Appendix 1

Wolverhampton Joint Strategic Needs Assessment

Culturally Responsive JSNA

Wolverhampton JSNA through a health equity lens

February 2024

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Foreword

This report was written by Dr João Martins, Specialty Registrar in Public Health, between December 2023 and February 2024. It was conceived as a semi-independent review of the Wolverhampton JSNA at the request of Bal Kaur, Consultant in Public Health. It will complement and inform the on-going revamp of the Wolverhampton JSNA being undertaken by the Public Health and Data Analytics Team.

Background

A **Joint Strategic Needs Assessments (JSNA)** is a high-level assessment of the "current and future health and social care needs of the local community", which could be met by the local authority or NHS commissioning bodies. (1)

JSNAs were introduced in 2007 as a statutory duty to be met by local authorities and primary care trusts (PCTs). The Health and Social Care Act 2012 transferred the responsibility for developing and overseeing the implementation of JSNAs to local **Health and Wellbeing Boards (HWBs)**, statutory bodies formed by local authorities, local NHS commissioning bodies – initially clinical commissioning groups (CCGs) and, since 2022, integrated care boards (ICBs) – and other relevant health and care representatives. (1)

The role of JSNAs is to provide HWBs with data on the health and social care needs of the local population. This enables partners to set intelligence-based priorities to improve health outcomes and reduce health inequalities and helps inform the local **Joint Health and Wellbeing Strategy (JHWS)** to achieve those objectives.

JSNAs collate data from multiple sources, including routine collection (e.g., Census, annual surveys), services (e.g., NHS, schools), and community engagement (e.g., community consultations, focus groups), and can be complemented by **specific needs assessments**. A specific needs assessment is an in-depth analysis of either a particular health issue (health needs assessment, HNA) or population group (community profile) which helps understand a particular need or problem in more detail and informs the commissioning of ser vices.

Culturally responsive JSNAs

Following their introduction as a statutory duty in 2007, the Department of Health commissioned Shared Intelligence and Race for Health to explore the approaches used by JSNAs to understand 'race equality' and ethnic diversity, and to provide guidance to help local areas make them more culturally responsive. They started by selecting a purposive sample of twenty English JSNAs and reviewing JSNA-related documents (including supporting needs assessments), as well as other local strategy and decision documents. They then identified six areas based on good practice to develop in-depth case studies and convened an expert review group to discuss the initial findings and generate recommendations. Finally, an evidence review was conducted to complement the analysis. The final report – '**Culturally responsive JSNAs: a review of race equality and JSNA practice**' ('the report') – was published in 2010 by the Local Government Association (LGA). (2)

Language and remit

Some of the terminology used in the report was adapted to reflect changes in language since it was produced. For example, 'ethnic minority(ies)' was used instead of BAME or BME. (3) In addition, the concept of cultural responsiveness was expanded beyond ethnicity and race – **'equalities responsiveness'** – by including other equality characteristics (e.g., gender identity, disability, language) and replacing 'race equality' with **'health equity'**.

JSNA health equity framework

As part of the review, the researchers produced a 'JSNA race equality framework', here renamed **'JSNA health equity framework'** ('the framework'). It proposed 4 dimensions against which a JSNA can be reviewed to assess its cultural responsiveness:

- **Presentation of data** – whether the data is clear and comprehensive.
- **Analysis of need –** whether it goes beyond population profiles or a description of health and wellbeing.
- **Identification of action** – whether it identifies evidence-based actions on health equity to inform prioritisation and commissioning.
- **Process** – for each of the other dimensions, the degree to which the JSNA:
    - involved and engaged with community and stakeholders.
    - demonstrated leadership and ownership.
    - aligned and linked with other guiding plans and strategies.

The framework also proposed three levels of development – **developing**, **achieving**, or **excelling** – against which the first three dimensions can be evaluated. The framework was adapted to reflect a broader understanding of cultural responsiveness, extending it beyond ethnicity into other equality characteristics such as sex, religion, language spoken, migration status, gender identity, sexual orientation, and disability.

Presentation of data

This section examines how clearly presented and comprehensive the JSNA data is, as this constitutes the foundation for a coherent needs assessment.

