Evidence Brief: Place-based systems of care

Contents

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

HEE Knowledge Management Team, December 2019

What do we mean by place?

Place-based "A simple proposition lies at the heart of place-based care: that we blur institutional boundaries across a location to provide integrated care for individuals, families and communities. Energy, money and power shifts from institutions to citizens and communities. Devolution becomes an enabler for a reform programme that starts to deliver on the long-held promise of joining up health and social care for a population in a place, with the ultimate aim to improve the public's health and reduce health inequalities."[1]

And that there is value in:

- "collaborating at different levels in the system
- building up from places and neighbourhoods
- providing leadership across the system
- focusing on functions that are best performed at scale"[2]

The King's Fund offer the following definitions:

System – area covered by STP or ICS (size varies but they cover one to three million people)

Place – area covered by local authority (tend to cover populations of around 250,000 to 500,000 people)

Neighbourhood – smaller geography that might correspond to district council boundaries or covered by a PCN (tend to cover populations of around 30,000 to 50,000 people)[2]

Understanding the jargon

Anchor institutions "Anchor institutions are large, public sector organisations that are called such because they are unlikely to relocate and have a significant stake in a geographical area – they are effectively 'anchored' in their surrounding community. They have sizeable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and buildings and land. Anchors have a mission to advance the welfare of the populations they serve"[3]

Sustainability and Transformation Partnerships (STPs) "In 2016, NHS organisations and local councils joined forces in every part of England to develop proposals for improved health and care. They formed new partnerships – known as sustainability and transformation partnerships (STPs) – to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.[…] in some areas, STPs have evolved to become integrated care systems, a new form of even closer collaboration between the NHS and local councils."[4]

Integrated Care Systems (ICSs) "In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve."[5]

Integrated Care Partnerships (ICPs) "Integrated care partnerships (ICPs) are alliances of NHS providers that work

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[1] The journey to place-based health, Public Health Matters
[2] Health and Wellbeing boards and integrated care systems, The King's Fund
[3] Building Healthier Communities, The Health Foundation

[4] https://www.england.nhs.uk/integratedcare/stps/
[5] https://www.england.nhs.uk/integratedcare/integrated-care-systems/

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together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved."[6]

Accountable Care Organisations (ACOs) "Accountable care organisations (ACOs) are established when commissioners award a long-term contract to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. This organisation may subcontract with other providers to deliver the contract."[6]

Primary Care Networks (PCNs) "from 1 July 2019, all patients in England will be covered by a primary care network (PCN) – the most significant reform to general practice in England in a generation. PCNs should help to integrate primary care with secondary and community services, and bridge a gap between general practice and emerging Integrated Care Systems. PCNs are not new legal bodies, but their formation requires existing providers of general practice to work together and to share funds on a scale not previously seen in UK general practice."[7]

Health and wellbeing boards (HWBs) "Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population."[8]

Devolution "Devolution is one of the most fundamental changes to the way decisions are made for local areas and how public services

are funded. In England, devolution is the transfer of power and funding from national to local government. It is important because it ensures that decisions are made closer to the local people, communities and businesses they affect. Devolution will provide greater freedoms and flexibilities at a local level, meaning councils can work more effectively to improve public services for their area. The result will be more effective, better targeted public services, greater growth and stronger partnerships between public, private and community leaders in local areas."[9]

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[6] Making sense of integrated care systems, The King's Fund
[7] Understanding primary care networks, The Health Foundation
[8] Health and Wellbeing Boards explained, The King's Fund
[9] What is devolution? Local Government Association

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Key publications – the big picture

NHS Long Term Plan NHS, January 2019

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

See 1.9 Primary care networks of local GP practices and community teams "The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices"

See 3.94 "new and integrated models of primary and community mental health care support adults and older adults with severe mental illnesses […] local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks"

See 7.14 "remove specific impediments to 'place-based' NHS commissioning"

See Appendix p. 120 The NHS as an 'anchor institution' - "As an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities"

Facing the facts, Shaping the Future: a draft health and social care workforce strategy NHS, December 2017

The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff, a report on the future of the health and care workforce has concluded. See p. 12 "With over four million people employed in health and social care, the shape of the workforce also impacts far beyond the confines of the services. As the largest employer in many places it is an important part of the local community impacting on social mobility, diversity and local economic growth."

