Camden Integrated Care Service

Borough MDT/'Hub'

Teams Meeting Wednesdays 09:30 – 11:30

Aim

To provide care to people with complex care needs wherever possible outside of the acute hospital setting and to ensure that their health and social care needs are met

Key Objectives

There are 6 key objectives of this service:

- To prevent avoidable admissions to hospital
- To improve transfers of care between a range of services
- To increase the number of customers receiving reablement support plans
- To improve practices and processes between health and adult social care
- To improve efficiencies in the health and social care systems
- To improve client outcomes and independence

Integrated Care Borough multi-disciplinary meeting

- Weekly Integrated Care multi-disciplinary meeting –takes place on a Wednesday morning from 09:30 hrs on Teams
- The meeting discusses clients with particularly complex and challenging needs, providing the opportunity for health and social care professionals to work together and develop creative and imaginative care plans for those patients/customers.
- Some of the clients you already work with may be discussed at these meetings.
- You will attend the meeting and can provide feedback to Kate and Martin who attend this meeting.
- Martin and Kate will take on the cases needing social care intervention where there is no allocated social care professional. Where the case is already allocated they will work collaboratively with the allocated worker and there will be a discussion about who will take the case forward. Martin and Kate will work alongside the multidisciplinary team providing leadership and educational advice and support to health care colleagues, whilst carrying a case load.
- Where the is no allocated Social Worker and the action plan of meeting is for Social Work involvement – the case will be allocated to Kate or Martin if a need for adult social care is indicated.

Social Worker Already Allocated?

- There will be a discussion between Social Workers and managers as to who will take the care forward
- **Strengths based approach** will be increasingly utilised in a creative way to maximise customer control and independence.

Contact Integrated Care Borough Hub

- **Shemeka Henry/Stephanie Ramrattan/Nicola Ramrattan**
- MDM Coordinators
- Email mdt.admin@nhs.net Web: https://gps.camdenccg.nhs.uk/service/frailty-mdt-hub
- **Central and North West London NHS Foundation Trust**
- **Compassion | Respect | Empowerment | Partnership**

Where and When

Join Microsoft Teams Meeting

Wednesdays 09.30hrs – 11.30hrs

Key Contacts at the meeting

Chair: Stuart Mackay Thomas GP

s.mackay-thomas@nhs.net

Chair

Jonathan Sheldon GP

jsheldon1@nhs.net

Who is there who might be of help

- Nurse Consultant
- Consultant (Health Services for the Elderly)
- Social Workers
- Locality Managers
- Senior Community Nurses
- Matron
- Community Physiotherapist
- Clinical Psychologist
- DN Matron
- Prescribing Advisor
- Community Health Pharmacist
- Occupational Therapist
- Senior Community Staff Nurse
- Therapy Lead (Integrated Primary Care Team)
- Respiratory Community Team
- Frailty Specialist Nurse
- In-Patient Unit
- Palliative Care Team
- Camden Carers
- Age UK
- Community Connectors

How to Refer

- Please note that for all referrals you will need to fill in the attached referral and send to the MDT Co-ordinator : mdt.admin@nhs.net.cjsm.net;
- Please ensure you have recorded clearly that the client has a Camden GP, lives in Camden and that you have received consent from client to share records. If client is unable to consent you have overridden consent for any reason, please state the reason why e.g. best interests, vital interests, public interests etc. Also record any other information which would be helpful to the MDT in providing appropriate support.
- Please note that you will be **expected to attend the meeting and present** your case to the panel.
- Once the administrator receives your referral, they will send you an invite (now a Teams virtual Invitation) detailing your time slot (from 09:30 hrs on a Wednesday).

Work Flow

Fill out Referral

Send to mdt.admin@nhs.net.cjsm.net)

Attend Meeting

Receive Minutes

Receive Action Plan

Possible Allocation Kate/Martin

Attend Review

The Referral Template

MDT REFERRAL FORM

Please select which level of MDT you believe the patient is most suited for. The Single Point of Access (SPoA) can be used if in doubt.

Practice MDT **Neighbourhood MDT** **Borough MDT** **SPoA**

If Neighbourhood MDT is selected, please tick one of the below:

NW5 **CHE West** **CHE South & South** **NW3**

HEALTH CARE PROFESSIONALS INVOLVED IN DELIVERING DIRECT PATIENT CARE (INCLUDING MDT TEAM) REQUIRE ACCESS TO PATIENT RECORD VIA EMIS WEB.

DOES THE PATIENT CONSENT TO SHARING THEIR DATA WITH THE ABOVES SERVICE(S)?

YES **NO**

REFERRER AND GP PRACTICE DETAILS

Referrer's name: Usual GP Full Name

Practice name & address: Registered GP Organisation Name , Registered GP Full Address (single line)

Practice tel number: Registered GP Phone Number

PATIENT DETAILS

Name: Title Given Name Surname **NHS number: NHS Number**

Address: Home Full Address (single line)

D.O.B. Date of Birth

Tel number: Patient Home Telephone / **Mobile number:** Patient Mobile Telephone

Ethnicity: Ethnic Origin

Carer: Patient Carers

REASON FOR REFERRING TO LOCALITY MDT

Free Text Prompt

Free Text Prompt

Integrated Working

Integrated working with a case management approach

- better meets patients' needs,
- prevents unnecessary hospital attendances,
- improves clinical co-ordination and reduces costs,
- Increases value

Definitions:

- Three dimensions of what integrated care means can be identified:* - *Integrated care seeks to improve the quality and cost-effectiveness of care for people and populations by ensuring that services are well co-ordinated around their needs -*
- *it is by definition both 'patient-centred' and 'population-oriented' - Integrated care is necessary for anyone for whom a lack of care co-ordination leads to an adverse impact on their care experiences and outcomes -*
- *The patient or users perspective is the organising principle of service delivery*

- These three dimensions are drawn from: Goodwin N Kodner D "***Passing the ink-blot test:*** towards a standard definition of integrated care", International Journal of Integrated Care.

Social Work and Integrated Care

- ***Social workers in multi-disciplinary teams bring a perspective of the whole person rather than just their symptoms or circumstances. Seeing the individual in the context of their family, friends and community, and reflecting their hopes and fears for their own future.***
- **(Department of Health, The Association of Directors of Adult Social Services (ADASS), The British Association of Social Workers (BASW), Skills for Care (SFC) and Social Care Association (SCA), 2010)**