Policy:

NP 042 Complex Case Management (CCM)

Executive Director Lead	Executive Director of Nursing, Professions and Operations
Policy Owner	VARMM Advanced Practitioner
Policy Author	VARMM Advanced Practitioner and Interim Head of Safeguarding

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Summary of policy

The policy describes what Complex Case Management (CCM) is, the process and when it should be used. It outlines the roles and responsibilities of all staff when leading or participating in a CCM and how this approach can reduce risk of harm to our patients and service users and improve effective working and information sharing between partners.

Target audience	SHSC

Keywords	

Storage & Version Control

Version 1.3 of this policy is stored and available through the SHSC intranet/internet. This is the first version of the policy.

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	May 2021	New policy commissioned
1.0	2nd Draft	7/7/2021	2nd draft made during consultation with Interim Head of Safeguarding.
1.1	3rd Draft	28/7/2021	3rd draft made during consultation with Interim Head of Safeguarding. Reviewed process and roles of staff involved. Agreed Appendices
1.2	4th Draft and amendments	21/8/2021	Reviewed format, further info added to process following feedback. EIA completed
1.3	5th Draft and amendments	3/9/2021	Formatting and amendments to include linked safeguarding policies.

Contents

1 Introduction

Sheffield Health and Social Care NHS Trust (SHSC) aims to provide the highest standards of quality and safe patient care. Every employee has a personal responsibility to achieve and sustain high standards of performance, behaviour and conduct that always reflects the Trusts vision and values.

Complex Case Management (CCM) has been developed to work alongside the current Sheffield City Council Self- Neglect Policy (which covers VARMM) and Safeguarding procedures used by Sheffield City Council and SHSC (See Section 13 - Links to Other Policies, Standards (Associated Documents)). CCM provides a multi-agency and collaborative approach to the risk management of vulnerable adults whose current circumstances do not meet the criteria for VARMM or Safeguarding. The aim is to provide a collaborative approach to challenging cases to improve information sharing, accountability, promote preventative working and improve engagement. This will keep risk low, improve quality of life and prevent the need for more intensive crisis interventions in the future.

CCM supports professionals who often find themselves managing difficult and complex cases in isolation by creating a collaborative group or workers who can provide each other with on going support and guidance. This will streamline and expedite support services such as housing, medical and health care, social care and mental health. It will provide a forum to facilitate the wishes and feelings of the adult which can be promoted and advocated within the process. The adult should always be encouraged to engage with the CCM process and every

effort should be made to acquire their wishes and feelings in respect of the concerns being raised.

The new CCM process was written and developed by the VARMM Advanced Practitioner and agreed way of working by the SASP and supported by recommendations from a Safeguarding Adult Review (SAR).

CCM Values

- Mitigate risk of harm
- Improve engagement
- Empowers choice and control
- Harm reduction
- Early intervention
- Prevention
- Collaborative working

2 Scope

CCM is used to work with and support complex high-risk individuals through early intervention to mitigate and reduce risk of harm and reduce the need for crisis interventions such as VARMM and Safeguarding. It also ensures that agencies and professionals work in collaboration with individuals and have clear aims and objectives for their interventions.

It is always best practice to seek consent from the individual before sharing information. Consent and involving the individual in the process promotes ownership and engagement and ensures that action plans are centred around the needs and wishes of the individual. There may be occasions when it is necessary share information without consent, but this should be relevant and proportionate to manage and identified risk. Sharing information without consent can be done under the Care Act (2014) S14.44 and GDPR (2018) S.7. A GDPR and CCM guidance sheet has been produced to support staff if consent cannot be gained (see Appendix C). The policy acknowledges that not sharing information in a timely manner, with relevant professionals could potentially place the adult (or public) at risk of harm.

Under these circumstances where consent cannot be obtained you will need to meet the criteria set out by GDPR Section 7. This is covered in the GDPR & CCM Guidance sheet S1.1 and S1.2 (see attached) but the main points are extracted below. This is also covered also in S.7 of the CCM paperwork.

2.1 How will GDPR impact on the CCM process?

Under the GDPR, the data protection principles set out the main responsibilities for organisations and it is each organisation's sole responsibility to ensure that they are GDPR compliant by 25th May 2018. A guide to the grounds for sharing information at CCM without consent is set out in Section 7 below.

2.2 Lawful basis for processing personal data

- CCM and agencies will need to identify the lawful basis for all data processing activity and information sharing. In relation to CCM, this means ensuring it is documented in the CCM paperwork, i.e. whether there is consent, and if not, the basis on which you can share information.

- The new Bill goes further in empowering organisations to process personal data for safeguarding purposes lawfully and without consent where appropriate. The new amendment provides a lawful ground for the processing of special category personal data – without

consent if the circumstances justify it – where it is in the substantial public interest, and necessary for the purpose of:

i. Protecting an individual from neglect or physical, mental, or emotional harm; or
ii. protecting the physical, mental or emotional well-being of an individual.

