

Item 5: NHS South Kent Coast CCG and NHS Thanet CCG: Integrated Care

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 30 January 2015

Subject: NHS South Kent Coast CCG and NHS Thanet: Integrated Care

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS South Kent Coast CCG and NHS Thanet CCG.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) NHS South Kent Coast CCG and NHS Thanet CCG have asked for the attached report to be presented to the Committee.
- (b) The Dalton Review, published on 5 December 2014, examined new options and opportunities for providers of NHS Care. This Review considered seven different organisational forms including Integrated Care Organisations.
- (c) An Integrated Care Organisation (ICO) involves the vertical integration of one or more providers across a spectrum of care that could include primary, secondary (acute and mental health), community and social care. These are population based and deliver services to a defined cohort of patients with the aim of improving their outcomes, particularly for long-term conditions, by managing the coordination of their care (Dalton 2015).
- (d) This organisational form can be either primary care or secondary care led. Where it is secondary care led it allows hospitals to operate in new areas of out of hospital care and to balance an investment in community-based services with a divestment in hospital-based care, without undue financial risk to the organisation. This is considered to provide an attractive model for secondary care providers, who might otherwise resist a transfer of resources from their organisation (Dalton 2015).
- (e) An ICO would usually require investment in integrated data systems to account for patient activity in each element of the integrated service, and the return on this investment may take several years. Integration should primarily be considered for improving outcomes and patient experience over the medium to long term; it does not provide a quick route to cost saving and may require significant technical detail to be worked through. This organisational form is a good example of where getting the clinical model right first should lead to organisational form later (Dalton 2015).

Item 5: NHS South Kent Coast CCG and NHS Thanet CCG: Integrated Care

- (f) The Lambeth Living Well Collective (LWC) is cited as a case study. LWC brings together a number of mental health providers including the voluntary sector and South London and Maudsley (SLaM) NHS Foundation Trust, social care, public health, primary care as well as service users and commissioners. Building on these existing strong relationships between providers and commissioners, the LWC decided to develop an integrated model through an alliance contract across a wide range of providers in the system, initially with a small group before expanding to bring in a wider spectrum of care. The CCG and local authority will co-commission the alliance contract, based around outcomes developed by the LWC. As well as delivering better outcomes and experience for patients, the contracting approach is expected to deliver shared savings across the system (Dalton 2015).
- (e) The Dalton Review is intended to complement the NHS Five Year Forward View which sets out proposals around seven new care models. The covering report for the East Kent Hospitals University NHS Foundation Trust: Clinical Strategy item provides further information about these.

2. Recommendation

RECOMMENDED that there be on-going engagement with HOSC as plans are developed with a return visit to a meeting of the Committee at the appropriate time.

Background Documents

Department of Health (2014) *'Examining new options and opportunities for providers of NHS care: the Dalton review (05/12/2014)'*,
<https://www.gov.uk/government/publications/dalton-review-options-for-providers-of-nhs-care>

NHS England (2014) *'The NHS Five Year Forward View (23/10/2014)'*,
<http://www.england.nhs.uk/ourwork/futurenhs/>

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