

Haringey Multi Agency High Risk Panel

Terms of Reference (Updated and agreed by High Risk Panel in May 2018)

1. Introduction

The Care & Support Statutory Guidance (issued under the Care Act 2014)¹ states that safeguarding duties *apply to those unable to protect themselves from either the risk of, or the experience of neglect and abuse* and that the Safeguarding Adults Board will have a positive means of addressing issues of self-neglect². The guidance acknowledges that self-neglect is challenging and needs to be addressed amongst professional and the community more generally; and provide a person-centred, timely and effective multi-agency response.

The Haringey High Risk Panel (HHRP) will consider cases in respect of adults aged 18 years or over, where existing mechanisms within agencies for resolving or minimising risk have not been achieved.

The focus of the HHRP is on addressing the risk to the adult and in doing this will also consider other persons affected. HHRP does not consider high-risk cases where the nature of the risk relates to other areas of work that may be addressed at other forums, for example MAPPA, MARAC.

2. Purpose

The HHRP has been established to provide a multi-agency way of supporting work on complex and/or high-risk cases, including but not limited to hoarding, fire risk, and self-neglect and includes near miss fire risk. The HHRP will support agencies in their work to lower and manage risk for both customers and their immediate neighbours, where risk might remain at a high threshold without collaboration available through a multi-agency approach. The panel has a consultative and advisory role and will adhere to the confidentiality policy that governs the Haringey Safeguarding Adults Board.

The HHRP is collaboratively owned by participating agencies in Haringey. Haringey Council, Adult Social Services, administers it on behalf of the participating agencies.

3. Background

The HHRP has been established in response to the document "*Learning from Fires and Risk Issues*".

There are a variety of cases held by agencies across Haringey, which do not meet the criteria for safeguarding; but would benefit from the support of a multi-agency approach to facilitate more effective working practices and outcomes for customers.

4. HHRP Core membership

¹ The Care & Support Statutory Guidance (paragraph 14.2): DH, October 2014

² The Care & Support Statutory Guidance (paragraph 14.112): DH, October 2014

Named representatives from the following agencies form the HHRP:

- Adult Social Services, Haringey Council
- Occupational Therapist, Haringey Council
- Safeguarding and DoLS Lead, Adult Social Services
- Designated Professional for Safeguarding Adults, NHS Haringey Clinical Commissioning Group
- Barnet, Enfield and Haringey NHS Mental Health Foundation Trust
- Enforcement Response, Haringey Council
- Homes for Haringey
- Head of Tenancy Services, Haringey Council
- London Fire Brigade
- Metropolitan Police Service
- Psychology/ Haringey Learning Disabilities Service
- Community Safety Partnership
- London Ambulance Service

HHRP reps are to be of sufficient seniority to commit their agency to actions and arrange for these to be carried through post-panel. If they are unable to attend, they will send a well-briefed colleague to represent them or if this is not possible, they will alert the Chair prior to the panel. If this is not possible, written feedback on the specific case should be provided prior to the panel to help inform the discussion and actions.

At the HHRP's discretion, invitations will be made for guest attendees from other agencies/representatives to attend particular panels where their expertise/contributions would benefit a specific case. HHRP reps will invite practitioners who hold cases to present at panels where appropriate, subject to HHRP representatives fully briefing and supporting their presenting practitioners. All case presentations will follow the agreed format set out below in section 11.

5. Role of the HHRP

The panel will consider case presentations and will support core agencies to work together with the aim to reduce and manage risks for those people identified as being of particular concern.

Suitable cases include those of greatest concern to the agency, which are particularly complex and have reached a "sticking point" through single-agency action.

Cases will be referred to the panel via a specific e-mail box highriskpanel@haringey.gov.uk in line with the processes outlined in section 12 and the confidentiality requirements outlined in section 6, and in line with the HSAB's Self Neglect and Hoarding Protocol.