Where that individual is:

- *A child or an adult at risk;*
- *Under 18 or,*
- *Having needs for care and support;*
- *Experiencing or at risk of neglect or any type of harm;*
- *Unable to protect themselves.*

The Care and Support Statutory Guidance S14.44 states…

Local authorities may choose to undertake safeguarding enquiries for people where there is not a section 42 enquiry duty (Safeguarding threshold not met), if the local authority believes it is proportionate to do so and will enable the local authority to promote the persons wellbeing and support a preventative agenda. (Care Act Sec 1 – Promoting wellbeing).

3 Purpose

CCM provides a robust platform for agencies to work together, share information and address complex risk. CCM is coordinated through a confidential email group and a series of review meetings which is built from a team of relevant professionals. This supports professionals who are often managing difficult cases in isolation, improves expertise, shares accountability, addresses issues at an earlier stage and aims to prevent the need for crisis interventions such as Vulnerable Adults Risk Management Model (VARMM) and Safeguarding.

Furthermore, CCM provides a platform for longer term collaborative working which may have originated under VARMM or Safeguarding procedures. Often individuals who come into VARMM or Safeguarding will need long term support from services in order to sustain stability within their life. CCM enables services to work together effectively and dynamically. This work can vary in level of intensity and frequency depending on risk to the person and assessment by the professionals group. The professionals group remain involved over this agreed period and can re-form easily using the secure email group, to prevent deterioration in circumstances.

CCM provides a robust chronology of events and resources and support that has been offered and provided to the individual and can demonstrate proportionate and relevant information sharing through the secure email group. This is crucial to providing reports for investigations such as Safeguarding Adults Reviews (SAR's) and Coroner's inquests and offers assurance and accountability to the Safeguarding Assurance Committee (SAC) and partnerships.

4 Definitions

VARMM – Vulnerable Adult Risk Management Model, safeguarding process used for adults who are self neglecting and not engaging with services to the point of serious life threatening harm or death in the short term.

CCM – Complex Case Management

SAR – Safeguarding Adults Review

SAC – Safeguarding Assurance Committee

QAC – Quality Assurance Committee

MARAC – Multi Agency Risk Allocation Conference

MAPPA – Multi Agency Public Protection

VAP – Vulnerable Adults Panel

GDPR – General Data Protection Regulations

SASP – Sheffield Adult Safeguarding Partnership

CPD – Continuing Professional Development

5 Detail of the policy

It is recognised that working with persons with complex issues entails making difficult and challenging professional judgements. It is demanding work that can be distressing and stressful. CCM can provide support for staff and individuals through the professionals group which offers support to the adult in the form of case discussion, guidance, and support. This process also supports professionals involved and creates the sense of working together as one team across agencies and avoids professionals working in isolation.

Sheffield Health and Social Care NHS Trust (SHSC) is committed to promoting the welfare of patients and protecting them from harm and ensuring they receive safe, effective care, treatment and support. CCM provides an essential platform to ensure these values can be delivered to the most complex and difficult cases where engagement from individuals can be often resistant and challenging. This enables SHSC to provide care and support to those in need who ordinarily find it difficult to effectively engage with services.

CCM is based on evidence from both clinical and community practice settings where there has been a need to work collaboratively with services and is commensurate with SHSC Safeguarding Policies, which is underpinned by Sheffield Safeguarding Children's Partnership and Adult Board policies and procedures.

6 Duties

Chief Executive

The Chief Executive has overall accountability for the strategic and operational management of SHSC.

Executive Director of Nursing, Professions and Operations

Executive Director of Nursing, Professions and Operations will have overall responsibility for ensuring that there is an effective training programme in place within SHSC to support the implementation and maintenance of CCM. They will provide the Chief Executive and Trust Board with an annual report, within the Corporate Safeguarding Team report, of an overview of themes and changes that have been implemented and data on the numbers of individual's that have been supported through this process.

The Corporate Safeguarding Team

The Corporate Safeguarding Team, led by the Head of Safeguarding will receive information and assurance from the VARMM Advanced Practitioner and will provide assurance to the Director of Quality and the Safeguarding Assurance Committee (SAC).

