READING HEALTH AND WELLBEING BOARD

Date of Meeting	16 July 2026
Title	Review of the Joint Strategic Needs Assessment
Purpose of the report	To make a decision
Report author	Paul Trinder and Isobel Braithwaite
Job title	Senior Public Health Intelligence Analyst (PT), Consultant in Public Health (IB)
Organisation	Reading Borough Council Public Health and Wellbeing Team
Recommendations	That the Health and Wellbeing Board: 1. Approves the implementation of a programme of work to strengthen the Joint Strategic Needs Assessment, ensuring that it becomes embedded as a core system-wide intelligence tool to inform decision-making, commissioning and action on health inequalities in Reading; 2. Approves the proposed governance arrangements, including the establishment of a multi-agency JSNA Steering Group and Working Group for Reading over the next 3 months, reporting to the Health and Wellbeing Board and Berkshire West Population Health Intelligence and Insights Group (PHIIG), to ensure joint ownership, oversight and delivery across system partners, and provides a steer on system representation; 3. Endorses the refreshed purpose and approach to the JSNA, including more granular analysis (with a first set of neighbourhood health profiles to be developed over the next 6 months), a stronger focus on health inequalities, community voice, service-level intelligence and action-focused insight. 4. Approves the development and use of a performance framework to monitor usage, quality, impact and alignment with Health and Wellbeing Board priorities. 5. Requests a progress update to the Health and Wellbeing Board, including detailed delivery plans in 3 months and updates on implementation progress.

1. Executive Summary

1.1. The Joint Strategic Needs Assessment (JSNA) is a statutory responsibility of the Health and Wellbeing Board (HWBB). It is a key tool for understanding the current and future health, care and wellbeing needs of the local population to inform and guide strategy development and the planning and commissioning of health, wellbeing and social care services.

1.2. A joint review of the Reading and West Berkshire JSNAs, including a stakeholder survey, workshops, attendance at RBC directorate leadership teams and good practice analysis, was carried out between October 2025 and April 2026. This has identified that while the current

JSNA is valued for its accessible, comprehensive data, consistent with national findings,[1] it is under-utilised and does not sufficiently drive action.

1.3. Key findings include:

- High awareness amongst surveyed stakeholders, but very low regular use (4.1%);
- Limited interpretation regarding the “So What?” i.e. the key implications of data and evidence presented for decision-making;
- The overarching borough-wide summary can lack an action focus;
- Gaps identified in community voice, service level data and VCSE sector insight;
- Limited influence on key policy and strategic decisions e.g. Council strategy development, master planning and health and care system strategy;
- Lack of clear governance, ownership, and communication strategy.

1.4. The review has identified a clear set of actions needed to ensure the JSNA can act as a strategic intelligence tool to underpin evidence-informed decision-making across the system. This report sets out how these will now be implemented through a time-bound improvement plan, with early delivery within 3-6 months and full embedding over time.

1.5. This is an opportunity to reposition the JSNA as the authoritative, intelligence resource for the Reading health and care system, supporting the Health and Wellbeing Board, Council Strategies and individual partner organisations to strengthen evidence-informed and joined-up action on prevention and health inequalities. It is also an opportunity to support neighbourhood health and Health In All Policies approaches through more granular local intelligence.

1.6. The proposed improvements to the JSNA process align with the Council's broader ambition to become more evidence and intelligence-led, and the work of the Reading Local Authority Research Practitioner (LARP). Underpinning them are wider programmes of work to strengthen core evidence and research skills across the Council, to develop stronger partnership working with local research institutions, to support the neighbourhood health agenda through evidence and intelligence, inform strategic decision making and to strengthen our approach to research ethics and governance, and we will monitor and evaluate the impact of the changes implemented.

1.7. This report therefore seeks the Board’s approval to proceed with developing an action plan to implement identified recommendations (see appendix 1) to improve the Reading JSNA, including establishing stronger governance arrangements, implementation of early actions and development of a detailed implementation plan developed with system partners, to be brought to the HWBB in Autumn 26. These changes aim to ensure the JSNA is embedded as a key tool by the health and care system and consistently used to improve outcomes.