The HHRP will discuss the cases presented to them with a view to determining next steps. The HHRP's role is to challenge advice and support the 'presenting agency' as well as identifying multi-agency solutions and action plans. The HHRP may assist with the co-ordination of cases where there are multi-agency barriers. The HHRP is expected to consider any vulnerability or equality issues, within their recommendations, and make referrals up to safeguarding where appropriate.

Ownership of cases and responsibility for taking forward actions remains solely with the practitioner/HHRP representative from the presenting agency. Once actions have been taken forward, it is the responsibility of the practitioner to feedback to the HHRP panel, by either writing or presenting the key outcomes.

It is assumed that each case will not need to return to panel; however, cases may be re-referred later if needed. The first five minutes of each panel meeting will hear whether cases presented last time were resolved, and if not resolved a quick summary of the continuing action plan. A learning log of effective resolutions and other systemic learning, along with a record of HHRP outcomes, will be maintained. HHRP representatives will be expected to share best practice or legal changes (especially within their specified field) with the rest of the panel.

The panel has no specific budgetary or official decision making powers.

6. Submission of cases to panel

All cases to be presented to HHRP panel should be authorised by the line manager. All cases will be submitted to panel as fully anonymised thumbnail sketches, using the template provided in Appendix A. Thumbnails will include context, chronology of interventions, capacity issues and key considerations. All papers will be shredded at the end of each panel.

Alongside each case, agencies must submit identifying information of the case (name, address, date of birth). Identifying information for all cases will be collated and sent out to partners alongside case summaries a week in advance of panel for agencies to check whether cases are known to their service. All identifying information sent to and from panel by partner agencies must be sent in a suitably secure format.

7. Data protection/information sharing/confidentiality

The panel adheres to the confidentiality policy that governs the Haringey Safeguarding Adults Board. It is not a public forum and attendance is limited to those agencies who are able to provide a contribution to cases. Discussions at panel may involve the presenting agency, HHRP reps (or presenting practitioner) and guest attendees in dealing with issues that are sensitive and/or controversial, or that fall under the Data Protection Act. Therefore, HHRP reps need to ensure discretion and care in performing their duties and responsibilities so that confidentiality is maintained. This responsibility for confidentiality is extended to all panel attendees.

The Haringey Safeguarding Adults Board Information Sharing Protocol/Agreement will govern information sharing and data protection for the HHRP. All HHRP reps will adhere to the strict data protection requirements set out under this protocol and not divulge information to anyone outside of the HHRP. This is with the exception of colleagues who are employed by the agency presenting the case to the panel and are dealing with the case internally.

Whilst consent of the individual presented to the HHRP is always desirable, it is recognised that this may not always be achievable in practice. It is also acknowledged that cases presented to the HHRP are likely to fall into a category of risk where consent by the individual may be overridden, namely: in the public interest and/or risk of life/serious harm.

8. Equalities

The panel shall value equality and diversity within the community and work for the elimination of discrimination against anyone based on: race, colour, ethnicity, age, disability, national origins, sexual orientation, faith, gender, marital status or income.

9. Partnership



HHRP reps should at all times show respect and courtesy in their dealings with each other and those presenting cases, and seek to take a collaborative solution focussed, problem solving approach to find ways of improving each individual case.

10. Governance

The HHRP will report to the Haringey Safeguarding Adults Board annually.

11. Frequency and duration of meetings

Panels will meet two-monthly, for 2 hours. Each panel will receive a maximum of eight cases, allocating a 15-minute slot to present, discuss and agree actions on each case. The 15-minute slot should consist of:

- 5 minute presentation of the thumbnail sketch of the case
- 5 minutes covering the agency's own view of risk and possible solutions and asking for the views of others
- 5 minutes agreeing actions.

12. Chairing of meetings

A HHRP representative will chair the HHRP, this will be on a rotating basis every 3 months. A deputy chair rota will be held should the designated chair be unavailable.

