

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

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To: Kent Health and Wellbeing Board, 11 February 2025

Subject: 2025 Kent Joint Strategic Needs Assessment (JSNA) Summary Report

Classification: Unrestricted

Summary:

The JSNA exception report summarises key population health highlights arising from various health needs assessments and other reports and analyses completed this year. This report enables the Kent Health and Wellbeing Board and the Kent and Medway Integrated Care Partnership to be aware of the relevant issues and trends which need to be addressed and reflected in the key priorities and outcomes of the Integrated Care Strategy and district local plans.

Recommendations:

The Kent Health and Wellbeing Board are asked to **COMMENT** and **ENDORSE** selected recommendations from the needs assessments summarised in this paper:

[Health needs assessment for 5-11 year olds in Kent](#)

- Online parenting courses should be available and promoted, with a focus on “understanding your child” and developing personal, social, and emotional skills in families.
- Trauma informed approaches should be used more widely, and all professionals working with children should be trained.
- Activities which address wider determinants of health should be undertaken, for example addressing damp and mould in housing and reducing excess weight in children.

[Sexual Health Needs Assessment](#)

- Increasing monitoring and methods to prevent human immunodeficiency virus (HIV) transmission by increasing collaboration with wider partners to help identify at risk individuals and refer them for testing, for example drug and alcohol services, adult social care, domestic abuse.
- Raise awareness to increase visibility of sexual health services through marketing and campaigns.

Armed Forces and Veteran Community in Kent Needs Assessment

- Service providers in Kent should be “veteran aware” to accommodate their treatment needs.

Kent & Medway Housing Strategy Evidence

- Kent County Council (KCC) and partners should commit to activities which prevent, reduce and delay the need for Adult Social Care including, monitoring and evaluating the impact of interventions on falls in the elderly.

Dartford, Gravesham and Swanley HCP Needs Assessment

- Local survey data should be collected to explore the efficiency of service utilisation for children aged 0-4 in Dartford, Gravesham and Swanley Health Care Partnership (HCP), such as GP, pharmacy and urgent care.

East Kent HCP Needs Assessment

- A dedicated mental health needs assessment should be carried out to review services for mental health and evaluate the increase in the burden of depression in East Kent.

Stakeholder insight

- GP surgeries should also invite transgender men and non-binary patients with a cervix for their cervical screening, if they are not registered as female and keep an updated register.

Kent JSNA Evaluation

- KCC Public Health will coordinate with the Kent JSNA Steering Group to put in place a regular online process for disseminating reports, updates or any new data to the public.

1. Background

1.1 The JSNA exception report is presented annually to the Kent Health and Wellbeing Board (the previous report was presented in December 2023) and, where necessary, the Kent and Medway Integrated Care Partnership Board. The format of the report contains:

- An overview of key population highlights taken from various reports and a review of population health intelligence tools.
- Summary of health needs assessments, analyses and insight work conducted in the past year.
- Recent changes to the Kent JSNA development process and any other improvements in data and intelligence across the health system.

1.2 The following needs assessments, insight work and analyses have been completed over the last year by the KCC Public Health team and other partner organisations. Where available, final reports have been published on the Kent Public Health Observatory (KPHO) website after approval from the Director of Public Health:

- [Mid-year population estimates](#)
- [Health and Care Partnership profiles](#)
- [National Child Measurement Programme](#)
- [Health needs assessment for 5-11 year olds in Kent](#)
- [Sexual Health Needs Assessment](#)
- Armed Forces and Veteran Community in Kent Needs Assessment
- Kent & Medway Housing Strategy Evidence
- Dartford, Gravesham and Swanley HCP Needs Assessment
- East Kent HCP Needs Assessment
- Stakeholder Insight
- Programme insights report
- Kent JSNA Evaluation

1.3 Governance

1.3.1 The Kent JSNA Steering Group has met regularly for the second year running to provide oversight for this process. In addition to needs assessment, analyses and various reports, the steering group have also discussed notable improvements or changes to intelligence tools such as the JSNA Cohort Model and the public health intelligence linked data set within Kent and Medway Care Record (KMCR). Furthermore, new updates on stakeholder insight work have been shared, such as the Kent and Medway Insight Bank which is described further in section 3.2.

1.4 Context and Overarching Priorities

1.4.1 The Kent and Medway Integrated Care Strategy was approved in 2024. Consequently, a Shared Delivery Plan was developed to set out how partners will deliver the Integrated Care Strategy alongside a log frame matrix which lists key indicators that measure health improvements of importance.

1.4.2 The log frame matrix was presented at the Kent and Medway Integrated care Partnership Board on 2nd December 2024 (see page 34 of the [meeting](#)

[papers](#)) and will be updated and reported once a year, which will inform deep dive discussion areas for the Integrated Care Partnership.

