From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Kent Health and Wellbeing Board, March 2026

Subject: 2026 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 note and comment on the contents of the Joint Strategic Needs Exception Report, and to APPROVE the selected recommendations from the needs assessments summarised in this paper for incorporation into the Joint Strategic Needs Assessment.

- Pharmaceutical service providers must ensure services remain accessible to all; services should be adaptable and cater to the needs of inclusion health groups.
- Kent County Council (KCC) and the Integrated Care Board (ICB) should work collaboratively to avoid duplication and continue supporting the current community pharmacy estate to sign up and deliver services where required.
- There is an urgent need to support a Whole Systems Approach to prevent obesity and to fund more population-targeted programs delivered in the community, workplaces, and schools
- There is a need to expand the range of interventions that address the broader influences on health, such as living and working conditions and other wider determinants, to create a more comprehensive and impactful approach
- Kent's weight management pathway is undersized for the need and requires more comprehensive support to engage priority groups.
- Explore the reporting and transition of Educational Health and Care Plan (EHCP) and special educational needs support to those with Special Educational Needs and Disability (SEND) in education after 16 years. [
- Increase the physical activity offer for older adults including frail, older adults through whole system action including infrastructure change, education and accessible service provision.

- Promote the adoption of Age Friendly Communities across Kent to support healthy ageing, physical activity, active travel and allow older adults to help shape the place that they live in.
- Develop and embed Intervention and Brief Advice for Physical Activity (IBA-PA) into health and care professional practice as part of a mandatory workforce education programme.

1. Background

1.1 The JSNA exception report is presented annually to the Kent Health and Wellbeing Board (the previous report was presented in February 2025). 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
- Pharmaceutical Needs Assessment
- Adult Healthy Weight
- SEND Needs Assessment
- Physical Activity in adults and older adults
- A&E Attendance Insights from East Kent
- Mental health crisis support
- From Service to Civilian

1.3 Governance

1.3.1 The Kent JSNA Steering Group has met regularly for the fourth 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 our Research, Innovation and Improvement developments.

2 Key population highlights

2.1 Demographic changes

2.1.1 The 2024 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.

2.2 Emerging health concerns between 2024 and 2025

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 and similar to national levels.
- Antibiotic prescribing rates are similar to England and continue to reduce.
- Breast cancer screening rates have improved to 75.9%, up from 69%.
- The rate of attendance at Accident and Emergency (A&E) among those aged under 5 has remained constant but remains above pre-pandemic levels.
- Self-harm hospital admissions in those aged 10 to 24 years show a reduction overall (336 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 70 per 100,000, which is worse than England. Rates are notably higher in Tunbridge wells (117 per 100,000), Tonbridge and Malling (73 per 100,000) and Maidstone (65 per 100,000).
- Emergency hospital admissions due to hip fracture (persons aged 65+) have reduced and are similar to England.

2.2.3 Dartford Gravesham & Swanley (DGS) HCP

- Smoking prevalence has increased slightly to 14%, this is higher than the Kent and Medway and National average.
- Physically inactive adults have steadily increased to 27%, this is worse than Kent and Medway and England.
- The overall rate of antibiotic prescribing has reduced.
- The rate for hospital admissions due to alcohol specific conditions is 675 per 100,000 which is worse than England.
- Breast screening rates have improved to 70.1% but remains worse than the England average.
- The rate of attendance at A&E among those aged under 5 is highest in DGS HCP and continues to increase above pre-pandemic levels.
- There has been a small increase in Diabetes prevalence among those aged 17 years and over to 8.3%.
- The overall suicide rate has slightly increased but remains similar to national levels.

2.2.4 East Kent HCP

- Life expectancy at birth for males has remained constant at 79.1 years which is worse than Kent and Medway and England.
- Smoking prevalence among those aged 18+ has reduced overall to 9%. However, Thanet (14%) remains higher than the rest of East Kent.
- The prevalence of overweight and obesity among adults has remained constant at 65% which is similar to England.
- The overall rate of antibiotic prescribing has reduced.
- The rate of attendance at A&E among those aged under 5 has reduced to pre-pandemic levels but remains worse than England.
- School readiness has remained constant at 66% which is worse than England.
- Pupil absence has remained constant at 8.3% which is the highest in Kent and Medway and worse than England.
- The rate of depression has slightly increased and is higher than England.

2.2.5 Medway and Swale HCP

- Sittingbourne PCN
    - The overall rate of antibiotic prescribing has reduced and the rate is lower than national levels.
    - A&E attendances for under 5s increased slightly but the rate is better than England level.
    - Pupil absence has reduced slightly but remains worse than England.
    - The rate of obesity prevalence has increased and is higher than England.

- Sheppey PCN
    - Antibiotic prescribing has reduced but remains higher than England.
    - Breast cancer screening has increased to 68% but remains worse than the national average. Bowel cancer screening has slightly increased but remains worse than England.
    - Emergency hospital admissions for asthma (under 19s) have reduced to better than the England average.
    - GP recorded depression among adults has increased (20%) and is higher than England.