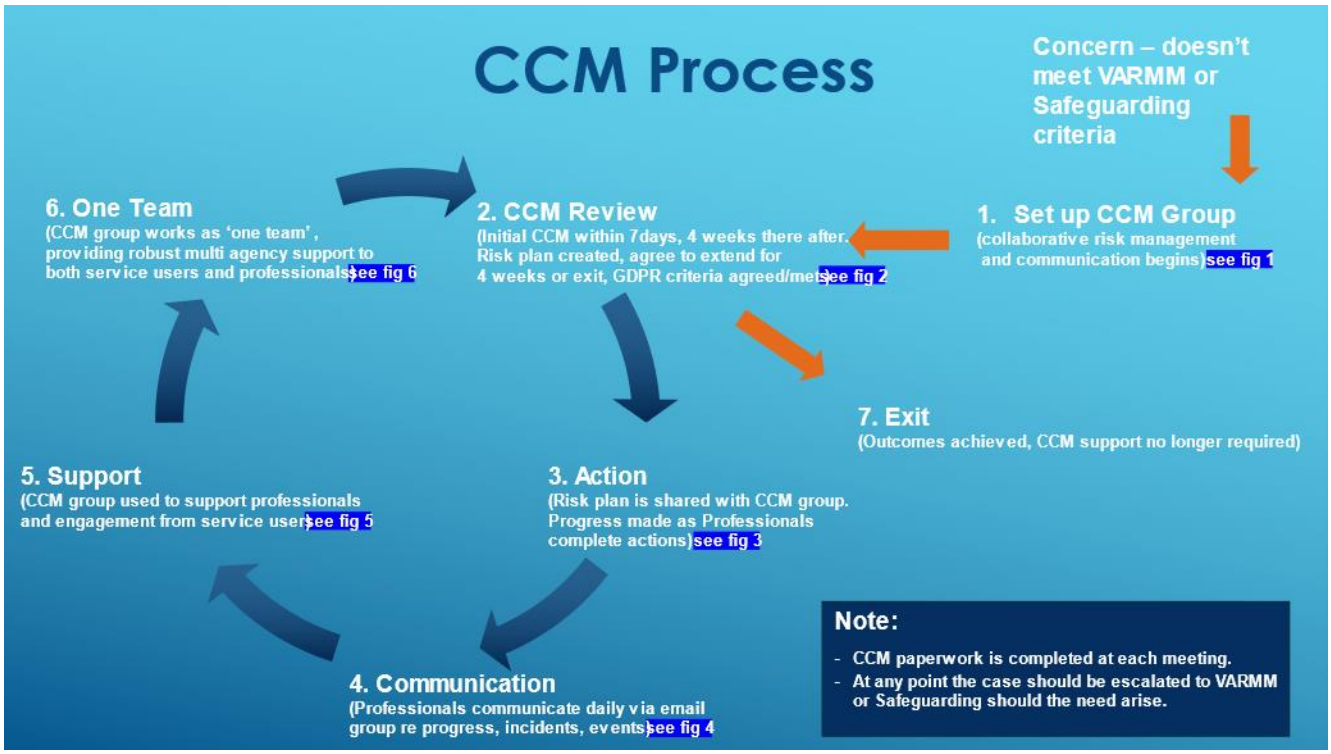
The VARMM Advanced Practitioner

The VARMM Advanced Practitioner will have operational oversight for the CCM process and provide training and initial guidance on setting up and coordination of CCM groups and meetings. The Advanced Practitioner can also provide specialist input around risk management and consideration if a case requires escalation to VARMM or Safeguarding.

The VARMM Advanced Practitioner will provide assurance against the policy to the Head of Safeguarding and Director of Quality through contribution to the Safeguarding quarterly reports for SAC and audit of quality of documentation.

7 Procedure

CCM Process and Coordination:



7.1 Set up CCM Group

A professional may receive a concern regarding a vulnerable adult from a variety of channels e.g., third sector, service user, professional or multi agency partnership meetings such as VAP, MARAC, MAPPA and Rough Sleepers panel. The concern regarding that individual may not meet the criteria for VARMM or Safeguarding but there may be a need for services to work collaboratively to help provide support and facilitate information sharing.

The lead professional/professional raising the concern will create a confidential professional's email group (fig1) compiling of all relevant services and professionals working or being involved with the adult.

A meeting date should be set within the first 7-10 days so a risk management/care plan can be created which will then be monitored and coordinated through the email group.

7.2 Initial CCM/CCM Review Meeting

At the Initial CCM or CCM review meeting the risk/care plan (see example of risk management plan Appendix D) will be created/reviewed and amended where appropriate. This will give the CCM structure and goals in which to work to. The adults wishes and feelings should be represented in this meeting and taken into consideration as much as possible.

If consent has not been gained, every effort should be made to try and acquire the consent from the adult to share their personal information within the group. This should be revisited at each meeting. If this cannot or is not obtained, the group need to agree at each meeting that GDPR criteria is met and there is a need to share information. This is outlined at the beginning of the CCM paperwork. If GDPR criteria is met the group can continue and the rationale should be clearly documented. If it is not met, the CCM cannot continue without consent from the adult and no further meetings should be held until such time as consent has been gained.