2 Key population highlights

2.1 Demographic changes

2.1.1 The [2023 mid-year population estimates](#) show that Kent remains the most populous county council area in the South East with a population of 1,610,300 people. Kent's population grew by 1.0% (15,800 people) between 2022 and 2023. This is equal to the population growth in the South East and England. Kent has a population density of 4.5 persons per hectare. This is higher than England (4.4) but lower than the South East (5.0).

2.1.2 Dartford has the highest population density in Kent of 16.6 people per hectare. Ashford has the lowest population density of 2.4 people per hectare. Maidstone has the largest population of Kent's local authorities with 184,200 people. This is equivalent to 11.4% of Kent's total population.

2.1.3 Population summary

2.1.3.1 Age and sex

- In Kent there is a greater proportion of people aged 65 to 84 and a lower proportion aged 15 to 24 and 25 to 34 compared to England. Other broad age groups are within 1 percent of the national figures. The median age in Kent is 42 compared to 40 in England. Among older age groups, there are more women than men.
- [Life expectancy datasets](#) show female life expectancy at birth is about four years higher than for males. Since 2001, life expectancy has increased for both genders.
- It remained stable from 2012 to 2019, then dropped in 2020 and 2021 due to the COVID-19 pandemic. It has slightly increased in 2022 and 2023. In Kent, life expectancy is higher than the national average for England, but the gap has narrowed since 2012.
- From 2021 to 2023, the average female life expectancy in Kent was 83.3 years, compared to 83.1 years across England. For males, it was 79.3 years in Kent, compared to 79.1 years in England.
- At district level, life expectancy at birth is lowest in coastal areas, which are also the most deprived. These areas include Thanet, Folkestone and Hythe, Swale, Dartford, Gravesham, Dover, and Canterbury. The areas with the highest life expectancy are Sevenoaks, Tonbridge and Malling, Tunbridge Wells, Maidstone and Ashford.
- The [slope index of inequality](#) measures the gap in life expectancy between the most and least deprived community segments. Between 2018 and 2020, this gap was 7.8 years for males and 5.6 years for females in Kent.

2.1.3.3 Selected equality characteristics

2.1.3.4 Ethnicity

- In Kent at the time of the Census in 2021, 83.2% of the population were classified as 'White: English, Welsh, Scottish, Northern Irish or British'. This compares to 73.5% in England.
- Apart from White British, African (1.9%), Any other ethnic group (1%), Indian (1.7%), Other Asian (1.6%) and Other White (5%) ethnic groups account for more than 1 percent of the population.

2.1.3.5 Main language

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

2.1.3.6 Religion

- In Kent, 48.5 percent are Christian, 1.6 percent are Muslim and 1.2 percent Hindu. 40.9 percent declared no religion and 5.8 percent declined to answer.

2.1.3.7 Sexual orientation and Gender identity

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

2.1.3.8 Limited day-to-day activities (disability)

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

2.2 Emerging health concerns between 2023 and 2024

- 2.2.1 The [Health and Care Partnership \(HCP\) profiles](#) are produced by the Medway Public Health Intelligence Team on behalf of all four HCPs across the Kent & Medway Integrated Care System. The profiles have been developed annually since 2019 and describe key health indicators, across the life course, in terms of trend and comparison across HCPs and Primary Care Networks (PCNs) They are updated every year, where data is available. Some of the key highlights from the latest profile updates are:

2.2.2 West Kent HCP

- The prevalence of overweight and obesity in adults has remained constant in Tonbridge & Malling and Maidstone districts which are 63% and 67% respectively.
- Antibiotic prescribing rates continue to reduce.
- Breast screening rates have improved to 69%, up from 66%.
- The rate of attendance at Accident and Emergency (A&E) among those aged under 5 continues to increase above pre-pandemic levels.
- Self-harm hospital admissions in
 - those aged 10 to 24 years show a slight reduction overall (479 per 100,000), but the rate is worse than other HCPs in Kent, possibly due to different recording practices across different acute trusts.
- The rate for hospital admissions due to substance misuse in those aged 15-24 is 82 per 100,000, worse than England notably higher in Tunbridge wells (101 per 100,000) and Maidstone (95 per 100,000).
- Emergency hospital admissions due to hip fracture (persons aged 65+) has increased with Tonbridge and Malling and Maidstone worse than England.

