



Suffolk Safeguarding Adults Board

SELF-NEGLECT AND HOARDING HIGH RISK PANEL

Terms of reference

To be read in conjunction with the Multi-Agency Policy & Practice Guidance

The Self-Neglect and Hoarding High Risk Panel supports agencies in their work to lower and manage risk for both residents and their immediate neighbors, where partners feel they have exhausted internal mechanism for managing the risk or where formal consultation with colleagues from other agencies would enhance their response.

1. Background

1.1 The Care & Support Statutory Guidance (Issued under the Care Act 2014)¹ states that (paragraph 14.2) safeguarding duties apply *to those unable to protect themselves from either the risk of, or the experience of neglect and abuse* and, in that context (paragraph 14.112) that the Safeguarding Adults Board will have positive means of addressing issues of self-neglect. The guidance acknowledges that self-neglect is challenging and needs to be addressed amongst professionals and the community more generally.

1.2 Partner agencies remain responsible for delivering services to the people with whom they are in contact. The Self-Neglect and Hoarding High Risk Panel, hereafter named ‘the panel’ will support agencies in their work to lower and manage risk for both residents and their immediate neighbours, where partners feel they have exhausted internal mechanism for managing the risk or where formal consultation with colleagues from other agencies would enhance their response. It will report potential areas of shared learning to the Safeguarding Adults Board.

1.3 Information supplied to the panel will be managed by Suffolk County Council and be subject to the local authority’s data governance and information sharing procedures. The sharing of relevant information to safeguard adults and/or children at risk of harm or abuse will take place under the current Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement and Memorandum of Understanding.

1.4 Presentations to the panel should normally be made with the individual’s consent unless:

- They lack capacity to make the relevant decision(s) and it is thought to be in their best interest⁴
- There is a vital or public interests, which makes it necessary to seek a multiagency response

1 The Care & Support Statutory Guidance (Issued under the Care Act 2014) Department of Health October 2014

2 The “wellbeing principle” paragraphs 1.1 -1.6-chapter 1 Care and Support Statutory Guidance, Department of Health October 2014

3 Section 42, Care Act 2014

4 Mental Capacity Act 2005 Code of Practice

2. Terms of Reference

2.1 The panel is collaboratively owned by participating agencies operating in Suffolk. It will be administered on behalf of the participating agencies by Suffolk County Council, Adult, and Community Services, and chaired by a nominated senior officer.

2.2 The panel will consider case presentations for situations which have already been considered within partner agencies risk assessment processes and/or the Self-Neglect Multi-Agency Case Conference and there remains a significant risk arising from:

- Hoarding that has reach level 7 or above in the Clutter Image Rating Scale (refer to main policy).

This might also include:

- The conference chair is concerned of a lack of progress
- Lack of progress identified at the case conference
- Public safety remains a concern
- Lack of partnership engagement
- Disagreement on deployment of resources

3. The panel core membership

3.1 Named representatives from the following agencies form the panel

- Suffolk Fire and Rescue service
- Adult Social Care, Suffolk County Council
- Norfolk and Suffolk Foundation Trust
- Suffolk Housing organisations
- Suffolk Clinical Commissioning Groups

3.2 Dependent on the nature of the referral to the panel other partners who may be asked to attend could include:

- Suffolk Police
- Environmental Health Services
- Psychology/ Suffolk Learning Disabilities Service
- Voluntary sector organisations
- Acute and Community Health Services

3.3 Panel members are to be of sufficient seniority to commit their agency to the actions agreed and ensure they are implemented following the meeting. If they are unable to attend they will brief a colleague who will deputise for them or if this is not possible they will alert the chair prior to the panel.

3.4. A professional from the referring agency will normally make a case presentation, which will include a resume of actions already taken.

4. Role of the panel

4.1 The panel will consider case presentations and will support partner agencies to work together with the aim to reduce and manage risks.

