Integrated Needs Assessments

Emerging learning on how systems are approaching them and how intelligence can inform strategic commissioning

Agenda

Item	Description	Lead
1.	Welcome, Introduction	**Rachel Casswell**, National Analyst Network Lead, Strategy Unit
Emerging national learning 10 mins		
2.	Integrated Needs Assessments and population health intelligence	**Clare Humble**, Head of Strategy and Change, Strategy Unit **Helen Green**, Consultant in Public Health, NHS England
System reflections 20 mins		
3.	Norfolk and Suffolk	**Anna Crispe**, Associate Director for Population Health Insight, Health Economics and Evaluation, NHS Norfolk and Suffolk Integrated Care Board **Josh Robotham**, Head of Public Health Intelligence, Norfolk County Council
	Humber and North Yorkshire	**Jake Abbas**, Chief Analyst, Humber and North Yorkshire Integrated Care Board
Discussion 20 mins		
4.	Panel Q&A Menti led discussion	**Rachel Casswell**, National Analyst Network Lead, Strategy Unit

Why this matters for strategic commissioning

1. Where does this connect? – across all areas!

- Understand need & inequalities ✓
- Set priorities ✓
- Design services / pathways ✓
- Make resource choices ✓
- Support change & improvement ✓
- Evaluate outcomes & impact ✓
- Build analytical capability ✓

2. What question or decision can this help with?

How can an Integrated Needs Assessment bring together intelligence on population need, inequalities and outcomes to support strategic commissioning decisions in a useful and proportionate way?

3. What should analysts / decision makers take away?

Partnership working – build on JSNAs and existing intelligence, bringing together system partners' expertise and intelligence and reviewing gaps in understanding

Clear link to action – clarify how population need and inequalities inform commissioning plans, priorities, intended outcomes and system roles

Emerging national learning

Clare Humble
Head of Strategy and Change, Strategy Unit

Helen Green
Consultant in Public Health, NHS England

Strategic Commissioning Intelligence Centre: The role of intelligence in ICBs

The Strategy Unit.

Supply of information



Enabling strategic commissioning



- *Requests for information in relation to performance*
- *Emphasis on required output*
- *Transactional relationships*



- *Collaboration*
- *Shared problem formulation*
- *Identifying relevant evidence*
- *Undertaking and interpreting analysis*
- *Consideration of options and trade offs*

NHS

Integrated needs assessments – population health intelligence

"An integrated needs assessment sets out a detailed understanding of the population served (current and future) and should be produced and shared with providers and other partners and updated annually across the ICB geography"

NHS England » Strategic commissioning framework

Understand need

Build the evidence base on needs, outcomes and inequalities

Set priorities and define outcomes

Support commissioners and providers to prioritise and act

Assess population health impact

Measure whether population health is improving

Emerging learning – 1/2

Draft themes from system conversations, still under review

1. The function of the INA

Systems commonly approach as a commissioning focused synthesis of existing intelligence, with variation in interpretation

2. The INA - JSNA relationship

Agreement to build on JSNAs but further clarification of the relationship is required

3. Population need to commissioning action

Importance of connecting need to the Population Health Improvement Plan, population health outcomes and ICB strategic commissioning priorities

4. Geography

Consider future requirements within a continually evolving environment e.g. neighbourhood working, mayoral strategic authorities

5. Collaborative working

Important to bring together different perspectives, intelligence and expertise across system partners, with consideration of what working looks like in practice

Emerging learning – 2/2

Draft themes from system conversations, still under review

6. Linked data opportunities

Potential to increasingly benefit from additional insight as infrastructure develops

7. A proportionate approach

Consideration to be given for what to focus refreshes on

8. A broad range of intelligence

Combine quantitative analysis with evidence and public, patient and qualitative insight

9. Health inequalities

Consider health inequalities and variation between population groups throughout the INA

10. Data, workforce and capability

Important enablers to the work, with continuing challenges around equitable data access and availability of appropriate skills