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1 Joint Strategic Needs Assessment: A springboard for action | Local Government Association

2. Policy Context

2.1. The JSNA is a statutory function of the HWBB under the Health and Social Care Act 2012, updated following the Health and Care Act 2022,[2] requiring local partners to jointly assess and understand the health and wellbeing needs of the population to inform service planning and commissioning. Recent national policy changes, including the Neighbourhood Health Framework, now require that neighbourhood health plans (from 2027/28) are explicitly informed by JSNA evidence and address the health inequalities it identifies.[3] This represents a step change in the role of the JSNA as the core evidence base for system-wide planning and commissioning.

2.2. The JSNA is intended to be a foundational component of:

- The Joint Local Health and Wellbeing Strategy;
- Commissioning decisions across local authority and NHS/ICB partners;
- Neighbourhood health development and preventative approaches to improving population health and reducing health inequalities.

2.3. Current policy expectations and national good practice emphasise that JSNAs should:

- Be jointly-owned across the system;
- Inform strategic priorities, policy development and investment decisions in an area;
- Provide a systematic assessment of needs, including both quantitative data and qualitative insight (community voice), including residents' lived experience and voluntary, community and social enterprise (VCSE) sector perspectives;
- Identify and reduce health inequalities, including for health inclusion groups;
- Be accessible and easy to navigate;
- Incorporate features such as dashboards and interactive maps for different geographies;
- Support Health in All Policies approaches.

2.4. The current Reading JSNA is not a single product, but a range of resources hosted on the Reading Observatory.[4] Overall the JSNA process comprises outputs at the following levels:

1. A recently introduced State of the Borough JSNA Report,[5] proposed to be published every two years going forwards, in conjunction with self-serve outputs from the Reading Observatory);
2. 'Deep dive' Health Needs Assessments on priority areas, identifying health and unmet health and wellbeing needs within a defined topic area;
3. Data updates, local area population health profiles (e.g. ward profiles developed for Whitley and Church), and/or factsheets on specific topics of local relevance.

2.5. The findings from the local review indicate that, while the Reading JSNA broadly aligns with its statutory purpose, current delivery does not fully meet the above expectations, particularly regarding:

- Joint ownership and consistent use to inform decision making and commissioning;
- Integration of community voice and service intelligence;
- Clarity of purpose and accessibility for users.

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2 JSNA and JHWS statutory guidance - GOV.UK

3 Joint Strategic Needs Assessment: A springboard for action | Local Government Association

4 Berkshire Observatory – Reading – Welcome to the Reading Observatory

5 Berkshire Observatory – Reading – New "State of the Borough" Joint Strategic Needs Assessment (JSNA) Report for Reading – Berkshire Observatory – Reading

2.6. The proposed improvement programme is therefore consistent with statutory duties but represents a necessary evolution of policy into practice, ensuring the JSNA fulfils its intended role as a decision-support and system leadership tool.

3. The Proposal

3.1 Findings from the review process indicate a need for further development of the JSNA process. The review findings demonstrate that the current JSNA provides a wide range of data, reports and geographies, accessible via the Berkshire Observatory. It is positively rated and valued for its breadth, presentation and accessibility, and can support a range of uses including awareness, strategy and planning.

3.2 However, key limitations include:

- Low regular use and unclear purpose across stakeholders;
- Lack of clear and shared system governance, engagement and communication;
- Limited interpretative commentary and action-focused insight (making clear the "So What" of quantitative findings for policies and service planning);
- Gaps in community and voluntary sector voice, service-level data and community asset mapping;
- Lack of small area analysis to inform local and neighbourhood decision making.

3.3 This suggests that the JSNA is currently data rich but underutilised and has limited impact on system-level decisions.