Developing	Achieving	Excelling
Only core data: demographic data on ethnicity and other equality characteristics by age bands.	Core data + • Ethnicity and other equality characteristics across other core data points. • Ethnicity and other equality characteristics in service data. • Limited relevant local data. • Identifies data development. • Limited engagement data.	Core data + • Ethnicity and other equality characteristics across other core data points. • Ethnicity and other equality characteristics in service data. • Other relevant local data. • Identifies data development. • Equality mapping*. • Data, often qualitative, drawn from engagement (a thorough investigation and analysis conducted).

Table 1 – Presentation of data, JSNA health equity framework.
*(*compares within equality characteristics and across equity issues, such as socioeconomic disadvantage)*

Analysis of need

This section explores the degree to which JSNAs analyse their data to highlight significant needs, understand how these needs interact, and identify way to address them.

Developing	Achieving	Excelling
• Statement of consideration but not prioritisation or detail.	• Specific consideration of needs. • Equality proofing*. • Draws different data together to understand need (e.g., limited use of consultation).	• Specific consideration of needs that provides rationale for prioritisation. • Conveys distinction between absolute and relative health needs. • Equality proofing*. • Draws different data together to understand need (e.g., use of consultation). • Consideration of equality issues within relevant communities. • Identifies community strengths and assets.

Table 2 – Analysis of need, JSNA health equity framework.
*(*assessment of capacity of existing services to meet diverse population needs)*

Identification of action

This section considers the extent to which JSNAs identify evidence-based actions to meet the needs identified and address health equity.

Developing	Achieving	Excelling
• No action proposed relevant to health equity.	• Action on meeting needs within the relevant communities proposed. • Equality proofing*.	• Action on meeting needs within the relevant communities proposed. • Proposed action includes analysis of evidence of effectiveness. • Action towards influencing relative health outcomes (i.e., health equity). • Equality proofing*. • Goals for health equity expressed as tangible outcomes or specific change.

Table 3 – Analysis of need, JSNA health equity framework.
*(*general recommendations have an Equality Impact Assessment or include analysis of impact on different communities)*

Findings

Some findings identified by the review which may be relevant to this project are presented below:

- "**All JSNAs can be 'culturally responsive'** regardless of the demographic profile of the community they describe."
- **There isn't a "single definable approach** that produces the most culturally responsive JSNA."
- "Areas that had developed the **more culturally responsive JSNAs had worked with communities and stakeholders, aligned strategies** and **were leading purposefully**."
- "**In depth assessments**" – e.g., separate needs assessments for each relevant community or equality group – "**are not a precondition for culturally responsive JSNAs**, although they are helpful."

Recommendations

The report suggested five steps that local areas can implement to improve the cultural responsiveness of their JSNAs:

1. Review their existing JSNA documentation and JSNA process, and benchmark them against the report's proposed framework for culturally responsive JSNAs.
2. Examine good practice, including the six case studies provided in the report.
3. Bring together local health and other intelligence stakeholders to maximise the use of available data on culturally diverse communities.
4. Establish evaluation mechanisms for existing and planned JSNA processes.
5. Position improvements in culturally responsive practice within the overall context of improvements to JSNAs and organisational activity on equalities.

Wolverhampton JSNA

Local context

The HWB in Wolverhampton is called **Health and Wellbeing Together (HWBT)**. Beyond its statutory members – City of Wolverhampton Council and Black Country ICB –, HWBT's partner organisations include the OneWolverhampton partnership, the two local NHS Trusts (Royal Wolverhampton and Black Country Healthcare), the local Healthwatch branch and University, West Midlands Fire Service and Police, the Better Homes Board, and the voluntary sector. (4)

Figure 1 – Wolverhampton JSNA logo. (4)

HWBT publish its JSNA in a purposely built website called **WVInsight**, (5) which is hosted and managed by the City of Wolverhampton Council.

Benchmarking

The Wolverhampton JSNA is currently being reviewed and revamped. Nonetheless, a basic benchmarking exercise against the JSNA health equity framework was completed using information available on WVInsight as of January 2024.

	Developing	Achieving	Excelling
Presentation of data		→	→
Analysis of need	→	→	→
Identification of action	→	→	→

Table 4 – Benchmarking of Wolverhampton JSNA against the health equity framework, RAG rating.

