

HSAB Multidisciplinary Guidance for Complex Cases 2022

A guide for practitioners working with adults outlining the importance of adopting a multi-disciplinary approach to practice, particularly when working with people with complex needs or circumstances

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1. Introduction

The HSAB's priority is to make sure partners are working together to provide the best and most appropriate care and support, promote wellbeing and independence. This is especially important when we work alongside individuals whose needs may be described as complex and or high risk and may require input from multiple agencies. HSAB are committed to these principles and will ensure that:

- there is effective multi-agency working and practice
- concerns receive appropriate prioritisation
- agencies and organisations fulfil their agreed responsibilities and statutory functions
- there is a proportionate response to the level of risk to self and others
- agencies and organisations comply with relevant health and social care law
- fully include the individual in planning and discussions in relation to their care unless there is a legal reason not to do so

This is achieved through:

- promoting a proportionate approach to risk assessment and management
- clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken and
- promoting an appropriate level of intervention through a multi-agency approach
- including the individual in decision making and discussion through out

The term “complex cases” can capture many life stories including multiple health conditions or care needs and often a combination of both. It can also involve criminal activity where adults at risk are targeted and exploited, often in an organised manner. People with complex needs or circumstances can be at increased risk of abuse or neglect necessitating support from a number of different professionals and agencies.

This policy is not intended to give an exhaustive list of scenarios of complex cases but provide guidance for practitioners on processes and tools available for effective case management where complexity and adversity of needs or circumstances may require a cohesive, multi-departmental and multi-agency approach.

MULTI-DISCIPLINARY WORKING OUTLINE

Any agency concerned about an individual has the responsibility to call multi-agency meeting to discuss ways to progress the case

Stage 1 - Case Work

- Case work with a person with complex needs or at high risk involving single or multi agencies is open
- The case is not progressing or starting to drift, the person may be not engaging
- Need for more comprehensive oversight and joint up working to move forward and achieve improved outcomes for the person

Stage 2 - Case review

- The case is reviewed to identify the most appropriate framework to move it forward (see Appendix 3)
- Existing frameworks are considered where the person is already linked with different agencies
- Possible ways forward:
 - Professionals Meeting - provide an opportunity for professionals involved with an adult to come together to share information and to help determine the direction of a case and the plan
 - Care Act Assessment or Review – anyone can make a request for an assessment or review of care to make sure the care person is receiving is meeting their eligible needs
 - Safeguarding – measures to protect adults with care and support needs from harm, abuse or neglect
 - CPA (Care Programme Approach) - a system of delivering community mental health services to individuals diagnosed with a mental illness. It brings Health and Social Care practitioners together to assess, provide a plan and review it with other partners
 - MARAC (Multiagency Risk Assessment Conference) - is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed
 - MAPPA (Multiagency Public Protection Arrangements) - these arrangements are designed to protect the public, including victims of crime, from serious harm by sexual or violent and other dangerous offenders
 - PREVENT - is about safeguarding and supporting those vulnerable to radicalisation
 - Local High-Risk Professionals Meeting - is a complex multi-agency risk management model, only to be implemented for a small minority of people who are at risk of significant harm as a result of their high-risk behaviour

Stage 3 – Referral

- Call a Professionals Meeting to discuss the case, agree a plan and way forward
- Referral to other agencies for specialist support using the identified framework

Stage 4 - Escalation

- The case is not making any progress or drifting
- Increase in risk to person and existing arrangements are not effective in managing this
- Conflict between agencies
- Lack of engagement with the person
- Escalation process to named senior accountable person within each organisation. Refer to [HSAB Escalation Policy](#)

Safeguarding Prompts

- Have all reasonable steps been taken to protect adult at risk
- Where possible, have consent been obtained and outcomes adult at risk wishes to achieve established
- Was Mental Capacity Assessment considered and Best Interest Decision made if adult at risk lacked capacity
- Have reliable risk assessments methods been used to assess the risk in relation to adult at risk and others who may be also at risk of harm or abuse
- Were independence and right to make unwise decisions balanced against the level of risk
- Has clear information been provided to adult at risk
- Were the interventions proportionate
- Is there any risk in relation to interventions
- Are professionals in agreement regarding the interventions
- Has information been collated and assessed
- Have decisions been recorded and communicated
- Have policies and procedures been followed
- Is management oversight evidenced

2. Case Work

People with complex needs (and those close to them) emphasise the importance of individually tailored support and value a range of person-centred approaches to care. Best practice requires staff to use their time and services flexibility, to respond to each individual's unique needs and preferences.

