues, and with mental health issues being exacerbated by frequently poor sleep and poor sleep making mental health issues worse. Stress, anxiety, depression, psychosis and ADHD are all examples of mental health conditions which affect sleep and not getting enough sleep can also make it harder to maintain resilience and cope with difficult emotions.

Young people are also more likely to engage in risk-taking behaviours which impact on quality of sleep, such as smoking or vaping, alcohol consumption and substance misuse, such as using marijuana. Such behaviours may also lead to longer term health issues that persist into adulthood. Vapes and energy drinks represent another potential risk factor for poor sleep. University students who engage in late night partying, often in conjunction with alcohol or other substance use, can adversely affect their sleep quality for the next week.

As mentioned previously, there is a significant share of employees in Medway who work in the night-time economy. ONS data show that nationally, over 40% of nighttime workers are young people aged under 22, further increasing their risk of poorer sleep.

### BOX 3

## Local support services available to children and young people

Kooth is an online mental health community giving free and confidential advice to young people aged 10-25 years of age.

ChatHealth is a text service for young people aged 11-19 years of age to seek support about any physical or emotional health concerns.

The Kent School Health Service provides advice, support and help for young people up to the age of 19 and can be accessed via direct self-referral.

The THRIVE framework ensures that young people get the emotional wellbeing and mental health support they need when facing difficult situations.



<sup>8</sup> Health Behaviour in School-aged Children (HBSC). Findings from the 2021-2022 HBSC study for England. (2023). Available from [https://hbscengland.org/wp-content/uploads/2024/12/2022\\_FULL\\_REPORT\\_final\\_02.12.24-2.pdf](https://hbscengland.org/wp-content/uploads/2024/12/2022_FULL_REPORT_final_02.12.24-2.pdf)

<sup>9</sup> NHS England. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

<sup>10</sup> Bruce ES, Lunt L, McDonagh JE. Sleep in adolescents and young adults. Clin Med (Lond). 2017 Oct;17(5):424-428. doi: 10.7861/clinmedicine.17-5-424. PMID: 28974591; PMCID: PMC6301929.

<sup>11</sup> Young Minds. Sleep Problems. Available from: [www.youngminds.org.uk/young-person/my-feelings/sleep-problems/](http://www.youngminds.org.uk/young-person/my-feelings/sleep-problems/)

## Perinatal and perimenopausal women

Poor sleep during the perinatal period (pregnancy and the six to eight weeks after giving birth) is common and increases the risk of perinatal depression, anxiety, and other negative maternal and foetal outcomes such as gestational hypertension and preterm birth. A large analysis in 2020 of international studies reported an overall prevalence of poor sleep quality; 54.2% of perinatal and postnatal women<sup>12</sup>.

Factors contributing to poor perinatal sleep include physical discomfort, hormonal changes, and psychological stress, such as worrying about the pregnancy and accumulated fatigue. The effects of lack of sleep, such as clumsiness, forgetfulness, disorientation and others are of particular concern when coupled with the responsibilities of being a new parent.

During menopause, the hormonal changes and resultant nighttime hot flushes, weight gain and mood changes can all contribute to difficulty falling asleep and unexpected nighttime awakenings interrupting sleep. Hormonally driven changes in fat distribution and accumulation have also been found to contribute to an increased prevalence of obstructive sleep apnoea<sup>13</sup>.

## Older adults

The population of Medway has become older in the past 15 years, with Census 2021 showing an increase in proportion for every age category above 50. 16.4% of the local population is aged 65+ in 2021 compared to 14% in 2011<sup>14</sup>.

Sleep problems are common in older adults but are often dismissed as a normal part of ageing. Older adults tend to go to bed earlier and wake earlier than younger adults, and sleep tends to be shorter and lighter. They may wake up more often at night and find it more difficult to initiate and maintain sleep. Factors such as poor physical health, chronic pain and medication side effects all contribute to poor sleep in this population group. Sleep disorders, such as insomnia and sleep apnoea also become more prevalent. Cognitive disorders, such as Alzheimer's disease and other forms of dementia can also cause disrupted sleep patterns, which in turn, may also worsen the cognitive symptoms.

Enabling people to live independently for longer is one of the key priorities in Medway's Joint Local Health and Wellbeing Strategy, therefore helping older adults achieve better sleep will directly contribute to this.