2.2.3 Medway and Swale HCP

- Sittingbourne PCN
 - The overall rate of antibiotic prescribing has increased but the rate is similar to national levels.
 - A&E attendances for under 5s increased above pre-pandemic levels.
 - Emergency hospital admissions for asthma (under 19s) has reduced but the rate remains worse than England average.
 - Hospital admissions for self-harm among 10-to 24-year-olds has continued to increase and GP recorded depression among adults has increased by over 1% to 16.2%.
- Sheppey PCN
 - Antibiotic prescribing remains high.
 - Breast cancer screening has reduced to 63% which is similar to the national average.
 - A&E attendances for under 5s have continued to increase above pre-pandemic levels.
 - Emergency hospital admissions for asthma (under 19s) has reduced but the rate remains worse than England.
 - Hospital admissions for self-harm among 10- to 24-year-olds has reduced and GP recorded depression among adults has increased by over 1% to 17.4%.

2.2.4 HCP summaries of the Dartford, Gravesham and Swanley (DGS) and East Kent profiles have been replaced by the area-based needs assessment for those areas which are described further in section 2.8.

2.3 National Child Measurement Programme 2023/24

2.3.1 Excess weight in children remains a concern in Kent. The National Child Measurement Programme in 2023/23 found that 22.7% of reception children and 34.9% of year 6 children in Kent have excess weight. Excess weight in reception children is significantly worse than the England average (22.1%) and the South-East average (20.8%).

Reception: Prevalence of overweight (including obesity)

National Child Measurement Programme 2023 to 2024

In 2023 to 2024, 22.1% of children in reception (aged 4 to 5 years) were overweight or living with obesity (boys 22.2%, girls 21.9%)



Office for Health Improvement and Disparities

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Figure 1: Infographic showing the national prevalence of excess weight in reception children (2023/24) Source: [OHID](#)

2.3.2 There is variation in excess weight by Kent Districts. Folkestone and Hythe and Ashford have significantly higher excess weight and Tunbridge Wells have a significantly lower excess weight than the England average. For year 6, Kent generally has lower levels of excess weight than the national average in Year 6 but show a steadily increasing long-term trend. However, Gravesham, Dover and Swale have significantly higher prevalence of excess weight than England.

2.3.3 The prevalence of excess weight in Kent has increased since the previous JSNA Exception Report in reception year from 21.3% (21/22) to 22.7% (23/24). However, the prevalence of excess weight for year 6 children has reduced from 35.8% to 34.9% of year 6 children in Kent.

2.4. **Child Health Needs Assessment (Aged 5-11)**

2.4.1 The health needs assessment post pandemic emphasised the differences in outcomes experienced by those children living in deprivation, in terms of health and education. This is particularly notable in terms of their emotional and mental health. Key points to note are:

2.4.2 Worsening emotional and mental health

- emotional and mental health needs are seen to be more prevalent
- Increased exposures to trauma experienced.

- Detrimental impact of the COVID-19 pandemic on primary school aged children’s learning, mental health and wellbeing, socialisation, routine, and sleep being apparent.
- Schools is an integral part of identification and support for primary aged children who have faced adversity.
- A need to understand the mental health needs of children with epilepsy.

2.4.3 Declining learning and education outcomes:

- Developmental milestones in terms of learning are not being met.
- Lower uptake of free school meals where entitlement is highest.
- Decreased school attendance.

2.4.4 Increased healthcare demand:

- Emergency admission to hospital is highest in districts with greatest proportions of the population from different ethnic groups.
- Increasing health and health care needs as seen in the prevalence of obesity and dental decay.

2.4.5 Increasing health inequalities:

- Widening inequalities with increased entitlement to child disability living allowance.

2.5 Sexual Health Needs Assessment

2.5.1 Kent's sexual health landscape has changed significantly since 2018 due to the COVID-19 pandemic, leading to reduced clinic access and a shift to online services. There have been increases in Sexually Transmitted Infections (STI) rates, reduced hormonal contraception use, late HIV diagnoses, and increased pregnancy terminations.

2.5.2 STI testing is increasing across Kent and has recently risen above pre-pandemic levels, however, the trajectory has slowed and remains lower than England.