At the end of the meeting the paperwork will be completed which will include information shared within the CCM email group and the new risk management plan. For clarity, the risk management plan will be shared with the CCM email group and updates given accordingly. The CCM paperwork should be uploaded at the end of each meeting onto the patients Insight record (SHSC) as a Microsoft Word document. A further meeting date will be arranged for within the next four weeks. If a professional is not able to attend the meeting, then an appropriate deputy should attend instead if this is not possible an update and apologies should be sent to the chair/lead professional.

Professionals should consider at each meeting if CCM remains the most appropriate forum and any safeguarding concerns should be referred/escalated accordingly as per SHSC Safeguarding Adult and Children Polices.

7.3 Action

The CCM risk management plan is shared with the email group and the actions are progressed over the coming days. Professionals will update the group as and when these progress alongside any contact or issues they are having. This is where working collaboratively as one team supports the adult and improves the engagement with services and keeps risk low.

Each professional takes responsibility for their part in this process and the service which they represent. Updates and actions should be progressed within the agreed timescale as set at CCM. Relevant information shared in the email group should be added to the adults Insight record so this can be seen by other professionals.

CCM Lead or agreed professional needs to add an Insight Warning notice to reflect that the individual is being managed under CCM. This warning will end when the CCM group ends.

7.4 Communication

Professionals will keep the group up to date with any contact or incidents they have had during their contact with the adult. This will inform the ongoing risk management and planning for the adult and improve the information sharing between services.

7.5 Support

Professionals will update the group with any upcoming appointments or the outcomes of recent contact. This to improve information sharing and help facilitate contact with services. The group will be used by all services to improve the engagement and support with the adult.

Each professional and service takes responsibility for this as this work underpins the values of the CCM process.

If there is a change of professional within the group then they can be removed (remove email address) from the group and update the date in the subject box. If there is a change in professional role or you are no longer involved in the care and treatment of the individual, you must inform the CCM Lead at the earliest opportunity. If there are outstanding actions for your agency, your must identify another professional to lead on these actions and share contact details with the CCM Lead.

In some cases, an individual may not be open to a particular service, e.g., due to poor engagement but the input, advice and support from that service may be essential to keep the group as effective as possible. In these circumstances a representative from that service needs to be identified so they engage and support the process.

7.6 One Team

Following these steps will create a 'one team' approach around the adult that is able to efficiently provide support, respond to incident and improve engagement with services. This will improve networks between services especially those who work in the community and inpatient settings where communication can ordinarily be difficult.

With the CCM paperwork being constantly updated this will provide a live document that creates a chronology of all the efforts and interventions from services.

There may not always be identifiable case lead and due to the nature of working with individuals with complex needs the lead professional role can change. In such circumstances, it is good practice that professionals work in collaboration to maintain ongoing support for the individual, ensure relevant information is shared and actions are completed to manage risk until a further formal CCM can be held and a lead role can be identified.

Roles and responsibilities

Professional raising initial concern/lead professional:

Create professionals email group, arrange Initial CCM meeting, chair the meeting (unless someone else is identified). Complete the CCM paperwork (see Appendix D) and share the actions with the email group.

Professional involved:

Engage and work collaboratively with the CCM group as per CCM values. Attend CCM meetings, complete actions and provide relevant updates. Update relevant recording system e.g., Insight, SystmOne, Police National Computer with information from the group.

8 Development, Consultation and Approval

The process of developing this policy has been led by SHSC VARMM Advanced Practitioner and Interim Head of Safeguarding

- *Who was involved in developing the policy and any guidance followed?*
- *Groups and individuals consulted (including staff side groups and service user carer involvement including link back to the Equality Impact Assessment).*
- *Any changes made as a result of the consultation including key changes e.g. legislative changes*
- *Which governance group reviewed the document*

- *Dates for consultation and review.*

Policy has been reviewed by (people)

- START Team
- Corporate Safeguarding Team
- Sheffield Adults Safeguarding Partnership
- Jarvis
- Heads of Service
- Heads of Nursing
- Matrons
- General Managers
- Director of Quality
- Executive Director of Nursing, Professions and Operations

And assured at:

- Safeguarding Assurance Committee
- Quality Assurance Committee
- Policy Governance Group

9 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Annual Dip test of CCM recorded cases to review compliance with the process detailed in this policy.	Audit	Corporate Safeguarding Team	Annual	Safeguarding Assurance Committee	Corporate Safeguarding Team / VARMM Adv Prac	Quality Assurance Committee
B) The Corporate Safeguarding Team will produce quarterly reports which will include CCM cases and provide details of emerging themes/ types of abuse and issues that require escalation.	Report	Head of Safeguarding	Quarterly	Safeguarding Assurance Committee	VARMM Adv Prac	Quality Assurance Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change.

Policy will have an initial review after 6 months and will be fully reviewed in July 2024 unless earlier review is indicated.

