**APPENDIX 1**

# JSNA Evaluation Findings and Recommendations & Proposed Methodology for Identifying Priorities for the Joint Health and Wellbeing Strategy

## Introduction

Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008. The Health and Social Care Act (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA in collaboration through the local Health and Wellbeing Board.

The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years) and the longer term (five to ten years). It is intended to be the key mechanism for setting strategic priorities and informing local commissioning across health and social care. The Health and Social Care Act (2012) placed a statutory duty on both upper tier local authorities and CCGs to commission with regard to the JSNA and to refer to it in the development of the local Joint Health and Wellbeing Strategy (JHWS). The JHWS should contain a set of jointly-agreed and locally determined priorities which should drive collective action to address the underlying determinants of health and wellbeing as well as inform commissioning decisions across service boundaries.

Since the implementation of the Health and Social Care Act (2012) and the transfer of public health teams to the local authority Bromley has published a JSNA annually with the 5th and latest version published in December 2017 (available here: www.bromley.gov.uk/jsna).

Bromley's first Health and Wellbeing Strategy was published in 2012 and covered the period 2012-2015 (available here: http://www.bromley.gov.uk/downloads/download/536/bromley_health_and_wellbeing_strategy). The overall strategic vision for the strategy was to enable people in Bromley to "live an independent, healthier, happier life for longer". Nine priority areas for action were originally identified:

I. Diabetes
II. Obesity
III. Hypertension
IV. Anxiety and Depression
V. Dementia
VI. Support for Carers
VII. Children with Mental & Emotional Health Problems
VIII. Children Referred to Social Care
IX. Children with Complex Needs and Disabilities

These were later refined in 2013 to the 4 areas that were considered the highest priority:

I. Diabetes
II. Obesity
III. Dementia
IV. Children and Young People's Emotional Health

In February 2018 the Bromley Health and Wellbeing Board supported the proposal for a comprehensive evaluation of the process of production of the JSNA and of the report itself. It also supported a concurrent review of the methodology used to translate the JSNA findings into priorities for the local Health and Wellbeing strategy. This report outlines the methodology and findings of both programmes of work and provides recommendations, for consideration by the Health and Wellbeing Board, on the future production of the JSNA and the methodology for the development of a new Health and Wellbeing Strategy for Bromley.

# Section 1: Evaluation of the Bromley Joint Strategic Needs Assessment (JSNA)

## Method

The overall aim of the evaluation was to ensure that the Bromley JSNA remains fit for purpose and provides the intelligence required to inform the complex health and care commissioning decisions of the future.

Current guidelines on JSNA development and the approach to JSNA evaluations undertaken elsewhere in the country were reviewed to help develop an evaluation framework that assessed the JSNA both as a process and a product. A list of these reports can be found in Appendix 1.

Five key themes were identified:

1. Leadership and governance
2. Engagement and ownership
3. Links to strategic planning and commissioning
4. Data sharing and collation
5. The report itself

Questions relating to each of these themes were identified from the previous evaluations that had been reviewed which were then adapted to ensure that they were relevant to the Bromley context.

Two primary methods were used to capture stakeholder views on the Bromley JSNA with respect to each of the 5 key themes:

I. An online survey questionnaire
II. One to One semi-structured interviews

A copy of the online survey questionnaire, interview framework and a list of those interviewed can be found in Appendices 2, 3 & 4.

A link to the online survey was circulated on 20th March 2018 to a wide range of stakeholders and stakeholder organisations including:

- Members of the Bromley Health and Wellbeing Board
- Members of the JSNA Steering Group
- All LBB Staff
- Bromley CCG Staff
- GPs and Primary Care Staff
- Members of Community Links Bromley

Respondents were given 3 weeks to complete the survey. Unfortunately the response rate was very low with only 8 surveys fully completed.

The small sample size obtained via the survey makes it difficult to reliably draw out conclusions from the survey in isolation, however when the survey results are reviewed alongside the interview findings it is possible to identify areas where the survey findings corroborate the themes emerging from the interviews.

For this reason the findings section focusses primarily on the outcomes of the interviews and includes survey results only where they add supporting evidence to the interview findings. Comments made by participants at the Joint Health and Wellbeing Strategy Workshop held on April 16th 2018 have also been incorporated where relevant.

## Findings

Whilst the opinion of the key stakeholders interviewed inevitably differed on some aspects, there was a consensus of opinion on many topics. These findings are presented here using the five themes from the evaluation framework:

1. Leadership and governance
2. Engagement and ownership
3. Links to strategic planning and commissioning
4. Data sharing and collation
5. The report itself

### 1. Leadership and governance

Most interviewees felt that the leadership and governance of the JSNA process was effectively provided by the Health and Wellbeing Board and JSNA Steering Group. People felt that there were good relationships between the representatives from the Council, CCG and voluntary sector who sat on the steering group:

*"The processes are strong because of the relationships. Relationships are important"*

However there was some confusion as to how the process of identifying topics for inclusion in the JSNA was governed:

*"I wouldn't say the process is clear and transparent all the time"*

*"It's not clear to me, I think it's probably a pragmatic decision"*

*"If the Health and Wellbeing Board have the ultimate decision as to what is included, how do we know politics doesn't lead to some issues being overlooked?"*

*"I think the process could be a bit more transparent … the election of new Councillors could provide an opportunity to explain what the overall process and methodology is"*

This opinion was supported by survey respondents; 5 out of 8 of whom either disagreed or strongly disagreed with the statement "The process for agreeing the content of the JSNA is clear and transparent".

**Recommendation 1 : The process for agreeing the priority topics for which a focussed needs assessment needs to be undertaken, as part of the JSNA production process, should be reviewed, refreshed, agreed and publicised to ensure the process is clear, robust and transparent to all key stakeholders.**

**2. Engagement and ownership**

There were positive comments about the recent efforts to improve stakeholder engagement and ownership of the JSNA:

*"It's got consistently better over the past 5-6 years…the combination of different styles and mediums of engagement is progress."*

However there was also consensus on the need to improve engagement with specific sectors:

*"I'm not sure we're making the cross-cutting connections with relevant portfolio holders … we need to ensure that all relevant portfolio holders are aware by presenting the JSNA to the relevant PDS Committees."*

*"I don't know how widely we consult beyond the steering group, for instance the police"*

*"Providers could be more engaged … for instance the acute sector … Oxleas, Bromley Healthcare, Bromley Y and MyTime Active"*

This opinion was also reflected by survey respondents; 7 out of 8 of whom agreed that there were key groups that are not engaged in the Bromley JSNA process that should be.

