



Multi-disciplinary case conference tool kit (updated December 2022)

The aims of the toolkit are:

- To provide advice around when it is appropriate to organise a multi-disciplinary case conference and provide guidance on how to run a case conference
- Promote the use of multi-disciplinary case conferences, particularly for clients in the accommodation pathway but struggling in their move away from the streets and recovery
- Promote the quality of multi-disciplinary case conferences by ensuring common language and expectations across the pathway along with the cross section of people invited

What is a multi-disciplinary case conference?

A multi-disciplinary case conference is an opportunity for a structured conversation about a person who has complex issues, potentially involving a range of practitioners associated with the person's care. Each practitioner brings his or her knowledge about the person/ or their area of specialist knowledge, to inform and jointly create an action plan to be co-ordinated by the key worker. Multi-disciplinary meetings work best when they are well structured, with a clear agenda and responsibilities.

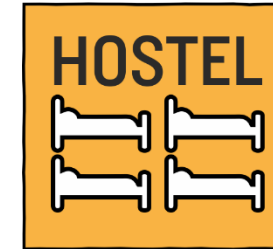
The client's key worker will need to check that the client has given consent for their information to be shared amongst health and non-medical staff members attending the multi-disciplinary case conference.





Multi-disciplinary case conference examples include (but not limited to):

- Need for problem solving and goal setting with service providers
- Arranging a sideways move between accommodation projects in the pathway
- Co-ordination of services supporting the client
- Complex health/ substance use issues
- Potential crisis situation
- Advocating for a client
- Reducing risk of eviction or abandonment
- Safeguarding planning (particularly in circumstances where there are safeguarding concerns, but they do not meet the threshold for the formal Westminster City Council process)



A circumstance where multi-disciplinary case conference may be beneficial is for arranging a sideways move between accommodation projects in the pathway or where a client is in a revolving door pattern. Useful information about what has and hasn't worked in the past may be spread across several services and a multi-disciplinary case conference offers an opportunity to plan to get a new accommodation stay off to the best possible start.

Benefits of multi-disciplinary case conferences

- Focussed plans for clients with accountability and review built into the plan
- Shared responsibility between services and reduced duplication of work
- Improved coordination results in service gaps becoming more apparent
- Client work is focused on being proactive rather than reacting to crisis
- If the client agrees to attend, the client can be empowered to address their own needs and there is less risk of mixed messages between workers
- More efficient use of resources
- Information can be shared when client moves on to a new service (case conference notes should follow client to the new service)
- Enabling reflection on progression and learning from previous attempts at interventions



Individuals to attend a multi-disciplinary case conference

Anyone involved in the client's care can be invited to a multi-disciplinary case conference. Suggestions include:

- Housing support worker / key worker
- Doctor
- Social worker
- Mental health worker
- Substance use worker
- Dementia support worker
- Outreach worker
- District nurse
- Hospital discharge team
- Neighbourhood Problem Solving Coordinators
- Police
- EASL worker
- Commissioners (in exceptional circumstances)



Consideration should be given to whether the client attends, and if not, how the process is communicated to them (e.g., one to one meeting with client/ or in writing).

The Homeless Health Coordination Project (HHCP) Coordinator can offer assistance if health input is considered highly beneficial and the lead worker has had difficulty identifying a health representative to attend.

Dates and times

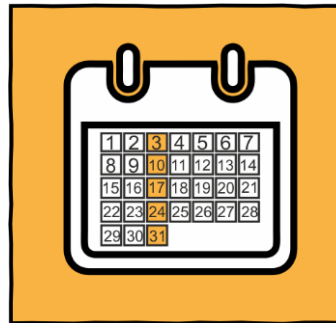
Consideration should be given to the time and location, particularly if it is crucial for particular professionals to attend (e.g., holding the meeting at the GP surgery at a particular time may be the only feasible way to secure their attendance). The frequency on any follow up meetings should be decided at the meeting.



Chairing the meeting

It is suggested that the lead worker involved in the care of the client chairs the meeting and takes notes on what is discussed. This will involve:

- Planning the agenda/issue to be addressed in the meeting and taking minutes and circulating them (**ensuring minutes are password protected**)
- Asking each person to introduce themselves, their role and what they are there to achieve
- Ensuring the meeting runs on time with open and safe discussions
- To mediate any disagreements between attendees
- Ensuring that the any actions are allocated and deadlines for these to be achieved noted
- Taking responsibility for the client being made aware of the agreement or plans





City of Westminster



Sample request to GP for a case conference

{Inset date}

Dear Dr. xxxx

I am writing to you in regard to xxxx.

While xxxx is making good progress we still have some concerns about the following:

1. Medication regime
2. His ability to live independently
3. The impact of recent stroke
4. Risk of return to drinking

We would like to have a case conference with all relevant care providers (Social care, psychiatrist, GP, Home support) to discuss future care requirements. I would appreciate if you could contact me with the earliest suitable appointment.

Yours sincerely

xxxx

Contact details



Multi-disciplinary case conference template

Client's name		Date of assessment		
Attendees and job titles				
Summary of issues				
Examples of what has/hasn't worked well in the past to manage issues				
Area of need/ presenting problem	Action to address the need (include risk management /plans to address any barriers if appropriate)	Who responsible	Date to be met / reviewed	



Area of need/ presenting problem	Action to address the need (include risk management /plans to address any barriers if appropriate)	Who responsible	Date to be met / reviewed
Date for review meeting:			
List individuals to share notes with (include people invited that didn't attend):			

*When a client moves on to a new service in the pathway, case conference notes should follow the client for information sharing



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