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

4.3 The panel will discuss the cases presented to them with a view to determining next steps.

4.4 The panel’s role is to challenge, advise and support the ‘presenting agency’ as well as identifying multi-agency solutions and action plans. The panel may assist with the coordination of cases where there are multi-agency barriers.

4.5 Ownership of cases and responsibility for taking forward actions remains solely with the practitioner/panel representative from the presenting agency.

4.6 It is assumed that each case will not need to return to panel, please refer to item 5.9. The first five minutes of each panel meeting will hear a brief update on the cases presented at the previous meeting and the status. Should actions remain outstanding beyond an acceptable period, a summary of the continuing action plan will be requested.

4.7 A learning log of effective resolutions and other systemic learning, along with a record of the panel outcomes, will be maintained. The panel reps will be expected to share best practice or legal changes (especially within their specified field) with the rest of the panel.

4.8 The panel has no specific budgetary or official decision-making powers outside of each representative agency’s legal duties.

5. Referral and management of panel meetings

5.1 Referrals will be submitted at least 6 working days (8 calendar days) prior to each panel by email to caroline.alder@suffolk.gov.uk Please note that e-mail should be sent from a secure e-mail account.

5.2 The referral will be made on the form shown in appendix 1. and will be completed by the referring agency. In addition, please submit the most recent risk assessment, risk management plan and actions already taken.

5.3 Agenda, papers, and identifiable information will be sent to panel representatives at 5 working days prior to the panel. It is expected that the panel will read the submitted referrals in advance of the meeting.

5.4 Records of the meeting will be kept by the Suffolk Adult Safeguarding Service and actions in individual cases will be saved in the Adult Social Care information

system (Currently CF6)

5.5 Meetings will be scheduled for a year in advance and will be held monthly.

5.6 In the event no referrals are received five working days in advance of the panel, the meeting will be cancelled. In exceptional circumstances additional meetings may be arranged at the discretion of the chair.

5.7 The panel will meet centrally at Landmark House, Ipswich

5.8 Each panel will receive a maximum of 8 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 case
- minutes covering the agency's own view of risk and possible solutions and asking for the views of others
- action log.

5.9 It is the responsibility of The Chair to manage the panel meetings and support efforts to move cases forward, where possible. The decision for the resulting actions is the collaborative duty of the panel and not any one individual. Whilst the Panel Administrator may request updates on actions agreed on behalf of the panel, it is the responsibility of the presenting practitioner/panel representative to ensure identified actions are implemented and followed up.

The panel may request that cases are called back should actions remain outstanding beyond an acceptable period.

6. Partnership

Agency representatives should always show respect and courtesy in their dealings with other members of the panel and those presenting cases, and seek to take a collaborative solution focused, problem solving approach to find ways of improving each individual case.

Appendix 1 – Suffolk Self Neglect & Hoarding High Risk Panel – Referral form

To be completed when the case conference has found the risk to remain at a risk level of 4 or clutter score of between 7 to 9.

Personal details of the person referred
Name:
Address:
Date of Birth or approximate age:
Has the person consented to referral Yes/No
If no, is the referral being made - In their best interests Yes/No
If yes, please attach the mental capacity assessment (where applicable)
- In the public or vital interest, Yes/No
If yes, please give details
Details of referrer (authorised by case conference chair)
Name:
Profession:
Name of referring agency:
Address:
Email address:
Telephone number:
Managers email:
List supporting documents: Including Risk Assessments and Risk Management Plans
Date/s of Multi-Agency Case Conference/s and the actions taken:

Reason for referral:

Please outline why a sticking point has been reached that requires multi-agency consideration at High Risk Panel level. NOTE: The views of the adult **must** be included.

To be completed by the S/N & H High Risk Panel

Date considered by the Suffolk Self Neglect & Hoarding High Risk Panel:

Panel Chair:

Panel Members:

ACTIONS/RESPONSIBLE REPRESENTATIVE/EXPECTED COMPLETION DATE:

1.		
2.		
3.		
4.		
5.		

CASE CLOSED TO PANEL/DATE AND LEARNING SUMMARY