The Chair will be responsible for:

- Working with HHRP administration to prioritise submitted cases for each panel.
- Agreeing the panel agenda with HHRP representatives.
- Keeping time at each panel through competent and skilled chairing.
- Working with other HHRP representatives to ensure the smooth running of each panel.
- Forwarding minutes to named representatives who are not present
- Ensuring that 6 monthly reports are prepared and submitted to SAR subgroup

The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the presenting practitioner/HHRP rep to ensure identified actions are implemented and followed up on their case.

13. Venue for meetings

The HHRP will meet at Haringey Council River Park House, 225, High Road, Wood Green, N22 8HQ, 9th Floor. Panel to start promptly at 9.30am.

14. Administration of the meetings

- Case thumbnail sketches and identifiable information will be submitted at least six working days (eight calendar days) prior to each panel to highriskpanel@haringey.gov.uk
- Cases will be considered according to their level of risk.
- The HHRP chair will have the final say on which cases will be heard at each panel and any urgent cases that may have become known outside of the above process.
- It is the responsibility of the HHRP chair to ensure that the decision as to whether the case will be presented, although with the rationale is recorded on Mosaic
- Agenda, papers and identifiable information will be sent out by email to HHRP reps at least five working days (one calendar week) prior to the panel.
- Minutes of HHRP meetings will not be kept, however a record of agreed actions and decisions will be kept for each case presented. An actions/decisions sheet including ownership of actions for each panel will be sent out to all HHRP reps by email within five working days (one calendar week) of each panel taking place.

15. Capturing learning

The agenda for each HHRP meeting will include time to debate how cases previously presented have been resolved or how substantial progress has been made. The objective of this discussion will be to capture best practice and organisational learning. It is the responsibility of HHRP representatives to communicate best practice and systemic learning within their own

organisations as it is identified. A nominated member of the panel will lead on organisational learning. As part of this process, the HHRP will capture key learning and ‘top tips’ to inform practice.

16. Capturing outcomes

The circumstances and methods used to resolve or advance cases will be documented by the HHRP’s administration support and used to inform wider learning.

17. HHRP and link with SAR Subgroup

The Chair of HHRP will be responsible for ensuring that six monthly reports will be submitted to the SAR Subgroup, using the report pro-forma. These reports will cover case studies, actions, outcomes and key learning

APPENDICES

Appendix A – Checklist of case suitability for HHRP

Appendix B – High Risk Panel Referral Form

Appendix C – High Risk Panel Annual Report Template

Appendix D – Journey of case through HHRP flow chart

Appendix A – Checklist of case suitability for HHRP

- Over the age of 18.
- Haringey resident.
- All normal processes to manage the situation have been explored and not effective e.g. Mental Capacity Assessments, case conferences, joint home visits, fire brigade assessments etc.
- Case would benefit from multidisciplinary input e.g. housing, fire brigade, psychologist, environmental health etc.
- Manager has signed off and approved referral to the panel.

The panel was devised as a forum for practitioners to discuss particularly complex cases (mainly hoarding cases) so the criteria is deliberately loose to encourage practitioners to bring cases for discussion that will benefit from a multi-disciplinary and multi-agency approach to service delivery and risk management.

Appendix C – High Risk Panel Annual Report Template

Report Title	HIGH RISK PANEL – ANNUAL REPORT
Reporting Officer	
Executive Director	
Meeting	High Risk Panel
Date	
Status of Report	Confidential/Non Confidential

1. Introduction

1.1 This report sets out the work of the panel over the past year, including:

- Progress on implementing review of the workings of the panel
- Analysis of the outcomes of the panel’s decision making
- Review of the current working arrangements of the panel and its effectiveness

2. Background

1. **3. Panel activity and outcomes (number of cases, and location and tenure , age, gender, ethnicity, capacity)**

4. Views on current operation

2. Conclusion/Recommendations

Appendix D – Journey of case through HHRP flow chart