10 Implementation Plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale and Progress
Dissemination, storage and archiving	Post on Trust intranet (Jarvis)		Within 1 week of ratification
Communication of updated policy to all staff	'All SHSCFT staff' email alert and communication in CONNECT		Within 1 week of ratification
Cascading of information to all staff	Senior Operational Managers to share with Team/Ward managers to ensure all staff have access to latest version of this policy.	General Managers and SOM's	Within 1 month of dissemination
Training and development	Ensure up to date information is available at induction for all new staff	Corporate Safeguarding Team	Within 1 month of dissemination

11 Dissemination, Storage and Archiving (Control)

The Trust will ensure that the policy is circulated to all relevant staff using the Trust Jarvis pages and is promoted via the Safeguarding Assurance Committee. Dissemination will take place via:

- Staff Induction
- Safeguarding Training
- Trust Intranet (Jarvis)
- Learning Lessons Hub
- Strategic Development Group

12 Training and Other Resource Implications

CCM training will be offered to SHSC staff through internal CPD sessions, mandatory training (included in Safeguarding training) and one day safeguarding, VARMM and CCM training offered to partners across Sheffield. CCM and VARMM will be included in Level 3 Safeguarding Adult Training and there will be presentation for elf guided study on the Safeguarding Jarvis pages.

13 Links to Other Policies, Standards (Associated Documents)

Sheffield Safeguarding Children and Child Protection Procedures

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/pipot-procedure

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

Addendum 1 to policy - VARMM Practice Guidance Jan 2019

GDPR and CCM.docx

SHSCFT Domestic Abuse Policy
SHSCFT Human Resource Policies
SHSCFT Consent Policy
SHSCFT Incident Reporting Policy
SHSCFT Safeguarding Supervision Policy
SHSCFT Safeguarding Children Policy
SHSCFT Safeguarding Adults and Prevent Policy
SHSCFT Raising Concerns at Work (Whistle Blowing) Policy
SHSCFT Access to Care Records Policy
SHSCFT Being Open and Duty of Candour Policy
SHSCFT Confidentiality and Information Sharing Policy

14 Contact Details

Title	***Name***	***Phone***	***Email***
Mark Goodwin	VARMM Advanced Practitioner (START)	07970 850341	mark.goodwin@shsc.nhs.uk
Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk
Trust lead for Safeguarding	Diane Barker	271 8484	diane.barker@shsc.nhs.uk

Named Nurse for Safeguarding Children	Angela Whiteley		Angela.whiteley@shsc.nhs.uk
Director of Quality	Salli Midgley		Salli.midgley@shsc.nhs.uk
Executive Director of Nursing, Professions and Operations	Beverley Murphy		Beverley.murphy@shsc.nhs.uk
Interim Head of Safeguarding	Hester Litten		Hester.litten@shsc.nhs.uk
Safeguarding Team Administrator SHSC		271 6937	

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e., will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	***I confirm that this policy does not impact on staff, patients or the public.*** Name/Date:	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**No**	**Yes**	**No**
Disability	**No**		
Gender Reassignment	**No**		
Pregnancy and Maternity	**No**		

Race	**No**		
Religion or Belief	**No**		
Sex	**No**		
Sexual Orientation	**No**		
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended / Action Identified (See Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
	Template Compliance	
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
	Policy Content	
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (Where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	
17.	Has the EIA Form been completed (Appendix 1)?	
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to: i. review ii. audit compliance with the document?	
21.	Is the review date identified, and is it appropriate and justifiable?	

Appendix C

GDPR & Complex Case Management (CCM)

1. **How does GDPR change Date Protection?**
2. **Consent**
3. **What are the lawful bases for processing DATA?**
4. **What's new?**
5. **What's different about special category data?**
6. **What are the conditions for processing special category data?**
7. **Sharing information in CCM**

The General Data Protection Regulation (also known as the GDPR), replaces the existing Data Protection Act of 1998 on 25th May 2018. The UK Data Protection Act 2018 will sit alongside but remain separate from the GDPR. This will be in force by 25th May 2018.

1. How does GDPR change Data Protection?

The changes which the GDPR bring are predominately about tightening up data management practices including, for instance better recording of data, improving the content of privacy notices, and the way consent is obtained. It is not, therefore, a total overhaul of systems and processes. The GDPR places more emphasis on being accountable for and transparent about the lawful basis for processing data.

1.1 How will GDPR impact on the CCM process?

Under the GDPR, the data protection principles set out the main responsibilities for organisations and it is each organisation's sole responsibility to ensure that they are GDPR compliant by 25th May 2018. A guide to the grounds for sharing information at CCM without consent is set out in Section 7 below

1.2 Lawful basis for processing personal data

- CCM and agencies will need to identify the lawful basis for all data processing activity and information sharing. In relation to CCM, this means ensuring it is documented in the CCM paperwork, i.e. whether there is consent, and if not, the basis on which you can share information

- The new Bill goes further in empowering organisations to process personal data for safeguarding purposes lawfully and without consent where appropriate. The new amendment provides a lawful ground for the processing of special category personal data – without consent if the circumstances justify it – where it is in the substantial public interest, and necessary for the purpose of:

  Protecting an individual from neglect or physical, mental or emotional harm; or (ii) protecting the physical, mental or emotional well-being of an individual.