Presentation of data

The JSNA has a clear lading page and is overall relatively easy to navigate. It is currently divided into **four chapters**:

- Health & Wellbeing, which includes data on demographics and life expectancy.
- Healthy Start, which includes data on fertility rates, birth weight and age, early years (e.g., school readiness), SEND, childhood vaccinations, school attainment, and vulnerable children.
- Adult Wellbeing, which includes data on obesity, physical activity, smoking, drugs and alcohol, and hospital admissions.
- Ageing Well, which includes data on NHS health checks, chronic conditions (e.g., cancer, diabetes), falls, winter mortality, influenza, and premature mortality.

Each chapter has its own dedicated **interactive dashboard** with multiple data points, displayed in several different formats (e.g., maps, graphs, tables) and complemented by a written description (see figure 2). Some data points include a 'filter' function which should allow for a more detailed breakdown (e.g., by sex, ethnicity, deprivation) and a direct comparison between different subcategories (e.g., least with most deprived, White with Asian ethnicities). However, this function doesn't work particularly well and only allows for one subcategory to be selected at once.

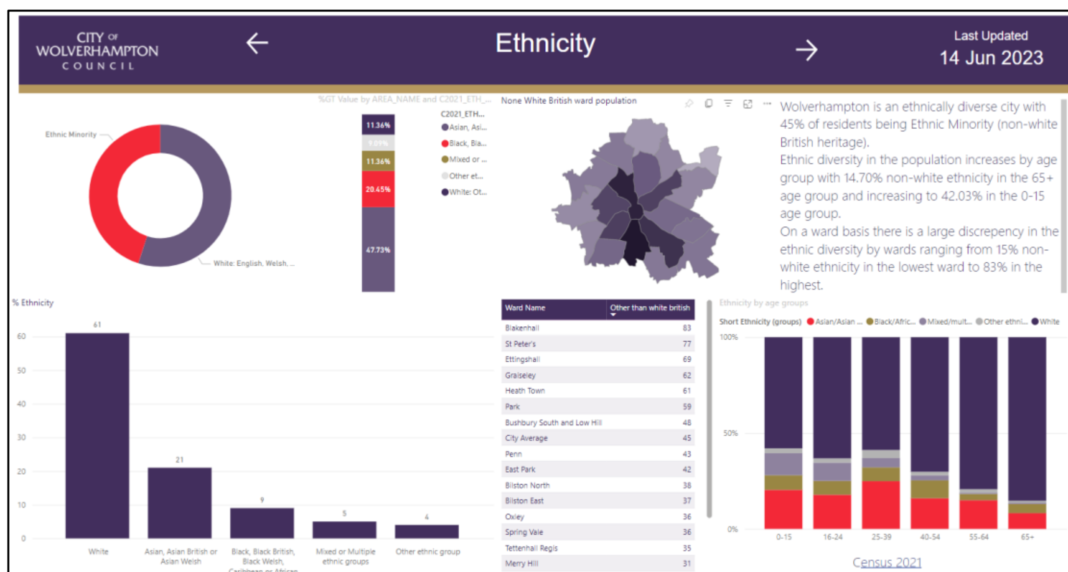

Figure 2 – Ethnicity page on JSNA dashboard, WVInsight.

Looking specifically at **ethnicity data**, the JSNA dashboard has a dedicated page with data from the Census 2021, which includes the ethnic make-up of the population by ethnic group and age band, as well as an interactive map depicting the proportion of non-white residents in each city ward. However, it is not possible to explore the ethnic profile of each individual ward in more detail. Furthermore, there is only very limited ethnicity data available beyond the core JSNA data. Only three data points –

age of mothers at birth, vaccinations, and school attainment (all under the Healthy Start chapter) – include information on ethnicity, and neither of these is easy to navigate or interpret. For example, it is only possible to analyse one ethnicity at a time, making it impossible to compare childhood vaccination rates in different ethnic groups. A similar pattern is replicated across **other equality characteristics**. Only disability has a dedicated page, with only a few data points allowing for a detailed analysis broken down by each of these characteristics.

