

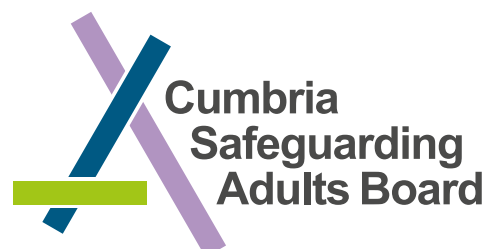


Cumbria Safeguarding Adults Board

Holding a Multi-Disciplinary Team Meeting

Guidance for Practitioners

Date: April 2026



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1. Purpose of guidance?

This is a practical guide to help practitioners and managers to consider when it may be appropriate to arrange and co-ordinate a Multi-Disciplinary Team (MDT) meeting. MDT's can be co-ordinated by any professional involved in a person's care with the focus on integrated working, information sharing and communication with person centred outcomes.

2. WHAT is a Multi-Disciplinary Team Meeting (MDT)

MDT meetings are often held to co-ordinate services to meet the needs of individuals with multiple co-occurring needs or where there are concerns which are deemed not to meet criteria for statutory support/intervention. MDTs can support a co-ordinated and preventative approach to a person's care to prevent further or escalating risks.

MDT meetings should aim to provide an assertive, timely and co-ordinated response to address risks to individuals' health, wellbeing, and safety, ensuring their wishes and feelings remain central to the process.

MDT meetings may be convened with professionals across one or more disciplines within an individual organisation or with a number of partner organisations. Appropriate consideration must always be given to including all relevant professionals involved in the support of the adult concerned, to ensure comprehensive information sharing and action planning. This should aim to ensure a consistent, co-ordinated and person-centred approach to any proposed intervention.

3. WHO can co-ordinate an MDT?

Any professional or agency can make the decision to co-ordinate an MDT meeting. Consideration should be given to extend the invite to agencies involved in supporting the adult to ensure multi-agency collaboration and information sharing. Family members/friends/unpaid carers can also request that an MDT meeting is held if they feel this would be beneficial to co-ordinate effective support.

The Chair is whoever calls the MDT meeting, this can be any professional from any agency involved with the adult.

4. WHEN might an MDT be needed?

- Where there are multiple agencies working with an individual who have concerns.
- It is felt risks are escalating for the individual or there is a pattern of deterioration.
- There are indicators that the existing plan is not adequately meeting the persons needs or indicators there is a lack of a robust plan to meet presenting needs.
- There is missing information to form a comprehensive picture of need and/or risk.
- There is a need to co-ordinate joined up working across services supporting an individual.
- To support a collective formulation, problem solving and relationship-based approach.
- When risk remains to the individual, but the management of the risk is outside the single agencies abilities to manage.
- When the individual has complex needs a collaborative, multi-agency problem solving approach may be the best way to ensure all bases are covered.

WHY MDT working might be helpful

Clear roles and responsibilities: MDTs help clarify who is responsible for what, reducing duplication of effort and ensuring co-ordinated support.

Holistic understanding of needs: Drawing on multiple agencies' perspectives creates a holistic picture of an individual's circumstances, strengths, needs, risk and lived experience.

Fewer separate meetings: Bringing professionals together in one setting reduces the need for multiple meetings and supports more efficient use of time.

Stronger follow-up and accountability: Actions are more likely to be completed when teams work collectively and maintain shared oversight.

Reduced professional isolation: Working collaboratively with partner agencies helps professionals feel more supported and connected.

Higher-quality outcomes: Collaborative discussion strengthens decision-making and leads to more effective, well-rounded plans.

Greater responsiveness: Teams can act quickly when issues arise, leading to timely and effective support.

Consistent and coordinated approach: MDTs promote a shared plan, so individuals receive support that is aligned and centred on their needs and desired outcomes.

Shared identification of risks and vulnerabilities: A collective approach ensures risks are recognised early and managed appropriately.

Better communication and information sharing: MDTs encourage open communication between professionals from all sectors.

Regular information-sharing pathways: MDTs help establish clear, ongoing channels for exchanging information across agencies.