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The NHS as an anchor institution The Health Foundation, n.d.

An infographic explaining the key ingredients that make the NHS an anchor institution.

Building healthier communities: the role of the NHS as an anchor institution The Health Foundation, August 2019

This report explores how NHS organisations act as anchor institutions. It gives examples of what anchor practices look like in a health care context, and how anchor institutions can maximise their influence on the wider determinants of health, as follows.

The NHS an anchor The Health Foundation, March 2018

The *Five-Year Forward View* and evolution towards integrated care systems have placed greater expectations on the NHS to work across a geographical area and maximise its resources to improve the health of a local population. And while this focus on place-based systems of care has spurred developments in the way services are designed and delivered to help prevent ill health and promote wellbeing, limited attention has been given to how the NHS can influence the economic conditions that help create health in the first place.

Health and wellbeing boards and integrated care systems The King's Fund, November 2019

A long-read examining the relationship between HWBs (established under the Health and Social Care Act 2012) and evolving Integrated Care Systems (ICSs).

Place-based working Institute for Research and Innovation in Social Sciences, 2015
Explores how the place-based approach enables effective work with people and communities to improve their health and wellbeing through asset-based, locally embedded, cross-sector working.

Stepping up to the place: the key to successful health and care integration Local Government Association (LGA) and NHS Confederation, 2016
Provides links to the reports and case studies referred to in *Stepping up to the place: The key to successful health and care integration*

Poverty, place and inequality: why place-based approaches are key to tackling poverty and equality Royal Town Planning Institute (RTPI), 2016
This report argues that 'people-based' approaches on their own are not enough to reduce poverty and inequality. Alongside conventional approaches to reducing poverty, which focus on welfare reform, we need to harness the potential of places to increase opportunity and realise people's potential. Problems such as worklessness, low incomes, lack of aspiration and ill-health are not just individual – they are also social. The environment can shape people's behaviour and limit or enhance their wellbeing and life chances, but this has largely been neglected in welfare policy.

Place-based health: a position paper New Local Government Network (NLGN), December 2015
There is widespread recognition of the wider determinants of health, where only 20 per cent of health outcomes result from clinical treatment and the remaining 80 per cent determined by wider factors such as lifestyle choices, the physical environment

and family and social networks. By reimagining health as place-based, we seek a system that opens out the definition of health from clinical care to one that encompasses wider determinants. How can the services and resources that already exist in places be better aligned and utilised to contribute to better and more equal outcomes for people?

A place to work: system approaches to workforce challenges in the NHS NHS Providers, December 2019
This briefing examines how trusts are working with their staff and local partners to enable the workforce to adapt to new ways of collaborative working.

What makes effective place-based working? Joseph Rowntree Foundation, August 2013
This paper, based on two independent reviews of JRF's work in Bradford, highlights the challenges for charitable funders and other organisations considering 'place-based' work.

Developing healthier places: how council can work with developers to create places that support wellbeing Local Government Association (LGA), 2018
The information in this guide has been drawn from 10 workshops, and other events, held across England in 2017. In the last few years there has been a reawakening of awareness that the built environment has a profound effect on whether or not people live healthy lives. Put simply, the places in which we live shape the way we live. People who live in neighbourhoods with clean air, good parks, streets that are easy and pleasant to walk and cycle along, places to meet and socialise, jobs and opportunities, find it easier to live healthy fulfilling lives than those who are not so lucky.

