

### Walsall Joint Strategic Needs Assessment (JSNA) - Progress Update

#### 1. Purpose

To give assurance to members of the Health and Wellbeing Board (HWBB) that the refresh of the JSNA 2021 is progressing in accordance with the planned timeframe.

#### 2. Recommendations

2.1 To recognise the statutory duty to have an up to date and fit for purpose Walsall JSNA, which will in turn, help to identify priorities for the Joint Health and Wellbeing Strategy.

2.2 To commit to, contribute to and utilise Walsall's Joint Strategic Needs Assessment.

#### 3. Report detail

3.1 *"JSNAs will be the means by which local leaders **work together** to understand and agree the needs of all local people, with the **joint** health and wellbeing strategy setting the priorities for **collective action** ... providing the **evidence base for decisions about local services.**"*  
(Department of Health & Social Care, 2011).

3.2 A JSNA is required essentially due to:

- Statutory duty of the HWBB
- HWBB organisations own and contribute into it
- Used to identify local priorities
- Feeds into the development of the Health and Wellbeing Strategy
- Assists in developing local plans to improve health and wellbeing of the population and to reduce health inequalities.

3.3 A refresh of Walsall's JSNA would have commenced last year (2020), however it was delayed due to the response to the Covid-19 pandemic taking precedence.

3.4 This planned refresh aims to build upon previous iterations and add further value in the form of:

- Five key chapters
- Asset based approach to drive the 'so what...?'
- Incorporate qualitative data i.e. resident survey on Covid-19

- Learn from others JSNA best practice
- Own it! – ‘Joint’, contribute and use it
- Continue to host on the [Walsall Insight](#) website
- Improve the end user experience (and strengthen staff skills and expertise) by utilising Power Bi to further effect

3.5 Discussions have taken place in meetings such as HWBB Development session and with Adult Social Care and Housing colleagues to glean views and seek input and support. The development of Walsall’s JSNA will also compliment the work of other organisations, such as Walsall Together, and the natural linkages and cross references to an Integrated Care Partnership (ICP) Outcomes Framework. It also links in with and is timely to input into the locality and Primary Care Networks profiling currently underway which assists GPs with their priority setting.

3.6 A JSNA Core Working Group (and Teams set up) is active and meeting fortnightly. This group draws upon the support and expertise already united through the Walsall Insight Group (WIG) network (further detail about WIG is expanded upon in Appendix 1). WIG have been tasked with refreshing the JSNA to then inform the Walsall Plan update. A ‘JSNA 2021 Refresh Progress Log’ has been devised and appropriate officers / Partner officers allocated to assisting with the refresh (the latest iteration is available to view in Appendix 2).

Please use the link to Walsall’s JSNA 2021 [Chapter 1](#) which is a prototype, and offers a flavour of the layout and interactivity that PowerBi offers the end user.

3.7 The focus will be to further utilise PowerBi for an improved end user experience as well as building on the opportunity to enhance and improve officer’s current Power Bi skill set.

3.8 A proposed timeline for JSNA 2021 reporting aims to have a final draft in November 2021. This commitment is achievable but only with direct input and support from identified officers and Partners.

#### **4. Implications for Joint Working arrangements**

Good joint working arrangements are crucial in relation to Walsall’s JSNA process and in delivering the Walsall Plan. The HWBB will need to provide the leadership required to overcome potential barriers to effective action.

#### **5. Health and Wellbeing Priorities**

HWBs have a statutory duty to ensure they have a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy in place. These are used to identify local priorities and develop local plans to improve the health and wellbeing of their population and reduce health inequalities.

#### **Background papers**

Link to JSNA material on the Walsall Insight Website - [Walsall JSNA](#)

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## Appendix 1 – Walsall Insight Group (WIG) Network

### 1. Purpose

The Walsall Insight Group (WIG) aims to bring together colleagues from different service areas across Walsall Council whose responsibility it is to ascertain a level of *'Insight'* as part of their job role.

Insight needs to be recognised as a valuable business asset. It is defined as **'the capacity to gain an accurate and deep understanding of someone or something'** (Oxford Dictionary, 2017).

