Salford High Risk Advisory Panel

Policy and Terms of Reference

Signed off by Salford Safeguarding Adults Board 3rd March 2021

Policy to be reviewed October 2021

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This advisory panel has been established through the learning of a Safeguarding Adults Review (SAR) for Salford Safeguarding Adults Board (SSAB) published under the name 'SAR Andy'

The Salford Safeguarding Adults Board (SSAB) has a statutory responsibility and/or legal duty to ensure that Salford has an effective multi-agency response to safeguard our most vulnerable adults and ensure measures are in place to prevent abuse.

The aim of this advisory panel is to provide a multi-agency platform to discuss individuals who are deemed to be high risk, at the point where a Section 42 (S42) enquiry and other multi-agency processes under the Care Act have not enabled the risks to be addressed with the individual. The panel will only consider such individuals where they have been assessed as having capacity in relation to the decisions they are making that are causing the risk.

Self-neglect is a complex area of work, arising as it does from a large range of factors. Safeguarding Adult Review Reports frequently highlight self-neglect signs and symptoms as a factor in, or indicators of, subsequent serious events that have resulted in life threatening consequences and even death. When seen in isolation self-neglect behaviours may not give rise to safeguarding intervention. However, when understood collectively a very different picture often emerges.

Whilst acknowledging that adults have the right to live the way they choose (even when that involves what others may perceive to be poor or risky lifestyle choices) the Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, when their health and wellbeing or that of others is seriously compromised. In these situations, there is a statutory requirement to conduct a S42 enquiry. Other statutes also give duties and responsibilities in relation to adults who are self-neglecting.

The high-risk panel operates within the safeguarding adult's policy and the self-neglect policy

Salford Safeguarding Adults Policy -
https://safeguardingadults.salford.gov.uk/professionals/policies-and-procedures/safeguarding-policy/

Salford Self Neglect policy -
https://safeguardingadults.salford.gov.uk/professionals/policies-and-procedures/self-neglect/

1. What is Salford High Risk Advisory Panel?

1.1 Salford High Risk Advisory Panel provides a multi-agency risk enablement approach to advise and support in situations where adults who may have care and support needs are at risk of death, severe harm, or self-neglect, and the established processes for single agency / multi agency responses have been unable to reduce the level of risk. The panel will only consider such individuals where they have been assessed as having capacity in relation to the decisions they are making that are causing the risk.

1.2 The panel has an advisory and supportive function and it should be noted that agency statutory duties and responsibilities remain with the relevant agencies. The panel acts to ensure that all statutory responsibilities have been met (Appendix 1 gives an overview of the relevant legislation)

1.3 The panel is co-ordinated by Adult Social Care (ASC) who have the statutory responsibility to co-ordinate a safeguarding response under the Care Act 2014.

1.4 Information sharing agreement of the Panel

The panel works with the information sharing agreement of the Safeguarding Adults Board to share all individual data to safeguard adults at risk of abuse or neglect.

1.5 Making Safeguarding Personal

The panel works from a person-centred, Strength Based Approach, so it is essential that the person has been made aware of the intention to discuss their situation and the concerns at the panel and that they are given the opportunity to express their views and wishes so they can be represented at the panel.

As this is a professionals meeting to discuss high level risk of life, there is not a requirement for the individual to give their consent for the panel referral and discussion to take place.

1.6 Responsibilities and Accountabilities of Salford High Risk Advisory Panel

1.6.1 Single Agency responsibilities

Each agency maintains its statutory responsibilities and duties to protect the individual

All partner agencies are responsible for ensuring the information they provide at the panel is accurate and up to date to ensure decision making about levels of risk takes into account all relevant circumstances

As cases being referred to this panel represent a significant risk to individuals, partner agencies must commit resources to ensure that they have representation at the panel as required and that each agency allocates sufficient resource to act on recommendations from the panel.

1.6.2 Salford High Risk Advisory Panel members - responsibilities

The panel holds the responsibility for determining if the referral meets the criteria for the panel.

Feedback to the referrer will be given for all referrals, even those that do not meet the criteria, where suggestions for further work should be made.

The single agency panel representative takes responsibility to ensure that any actions agreed by the panel for their agency are carried out and that resource issues do not hinder the actions or prevent them from progressing

The single agency panel representative is responsible for giving updates on actions that relate to their service at the following meeting.

1.6.3 An Administrator in Adult Social Care is responsible for:

- Setting the panel meetings
- Coordinating attendance at the meetings
- Distributing the agenda and other documents for the meetings
- Taking minutes of the meetings
- Updating and co-ordinating the action log of the meetings
- Collating feedback from agencies on actions to feedback to the advisory panel
- Ensuring the referrer is updated on the actions and outcome of the panel discussion fi they are not in attendance at the panel meeting.

1.6.4 The referrer is responsible for:

- Ensuring the information provided is accurate and up to date
- Ensuring that the person being referred has been made aware of the referral and that their wishes and views have been sought and are expressed on the referral form
- Ensuring that the referral has been agreed at service manager level.
- Ensuring attendance at the panel of appropriate people from their organisation to fully represent the complexity of the case for all agency perspectives
- Ensure that outcomes and actions from the panel discussion are fed back to the multi-agency forum from which the referral to the panel was made.