  Where that individual is:

  - **A child or an adult at risk**
  - **Under 18 or,**
  - **Having needs for care and support**

- **Experiencing or at risk of neglect or any type of harm**
- **Unable to protect themselves.**

The amendment still expects the possibility of obtaining consent, unless it would prejudice the safeguarding purpose (i.e., the protection of the individual). The question must be whether the use of the personal data is proportionate to the lawful aim. The law intends any justifiable step to protect individuals at risk to be considered as being in the substantial public interest.

2. CONSENT

2.1 Consent is one way to comply with the GDPR, but it's not the only way. For cases coming under the CCM process, it is unlikely that consent will be the lawful basis under which information is shared. Recording the lawful basis & the legislation relied upon will be key in justifiable decision making for every agency throughout the CCM process.

2.2 Consent must be freely given, specific, informed and unambiguous. There must be a positive opt-in – consent cannot be inferred from silence, pre-ticked boxes or inactivity. If you rely on individuals' consent to process their data, make sure it will meet the GDPR standard on being specific, granular 1, clear, prominent, opt-in, properly documented and easily withdrawn.

2.3 In relation to granular consent, it will not be necessary to have multiple consent forms for the different agencies you will be sharing information with; one consent form with the details of all the relevant agencies will be adequate. PLEASE NOTE, if it becomes necessary to share information with an agency not listed on the consent form; additional consent should be sought. However, if you can identify both a lawful basis under ARTICLE 6 and a separate condition for processing special category data under ARTICLE 9, you could share without consent, but the amendment still expects the possibility of obtaining consent

3. What are the lawful bases for processing DATA?

3.1 The lawful bases for processing are set out in Article 6 of the GDPR. At least one of these must apply whenever you process personal data:

a. Consent: the individual has given clear consent for you to process their personal data for a specific purpose

b. Contract: the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract

c. Legal obligation: the processing is necessary for you to comply with the law (not including contractual obligations)

d. Vital interests: the processing is necessary to protect someone's life

e. Public task: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law

f. Legitimate interests: the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests; (This cannot apply if you are a public authority processing data to perform your official tasks).

4. What's new?

Special Category data

- Special category data is personal data which the GDPR says is more sensitive, and so needs more protection.
- In order to lawfully process special category data, you must identify both a lawful basis under Article 6 and a separate condition for processing special category data under Article 9. These do not have to be linked.
- There are ten conditions for processing special category data in the GDPR itself, but the Data Protection Bill will introduce additional conditions and safeguards.
- You must determine your condition for processing special category data before you begin this processing under the GDPR, and you should document it.

So Special Category DATA is broadly similar to the concept of sensitive personal data under the 1998 Act. The requirement to identify a specific condition for processing this type of data is also very similar.

5. What's different about special category data?

5.1 You must still have a lawful basis for your processing under ARTICLE 6, in exactly the same way as for any other personal data. The difference is that you will also need to satisfy a specific condition under ARTICLE 9

This is because special category data is more sensitive, and so needs more protection. For example, information about an individual's:

- Race
- Ethnic origin
- Politics
- Religion
- Trade union membership
- Genetics
- Biometrics (where used for ID purposes)
- Health
- Sex life or
- Sexual orientation

5.2 Your choice of lawful basis under Article 6 does not dictate which special category condition you must apply, and vice versa. For example, if you use consent as your lawful basis, you are not restricted to using explicit consent for special category processing under Article 9.

5.3 You should choose whichever special category condition is the most appropriate in the circumstances – although in many cases there may well be an obvious link between the two. For example, if your lawful basis is vital interests, it is highly likely that the Article 9 condition for vital interests will also be appropriate.

6. What are the conditions for processing special category data?

The conditions are listed in ARTICLE 9(2) of the GDPR and the ones that apply for Domestic Abuse/CCM are:

a) The data subject has given explicit consent to the processing of those personal data for one or more specified purposes

b) Processing is necessary for the purposes of providing for appropriate safeguards for the fundamental rights and the interests of the data subject

c) Processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent

d) Processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity

e) Processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

7 Sharing information at CCM

7.1 Once a decision has been made to hold a CCM, the issue of consent must be addressed. If consent has been obtained, this must be recorded on the CCM risk management tool. If there is no consent, this must also be recorded and the 2 conditions of the Data Protection that apply must be listed, so one from each of the sections below

Article 6 Of the GDPR covers:	**Article 9 of the GDPR covers:**
a. Conditions for processing data	**b. Conditions for processing special category data**
1. **Consent:** the individual has given clear consent for you to process their personal data for a specific purpose	1. **The data subject** has given explicit consent to the processing of those personal data for one or more specified purposes
2. **Contract:** the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract	2. **Processing** is necessary for the purposes of providing for appropriate safeguards for the fundamental rights and the interests of the data subject
3. **Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations)	3. **Processing** is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent
4. **Vital interests**: the processing is necessary to protect someone's life	4. **Processing** is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity
5. **Public task**: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law	5. **Processing** is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject

6. **Legitimate interests**: the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks).	