Improving public and service users' engagement in the JSNA process was a recurring theme:

*"I think there could be better engagement through Bromley CCG's Patient Advisory Group and Practice Patient Groups"*

*"…specific community organisations should be engaged in relevant focus areas."*

*"There are parts of the community that we're not engaging with and therefore not representing the diversity of those communities."*

*"Where we recognise big shifts in population e.g. BME groups, we should make sure we're actively engaging with those groups on relevant issues."*

*"engagement needs to be thought of as a whole systems issue, reading across all partnerships"*

*"…do we take advantage of engagement that may be happening for other purposes to capture views on issues pertinent to the JSNA? I'm not sure there's enough co-operation between the CCG and LBB regarding sharing engagement opportunities."*

**Recommendation 2: The JSNA Steering Group should review its membership to ensure there is appropriate representation from all key stakeholders particularly from primary and acute care, other provider organisations and members of the Bromley community.**

**Recommendation 3: A more strategic and proactive approach should be taken to identify existing and planned opportunities to engage specific groups in aspects of JSNA development, particularly the production of in-depth needs assessments around priority issues. This process could be facilitated by the Bromley Communications and Engagement Network.**

### 3. Links to strategic planning and commissioning

There was consensus that the JSNA provided a clear indication of the current key health and wellbeing needs for the Bromley population:

*"It provides some important soundbites and headlines"*

*"There aren't a lot of surprises but it often confirms what I thought I already knew"*

However a number of participants also observed that the analysis and intelligence provided within the JSNA are neither detailed nor sophisticated enough to inform the complex commissioning decisions that must be made:

*"Perhaps it doesn't go far enough in it's analysis to unpick the difference in experiences that drive the inequalities… It could be too superficial an approach to effectively drive change"*

*"We need more refined intelligence to drive decision-making"*

*"We need more detail about what is driving contemporary issues and demands on health services"*

*"It reveals patterns that often require more investigation before deriving a policy initiative… It often looks at down-stream determinants and doesn't do enough for identifying emerging issues."*

*"Do we need to do more detailed pieces of work to identify more complex issues earlier? Or do we need to invest in more sophisticated trend analysis tools to back up assertions about future needs?"*

*"There's a bit missing on how to take action on some of the key issues."*

As a result some participants felt the messages from the JSNA were not strong enough or clear enough to drive commissioning decisions and other sources of information had more influence over local decision making:

*"I think we support the idea that the JSNA should be driving priorities but in reality I think there are other drivers, such as the 5 Year Forward View and Rightcare, that have a stronger influence."*

**Recommendation 4: The JSNA Steering Group should lead a further piece of work to ascertain the data and intelligence needs of local commissioners in both health and care services, particularly in relation to forecasting and modelling. Current analytical capacity and expertise within LBB and BCCG should be mapped alongside any existing work streams that have involved predictive analysis or generated forecasts with respect to health and care needs. This information should be shared with other partners within SEL STP in order to identify how these data and intelligence needs could be met whilst achieving economies of scale and avoiding duplication of effort.**

### 4. Data sharing and collation

There was recognition that the GDPR represented a potential additional barrier to data sharing for the JSNA and that there was a need to use the data available within our organisations more effectively:

*"There are well known barriers to data sharing, GDPR is a contemporary example … we need to ensure the intelligence available is used to optimal effect."*

*"I feel like it's undertaken a bit in isolation without awareness of what is being done in other organisations."*

**These findings support recommendation 4 regarding the mapping of sources of data and intelligence across organisations as well as analytical capacity and expertise.**

Participants also agreed that there was scope to include more qualitative information in the report to complement the statistical analysis:

*"I don't think there's much qualitative data at all."*

*"I'm aware of the quantitative more than the qualitative"*

*"Perhaps we could include some vignettes to illuminate some of the issues identified and encourage people to read it."*

**This finding supports recommendation 3 that a more strategic and proactive approach should be taken to identify existing and planned opportunities to engage specific groups in**

**aspects of JSNA development. This should support the identification and collation of qualitative information that can be incorporated into future editions of the JSNA.**

## 5. The JSNA report itself

The majority of comments on the report were positive:

*"it's clearly written"*

*"it's quite an easy read"*

*"the analysis is easy for me to understand"*

*"the demographic and disease burden sections are useful … the indepth chapters are useful depending on what you're working on"*

*"I have often used the JSNA to improve my understanding of facts about the population"*

Survey respondents echoed this positive feedback with 5 out of 8 agreeing that the JSNA report is accessible for use.

There was agreement that the current annual production cycle for the JSNA, which sees the core chapters updated and new in-depth needs assessments produced every year, may no longer be required:

*"It takes a huge resource to produce … the cycle could be pushed marginally longer for a more in depth analysis possibly an extra 6 months"*

*"Probably refreshed less than annually but more than 3-yearly is ideal"*

*"the NHS uses a 2 year planning cycle so we don't necessarily need the JSNA to be updated annually"*

*"You could do a series of deep dives into specific areas and do the big report less frequently"*

This view was also expressed by participants in the JSNA workshop.

**Recommendation 5: The JSNA production cycle should be extended to two years allowing for extra capacity to produce more in-depth needs assessments between updates to the core chapters. Updates to the core chapters; Demography and Disease Burden, will next be published in December 2019.**

JSNA Workshop participants also considered whether the current separate production cycles for the adult-focussed JSNA and Children and Young People's Wellbeing Assessment (CYPWA) should be aligned. Whilst the Adult JSNA was published in December 2017, the CYPWA was originally published in September 2016 and is due to be refreshed later in 2018 (original version available here: http://cds.bromley.gov.uk/documents/s50045892/Child%20wellbeing%20needs%20assessment%20for%20Review%2028.09.16.pdf)

There was consensus that the production cycles should be aligned enabling the production of a JSNA that covers the entire life course.

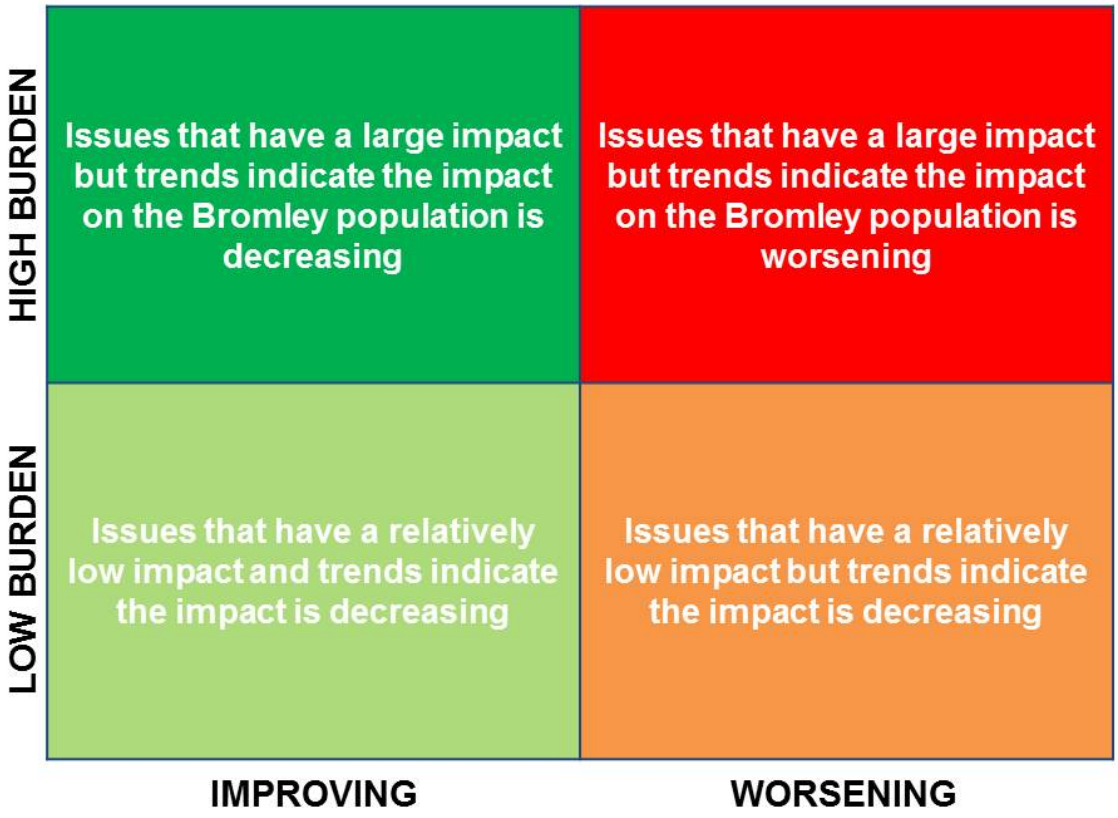
**Recommendation 6: The JSNA Steering Group should lead the development of a combined adults and CYP report for the next iteration of the JSNA. It is recommended that this be published in December 2019.**