| Features of good practice | |
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| Individual practitioner support | Service policies |
| Person-centred ways of working | Flexibility |
| Meeting practical, emotional and social needs | Specialist expertise |
| Reliable, well-coordinated delivery | Support to access and use information |
| Staff attitudes and approaches | Coordination |
| Continuity in support | Timely, proactive approach Provisioning of care and support |
| Professional curiosity | Cultural competencies |

3. Professional curiosity

Professional curiosity is about exploring and understanding what is happening with adults and their wider environment. It is about enquiring deeper and using proactive questioning and challenge. It also relates to understanding own responsibility and knowing when to act, rather than making assumptions or taking things at face value. In practice, professional curiosity is aligned to multi-agency working, collating information from different sources and applying different perspectives. This will lead to developing a better understanding of an adult at risk and the context their life is embedded in aiding a systematic analysis.

| Key practice points | |
|-----------------------------|-----------------------|
| Ask and act | Look and listen |
| Explore and understand | Check out and reflect |
| Anticipate but don't assume | Probe and enquire |
| Be flexible and open minded | Think the unthinkable |

Key practice points

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| Use evidence to back up your Professional judgment | Dealing with uncertainty |
| Think critically | Challenge |
| Be empathetic | Seek support – involve others |
| | Skills and confidence in holding difficult conversations |

4. Legal Literacy

Legislation, central and local guidance, case law and human rights provide a framework for working with adults. Legal rules require interpretation and application in complex cases requiring professional judgment. This is referred to as legal literacy. Developing legal literacy is a continuous process as law changes and evolves but it is well worth it and will make you a more confident practitioner. Apart from legal literacy, the knowledge of professional and ethical standards will guide your practice too.

5. Voice of the Adult

Adults with complex needs or circumstances may find it difficult to respond to our attempts to work with them. This may be because the service is not providing what the person needs at the time or the person finds it hard to attend appointments, respond to letters or return the phone calls. We cannot label people as "difficult to engage" and view it as their problem. We have a responsibility when providing services and part of that is to ensure that we do all we can to help. Evidence suggest that people respond better to practice centred on them as individuals and interventions that are tailored to their needs. It isn't always possible to achieve what the person wants but working in a multiagency way can help to provide person centred practice, reduce duplication and share the responsibility to support the adult.

6. Restorative supervision

Working with adults with complex needs or circumstances requires tenacity and can be demanding. We are not always able to come up with solutions to provide exactly what the adult wants, and this can be difficult to accept for both parties. Restorative supervision can help you manage this and take care of your own wellbeing.

Restorative supervision focuses on thoughts and emotions to restore the ability to think clearly. It further explores the quality of interactions between practitioner and adult and the wider network. It also looks at boundary setting, time management and challenging your thinking.

Benefits of restorative supervision

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| Protected time for reflection on your wellbeing | Safe space to explore the impact of work pressures |
| Opportunity to discuss challenges | Time out to reflect on work/life balance |
| Someone to constructively challenge perceptions and ways of thinking | Opportunity to talk things through |
| Opportunity to enhance working relationships | Clearer, more positive ways of thinking |
| Opportunity to explore feelings and concerns | Improved wellbeing at work |

7. Other agencies

When staff are working with complex needs cases they should where appropriate make referrals to other agencies so that any appropriate or specialist services can be provided. Prior to making referrals, it is worth checking if there is already any existing involvement of agencies in order to link up case work in a cohesive way and avoid duplication. Referring does not mean passing the case on – it means involving another agency who can meaningfully contribute to supporting the adult to achieve the outcomes they want. Involved agencies need to communicate in the cohesive way with each other and the adult to coordinate the case.

See Appendix 1 for a list of local organisations

Where there is a need to hold a multi-agency meeting with regard to a case, make sure that where appropriate existing mechanisms are used (see Appendix 3). These can include:

- CPA (Care Programme Approach)
- MARAC (Multiagency Risk Assessment Conference)
- MAPPA (Multiagency Public Protection Arrangements)
- Prevent
- Care Act Review
- Safeguarding
- Professionals meeting
- Local high-risk meetings
- Multiagency Meeting (please see [Cuckooing Practice Guidance](#))

Any agency concerned about an individual case has the responsibility to call a multi-agency meeting to discuss ways to progress a case.