3.4 The key recommendations proposed are:

1. Clarify and agree the purpose, scope, and role of the JSNA so it is clearly understood, aligned to HWBB priorities, and focused on solving real system and community problems;
2. Establish the 'State of the Borough' JSNA report as a regular biennial high level summary of the key health challenges and needs across Reading;
3. Establish strong governance arrangements and shared ownership to ensure the JSNA remains current, relevant, and used, moving it towards a 'living' JSNA;
4. Make interpretive commentary and action-focused insight a mandatory part of all JSNA outputs, including within the 2-yearly State of the Borough JSNA reports, and strengthen the quality and impact of deep-dive Health Needs Assessments (HNAs);
5. Make health inequalities a central, visible, and consistent focus across the entire JSNA, and develop granular insights (e.g. neighbourhood health profiles) for small areas;
6. Embed community voice and lived experience throughout the JSNA using co-production approaches, and ensure the JSNA identifies and maps community assets alongside needs;
7. Strengthen the JSNA's role in linking need to service provision and holding the health and care system to account;
8. Embed Health in All Policies across the JSNA to influence decisions beyond health service (e.g. to support completion of health impact assessments);
9. Modernise how data is analysed, interpreted, and presented to improve insight and usability;
10. Redesign the JSNA to be accessible, user-friendly, and consistent, and ensure JSNA outputs are tailored to key audiences, including HWBB members, commissioners, integrated neighbourhood teams and VCSE partners;
11. Actively promote and champion the JSNA to build awareness, increase routine use and demonstrate its value.

3.5 These insights and key recommendations have informed development of the proposed options set out in greater detail below.

3.6 Early actions will include strengthening communication and visibility of JSNA outputs, including regular intelligence updates and development of a system-wide data and intelligence newsletter to promote new insights and datasets.

3.7 The intention is that the JSNA becomes the central, shared intelligence framework for the Reading system, and that it is routinely used to inform and challenge strategic and commissioning decisions across the system. Rather than duplicating existing datasets, it will bring together and work to better integrate data and intelligence from across the Council, NHS/ICB, Connected Care and VCSE partners into a coherent, strategic view of need, inequalities and service response. This will support consistent, evidence-informed decision-making across all partners and will ensure the JSNA provides the evidence base for neighbourhood health planning in Reading, in line with national requirements.[6]

3.8 Additional detail and proposed actions aligned to each of these are provided in the slide set in Appendix 1, and additional detail on the proposed implementation timetable is set out in section 11.0, with early implementation beginning within the first 6 months.

3.9 **Governance and accountability**

3.10 We propose that governance will be provided through:

- JSNA Steering Group – including senior leaders across the Council, NHS primary and secondary care, ICB, and VCSE (strategic oversight at Reading level);
- JSNA Working Group – analysts and delivery leads (implementation);
- Reporting to the Reading Health and Wellbeing Board and (via a dotted line) to the Berkshire West level Population Health Intelligence and Insights Group (PHIIG) - see Appendix 1, slide 17.

3.10 The proposed governance arrangements will formalise the expected role of the JSNA in informing strategic priorities and commissioning decisions across partners. The JSNA will be explicitly aligned with HWBB priorities and reviewed annually by the Board.

3.11 Options appraisal

Option 1: Maintain the current JSNA approach (current position)

Continue with existing inputs, structure and outputs.

Option 2: Incremental improvements to the Reading JSNA

Improve selected elements (e.g. regular data updates, work to improve usability and accessibility, regular stakeholder communications, additional reports).

Option 3: Comprehensive JSNA improvement programme

Implement a structured, phased programme to address the above recommendations, strengthen JSNA governance and position the JSNA as a system-wide intelligence and decision support tool, with stronger joint ownership across HWB partners.

Option 4: Comprehensive improvement programme with additional technical support (Recommended)

As above for Option 3 but including additional resourcing to support a programme of re-design and improved user-accessibility of the Berkshire Observatory website, potentially incorporating improved automated outputs at ward and other new locally-defined small area geographies, such as Neighbourhood Health Profiles.

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	Option 1	Option 2	Option 3	Option 4
Advantages	○ No additional resource or changes to governance and engagement required; ○ Maintains existing data provision.	○ Less resource-intensive than 3/4; ○ Limitations partially addressed; ○ Some improvement in usability and content.	○ Addresses most key issues identified in the review; ○ Aligns with statutory purpose and best practice; ○ Strengthens decision-making, commissioning and impact; ○ Creates a sustainable, system-owned resource.	○ As per Option 3, with improved functionality and user-accessibility of the Berks Observatory.
Dis-advantages	○ Does not address low usage or impact ○ Risks continued disconnect of intelligence from decision-making; ○ Fails to respond to stakeholder feedback.	○ Does not fully address issues of purpose, governance, community voice and impact; ○ Risk of continuing lack of a joint approach; ○ Limited improvement in community voice; ○ Limited system-wide change.	○ Will require buy-in and coordinated effort across all HWB partners; ○ Requires programme management and governance; ○ May require additional analytical resource to ensure sustainability; ○ Consideration of additional resource needed to support community voice and co-production.	○ Additional resource requirement relative to Option 3.