# SECTION 2: Proposed methodology for identifying priorities for the Joint Health and Wellbeing Strategy

Methodological development

An evidence-based methodology has been devised to identify potential priority issues for the new Bromley Joint Health and Wellbeing Strategy (JHWS). This has been devised by adapting the previous methodology used to identify priorities for the 2012-15 strategy which in itself was based on an original methodology devised by Hiten Dodhia, Consultant in Public Health for Lambeth.

This methodology is based around the production of a matrix that classifies health and wellbeing issues according to their potential impact on the Bromley population (defined by the prevalence or incidence of disease or mortality) and the recent direction of trends (improving or worsening).



Two sources of evidence have been used to identify potential health and wellbeing issues affecting the Bromley population and assess their relative position within this matrix:

I. Bromley Joint Strategic Needs Assessment 2017(JSNA) [www.bromley.gov.uk/JSNA]
II. The Public Health England Public Health Outcomes Framework (PHOF) [https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0]

The information on disease morbidity and mortality within the Disease Burden chapter of the JSNA 2017 was used to identify diseases for which the prevalence or incidence was increasing in the Bromley population or mortality rates were rising.

The PHOF for Bromley was reviewed to identify issues that impact on health and wellbeing where the incidence or prevalence in Bromley was higher than the national average and/or the trend indicated the impact on the Bromley population was worsening.

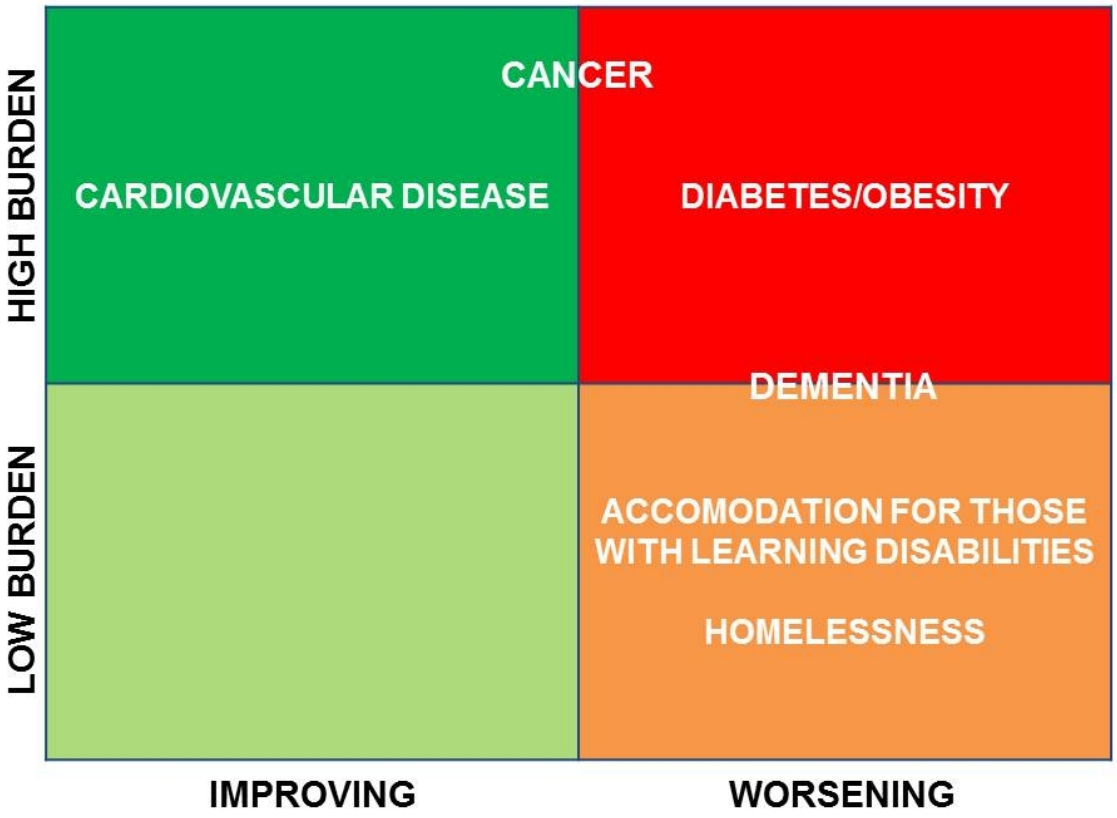
**RECOMMENDATION 7: It is recommended that the Health and Wellbeing Board approve this methodology for identifying priorities for the new Joint Health and Wellbeing Strategy.**

Identification of issues of concern for Bromley:

The table provides a summary of selected indicators that were assessed to have either a high burden on the Bromley population and/or trends are worsening.

| | | Bromley Population | | | | |
|---|---|---|---|---|---|---|
| | **Indicator** | **Number** | **Known Prevalence** | **Estimated Prevalence** | **Trend** | **Source** |
| **Morbidity** | Hypertension | 46,815 | 13.50% | 23.40% | Number diagnosed rising but decreasing prevalence | JSNA |
| | Depression | 23,073 | 8.50% | 12.20% | Both number and prevalence increasing | JSNA |
| | Dementia | 2,721 | 0.79% | 6.90% | Increasing number and prevalence | JSNA |
| | Diabetes | 15,107 | 5.49% | 8.20% | Increasing number and prevalence | JSNA |
| | Cancer | 8,851 | | | Registrations increasing | JSNA |
| | CHD | 9,898 | 2.93% | 4.20% | Number increasing but decreasing prevalence | JSNA |
| | CKD | 9,473 | 3.70% | 6.40% | Number & prevalence decreasing | JSNA |
| | Stroke | 5,110 | 1.48% | | No distinct trend | JSNA |
| **Mortality** | Cancer | 757 | 252/100,000 | | No distinct observable trend | JSNA |
| | Cardiovascular | 754 | 242/100,000 | | Both number and prevalence increasing | JSNA |
| **Wider Determinants of Health** | Adults with a learning disability who live in stable and appropriate accommodation | 170 | 33.20% | | Below England and further decreasing | PHOF |
| | Statutory Homelessness-households in temporary accommodation | 1,439 | 10.4/1000 | | Higher than England and rapidly increasing | PHOF |