Prosperous communities, productive places: how a deeper relationship with anchor businesses can drive place prosperity and business productivity Localis, April 2019

Productive businesses need prosperous communities to thrive and grow – prosperous communities need productive and profitable businesses. This report argues the relationship is symbiotic. However, the local economic landscape has changed and the relationship between major business and "place" must now be renewed if local industrial strategies are to deliver local economic success. Recommending that new, local productivity deals should be forged, the report argues that West Sussex and Gatwick Airport now have a unique opportunity to pioneer this approach.

Health inequalities: place-based approaches to reduce inequalities Public Health England, July 2019

Guidelines to support local action on health inequalities.

Putting health into place (NHS England's Healthy New Towns programme) TCPA, September 2019

The TCPA, in partnership with the King's Fund and the Young Foundation, was commissioned by NHS England to create a series of practical guides to healthy place-making, based on what was learned by the Healthy New Towns programme.

Putting good ingredients in the mix National Community Lottery Fund, October 2018

Our report reviews a range of learning about place-based working and funding. It acknowledges the, at times, contradictory nature of the key messages and the limited evidence-base for what effective interventions for local transformation and sustainable systems change look like.

Greener hospitals, healthier communities: why NHS anchor institutions should prioritise environmental sustainability UK Alliance on Climate Change, October 2018

There is an increasing focus on how to maximise the positive potential of the NHS as an 'anchor institution' – an institution, such as a hospital, that is physically located within a community and, through its activities, has a significant impact upon social, economic and environmental outcomes within the local area. The NHS and its components have purview over large economic, human, intellectual, and institutional resources, and so have the potential to bring significant, and measurable, benefits to local communities by maximising the positive second order impacts of their activities.

Maximising the local impact of anchor institutions: a case study of Leeds city region Joseph Rowntree Foundation, January 2017

This report looks at anchor institutions in Leeds City Region, examining how the impact of these big spenders can be maximised for the region as a whole.

(£) *The NHS as an anchor – taking forward the long-term place* Health Service Journal, January 2019

There are huge opportunities to build on the aims set in the long-term plan to help maximise the role of the NHS as an anchor in its local communities by leveraging on it as an employer, procurer, purchaser and also a mode of social change. Contact the Knowledge Management team for help with access KnowledgeManagement@hee.nhs.uk

Community business and anchor institutions Centre for Local Economic Strategies, February 2019

This report seeks to draw on and extend the Centre for Local Economic Strategies' (CLES) existing work around anchor institutions and the local wealth-building movement, by developing an understanding of how anchor institutions can support community businesses to evolve and realise their local economic and social potential. Alongside a review of existing policy and literature, the report draws on primary research conducted in three localities – Liverpool, Bristol and Ipswich.

Place-based systems of care: a way forward for the NHS in England The King's Fund, 2015

This paper argues that providers of services should establish place-based 'systems of care' in which they work together to improve health and care for the populations they serve. This means organisations collaborating to manage the common resources available to them.

Our framework for place: a practice guide for funders NPC, August 2019

The places where we live and work define who we are and what we do. They determine the nature of our relationships with our fellow citizens and the communities we create together. Interest in place-based working has gained significant traction in recent years. Shrinking resources and growing demands for devolution have fuelled a desire to empower communities to have greater control over the places they live in. While many organisations talk about taking a place-based approach, they often mean different things. Place-based working is not a static process; most funders are on a journey.

Place-based approaches to joint planning, resources and delivery: an overview of current practice in Scotland Improvement Service, April 2016

The report captures current place-based activities within 27 local authority areas and includes a synthesis of published materials on the subject. As well as undertaking a review of the literature on place-based approaches to service delivery in the UK, the Improvement Service conducted interviews with local authority areas to find out more about local approaches.

