

## Slough Borough Council

**Report To:** Slough Health and Well-being Board

**Date:** 18 March 2025

**Subject:** Joint Strategic Needs Assessment

**Chief Officer:** Tessa Lindfield, Director of Public Health,  
Slough Borough Council

**Contact Officer:** Kelly Evans, Deputy Director of Public Health

**Ward(s):** ALL

**Exempt:** NO

**Appendices:** None

### 1. Summary and Recommendations

1.1 This report sets out the refreshed proposal for Joint Strategic Needs Assessment.

Please indicate which priority in the Joint Local Health and Wellbeing Strategy, [Slough Wellbeing Strategy 2020 – 2025](#), your report links to:

| Priority 1 – Starting Well | Priority 2 - Integration | Priority 3 – Strong, Health and Attractive Neighbourhoods | Priority 4 – Work and Health |
|----------------------------|--------------------------|---|------------------------------|
| X                          | X                        | X   | X                            |

Please note in this case, this is not applicable.

1.2 Consideration:

- Information
- Discussion
- Decision
- Endorsement

### Recommendations:

1.3 The Health and Wellbeing Board is recommended to:

- (a) Approve the approach and governance of the joint strategic needs assessment.

**Reason: The Health & Wellbeing Board has a duty to deliver a Joint Strategic Needs Assessment to inform evidence based decision making**

## 2. Report

2.1 The JSNA is a statutory function of the Health and Wellbeing Board to help inform evidence-based decision making. Its purpose is to help local authorities, the NHS and other public sector partners work together to:

- understand the current and future health and wellbeing needs of the local population
- identify future priorities

### 2.2 *Our vision for the Slough JSNA*

2.2.1 A resource to aid evidence-based decision making to meet health and wellbeing needs across Slough and to tackle health inequalities. A live and interactive resource rather than an annual publication and to deliver products in a timely fashion to influence decisions when they need to be made.

2.3 National guidance can be found in appendix 1. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

## Background

2.4 Until July 2024 the responsibility for producing a JSNA was a function within the Berkshire East Public Health Hub. This has meant until now there has been very little input from local teams in Slough other than Public Health and the Strategy Team. Consequently, visibility and implementation of JSNA recommendations within Slough have been limited with little engagement outside the Public Health Team.

2.5 A steering group existed with representatives from Public Health within each of the Berkshire East Local Authorities, the ICB and HealthWatch. Topics were determined by this group and needs assessments were completed and quality assured by the Berkshire East insight and intelligence team.

2.6 The JSNA products were published via the Berkshire East JSNA website and the Berkshire Observatory. The Berkshire East website has been decommissioned, so editing functions were removed from October 2024. This is now a static document and will be removed by the end of March 2025.

### 2.7 *Proposed future arrangements:*

2.7.1 The new insight and intelligence team has/will engage(d) with Slough stakeholders to get an understanding of their current knowledge of the JSNA and how they want it to improve.

### 2.8 *Governance*

2.8.1 The governance will include a steering group reporting to the evidence-based decision workstream of the target operating model. This group will include a core group from SBC such as Public Health and Strategy and Performance

teams, plus analysts from adults, children's and place directorates, the ICB, Healthwatch and Slough Voluntary Services. Plus, co-opted members from each SBC and ICB directorates for subject matter expertise when needed.

2.8.2 Partnership governance for approval of JSNA workplan – is proposed be the Slough Place Board (Health and Care Partnership Board)

## 2.9 Website

2.9.1 Berkshire Observatory will continue to provide demographic information based on the Office of National Statistics data.

2.9.2 New JSNA pages on the Slough Borough Council website have been developed using the life course approach. This is due to be launched by the end of March 2025. A request has been made that this relates to the building blocks for health framework.

2.9.3 Appendix 2 shows the proposed layout of the website. A basic data request form has also been developed so Council colleagues and partners can request support from the team.

2.9.4 Details of the products that exist to date can be found in appendix 3. These will be uploaded as the website is live.

## 2.10 Next steps:

- Workplan to be determined by the JSNA steering group and approved by Slough Place Board
- Quality assurance process to be determined.
- Evaluation framework to be developed to assess the impact of the JSNA products
- Usability analytics – work underway with the web design team re: monitoring and reporting
- Insight bank to be developed to capture qualitative data and population needs from a bottom-up perspective.
- Develop logo for JSNA

## 3. Implications of the Recommendations:

### 3.1 *Health and Well-being Board and Partners Implications [Mandatory]*

3.1.1 The continued development of the JSNA as a shared responsibility among the Health and Wellbeing Board and its partners. Partnership governance is crucial to the success of the approach and vision to ensure the JSNA is a resource to aid evidence-based decision making to meet health and wellbeing needs across Slough and to tackle health inequalities.

### 3.2 *Equality implications [Mandatory]*

3.2.1 Equality considerations are crucial in JSNAs to ensure that all residents receive fair and equitable access to health and care services. The key considerations are the following:

- 3.2.2 Identifying Health Inequalities - JSNAs help highlight disparities in health outcomes across different groups (e.g., by ethnicity, gender, disability, socioeconomic status).
- 3.2.3 Targeting Marginalised and Vulnerable Groups - the JSNA ensures that the needs of groups such as the elderly, disabled individuals, LGBTQIA+ communities, and ethnic minorities are explicitly considered. This can influence funding allocation and policy decisions to reduce barriers to care.
- 3.2.4 Inclusive Decision-Making - Health and Wellbeing Boards must engage communities to ensure diverse voices are represented in decision-making. This can involve consultations, focus groups, and partnerships with community organisations.

3.3 *Environmental implications* **[Mandatory]**

None

*Please state 'None' if there are no implications:*

3.4 *Financial implications* **[Discretionary]**

None

3.5 *Legal implications* **[Discretionary]**

None

3.6 *Risk management implications* **[Discretionary]**

None

3.7 *Procurement implications* **[Discretionary]**

None

3.8 *Workforce implications* **[Discretionary]**

None

3.9 *Property implications* **[Discretionary]**

None

## **4. Background Papers**

Appendix 1: Statutory guidance on Joint Strategic Needs Assessment

[Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies](#)

Appendix 2: Proposed Layout

# Proposed Layout for Slough's Website

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**Section 1:** Overview and summaries of key public health topics.

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**Section 2:** Interactive dashboards with data on health behaviours and demographics.

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**Section 3:** Infographic summaries.

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**Section 4:** Downloadable detailed reports.

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**Section 5:** Data request form for custom inquiries.

Appendix 3: JSNA document list



[JSNA Document List.xlsx](#)