## People with obesity and obstructive sleep apnoea

Around two thirds of adults and one third of children in Medway are overweight or obese, putting them at risk of poor sleep. Obesity and poor sleep are closely linked in a cycle where each condition worsens the other. Excess body weight, particularly around the neck and upper airway, increases the likelihood of airway obstruction during sleep, leading to obstructive sleep apnoea. OSA causes repeated pauses in breathing that result in loud snoring, fragmented sleep, and daytime fatigue. More broadly, obesity is linked to restless and poor-quality sleep, with fewer periods of restorative deep sleep. Additional health conditions commonly seen in people with obesity, such as type 2 diabetes, arthritis, and acid reflux, can further disturb sleep by causing discomfort or nocturnal symptoms.

At the same time, poor sleep contributes to the development and progression of obesity<sup>16</sup>. Short or fragmented sleep disrupts key hormones that regulate appetite, reducing leptin (which signals fullness) and increasing ghrelin (which stimulates hunger), thereby driving cravings for high-calorie foods. Sleep deprivation also impairs glucose tolerance and insulin sensitivity, promoting weight gain and raising the risk of type two diabetes. Behavioural pathways reinforce this effect, as those who sleep less have more waking hours available for eating, are more likely to snack late at night, and often opt for convenience or energy-dense foods. Fatigue also reduces motivation for physical activity, while irregular sleep patterns which are particularly common among shift workers, disrupt the body's internal clock and further impair metabolic regulation.

## People living with poor mental health

Altered sleep patterns can manifest as a maladaptive coping mechanism for stress. High levels of stress or anxiety can increase the production of hormones that are associated with a heightened state of arousal, such as cortisol and adrenaline, making it harder to fall asleep and stay asleep. It can also make it difficult to reach the deeper stages of restorative sleep. This lack of restful sleep impairs the ability to manage stress and creates a vicious cycle where stress and poor sleep feed into each other.

Almost 4 in 5 long-term poor sleepers suffer from low mood and are seven times more likely to feel helpless. Persistent insomnia also increases the risk of developing severe depression and suicidal ideation. In the context of interpersonal relations, sleep quality has been linked to greater marital conflict and poorer relationship satisfaction<sup>17</sup>. In Medway, the Annual Population Survey (APS) provides information on important social and socio-economic variables at local levels. 2022/23 data showed that 23.7% of people reporting high levels of anxiety and this is particularly prominent amongst adults who rent.

<sup>12</sup> Yang Y, Li W, Ma TJ, Zhang L, Hall BJ, Ungvari GS, Xiang YT. Prevalence of Poor Sleep Quality in Perinatal and Postnatal Women: A Comprehensive Meta-Analysis of Observational Studies. *Front Psychiatry*. 2020 Mar 13;11:161. doi: 10.3389/fpsy.2020.00161. PMID: 32231599; PMCID: PMC7082815.

<sup>13</sup> Wang, Y., Liu, H., Zhou, B. et al. Menopause and obstructive sleep apnea: revealing an independent mediating role of visceral fat beyond body mass index. *BMC Endocr Disord* 25, 21 (2025). <https://doi.org/10.1186/s12902-025-01850-2>

<sup>14</sup> Office for National Statistics. How life has changed in Medway: Census 2021.

<sup>15</sup> Medway Council. Medway Whole Systems Obesity dashboard. Available from [www.wholesystemobesity.uk/medway/](http://www.wholesystemobesity.uk/medway/)

<sup>17</sup> Royal Society for Public Health and University of Oxford: Waking up to the health benefits of sleep.

Poor mental health and wellbeing are also associated with high levels of health risk behaviours, such as smoking, alcohol, and drug misuse. In 2022/23, 24.8% of people in Medway with a long-term mental health condition smoked, while 13.1% of the general population smoked. 20.4% of residents who had contact with mental health services also had contact with alcohol misuse services. About 22.5% of Medway residents who had contact with mental health services also had contact with drug misuse services<sup>18</sup>.

## People in temporary, overcrowded or poor-quality housing

Bed poverty refers to a state of lacking adequate and comfortable sleeping arrangements due to financial hardship. The children's charity Barnado's stated in a 2023 report<sup>19</sup> that potentially over one million UK children were either sharing beds or sleeping on the floor due to acute financial hardships exacerbated by the recent cost of living crisis. Another 200,000 families may have to use damp or mouldy bedding due to fuel poverty.

Summer heatwaves, vividly demonstrated in 2025, are predicted to become more common as a direct result of climate change. The UK's housing stock is largely unprepared for coping with high temperatures, particularly in cities and urban areas. Overcrowded accommodation, unsuitable and outdated housing heighten the compound public health risk posed by heat. From a sleep perspective, temperature plays an important role in promoting good quality sleep – a cool and dark bedroom is more conducive to good sleep but is beyond reach for a significant number of disadvantaged families and individuals.