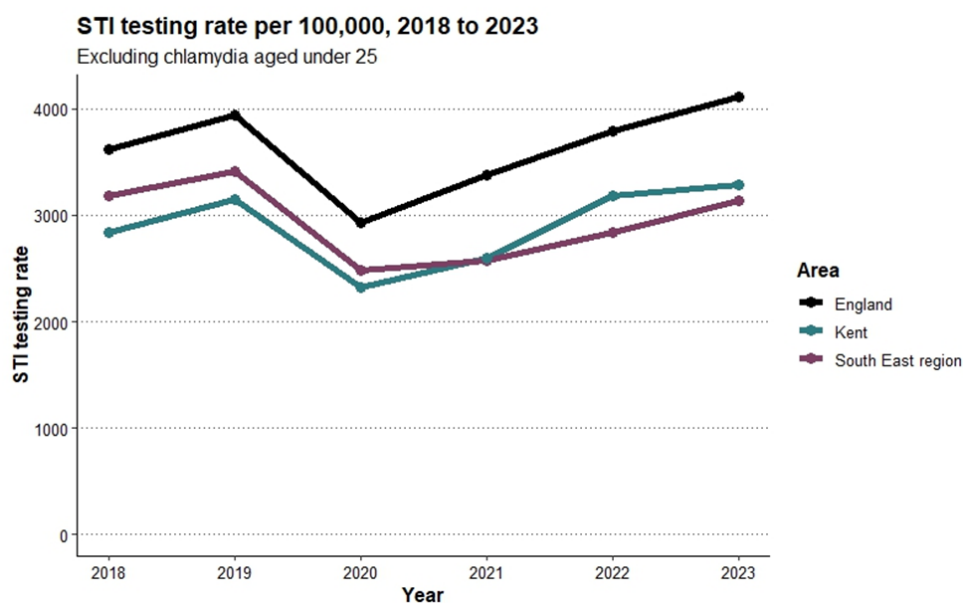


Figure 2: STI testing rate per 100,000, 2018 to 2023

2.5.3 Gonorrhoea has increased above pre-pandemic levels. Syphilis rates in Kent do not appear to be following the national trends and has decreased. All other STI diagnosis rates are following national trends.

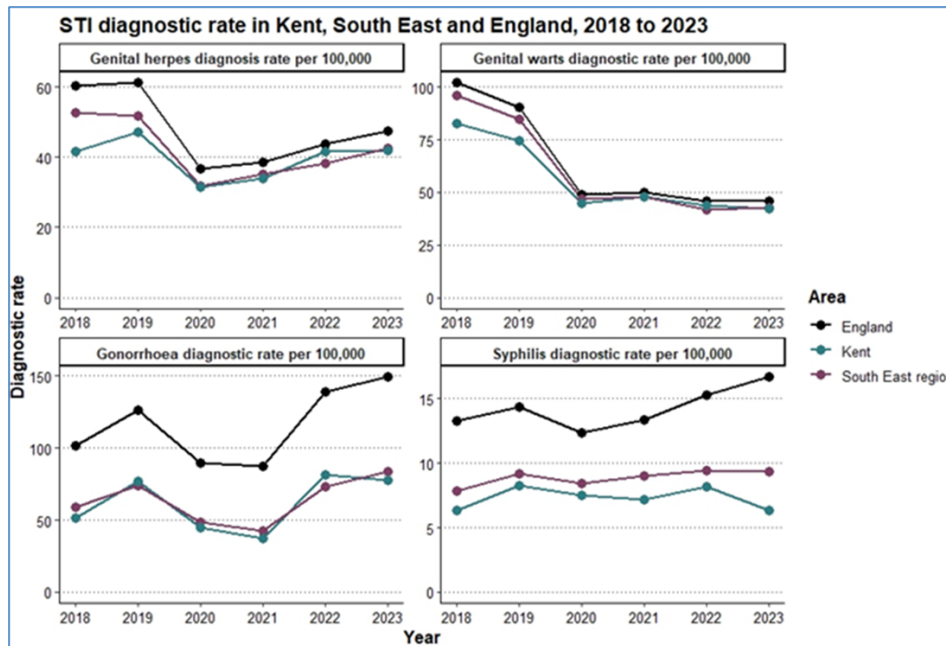


Figure 3: STI diagnostic rate in Kent, Sout East and England, 2018 to 2023

2.5.4 HIV diagnosis rates in Kent continue to increase. Trends show an increase over the past decade. Overall, Kent is not categorised as a high prevalence area, which are areas with a prevalence between 2 and 5 per 1,000 people aged 15 to 59 years¹. However, Gravesham (2.22 per 1,000) and Thanet (2.03 per 1,000) have the highest prevalence of HIV diagnoses of the Kent districts, surpassing South East figures and meaning that they are classed as areas of high prevalence.

2.5.5 Use of hormonal contraception overall is declining. LARC prescriptions have not returned to pre-pandemic levels, however, Kent has stayed in line with England rates. Oral contraception use has been steadily and consistently declining since 2018. Decreases in hormonal contraception are happening in parallel to increases in abortion rates in Kent. For females 15 to 44 years, in 2021, the total abortion rate per 1,000 of the population was 19.0 compared to 19.2 for England.

2.5.6 Certain groups in our communities have been identified as potentially more at risk of poor sexual health outcomes and experiencing sexual health inequalities. For example, young people, black and ethnic minority populations, migrant communities and LGBTQ+ people.