Market Shaping Review: place-based market shaping: co-ordinating health and social care Institute for Public Care (IPC), July 2016

This paper is for health and social care commissioners looking to work together to develop a coordinated or place-based approach to shaping the health and care market. It explores the importance of developing a place-based approach to market shaping and looks at what this means for health and social care organisations. It maps the range of current partnership arrangements between health and social care commissioners and examines their relative strengths and weaknesses in relation to market shaping. Partnership arrangements considered include separate CCG/local authority commissioning arrangements, joint or co-ordinated commissioning arrangements for specific services, and integrated commissioning teams

Shifting the centre of gravity: making place-based person-centred health and care a reality Local Government Association, 2018

This report sets out a vision for transforming health, care and wellbeing and outlines key actions that organisations should take to successfully integrate health and care. It also includes an integration checklist which can be used to assess progress. The

report builds on the vision set out in the 2016 report, 'Stepping up to the place', and aims to provide a vision for a community-based preventative service which supports people to stay healthy and independent for as long as possible. The four elements forming the basis for the vision are outlined as: individuals using health and care services experience positive outcomes; individuals, populations and communities maximise their health and wellbeing; front-line staff use their experience and expertise to shape seamless care; and leaders work effectively across health and care to drive transformation.

What a difference a place makes: the growing impact of health and wellbeing boards Local Government Association (LGA), 2019
This report highlights the achievements and challenges from 22 effective health and wellbeing boards (HWBs) across the country, all of which are making good progress on integrating health and care, improving wellbeing and tackling the wider determinants of health. The report includes examples of a range of initiatives including reducing hospital admissions and time spent in hospital, reducing demand for GP appointments, and reducing unemployment, poverty and poor housing. It also identifies common themes across the HWBs which have helped them make progress.

The asset-based area Think Local Act Personal, 2017
The briefing paper makes the case for why asset-based approaches should be the basis of all local area planning and service delivery and sets out ten key features of an asset-based area necessary for developing strong communities and sustainable public services. It also suggests planning and support models that use asset-based thinking and that can help areas to make progress. These include Local Area Coordination, Circles of Support and Wellbeing Teams.

Asset-based places: a model for development Social Care Institute for Excellence (SCIE), July 2017
An asset-based approach places the emphasis on people's and communities' assets, alongside their needs. This briefing suggests a framework for local areas to enable asset-based approaches to thrive. It is based on SCIE's research for the Greater Manchester Health and Social Care Partnership.

Transforming communities? Exploring the role of community and anchor organisations in public service reform, local democracy, community resilience and social change What Works Scotland, May 2018
This report explores the developing roles of key community sector organisations known as community anchors. It draws from six exemplar anchor organisations in Scotland to explore their roles in engaging with, leading and challenging public service reform; how public services and the state can better support community anchors and community sector development; and the potential roles of anchors in building local democracy, community resilience for sustainable development, and wider social change.

Get well soon: reimagining place-based health NLGN, March 2016
Get Well Soon: Reimagining Place-Based Health demonstrates that the health service in its current form is not sustainable, and sets out a new plan for shifting the system to focus on preventing illness, shorten stays in hospitals and help people live independently for longer. A new 15 year plan would need to overcome the short term operational and political pressures that prevent a focus on transformation. It would build on the Five Year Forward View to create a longer-term blueprint for a future system for health and wellbeing that is fit for purpose.

[Building collaborative places: infrastructure for system change](#) Collaborate for Social Change, February 2017
Building Collaborative Places, supported by Lankelly Chase, is our major new research report that sets out the ways that public services can improve outcomes for citizens within harsh financial conditions.

Case Studies

[A citizen-led approach to health and care: lessons from the Wigan deal](#) June 2019, The King's Fund
This report provides an independent critique of the Wigan Deal, and its approach to delivering local services based on the idea of building a different relationship with local people. It looks at why it was developed, how it has been put into practice, and what others can learn from it. The report draws on in-depth research, including interviews with key stakeholders, focus groups with members of the public and evidence from data analysis. The transformation in Wigan included four main components: asset-based working, permission to innovate, investing in communities and place-based working. The report describes some of the outcomes that appear to demonstrate the impact of the Wigan Deal and explores the challenges involved in measuring this. The report shows it is possible to achieve savings while protecting or improving outcomes, but only if services are genuinely transformed and financial investment is available to help bring about new ways of working.