2.3 National Child Measurement Programme 2024/2025

2.3.1 Excess weight in children remains a concern in Kent. The National Child Measurement Programme in 2024/25 found that 24.1% of reception children and 35.2% of year 6 children in Kent have excess weight. Excess weight in Kent is similar to the England average in reception children however, it is significantly better than the England average for year 6 children.

2.3.2 There is variation in excess weight by Kent Districts. Folkestone, Dover and Ashford have significantly higher excess weight than the national average. For year 6, Gravesham and Thanet have a higher excess weight than the national average.

2.3.3 The prevalence of excess weight in Kent has increased since the previous JSNA Exception Report in reception year from 22.7% (23/24) to 24.1% (24/25). The prevalence of excess weight for year 6 children has also increased from 34.9% (23/24) to 35.2% (24/25) in Kent.

2.4 The Pharmaceutical Needs Assessment (PNA) 2025

2.4.1 The 2025 Kent PNA, published 1 October 2025, concluded that no gaps had been identified in the provision of pharmaceutical services deemed necessary by the Kent HWB, either now or in the next three years. NHS pharmaceutical services are well distributed across Kent, serving all the main population centres and there is adequate access to a range of NHS services commissioned from pharmaceutical service providers.

2.4.2 The Community Pharmacy sector has reported workforce and funding challenges. In 2024, the rate of national pharmacy closures was higher than previous years, mainly due to these combined pressures. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.

2.4.3 In Kent there are 251 community pharmacies (which is a decrease from 272 reported in the last PNA (2022)), two dispensing appliance contractors and 41 dispensing doctor practices (44 sites). The majority of community pharmacies

(210 (84%)) are open on Saturdays, 83 (33%) are open after 6 pm on weekdays and 40 (16%) are open on Sundays in Kent.

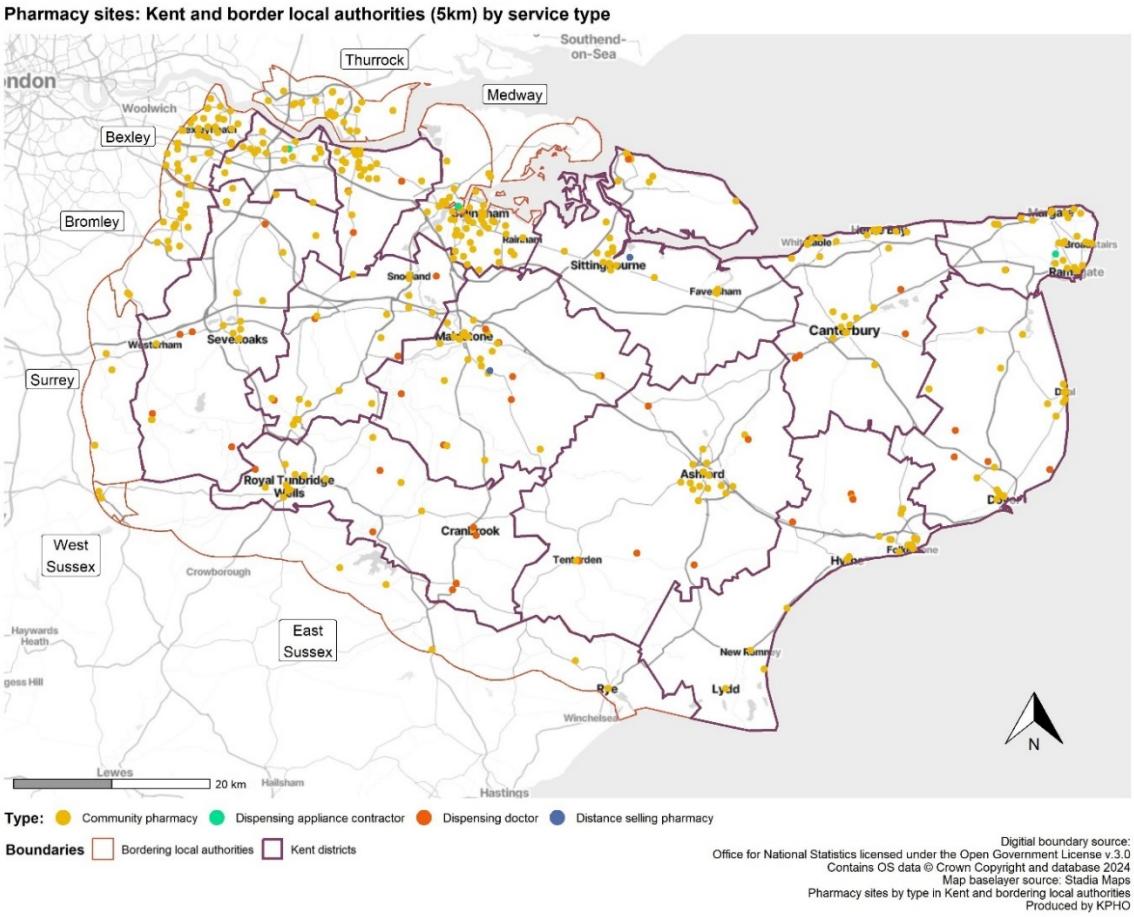


Figure 1: Map of pharmaceutical providers in Kent and across borders (5km)

2.4.4 The number and locations of the community pharmacies across Kent are reflective of the mix of rural and urban make up of Kent. The travel analysis across Kent showed 81% of the population can reach a community pharmacy in 20 minutes walking, 99% of the population who have access to private transport can reach a community pharmacy in 20 minutes in peak and off-peak times and 94% of the population can reach a community pharmacy in 20 minutes by public transport on weekdays, rising to 98% within 30 minutes on a weekday morning. During the weekend, it varies between 84%-93% of the population within 20 minutes and 89%-96% within 30 minutes.

