

Solent NHS Trust

Complex cases involve multifaceted problems and / or where other agencies or services have been unable to resolve the issues. They frequently include individuals and families with a lengthy history of ASB, cases that have escalated in severity or frequency or locations that are problematic. The term anti-social does not really capture the nature of all of these incidents. Some cases reveal a lengthy history of both anti-social and criminal behaviour including serious levels of harassment, intimidation and violence. In many cases there are significant contributory factors such as drug or alcohol misuse, mental health issues or domestic abuse. It is not unusual to find that the accused is vulnerable themselves and being exploited by other people (perhaps using their tenancy and causing problems).

1. Do you have a way of identifying complex cases as defined above?

Yes we identify complex cases via our assessment process and using the Care programme approach.

We have a staff member who does joint assessment, advice and signposting with the substance misuse service.

As part of the complex needs pledge we are developing a virtual group for joint agency working with complex cases.

We meet with multi agency partners regularly to promote working together.

Our staff have all signed the Pledge to work collaboratively.

2. How do you work with other agencies to manage these cases?

As part of the Care Programme approach.

We have professionals meetings to enable a joined up approach.

Attend Mappa meetings, team around the child, adult safeguarding.

We have a staff member who does joint assessment, advice and signposting with the substance misuse service.

3. Do you have an example of where the work you have done has achieved a positive outcome for the individuals and the community?

Case A is a Male aged 30 with complex needs has a poly substance misuse and mental health diagnosis of schizophrenia. He has not got settled accommodation and comes from a difficult family background. He was seen by the Children's services as a 14 year old. Has a forensic history for assault and theft.

Joint working has achieved for him a detox, Settled accommodation, his mental health needs being met ie taking medication and he is engaging with all services. He is now working with probation and even on future employment prospects.

4. Can you give me an example of where you haven't been able to achieve a positive outcome and why this was?

Case B is a Female early 50s with a long history of Alcohol misuse not wanting to change. Recent assessment of needs with mental health worker at the Hub whilst in a period of abstinence from alcohol. She was diagnosed as having a borderline personality disorder. She was at a place in her life where she wanted to make changes and she was offered Dialectic behaviour therapy with the Mental Health Recovery team the lady sadly died shortly after this due to long term effects of alcohol.

5. How can partners work better together to prevent these cases escalating and costing the public purse more money?

Working collaboratively earlier in the person's life.

6. How can we collectively manage our residents expectations of public services as our budgets and resourcing reduce?

By not cutting key services but having high expectations of the provision.

7. How can we encourage residents to seek out and provide solutions to their problems rather than approach public services as a first step?

Education and emotional coping skills at an early stage possibly in schools colleges and university. If you can manage your emotions you build emotional resilience and are less likely to require services.

8. As and when public services are legitimately required, what can residents do to help achieve positive outcomes for the individuals concerned as well as their own community?

Residents can be accepting of peoples differences and this can be achieved by education and sharing information. Better housing provision.