Census 2021 data shows that around one third of Medway households live in social (13.6%) or privately (20.2%) rented accommodation, whilst the Council's Local Housing Needs Assessment 2021<sup>20</sup> highlights that there is a large volume of older housing stock within Medway. 34.5% of dwellings predate 1945 and only 23.8% of current dwellings were built after 1983. 10.6% of dwellings were estimated to be “non-decent”.

## Rough sleepers

For rough sleepers, good sleep is often a luxury. Rough sleeping is closely linked with poor sleep quality and quantity. People who sleep on the streets are often exposed to constant noise, harsh weather, and the threat of violence or theft, making it difficult to achieve restorative sleep. Sleep is frequently fragmented, shallow, and taken in short bursts rather than sustained periods, leading to chronic sleep deprivation. Poor sleep in turn worsens both physical and mental health, increasing vulnerability to conditions such as cardiovascular disease, depression, anxiety, and impaired immunity.

The cycle is self-reinforcing: disrupted sleep undermines concentration, mood, and coping strategies, which can make it even harder for individuals to engage with support services, sustain employment, or move into stable housing. Addressing sleep problems is therefore an essential part of supporting people experiencing rough sleeping and tackling the wider health inequalities they face.

<sup>18</sup> Medway Council. Joint Strategic Needs Assessment: Adult Mental Health (2024).

<sup>19</sup> Butler P. The Guardian. More than 1 million children in UK sleep on floor or share bed, study finds. 29 September 2023.

<sup>20</sup> Medway Council. Local Housing Needs Assessment 2021, Final Report.

# Sleep in the local policy and strategic context

## Sleep and Medway's Joint Local Health and Wellbeing Strategy

BOX 4

### Medway's Joint Local Health and Wellbeing Strategy: Vision

Medway will be a place where people care for themselves and others, and where help is easily available when it's most needed. Our community will work together to create equal opportunities and a brighter future, making Medway a place where wellbeing is valued by everyone and pathways to personal growth are open to all.

Sleep is explicitly listed as being integral to the priorities in Medway's Joint Local Health and Wellbeing Strategy (JLHWS)<sup>21</sup>. Tackling inequalities and preventing ill health is a central theme of the JLHWS, and poor sleep disproportionately affects disadvantaged groups, including shift workers, people in insecure housing, and those in lower-income households. Embedding sleep within prevention campaigns alongside diet, smoking cessation, and physical activity would directly contribute to reducing obesity, diabetes, cardiovascular disease, and poor mental ill-health – conditions highlighted in the JLHWS as system priorities.

## Sleep and the NHS 10-Year Plan

The new NHS 10-Year Health Plan<sup>22</sup>, Fit for the Future, sets out three major shifts in healthcare: moving from hospital to community, embracing digital innovation, and strengthening prevention to improve healthy life expectancy and reduce inequalities. Sleep is a fundamental determinant of health that directly supports these ambitions, and it is highly relevant to the health challenges faced in Medway.

Supporting residents to achieve better quality sleep can act as a low-cost, high-impact preventive measure, directly aligning with Fit for the Future's goal of shifting from reactive treatment to prevention, reducing the future burden on NHS services. Poor sleep is a risk factor for obesity, type 2 diabetes, cardiovascular disease, dementia, depression, and anxiety. It also increases the likelihood of accidents at work and on the road. Medway, with its high prevalence of obesity and cardiovascular risk factors, stands to benefit significantly from incorporating sleep into preventative programmes. Sleep health could be promoted alongside diet, exercise, smoking cessation, and alcohol reduction as part of a holistic approach to lifestyle medicine.

<sup>21</sup> Medway Council. Joint Local Health and Wellbeing Strategy 2024 to 2028.

<sup>22</sup> NHS England. Fit for the Future: 10 Year Health Plan for England. 2025.

## SECTION 2

# SLEEP IN MEDWAY

## Medway Joint Local Health and Wellbeing Strategy Consultation 2021-2022<sup>23</sup>

The Medway 'Better Health Survey' was conducted to better understand which aspects of life Medway residents thought were important to their health and wellbeing. The responses also offered insights into what people thought the barriers to achieving this were. Sleep was highlighted as a major concern by both adults and children.

## Sleep disorders and tiredness reported to GPs

The Medway Public Health Intelligence team analysed data from the Kent and Medway Care Record and found that the number of females who reported being tired as symptom affecting their current health was three times greater than the number of males. From the current data, it's not possible to say whether this is due to more females feeling tired or whether it is due to females being more likely to report this or other symptoms to the GP. For both males and females the number that have reported tiredness has increased over the last three years.