2.5.7 Finally, women are known to experience poorer sexual health consequences than men and are also more likely to experience sexual abuse and violence.

2.6 Armed Forces and Veteran Community in Kent Needs Assessment

¹ <https://www.nice.org.uk/guidance/ng60/chapter/Recommendations>

- 2.6.1 There are 410 serving UK armed forces personnel in the County along with 900 Gurkha soldiers. There are 340 reservists (including Rochester) as well as the cadet community. The Kent veteran population make up over 52,000. A substantial number (58%) are over 65 years of age and reside in the eastern coastal fringes of Kent.
- 2.6.2 Mental health disorders are similar to those rates found in the general population. Kent veterans are statistically more likely to attend substance misuse treatment services for treatment for alcohol rather than opiates or non-opiates compared to non-veterans. Over the period 2020 to 2023 there have been seven service/veteran recorded suicides in Kent.
- 2.6.3 Consultations with the veteran community highlights that employment, housing, mental health and finance are the main issues raised by veterans.
- 2.6.4 The needs assessment identified that 418 applicants expressing a need for local authority housing. Ashford (71) and Dover (70) have the highest numbers whilst Tunbridge Wells (9) and Gravesham (0) have the lowest numbers. There were 19 cases of veteran homelessness in the County over a year in 2024.
- 2.6.5 Data on service personnel and their circumstances is provided by the Armed Forces Continuous Attitude Survey which cites that more family support is needed.
- 2.6.7 Veterans who enter the Justice System exhibit similar risk factors to offending as do nonmilitary civilians. Experiences resulting from deployment and mental health issues such as Post-traumatic stress disorder (PTSD) and alcohol misuse can increase the risk of offending. Veterans in the Kent prison estate range from 2% (Standford Hill) to 5% (Maidstone). Nationally they tend to be male (98%) and within the age ranges 30-39 and 40-49 with almost 7% aged 70+.
- 2.6.8 The Criminal Justice Liaison and Diversion Service scheme via OpNOVA operates in Kent and all offenders are asked to disclose their veteran or serving member status. Since late 2022 to late 2023 114 veterans/serving members have been listed in Police Custody (92 veterans and 22 serving members) with ages ranging from 18 to 87.

2.7 Kent & Medway Housing Strategy Evidence

- 2.7.1 The population has grown by 7% over the last 10 years and by 18% over 20 years, with some authorities growing more rapidly notably Ashford, Dartford, Maidstone, Swale and Tonbridge and Malling. The dwelling stock across Kent has grown by 9% over the last 10 years, but not sufficient to meet growing demand. The key highlights from the evidence review include:
- 2.7.1.1 There is a lack of affordable housing. Average prices increased by 15-30%. The most affordable authority area (Dover) has median house prices that are more than 8 times median earnings and least affordable in Sevenoaks where house prices are 14 times median earnings. As a whole, 19.2% of households (145,566 households) live

in the private rented sector in 2021. The poor affordability of even the cheapest rental properties in the private rented sector for those reliant on housing benefit directly has contributed to households becoming homeless.

- 2.7.1.2 There are 3,597 children who are homeless and living in temporary accommodation in Kent and Medway (March 2024). This is one of the most insecure forms of housing, often lacking in adequate space and facilities and families can sometimes be placed a long distance from schools, impacting on attendance, behaviour, and longer-term educational outcomes.
- 2.7.1.3 Over 26,000 households in Kent and Medway live in overcrowded homes in 2021. The largest proportion are in the private rented sector (9,378), followed by the social rented sector.
- 2.7.1.4 Across the South East, over 10% of homes are non-decent according to the Survey of English Housing, for example not in a reasonable state of repair, hazardous or lacking in modern facilities. Of which a large significant proportion lead to fuel poverty. Increasing older population means it will result in increased need of adapted housing especially for those with physical disabilities.

2.8 Area Based Needs Assessment

2.8.1 Dartford Gravesham and Swanley HCP Needs Assessment – Key findings

- Smoking rates in Dartford, Gravesham, and Swanley have reduced from 14.4% to 12% between 2017 and 2022. There are large disparities in the levels of smoking between ethnic groups with 36.4% of Gypsy/Irish traveler ethnicities smoking compared to 12% in the total Dartford, Gravesham, and Swanley population.
- The rate of admissions with Mental Health as a primary diagnosis has reduced by 44% over the last 10 years, from 297 per 100,000 to 165 per 100,000.
- Admissions for falls which have resulted in a leg or hip fracture in those over 65 have reduced by 16% in Dartford, Gravesham, and Swanley between 2013 and 2023.
- Dartford, Gravesham, and Swanley has higher rates of emergency admissions and gastroenteritis admissions in children aged 0-4 years old compared to Kent.
- Obesity rates in Dartford Model Primary Care Network (PCN) are significantly higher than in the rest of Dartford, Gravesham, and Swanley. Furthermore, Gravesham has the highest obesity rates in Kent for year 6 students, and the highest rates of admission for dental conditions for children aged 5-11 years old.
- Hospital admissions where mental health is a secondary condition are higher in Dartford, Gravesham, and Swanley than in the rest of Kent. In addition, the rate of annual physical health checks in those with

severe mental illnesses (SMI) is lower in Dartford, Gravesham, and Swanley compared to the other health care partnerships in Kent. This is concerning due to the higher rates of premature mortality within this group.