Norfolk and Suffolk reflections

Anna Crispe,
Associate Director for Population Health Insight,
Health Economics and Evaluation,
NHS Norfolk and Suffolk Integrated Care Board

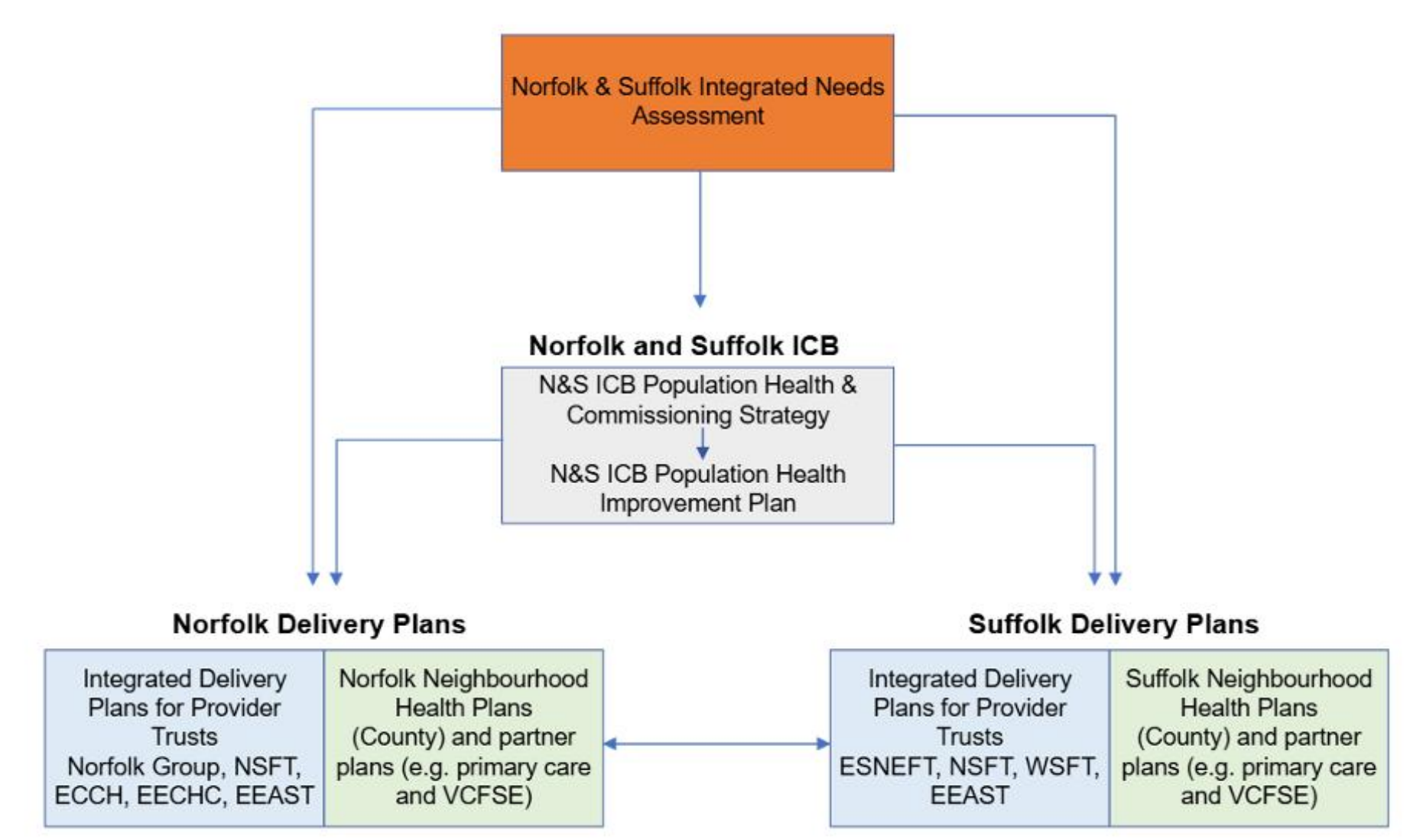
Josh Robotham
Head of Public Health Intelligence
Norfolk County Council