Value in sharing knowledge and expertise across agencies and disciplines. Being open to learning from each-other for present and future cases.

Supports case escalation: Concerns can be escalated more efficiently when a multi-agency group is already in place.

Ensures individuals' voices are heard: MDTs provide a forum where the views and wishes of individuals and their wider support networks can be gathered and represented in planning. If the individual would have significant difficulty communicating their views and wishes and if they don't have anyone independent of services to represent them, then practitioners should consider whether a referral for statutory advocacy should be made.

WHAT to consider when coordinating an MDT

What is the reason for the meeting and what are we hoping to achieve?

- What decisions need to be made?
- Who is the decision maker and under what authority?

- Timescale - how quickly is the initial meeting needed (consider presenting risks)?
- Frequency – if subsequent meetings are planned, how soon after the previous (consider presenting risks)?

If the individual would have substantial difficulty engaging in an MDT meeting and they have no one to represent them, consider how the views of the individual should be represented.

Where appropriate ensure reasonable adjustments are made to support the individual to meetings if they wish to attend.

If a professional invited to a meeting is unable to attend then a rep. from their organisation should be sought. If no one else can attend their organisation should be consulted with in advance to seek information relevant to feed into the discussion.

- Involving the right professional/agency at the right time.
- Seek the expertise/knowledge of other professionals who may not be directly involved with the person but may have helpful advice/guidance to share.

Is there an overall lead professional for the individual and if not does this need identified?

Designate clear roles and responsibilities.

Minutes of the meeting should be circulated to all attendees/invited in a timely manor, ensuring that they are circulated in advance of any subsequent meeting.

- Prioritise agreed actions accordingly, agreeing clear timescales for completion.
- Value in sharing tasks, actions, responsibilities; not trying to do everything yourself.

Co-ordination to streamline responses and support as much as possible, ensuring actions are not duplicated or missed by assuming they will have been done by someone else.

If the individual/their representative doesn't attend the meeting, consider how feedback is given to them afterwards - agree who will communicate the feedback, who is most appropriate/has established relationship with them.

If notes from the MDT are not recorded centrally it is the responsibility of each attendee to document a concise summary of the discussion and any resulting actions within their own case records.

5. MDT roles and responsibilities

Chair Checklist	Participant Checklist
<ul style="list-style-type: none"> • Date/time agreed. • Identify required professionals, individual/representative. • Book the venue and any equipment or facilities needed (for face-to-face meetings). • Invites sent/teams link. • Agenda agreed and sent to attendees in advance. 	<ul style="list-style-type: none"> • Invite received and response provided. • Review individuals care records and have an overview prepared for the meeting. • Be free of any disturbances/interruptions. • Be prepared to update with relevant information.
Assign a note taker for the meeting who can record notes and agreed actions (this can be a member of the MDT).	Be prepared to take away actions from the meeting.
<p>Chair the meeting ensuring:</p> <ul style="list-style-type: none"> • Introductions. • Confidentiality statement. • Introduce the purpose and objectives of the meeting. • Aid discussion between attendees, ensuring all have the space to share information and contribute to discussions. • Support feedback from individual/representative. • Co-ordinate action setting, with identified deadline and assigned responsibility. • Agree date and time for follow up meeting – taking into consideration presenting risk when agreeing time-frame. 	Actively listen and engage in discussions. Ensure you are professionally curious.
Consider and agree if a date is required for a further MDT meeting, provide a recap and clarity on actions for individuals before bringing the meeting to a close.	<ul style="list-style-type: none"> • Pass on relevant information within your own organisation. • Ensure relevant agency case records are updated to reflect MDT meeting actions. • Commence any immediate actions you are responsible for as required.
<ul style="list-style-type: none"> • Date and time of future meeting agreed/set. • Arrange for minutes/actions to be circulated to attendees in a timely manner. • Invites sent for future meetings where appropriate. • Ensure responsibility is agreed for feedback to individual or their representative. 	Arrange for a deputy for any future meetings if you are unable to attend. Flag/code/highlight overarching summary records of the case, e.g. risk of self neglect.