- Alcohol related admissions are higher in Dartford, Gravesham, and Swanley than the rest of Kent, and are increasing.
- Coverage of Cervical Screening is below target in every PCN in Dartford, Gravesham, and Swanley.
- STI and HIV rates in Dartford are significantly higher than the rest of Kent.
- Flu and pneumonia admission rates in over 65 year olds are higher in Dartford, Gravesham, and Swanley than the rest of Kent, and are 70% higher in the most deprived areas compared to the least deprived.
- Dartford, Gravesham, and Swanley, and the rest of Kent and Medway, show persistently high rates of premature mortality from Cardiovascular Disease.

2.8.2 East Kent HCP Needs Assessment – Key findings

- Canterbury and Thanet have the highest rates of premature births in all of Kent, at 100.4 and 87.1 premature births per 1,000 respectively.
- Smoking rates remain high in routine and manual workers, at 17%. 11% of adults in East Kent are smokers.
- Canterbury has the highest diagnosis rate of gonorrhoea, at 133/100,000 in 2023 — 1.5 times higher than in 2018.
- The positivity rate of STI diagnosis via online testing services are higher in East Kent than in North or West Kent.
- Deaths related to drug misuse is higher than the average for England and for Kent.
- The age-standardised suicide rate has been relatively static since 2018, at approximately 12.5 deaths per 100,000.
- Obesity rates in adults are increasing in East Kent, while the rate of physical activity remains static.
- Osteoporosis rates are rising across East Kent. While hip fractures occur at a greater rate in women than in men, neither group is seeing an increase in their fracture rate as a result of greater osteoporosis prevalence.
- Folkestone and Hythe has the greatest prevalence of dementia in East Kent, at 9.3 cases per thousand population. Ashford has the lowest prevalence, at 7.5 cases per thousand population.

- In terms of end of life care, Canterbury sees the highest proportion of deaths occurring at home, at 34.1%. The proportion for the rest of the East Kent is roughly similar, at approximately 30%.

2.9 Inclusive health groups

2.9.1 Stakeholder Insight

2.9.2 A qualitative study was conducted to understand the current provision of cervical screening for the LGBTQ+ population in Canterbury and investigate confidence amongst staff members. The key barriers and facilitators are highlighted below. On a related note, the quality of coding which varies across different practices also affected cervical screening uptake.

| | Barriers | | Facilitators |
|--|--------------------------------|--|---------------------------|
| System process challenges | Administrative burden | Leadership, education & shared responsibility | Leadership |
| | Lack of comprehensive register | | Shared responsibility |
| | Unreliable coding | | Whole team approach |
| | Variation between practices | | Staff education |
| | Confidentiality | | Guidance/protocols |
| Poor patient acceptability/ awareness | Negative prior experience | Effective communication | Open communication |
| | Physical discomfort | | Clear information |
| | Lack of patient awareness | | Targeted promotion |
| | Lack of patient acceptability | | Dispelling myths |
| Low staff confidence | Lack of training/experience | Safe Spaces | Signifiers |
| | Fear of offending | | Sense of Safety |
| | Cultural differences | | Equal Treatment |
| Intersectional factors | | Constructive system processes | Clinic/appointment set up |
| | | | Reliable recall system |
| | | | Accurate coding |
| | | | Co-production & feedback |

Figure 4: The key barriers and facilitators to the provision of cervical screening

2.10 Public Health Transformation Programme Insights

2.10.1 Insight was undertaken to support the Public Health Service Transformation (PHST) Programme. There were six Public Health funded services in Kent in-scope including: 1. Adult lifestyle 2. NHS Health Check programme 3. Sexual Health 4. Condom Programme 5. Postural stability 6. Children and YP 13 – 24. The project prioritised CORE20PLUS5 population groups including deprivation, protected characteristics and inclusion health groups. Key themes were found to be:

2.10.2 A range of barriers to access was highlighted. These include time constraints due to work or parenting commitments, affordability and access to public transport. Digital exclusion existed for some because of capacity and capability to get online to access services. Cultural factors were highlighted by people from ethnic minority groups such as inadequate representation in services and inability to communicate.