[Place-based leadership development programme](#) Social Care Institute for Excellence (SCIE), August 2019
This Highlights briefing is a case study commissioned by the NHS Leadership Academy of the impact of two innovative programmes

which aim to develop systems leaders and place-based, collaborative forms of leadership: Frimley 2020 Leadership Programme and Leaders in Greater Manchester. The learning from the case study will inform the development of its national and local programmes to help leadership grow in integrated care systems (ICSs) and other systems-wide approaches in health and social care.

HEE Star

More resources and tools are available in the HEE Star:
https://www.hee.nhs.uk/our-work/hee-star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape. You can filter by **Geography** or **Theme**.
https://gss.civilservice.gov.uk/hc-statistics-landscape/

HEE National Data Programme

HEE staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

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Journal articles

[Hospitals as anchor institutions: how the NHS can act beyond healthcare to support communities](#) British Medical Journal, 2018 (Athens log in required)
Opinion piece: UK hospitals are exploring their potential as anchor institutions to use their financial, employment, and asset muscle to support local economies and tackle social determinants of health.

[Achieving integrated care through commissioning of primary care services in the English NHS: a qualitative analysis](#) British Medical Journal, 2019
Conclusions: There is a disconnect between locally based primary care and the wider system. One of the major challenges we identified is the lack of knowledge and expertise in the field of primary care at STP level. While primary care commissioning by CCGs seems to be supporting local collaborations between practices, there is some way to go before this is translated into broader integration initiatives across wider footprints.

[What the NHS can learn from community centred care in the Bronx: the Montefiore health system](#) British Medical Journal, 2018 (Athens log in required)
Every day the number 5 tram from central Manchester to Oldham makes a journey that is not just geographical but also social. Over the 11 km from Manchester Victoria to Oldham Central, the proportion of residents with a degree level qualification drops from 29.4% to 18.6%. The proportion of people with a limiting long-term illness rises from 14.4% to 19.7%, and the proportion whose health is reported as "bad" or "very bad" rises from 5.8% to 6.9%.

[The ownership of assets by place-based community organisations: political rationales, geographies of social impact and future](#)

[research agendas](#) October 2014, Social Policy and Society (Abstract only)
This article calls for a more nuanced understanding of the links between the motivations, trajectories and policy environments of community asset organisations and the geographies of their social impact. While potential for the ownership of physical assets by place-based community organisations can be found in new localism powers in all four jurisdictions of the UK, there may be differences in policy articulation and implementation that enable or limit the social benefits community asset organisations are thought to deliver. Furthermore, community assets are premised on their intrinsic tie and value to place, with social cohesion, communal mobilisation and identification of mutual interest thought to be at their heart. This article reviews research in this field set in relation to recent policy developments, and identifies an important need to better understand how the personal and social geographies of impact are delivered in, and influenced by, different spatial contexts and political frameworks.

[A qualitative exploration of stakeholder perceptions of the implementation of place-based working and its potential to reduce health inequality](#) 2018, Journal of Public Health
Background: Local authorities (LAs) have statutory responsibility to reduce health inequalities and improve public health. Place-based approaches may positively influence service provision yet little is known about their implementation and potential for reducing inequality through health and wellbeing improvements. An English LA implemented a place-based working (PBW) pilot in a small geography during austerity measures in the north of England. This involved three strands (early intervention, estate services and community intelligence) which were introduced separately and covered overlapping geographies. Predominantly focusing on early intervention, this qualitative study investigates stakeholders' perceptions of the pilot and its potential to improve health and

wellbeing by reducing inequality. Methods: In total, 15 face-to-face qualitative interviews with stakeholders were completed. Thematic analysis produced context, mechanism and outcome configurations in a process adapted from realist evaluation methodology. Results: Stakeholders described PBW as holistic, upstream and cutting across departmental boundaries to engage staff and the community. Collaborative working was considered important and was aided by PBW in our study. Conclusions: PBW has the potential to reduce health inequalities by improving health and wellbeing. LAs deliver services that affect health and wellbeing and PBW may help develop a more coordinated response to improve outcomes and potentially save money.

Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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