In most cases the referrer will act as the ‘owner’ of the referral and in this role they will feed back actions/recommendations of the panel to the multi-agency group from which the referral was agreed. The referrer would then also oversee agreed work/actions and feedback an update to the administrator to update the action plan.

1.7 Accountabilities and Governance

All agencies represented at the panel are responsible for meeting their own statutory duties. It should be noted that this is an advisory panel.

The panel is accountable to the Safeguarding Adults Board to fulfil the role outlined in the policy and procedures.

The panel will report to the subgroups of the Safeguarding Adults Board as appropriate relating to learning from cases or trends (Impact and Implementation Network and Safeguarding Effectiveness subgroups).

Data from the panel will be reported to the Safeguarding Effectiveness Group quarterly (numbers, trends etc).

Learning from individual cases will be shared with the Safeguarding Adults Board subgroups for wider dissemination (Forums, 7-minute briefings, SAR panel, and Impact and Implementation Network)

Potential conflicts of interest - involvement in the advisory panel per se does not constitute an immediate conflict of interest for panels such as the SAR Panel, however there may be occasions when declaration of interest may be required to ensure openness and transparency within the review process.

1.8 Interaction with other risk panels e.g. Salford Multi-Agency Risk Assessment Conference, Salford Multi-Agency Public Protection Arrangements, CHANNEL

In principle there is no reason why an individual could not be considered by more than one panel, however this would need to be done on a case by case basis, with a clear rationale for the benefits of referring to more than one panel.

Salford Multi-Agency Risk Assessment Conference – if there is an element of domestic abuse to the case and referral to Salford Multi-Agency Risk Assessment Conference is appropriate then this should be the primary referral and consideration as to whether to referral to the Salford High Risk Advisory Panel should be made following the outcome of the Salford Multi-Agency Risk Assessment Conference discussion and any associated actions having been carried out.

2. What is the purpose of Salford High Risk Advisory Panel?

2.1 The panel is a professional's forum to discuss cases that are high risk and where, despite working with the individual, the risk remains high and engagement with the individual has reduced this. The panel will act in a supportive and advisory capacity and will make recommendations on what would be reasonable in terms of managing risks while balancing the rights of all concerned.

2.2 The Panel's purpose is:

- To have oversight of adults who may be at risk of death, or severe harm, and advise on these cases to ensure that all available avenues have been explored.

- to support the individual agencies and practitioners/professionals to reach agreement around risk decisions

The panel will only consider such individuals where they have been assessed as having capacity in relation to the decisions, they are making that are causing the risk.

This includes individuals with capacity who are at risk due to self-neglect or hoarding.

2.3 Consent and representation by the individual

This is a professionals meeting where the views and the wishes of the individual will be represented by agencies attending to present the individual's circumstances, views and wishes. However, the panel works from a person-centred Strength Based Approach, so it is essential that the views and wishes of the individual are represented at the panel.

There is an expectation that the individual will be made aware of the referral to the panel and that if they would like to attend to give their view, that this is facilitated as far as possible. It is an aspiration of the panel going forward that individuals will be able to come and give their perspective at the panel.

It is recognised that individuals who are high risk and perhaps self-neglect often have difficult relationships with friends and family who may wish to offer more support to the individual. Whilst an individual's right to determine who their circumstances are discussed with must be maintained at all times, it is recognised that learning from reviews often highlights that discussions facilitated between the individual and family members/friends who would like to support, can lead to successful outcomes, enabling the individual to move forward and address issues which are impacting their health and wellbeing.

2.4 The Panel will not seek to reverse decisions previously agreed by staff and managers but will offer a reflective space for consultation, reconciliation, problem solving and agreement in cases where the level of risk raises concerns. It will ensure legal advice is sought wherever necessary.

2.5 The Panel will not seek to change assessments that have been made, although it may make recommendations that require alternative resources/ further financial consideration.

2.6 Following discussion of individual cases, single partner agencies will propose any actions they feel appropriate for their agency considering the discussions The representative from that agency who is at the panel holds responsibility for taking the action away and ensuring it is carried out by their organisation.

2.7 The Panel is **NOT** a forum for discussing low level concerns which should be managed in accordance with existing single agency / multi agency systems and processes such as Salford Safeguarding Adults policy and procedures, Salford Self-neglect policy and procedures, the MDG meeting process, and a range of single agency polices to manage risk .