2.4.5 Results from the public questionnaire which explored how, why and when local residents use pharmaceutical services supports the conclusion that no significant gaps exist for the majority of the population, but it also highlights the importance of ongoing monitoring and flexible service models to ensure equity of access and resilience.

2.4.6 Where appropriate, KCC and the ICB should explore the interdependencies between commissioned services to avoid duplication and continue to support the current community pharmacy estate to sign up and provide services where relevant.

2.4.7 Pharmaceutical Services should be conscious of the barriers some vulnerable and inclusion groups face. They should provide adaptable and inclusive services that cater to their specific requirements. As required by the Equality Act 2010, it is essential that pharmaceutical services provided remain accessible to all.

2.4.8 The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Kent, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

2.4.9 Kent HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring provision remains adequate in Kent.

2.5 Adult Healthy Weight

2.5.1 Excess weight among adults is an increasing concern nationally and locally, with notable differences based on age, gender, ethnicity, and deprivation. Locally, Kent has higher obesity rates (67%) than the national average, and certain areas, such as deprived and coastal regions, show even higher prevalence.

2.5.2 A plethora of evidence indicates that obesity is a significant risk factor for many physical and mental health conditions, as well as impacting quality of life and causing premature deaths. The risk of co-morbidities increases with higher body mass index (BMI) and even more for people from Black and Asian family backgrounds as they are at risk of type 2 diabetes and cardiovascular disease.

2.5.3 Proportion of adults with excess weight has progressively increased nationally since 2016. However, in Kent, there has been a steeper trend, with the proportion of adults with excess weight increasing from 61.3% in 2016 to 64.8% in 2023, and the percentage of adults classified as living with obesity increasing from 23.1% in 2016 to 27.8% in 2023.

2.5.4 Approximately 800,000 adults in Kent are living with obesity, while weight management services can currently support only around 5,000 individuals across various tiers.

2.5.5 The relationship between obesity and the food and physical activity environment is complex. There is an interplay between exposure, deprivation, and urbanisation. Individual factors (such as socioeconomic position, ethnicity, education and self-efficacy) are likely to impact an individual's exposure to the obesogenic environment, for example readily available high

fat, sugar and salt (HFSS) food and low opportunity or access to areas that enable physical activity.

2.5.6 Kent's analysis has shown that fast food outlets are generally closer to residents in urban and deprived areas. Access to supermarkets to purchase affordable, healthy food in the context of obesity is complex. In Kent, evidence suggests challenges linked to a lack of local supermarket access and low household car ownership amongst some residents.

2.5.7 Kent's data analysis suggests that greenspace is more accessible in urban and deprived areas. However, lack of awareness about the health benefits of green spaces, combined with perceptions of safety may hinder the use of these spaces, particularly among high-risk groups.

2.5.8 Kent's analysis shows that sports facilities are generally closer to where people live in urban areas, but no difference was found in their use between the most and least deprived. Residents in the most deprived areas were found to face greater barriers to using leisure centres.

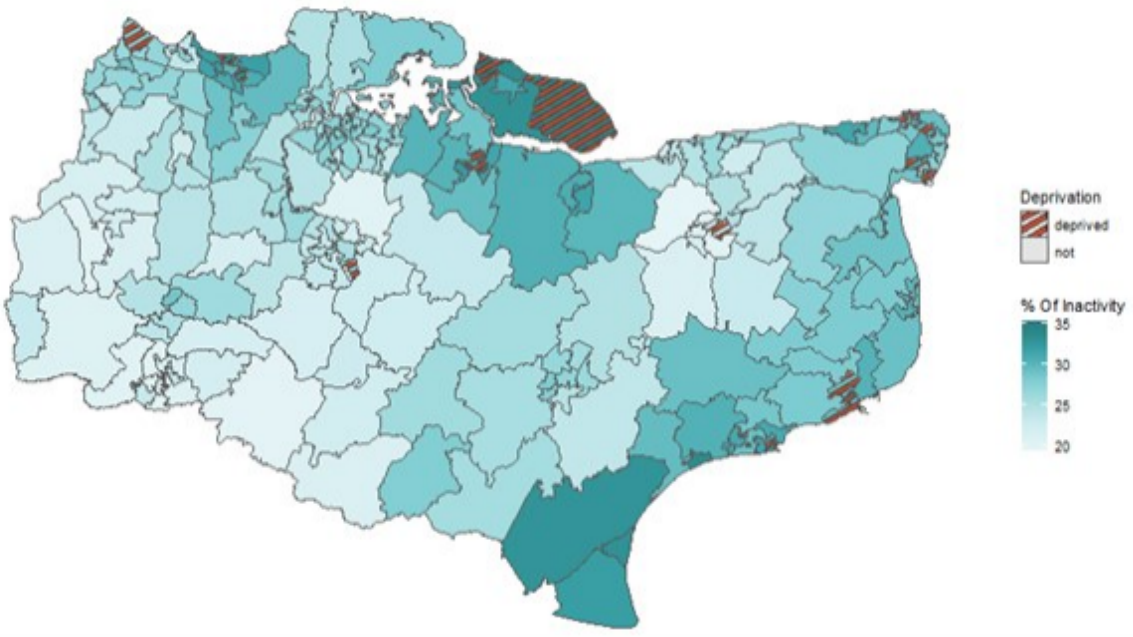


Figure 2: Inactivity rates across Kent and Medway MSOAs with top 10% deprivation highlighted, active lives survey 2021/22

