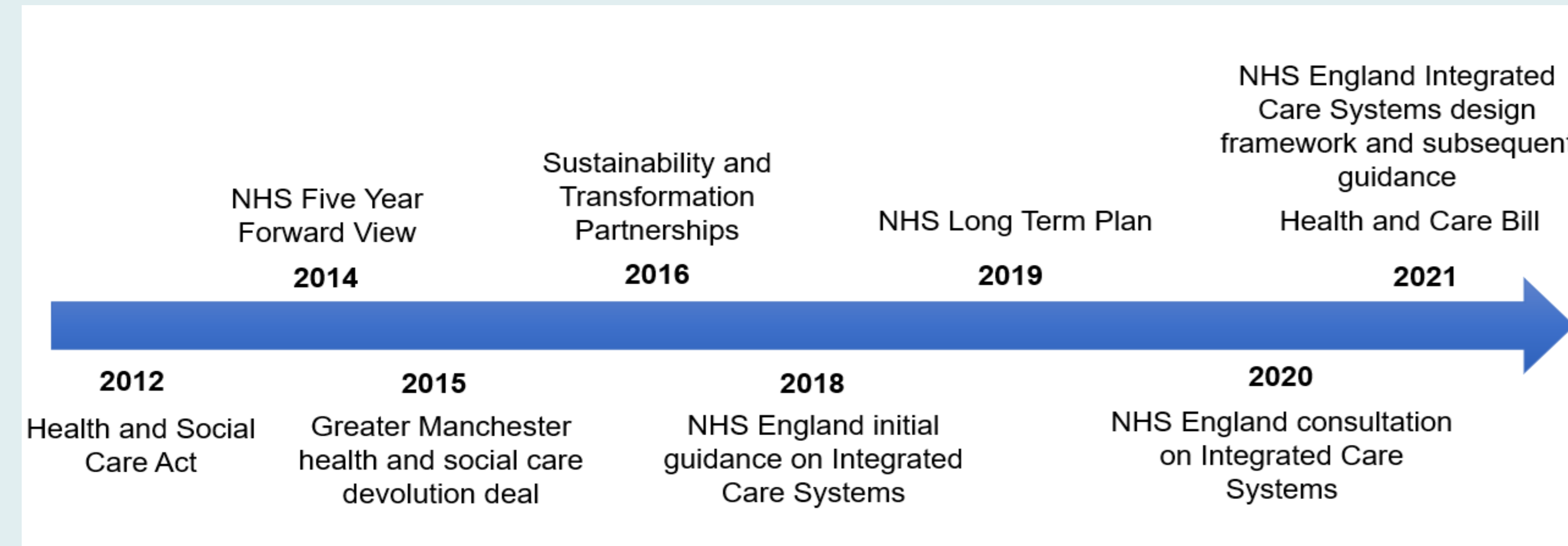


The role of commissioners in place-based health and care

Melissa Surgey

Supervisors: Prof Kath Checkland, Dr Jonathan Stokes, Dr Lynsey Warwick-Giles

Project Background



Place has existed as a concept within healthcare since the origins of the NHS, although how it is conceptualised and executed has varied greatly with changing government ideologies and political trends.

In the last decade, health policy has increasingly focused on the integration of health, social care and wider determinants of health around 'place'. The current focus is on Integrated Care Systems (ICSs), which will see some services and supporting functions organised on a larger footprint, underpinned by integrated 'places', suggested to align with local authority boundaries or recognised 'natural communities'. Places will be further sub-divided into more local 'neighbourhoods'. This new spatial model of system – place – neighbourhood is intended to represent a further evolution in delivering joined up health and care services. This in turn will impact on how health and care commissioning – the process by which services are planned and purchased – is organised and functions.