<sup>23</sup> Medway Council. Medway Health and Wellbeing Survey 2021-2022. 2025

The number of people reporting to a GP that they feel tired by gender

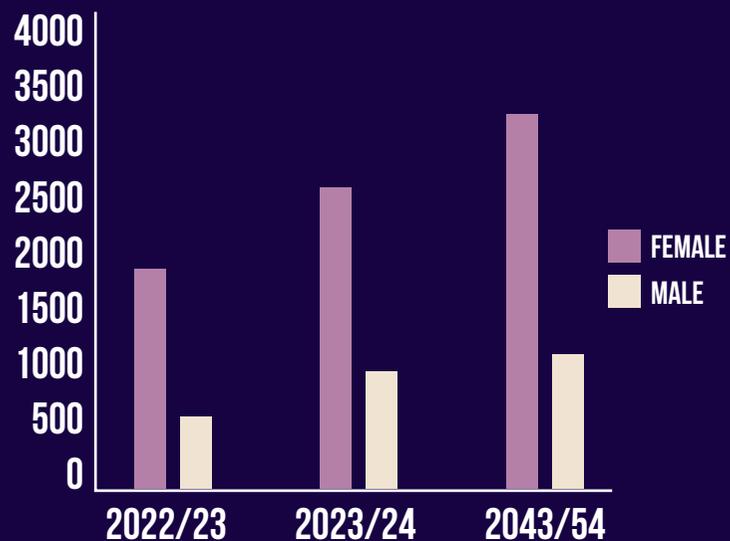


Figure 2: Tiredness reported by gender

The data also showed that the number of people reporting tiredness increased over the last three years across all five deprivation quintiles, with the largest numbers now in the two most deprived quintiles.

The number of people who reported to a GP that they feel tired by area deprivation quintile