3.12 The options above demonstrate that partial or minimal change would not address the core issues identified, particularly around the JSNA's purpose, ownership, and impact.

3.13 Maintaining the status quo or making incremental changes risks continuing underuse of the JSNA, resulting in limited system influence and missed opportunities to target resources effectively, reduce health inequalities and support evidence-informed work at a neighbourhood level. This would not represent best value given the existing JSNA resource and system ambitions.

3.14 Additional resource for Option 4 would come from the Public Health Grant to make the necessary changes to the Berkshire Observatory, as well as the exploration of additional tools and resources to strengthen the JSNA e.g. asset mapping functionality. Furthermore, Members of the Health and Wellbeing Board will be required to actively engage in the ongoing development and JSNA process/

3.15 Monitoring and evaluation

3.16 A performance framework will be developed and used by the Steering Group to monitor progress and impact, across each of the 10 recommendation areas above (in section 3.3), with KPIs co-produced with partners. Benefits will be tracked over time, moving from improved clarity and engagement to better decision-making, and ultimately toward improved outcomes and reduced inequalities.

4.0 Conclusions

4.1 The evidence demonstrates a clear need to reposition and strengthen the JSNA to ensure it fulfils its statutory and strategic role.

4.2 A comprehensive programme to implement the recommended improvements to the Reading JSNA including commissioned improvements to the Berkshire Observatory (Option 4) is the recommended option as it:

- Better aligns the JSNA with HWBB priorities
- Embeds it in system decision-making
- Strengthens action on health inequalities
- Ensures long-term relevance, sustainability and impact

4.3 The Board is therefore recommended to approve Option 4 to improve the JSNA in line with the review findings.

5.0 Contribution to Reading's Health and Wellbeing Strategic Aims

5.1 The proposed improvements to the JSNA will directly support delivery of Reading's Health and Wellbeing Strategy by:

1. Reducing health inequalities (differences in health between different groups of people) and reducing unwarranted variation, through improved identification of inequalities in need and outcomes at neighbourhood and population-group level;
2. Enabling evidence based decision-making and commissioning across partners;
3. Strengthening prevention and early intervention, including in relation to children and families, adults at high risk of poor health outcomes, and mental health and wellbeing across the life course, supported by better insight and asset mapping;
4. Embedding a Health in All Policies approach, influencing wider determinants such as housing, planning, employment and the local environment;
5. Increasing community involvement and co-production, ensuring services reflect lived experience;
6. Through all of the above, better supporting integrated, evidence-based and neighbourhood-level working across the health and care system.

5.2 Overall, the refreshed JSNA will act as a core enabler of the Health and Wellbeing Strategy, ensuring that decisions and priorities are informed by robust, actionable, and jointly-owned intelligence and insights, and that the JSNA's development in turn is informed by the HWB's strategic priorities.

6.0 Environmental and Climate Implications

6.1 The proposal is consistent with the Council's Climate Emergency declaration (February 2019) and aligns with the objectives of the Reading Climate Emergency Strategy. While no direct, significant impacts on emissions, resource use or biodiversity are anticipated, the decision has the potential to deliver minor positive climate and environmental benefits. In particular, the improved JSNA could support improved use of intelligence and evidence in areas such as planning, housing and transport policy-making (e.g. through strengthened Health Impact Assessments and data insights). These in turn can help to inform and enable more effective mitigation and climate adaptation actions, especially for vulnerable groups. full Climate Impact Assessment is not considered proportionate.

7.0 Community Engagement

7.1 Stakeholders from RBC and partner organisations including the NHS, Healthwatch, voluntary sector, University sector responded to the JSNA survey which has shaped the recommendations underpinning this paper.

