Norfolk Safeguarding Adults Board

Complex Case Guidance

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Complex Case guidance

Introduction

This guidance has been developed by the Norfolk Safeguarding Adults Board to promote a joint approach to the assessment and management of risk to adults with care and support needs, across agencies. It is intended to:

- identify the circumstances in which there is a need for a structured partnership approach;
- identify a lead professional;
- clarify the role of agencies and professionals.

Circumstances in which there is a need for a structured partnership approach

This may include cases involving people with complex mental health issues including dementia, learning difficulties/disabilities, long term physical health needs and people with chronic self-neglecting behaviour.

Practitioners need to carry out a mental capacity assessment in the first instance, centred around the specific decision that needs to be made. If it is deemed that the person lacks mental capacity, this guidance will not apply and procedures for best interests decision-making need to be followed.

If the decision that needs to be made sits more appropriately with another agency, the case should be referred to that particular agency (for example, if the decision is about care and support, it should be referred to social services; if the decision is around treatment, the case should be referred to the GP; if the decision is around tenancy support, the case should be referred to the housing agency).

A structured partnership approach may be required when:

An adult with care and support needs has been identified as being at risk of significant harm, is well known to one or more agencies with repeated concerns or presentation, but there is no established plan to manage ongoing needs;

And
The person has the mental capacity to make relevant decisions but has refused essential services or interventions, which could result in significant harm;

And
Current management approaches have not been able to mitigate the risk of this significant harm;

And
There is concern about the individuals ability to manage their;

- Personal care and hygiene
- Home environment
- Activities of daily living such as shopping
- Health conditions
- Finances
- Safety
- Protection from abuse and neglect.

And
One or more of the partners have concerns about the individual and believe a multi-agency discussion would be of benefit.

If the case involves self-neglect/hoarding, consider use of the high risk panel process, as described in Norfolk's Self Neglect and Hoarding Strategy.

Identifying a lead professional

If the person is known to have an allocated worker within statutory health or social care agencies, the concerned practitioner should contact them and request that a multi-agency meeting is considered.

If no allocated worker exists, the lead professional will vary from case to case, depending on the circumstances. The lead professional should be a professional from the agency with the most significant involvement with the individual and the person's primary needs and concerns. For example, if the primary concerns are related to a health condition, the lead professional should be a healthcare professional. If the primary concerns are around social care needs, the lead professional should be from social care. If the primary concerns are around fire risk and fire safety, the lead professional should be from the fire service.

If there is no identified lead professional, the concerned practitioner will need to take responsibility for co-ordinating a multi-agency meeting. A decision about who will take on the lead professional role ongoing, can be agreed at the meeting.

Co-ordinating a multi-agency meeting

The identified lead professional should make contact with the reception service for each relevant agency, to secure their attendance at a meeting.

Agency	Contact
NSFT	Safeguarding adult team, telephone 01603 421311 or email: safeguarding@nsft.nhs.uk
Police	Detective Inspector in the MASH
NCHC	Via the safeguarding team. Maria Richardson (maria.richardson@nchc.nhs.uk)
East Coast Community Healthcare	Via ECCH safeguarding team (ali.jennings@nhs.net)
Norfolk County Council	Customer service centre 0344 800 8020 (this may include a request for attendance by someone from the Emergency Duty Team if the person regularly raises concerns out of hours)
Fire service	Garry Collins, Head of Prevention and Protection garry.collins@fire.norfolk.gov.uk Telephone 0300 123 1494, ext 34529
Acute hospitals	Safeguarding teams or safeguarding adult leads
GPs	Relevant GP surgery
Housing/District Council	City or district council or through housing provider
East of England Ambulance Service	Control room, for the safeguarding team (Simon Chase simon.chase@eastamb.nhs.uk)

If the named person is not available, please contact the organisation's safeguarding team.

There may be other non-statutory agencies, including voluntary agencies involved and these agencies should be contacted via their local office. If there is a formal advocate involved with the person, they should be invited to the meeting.

Holding a multi-agency meeting

The meeting should be chaired by a manager from the agency of the lead professional.

The person's capacity with regard to the decision to be made, should be confirmed at the beginning of the meeting, with evidence as to why this is thought to be the case.

An overview of the person's views and wishes or those of their family/loved ones should be available at the meeting, if possible.

A risk assessment should be completed at the meeting.

The meeting should have minutes, and actions with timescales for implementation and review. Further meetings to be held as required.

The minutes of the meeting and any associated records should be saved by each agency using their own recording systems.

Information-sharing

Statutory agencies may have consent to share information from the person already.

If consent has not already been obtained, this is not necessarily a barrier to information-sharing. Information can be shared in the public interest and for the prevention and detection of crime, provided it is shared in accordance with the data protection principles.

Decisions about consent and what information is shared and with who, should be taken on a case by case basis. Practitioners can share information if they believe the person lacks capacity with regard to the concerns and they believe it would be in the person's best interests to share. They can share information if they believe there is a risk to others or for the 'prevention or detection of crime'. They can also share if they believe sharing information is in the 'public interest' which may include if they believe the person is being controlled or coerced. You must be able to evidence what your rationale was for sharing information in order to make their decision to share defensible.

Please see the seven golden rules for Information sharing and further guidance that can be found here.

If you are not sure if information could be legitimately shared or action taken without the consent of the individual, further advice should be sought from a Manager who may seek legal advice.

High risk of serious harm from domestic violence

For those identified by structured risk assessment, combined with professional judgement, as at risk of serious harm from domestic violence, the MARAC process should be followed:

https://www.norfolk.gov.uk/safety/domestic-abuse/information-for-professionals/multi-agency-risk-assessment-conference-marac