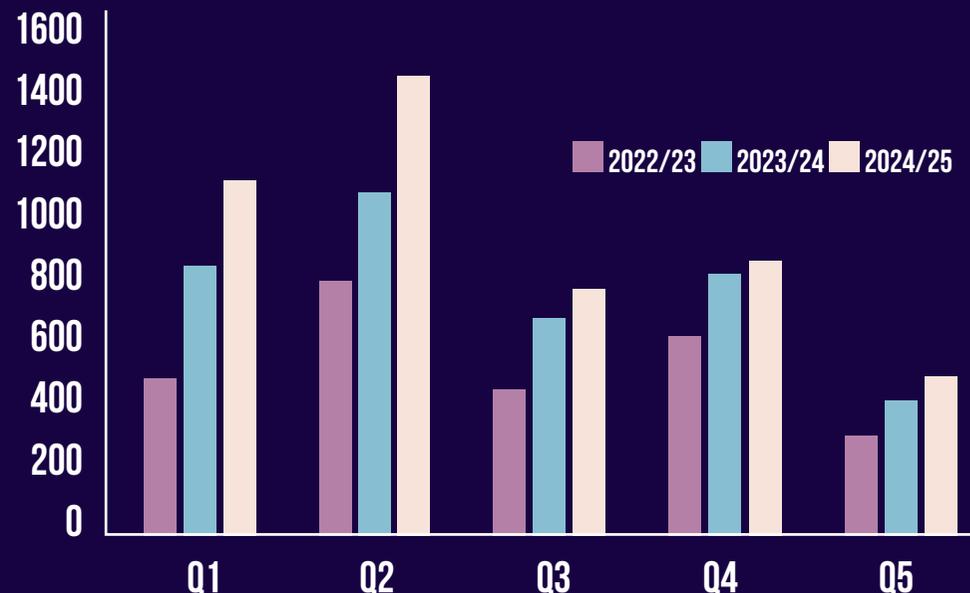


Figure 3: Reported tiredness by quintiles of deprivation

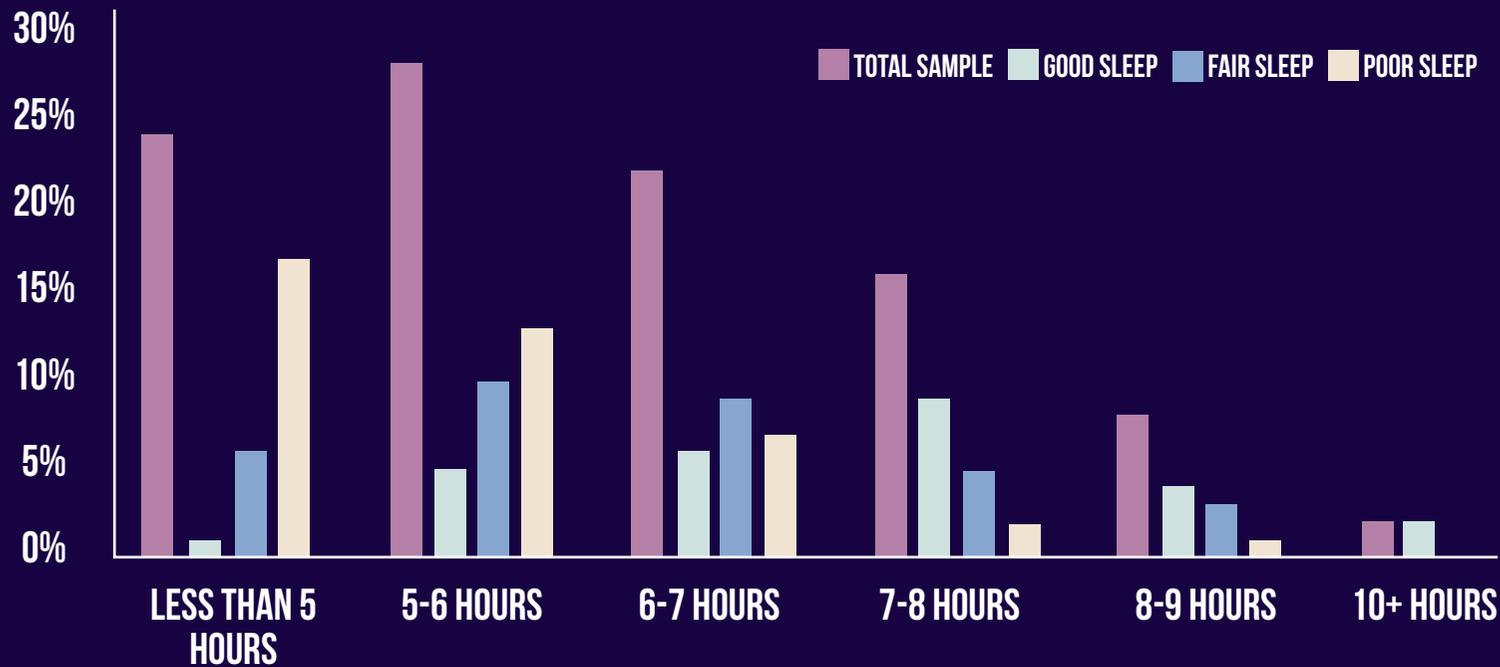
## Healthwatch Medway Sleep Survey

In 2025, Healthwatch Medway conducted a survey of residents' sleeping habits and perceptions<sup>24</sup>.

- Of 98 participants, a majority responded that they usually achieve less than 6 hours of sleep per night - 28% reported five to six hours and 24% reported getting less than five hours of sleep per night, significantly below the recommended target of seven to nine hours.
- Two thirds, or 68% of participants believed that they were getting fewer hours of sleep per night than the number of hours felt necessary, highlighting the widespread prevalence of perceived sleep deprivation.
- Not only are respondents reporting less sleep, a majority of people also report poor sleep. 25% reported that they “never” feel refreshed and ready for the next day.