3. Objectives of the panel

- To facilitate information sharing between safeguarding partners at a senior level.
- Provide a forum whereby the whole picture across agencies can be considered to determine wider associated risk and identify possible strengths to work with.
- To enable professionals to access support, clarify and agree the level of risk and accountability.
- Facilitate and enable multi-agency risk assessment and risk management planning, making clear individual / agency accountability.
- Provide a forum for challenge and support for safeguarding practice.
- To consider creative solutions and the value of bespoke support, which is possibly not part of the current service model or where the person might not be eligible under standard criteria to that support.
- To provide demonstrable evidence of how the multi-agency risk management arrangements were enacted, and all practical steps were taken to prevent severe harm, or death.
- Promote safety and wellbeing of high-risk adults in Salford to improve multi-agency communication pathways
- Consider and create a risk management plan to seize the opportunities that can enable engagement and/or monitor the well-being of the person e.g. outreach opportunities, support from the community and locality input.
- Ensure any actions are covered by a legal framework or are lawful, to improve agency accountability
- To consider options that will enhance the range of possibilities available to professionals to improve the outcome for the individual (this could involve agreement to commission/agree services to address identified issues with engagement or support)
- Encourage an effective integrated approach to safeguarding adults at risk from severe harm or death.

  NB: It must always be remembered that individual agency's statutory responsibility to protect adults at risk remains (see Appendix 1 key legislation)

4. Key principles of Salford High Advisory Risk Panel

- Risk work should be person-centred and empowering and recognise people's human rights.

- A person's strengths, wishes and feelings should always be considered when evaluating risk.

- The person should be made aware of the referral to the Salford High Risk Advisory Panel and where possible consent should be sought and the wishes and views of the individual clarified so that they can be presented at the panel meeting.

- The Mental Capacity Act asserts people's right to make decisions, even unwise ones, if they have the capacity to do so. The Mental Capacity Act and the code of practice and Deprivation of Liberty Safeguards that accompany it are all key legal considerations in evaluating risk.

- Government guidance is that 'people have the right to live their lives to the full as long as that does not stop others from doing the same'.

- Risk assessments should always consider the benefits of the proposed action on the adult at risk and weigh these against any risks.

- Multi-agency working is important in assessing and managing risk but should always take place within a person-centred framework that avoids blanket restrictions.

- Organisations should model a positive approach to risk-taking that supports people to live the life they want, rather than a defensive approach that focuses too much on risk to the organisation.

- Decisions on risk should be reasonable, proportionate, accountable, and defensible and rooted in evidence-based practice and partnership working.

5. Terms of reference for the operation of the panel

5.1 Criteria for referral to the High risk advisory panel

Referral to the panel should be made when all other responses, both single-agency and multi-agency have been pursued as per single and multi-agency policies, and, for whatever reason, agencies have not managed to successfully engage and work with the individual to reduce and manage the identified risk.

In addition to the above circumstances, this must result in either:

- An on-going risk that the person may die with no intervention, or
- An on-going risk of severe abuse or neglect to self, or other, or
- Risk of permanent physical or mental harm which will result in a reduced quality of life.

5.2 Decision to refer

The referral would usually be the outcome of a decision at a multi-agency forum e.g. a Section 42 (S42) case conference, strategy meeting or other multi-agency meeting that is a follow on to an S42 enquiry process.

The referrer will need to evidence on the referral form that there has been a significant and sustained attempt to engage the individual through a multi-agency forum and /or S42 enquiry for the panel to consider the referral.

Referral should be made when all other responses, both single agency and multi-agency have been pursued as per single and multi-agency policies, and, for whatever reason, agencies have not managed to successfully engage and work with the individual to reduce and manage the identified risk.

Please note that it is recognised that whilst most referrals would usually be an outcome of a safeguarding meeting, there may be exceptional circumstances where it would be appropriate for an agency to refer to the panel where the person had not been considered as an S42 enquiry (e.g. a homeless person where the extent of their vulnerability changes significantly very quickly). However, it should be noted that the S42 process is there to safeguard in urgent situations and that the pressing urgency of a referral should not be a reason for referral to this panel before submitting an S42.

Referral process

Who refers?

Referrals should be made by a senior member of staff usually at Service Manager level. In Adult Social Care the referral is made by the Principal Manager.

Completing the referral form

The referral form must be completed in full confirming that key relevant records are up to date and clarifying where these records are stored (e.g. Care First or Paris or other recording system).

Key documents to be referenced on the referral form are:

- The minutes of the multi-agency meeting where the decision to refer was made outlining the risk and rationale for the referral
- Risk assessment documentation
- Capacity assessment documentation

N.B copies of these will need to be submitted with the referral (unless they are on Care First)

The referrer should also ensure that where any legal advice has been given that this is noted on the referral form.

How is the referral made?

The referral form is submitted to the designated email address for the High-Risk Panel - adultpanel@srft.nhs.uk

Who reviews the referral?

All referrals are received by the administrator and then referrals will initially be triaged by Adult Social Care (Principal Manager and Head of Service level or other ASC mangers at a similar grade).

Where a referral has significant Health input ASC should consult with the CCG member of the panel to reach a decision about the referral.

In preparation for the panel meeting Adult Social Care will:

Ensure/confirm all required documentation is up to date and contact the referrer to:

- Clarify any issues as required with the referrer
- Confirm that the referral will be discussed at the panel
- Confirm which agencies need to be in attendance for the discussion at the panel
- Ensure the individual is aware of the panel discussion and that their views are known
- Give feedback on suggested actions if the referral is not assessed as suitable for discussion at the panel

Referrals that are not accepted for the panel

- For referrals that do not meet the criteria for the panel feedback will be given to the referrer about why it does not meet the criteria and some suggested actions/approach to be taken.
- For cases that have an on-going S42 enquiry, discussion can be held at the team manager's safeguarding meeting about suitable actions and approaches for these individuals.