Any meeting must be recorded – (see meeting template in Appendix A for use if there is no formal template eg CPA), the record must be kept by the individual calling the meeting and the minutes and actions distributed to those present. It may be helpful if the meeting is chaired by someone who is not directly involved

in the case to ensure impartiality. The presence of a critical friend with the subject expertise can also benefit the attendees and outcomes of the meeting.

8. Non-Agreement

There will be times when individuals cannot agree on the care or services being provided. If no agreement can be reached between practitioners, then they must escalate this to their line managers within their own organisations. A number of organisations already have a cross service protocol which sets out expectations in such an event of disagreement and should be considered in the first instance. If there is not such agreement or no resolution can be achieved at senior manager level then organisations should refer to the [HSAB Escalation Policy](#) which outlines how on very rare occasions issues can be escalated to the HSAB Chair.

9. Data Protection

Data Protection Act 2018 and human rights laws are not barriers to justified information sharing. Share with informed consent where possible and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if there is good reason to do so, such as where safety may be at risk. Make sure that the information you provide is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, and is shared in a timely and secure way. For more information read our [Information Sharing Procedure](#)

10. Links to other Guidance

- [Self-Neglect Guidance and Hoarding](#)
- [HSAB Procedures](#)
- Modern Slavery - Practice Guidance for Practitioners
- [Cuckooing Practice Guidance](#)

Appendix 1 – Directory of Local Resources

Directory of Local Resources

| PARTNER AGENCIES | PROVISION | CONTACT DETAILS |
|--|--|--|
| Hertfordshire County Council Adult Social Care | For adult social care To report concerns about abuse or neglect of an adults | 0300 123 4042 https://hcsportal.hertfordshire.gov.uk/ |
| Early Help Triage and MASH (Multi-Agency Safeguarding Hub) Children’s Services | Information for families. Discuss concerns for a child or family and receive Early Help advice on thresholds and pathways. Make a Child Protection referral. | Contact Details 0300 123 4043 protectedreferrals.cs@hertfordshire.gov.uk |
| Hertfordshire Constabulary | Emergency response to crime or harm | In an Emergency call 999 – life in danger or crime in progress. In a non – Emergency call 111 www.herts.police.uk |
| East of England Ambulance Services NHS Trust | Ambulance/Emergency services Community First Responders Patient transport service | 999 for emergencies 0345 601 3733 www.eastamb.nhs.uk |
| Hertfordshire Partnership Foundation NHS Trust | Provide a wide range of inpatient, community and specialist mental health services. These services include: rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and | 0300 777 0707 www.hpft.nhs.uk |

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| <p>Hertfordshire MIND</p> | <p>Provision for person-centred mental health support to enable people to be in control of their lives.</p> | <p>02037 273600 www.hertsmindnetwork.org National Mind Information Line - 0300 123 393 www.mind.org.uk</p> |
| <p>Environmental Health (District and Borough Council's)</p> | <p>To investigate complaints relating to dirty or verminous premises within the area. Where appropriate to serve legal notice upon the owner / occupier to cleanse filthy or verminous premises. Provide a free pest control service to treat for rats</p> | <p>Broxbourne District Council: http://www.broxbourne.gov.uk/</p> <p>Dacorum Borough Council: http://www.dacorum.gov.uk/</p> <p>East Hertfordshire District Council: http://www.eastherts.gov.uk/newhome</p> <p>Hertsmere Borough Council: https://www.hertsmere.gov.uk/Home.aspx</p> <p>North Hertfordshire District Council: http://www.north-herts.gov.uk/</p> <p>St Albans District Council: http://www.stalbans.gov.uk/</p> <p>Stevenage Borough Council: http://www.stevenage.gov.uk/</p> <p>Three Rivers District Council: http://www.threerivers.gov.uk/</p> <p>Watford Borough Council: https://www.watford.gov.uk/</p> <p>Welwyn & Hatfield District Council: http://www.welhat.gov.uk</p> |
| <p>PDSA – Animal Charity</p> | <p>Care for the pets of people in need by providing free vet services to their sick and injured animals, and promoting responsible pet ownership</p> | <p>www.pdsa.org.uk/near-me</p> |

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| RSPCA | Report concerns about the welfare of an animal | www.rspca.org.uk/adviceandwelfare |
| Age UK | Information/Advice& Support to people aged 50+ | 0300 345 3446 www.ageuk.org.uk/hertfordshire |
| Health watch | Giving people a voice Improve wellbeing Safeguarding Advocacy support | 01707 275978 www.healthwatchhertfordshire.co.uk |
| HertsHelp | A network of community organisations in Hertfordshire working together to help find independent support, guidance and information | 0300 123 4044 info@hertshelp.net |
| Carers in Hertfordshire | Support and advice for family carers and friends | 01992 58 69 69 www.hertfordshire.gov.uk |
| Herts Mencap | Information, advice and support to people with a learning disability | http://hertsmencap.info/ |
| For more search the Hertfordshire Directory | | Home Hertfordshire MarketPlace |

