

12.4

Please describe the key relationships through which the service will ensure that good outcomes are delivered for service users. Please provide supporting evidence in the form of case studies that demonstrates examples of each in relation to Serious Medical Treatment (SMT), changes to accommodation, Deprivation of Liberty Safeguards (DOLS) , safeguarding and care reviews. (550 words, not including additional evidence requested)

Hospital Staff.

Good relationships with hospital staff are key to ensuring that appropriate referrals are made and patients have access to the IMCA service when decisions are being made about serious medical treatment. We work with hospital consultants, who are often responsible for making a 'best interest' decision, but we have also identified that building relationships with the learning disability, mental health and chief nurses through direct meetings and attendance at vulnerable adults and learning disability working groups is crucial to increasing the number of referrals.

Through working with these professionals we have established new ways to improve partner outcomes, for example;

- including IMCA and points of the MCA into Care Pathways,
- encouraging easy access to the IMCA team for information and guidance,
- including access to the IMCA service as part of the hospital's benchmark in achieving priorities regarding outcomes for patients.

Safeguarding Leads.

After identifying that safeguarding referrals were proportionally lower than might be expected the service has established relationships with safeguarding leads through attendance at team meetings and training sessions. The service has ensured that access to (or at least consideration of) the IMCA service is clearly set out in the policy and guidance that staff work to. Once involved, key relationships have been with the decision maker, the family and the home in which the person resides, especially when the focus has been on ensuring safety at the cost of the person's quality of life.

Supervisory Body.

In the first year of the service providing DoLS, there were very few 39D referrals in Cambridgeshire in comparison to other similar areas. In an effort to promote the support available to the Relevant Person's Representative (RPR), and to identify when there is a conflict between partners and RPR, the service met with the Supervisory Body to look at possible ways forward, resulting in an 'opt-out' model. This resulted in substantial year on year increases in the number of 39D appointments, and more importantly, very few RPRs decided to opt out of having a 39D, giving them access support in their role and thus achieving better outcomes for partners. Also, it has enabled the service to identify incidences of conflict between partners and RPR, thus enabling better outcomes for partners.

Care home staff.

The key relationship for Care Reviews has been the decision maker responsible for the accommodation decision. The challenge has been to ensure the person tasked with the Care Review is fully aware of the IMCA, and adequate consideration is provided to whether

appointment of one will benefit the client. As sometimes the changes in teams can make it difficult to know who will be responsible for the Care Review, the service has focused more on raising awareness with the home, so when a Care Review is about to happen, the home manager can flag IMCA involvement with the relevant person.

Other key relationships.

On an ongoing basis the IMCA service actively reviews and seeks out relationships to promote engagement and outcomes for clients. We have positive and effective relationships with

- commissioners
- discharge planning teams,
- learning disability,
- older people teams,
- CPFT,
- Fulbourn, Priory Grange and Kneesworth hospitals,
- GPs,
- Dentistry and others