The administrator will;

- Disseminate agenda with order of individuals to be discussed at the panel
- Ensure attendees are invited as appropriate for individual slots
- Update the action log during the meeting and circulate to the panel members

5.4 Membership of High risk advisory panel and quoracy

Membership of the Panel

The panel is comprised of a multi-agency group representing key partner agencies of the Safeguarding Adults Board including Greater Manchester Police, Salford Royal Foundation Trust, Health and Social Care (Adult Social Care), Greater Manchester Mental Health, Salford Clinical Commissioning Group, Housing, Achieve Drug and alcohol services, Greater Manchester Fire and Rescue Service and Probation.

There is not legal representation on the panel, it is recognised that individual agencies will have different legal support. There is an expectation that where legal views have been sought by individual agencies these will be noted on the referral form and highlighted at the panel discussion.

Who attends?

Adult Social Care and Salford Clinical Commissioning Group will always need to be represented for the panel to be quorate. The Greater Manchester Police representative will be notified of all cases being discussed at a panel meeting, they will provide any information they have relating to the individual and will attend where appropriate if they have involvement or if Adult Social Care feels that police input to the issues and concerns would be beneficial in the panel discussion.

Partner agencies

The member agencies (see above) will attend where appropriate. For each individual being discussed, agencies who have a role to play will be identified in advance of the meeting and attendance to discuss that individual will be agreed in advance of the panel.

Agency representation

Organisations should be represented at Service Manager level. If the member is not able to attend a deputy should be sent.

Cases referred by Adult Social Care will be presented by the Team Manager with the Principal Manager present to propose and agree actions for Adult Social Care.

Given that the panel is meeting to consider high risk cases where there may be risk of life it is expected that all partner agencies will prioritise these meetings and ensure representation.

5.5 Frequency of the panel

The panel will meet monthly for two hours to discuss new referrals and previously discussed adults where the risk has remained and there is a need for the panel to review the situation or endorse the high level of risk still remaining and confirm that this meets with statutory requirements.

It is recognised that in exceptional circumstances the panel may need to meet in-between the monthly scheduled meeting to discuss a particularly urgent case. In these circumstances an additional meeting will be convened.

It should be noted that the panel is not appropriate to respond to emergency situations. Agencies have their own procedures to respond to these and the panel offers more of a reflective review of a situation and is not intended as an emergency response.

5.6 Decision making at panel

Where decisions are made with resource implications the agency that holds the statutory responsibility for this cost needs to agree with the decision.

All decision and actions will be recorded on the action log.

5.7 Review of individuals discussed at panel

Actions agreed at the meeting for each individual will be recorded on an action log with clarity about which agency is responsible for the action. There is a requirement for individual agencies to update their individual records with these actions.

Updates will be provided prior to the meeting with an indicator of whether action taken has reduced the risk to amber or green.

The panel will review individuals in a subsequent panel meeting to review actions and risk in the following circumstances:

- If the risk remains at red
- Where there is an evidential concern that the person is under coercion and is not making a free decision (please note point 1.8 of this policy in relation to a referral to Salford Multi-Agency Risk Assessment Conference taking precedence if appropriate)
- Where the panel feels that this is required due to the individual circumstances or level of risk

  A Red, Amber, Green rated score will be applied to all individuals on the action plan that will identify the level of current risk considering all factors including the progression of actions and engagement by the individual.

The RAG rating applied on the action log for the panel is:

Low/medium Risks	Moderate Risks	High Risks
• Concerns are managed and support provided by the service. • Relevant agencies are aware of the risks including Health and Social agencies including the police / PPIU • Appropriate provision in place as well as a comprehensive package of support whether formal or informal is in place. • Adult engaging well or reluctantly with provider's /professionals/ agencies and with family members/ friends. • Requires on-going support and close monitoring from local agencies including family and friends if appropriate	• Adult not engaging fully and presents with on-going complex issues. • Engagement is inconsistent • Often making unwise decisions. • Is putting self at risk and there are opportunities for a perpetrator(s) to exploit and abuse. • Requires support and monitoring from multiple agencies. • Can be managed by standard safeguarding/multi-agency process	• On-going exploitation / abuse • Risk of life or risk from others or to others due unwise decision making • continuous poor engagement with agencies /professionals /carers (formal and informal), family or friends. • Possible evidence of coercion and the person not making decision of their own free will • Possible evidence of fluctuating capacity • All adult protection options have been exhausted with no resolution. • Discussion at High Risk Advisory Panel • Actions reviewed at High Risk Advisory Panel

Appendix 1- Legislation overview

Care Act 2014

The Care Act 2014 sets out the first ever statutory framework for adult safeguarding duties for an adult who has needs for care and support (whether or not the local authority is meeting these) and is experiencing, or is at risk of, abuse or neglect AND as a result of those care and support needs is unable to protect themselves from either the risk or the experience of abuse or neglect. This definition needs to be considered when applying the HRP process.