Sharing insight with colleagues and working more collaboratively as part of the Insight transformation programme, will improve intelligence that can then be utilised to make informed council related decisions – this is the overall vision for the programme.

The Insight triangle highlights the levels at which 'insight' is created – data (both qualitative and quantitative) and information are used together to generate intelligence / evidence. Using insight in this way will ensure the council is making evidenced and informed decisions.



### 2. Objectives of the Group

The key objective of this group is to work collaboratively, to utilise analytical expertise when analysing data to understand the needs of and to inform key decisions aimed at improving outcomes for the borough of Walsall.

WIG members will be committed to providing insight in relation to the Council's and Partner's Boards, this will be achieved via a number of ways including:

- Harness and add value to the boroughs information assets through analysis in order to understand the boroughs key priorities and to hence inform strategic decision-making processes aimed at delivering improved outcomes for the borough.
- Develop a performance framework and monitor delivery against The Walsall Plan.
- Contribution to key Insight products such as - Locality profiles; JSNA to inform local delivery and highlight priorities.

- Learning and provision of expertise training to help sustain skill levels amongst all WIG members.
- Collaborate with wider intelligence networks to understand the extent of and hence manage the delivery of agreed forward programme of the borough's analytical and information needs.
- To work towards contributing to the three key strategic assessments.
- To recognise, harness and strengthen capabilities within WIG and wider intelligence network so that products are fit for purpose and of a good quality; incorporating creative, innovative, qualitative and informative outputs that informs sound decisions and hence leads to positive outcomes for the borough.
- WIG to act as peer support on more formal basis, to assist in developing personal analytical and technical skills.
- To identify and to act on areas for improvement relevant to delivery of forward programme of analytical needs. For example development of Walsall's Local Information System (LIS).
- To adhere to and facilitate delivery of agreed Partnership Data Sharing Protocol and other information governance guidelines in relation to GDPR 2018.

### **3. Membership**

Recognised Walsall Council colleagues who have an 'insight' responsibility within their job role.

It is recognised that membership will extend to Partners in due course as they too play a vital role in the delivery of insight and the success of Insight as a LA transformation programme is pivotal.

### **4. Role of the Nominated Representative**

The role of members is:

- To work collaboratively across the insight network in order to meet the analytical needs of their service i.e. JSNA
- To act as a channel to facilitate the wider analytical group networks contribution into analytical outputs.
- To act as an analytical 'champion' for WIG and a source of advice within their own service area / organisation.
- To act as a point of contact for partner organisations on analytical issues within their service area
- To refer issues to the group as appropriate
- To draw on the expertise of the group for specific projects i.e. JSNA
- To promote a culture where evidence is paramount to effective decision making.