Training and Development

Training

- MRes Qualitative Research Methods module
- 48.5 hours of internal training via Doctoral Academy, Faculty of Humanities, and University library
- Policy@Manchester policy-making and engagement workshops

Conferences

- Health Services Research UK conference – presentation on defining place
- Public Administration Committee annual conference
- The King's Fund Integrated Care and Future of Commissioning conferences

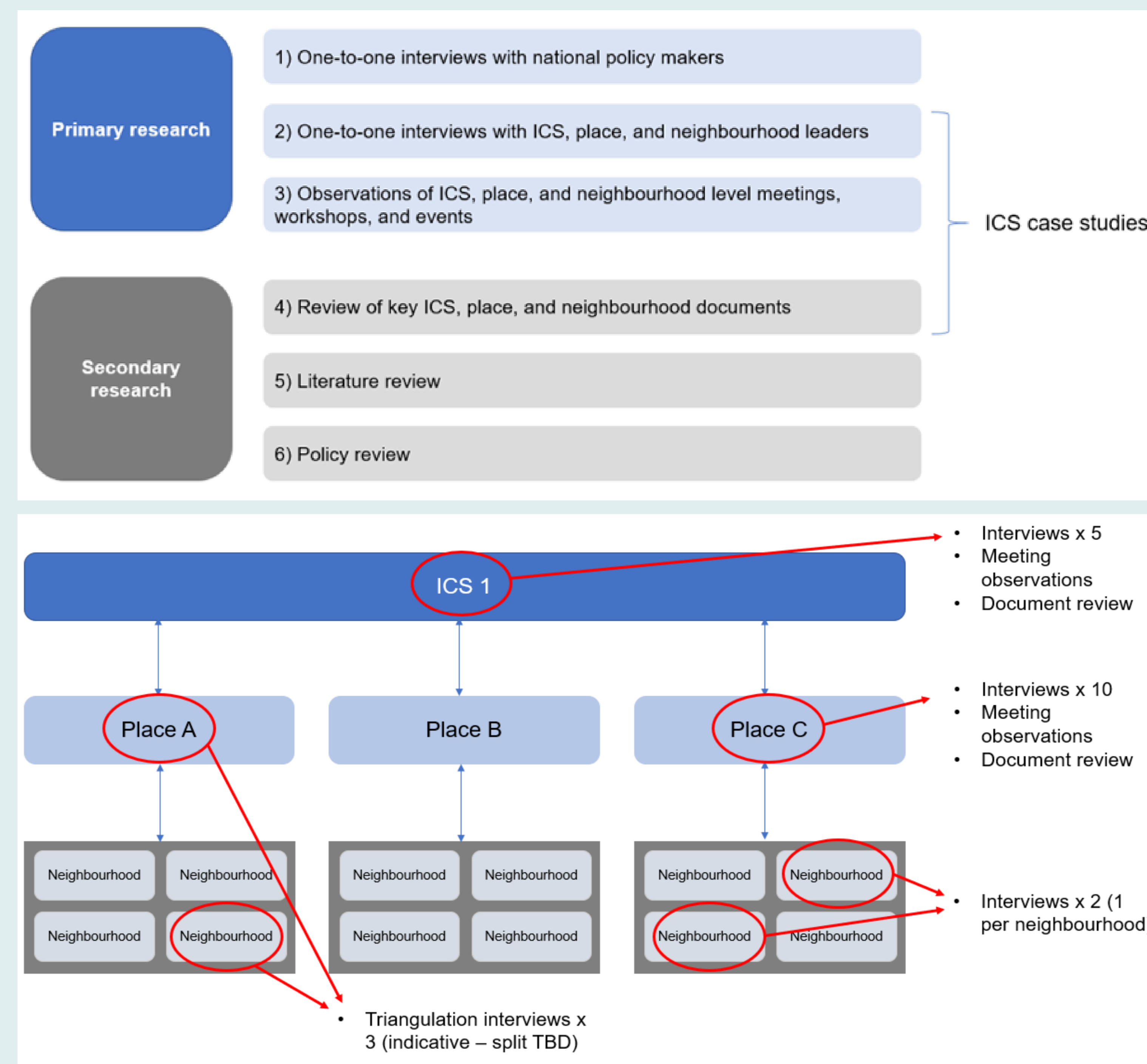
Social Responsibility

- Division of Population Health PGR social responsibility representative
- Organised and chaired Centre-wide International Women's Day seminar
- In process of establishing a Division inclusivity peer network
- Contributor to Research Hive, the University's PGR blog

Research Questions

1. **What** functions are being delegated in the system – place – neighbourhood spatial model?
2. **Where** are functions are being delegated to and how are they defined and constituted?
3. **How** do the different spatial levels interact with one another and what accountability mechanisms underpin this?