Local councils' new duty to promote people's wellbeing now applies not just to users of services, but also to carers and puts them on an equal footing. A corresponding duty in respect of parent carers of disabled under-18s has been included in the Children and Families Act 2014.

For adult safeguarding the duties include:

- Local Authorities to coordinate safeguarding enquiries
- Cooperation between the Local Authority and relevant partners
- Establishing a Safeguarding Adults Board,
- Undertaking Safeguarding Adults Reviews,
- Sharing information
- Protecting property of adults being cared for away from home

The six principles are:

- Empowerment - Presumption of person led decisions and informed consent.
- Prevention - It is better to act before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.

Mental Capacity Act 2005

Five Key Principles to determine Mental Capacity

Principle 1:

A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that it cannot assumed that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

Principle 2:

Individuals are supported to make their own decisions – a person must be given all practicable help before they are treated as not being able to make their own decisions. This means that every effort should be made to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that the person is involved as far as possible in making decisions.

Principle 3:

Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. A person cannot be treated as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4:

Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

Principle 5:

Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case. The powers to provide care to those who lack capacity are contained in the Mental

Capacity Act 2005. Professionals must act in accordance with guidance given under the Mental Capacity Act Code of Practice when dealing with those who lack capacity and the overriding principal is that every action must is carried out in the best interests of the person concerned.

Where a person who is self-neglecting and/or living in squalor does not have the capacity to understand the likely consequences of refusing to cooperate with others and allow care to be given to them and/or clearing and cleaning of their property a best interest decision can be made to put in place arrangements for such matters to be addressed. A best interest decision should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family.

The Mental Capacity Act 2005 provides that the taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involve using any methods of restriction that would deprive that person of their liberty. However, where the action requires the removal of the person from their home then care needs to be taken to ensure that all steps taken are compliant with the requirements of the Mental Capacity Act. Consideration needs to

be given to whether any steps to be taken require a Deprivation of Liberty Safeguards application.

Where an individual resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Act are anticipated, it will be necessary to apply to the Court of Protection for an order authorising such protective measures. Any such applications would be made by the person's care manager who would need to seek legal advice and representation to make the application.

Emergency applications to the Court of Protection

An urgent or emergency court order can be applied for in certain circumstances, e.g. a very serious situation when someone's life or welfare is at risk and a decision must be made without delay. However, a court order will not be obtained unless the court decides it's a serious matter with an unavoidable time limit. Where an emergency application is required, relevant legal advice must be sought.

Inherent Jurisdiction

There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just and proportionate to do so, even though the person concerned has mental capacity. In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way. Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned. In all such cases legal advice should be sought.

Human Rights Act 1998

The Human Rights Act 1998 came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

All public bodies (such as courts, police, local governments, hospitals, publicly funded schools, and others) and other bodies carrying out public functions must comply with the Convention rights. There are three key articles that public bodies need to consider when applying the HRP model in practice:

Article 5: Right to Liberty & Security

A right to personal freedom. The government cannot take away your freedom by detaining you without good reason - even for a short period unless you are mentally ill.

Article 8: Right to Privacy

Everyone has the right for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Article 14: Prohibition of Discrimination

The enjoyment of the rights and freedoms set forth in the European Convention on Human Rights and the Human Rights Act shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Common Law

Common Law allows for the intervention, without consent, to save life or avoid serious physical harm based upon the principle that the action is reasonable and can be professionally justified as immediately necessary for the purpose of saving life or preventing serious physical harm. Conversely, not to act in such circumstances of the utmost gravity could be deemed negligent.

Every Child Matters (2003)

For the purpose of the HRP the five outcomes for Every Child Matters has been embedded into this model for an adult who is at risk of significant harm or death and he / she has the responsibility of a child (s) in his / her care needs to be applied when considering using the HRP process. The five outcomes are universal ambitions for every child and young person, whatever their background or circumstances:

- Be healthy
- Stay safe
- Enjoy activities
- Make a positive contribution
- Achieve economic wellbeing

Working Together to Safeguard Children (2018)

For the purpose of HRP the welfare of children needs to be considered and will apply when an adult who is at risk of significant harm or death and he / she has the responsibility of a child.

The guidance seeks to emphasise that effective safeguarding systems are those where:

- The child's needs are paramount, and the needs and wishes of each child, should be put first, so that every child receives the support they need before a problem escalates.
- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.
- All professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care.
- High quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child.
- All professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes.
- Local areas innovate and changes are informed by evidence and examination of the data.

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Environmental Health

Environmental Health Officers in the Local Authority have wide powers/duties to deal with waste and hazards. They will be key contributors to cross departmental meetings and planning, and in some cases e.g. where there are no mental health issues, no lack of capacity of the person concerned, and no other social care needs, then they may be the lead agency and act to address the physical environment.

