

TOM'S STORY

- Tom (14yrs) has asthma and lives at home with his Mum, brother (2yrs) and sister (12yrs)
- Last winter Tom was admitted into Hospital @ Home with a respiratory tract infection and exacerbation of his asthma.
- 2 weeks ago Tom was admitted into hospital with exacerbation of asthma. During his admission slight concerns were raised by the nurses due to Mum's behaviour; She seemed overly stressed, angry towards the children and would leave the ward regularly for cigarette breaks.
- Tom was discharged home with an asthma care plan and told to visit his GP in 48hrs.
- 2 weeks later Tom was readmitted to hospital with another exacerbation of his asthma, this time whilst at school. Mum raised concerns to the paediatrician about management of his asthma whilst he was at school.
- The paediatrician realises he has an integrated care network meeting at the end of the week and Tom is registered with a GP practice from the network.
- The paediatrician meets with Mum to ask for her consent to present at the network.
- During the meeting Mum discloses that she's been finding it difficult to manage with 3 children on her own, her youngest didn't meet his speech and language milestone at his last developmental checks, her eldest child has low mood again and has been self harming and Tom's asthma has been difficult to manage.

INTEGRATED NETWORK MEETING

HEALTH VISITOR

Knows Tom's 2yr old brother, through delivering the healthy child program and aware he did not meet his speech and language milestone. Mum not engaged with the children's centre. **Action** Will contact Mum about review, get her engaged in the children's centre and free nursery placement in September.

PAEDIATRICIAN

Presents Tom at the integrated care network.

SCHOOL NURSE

Tom is known to school nursing team due to the healthy child program, his persistent absenteeism and asthma care planning in school. **Action** Update his care plan. Ensure key staff are trained in care plan.

CHILDREN'S NURSE

Tom was admitted to Hospital @ Home following a respiratory infection last winter. Aware of the home environment and Mum's smoking. **Action** Tom to be seen by the Children's Nurses in Primary Care for 48hr review.

CAMHS

Tom's 12yr old sister was known to CAMHS service for low mood and challenging behaviour following the death of the Father. **Action** To follow up with sister again.

TRAINEE GP

Learns about the roles of the children's multidisciplinary team.

GP

Knows the whole family and aware that Mum lost her partner whilst pregnant with Tom's youngest sibling and has been treated for depression.

FAMILIES FIRST

Doesn't know the family and advises that a referral should be made **Action** Visit family, TAF and family plan.



INTEGRATED NETWORK MEETING 6 WEEKS LATER

HEALTH VISITOR

Contacted Mum and got her engaged in community events at her local children's centre. Mum has got a free 2yr nursery placement for Tom's brother.

PAEDIATRICIAN

Has not seen Tom.

SCHOOL NURSE

Tom has returned to school. He has met with the school nurse, his care plan has been updated and key staff have been trained.

CHILDREN'S NURSE

Tom had his 48hr asthma review in the Children's Nurses in Primary Care clinic following discharge. His asthma has been well controlled.

CAMHS

Tom's sister has started to see CAMHS in school, is beginning to feel better and has stopped self harming.

GP

Mum has visited the GP and is beginning to feel she can cope better. She has been booked on a smoking cessation course.

FAMILIES FIRST

Has developed a whole family plan following a team around the family meeting. Encouraged Mum to see the GP and visit her local children's centre. Supporting Mum with harm reduction strategy.

TRAINEE GP

Feels excited about integrated care and the difference it can make.



JOINT CLINICS AND THE VOLUNTARY SECTOR



JOINT CLINICS

- Paediatrician provides an outreach clinic in primary care, attended by GPs.
- Children referred to the clinic are those usually referred to OP, those seen in secondary care and any child that a GP would like to refer to the clinic.



VOLUNTARY SECTOR

- Releasing community assets through public and patient participation
- Peer to peer support
- Practice champions
- Parent champions
- Social prescribing