The JSNA is further complemented by separate **'Themes' pages**. These provide additional data on different topics from demographics to health and wellbeing and include three additional JSNA dashboards (see figure 3). In particular, the Equalities page provides additional data on ethnicity, as well as languages spoken, religion, disability, gender identity, and sexual orientation. However, there is no way to filter or inquiry this data to allow for a more detailed and nuanced understanding of the needs of the population. The JSNA would also benefit from having all relevant intelligence on a single page, rather than having to look across different pages and dashboards.

Figure 3 - 'Themes' pages, WVInsight. (4)

The Council's Public Health team also produces regular specific needs assessment - here called '**Topic Specific Reports**' - to inform its actions and interventions (e.g., HNAs to inform service commissioning). These were previously not published on the WVInsight website but have been included on the JSNA landing page as part of the ongoing review. These topic specific reports are particularly good at presenting local data, including qualitative data arising from community engagement exercises. However, this is not reflected in the wider website.

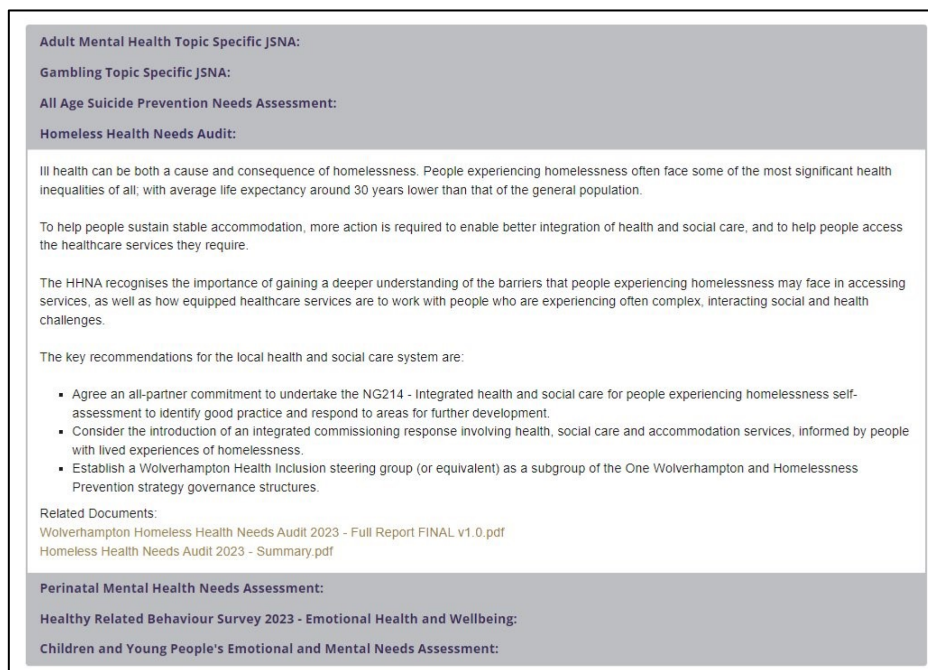

Figure 4 – JSNA Topic Specific Reports, WVInsight. (5)

Overall, reviewing the Wolverhampton JSNA against the framework on data presentation, it ranks as **achieving** and is working towards excelling.

Analysis of need and identification of action

The topic specific reports are particularly strong in relation to their subject matter (e.g. gambling, homelessness), as they provide a strong rationale for prioritisation, explore community strengths and assets, and propose clear actions to address the needs identified. However, the wider JSNA website does not go beyond a statement of intent (see below) in identifying specific needs in its population and does not present any actions to address its needs and improve health equity.

> *"This data analysis is used to help to determine what actions partners need to take, to meet health and social care needs, to address the root causes of health and wellbeing, and to reduce inequalities between different groups such as age, race and gender. The JSNA should help to inform partners to make decisions that enable Wulfrunians to live longer, healthier, active lives."*

As such, when analysing the JSNA as a whole, it is difficult to gain a comprehensive understanding of the local needs, priorities, and actions. Therefore, when analysed against the framework, it ranks somewhere between **developing** and **achieving** for both analysis of need and identification of action.

Process

Given the limited information available on WVInsight, it is not possible to comment on the process behind the development of the JSNA.