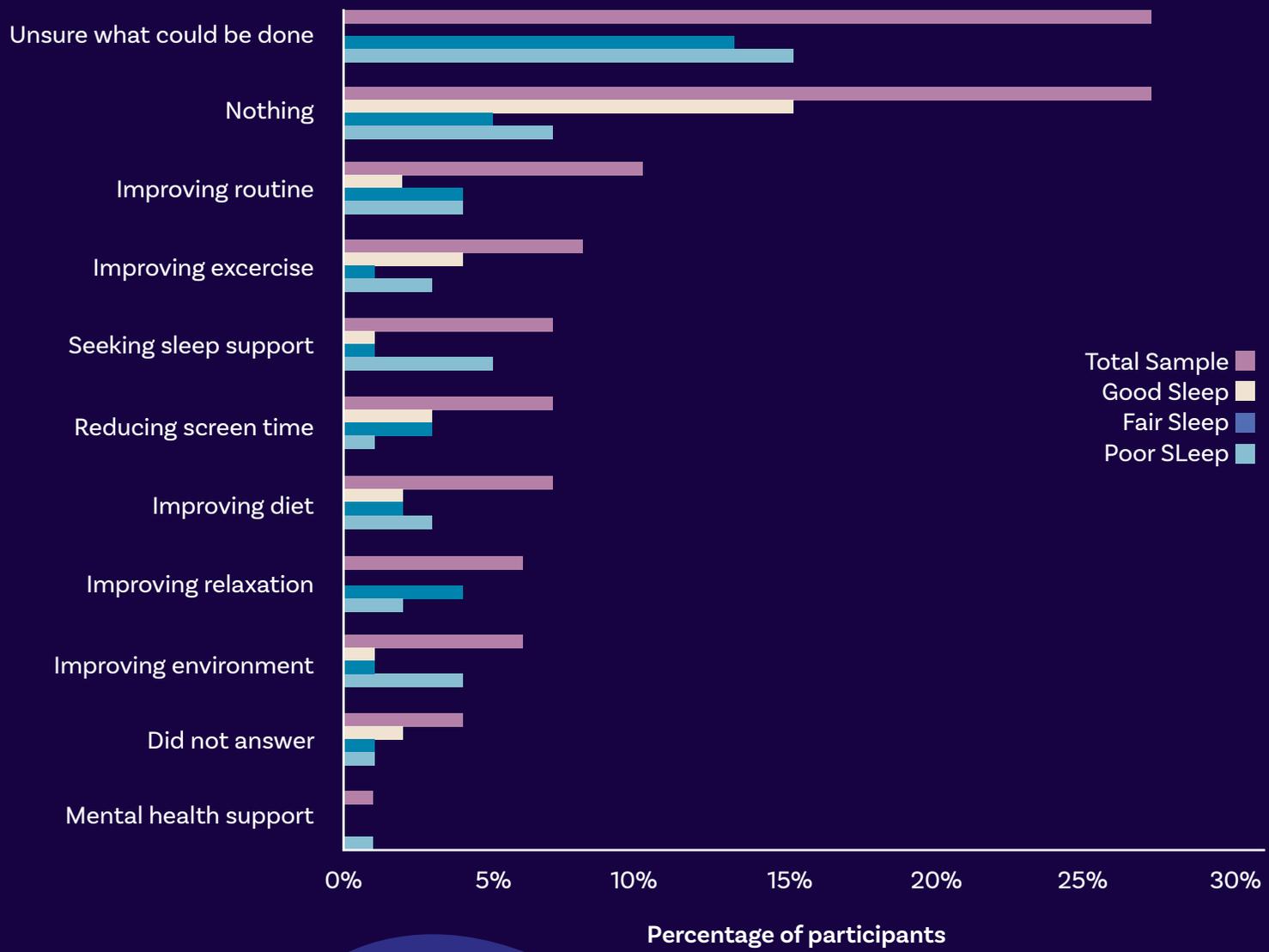
<sup>24</sup> Healthwatch Medway. Waking Up To Sleep: Exploring How Medway Sleeps. 2025.

## PERCENTAGE OF PARTICIPANTS



There is therefore an urgent wellbeing need to help residents in Medway to sleep better, yet the report by Healthwatch Medway also highlighted that there is an information gap in accessing good behavioural advice and support. More than half of all residents surveyed in the report said they either did not think there was anything that could help their sleep quality, or they did not know what to do to improve their sleep quality.

**Figure 4:** The percentage of participants by actual hours of sleep had per night, split by overall quality of sleep responses



**Figure 5:** The percentage of participants by categorised responses to the question “What steps would you be willing to take to improve your sleep quality?”, split by overall quality of sleep responses

## Myth-busting common ideas about sleep

BOX 5

### MYTH 1:

**“I can catch up on sleep at the weekend.”**

Sleep debt builds up during the week and cannot be fully repaid by extra sleep at weekends. Irregular sleep patterns can disrupt your body clock further.

### MYTH 2:

**“Older people need less sleep.”**

While sleep patterns may change with age, most adults – including older adults – still need around 7–9 hours of good-quality sleep each night.

### MYTH 3:

**“Alcohol helps me sleep.”**

Alcohol may make you feel drowsy, but it disrupts deep and restorative stages of sleep, often leading to poorer quality rest and frequent waking.

### MYTH 4:

**“If I can't sleep, I should stay in bed and wait.”**

Lying awake for long periods can create frustration and make sleep harder. It is better to get up, do something calming (like reading), and return to bed once sleepy.

### MYTH 5:

**“Snoring is harmless.”**

While occasional snoring may be benign, loud and persistent snoring can signal sleep apnoea—a condition linked to heart disease, stroke, and accidents due to fatigue. Medical advice should be sought if this is a regular problem.

## SECTION 3:

# TAKING ACTION TO IMPROVE SLEEP

## Diagnosing poor sleep

Objective insomnia refers to disturbances that are measurable using clinical tools and are characterised by reduced total sleep time, a longer time taken to fall asleep, and frequent awakenings. Subjective insomnia is when a person perceives they have experienced poor sleep, but clinical measurements show normal sleep.

However, diagnosing, and subsequently monitoring the prevalence of poor sleep is challenging.

