



Update for Adults and Housing
Scrutiny Committee
re: MDT Update

Observations from the first 3 months of MDTs

What has gone well

- The MDTs have been funded because their importance is recognised
- Everyone has been made to feel welcome at the meetings
- The meetings have informed some better decisions around spend
- Trust and confidence in working together
- Some individual cases



What has been sorted out

- Agencies know the names on the list in advance and can prepare properly
- Having the details to hand when referring on to another agency
- Putting a weekly managers' meeting in place to resolve issues and to improve operational communication



What we are still working on

- The size of some of the lists
- The wide age range of names discussed to satisfy the DES/PMCF and BCF
- Mental Health attendance
- Getting feedback from the meetings into the right places
- Learning lessons from them



Positives

- Excellent attendance and contributions at MDT meetings held so far
- Everyone's input respected – Community Matrons, Community Nursing, Voluntary Sector, Social Care
- Overview and shared understanding of pressures (Beds/Care Packages/ Hospital/ Ambulance/GP's)



Where we are now

- Community Matrons now working 9am – 5pm; 7 days a week – linked to Top 10 Care Homes
- District Nurses pick up any referrals overnight
- Community Matrons attending all GP practices monthly MDT's
- EHCP/Advanced Care Plans starting to be put in place for all patients in care homes.
- NEAS aware of new ways of working and ring Matrons prior to patients conveyance to hospital



Where we are now

- Top 10 Care Home articulating they feel supported
- Admissions and conveyance to DMH starting to show a decrease
- Improved relationships/inter-dependant working with local authority and voluntary sector
- Looking at more Telehealth support into care homes



Second Phase - MDT

- Monday morning meeting – Dr. Piper House
- Attendance – Representatives from GP MDT plus RIACT
- Friday morning MDT from 6th February
- Review pressures/issues across all services
- Discuss outcome of individual cases
- Identify issues and agree actions



Second Phase MDT

- Involvement of Mental Health
- Inclusion of services relating to Drug and Alcohol
- Terms of reference to be drawn up
- Operational Steering Group – feedback to key groups
- Ensuring recording of issues/actions/gaps in service



Second Phase – MDT Reflections

- Agreement for People awaiting a Decision Support Tool re Continuing Health Care to move to a care home setting.
- Discussions regarding Advanced Care Plans/Emergency Health Care Plans – are these available in Care Homes/Community?
- Potential missed opportunities regarding discussions on causes of unplanned admissions and actions that can be taken.



Second Phase - MDT

- Plea that People are not told that they need to “go into care” prior to full assessment being undertaken and options being fully considered.
- Start to share case studies – we will pick up positive elements and also highlight where things should/could have gone better



Future Plans for Next 3 Months

- Hospital to Home – to link with front of house early diagnostics support
- Band 4 Assistant Practitioners aligned to Community Matrons
- Weekly meetings with RIACT
- Increase Community Matrons to 8 wte
- Increase numbers of Care Homes supported
- Increase Community Matrons hours of cover, 8am-8pm 7 days per week