Good practice

The six case studies provided by the report were reviewed and complemented by a brief desktop exploration of other JSNAs. No single JSNA was identified as best practice in addressing health equity.

Report case studies

The report identified six case studies of innovative practice to address the different dimensions of the framework. Despite being almost 15 years old and referring to some of the earliest examples of JSNAs, these examples are still relevant today.

Presentation of data

- **North Tyneside** used social care monitoring data to identify barriers in access and the types of services provided, allowing them to better understand the challenges faced by a particular group of residents.
- **Suffolk** used one of their Director of Public Health (DPH) reports to deepen their understanding of the local Bangladeshi population using qualitative data from community engagement.
- **Birmingham** developed a public online portal to hold its JSNA data and intelligence, focusing on "integration, support and empowerment of existing networks" with regards to data collaboration.

Analysis of need

- **NHS Westminster** developed strategies to gain an insight about the needs 'on the ground', including establishing a 'BAME Health Forum' and training and employing community

researchers, which also allowed them to establish links with marginalised and less engaged communities.

Identification of action

- **Luton** conducted an evaluation of the process and impact of its JSNA to understand its role within the local prioritisation and commissioning processes.
- **Newcastle** allocated each section of its JSNA to two leads – one from the local authority and other from health(care) – with a view to identify collaborative action between local government and local services.

Other JSNAs

A very brief exploration of other JSNAs was also undertaken. Several JSNAs are **published online** with variable degrees of quality and ease of navigation. Some, like Birmingham City Council and Leicester City Council, have a dedicated JSNA webpage on its public-facing website, whilst others have their own dedicated website similar to WVInsight (e.g., 'Sandwell Trends' for Sandwell Borough Council, 'All About Dudley Borough' for Dudley Borough Council).

Some of these JSNAs (e.g., Birmingham, Sandwell) include **interactive dashboards** of variable quality. Some include dedicated pages on ethnicity as well as other equalities characteristics (e.g., Sandwell has pages on diversity/ethnicity, language, religion, and LGBTQ+). However, as with the Wolverhampton JSNA dashboards, the degree to which it is possible to breakdown and analyse the health data by each of these characteristics is very limited. Other areas, instead of providing an interactive dashboard, present their JSNA data solely in PDF format (e.g., Leicester).

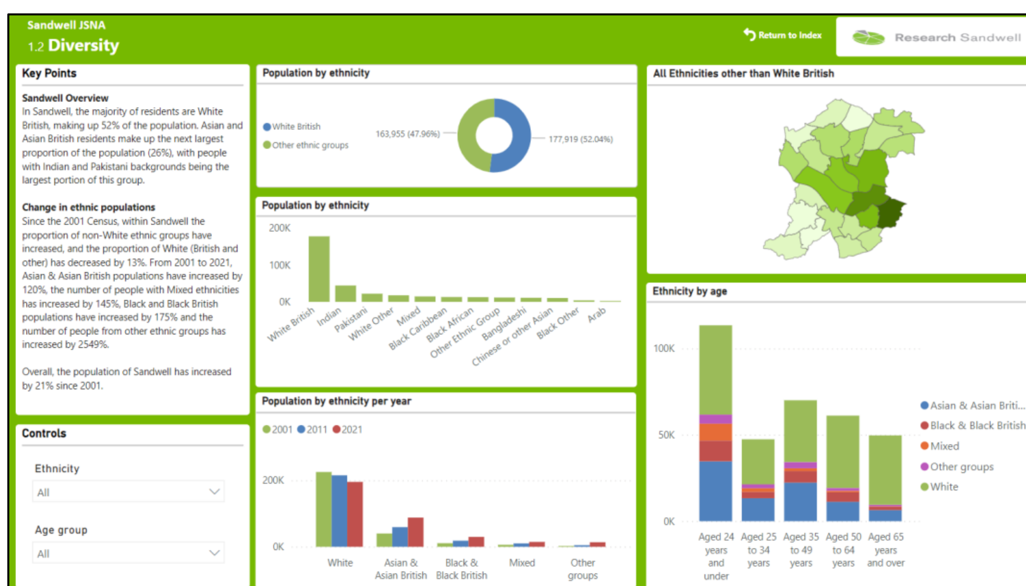

Figure 5 – Diversity page on Sandwell JSNA dashboard, Sandwell Trends. (6)

Most websites also make their **specific needs assessments** available to complement the JSNA. Having all this information in a single page makes it very easy for partners and stakeholders to identify relevant documents and intelligence. However, most JSNA websites end up acting primarily as static repositories for documents (e.g., DPH reports, specific needs assessments) instead of dynamic tools to support HWB partners in analysing the health needs of their populations, setting priorities, and identifying actions to address them.