People experiencing poor sleep do not always report this to their GP during medical appointments and this can lead to missed opportunities for diagnosis and treatment. Anecdotal information gathered at local level suggests that people rarely say they have sleep problems but do report

feeling tired. It is also becoming more common for people to raise the issue of poor sleep. Other health conditions that may exist alongside disturbed sleep and the impact of poor sleep on mental health can further complicate the diagnostic process. It is important to note that the direction of causality is likely to run in both directions; poor sleep leading to health problems, and health problems leading to poor sleep.

For their part, not all GPs may prioritise the identification of sleep disorders, as their focus can vary based on their training, experience, and the specific needs of their patient population. Referral to a specialist sleep clinic may not routinely be carried out unless there is the suspected presence of obstructive sleep apnoea.

# What works?

## INDIVIDUAL LEVEL

Cognitive behaviour therapy (CBT) has been shown to have long-term benefits in the treatment for persistent insomnia and is the only intervention which has been rigorously tested and supported by evidence.

The accessibility of CBT has increased markedly in recent years, with the advent of app and web-based programmes. In Kent and Medway, patients can easily self-refer via the Kent and Medway Talking Therapies service.

Short-term treatments with medications could also be utilised although it is important to note their addictive nature and other harmful side effects.

Taking a behavioural approach to address wider factors contributing to an individual's poor sleep is just as important. This could involve education around sleep hygiene, such as establishing a routine about or avoiding excessive screen use before bedtime, promoting simple ways to improve ones' sleeping environment (e.g. installing black out curtains, using weighted blankets, and investing in ear plugs) and addressing other aspects of their behaviour, such as increasing the amount of physical activity and making dietary changes which can improve wellbeing in other ways beyond sleep.

## Anecdote from Medway Community Healthcare

“One of the children I reviewed yesterday has had significantly improved sleep. She really struggled to settle at night and would demonstrate an increase in sensory seeking behaviours. She would become more erratic and at times aggressive, appearing to have a second wind as mum described it. It would take up to four hours to get her to settle in bed. By introducing different sensory strategies throughout the day and offering a sensory circuit within the hour before bed, her needs were being met from a sensory point of view and therefore her brain and body connection was calmer. She felt less of a compulsion to sensory seek which allowed her brain time to calm and her body the opportunity to fall into a restful sleep, rather than waiting until she simply passed out due to exhaustion.

I recommended the use of weighted items such as a blanket and toys during story time before bed and mum reported that she saw a significantly calmer child in the run up to bedtime. She was quite tearful saying how much it had changed her life that her child now has a better bedtime routine. Everyone is getting on better in the household at night time as a result, so that was really positive to hear.



**WATCH WHAT YOU EAT AND DRINK:**

Avoid caffeine and nicotine in the evening, and try not to eat heavy meals or drink alcohol close to bedtime – they can disrupt deep, restorative sleep.



**WIND DOWN BEFORE BED:**

Spend time relaxing before you sleep. Reading, stretching, meditation, or gentle breathing exercises can help your mind and body slow down



**CREATE A CALM SLEEP ENVIRONMENT:**

Keep your bedroom dark, quiet, and cool. Avoid bright lights, noise, and screens in the hour before bed, and reserve your bed for sleep rather than work or scrolling.



**STAY ACTIVE AND GET DAYLIGHT:**

Regular physical activity and exposure to natural light during the day improve your sleep-wake rhythm. Try to get outside each day, even briefly, especially in the morning.



**KEEP A REGULAR ROUTINE:**

Go to bed and wake up at the same time every day – even on weekends. A consistent routine helps regulate your body clock and improves sleep quality.

# Policy level

The Royal Society of Public Health's Waking Up to the Health Benefits of Sleep report<sup>25</sup> recommends the introduction of a "slumber number" as the targeted number of hours of sleep per day different age groups should aim to achieve. This would form an easily communicable health message to the public to raise awareness of the importance of achieving adequate sleep each day.

## Slumber Number

Age group (yrs)	Hours sleep per day
1-2	11-14
3-5	10-13
6-13	9-11
14-17	8-10
18-25	7-9
26-64	7-9
65+	7-8

Healthcare workers could take a more behavioural approach during consultations, building on the concept of "Making Every Contact Count" (MECC) to ask patients about their behaviour - whether this is diet, physical activity or smoking cessation. They should be encouraged to incorporate sleep quality into the routine consultation to screen for insomnia using validated questionnaires such as the Sleep Condition Indicator (SCI).

Learning about sleep could be incorporated into doctor training to raise awareness of this important public health issue. An example of this in action is the Lifestyle Medicine and Prevention (LMAP) modules currently taught to undergraduate medical students at Imperial College London, where students learn about sleep as a core pillar of lifestyle medicine in conjunction with coaching skills to support patients to make behavioural changes.