2.6 SEND Needs Assessment

2.6.1 Special educational needs (SEN) and disabilities refers to those children and young people who may have a learning difficulty or disability and need special health and educational support including sensory, physical, social, emotional, mental health, communication, interaction, cognition and learning support needs.

2.6.2 Some children and young people require additional support, and this may be presented in an education health and care plan (EHCP) or as SEN support. The EHCP identifies an individual's education, health and social needs and

the support they need. It will outline the outcomes that a person would like to achieve and will be reviewed annually.

2.6.3 In 2023/24, there were 34,112 pupils receiving SEN support and 14,579 students on an EHCP in Kent, totalling 18.0% of the Kent student population combined. This is similar to the England proportion of 18.4%. Figures in 2025 present a continuing increase in EHCPs with these now totalling to 21,000 from independent, special and mainstream schools.

2.6.4 There are variations in identified needs by primary, secondary needs for those with SEN support and EHCP plans. The rate of pupils in secondary school who receive SEN support but did not receive a specialist assessment is significantly higher in Dartford district.

2.6.5 The prevalence of SEN support by ethnic group across combined years 2019/20- 2023/24 demonstrates the significant difference between Traveller of Irish heritage and Gypsy Roma populations compared to other ethnic populations which is subsequently demonstrated when looking at primary and secondary age pupils by primary need.

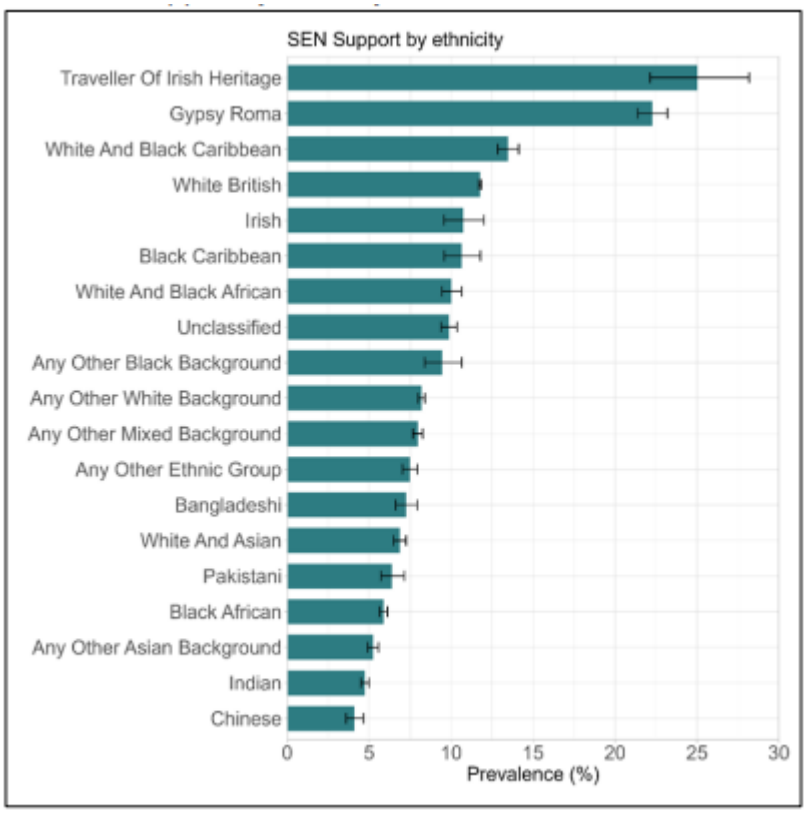


Figure 3: SEN support by ethnicity, 2019/20 to 2023/24 combined, Kent.

2.6.6 Among pre-school children there were differences seen in the health and wellbeing review at 2 –2 ½ years by district. For example, in 2023/24 lower levels in the domains of personal, social skills and fine motor skills were identified in Swale district and lower levels in the domains of gross motor skills and fine motor skills identified in Thanet district.

2.6.7 Swale district had the highest rates of primary and secondary aged pupils with an EHCP, with Thanet district having the second highest rates (per 1000

population). The rates in Swale district are more than double the rates of primary and secondary pupils in Tunbridge Wells district.

2.6.8 National research found up to 12% of individuals with an autism diagnosis (under 19 years) have a co-occurring learning disability. Among pupils with an EHCP the higher proportion of secondary needs are autism and speech, language and communication and among pupils with SEN support the higher proportion of secondary needs are social, emotional, mental health and speech, language and communication.

