MINI BULLETIN – 02 January 2024

**ICBs hold overall responsibility** for ensuring implementation of proactive care, as part of an overall local plan **to support people living with frailty**.

This guidance is for Integrated Care Boards (ICBs) and provider organisations involved in the design and delivery of Proactive Care.

Proactive Care is personalised and co-ordinated multi-professional support and interventions for people living with complex needs. Many systems are already delivering proactive care.

The specific aims of proactive care are to improve health outcomes and patient experience by:

1.     Delaying the onset of health deterioration where possible

2.     Maintaining independent living

3.     Reducing avoidable exacerbations of ill health, thereby reducing use of

 unplanned care.

This guidance supports a more consistent approach to Proactive Care across England for people living at home with moderate or severe frailty, in line with the latest evidence and best practice. Proactive Care for this group is not a new service or pathway, and this is simply a guide to using existing resources to support this defined group within local priorities.

**Core components**

Building on the evidence and best practice from the NHS and internationally, we have identified five core components of the proactive care approach:

1.  Identifying the target cohort for whom there is the greatest potential impact on health and system outcomes

2.  Carrying out holistic assessments, such as a Comprehensive Geriatric Assessment

3.  Developing a personalised care and support plan

4.  Delivering co-ordinated multi-professional interventions to address the person’s range of needs

5.   Providing a clear plan for continuity of care, including an agreed schedule of follow-ups.