7.2 In addition, engagement with the HWB including RBC officers, Councillors and the voluntary sector took place as part of a HWB Workshop (10/02/2026), along with further engagement with leaders across multiple RBC Directorates (30/03/2026 and 29/04/2026).

8.0 Equality Implications

8.1 The recommended improvements are explicitly designed to strengthen the identification and reduction of inequalities across the population and therefore has a positive equality impact overall.

8.2 Assessment against the Public Sector Equality Duty questions:

1. Risk of discrimination, harassment or victimisation

There is no anticipated risk of discrimination, harassment or victimisation. The proposal relates to strengthening the JSNA as an evidence and intelligence tool, rather than the provision of services, and this is expected to reduce the risk of unequal or uninformed decision-making.

2. Impact on access, participation in activities, disadvantages and inequalities

Yes - the proposal is expected to have a positive impact on this. Current evidence shows gaps in community voice, service-level data and inequalities analysis within the JSNA, meaning some groups' needs may not currently be fully understood. The proposed improvements directly address this. See further details in Appendix 2.

3. Impact on community relations, prejudice and understanding

Yes – the proposal is expected to have a positive impact on these. By strengthening how we embed community voice, qualitative insights and lived experience, and ensuring a stronger focus on health inequalities and inclusion groups within all Needs Assessment outputs, it is anticipated that the improved JSNA will help to improve understanding of different communities and their needs. It aims to support a more inclusive, evidence-led approach to population health and wellbeing.

8.3 **Conclusion / EIA requirement**

As the proposal is expected to have a positive equality impact ('Yes' answered to Qs.2 and 3) and supports the reduction of inequalities, a full Equality Impact Assessment (EqIA) has been undertaken (Appendix 2). This will be reviewed at key design and implementation.

9.0 Other Relevant Considerations

9.1 Procedural requirements

The proposal follows established HWBB governance processes. It introduces strengthened governance (including a proposed new JSNA Steering Group and Working Group, reporting to the PHIIG and HWB) rather than departing from existing procedures.

9.2 Consultation and engagement

The JSNA review has already included stakeholder survey and workshop engagement. Future improvements to the JSNA will embed ongoing engagement and co-production with communities, VCSE and system partners to meet legitimate expectations for consultation.

9.3 Risk management implications

Key risks include:

- Insufficient resources to deliver recommendations from the review
- Low partner engagement
- Data overload without impact
- JSNA becoming rapidly outdated

Mitigations include:

- Consideration of a fixed term jointly-appointed public health/corporate intelligence team analyst role to strengthen data integration across Directorates
- Formal governance and shared ownership
- Mandatory "So What / What Next" insight
- Scheduled review, update and monitoring processes

9.4 Transparency and Freedom of Information

The JSNA supports transparency through publicly accessible data and intelligence. Future activities will improve clarity, accessibility and communication of information.

10.0 Privacy Impact Assessment

A Privacy Impact Assessment (DPIA) will be undertaken where required, particularly where new data sources or linked datasets (e.g. Connected Care) are utilised.

11.0 Impact on Human Rights Act duties

No adverse impact is identified. The proposal supports fair and equitable decision-making, aligning with human rights principles.

12.0 Effects on the Armed Forces Community

The improved JSNA will improve identification of needs across all population groups through systematic inclusion of health inclusion groups including the Armed Forces community, within the JSNA and deep-dive Needs Assessments conducted.

13.0 Corporate Parenting

The inclusion of care experience as a locally-recognised characteristic within inclusion health components of the JSNA will strengthen understanding of needs for children in care and care leavers, supporting corporate parenting responsibilities.

14.0 Community safety implications

Improved intelligence on population need may support better targeting of community safety and prevention interventions.

15.0 Others

Not applicable.

16.0 Legal Implications

16.1 The JSNA is a statutory responsibility of the Health and Wellbeing Board under the Health and Social Care Act 2012. The Board therefore has the power to produce and maintain a Joint Strategic Needs Assessment and to use this to inform strategic priorities and commissioning. This report seeks approval to refresh and strengthen the delivery of this statutory function.

16.2 No additional formal delegation is required beyond existing HWBB authority, although regular oversight will be supported through the proposed JSNA Steering Group. All governance arrangements will operate within existing partnership decision-making frameworks.

