

## **SYSTEM, PLACE AND NEIGHBOURHOOD** **- definitions proposed by Leicestershire County Council**

### **System – Local Health Economy**

The system level is effectively pre-determined – Leicester, Leicestershire and Rutland (LLR) was defined by the NHS as the area for a Sustainability and Transformation Plan/Partnership and now as an Integrated Care system.

The ICS LLR footprint for the NHS will become the level at which local NHS organisations will be jointly held to account - there will be collective responsibility across NHS organisational boundaries for financial delivery (via an NHS system control total for LLR) and operational performance.

The system footprint will be used as the basis on which national NHS resources will be allocated and accessed including allocations for NHS capital and technology.

This is also the level at which strategic commissioning within the NHS will operate, e.g. where commissioning for NHS performance and outcomes apply across the LLR population as a whole, (for example acute care provided in hospitals).

We understand that NHS organisations will:

- Be accountable to NHS England and NHS Improvement for the overall performance of the NHS in LLR
- Analyse and understand population health and care needs across LLR's one million population, working with partners, and set and measure outcomes at the LLR system level
- Lead the response to the NHS Long Term Plan in LLR
- Lead the overall strategic direction for the Better Care Together Programme
- Allocate NHS resources to “places” through capitated budgets, where applicable, in line with population health management
- Support local NHS providers to form a local Care Alliance<sup>(note 1)</sup>, and in due course commission certain services via this route
- Take ownership and demonstrate leadership in addressing local system challenges.

We are aware that the three LLR Clinical Commissioning Groups are currently reviewing their structures and functions so that expertise and resources are re-configured into system, place and neighbourhood tiers, and will be led by a new Joint CCG Accountable Officer.

## Place – Upper Tier Local Authority Boundaries

At this level NHS organisations will work with upper tier local authorities (Leicestershire County, Leicester City and Rutland) and other partners to:

- Be a supportive and leading partner, in particular via the Health and Wellbeing Board
- Collaborate with local authorities and other partners on the wider determinants for health and wellbeing, so that the health and wellbeing needs of local populations are understood and addressed, and place-based outcomes are improved
- Ensure that LLR-wide BCT strategy, outcomes and priorities meet with expectations and priorities in each place
- Design and deliver integrated health and care services within each place including making best use of the Better Care Fund
- Develop and implement the place-based prevention offer
- Explore joint commissioning across NHS and local authorities, using pooled budgets where applicable.

For NHS organisations this will also be the level at which capitated budgets are likely to be distributed and population outcomes requirements set by the NHS Strategic Commissioners, against which the NHS organisations will be expected to deliver.

## Neighbourhood – Primary Care Networks

Neighbourhoods will be the cornerstone of integrated care across Leicester, Leicestershire and Rutland. They are based on 25 groups of GP practices, known as Primary Care Networks<sup>(note 2)</sup>. These networks will draw on a wide range of professionals such as district nurses, therapists, community based mental health teams, social care staff, housing services, and other voluntary and community sector organisations, working together alongside NHS general practice to deliver care at a very local level. They will:

- Understand their specific neighbourhood's population health and care needs
- Deliver effective and consistent core general practice services working collaboratively where it makes sense to do so
- Delivering enhanced primary care services either as individual practices or across a Primary Care Network that enables patients to receive care closer to home - this may include some outpatient and diagnostics
- Design and deliver integrated health and care services in conjunction with a range of partners (including social care and the Care Alliance<sup>(note 1)</sup>) to meet those needs
- Develop a fully functioning integrated team or network of primary and community care staff, aligned with social care and other community based services, to support those with the most complex needs to stay as independent and as close to home for as long as possible.

For NHS organisations it is also the level at which budgets will be received from the Strategic Commissioner place and or the Care Alliance<sup>(note 1)</sup>.

[Notes.

1. NHS England definition of a Primary Care Network:

“a primary care network is not a statutory body. They consist of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Members of a PCN may in due course wish to form a legal entity (perhaps a limited company or a limited liability partnership) through which they may (if commissioned to do so) jointly provide healthcare services beyond core primary medical services.”

2. NHS Care Alliance – the two main local providers, UHL Trust and Leicestershire Partnership Trust, are looking to build on the LLR Elective Care Alliance, which has been in place since 2014.]

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