Appendix 2 - Meeting Template

[Meeting Title]

MINUTES

[CLICK TO SELECT DATE]

[MEETING TIME]

[MEETING LOCATION]

MEETING CALLED BY:

ATTENDEES:

PURPOSE OF THE MEETING

CASE OUTLINE

RISK ASSESSMENT

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

Identity Lead Agency and Individual (Standing Item)

Date of Next Meeting:

Appendix 3

Specialist frameworks

- Professionals Meeting - provide an opportunity for professionals involved with an adult to come together to share information and to help determine the direction of a case and the plan. Anyone can call a professionals meeting to bring together different skills and expertise to improve outcomes for the person. Speak to your Manager or Safeguarding Lead if you need support.
- Care Act Assessment or Review – anyone can make a request for a review of care to make sure the care person is receiving is meeting their eligible needs. For more information read [Care Act Factsheets](#)
To make a referral for social care to Adult Care Services go to [HCC website](#) or call **0300 123 40 42**.
To make a referral for social care support for someone who is receiving mental health services email hpft.spa@nhs.net or call SPA on **0800 6444 101**.
- Safeguarding – is a framework under the Care Act 2014 of measures to protect adults with care and support needs from harm, abuse or neglect.
For more information read [Factsheet 7: Protecting adults from abuse or neglect](#)
To raise a concern go to [ACS Portal](#) or call **0300 123 40 42**
To raise a concern regarding an adult who receives mental health services email: hpft.spa@nhs.net or call **0800 6444 101**
In emergency always dial 999
- CPA (Care Programme Approach) - a framework of delivering community mental health services to individuals diagnosed with a mental illness. It brings Health and Social Care practitioners together to assess, provide a plan and review it with other partners. This framework is specific for people with mental health needs. For more information read [The Care Programme Approach \(CPA\)](#)
- MARAC (Multiagency Risk Assessment Conference) - is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. This framework concerns high risk cases of murder or serious harm and involve a domestic abuse specialist (IDVA), police, children's social services, health and other relevant agencies.
For more information on MARAC go to [Safe Lives](#) website and refer to [FAQ MARAC factsheet](#).
- MAPPA (Multiagency Public Protection Arrangements) - these arrangements are designed to protect the public, including victims of crime, from serious harm by sexual or violent and other dangerous offenders. MAPPA is a set of arrangements which provides a common framework for the identification, assessment and management of certain offenders in the community.
For more information read [Multi-agency public protection arrangements \(MAPPA\) guidance](#).
- PREVENT - is about safeguarding and supporting those vulnerable to radicalisation. This framework provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and

support. PREVENT is led by the Home Office and includes a wide range of organisations. For more information read [Prevent Duty Guidance](#)

- Local High-Risk Professionals Meeting - is a complex multi-agency risk management model, only to be implemented for a small minority of people who are at risk of significant harm as a result of their high-risk behaviour. This framework is designed to support people who are deemed to have mental capacity and who are at risk of serious harm through risk taking behaviour, exploitation by others or refusal of services. Any agency can initiate a High-Risk Professionals Meeting but speak with your Manager or Safeguarding Lead first.
- Complex Needs Housing Multidisciplinary Team - this is a preventive service, integrating mental health and drug & alcohol practitioners into the homelessness process as early as possible. The multi-agency team model is to ensure that homeless adults can access the right support at the right time and in one place. This framework will be in operation in every District/Borough Homelessness Service, providing a holistic approach to addressing the health, housing and support needs of homeless adults. It is anticipated that this approach will lead to an increase in tenancy sustainment and overall improved outcomes for adults who use it.
- Multiagency Meeting (Cuckooing Practice Guidance) - The main purpose of the initial support planning meeting is to agree a plan to reduce the level of risk to the person(s) in their situation. Whilst the risk is shared on a multi-agency basis it may be agreed that only one agency will be taking the lead. This should be the agency that the group agrees will have the best chance of reducing risk to the person(s). The purpose of the subsequent multi-agency meetings is to review whether the plan is working to reduce the level of risk and whether the plan needs to change to try another approach. If it is known that several people have been affected by cuckooing in the area, the meeting should also map any common themes and patterns in relation to the perpetrators. The meetings should be chaired by someone who has an appropriate level of authority to agree actions on behalf of their agency and appropriately challenge other agencies if they are not participating. It is important to agree timescales for each part of the process to prevent the case drifting. This will be different for each case dependent on individual circumstances. Within the support plan, it should be clear what the agreed actions are, who is responsible for carrying out the actions and the timescales involved and the date of the next meeting. Professional disagreements happen and professionals involved should always try to work out their differences and put the adult's needs at the centre of the process. Where disagreements take place, resolution should be sought as outlined in the Escalation Policy. The lead agency is responsible for ensuring that the notes and actions from the meeting are sent in a timely manner to all those present at the meeting, and those staff or agencies not present but where actions have been identified for them. Arrangements must be agreed as to how the adult(s) at risk will be updated about the outcome of the meeting.