Sheffield JSNA – data presentation

Sheffield takes a very different approach to its JSNA compared to most other areas. Its is presented in a dynamic, scrolling website (using ArcGIS software) with embedded maps, data, images, graphs, and documents. (7) This makes it interesting to use but it is unclear who practical it is. For example, the lack of a search function makes it sometimes difficult to find the necessary information. Additionally, it isn't easy to gain a quick understanding of the main priorities for action as the information is divided into multiple pages.

Figure 6 – Migration page on Sheffield JSNA. (7)

Birmingham JSNA – analysis of need

Birmingham has produced individual community profiles for several groups, including veterans, homeless, faith, LGBT communities, ethnic communities, disabled communities, and carers. These are static webpages with an introduction/explanation (e.g. what is ethnicity, what is a disability), an overview of that population in the city, and evidence of inequalities relevant to that community. These profiles are complemented by community health profiles – in-depth PDF documents analysing the health needs of individual communities (e.g. Bangladeshi, deaf and hearing loss, Muslim, Bisexual) – as well as 'deep dives' exploring the health inequities affecting particular communities (e.g. veterans, end of life). (8) However, these are time- and resource-intensive, detailed documents and it is unclear how well they inform actions by HWB partner organisations.

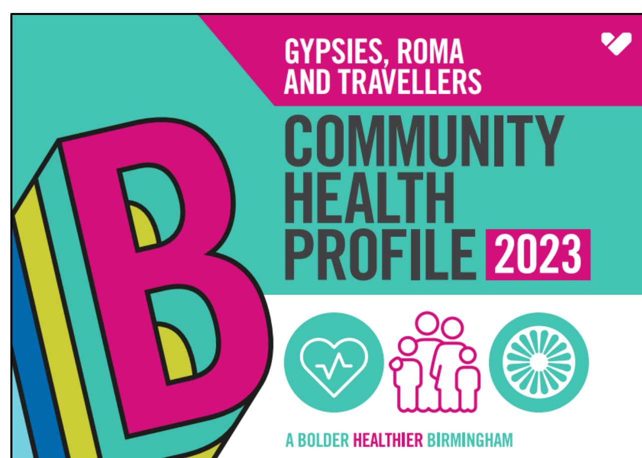

Figure 7 – Gypsies, Roma and Travellers Community Health Profile, Birmingham City Council. (8)

Next steps

Below are some recommendations to continue improving the cultural and equalities responsiveness of the Wolverhampton JSNA. These feed from the report's recommendations, as well as discussions with those involved in the on-going JSNA revamp.

Presentation of data

- Bring together local health and other intelligence stakeholders to maximise the use of available data on culturally diverse communities (recommendation 3 from report).
- Include qualitative data arising from community engagement exercises on the JSNA website (including its dashboard) to complement and contextualise the existing quantitative data.

Analysis of need

- Transpose the information on needs and priority-setting identified in topic specific reports to the wider JSNA website to make it easy for HWBT partners to access and use this information.
- Work with partners to incorporate community strengths and assets into the JSNA by adopting an asset-based approach.

Identification of action

- Transpose the actions and recommendations identified in topic specific reports to the wider JSNA website to make it easier for HWBT partners to access and use this information.
- Ensure that JSNA actions are equality proofed (e.g., using EIAs) and evidence based.

Process

- Establish evaluation mechanisms for existing and planned JSNA processes (recommendation 4 from report).
- Ensure that community and stakeholder involvement is reflected on the JSNA website.
- Ensure that the JSNA links with and informs the JHWS to improve health equity in Wolverhampton.

Acknowledgements

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