


24 September 2025

Subject:	Sandwell Joint Strategic Needs Assessment (JSNA)
Presenting Officer and Organisation 	Dr Lina Martino Consultant in Public Health, Sandwell Council lina_martino@sandwell.gov.uk Director: Dr Frances Howie Director of Public Health, Sandwell Council
Purpose of Report	Information

1. Recommendations

Members of the Board are recommended to:

- 1.1 Note the headline findings and current presentation of the Joint Strategic Needs Assessment (JSNA) for Sandwell;
- 1.2 Note the arrangements for the JSNA Task & Finish Group to review the process and content; and
- 1.3 Ensure appropriate representation of each organisation on the Task & Finish Group.

2. Context and Key Issues

Background

- 2.1 Local authorities and the local NHS have equal and joint statutory duties to produce a JSNA to support continuous assessment of population needs and facilitate strategic planning. Statutory guidance on the JSNA (Appendix 1) states the following (with CCGs now replaced by ICBs):

“Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole.”(p.5)

- 2.2 Reviewing the JSNA was one of the key themes identified in the recent LGA Review of the Health and Well-being Board. Feedback from the Review indicated a need for a fuller, richer and more accessible dataset to facilitate its use and application in practice. It was also felt by stakeholders that the ‘joint’, aspect of the JSNA should be strengthened so that all partner organisations have equal ownership of the JSNA and can bring whole system knowledge to its development.
- 2.3 A paper on next steps from the review was approved by the Board on 29 July 2025, with the following recommendations made in relation to the JSNA:
- Set up a small task and finish stakeholder group to review the process for on-going production of the JSNA, ensuring that there is joint working between Health, Local Authority and VCS partners;
 - Present a short JSNA summary at the September meeting of the HWBB to enable full understanding and discussion of current content; and
 - Present a revised JSNA structure and production process for approval at the December HWBB meeting.

JSNA Task & Finish Group

- 2.4 Following the recommendations outlined in 4.6 above, a Task & Finish Group has been convened, consisting of representatives from HWBB member organisations. The group will meet monthly for approximately 3 months to:
- Act on the feedback from the review that the JSNA should improve accessibility to the data
 - Act on feedback, from Board workshop and review, that a fuller and richer data set should be included
 - Strengthen the Joint (system) feel of the JSNA, remembering that the statutory duty falls to both the local authority and the NHS and to all members of the Board in terms of sign off

- Agree a revised JSNA structure and production process for approval at December meeting of the board.

2.5 A review of JSNA content and governance processes across the West Midlands region is being carried out by a Speciality Registrar in Public Health based at Sandwell Council. This review will help to identify good practice to inform the governance and development processes proposed by the Task & Finish Group.

3. Current JSNA format and content

3.1 The Sandwell JSNA is hosted on the Sandwell Trends [website](#) , which includes interactive pages as well as PDF content. It is hoped that this format enables users to explore some of the data in more depth as well as providing information for quick and easy reference.

3.2 The JSNA comprises:

- Core JSNA – a series of chapters focusing on key issues and indicators across the life course
- Sandwell in Focus – ‘deep dive’ needs assessments into specific topic areas
- Town and borough profiles – summaries of demographics and key issues by town and for Sandwell overall
- Pharmaceutical Needs Assessment – a statutory document that sets out pharmaceutical provision and need across the Borough, and recommendations for addressing unmet need
- A ward level dashboard bringing together key indicators by ward

3.3 The core JSNA consists of the following chapters:

1. Our People – demography, deprivation and life expectancy/healthy life expectancy
2. Healthy Start – children and young people, education and early years
3. Healthy Lives – causes of premature death, prevention and wellbeing
4. Ageing Well – older adults, social care and end of life
5. Place and Economy – wider determinants of health
6. Health Protection and Sexual Health (in development)
7. Mental Health and Wellbeing (in development)

3.4 It was agreed at HWBB on 6 December 2023 that the JSNA will continue to be updated as a continuous process, as follows:

- Core JSNA data to be reviewed annually for significant updates;
- Core JSNA to be refreshed in full every 2 years, maintaining current format but enabling indicators to be added/replaced;

- Town and borough profiles to be reviewed and updated/refreshed in line with Core JSNA; and
- A rolling programme of updates to focused needs assessments ('deep dives') to ensure that these are refreshed approximately every 3 years.
- The PNA is updated every 3 years as a statutory requirement and an updated version was released for consultation at the Health and Well-being Board in July 2025.

Headline findings from the current JSNA

- 3.5 The population of Sandwell is growing fast. At the time of the JSNA's publication, the population of Sandwell was 341,822, and this has grown by 21% since 2001. The main drivers of growth here are births and international migration.
- 3.6 The population is relatively young compared to England overall, with a larger proportion of residents aged under 20 years than elsewhere, and a smaller proportion aged over 65 years. Those aged under 16 account for 22.2% of Sandwell's population, and those aged over 65 account for 14.6%.
- 3.7 Sandwell is a superdiverse borough, with 48% of the population being from ethnic minority groups compared to 26.5% in England and 28.2% in the West Midlands. 83.6% of Sandwell residents have English as a main language compared with 90.8% in England and 91% in the West Midlands. The most common main languages here, other than English are Panjabi, Polish, Bengali and Urdu.
- 3.8 The JSNA shows clearly that health outcomes in Sandwell are worse than they are elsewhere in the country. This is true at all stages of the life course, and impacts on both the quality and length of life of our residents. This is a long-standing picture, and one that has proved hard to change. Table 1 below summarises selected data from the JSNA, focussing on these adverse headline outcomes.