Remedies available under the Public Health Acts 1936 and 1961 include:

- Power for LA to remove accumulations of rubbish on land in the open air (section 34)
- power of entry/warrant to survey/examine (sections 239/240)48
- power of entry/warrant for examination/execution of necessary work (section 287)
- Power to require vacation of premises during fumigation (section 36)
- Power to disinfest/destroy verminous articles at the expense of the owner (Section 37)

Remedies available under the Environmental Protection Act 1990 include:

- Litter clearing notice where land open to air is defaced by refuse (section 92a)
- Abatement notice where any premise is in such a state as to be prejudicial to health or a nuisance (sections 79/80)

Other duties and powers exist as follows:

- Town and Country Planning Acts provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders.
- The Housing Act 2004 allow enforcement action where either a category 1 or category 2 hazard exists in any building or land posing a risk of harm to the health or safety of any actual or potential occupier or any dwelling or house in multiple occupation (HMO). Those powers range from serving an improvement notice, taking emergency remedial action, to the making of a demolition order.

Local Authorities have a duty to take action against occupiers of premises where;

- There is evidence of rats or mice under the Prevention of Damage by Pests Act 1949.
- The Public Health (Control of Disease) Act 1984 Section 46 sets out restrictions in order to control the spread of disease, including use of infected premises, articles and actions that can be taken regarding infectious persons.

Housing – landlord powers

These powers could apply in Extra Care Sheltered Schemes, Independent Supported Living, private-rented or supported housing tenancies. It is likely that the housing provider will need to prove the tenant has mental capacity in relation to understanding their actions before legal action will be possible. If the tenant lacks capacity, the Mental Capacity Act 2005 should be used. In extreme cases, a landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This would be under either under Ground 1, Schedule 2 of the Housing Act 1985 (secure tenancies) or Ground 12, Schedule 2 of the Housing Act 1988 (assured tenancies). The tenant is responsible for the behaviour of everyone who is authorised to enter the property.

There may also be circumstances in which a person's actions amount to anti-social behaviour under the Anti-Social Behaviour, Crime and Policing Act 2014. Section 2(1)(c) of the Act introduces the concept of "housing related nuisance", so that a direct or indirect interference with housing management functions of a provider or local authority, such as preventing gas inspections, will be considered as anti-social behaviour. Injunctions, which compel someone to do or not do specific activities, may be obtained under Section 1 of the Act. They can be used to get the tenant to clear the property or provide access for contractors. To gain an injunction, the landlord must show that, on the balance of probabilities, the person is engaged or threatens to engage in antisocial behaviour, and that it is just and convenient to grant the injunction for the purpose of preventing an engagement in such behaviour. There are also powers which can be used to require a tenant to cooperate with a support service to address the underlying issues related to their behaviour.

Powers of Entry

The following legal powers may be relevant, depending on the circumstances:

• If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: the Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.

• If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely: the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.

• If there is any concern about a mentally disordered person: Section 115 of the MHA provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.

• If a person is believed to have a mental disorder, and there is suspected abuse or neglect: Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary and if thought fit, to remove the person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.

• Power of the police to enter and arrest a person for an indictable offence: Section 17(1)(b) of PACE

• Common law power of the police to prevent, and deal with, a breach of the peace. Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.

• If there is a risk to life and limb: Section 17(1)(e) of the PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power.

Anti-Social Behaviour 2003 (as amended)

Anti-social behaviour is defined as persistent conduct which causes or is likely to cause alarm, distress or harassment or an act or situation which is, or has the potential to be, detrimental to the quality of life of a resident or visitor to the area. Questions about whether an application for an Anti-Social Behaviour Order would be appropriate should be made to the Designated Police Officer (it may be appropriate to involve the police in the multi-agency work), the Registered Social Landlord or the Local Authority.

Misuse of Drugs Act 1971

Section 8 (this creates an offence if the occupier of premises permits certain acts to take place on the premises)

'A person commits an offence if, being the occupier or concerned in the management of the premises, he knowingly permits or suffers any of the following activities to take place on those premises…'

- s8 (a) Producing or attempting to produce a controlled drug… '
- s8 (b) Supplying or attempting to supply a controlled drug to another or offering to supply a controlled drug to another'
- s8 (c) Preparing opium for smoking
- s8 (d) Smoking cannabis, cannabis resin or prepared opium'

Mental Health Act 1983

Sections 2 and 3 of the Mental Health Act 1983

Where a person is suffering from a mental disorder (as defined under the Act) of such a degree, and it is considered necessary for the patient's health and safety or for the protection of others, they may be compulsorily admitted to hospital and detained there under Section 2 for assessment for 28 days. Section 3 enables such a patient to be compulsorily admitted for treatment.

Section 2 - Admission for Assessment

Duration of detention	28 days maximum
Application for admission	By Approved Mental Health Professional or nearest relative. Applicant must have seen patient within the previous 14 days.
Procedure	Two doctors (one of whom must be section 12 approved) must confirm that: 1. The patient is suffering from a mental disorder of a nature or degree which warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period and 2. S/he ought to be detained in the interests of his/her own health or safety or with a view to the protection of others.

