

Report to Rutland Health and Wellbeing Board

Subject:	Integrated Care Model – Business Case
Meeting Date:	Tuesday 24th March 2015
Report Author:	Katy Lynch
Presented by:	John Morley
Paper for:	Note / Discussion / Approval

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

This report is to present to Health and Wellbeing Board members the business case for the Integrated Care Model (Appendix 1) which is a scheme within the approved Better Care Fund (BCF) Plan for 2015/16.

Background

The purpose of integrated care is to bring health and social care closer together with the aim of delivering more proactive targeted care to older people with long-term conditions. The aims of the Integrated Care Model are:

- Help people understand their conditions
- Help people live healthier lives
- Help people stay well for longer
- Improve patient experience
- Avoid hospital and care home admissions
- Improve the integration of health and social care

The initial Rutland pilot of the Integrated Care Model commenced in 2013 and a presentation was brought back to the Board in July last year to advise how the scheme was progressing. Consequently a light touch evaluation of the service was carried out in Autumn 2014; findings are attached at Appendix 2.

The scheme has been on hold for the past 6 months due to the Integrated Care Coordinator leaving in October 2014, there have been difficulties recruiting to the post which has meant that no assessments and case work have been jointly undertaken with GPs for some time. For this reason, no specific outcomes can be reported at this time.

The post is currently out to advert with the intention of having a successful candidate in post by May 2015; the post has been advertised as Fixed Term to 31st December 2016, the recommendation from the Integration Executive is to use the underspend from having a vacant post in order to allow this post to continue beyond 31st March 2016.

There is no long term funding secured for this model therefore the intention is to continue piloting new ways of working with GPs including trialling new criteria and utilising best practice in other areas to ensure that the model works effectively for Rutland. Providing flexibility will ensure that the best model to suit Rutland can be developed.

It is proposed that a progress report be brought back to the Health and Wellbeing

Board in Autumn 2015.

Next steps (March-June 2015)

- Recruitment of the Care Coordinator
- Training of the Care Coordinator to understand the purpose of the role and where people can be signposted to so that the coordinator is empowered to direct referrals to appropriate services
- Work with GPs to develop the model and test out new criteria
- Clarify the outcome measures including setting clear measurable outcomes so that the impact of the scheme can be clearly understood

Recommendations:

That the board:

1. Approves the business case for the Integrated Care Model as set out at Appendix 1 of this report
2. Receives a progress report in Autumn 2015

Comments from the board:

Strategic Lead:

Mark Andrews

Risk assessment:

Time	H	The post has been vacant for a significant amount of time; in order to understand the value in this model this must be recruited to asap.
Viability	M	Dependent on a successful candidate being recruited.
Finance	M	Funding for this post is currently secured through the BCF with no long term funding identified at the present time
Profile	M	The BCF is of national profile; the effectiveness of this scheme will be monitored to understand its impact.
Equality & Diversity	L	The Model supports individuals with long term conditions to self-manage their conditions.