Writing an Integrated Needs Assessment for Norfolk and Suffolk ICB

What we did

- Drew heavily on the existing Suffolk and Norfolk JSNAs
- Key data sources included Fingertips, ONS, and internal PHM data including our segmentation model
- Significant contribution from the Public Health Analysts – thank you Norfolk and Suffolk County Councils!
- Used the ICB ‘Live Well’ framework as a broad structure
- Detailed work brought together a very wide range of data – but first draft unwieldy at 99 slides just for Suffolk…
- Went through several refinements – final published version in December 2025,15 slides including suggested indicators for each Live Well domain NS Integrated Needs Assessment December 2025 Update

The process…


Norfolk & Suffolk Integrated Needs Assessment
Norfolk and Suffolk ICB
N&S ICB Population Health & Commissioning Strategy
N&S ICB Population Health Improvement Plan
Norfolk Delivery Plans
Integrated Delivery Plans for Provider Trusts Norfolk Group, NSFT, ECCH, EECHC, EEAST
Norfolk Neighbourhood Health Plans (County) and partner plans (e.g. primary care and VCFSE)
Suffolk Delivery Plans
Integrated Delivery Plans for Provider Trusts ESNEFT, NSFT, WSFT, EEAST
Suffolk Neighbourhood Health Plans (County) and partner plans (e.g. primary care and VCFSE)

Writing an Integrated Needs Assessment for Norfolk and Suffolk ICB

Reflections

- It was a good start, and has been well received by HOSCs etc
- Keeping it up to date is going to be a challenge as the annual commissioning cycle moves fast – getting the ICB geographies into Fingertips would really help with that
- At the same time, most of the key health and outcomes messages don't change year on year so it remains relevant
- Starting from a public health lens means the key messages are strategic – outcomes not processes, prevention not emergency service use, the real impact of inequalities through shorter lives – this is a high bar for a lot of current commissioning to meet, but one to which there is genuine commitment – so the potential is huge

Humber and North Yorkshire reflections

Jake Abbas
Chief Analyst
Humber and North Yorkshire Integrated Care Board

Humber and North Yorkshire INA approach

What we did



- Built on what was there – ICP Strategy, Outcomes Framework, 6 JSNAs, well rehearsed system narrative and case for change
- Initial product in March 26 to inform commissioning intentions, since refreshed and expanded
- Products: Power BI Explorer, slide set, short narrative summary, webinars, presentations……
- *Strongest* on - high level view on outcomes, variation, demographics, projections, JSNA, co-production with LAPH
- *Less strong* - sub groups and segments, service reviews and gap analysis, patient voice

Humber and North Yorkshire INA approach

Where are we now……

- Key new document - **Future HNY 2031**:*A Strategic Commissioning Proposition for Providers and Partners*

1. Our proposition

Over the next five years, Humber and North Yorkshire will increasingly commission for healthy life expectancy, independence, equity and value rather than organisational activity. We will use the IHNA as the starting point for commissioning decisions: identifying where illness can be prevented or delayed, where inequalities require differential investment, where care can safely be provided differently and where demographic and epidemiological change means additional capacity will still be required.

Humber and North Yorkshire INA approach

What next……

Challenges

- How do we actually *use* the INA - planning, commissioning intentions, pathway redesign, outcomes based contracting ……..
- Prioritisation - using the INA as part of our framework
- Applying the evidence – modelling, assessing impacts, RoI etc.
- Short term system pressures - provider focus, financial position, 18w, 4 hour waits….

What will help

- More capacity, skills development, collaboration and knowledge mobilisation
- Access to public health expertise – HNY proposal to add PH reps into key ICB Committees and commissioning reference groups
- CHNY Analytics Hub - shared expertise drawing on system partners - linking to neighbourhood, JSNAs etc.
- Keen to look at opportunities regionally and nationally via SCIC, NAN etc……

Discussion