- 2.10.3 Some respondents reported difficulty in finding information about healthy lifestyles services, not knowing where to look, challenges in getting referrals or signposting from professionals.
- 2.10.4 People with Severe Mental Illness (SMI) and Autism Spectrum Disorders expressed a lack of understanding and support amongst frontline staff. There was a belief that smoking or drinking alcohol was necessary for stress relief and therefore wouldn't consider reducing consumption or quitting as a result.
- 2.10.5 Enablers for accessing services were highlighted as being able to be supported long term and having regular 'check-ins'. Participants highlighted advertising and delivering services in the places they go, knowing what to expect and that services are 'for me' as important enablers.
- 2.10.6 Healthy lifestyles services need to be delivered in a range of ways to meet the needs of the different types of residents who need to access them. Some participants highlighted the importance of face-to-face support, group sessions and peer support, while others preferred self-directed or online support, telephone support or support via apps.

2.11 Kent Joint Strategic Needs Assessment (JSNA) Evaluation

- 2.11.1 An evaluation of the Kent JSNA has been undertaken to understand its impact. The evaluation focussed on the following:
- How is the Kent JSNA influencing decision making, policy making and strategic plans?
 - How do self-serve users engage with and navigate the Kent Public Health Observatory (KPHO) website?
- 2.11.2 Interviews were carried out alongside a web search and documentary review. Fourteen people participated in the evaluation either through one-to-one interviews or focus groups. Participants were from a range of sectors and seniority levels across Kent.
- 2.11.3 Participants reported that the Kent JSNA has been effective in influencing decision making, policy making and strategic plans and it is central for setting work plans, activities, strategies, internal reports, bid writing and planning engagement and involvement with communities.
- 2.11.4 Participants expressed that the evidence provides a license to do things differently, forms a basis for joint working, provides justification for allocating funds and can be used as a tool for advocacy and lobbying.
- 2.11.5 Participants were generally not familiar with the full range of JSNA resources, but reported to refer to one or two specific items that best suited their needs. The area based needs assessments and the HCP/PCN profiles were most frequently described as a well-used resource.
- 2.11.6 The Kent JSNA was considered an important tool in doing things differently, examples provided to demonstrate this included the Population Health Management [video] by West Kent HCP, <https://vimeo.com/920391859>, Kent

and Medway Integrated Care Strategy, the creation of an urgent care service for 0-5 year olds and the elderly.

2.11.7 Overall, participants found the Kent Public Health Observatory website (which hosts the Kent JSNA) simple and easy to navigate, those who have contacted the KPHO team for support reported having a good experience. However, participants highlighted that providing real time data would enable users to monitor the impact of services and interventions and having consistency with names and dates of publications would be advantageous.

3. Other JSNA Products, new information and intelligence

3.1 Use of the JSNA Cohort Model

3.1.1 The JSNA Cohort model helps to model and forecast population health and care needs and to simulate the impact of various behavioural interventions on health status. The outputs have been used in many reports both in public health as well as for the NHS over the years. The tool is exceptional in terms of its magnitude and scope (containing more than 9000 variables), and possibly one of the first developed and designed in collaboration with a Local Authority Public team in the UK.

3.1.2 More recently modelling outputs have fed into the PHST Programme work. The tool was further expanded and updated to understand and simulate the impact of the NHS health checks programme on the Kent population. Results of scenario generation have been discussed with commissioners for planning and decision making.

3.1.3 A separate simulation modelling tool using systems dynamics was used to analyse the regional bed demand for inpatient detoxification services for drugs and alcohol abuse. Model outputs were also discussed in detail with commissioners and contributed to planning investment for bed capacity going forward.

3.1.4 Both projects have been written up in detail and submitted for peer-review publication journals due out later this year, adding further to our local evidence of service and system planning work.

3.1.5 The JSNA cohort model was employed in the area based needs assessment for East Kent HCP and Dartford, Gravesham and Swanley HCP. It was used to model and simulate impact of different prevention intervention options over 25 years for each defined population.

3.2 Development of an Insight Bank for Kent and Medway

3.2.1 Kent and Medway ICB communications team are creating a central "insight bank" to pool and share valuable knowledge about patient and public experience and views. of health, wellbeing, and care services, collecting and collating information from local partner organisations. This will support collaboration and learning, minimise duplication, maximise the impact of

feedback from communities, and identify gaps in engagement, particularly in communities facing health inequalities.

3.2.2 Information will be organised around the six key themes of the Integrated Care Strategy. There will be a key word search based on protected characteristics, location or area, health inequalities and the wider determinants of health and exploring building in an AI-enhanced analysis function to search for information across a range of texts.