Locally in Medway, the Kent and Medway Medical School delivered a sleep masterclass for healthcare professionals around recognising, managing, and treating insomnia in primary care in response to increasing volumes of referrals.

Building on this theme of health literacy, sleep health could be better covered in the secondary school PSHE curriculum, and some schools in the UK have also pushed back their morning starting times to be better suited to adolescent circadian rhythms and the "delayed sleep phase" to sleep and awaken later.

<sup>25</sup> Royal Society of Public Health. Waking Up to the Health Benefits of Sleep. (2016).

## SECTION 4:

# RECOMMENDATIONS AND CONCLUSION

Sleep is a vital but often overlooked determinant of health. Poor sleep is closely linked with obesity, cardiovascular disease, diabetes, and mental ill-health, conditions which already present significant challenges for Medway. Improving sleep quality across the population offers a low-cost, high-impact opportunity to enhance prevention, support self-management, and reduce health inequalities.

### Addressing health inequalities

Sleep deprivation and sleep disorders disproportionately affect people in lower socioeconomic groups, shift workers, and those living with poor housing conditions. In Medway, where a higher proportion of the workforce is employed in shift-based industries such as logistics, retail, and health and social care, these risks are particularly pronounced. Tackling sleep inequities can therefore play a role in narrowing the local healthy life expectancy gap.

Recommended actions:

- Work with local employers, particularly in shift-based industries, to promote healthy sleep and fatigue management in the workplace.
- Engage young people and schools to develop a youth-led campaign raising awareness of sleep quality and promoting healthy lifelong habits.

- Integrate sleep health into local prevention campaigns on obesity, mental health, and cardiovascular risk, including ongoing work by the Council on menopause health.
- Promote equitable access to evidence-based digital sleep tools, while ensuring support for digitally excluded residents.

### Strengthening supported self-management in the community

Empowering residents to manage their own health is central to the NHS 10-Year Plan and Medway's public health strategy. Taking a behavioural approach, people can be supported to recognise the importance of sleep, identify factors that have an impact on their sleep, and adopt practical steps to improve it.

Recommended actions:

- Deliver community sleep awareness campaigns through schools, workplaces, and local organisations, positioning sleep alongside other key health behaviours.
- Provide training for primary care teams and link workers to routinely identify and address sleep problems early.
- Embed sleep screening and advice into community services, primary care, and social prescribing pathways, with offers enhanced to include digital interventions such as app-based cognitive behavioural therapy for insomnia (CBT-I).
- Incorporate sleep into MECC work.

## Build a better profile of sleep in Medway

Despite its central role in health, sleep is frequently overlooked in both clinical consultations and wider health programmes. Systematically assessing and monitoring sleep will help build an evidence base for action, guide targeted interventions, and make the case for further investment in sleep health across the system.

Recommended actions:

- Promote the use of validated tools in primary care to assess sleep quality as part of routine health checks and consultations.
- Monitor sleep-related indicators (e.g. self-reported sleep quality, prevalence of sleep disorders) within local health surveillance frameworks.
- Incorporate questions on sleep in the next Medway Health and Wellbeing Survey.
- Undertake a review of sleep services in Medway to map current provision, identify gaps, and inform commissioning of future services.

## Conclusion

Improving sleep across Medway has the potential to deliver significant health and wellbeing benefits, reduce health inequalities, and support the goals of the Medway Joint Local Health and Wellbeing Strategy and the NHS 10-Year Plan. By embedding sleep promotion within prevention, community care, and local health surveillance, Medway can take a proactive role in addressing one of the most under-recognised yet modifiable determinants of population health.

## Key messages for residents

- 1. Good sleep is essential for your health.** It helps your body recover, supports your mental wellbeing, and reduces the risk of conditions like obesity, diabetes, and heart disease.
- 2. Poor sleep is common.** Especially if you work shifts, live in stressful conditions, or struggle with other health problems. But small changes can make a big difference.
- 3. Simple steps can improve your sleep.** Keeping a regular routine, limiting caffeine and screens before bed, and making your bedroom calm and comfortable all help.
- 4. Talk to your GP or pharmacist** if you're worried about your sleep. Support is available, including advice, digital tools, and treatments for more serious sleep problems.
- 5. Sleep is just as important as diet and exercise.** Looking after your sleep is one of the best things you can do for your long-term health.



“ Oh sleep! it is a gentle thing,  
Beloved from pole to pole! ”

Samuel Taylor Coleridge,  
The Rime of the Ancient Mariner

The Power of **sleep** A Wake-Up Call