PLEASE NOTE – THE ABOVE IS ONLY A GUIDE. FOR FULL DETAILS ABOUT HOW GDPR IMPACTS
ON INFORMATION SHARING, PLEASE SEE THE ICO WEBSITE

Sheffield Health and Social Care NHS
NHS Foundation Trust

Complex Case Management Risk Management Tool

(Cases that do not meet the criteria for Safeguarding or VARMM)

Section 1 completed at the initial Complex Case meeting, Section 2 at each review meeting, attendance record at EVERY Complex Case meeting)

Date:	25/12/19

Section 1	
1.Name of Adult: Patient X	
2. DOB: 12/12/12	
3. Address of Adult: 123 High St Sheffield South Yorkshire S32 4GL	
4. Care First/ Insight/ NHS Number: 123456	

Mark Goodwin – START – V1 2018

Name of adult: Patient X

Wishes & Feelings / Consent
6. What does the adult want as outcomes (wishes and feelings regarding the current concerns): On 12th Dec John Smith from Homeless Team discussed with Patient X current risks regarding homelessness, drug use, mental health needs and poor health. Patient X stated they want to… - Get off the streets - Get back on script (Fitzwilliam) - Get registered with GP so they can have health check and medication for pain in back.
7. Does the adult give consent to this meeting/sharing information? No *If answer is 'no' consider GDPR criteria below…*
GDPR
Does the group agree this meets the GDPR criteria to continue without consent? The new GDPR Bill goes further in empowering organisations to process personal data for safeguarding purposes lawfully and without consent where appropriate. The new amendment provides a lawful ground for the processing of special category personal data – without consent if the circumstances justify it – where it is in the substantial public interest, and necessary for the purpose of: Protecting an individual from neglect or physical, mental or emotional harm; or (ii) protecting the physical, mental or emotional well-being of an individual. Where that individual is: - A child or an adult at risk; - Under 18 or, - Having needs for care and support; - Experiencing or at risk of neglect or any type of harm; - Unable to protect themselves

Does the group agree the concerns meet the GDPR criteria?	Yes

Name of adult: Patient X

8. Meeting	
Attendees: (list professionals who attend meeting)	**Apologies:** (list professionals who send apologies)

Current Risk factors:	**Historical risk factors:**
Risks, concerns, updates, multi-agency discussion… **Current situation:** Patient X remains living mainly on the streets however, he does have his own tenancy at the Hilltop Crescent supported living accommodation. He does occasionally engage with services however he has been known to be aggressive with professionals. Drug dependant (heroin and crack), occasional alcohol use and Spice. Serious health concerns re IV drug use, not accessing treatment for ulcers on legs but has recently engaged with the hospital for his HIV and Hep C treatment. **Homeless Team:** We have been seeing Patient X most days when checking rough sleepers. Major concerns for his health and wellbeing. Poor health, deteriorating presentation. Has been aggressive on 2 occasions with staff when waking him up. **Housing:** Currently, he is likely due to lose his tenancy due to possible abandonment of property. He has not been seen in his property for nearly 4 weeks. Presents as both	*Historical concerns, incidents and meetings…* - Previously in care - Historical drug and alcohol use back 13yrs old - Victim and perpetrator of abuse - Numerous hospital admissions for detox, COPD and collapse - Poor engagement with services - Known to beg aggressively - Previously had property however, ended up being taken over by drug dealers - Previous VARMM held in Oct 2016 - Undiagnosed learning difficulty/disability

Name of adult: Patient X

a victim and perpetrator when in supported living. Can look at Intensive support worker being allocated to support engagement. **Substance misuse:** Not currently open to the service due to non engagement but there have been several previous episodes of having a methadone script. 6 months the longest period of effective engagement in 2014. **Mental Health:** Not currently open to service however, there have been several historical S136 however, upon assessment was not deemed detainable under Mental Health Act. Once on script we can re assess mental health and possible treatment. **Police:** Currently warrant out for Patient X arrest due to non attendance of court hearing. Not likely to be detained, likely extension to Community Order, however can't be sure until heard in court due to past convictions. 135 arrests, 67 convictions, generally acquisitive crimes. **Probation:** Not engaged with service at all and currently being reported back to court for breach.	