Section 3 – Admission for Treatment

Duration of detention	Six months, renewable for a further six months, then for one year at a time
Application for admission	By nearest relative or Approved Mental Health Professional in cases where the nearest relative consents, or is displaced by County Court, or it is not 'reasonably practicable' to consult him
Procedure	Two doctors must confirm that:

	1. The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for him/her to receive medical treatment in hospital. and 2. It is necessary for his/her own health or safety or for the protection of others that he/she receives such treatment and it cannot be provided unless s/he is detained under this section; and Appropriate treatment is available to him/her
Procedure:	Under section 20, Responsible Medical Officer can renew a section 3 detention order if original criteria still apply and treatment is likely to 'alleviate or prevent a deterioration' of patient's condition.

In cases where patient is suffering from mental illness or severe mental impairment but treatment is not likely to alleviate or prevent a deterioration of his/her condition, detention may still be renewed if s/he is unlikely to be able to care for him/herself, to obtain the care s/he needs or to guard himself against serious exploitation Section 117 allows for aftercare following a section 3 detention in certain circumstances

Section 7 of the Mental Health Act 1983 – Guardianship

A Guardianship Order may be applied for where a person suffers from a mental disorder, the nature or degree of which warrants their reception into Guardianship (and it is necessary in the interests of the welfare of the patient or for the protection of other persons.) The person named as the Guardian may be either a local social services authority or any applicant.

A Guardianship Order confers upon the named Guardian the power to require the patient to reside at a place specified by them; the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training; and the power to require access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved mental health professional or other person so specified. In all three cases outline above (i.e. Section 2, 3 and 7) there is a requirement that any application is made upon the recommendations of two registered medical practitioners.

Section 135 Mental Health Act 1983

Under Section 135, a Magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder, has or is being ill-treated, neglected or kept otherwise than under proper control; or is living alone unable to care for themselves. The warrant, if made, authorises any constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety.

Section 135 lasts 72 hours and is for the purpose of removing a person to a place of safety, with a view to the making of an application in respect of him under part ll of this Act, or of other arrangements for his treatment or care. Please note, it is this latter broader purpose that could be more applicable to abuse / neglect situations

where the person does not appear like they require a psychiatric hospital admission. There are also a range of places of safety (see s.135 (6) which may be useful for these situations

Section 136 Mental Health Act 1983

Section 136 allows police officers to remove adults who are believed to be “suffering from mental disorder and in immediate need of care and control” from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital.

Animal welfare

The Animal Welfare Act 2006 can be used in cases of animal mistreatment or neglect. The Act makes it against the law to be cruel to an animal and the owner must ensure the welfare needs of the animal are met. Powers range from providing education to the owner, improvement notices, and fines through to imprisonment. The powers are usually enforced by the RSPCA, Environmental Health or DEFRA.

Fire

The fire brigade can serve a prohibition or restriction notice to an occupier or owner which will take immediate effect (under the Regulatory Reform (Fire Safety) Order 2005). This can apply to single private dwellings where the criteria of risk to relevant persons apply.

Appendix 2 - Referral form

Please email this completed referral form to adultpanel@srft.nhs.uk

Key documents to be referenced on the referral form are:

- Risk assessment documentation
- Capacity assessment documentation
- The minutes of the multi – agency meeting where the decision to refer was made outlining the risk and rational for the referral

Please note copies of these will need to be submitted with the referral (unless they are on Care First)

- These documents are attached with the referral Y/N
- These documents are up to date and available on Care First Y/N

The referrer should also ensure that where any legal advice has been given that this is noted on the referral form.

Referrer's details

Referrer name	
Role of referrer	
Contact Details (telephone, email)	
Work base and Address	
Organisation	
Name and contact details of manager who has approved the referral.	
Date Submitted	
Time submitted:	
Person who will attend panel to present the case (usually TM or chair of the meeting	

Adult's details

Adult's first name(s)	
Adult's Surname	
P number/NHS number	
Any known alias's	
Address	
Date of Birth	
Gender	
Ethnicity	

Details of reason for the referral

Please provide a synopsis of the person's circumstances including the causes for concern, identified risks, including any action that has already been taken and details of the professional decision making and rationale which has led to the referral to the Salford High Risk Advisory Panel for further multi-agency discussion.

Brief Summary of the persons circumstances
Please state the views, wishes and feeling of the adult or their advocate or representative?
Rationale for referral to Salford High Risk Advisory Panel
Date of the multi-agency meeting which made the professional decision to refer to the Salford High Risk Advisory Panel.
What you believe would make a difference

Risk Assessment

	Risks / Problems Identified	**Impact of Risk** Record who is at risk (e.g. Service User, Carers, Providers), likelihood and severity	**Actions taken to date to minimise risk and why these have not worked** Include details of provision of services, carer input, referrals to others, request for specialist assessment, etc.
1			
2			
3			
4			
5			
6			

Capacity

Are there any concerns or doubt regarding the adult's capacity in respect of the identified risks which are being presented to the panel?	☐Yes ☐No
Date of mental capacity assessment which evidences whether the person **has capacity** or **deemed to lack capacity** as per MCA process (attached a copy to the referral)	

Consent/engagement of adult for referral

Is the Adult aware you have made a referral to the Salford High Risk Advisory Panel?	☐Yes ☐No If no, why not?
Has the Adult previously been under the care of children services?	☐Yes ☐No ☐Don't Know (if don't know check with children services)

Health

Does the Adult have a formal diagnosis by a medical professional?	☐Yes ☐No (if no, please contact GP to confirm)
If yes, what is the person's diagnosis?	