A total of **5** priorities were selected to be included in the prioritisation matrix:

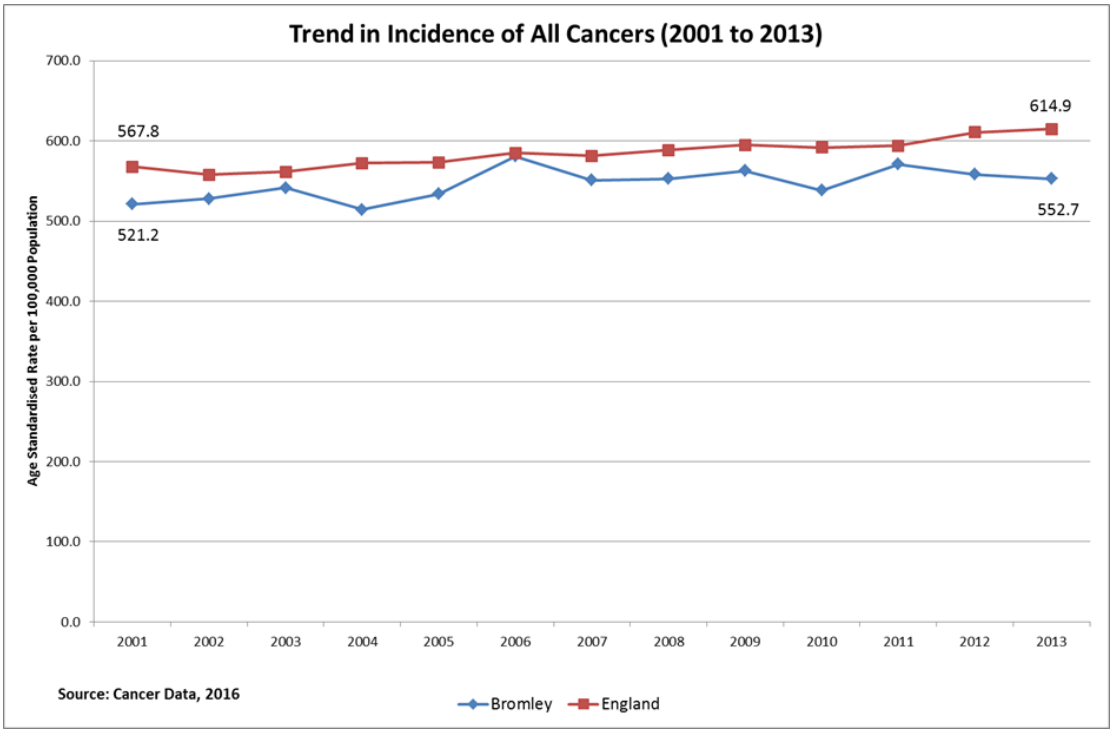



NB The 2017 JSNA focussed on health in adults and therefore the priorities identified from thus far are adult-focussed. The Bromley Children and Young Peoples Wellbeing Assessment is currently being updated and due to be published later this summer. The intelligence from this report will be used to identify specific priorities for infants, children and young people which will be combined with those identified for adults to form a comprehensive set of health and wellbeing priorities for the population of Bromley that represent the full life course.

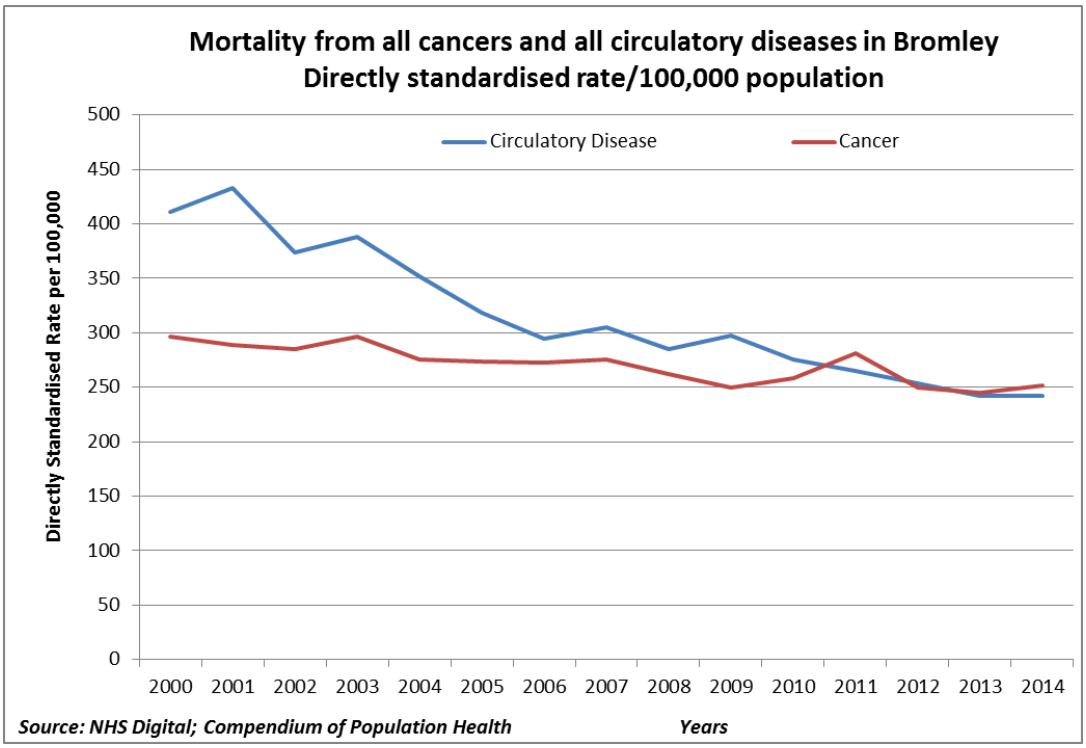
<u>Rationale for inclusion of issues in the matrix</u>

