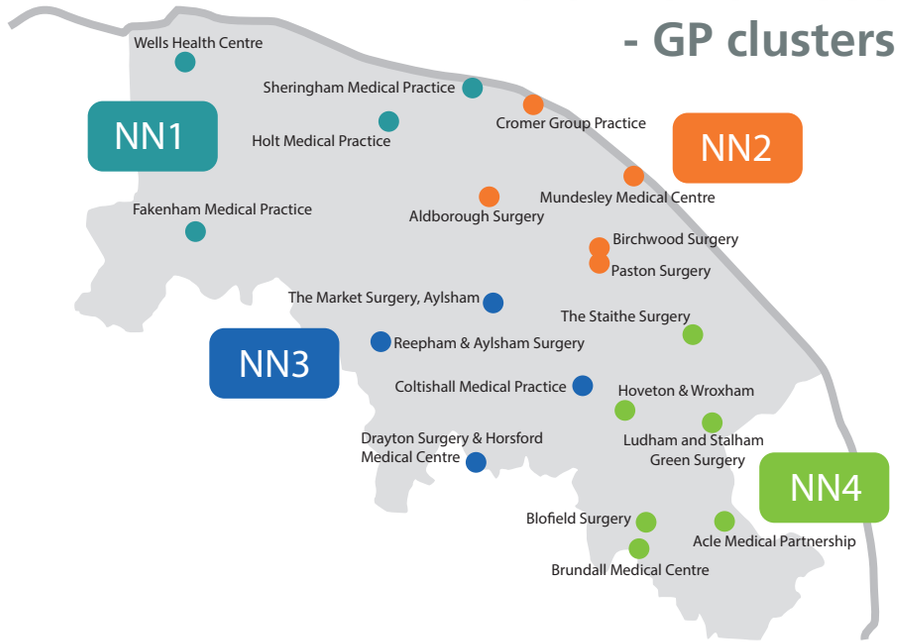
North Norfolk CCG - GP clusters



How to contact your ICC:

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NN2	Alison Campling-Brown	07825 896001	alison.campling-brown@nchc.nhs.uk
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NN3	Amanda Widdows	07825 865968	amanda.widdows@nchc.nhs.uk
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NN4	Paula Horner	07867 654420	paula.horner@norfolk.gov.uk
	Sue Austin	07789 921871	sue.austin@norfolk.gov.uk

If your dedicated ICC is temporarily unavailable, you can phone our back-up phone on 07920 252328

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Norfolk County Council

NHS

Integrated Care...

A Guide for Health & Social Care Professionals

...bringing together a range of health and social care professionals for joined-up care

A partnership between North Norfolk Clinical Commissioning Group, Norfolk County Council, Norfolk Community Health & Care Trust and Norfolk and Suffolk Foundation Trust

What is 'Integrated Care'?

Integrated Care is a more joined up way of delivering health and social care services to provide the right care, in the right place at the right time. It aims to provide care that is co-ordinated and linked to local services in the community.

If a person has a range of illnesses or complex needs, they may see many different professionals who help to manage their care and ensure they are getting the best support and treatments available. An integrated care approach sees all of these professionals working together as a multi-disciplinary team.

What is the role of the Integrated Care Co-ordinator (ICC)?

Integrated Care Co-ordinators are members of the multi-disciplinary teams. The role of the ICC includes the following responsibilities:

- Following up people identified by risk profiling, and accessing information across NHS and Social Care databases
- Maintaining and distributing integrated care lists, setting up integrated care meetings and distributing integrated care meeting notes
- Co-ordinating and tracking referrals to a wide range of low level health, social care and voluntary sector resources **(This referral route is not appropriate for very urgent referrals needing immediate intervention)**
- Providing feedback to the practice / GPs / professionals on care outcomes through email and 'Tasking' on SystmOne

The following responsibilities are not within the remit of an ICC: deciding who should attend integrated care meetings; chairing integrated care meetings; making clinical referrals; making home visits, taking safeguarding referrals - (for any concerns call 0344 800 8020).

What is the aim of an integrated care meeting?

The aim of an integrated care meeting is to improve the co-ordination of care and communication between professionals so that people receive the most appropriate care for their individual needs.

Who decides if a person could benefit from an integrated care approach?

A GP, health or social care professional involved in a person's care will decide if an integrated care approach could be beneficial.

The person will then be asked to give their consent to allow their health record to be shared with the professionals involved in their care.

What does this mean for the person receiving care?

The lead worker will liaise with the person to ensure they remain at the heart of all decisions involving their care. A person may at any time opt out of receiving integrated care support.

The person will continue to be reviewed by the multi-disciplinary team until their needs have been met, their needs have changed or a member of the multi-disciplinary team feels it is no longer appropriate for them to be included on an integrated care list.

How do I make a referral to an ICC?

You can simply email or telephone your designated ICC, or phone our back-up telephone number - see overleaf for details. You can also do a task on SystmOne if the person is on this system.