2.7 Physical Activity in adults and older adults

2.7.1 1 in 6 deaths in the UK is associated with physical inactivity at an estimated cost of £7.4 billion annually (including £0.9 billion to the NHS). The benefits of physical activity and exercise for health and wellbeing is well evidenced.

2.7.2 Overall, Kent continues a positive trend for those aged 55+ meeting the recommended guidelines of at least 150 minutes of exercise weekly. In 2022-23, ages 75+ have seen a statistically significant increase of 1.6%, with 43% being active at recommended levels. However, there are clear variations in activity levels of some groups and places.

2.7.3 Just 15% of older adults are doing exercise at recommended levels to benefit muscle, strength and balance (MSB) which is key to delay the onset of disability, illness, reduce risk of falling, and prolong independence. Least likely to be doing MSB are women in Thanet, men in Gravesend, and women in urban areas. Districts with the lowest levels of activity are those in north Kent.

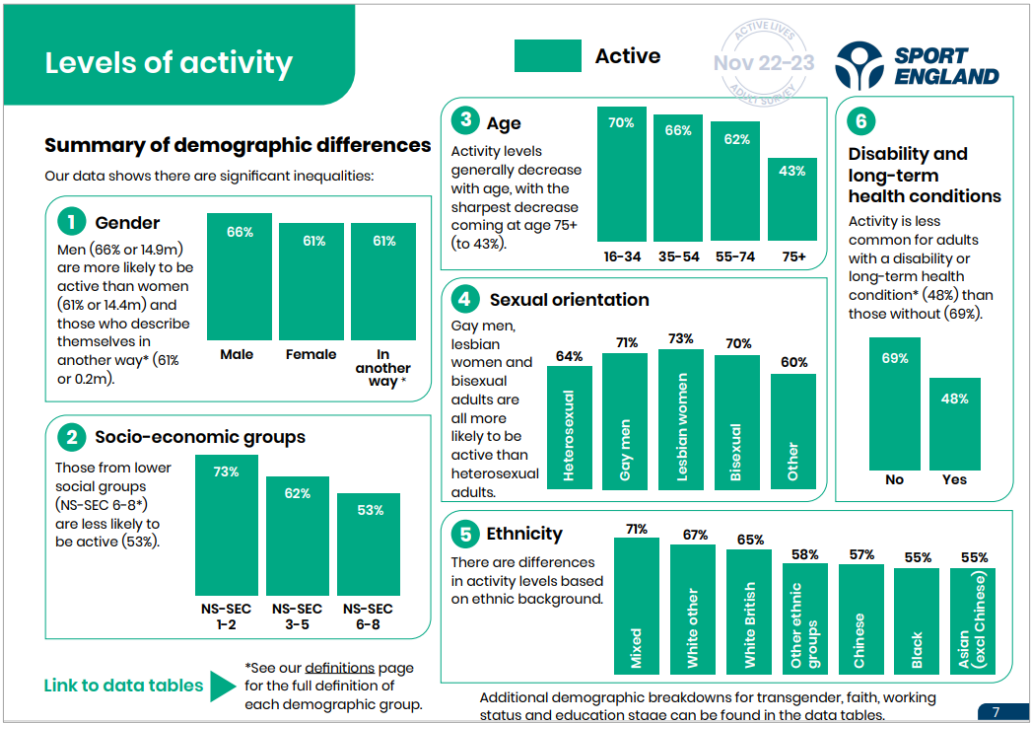


Figure 4: Summary of activity levels by demographic differences. Source: Active lives national survey 2022-23, Sports England.

2.7.4 England data suggests that there are demographic differences with some groups tending to be less active than others. E.g. women, Asian and Black ethnicities, residents of lower socio-economic groups, heterosexual adults, older adults, and people living with disability or long-term conditions. People with Severe Mental Illness (SMI), have a life expectancy of 15-20 years shorter than the general population, with an estimated 2 in 3 premature deaths being from preventable physical illnesses.

2.7.5 A return on investment study for Kent in 2019, reported that the social and economic value of community sport and physical activity saw Canterbury district realising the largest return for physical and mental health outcomes, whilst Maidstone saw the largest return for mental wellbeing, social care and community development.

2.8 A&E Attendance Insights East Kent

2.8.1 Healthwatch Kent was commissioned to conduct visits to William Havey Hospital (WHH) and Queen Elizabeth Queen Mother Hospital (QEQM) in East Kent speaking to people about their journey to the initial assessment area of Accident and Emergency.

2.8.2 Across 2 visits to each site, 50 people shared their experiences which included what services they had interacted with before attending and if they felt their attendance could have been avoided.

2.8.3 In total, almost one-third of participants (32%) believed their A&E visit could have been avoided, while half considered it unavoidable (52%) and a further 16% were unsure. Despite national concerns around inappropriate A&E use, only a small proportion of participants (8%) cited difficulty accessing a GP appointment as the reason for their attendance.

2.8.4 Insights from participants from areas of higher overall deprivation were overrepresented in the sample. It was noted that they were more likely to be unsure as to whether their A&E attendance could have been avoided.