3.2.3 The insight bank will be easy to use (uploading reports or information), regularly updated, and supported with ongoing assistance. Only anonymised information will be included and options for different web-based locations are being considered to make it as accessible as possible.

3.3 Prevention Framework

3.3.1 The 'Prevention Framework' is a practical guide which will set out the strategic direction for Kent County Council to prevent, reduce and delay the need for Adult Social Care, in accordance with The Care Act 2014. The goal is to do this in a way that is integrated with system partners, and co-produced with residents and the VCSE sector to ensure the approach is sustainable and meaningful.

3.3.2 Through the identification of gaps in the literature locally and nationally, the team aim to conduct a series of 'chapter summaries' on areas not covered by a full Health Needs Assessment. The framework will include national and local policy and partnership landscape, thematic priorities and the guiding principles, understanding of the current and changing nature of future demand for preventative interventions, expectations about what services and interventions should be provided steps to be taken in monitoring progress on delivery

3.3.3 The framework will be expected to align with existing council strategies including the 'Making a Difference Every Day Strategy', 'Framing Kent's Future' and 'Kent and Medway Integrated Care Strategy'.

3.3.4 Deep dive analysis is under way to look at health characteristics of Kent residents who are in receipt of social care services, using the locally linked data in the Kent and Medway Care Record (KMCR). This analysis will lead to building appropriate evidence base for local prevention and resource allocation further 'upstream'.

3.4 Research, Innovation and Improvement (RII)

3.4.1 KCC Public Health's Research Innovation and Improvement function has made significant progress since its inception 2 years ago. The team has grown to 10 including 3 academics and has processed over 300 research related enquiries, initiated recruitment for 4 national NIHR portfolio studies with another 6 in the pipeline, rejuvenated our local research network aka Kent & Medway Research & Innovation Collaborative of over 100 research leads, including NHS Kent & Medway for which we now have a joint coordination function. and a new and emerging evaluation support team for local commissioning. Building up these vital activities and resources will

generate better understanding of our population health and, more importantly, local evidence of service impact.

3.5 New datasets

3.5.1 KCC public health now have access to the linked data within KMCR and are using it for public health intelligence purposes.

3.5.2 The Kent, Medway and Sussex Secure Data Environment (KMS SDE) programme allows approved researchers to apply, securely access and analyse de-identified health and social care data from across the region. For example, analysis of coastal health needs by university of Kent. Formal launch events are planned in February 2025 to share more information around how the SDE works to potential future researchers.

4. Recommendations

4.1 The Kent Health and Wellbeing Board are asked to **COMMENT** and **ENDORSE** the following recommendations:

[Health needs assessment for 5-11 year olds in Kent](#)

- Online parenting courses should be available and promoted, with a focus on “understanding your child” and developing personal, social, and emotional skills in families.
- Trauma informed approaches should be used more widely, and all professionals working with children should be trained.
- Activities which address wider determinants of health should be undertaken, for example addressing damp and mould in housing and reducing excess weight in children.

[Sexual Health Needs Assessment](#)

- Increasing monitoring and methods to prevent human immunodeficiency virus (HIV) transmission by increasing collaboration with wider partners to help identify at risk individuals and refer them for testing, for example drug and alcohol services, adult social care, domestic abuse.
- Raise awareness to increase visibility of sexual health services through marketing and campaigns.

Armed Forces and Veteran Community in Kent Needs Assessment

- Service providers in Kent should be “veteran aware” to accommodate their treatment needs.

Kent & Medway Housing Strategy Evidence

- Kent County Council (KCC) and partners should commit to activities which prevent, reduce and delay the need for Adult Social Care including, monitoring and evaluating the impact of interventions on falls in the elderly.

Dartford, Gravesham and Swanley HCP Needs Assessment

- Local survey data should be collected to explore the efficiency of service utilisation for children aged 0-4 in Dartford, Gravesham and Swanley Health Care Partnership (HCP), such as GP, pharmacy and urgent care.

East Kent HCP Needs Assessment

- A dedicated mental health needs assessment should be carried out to review services for mental health and evaluate the increase in the burden of depression in East Kent.

Stakeholder insight

- GP surgeries should also invite transgender men and non-binary patients with a cervix for their cervical screening, if they are not registered as female and keep an updated register.

Kent JSNA Evaluation

- KCC Public Health will coordinate with the Kent JSNA Steering Group to put in place a regular online process for disseminating reports, updates or any new data to the public.

5. Background Documents

- [Mid-year population estimates](#)
- [Health and Care Partnership profiles](#)
- [National Child Measurement Programme](#)
- [Health needs assessment for 5-11 year olds in Kent](#)
- [Sexual Health Needs Assessment](#)

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