## Appendix 2 – JSNA 2021 Progress Log

### JSNA 2021 - Progress Log

Chapter Number	Section Number	Section Title	Due Date	Comments	Responsible Person
1	1	<b>Executive Summary</b>	PT		
<b>Summary (Health &amp; Wellbeing in Walsall)</b>					
1	1	Introduction	18	Expects to 2021	Adrian and other team responsible
1	2	Demographics	18	Expects to 2021, 18	
1	3	Health Inequalities	18	Expects to 2021, 18	
1	4	Health Inequalities	PT		
1	5	Summary			
<b>Health Status</b>					
2	1	Introduction			
2	1	Overall Health & Wellbeing Indicators	18		On progress, will continue to report on range of health measures & health by local authority
2	2	Health Inequalities	18		
2	3	Life Expectancy & Mortality	18/19		
2	4	Health Inequalities	18/19		
2	5	Health Inequalities	18		
2	6	Health Inequalities	18		
2	7	Health Inequalities	18		
2	8	Health Inequalities	18/19		
2	9	Health Inequalities	18		
2	10	Health Inequalities	18/19		
2	11	Health Inequalities	18/19		
2	12	Health Inequalities	18/19		Will be able to help us to get a better data
2	13	Health Inequalities	18/19		
2	14	Health Inequalities	18/19		
2	15	Health Inequalities	18/19		
<b>Adult Wellbeing</b>					
3	1	Introduction			
3	1	Demographics	18		
3	2	Health Inequalities	18		
3	3	Health Inequalities	18		
3	4	Health Inequalities	18		
3	5	Health Inequalities	18/19		
3	6	Health Inequalities	18		
<b>Children &amp; Young People</b>					
4	1	Introduction			
4	1	Demographics	18		
4	2	Health Inequalities	18		
4	3	Health Inequalities	18		
4	4	Health Inequalities	18		
4	5	Health Inequalities	18/19		
4	6	Health Inequalities	18		
4	7	Health Inequalities	18		
4	8	Health Inequalities	18/19		
4	9	Health Inequalities	18		
4	10	Health Inequalities	18/19		
4	11	Health Inequalities	18		
4	12	Health Inequalities	18/19		
4	13	Health Inequalities	18		
4	14	Health Inequalities	18/19		
4	15	Health Inequalities	18		
4	16	Health Inequalities	18/19		
4	17	Health Inequalities	18		
4	18	Health Inequalities	18/19		
4	19	Health Inequalities	18		
4	20	Health Inequalities	18/19		
4	21	Health Inequalities	18		
4	22	Health Inequalities	18/19		
4	23	Health Inequalities	18		
4	24	Health Inequalities	18/19		
4	25	Health Inequalities	18		
4	26	Health Inequalities	18/19		
4	27	Health Inequalities	18		
4	28	Health Inequalities	18/19		
4	29	Health Inequalities	18		
4	30	Health Inequalities	18/19		
4	31	Health Inequalities	18		
4	32	Health Inequalities	18/19		
4	33	Health Inequalities	18		
4	34	Health Inequalities	18/19		
4	35	Health Inequalities	18		
4	36	Health Inequalities	18/19		
4	37	Health Inequalities	18		
4	38	Health Inequalities	18/19		
4	39	Health Inequalities	18		
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4	42	Health Inequalities	18/19		
4	43	Health Inequalities	18		
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4	45	Health Inequalities	18		
4	46	Health Inequalities	18/19		
4	47	Health Inequalities	18		
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4	50	Health Inequalities	18/19		
4	51	Health Inequalities	18		
4	52	Health Inequalities	18/19		
4	53	Health Inequalities	18		
4	54	Health Inequalities	18/19		
4	55	Health Inequalities	18		
4	56	Health Inequalities	18/19		
4	57	Health Inequalities	18		
4	58	Health Inequalities	18/19		
4	59	Health Inequalities	18		
4	60	Health Inequalities	18/19		
4	61	Health Inequalities	18		
4	62	Health Inequalities	18/19		
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4	64	Health Inequalities	18/19		
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4	67	Health Inequalities	18		
4	68	Health Inequalities	18/19		
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4	72	Health Inequalities	18/19		
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4	75	Health Inequalities	18		
4	76	Health Inequalities	18/19		
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4	85	Health Inequalities	18		
4	86	Health Inequalities	18/19		
4	87	Health Inequalities	18		
4	88	Health Inequalities	18/19		
4	89	Health Inequalities	18		
4	90	Health Inequalities	18/19		
4	91	Health Inequalities	18		
4	92	Health Inequalities	18/19		
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4	96	Health Inequalities	18/19		
4	97	Health Inequalities	18		
4	98	Health Inequalities	18/19		
4	99	Health Inequalities	18		
4	100	Health Inequalities	18/19		

Literature			
1	1	1737	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	2	18	some research on the use of Facebook
1	3	19	and the use of social networking sites
1	4	17	
1	5	16	
1	6	17	
1	7	17	and the use of social networking sites
1	8	17	
Covid-19			
1	1	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	2	18	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	3	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	4	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	5	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	6	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	7	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	8	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	9	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	10	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
Qualitative (Survey)			
1	1	17	
1	2	17	
1	3	17	
1	4	17	
1	5	17	
Supporting Material			
1	1	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	2	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	3	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	4	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>
1	5	17	<a href="https://doi.org/10.1016/j.sbspro.2012.05.001">https://doi.org/10.1016/j.sbspro.2012.05.001</a>