Name of adult: Patient X

9. Mental Capacity consideration:	Mental Capacity:
Discussion around mental capacity… The group have discussed this at length and feel that while Patient X does have periods of diminished capacity due to intoxication and withdrawal he ordinarily does have capacity to make the unwise decision to not engage with services regarding his health and housing.	Yes

10. Risk Management plan

Please detail what actions will be taken, when and by whom.

1. **Homeless and Housing Team to try and encourage/support back up to accommodation**
2. **Police to update regarding recent offences and arrests**
3. **Probation to feedback outcome of court breach**
4. **Substance misuse drug worker to meet with rough sleeper team to try and engage from where they sleep**
5. **Support worker to register with GP**
6. **All professionals to encourage to attend HIV and substance misuse clinic**
7. **All professionals to maintain regular contact via professionals email group**
8. **Probation to set up professionals email group**
9. **CCM review meeting to be held in 4 weeks time, 25th Jan**

11. Review Meeting?

Date of next Review Meeting:	Location:
25th Jan	Hill Top Crescent support services

Name of adult: Patient X

12. Complex Case Management Professionals Group *Use this to create professionals email group*		
Name	Agency	Email

End of section 1

Name of adult: Patient X

Section 2 (Complex Case Review Meeting)	
1. Date: 25/01/2020	
To be completed at each review meeting (Virtual or Actual)	
Meeting:	
Attendees:	**Apologies:**
2. Contact with the individual? By whom, when, if not what attempts have been made?	**3. Have any elements of the Complex Case Management Plan been implemented? – detail below**
Current Situation: Patient X has now supported back to his accommodation on several occasions. This has meant he has now stayed off the streets about 10 times in the last 4 weeks. Professionals from the drug service have met with Patient X on the street and agreed to assess him on 26th Jan 2pm. Patient X states does not want to engage with HIV treatment. Continuing to use crack and heroin daily. **Multi agency discussion:** **Homeless Team:** Seen Patient X on 12 occasions which is significantly less than previously. He has allowed staff to support him back up to Hill Top	**Actions from last meeting…** 1. Homeless and Housing Team to try and encourage/support back up to accommodation - **complete** 2. Police to update regarding recent offences and arrests – **complete** 3. Probation to feedback outcome of court breach - **complete** 4. Substance misuse drug worker to meet with rough sleeper team to try and engage from where they sleep – **complete, appointment made for SPAR assessment** 5. Support worker to register with GP – **complete, High St Medical Centre, GP added to professionals group** 6. All professionals to encourage to attend HIV and substance misuse clinic – **not currently engaging with this** 7. All professionals to maintain regular contact via professionals

Name of adult: Patient X

Crescent on several occasions and has at times remained there for several days. However seen begging consistently in town centre, looks slightly better in presentation. Clothes look clean and less malodourous. **Housing:** Tenancy is currently more stable due to him returning to property. Engaged well however, struggled to maintain concentration. Placed at Bradford House for 4 weeks until further support living can be found. **Substance misuse:** Met Patient X on the street and agreed to SPAR assessment on 26th Jan. **Mental Health:** No further contact **Police:** Arrested for non attendance at court, kept in cells over night. Seen in court following day. Extension given to Community order and Drug Rehabilitation Requirement. **Probation:** Previous breach addressed in court. DRR and Community Order extended. Will face custodial sentence if does not engage.	email group – **on going** 8. Probation to set up professionals email group - **complete** 9. VARMM review meeting to be held in 4 weeks time, 25th Jan 2011

Name of adult: Patient X

4. What risks increased – what has changed? Does VARMM or Safeguarding need to be considered?	5. What risks decreased – what has changed?
- Not attended probation re DRR **No reason to escalate to VARMM or Safeguarding at this point**	- Has returned to his property and spent less time rough sleeping - Presentation has improved - Agreed assessment with drugs service

6. Mental Capacity consideration:	Mental Capacity
Discussion around mental capacity… Previously discussed	Yes

7. Risk Management plan

Please detail what actions will be taken, when and by whom.

1. Homeless and Housing team to support appointment with Substance misuse
2. Professionals to encourage engagement with Probation service
3. Professionals to encourage engagement with HIV service
4. Hill Top Crescent to report any on going concerns re conduct and possibility of eviction
5. Professionals to maintain contact via CCM email group
6. CCM group to meeting again on 25th Feb at Hill Top Crescent
7. Police to update re any further arrests/ASB
8. Rough Sleeper team to support with GP appointment

Name of adult: Patient X

8. Review Meeting?	
Date of next Review Meeting: 25th Feb	Location: Hill Top Crescent

12. Complex Case Management Professionals Group *Use this to create professionals email group*		
Name	Agency	Email

Please duplicate Section 2 for following Review Meetings and attach to this document.

Name of adult: Patient X

Professionals attendance register

To be completed at the beginning of each Complex Case Meeting

Name / Role	Email	Signature