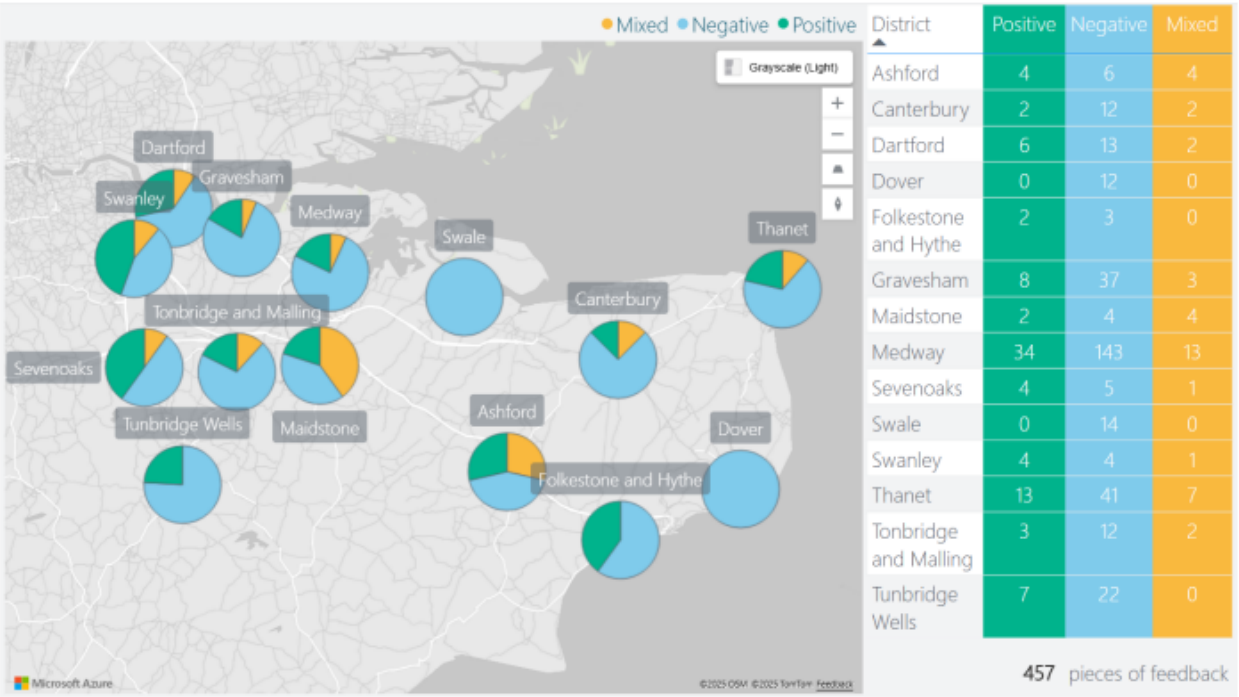
2.8.5 Against a backdrop of rising pressures on emergency departments nationally and regional reviews into Urgent Treatment Centres (UTCs), the study highlighted the growing body of research that challenges simplified assumptions about “inappropriate” A&E use and informs discussions around a shift from Hospital to Community.

2.9 Mental health crisis support

2.9.1 Mental Health Voice, Healthwatch Kent and Healthwatch Medway People collated and analysed engagements and feedback from people on their experiences of support in a mental health crisis. People were invited to share their own or their loved one's health or social care experience, providing detail on what happened, where it happened and when. There were 489 related experiences analysed from January 2024 to February 2025.

2.9.2 People talked about receiving understanding, supportive and helpful care from professionals and how positive interactions had enabled them to manage their mental health, keep them safe and help them to recover. We heard the most positive feedback about voluntary, community and social enterprise services and Kent and Medway Safe Havens.

2.9.3 Other key service types were: community mental health teams, general practice, home treatment and rapid response, the Kent and Medway Mental Health Crisis Line, A&E, children and young people's mental health services, talking therapies, liaison psychiatry and mental health hospitals.



District	Positive	Negative	Mixed
Ashford	4	6	4
Canterbury	2	12	2
Dartford	6	13	2
Dover	0	12	0
Folkestone and Hythe	2	3	0
Gravesham	8	37	3
Maidstone	2	4	4
Medway	34	143	13
Sevenoaks	4	5	1
Swale	0	14	0
Swanley	4	4	1
Thanet	13	41	7
Tonbridge and Malling	3	12	2
Tunbridge Wells	7	22	0

457 pieces of feedback

Figure 5: Proportion of positive, negative and mixed feedback by district.

2.9.4 Key issues were waiting times for crisis support, ineffective responses and unsuccessful coordination or continuity of care between services. Time of year was an important factor for consideration in the provision of services that support mental health.