Table 1: JSNA key health outcomes

Indicator	Period	Value	National benchmark
<i>Life expectancy and premature mortality</i>			
Life expectancy at birth: Male (years)	2021-2023	76.3	79.1
Life expectancy at birth: Female (years)	2021-2023	80.8	83.1
Healthy life expectancy at birth: Male (years)	2021-2023	55.5	61.5
Healthy life expectancy at birth: Female (years)	2021-2023	54.8	61.9
Infant mortality (<1 year) (Rate per 1,000 live births)	2021-2023	7.1	4.1

Under 75 mortality from all causes: Persons (rate per 100,000)	2023	455.0	341.6
Healthy development and healthy lives			
Low birth weight of live babies (% <2500g)	2018-2022	8.6	6.8
School Readiness: Children achieving a good level of development at the end of Reception (%)	2024	61.8	67.7
Hospital admissions for dental caries: 0-5 years (rate per 100,000)	2021/22-2023/24	86.5	207.2
Reception prevalence of obesity, 3 years data combined (%)	2021/22-2023/24	13.4	9.6
Year 6 prevalence of obesity, 3 years data combined (%)	2021/22-2023/24	31.9	22.7
Physically inactive adults (%)	2023/24	35.4	22.0
Smoking prevalence in adults (18+): current smokers (APS; %)	2023	17.7	11.6
Alcohol-related mortality: Persons (rate per 100,000)	2023	51.6	40.7
Mental health and wellbeing			
OOF incidence of depression: new diagnoses, age 18+ (crude rate - %)	2022/23	1.6	1.4
QOF prevalence of depression: age 18+ (%)	2022/23	12.9	14.0
QOF prevalence of mental health problems: All ages (%)	2023/24	1.1	1.0
Childhood immunisations			
Children receiving the Rotavirus vaccination by 1 year old (%)	2023/24	86.8	88.0
Children receiving 3 doses of the DTaP IPV Hib vaccination by 1 year old (%)	2023/24	90.9	91.2
Children completing a booster course of the DTaP and IPV vaccination by 5 years old (%)	2023/24	77.7	82.7
Flu vaccine uptake in children aged 2-3 years (%)	2023/24	31.0	44.4
Children receiving a booster dose of Hib and Men C vaccine by 2 years old (%)	2023/24	86.9	88.6
Children completing a course of Men B vaccine by 1 year old (%)	2023/24	89.6	90.6
Children completing a course of Men B vaccine by 2 years old (%)	2023/24	85.3	87.3
Children receiving 1 dose of MMR vaccine by 2 year old (%)	2023/24	86.9	88.9
Children receiving 2 doses of MMR vaccine by 5 years old (%)	2023/24	79.4	83.9
Children completing a course of PCV vaccine by 1 year old (%)	2023/24	92.3	93.2
Children receiving a booster dose of PCV vaccine by 2 years old (%)	2023/24	86.0	88.2
Screening			
Cancer screening coverage: Bowel cancer (persons, 60-74 years)	2024	61.7	71.8
Cancer screening coverage: Breast cancer (Female, 53-70 years)	2024	63.7	69.9
Cancer screening coverage: Cervical cancer (Female, 25-49 years)	2024	62.8	66.1
Cancer screening coverage: Cervical cancer (Female, 50-64)	2024	70.2	74.3

3.9 However, our data on early death also highlight opportunities for action on prevention. We know that the main causes of premature deaths are coronary heart disease and cancers, and that these are amenable to prevention work at three levels. We can take a data driven approach to stopping problems before they start; acting quickly to find emerging problems and stopping escalation; and working effectively to resolve problems that have developed. We also understand the links between poor health outcomes and economic deprivation, and again a data driven approach to prevention at all three levels can help to tackle some of these links to bring about change.

4. Implications

Resources:	Development of the JSNA is led by the Research & Intelligence team within Sandwell Council's Public Health team. The review process will develop input from statutory partners, but there are no new resource implications in the recommendations set out in this Report. ,
Legal and Governance:	There is a statutory duty on local authorities and the local NHS to produce a JSNA. The responsibility falls on the Health & Wellbeing Board as a whole, and therefore members are required to work together to bring their areas of expertise and knowledge to the process.
Risk:	No direct implications arising from this report. Not completing the JSNA to a good standard, including failure to work strategically to ensure that all key partners contribute to its development, may risk key groups and issues being missed in the planning of services.
Equality:	The JSNA includes information on protected characteristics and other groups likely to be disproportionately impacted by health inequalities. Recommendations include targeted actions to reduce inequalities.
Health and Wellbeing:	The JSNA assesses the current and future health and social care needs of the local community. The aim is to identify evidence-based priorities for local commissioning to improve population health and wellbeing, and reduce health inequalities.
Social Value:	No direct implications arising from this report. By including information on inequalities and protected groups, particularly in relation to the wider determinants of health, the JSNA can help to ensure that social value is embedded into actions informed by the data.

Climate Change:	No direct implications arising from this report. Including information on air quality and the built environment in the JSNA as key determinants of health and wellbeing can be used to inform approaches to improving air quality in the borough.
Corporate Parenting:	Including information on children looked after and care leavers in the JSNA will support approaches to reducing health needs and inequalities in this group.

5. Appendices

Appendix 1:

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies, March 2013.



Statutory-Guidance-o
n-Joint-Strategic-Nee

6. Background Papers

Sandwell JSNA: <https://www.sandwelltrends.info/jsna-2/>