Note; MDTs are a forum for professionals but consideration should be given to how the views of the individual can be represented. If it is appropriate to invite the individual or their representative to attend the MDT also consider whether their Independent Advocate could be invited/consulted with, or whether a referral for an advocate is needed.

It may be deemed not appropriate for the person and/or their representative to attend the meeting. There should be agreement during the meeting what information can be shared with the person or representative. This should be considered during the meeting and agreed WHAT will be feedback and by WHO.

6. Principles of information sharing

Information sharing between organisations is a routine part of practice, which is already governed by existing legislation. This includes the common law duty of confidentiality, the Data Protection Act 2018, the General Data Protection Regulation (GDPR), the Human Rights Act, and the Crime and Disorder Act. The Mental Capacity Act is also highly relevant when working with adults.

CSAB Information Sharing Guidance June 2024

It is important to keep practitioners up-to-date on discussions, decisions made and actions agreed during a meeting, if they are unable to attend. Any actions assigned to practitioners who do not attend the meeting should be agreed with them before or after the meeting, and if appropriate, an action recorded in the minutes to discuss with them. All participants of the meeting, including those invited but did not attend, should be sent a copy of the minutes/action points before the next meeting.

7. MDTs - Good record keeping

It is important to ensure there are clear minutes/notes taken that document discussions, risks and agreed actions during the meeting. Recording of the multi-agency meeting should provide a clear record of the purpose and aims of the meeting, attendees, issues discussed, the person's views, wishes and feelings, where appropriate. What actions have been agreed and why - including clear ownership and timescales to include how the outcomes of the meeting should be shared with the person (where relevant).

It is good practice for agencies to document that an MDT has been undertaken and any immediate actions within individual agency records, prior to minutes being received.

Any decision to hold the meeting without the attendance from the individual, family and/or representative should be clearly documented with the rationale for the decision.

8. Action setting and follow up

Actions agreed at the MDT should be Specific, Measurable, Achievable, Relevant and Time Bound (SMART)

Specific – Clear and detailed

Measurable – Ability to track and measure success

Attainable – Realistic with a clear action plan

Relevant – Link to identified concerns

Time Bound – Deadline and accountability identified

9. Escalation and professional input

It is important that MDT's consider escalating risk and if there is a need to make referrals to statutory services. If the adult is thought to be at risk of abuse or neglect you should inform your agency designated safeguarding lead to discuss and raise concerns.

Please refer to the [CSAB website](#) for details of how to raise safeguarding concerns with the local Council.

Agencies should ensure they are working within the legal framework in line with the legislation defined in the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983 (2007 2025) and Equality Act 2010. Where professionals require specialist legal advice this should be sought from their own agency's legal teams, as appropriate.

Effective working together depends on an open and honest approach to relationships between agencies. Problem resolution is an integral part of professional co-operation in multi-agency partnership working. Occasionally situations arise when staff within one agency may feel that the actions, inaction or decisions of another agency do not adequately protect an adult or meet their needs. CSAB Escalation Guidance defines the process for resolving such professional differences.

10. Principles of participation for an effective MDT

- Know why you are there.
- Be there on time.
- Stay on the subject.
- Be respectful to each other.
- Be open to the ideas of others.
- Share best practice.
- Engage individuals and families in discussions and decision making (where appropriate).

Please visit the [CSAB website](#) for further guidance and resources.

Appendix 1 - Example MDT Agenda

The following example could be used as a template when planning your MDT agenda.

Multi-Disciplinary Meeting

Date, time & location (in person or online)

Name & DoB of adult

AGENDA

1.	Welcome and introductions	Chair
2.	Purpose and aims for meeting	Chair
3.	Review of actions from previous MDT (if applicable)	Chair
4.	Outline of agency concerns	All
5.	Views and wishes of individual (where appropriate)	Individual or representative
6.	Action planning; identification of concerns and mitigating actions	All
7.	Engaging support (friends/family/advocate/other agencies)	All
8.	Consideration of onward referrals	All
9.	Escalation of concerns	All
10.	Summary of agreed actions	Chair
11.	Any other business	All
12.	Date of next meeting	Chair