1. **Cancer**

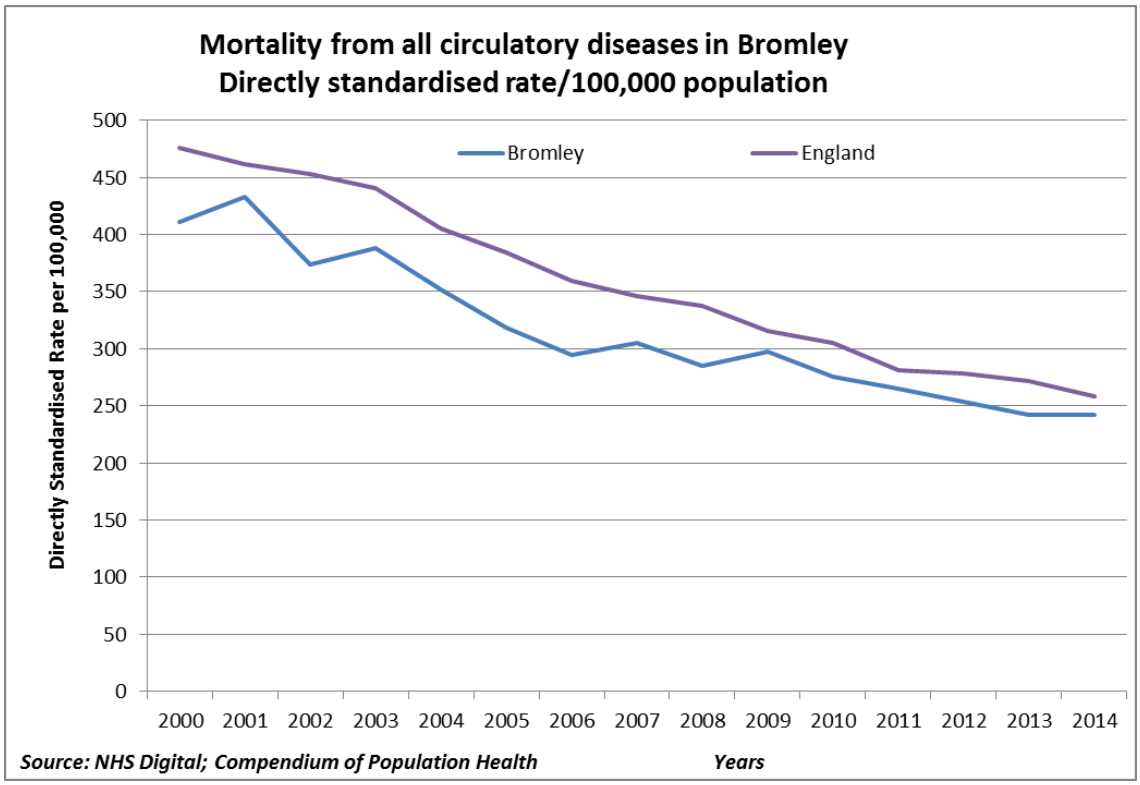
   The incidence of all cancers in Bromley is still rising with nearly 1600 new cancer registrations annually, indicating the need for good prevention strategies. The graph below compares age-standardised cancer incidence rates in Bromley and England indicating that incidence remains below the national average but there has been a slight upward trend in incidence rates in Bromley over the last 15 years.

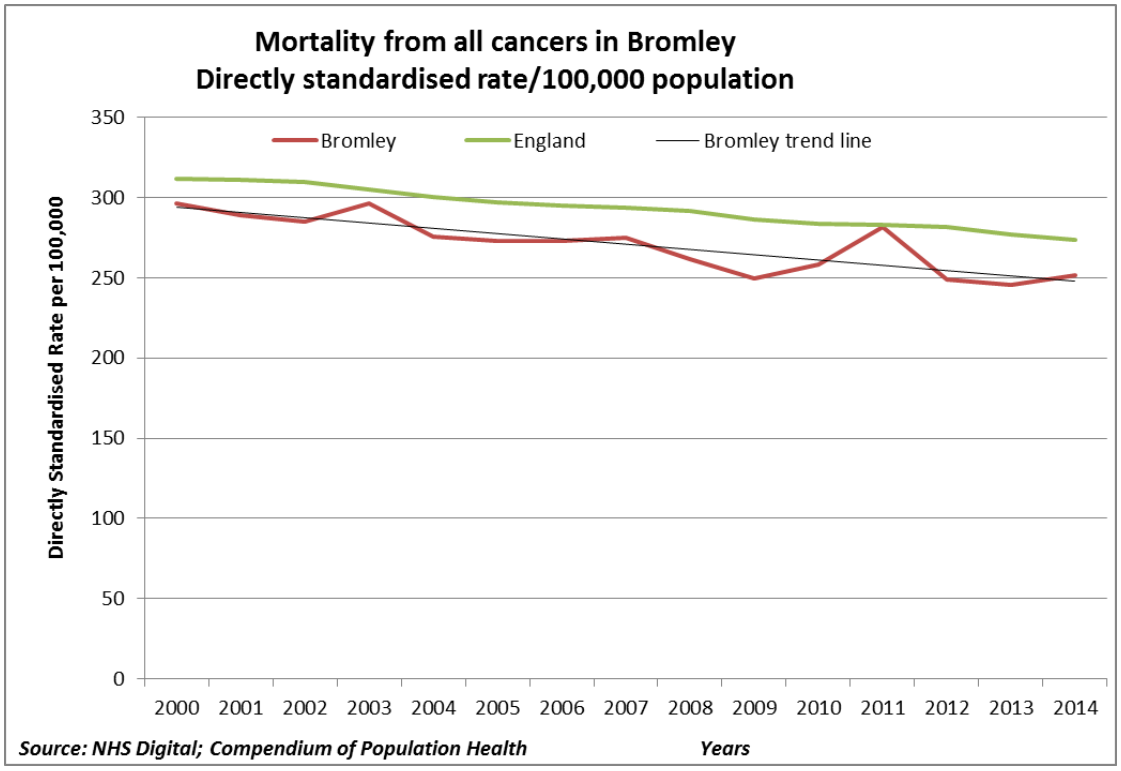



Although survival rates from cancer in Bromley are improving there have been over 10,000 deaths from cancer in Bromley in the last 10 years. The proportion of the total number of deaths in Bromley caused by cancer has been higher than the proportion of deaths caused by circulatory disease for the last 3 years.



The following graphs compare the trend in mortality from cardiovascular disease and cancer in Bromley over the last 14 years.




It is evident that, whilst there has been an overall downward trend in standardised rates of deaths from both cancers and circulatory diseases in Bromley over the last decade, the rate of decrease has been steeper for circulatory disease mortality.

Further monitoring of trends in mortality is required to establish the overall trend in deaths from cancer in Bromley.

## 2. Dementia

There is an estimated 209,600 new cases of dementia a year in the UK (35% men and 64%) women)[i]. This figure is the result of a 20% drop in incidence across the previous two decades, largely amongst men at all ages[i].