16.3 Jayne La Grua (Director, Legal and Governance) has cleared these Legal Implications.

17.0 Financial Implications

17.1 Budget provision: The proposed improvements to the JSNA will primarily be delivered within existing Public Health Intelligence resourcing and partner resources.

17.2 No new core budget allocation is requested at this stage. It is expected that the Public Health Grant will cover all related expenditure. Existing expenditure relating to the JSNA (Berkshire Observatory platform costs) is covered by the Public Health Grant (joint agreement).

17.3 We will explore options for further development of the Berkshire Observatory (anticipated costs c. £20-50K) and to support the inclusion of qualitative insight and community voice (requires further scoping). These costs, expected to apply within the 26/27 financial year and on a 2-year pilot basis in relation to community voice, are indicative only at this stage, and would initially be funded from the Public Health reserve; final proposals regarding any additional expenditure will return to the Public Health Board for decision.

17.4 The proposal represents strong value for money as it is expected to:

- Improve the effectiveness and use of an existing statutory resource;
- Support better, evidence-based commissioning and resource allocation;
- Enable improved identification of unmet need and inefficiencies;
- Strengthen preventative approaches, contributing towards reducing longer-term cost pressures for front-line services.

17.5 This will in turn support more efficient use of public resources.

17.6 Risk assessment of key financial risks: There is a risk that delivery within existing resources (particularly analytical capacity) may constrain pace and scope; this will be managed through phased implementation and prioritisation of early actions. Future development costs will be reviewed as part of ongoing budget planning. The above costs are indicative only at this stage and further decisions will return to the PH Board.

17.7 Katie Marriner (Head of Finance; Adult Social Care & Communities) has cleared these Financial Implications.

18.0 Timetable for Implementation

18.1 Implementation will be phased as follows to ensure early impact and sustainable improvement, whilst working within intelligence team capacity:

0-3 months (immediate actions):

- Develop detailed delivery plan;
- Establish new JSNA governance arrangements (Steering Group and Working Group);
- Agree JSNA purpose and priorities;
- Scope options for commissioned improvements to the Berkshire Observatory platform and/or a new external JSNA platform;
- Scope format of neighbourhood-level profiles and gather best practice.

3–6 months (early delivery):

- Develop structured templates for all priority JSNA outputs reflecting review recommendations, including addressing “So What?” questions, and guidance for incorporating community voice;
- Pilot new ethics and governance review process on a test-and-learn basis, aiming to provide ethical assurance and improve the quality of qualitative and quantitative data collection;
- Develop and seek stakeholder feedback on a first round of Neighbourhood Health profiles;
- Develop measures to improve inclusion of community voice, including residents’ lived experience and VCSE perspectives, within the JSNA and to support neighbourhood working. This will involve multiple steps, including: delivery of training for team members in co-production and qualitative methods, establishment of basic participation infrastructure and resourcing, and in conjunction with the community participatory action research (CPAR) programme where applicable (e.g. to support deep-dive health needs assessments).

6–12 months (embedding):

- Review how new governance arrangements are working in practice and ensure effective joint representation;
- Strengthen service-level and cross-Council data integration, including through mapping of available datasets, health intelligence team training on Connected Care

and progress data sharing arrangements and initial integration of additional datasets into JSNA outputs (e.g. Neighbourhood Health Profiles and deep-dive HNAs);
- Improve usability and accessibility of JSNA outputs;
- Embed JSNA in commissioning and strategy processes;
- Evaluate impact and effectiveness of improved JSNA outputs with system partners.

12–24 months (sustained improvement and evaluation)

- Full embedding of improved JSNA approach and ensuring consistent use by Council Directorates and system partners as the core system intelligence function;
- Ongoing monitoring and evaluation of impact and ongoing improvement.

18.2 An update with a detailed delivery plan and progress against the recommendations will be brought to HWBB in Autumn 2026.

19.0 Background Papers

19.1 There are none.

Appendices

1. Accompanying slideset - Review of the Joint Strategic Needs Assessment for Reading 2025-26: Background, Key Findings and Recommendations
2. Equalities Impact Assessment