Study Design

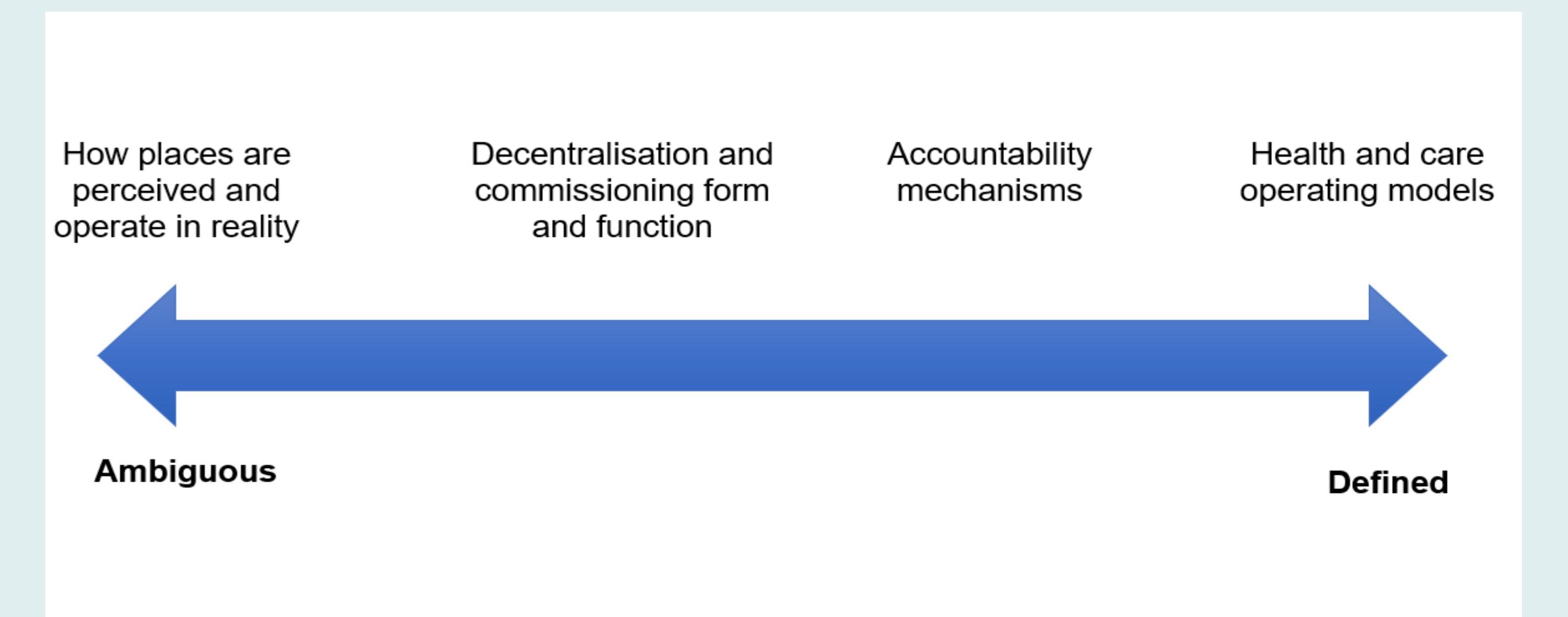


Literature Review Findings

Although place-based health and social care is the defining pillar of current health policy, place is not clearly defined in either policy or the literature. The language surrounding place is equally ill-defined and used interchangeably by academics, policymakers and those working in health and social care. We can consider the many definitions of place through three lenses:

1. Is place **fixed or relational**?
2. Is place **political or neutral**?
3. Is place **obvious or ambiguous**?

When we consider the challenges in clearly defining place in the context of the current policy landscape, there emerges a paradox of acknowledging that place is fluid, relational, and diverse – so ambiguous by nature – but also the practicality of needing to draw boundaries and implement infrastructure to oversee and support the delivery of health and care services. At present this is neither well-considered in current policy, nor is there any literature exploring this with regards to ICSs.



Future Work

- Gain ethics approval to commence data collection – University proportionate route (final revisions in progress), Health Research Authority
- Finalise ICS case study recruitment – initial informal discussions with potential sites progressing with promise and strong level of interest in participation
- Commence data collection at both sites simultaneously and concurrent thematic analysis – concurrent analysis will ensure data collection approaches are flexible to the changing policy landscape and reflect emerging themes
 - Nvivo training course to enhance analysis skills – December 2021