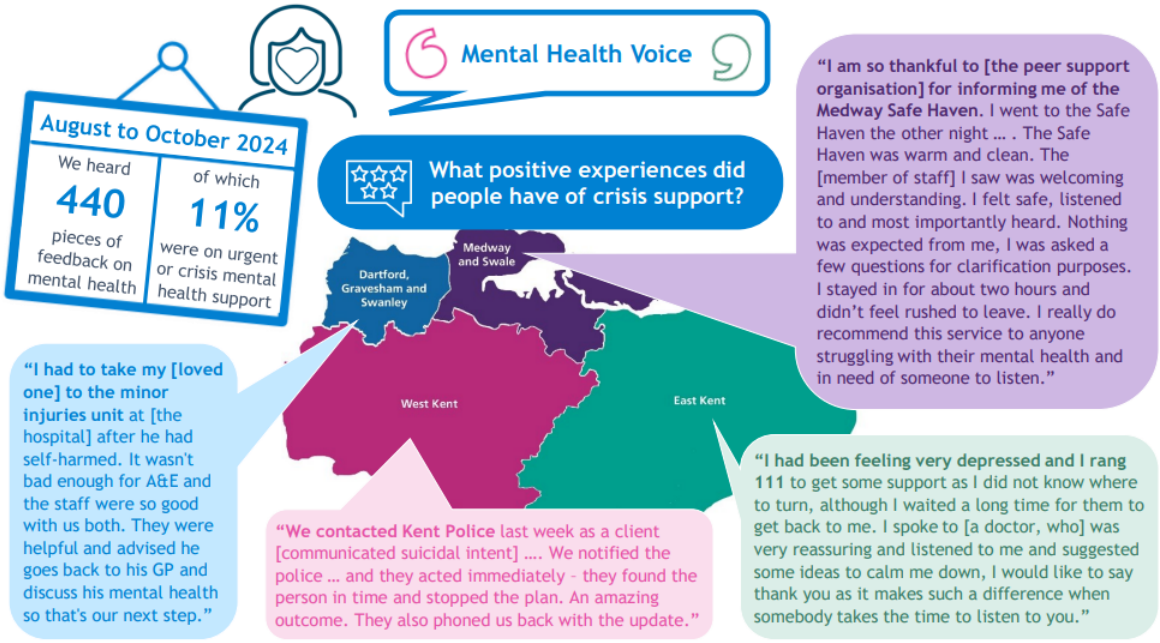


Figure 6: Excerpt from November 2024 summary report – positive experiences

2.10 From Service to Civilian

2.10.1 Healthwatch Kent conducted this engagement following findings from the previous Armed Forces Needs Assessment by Kent Public Health which highlighted that an understanding of veterans' experiences of health and social care were limited.

2.10.2 A research survey was completed by 115 UK Armed Forces Veterans that live in Kent and Medway, key findings were as follows:

2.10.3 Physical health: The most frequently mentioned issue – difficulty in getting an appointment or seeing their GP – is a common experience within the wider population. However, by understanding that many veterans have a previous experience of healthcare access being fast and exclusive, a combination of signposting and reframing expectations would improve veteran experiences.

2.10.4 Mental health: Within the veteran community that we spoke to, there is an understanding that there is a set of unique needs, particularly in regard to mental health, whereby specially trained staff or staff with their own experience of the Armed Forces could help achieve better health outcomes.

2.10.5 Wider social issues: Some Veterans link employment as an important part of their health and wellbeing, with a lack of support received around post discharge employment. Consideration of integrating employment support into signposting provided around general veteran health and wellbeing could be considered to address this.

2.10.6 Armed Forces Covenant and Veteran Friendly Accreditation: There is an awareness of the Armed Forces Covenant and Veteran Friendly accreditation,

but there is differing ideas of what accessing a 'Veteran Friendly' GP or other health service is like for a veteran. Better communication from the surgery to its veteran patients on how they benefit from the Veteran Friendly accreditation would help alleviate the difference in expectations.

2.10.7 Notable differences within groups of veterans: Nepalese respondents and respondents who are disabled had notably worse experiences. These cohorts would be easy to identify upon discharge from the Armed Forces and in the spirit of the Armed Forces Covenant, pre-emptive measures put in place to mitigate potential negative experiences. The Needs Assessment should highlight that these cohorts currently experience an inequality.

2.11 Needs Assessment in progress

2.11.1 Unpaid Carers

This will focus on adult carers, maintaining carer health and wellbeing and preventing carer breakdown. The needs assessment was requested by the Adult Social Care Carers Strategy Group, to help form a rich evidence base in which to support the ongoing action plan. It adopts a co-production approach from beginning to end, supported by a multi-disciplinary steering group which includes representatives from commissioning, analytics, public health, adult social care, health, people with lived experience and the VCSE. Unpaid carers living in Kent will be involved and their time compensated through a small grant.

3. Other JSNA Products, new information and intelligence

3.1 Use of the JSNA Cohort Model and other simulation modelling tools

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 based on systems dynamics methodology. The outputs continue to enhance public health and NHS practice. A number of papers have been written up in detail and published in peer review publication journals. The links to these publications can be found here.

3.1.2 The 'Prevention Framework' is a practical guide which sets 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. In further development, there has been additional Systems Dynamics modelling work to forecast the relative effect of prevention activity on adult social care spend. Whole Systems Partnership (WSP) supported the build of a model which uses the Patient Need Group classification to quantify the potential to reduce the expected increases in NHS costs driven by the ageing population. A paper is being written up a paper for a journal to present the findings.

3.1.3 Kent Public Health Observatory (KPHO) has been supporting the Adult Social Care Prevention framework. A statistical risk score is being developed to

identify older people in the general population who are most likely to start drawing on care and support from Adult Social Services. There are promising opportunities to collaborate with NHS partners because of the presumed overlap between the statistical model in development and the inclusion criteria the NHS is using to define complex care for various population health initiatives.