A total of 2,721 patients (all ages) in Bromley were diagnosed with dementia and included on the GP Disease Register in 2016/17. The prevalence of dementia in the Bromley population is steadily increasing with an estimated 4380 people aged over 65 living with dementia within the borough in 2017. The rate of growth is predicted to increase with an estimated 6034 people aged over 65 expected to be living with dementia in the borough by 2030.

| | | 2018 | 2020 | 2030 |
|---|---|---|---|---|
| People aged 65-69 predicted to have dementia | ⬆ | 190 | 186 | 256 |
| People aged 70-74 predicted to have dementia | ⬆ | 419 | 433 | 442 |
| People aged 75-79 predicted to have dementia | ⬆ | 623 | 663 | 757 |
| People aged 80-84 predicted to have dementia | ⬆ | 1,006 | 1,029 | 1,169 |
| People aged 85-89 predicted to have dementia | ⬆ | 1,183 | 1,178 | 1,450 |
| People aged 90 predicted to have dementia | ⬆ | 1,044 | 1,161 | 1,660 |
| People aged 65+ predicted to have dementia | ⬆ | 4,465 | 4,650 | 6,034 |
| Source: Projecting Older People Population Information System, August 2016 | | | | |

The first row in the table below shows that only 3.6% of patients (n=97) diagnosed with dementia in Bromley are below the age of 65 years. This proportion is higher than England (3.2%) but lower than London (3.8%). The 2nd and 3rd rows in this table indicate that both the crude and age-standardised rate of young-onset dementia in the total Bromley population is higher than the regional and national average.

Overall analysis indicates that the older population (65+) contributes significantly to the dementia prevalence in Bromley. However, Bromley has significantly higher rates of young-onset dementia compared to London and England.

| | Period | Count | Value | Lower CI | Upper CI | London | England |
|---|---|---|---|---|---|---|---|
| Dementia (aged under 65 years) as a Proportion of Total Dementia (all ages) per 100 | 2017 | 97 | 3.6 | 2.9 | 4.4 | 3.8 | 3.2 |
| Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000 | 2017 | 97 | 3.39 | 2.78 | 4.14 | 2.19 | 2.99 |
| Dementia: Indirect Age-Standardised Recorded Prevalence (aged under 65 years) per 10,000 | 2017 | - | 3.41 | 2.8 | 4.16 | 2.83 | 2.94 |
| Source: PHE; Dementia Profiles, 2018 | | | | | | | |

## 3. Diabetes/Obesity

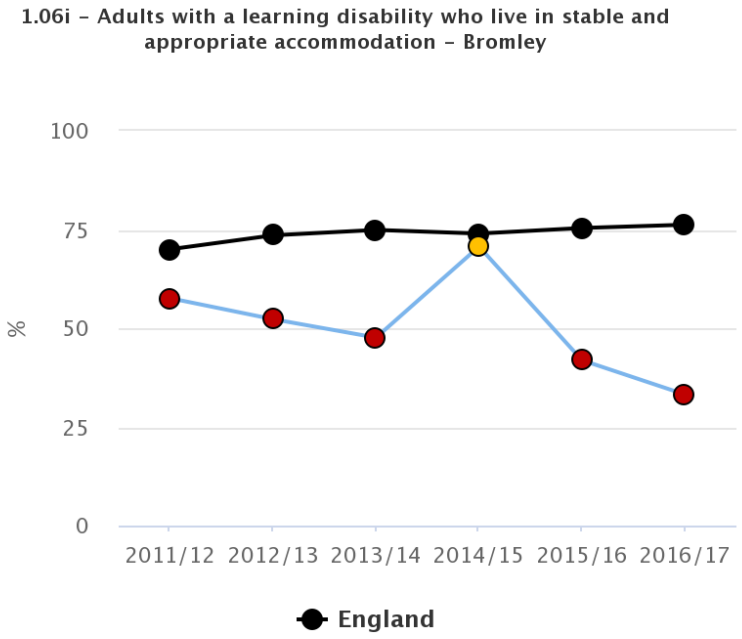
The number of people with diabetes in Bromley continues to rise and presents a growing challenge for individuals and services. In 2016/17 there were over 15,000 people diagnosed with diabetes registered with Bromley GPs. There were a further 15,000 people with non-diabetic hyperglycaemia (NDHG, the precursor for diabetes). Modelling estimates suggest the actual numbers of people at risk of developing diabetes in the borough is twice this amount at almost 30,000.

Obesity is the main risk factor for the development of type 2 diabetes, with obese adults being five times more likely to develop the condition compared to adults of a healthy weight[ii]. In addition, individuals with diabetes have an elevated risk of developing cardiovascular disease[iii]

20% (102,455) of adults aged 18+ were classified as obese including severe obesity in Bromley compared to 23% nationally. The prevalence of adults classified with excess weight is over two times that at 57% (291,998) compared to 61% nationally.

## 4. Adults with a learning disability who live in stable and appropriate accommodation[1]

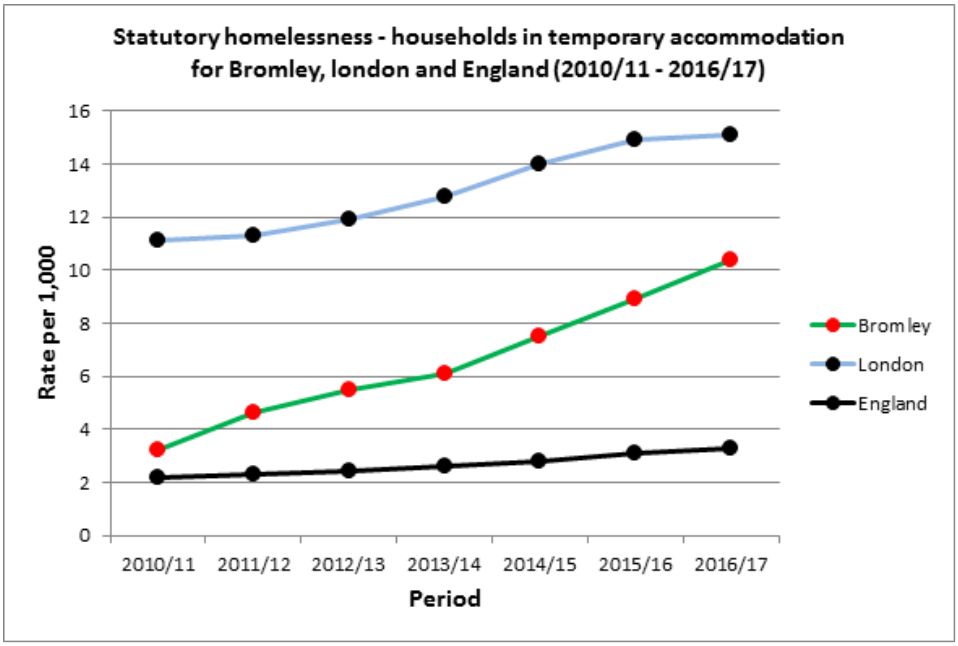
Only 43% (170) of adults in Bromley with a learning disability live in stable and appropriate accommodation compared to 76% nationally. Looking back to 2011/12 and now, there is a widening gap between Bromley and the England average. In 2011/12, more than half of the adults with a learning disability lived in stable and appropriate accommodation (57.6%, n=550) compared to England (70%). Although in 2014/15, the rates in Bromley increased to levels similar to England (71% compare to 74%), this increase was not sustained and rates are trending steeply downwards.