Appendix 4

Case studies

Stanley

Stanley is 60 years old; he has a diagnosis of depression and anxiety and Parkinson's disease which have caused him to take retirement from work. He has also suffered several significant bereavements in the last 2 years.

Stanley has community carers who are concerned about his wellbeing. His home is unkempt, he is neglecting his health. Stanley is not eating and does not take the medication he needs to manage his Parkinson's Disease, as a result his walking deteriorates, he is unable to move and he becomes anxious, and calls the ambulance service frequently. Stanley is well known to the local hospital, as he is taken there by the ambulance when his mobility is poor and he is unwell, and mental health services who have supported him when his depression and anxiety have been severe.

Stanley has mental capacity to make decisions about his health and his care at home. He is not concerned about the condition of his home; he owns the property and is worried about spending any money to make the necessary improvements. Stanley understands how to take his medication and how to maintain his dietary and fluid intake, but he is not inclined to take these actions. He has accepted minimal support from carers as he has savings that mean he needs to pay for his care, and he is anxious that he will run out of money to live now that he is retired and not earning a wage.

Stanley has not agreed to a referral to Adult Care Services.

In this situation the criteria for a Safeguarding Adults enquiry is clearly met, however Stanley is not engaging with Adult Social Care, refuses an assessment and has the capacity to do so. It would be appropriate in this situation for the Mental Health Team, Ambulance Service or the Hospital to call a CARM meeting with all agencies involved to discuss how to move this forward. Likely agencies would include the Mental Health Team, GP, ASC, and Stanley would be asked to attend but if he refuses to be advised that the meeting is happening and the outcome of the meeting.

This case study is based on our Safeguarding Adults Review [Stanley](http://www.hertfordshire.gov.uk/hsab) available at www.hertfordshire.gov.uk/hsab

Mr and Mrs Smith

Mr and Mrs Smith are a married couple both with dementia and health needs living together in their own home. Mr Smith was initially under safeguarding process following issues with discharge from acute hospital and safety concerns around bedrails. Mrs Smith was mobile in house, but risks were identified around her leaving the house and feeling lost, use of kettle, access to non-food items that could be ingested or offered to her husband. Mrs Smith was found distressed at times and concerns were noted about poor nutrition. Care agency was supporting her as well as Mr Smith. Later, Mr Smith care package was taken over by Continuing Health Care while Mrs Smith was initially supported by Adult Care Services, then self-funded her care.

Visiting Community nursing and therapy staff (ICT) were raising safeguarding concerns weekly based on observed risks or reports from care staff. There were also concerns that the couple were on their own for large parts of the day and the whole night so there were unknown risks and they would not be able to summon help if needed. The repeated safeguarding concerns being raised were causing difficulties with the relationship with the family. It was expressed that the family felt that the professionals were trying to get the couple into a care home against their wishes.

HCT Named Nurse Safeguarding Adults identified repeated theme of safeguarding concerns raised since Mr Smiths' hospital discharge and had multiple conversations with the Visiting Community Nursing and Therapy staff (ICT) about these. After the safeguarding meeting, the Named Nurse contacted social workers, care agency and ICT teams to initiate a professionals meeting as per the Multidisciplinary Guidance Complex Cases because of ongoing concerns. The meeting helped to map who was involved with the family, care commissioning arrangements as well as current risks. It was agreed to invite the family to the following meeting, and this was arranged with Adult Care Services Safeguarding Team so that they could review the most recent safeguarding concerns raised. The meeting identified need for further review of options relating to bed rails, so this was escalated via the local authority and NHS Trust to request senior review to inform the meeting members.

All who attended found the meeting helpful and informative and this enabled to move the case forward and improve the relationship with the family.