Other relevant information

Have there been any other multiagency meetings in relation to these concerns? E.g. Salford Multi-Agency Public Protection Arrangements, Salford Multi-Agency Risk Assessment Conference, or another multi-agency meeting? If so, please give detail overview of outcome.
Has any legal advice been sought in relation to this individual and the level of risk? Please give detail below re date advice sought and advice given.
Any other comments or information relevant to the concerns?

Significant others (including adults and children)

The details of any other significant adults included children should be recorded.

Where there are no details this should be recorded as not applicable (N/A).

Name	Date of Birth	Address	Relationship to referred adult	Known to service

Partner agencies known to have been involved with this adult

Agency name	Contact name	Contact details including telephone number and email address	Are they still involved?

Appendix 3 - Salford High Risk Advisory Panel referral check list

In the referral to the Salford High Risk Advisory Panel the referrer is required to demonstrate that all attempts to engage the adult, their family and friends have been tried and been unsuccessful.

Below is a checklist of possible approaches for you to consider before submitting the referral to the Salford High Risk Advisory Panel.

Please review this list and consider if there are any other possible actions that should be tried before the referral to the panel is made.

- Have you considered using the Salford Royal Foundation Trust health non concordance policy if appropriate where the person is not engaging with life sustaining or other essential health treatment?
- Can you demonstrate that you have worked with the Adult and have been unsuccessful with engaging the Adult and you still have concerns about the Adult's welfare & safety?
- Has there been a safeguarding enquiry but with no desired outcome as the person does not want to engage or is making an unwise decision on their free will not to do so, or where the risk remains?
- Have you held a **Multi-Agency Safeguarding Meeting** as part of your protection plan but with no desired resolution because the Adult does not want to engage or is choosing to make an unwise decision not to do so?
- Have other multi-agency meetings been held to consider the identified concerns?
- Have you attempted to engage the Adult with services, but the person does not want to engage or is making an unwise decision?
- Have you attempted to engage the Adult with Community Health Services to address health issues, but the person has chosen not to engage?
- Have you attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent, but they have chosen not to engage?
- Have you attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway, but they have chosen not to engage?
- Have you attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency, but they have chosen not to engage?
- Have you attempted to engage the Adult with Housing and Homeless services due to accommodation issues, but they have chosen not to engage?
- Have you attempted to engage the Adult with the Police and Fire Service?
- Have you attempted to engage the Adult with his / her GP?

- Have you attempted to engage the Adult with the Voluntary Sector not linked to statutory services?
- Have you considered / referred to Salford Multi-Agency Risk Assessment Conference for domestic violence?
- Have you checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place?
- Have you checked if the Adult is known to Probation, Criminal Justice Mental Health Service and all attempts have been made to engage the person?
- Have you advised the Adult to seek an Advocate for their best interest?
- Have you considered appointee-ship with a provider, family member or Local Authority?
- Have you approached legal services for advice and support and considered inviting legal to the HRP meeting?

Actions which can help to get engagement in self-neglect are suggested by Braye et al. (2015) as:

Theme	Examples
Building rapport	Taking the time to get to know the person, refusing to be shocked
Moving from rapport to relationship	Avoiding kneejerk responses to self-neglect, talking through the interests, history and stories
Finding the right tone	Being honest while also being non-judgmental, separating the person from the behavior
Going at the individual's pace	Moving slowly and not forcing things; continued involvement over time
Agreeing a plan	Making clear what is going to happen; a weekly visit might be the initial plan
Finding something that motivates the individual	Linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives)
Starting with practicalities	Providing small practical help at the outset may help build trust
Bartering	Linking practical help to another element of agreement – bargaining
Focusing on what can be agreed	Finding something to be the basis of the initial agreement, that can be built on later
Keeping company	Being available and spending time to build up trust

Straight talking	Being honest about potential consequences
Finding the right person	Working with someone who is well placed to get engagement
External levers	Recognizing and working with the possibility of enforcement action

It is important to consider in multi-agency partnership settings which agency is best placed to work with an adult who is disengaging to build links and trust.

Possible approaches that have been shown to work well are summarized below:

Theme	Examples
Being there	Maintaining contact; monitoring risk/capacity, spotting motivation
Practical input	Household equipment, repairs, benefits, 'life management'
Risk limitation	Safe drinking, fire safety, repairs
Health concerns	Doctors' appointments, hospital admissions
Care and support	Small beginnings to build trust
Cleaning / clearing	Proportionate to risk, with agreement, 'being with', attention to what follows
Networks	Family/ community, social connections, peer support
Therapeutic input	Replacing what is relinquished; psychotherapy/mental health services
Change of environment	Short term respite, a new start
Enforced action	Setting boundaries on risk to self & others