3.1.4 An example is the East Kent remote monitoring pilot of 300 'high-need' individuals. The pilot was evaluated and was shown to reduce healthcare utilisation. KPHO have used the study data and have found that there is strong evidence that the pilot has also lowered the incidence of people starting social care plans over the short-term of the study period of about one year.

3.2 Kent Public Health - Centre of Excellence

3.2.1 KCC Public Health's Research Innovation and Improvement function has significant progress since its inception 3 years ago. The team continues to grow and initiate recruitment with several National Institute for Health and Care Research (NIHR) portfolio studies in progress and in the pipeline. The Kent & Medway Research & Innovation Collaborative (our local research network) have over 100 research leads, including NHS Kent & Medway for which we now have a joint coordination function.

3.2.2 There is a new and emerging evaluation support team for local commissioning and a commitment to build vital activities and resources to generate a better understanding of our population health and, more importantly, local evidence of service impact.

3.3 Kent Marmot Coastal Region Programme

3.3.1 The Kent Marmot Coastal Region Programme is a proactive approach to health inequalities using the Marmot Principles, resulting in a long-term plan for sustained change in coastal areas in Kent. This approach is being employed by a growing number of areas in England and Wales that are declaring themselves 'Marmot Places' to lend traction to their aims.

3.3.2 The Kent Marmot Coastal Region Programme represents a critical step towards addressing the deep-rooted health inequalities in Kent's coastal communities. By adopting a focused approach, centred on 'skills for work' and 'work and employment,' this initiative leverages the Marmot Principles to tackle key social determinants of health.

3.3.3 Collaborative partnerships, strategic alignment with existing initiatives, and a commitment to evidence-based decision-making form the foundation of this programme. Through robust governance and stakeholder engagement, the programme aims to create sustainable improvements in health equity, drive economic inclusion, and foster long-term systemic change. This pioneering

effort positions Kent not only as a leader in health equity but also as an exemplar for other regions to follow.

3.4 NIHR Work and Health Development Award

3.4.1 The cross-collaborative research team including Canterbury Christ Church University, Kent Public Health, Medway Public Health and voluntary sector partners, Federation of Small Business and others have secured an NIHR Work and Health Award to address youth unemployment in Kent and Medway called the HOPES Project. The project supports regional ambitions of the Kent and Medway Work and Health Strategy (2025-2030) and reflects the Marmot Review's emphasis on good work as a foundation for health.

3.4.2 Working with local authorities, the ICB, community organisations, employers, and young people, the HOPES Collaborative will map existing provision, analyse data, and co-produce insights that improve employment and health outcomes. The work will also strengthen long-term partnerships and position the region for future NIHR investment.

3.5 Progress on the Insight Bank for Kent and Medway

3.5.1 Kent and Medway ICB continue to co-create the Kent and Medway Insight Bank with stakeholders across the Kent and Medway health and care system. The Insight Bank will 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.

3.6 Horizon scanning

3.6.1 The upcoming Local Government Reorganisation (LGR) may require changes to the way the JSNA operates. As the geographical footprints across Kent evolve, further development work will be needed to ensure the JSNA remains aligned with the new structures. Continued review and adaptation will be essential to maintain its relevance and effectiveness.

4. Recommendations

4.1 The Kent Health and Wellbeing Board are asked to note and comment on the contents of the Joint Strategic Needs Exception Report, and to APPROVE the selected recommendations from the needs assessments summarised in this paper for incorporation into the Joint Strategic Needs Assessment.

- Pharmaceutical service providers must ensure services remain accessible to all; services should be adaptable and cater to the needs of inclusion health groups such as Gypsy, Roma and Traveller community, People in contact with the justice system and Asylum seekers

- KCC and the ICB should work collaboratively to avoid duplication and continue supporting the current community pharmacy estate to sign up and deliver services where required.
- There is an urgent need to support a Whole Systems Approach to prevent obesity and to fund more population-targeted programs delivered in the community, workplaces, and schools
- There is a need to expand the range of interventions that address the broader influences on health, such as living and working conditions and other wider determinants, to create a more comprehensive and impactful approach.
- Kent's weight management pathway is undersized for the need and requires more comprehensive support to engage priority groups.
- Explore the reporting and transition of Educational Health and Care Plan (EHCP) and special educational needs support to those with Special Educational Needs and Disability (SEND) in education after 16 years.
- Increase the physical activity offer for older adults including frail, older adults through whole system action including infrastructure change, education and accessible service provision.
- Promote the adoption of Age Friendly Communities across Kent to support healthy ageing, physical activity, active travel and allow older adults to help shape the place that they live in.
- Develop and embed Intervention and Brief Advice for Physical Activity (IBA-PA) into health and care professional practice as part of a mandatory workforce education programme.

5. Background Documents

- Mid-year population estimates
- Health and Care Partnership profiles
- National Child Measurement Programme
- Pharmaceutical Needs Assessment
- Adult Healthy Weight
- SEND Needs Assessment
- Physical Activity in adults and older adults
- A&E Attendance Insights from East Kent
- Mental health crisis support
- From Service to Civilian

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