[1] Number of working age clients (18-64 years) with learning disabilities known to council with adult social services responsibility who are living in their own home or with their family during the financial year

## 5. Statutory Homelessness

Recent data shows that 1,439 households in Bromley were in temporary accommodation in 2016/17, a rate of 10.4 per 1000 households. This rate is much higher than England at 3.3 per 1000 households. The number of households in temporary accommodation grew by 135% in 6 years from 429 in 2010/11 to 1,439 households in 2016/17. The data shows steeply increasing levels of statutory homelessness in Bromley compared to England since 2010/11. It is also worth noting that, although statutory homelessness levels are lower in Bromley compared to London, the rate is increasing much faster in Bromley.




**RECOMMENDATION 8: It is recommended that the Health and Wellbeing Board endorse these 5 issues as priorities for the new Joint Health and Wellbeing Strategy.**

### Health Outcome Indicators for Continued Surveillance

In addition to the 5 key issues incorporated in the prioritisation matrix a number of other indicators within the PHOF demonstrated potential cause for concern:

- Childhood immunisation uptake
- Cervical Cancer Screening coverage

Responsibility for commissioning immunisations and screening sits with NHS England and the local Public Health teams having a responsibility to assure a safe and effective service is provided for their population and hold NHS England to account for service performance.

**RECOMMENDATION 9: It is recommended that the Health and Wellbeing Board continue to monitor performance with respect to these indicators and hold NHS England to account should performance not improve.**

The Life Course Approach to Health and Wellbeing[iv]

For the upcoming JHWS, it is recommended that the "Life Course Approach" should be applied to help develop the action plan relating to the priorities agreed for inclusion.

Non-communicable diseases (NCDs) such as diabetes and cancer are some of the most significant public health challenges of our time both nationally and locally. Numerous international organisations such as the World Health Organisation (WHO) have advocated adopting a life course approach to address these challenges.

The life course approach seeks to prevent and control diseases by identifying critical stages in life from preconception through pregnancy, infancy, childhood, adolescence and adulthood, where interventions will be most effective. A life course approach investigates the long-term effects of physical and social exposures experienced during these aforementioned critical life stages on health and disease risk. It also examines the pathways (biological, behavioural and psychosocial) influencing the development of chronic diseases and operating across an individual's life course or across generations. This is counter to the more traditional model of health where by an individual is considered healthy until disease occurs. The life course approach instead states that the trajectory of developing a disease is determined early in life. For example, there is significant evidence suggesting that poor foetal nutrition results in maladaptive neural programming[v]. This causes individuals to be unable to properly regulate their hunger, predisposing them to obesity throughout the course of their life.

The life course approach to health offers a strategic model that can be used to best plan public health interventions that relate to the priorities agreed within the Joint Health and Wellbeing Strategy (JHWS). Interventions planned using a life course approach will be timely, effective and provide lasting benefits.

**RECOMMENDATION 10: It is recommended that the Health and Wellbeing Board endorse the use of the life course approach for the development of an action plan to address the priorities identified in the Bromley Joint Health and Wellbeing Strategy.**

## Summary of Recommendations:

**Recommendation 1 :** The process for agreeing the priority topics for which a focussed needs assessment needs to be undertaken, as part of the JSNA production process, should be reviewed, refreshed, agreed and publicised to ensure the process is clear, robust and transparent to all key stakeholders.

**Recommendation 2:** The JSNA Steering Group should review its membership to ensure there is appropriate representation from all key stakeholders particularly from primary and acute care, other provider organisations and members of the Bromley community.

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**Recommendation 6:** The JSNA Steering Group should lead the development of a combined adults and CYP report for the next iteration of the JSNA. It is recommended that this be published in December 2019.

**Recommendation 7:** It is recommended that the Health and Wellbeing Board approve the methodology for identifying priorities for the new Joint Health and Wellbeing Strategy.

**Recommendation 8:** It is recommended that the Health and Wellbeing Board endorse these 5 issues as priorities for the new Joint Health and Wellbeing Strategy.

**Recommendation 9:** It is recommended that the Health and Wellbeing Board continue to monitor performance with respect to those indicators that are potential cause for concern and hold NHS England to account should performance not improve.

**Recommendation 10:** It is recommended that the Health and Wellbeing Board endorse the use of the life course approach for the development of an action plan to address the priorities identified in the Bromley Joint Health and Wellbeing Strategy.

## References


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[v] Mühlhäusler, S.B., Adam, C.L. and McMillen, I.C. (2008). *Maternal nutrition and the programming of obesity*. Organogenesis, 4, 144-152. [online] Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2634588/ [Accessed 11/05/2018].

## APPENDIX 1 – List of JSNA Guidance documents and JSNA Evaluation Reports referred to in the development of the Bromley JSNA Evaluation Framework:


Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health (2013). Available online at: https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

Wirral JSNA Key Issues Survey Report (2012). Available online at: https://www.wirralintelligenceservice.org/media/1937/third-report-for-jsna-key-issues-survey-responses-august-2012.pdf

Lambeth JSNA Quality Assurance Report, Lambeth PCT (2008). Available online at https://www.lambeth.gov.uk/sites/default/files/pl-2009LambethJSNAQualityAssuranceDoc.pdf

Nottingham Annual Review of JSNA, Nottinghamshire County Council (2015). Available online at: http://committee.nottinghamcity.gov.uk/documents/s29956/Annual%20report%20on%20the%20Joint%20Strategic%20Needs%20Assessment%202015.pdf

JSNA in the South East; Review of Practice (2010). Available online at: https://www.thinklocalactpersonal.org.uk/_assets/Resources/SouthEast/Legacy/TASC/Joint_Strategic_Needs_Assessment/JSNA_Short_Summery_Transforming_Adult_Social_Care_Report.pdf

Joint strategic needs assessment: reconciling new expectations with reality, Ed Harding, Michelle Kane, (2011) Journal of Integrated Care, Vol. 19 Issue: 6, pp.37-44. Available online at: https://doi.org/10.1108/14769011111191458

## APPENDIX 2 – Online Survey Questionnaire

**1. What best describes the perspective from which you are completing this survey today?**

- As a member of the public
- As a service user or patient
- As an employee or volunteer in the voluntary or community sector
- As an elected member
- As a health or care service provider
- As a CCG employee
- As a Local Authority employee
- As an employee of another public sector organisation (please specify)
- As a GP
- As a hospital clinician
- Other (please specify)

**2. Leadership, governance and communication**

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

*2a. All key stakeholders are aware of the Bromley JSNA*

*2b. The wider community of Bromley are aware of the Bromley JSNA*

*2c. There is strong support for the production of the JSNA among the key stakeholders in Bromley*

*2d. The aims and objectives of the JSNA are widely understood by stakeholders across Bromley*

*2e. There is a clear governance structure and lines of accountability for the production of the Bromley JSNA*

*2f. All key stakeholders are represented on the Bromley JSNA Steering Group*

*2g. The Bromley JSNA steering group meets at sufficiently regular intervals*

*2h. The JSNA steering group agrees a project plan for the annual update of the Bromley JSNA*

*2i. The JSNA steering group receives regular updates on progress with the agreed project plan during the production of the Bromley JSNA*

*2j. Key stakeholders are able to contribute to and comment on the draft JSNA report*

*2k. Comments from stakeholders on the draft JSNA are appropriately responded to*

*2l. Messages about the Bromley JSNA, including publications, updates and achievements are well communicated amongst key stakeholders*

*2m. Messages about the Bromley JSNA are well communicated with the wider community*

*2n. Would you like to make any further comments about aspects of the leadership, governance and ownership of the Bromley JSNA process?*

## 3. Partnership, engagement and ownership

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

*3a. All relevant stakeholders are invited to be engaged in the production of the Bromley JSNA*

*3b. All key stakeholders have an opportunity to comment on the proposed topics / contents of the JSNA report*

*3c. All stakeholders engaged in the production of the Bromley JSNA make an appropriate contribution to the process*

*3d. There has been adequate community engagement in the JSNA process*

*3e. The JSNA has encouraged greater engagement between key stakeholders and the population of Bromley*

*3f. The JSNA process has strengthened partnerships across organisations in Bromley*

*3g. Do you feel there are any key groups who are not engaged in the Bromley JSNA process that should be? Please give details:*

*3h. How do you think we could encourage these groups to engage with the future development of the JSNA?*

*3i. Would you like to make any further comments about aspects of the partnership, engagement and ownership of the Bromley JSNA process?*

## 4. Data sharing and collation

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

*4a. All key stakeholders actively contribute to the identification and collation of local data for the JSNA*

*4b. All key stakeholders contribute analytical resources (staff / skills) where appropriate, for the production of the JSNA*

*4c. Data sharing agreements are in place with all key stakeholders to support the collation of local information for the Bromley JSNA*

*4d. The Bromley JSNA contains an appropriate mix of quantitative data such as statistical and measurable information, as well as qualitative data such as service user experience and case studies*

*4e. The data included in the JSNA is of good quality (timely, relevant & accurate)*

*4f. Would you like to make any comments about the collation and sharing of data for the Bromley JSNA?*

## 5. The JSNA report

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

*5a. The Bromley JSNA report is accessible for your use*

*5b. The Bromley JSNA report is available in a range of accessible formats for all target audiences*

*5c. The analysis in the Bromley JSNA is easy to understand*

*5d. The Bromley JSNA report presents both the short-term and long-term health and care needs of the local population*

*5e. The data and analysis within the Bromley JSNA report is updated at sufficient intervals for your needs*

*5f. There are robust arrangements in place for updating, monitoring and evaluating the JSNA report*

*5g. The Bromley JSNA includes information on all the key health and wellbeing issues for the Bromley population*

*5h. If you think there are other key issues which are not currently included in the JSNA that should be please list them here:*

*5i. Which components of the JSNA do you find most useful and why?*

*5j. Can you give an example / examples of how the Bromley JSNA report has been used within your organisation?*

*5k. Would you like to make any further comments about any of your answers in this section?*

## 6. Links to strategic planning, commissioning decisions and outcomes

*6a. The Bromley JSNA provides a detailed picture of the drivers of the health and wellbeing needs of the Bromley population*

*6b. The Bromley JSNA clearly identifies groups whose needs are not being met and who are experiencing poor health and wellbeing*

*6c. The Bromley JSNA supports the identification and agreement of priorities for local action to improve health and wellbeing*

*6d. The Bromley JSNA has directly informed the Bromley Joint Health and Wellbeing Strategy*

*6e. The Bromley JSNA supports the development of other local plans and strategies*

*6f. The Bromley JSNA provides adequate information to support the planning and commissioning of services*

6g. *The Bromley JSNA supports prioritisation and decision-making regarding resource allocation*

6h. *Would you like to make any comments about any the links between the Bromley JSNA and strategic planning, commissioning decisions and outcomes?*

7. *Finally, do you have any further comments or suggestions as to how the Bromley JSNA can be improved in order to ensure it is fit for purpose in the future?*

Thank you very much for taking the time to complete this survey

## APPENDIX 3 – Interview Framework

To start, have you had a chance to view the latest version of the JSNA on the Bromley Council website?

Do you have any general comments?

Thinking about the **leadership and governance** of the JSNA process:

Do you think all key stakeholders are aware of the JSNA?

Do you think there is strong support for the production of the JSNA amongst stakeholders?

Do you think the process for agreeing the content of the JSNA is clear and transparent?

Do you think messages about the JSNA are well communicated to stakeholders?

Do you have any other comments about the *leadership and governance* of the process?

Now thinking about the **engagement and ownership** of the JSNA:

Do you think all relevant stakeholders are invited to be engaged in the production of the JSNA?

Do all key stakeholders have an opportunity to comment on the proposed contents / focus of the JSNA?

Do you think there is adequate community engagement in producing the JSNA?

Do you feel there are any key groups who are not engaged in the JSNA process?

What could we do to encourage these groups to become engaged?

Do you have any other comments about the *engagement and ownership* of the JSNA?

Now thinking about the **links between the JSNA and strategic planning and commissioning processes:**

Do you think the JSNA provides a detailed picture of the drivers of the health and wellbeing needs of the Bromley population?

Do you think the JSNA clearly identifies groups whose needs are not being met or who are experiencing poor health and wellbeing?

Do you think the JSNA supports the identification and agreement of priorities for local action to improve health and wellbeing?

Does the JSNA provide adequate information to support the planning and commissioning of services?

Does the JSNA directly inform the Joint Health and Wellbeing Strategy?

Do you have any other comments about the *links between the JSNA and strategic planning and commissioning*?

Now thinking about the **data sharing and collation** for the JSNA**:**

Do you feel all key stakeholders actively contribute to the identification and collation of local data for the JSNA?

Does the JSNA contain an appropriate mix of both quantitative and qualitative data?

Do you think the data in the JSNA is of good quality (timely, relevant and accurate)?

Do you have any other comments about *data sharing and collation* for the JSNA?

Now FINALLY thinking about the **JSNA report** itself**:**

Do you feel the JSNA report is accessible for your use?

Do you feel the analysis is easy to understand?

Do you think the information in the JSNA presents both the short and long term health and care needs of the local population?

Do you think the JSNA is updated at sufficient / appropriate intervals for your needs?

Does the JSNA include information on all the key health and wellbeing issues for the population of Bromley?

Which components of the report do you find most useful and why?

Can you give an example of how you've used the information from the JSNA in your role?

Do you have any other comments about *JSNA report* itself?

That's the end of the structured questions. Do you have any other comments about the process and outcomes of the JSNA that hasn't already been covered?

## APPENDIX 4 – Interview Participants

Cllr David Jefferies, Chair Bromley Health and Wellbeing Board

Cllr Dianne Smith, Portfolio Holder for Adult Care and Health

Dr Angela Bhan, Managing Director Bromley CCG

Dr Andrew Parsons, Clinical Chair Bromley CCG

Colin McClean, Chief Executive Community Links Bromley