

ADULT SOCIAL CARE & Enfield Safeguarding Adults Board. HIGH RISK ADVISORY PANEL

TERMS OF REFERENCE

1. Purpose

The primary focus of the High-Risk Advisory Panel is to safeguard individuals and prevent further risk of harm where other standard processes and multi-disciplinary discussions have not been successful. Guided by safeguarding principles, the panel seeks to improve outcomes for adults at risk through partnership working and is informed by learning from recent cases featuring self-neglect.

The panel aims to ensure that professionals work in a coordinated way with other professionals and agencies. The Panel will also work to ensure that information is shared appropriately, in high-risk cases, in order to manage risk and to achieve the best possible outcome with the adult(s) at risk.

The panel is advisory only. It has no case management function and no budgetary responsibilities. It is not an appropriate forum for the resolution of disputes between teams and services (please see Enfield Safeguarding Adults Board Escalation Policy for ways forward on this). Any actions suggested will be for named professionals involved to implement. So, while the panel may oversee whether actions have been completed through its review, the responsibility to ensure actions are implemented resides with the allocated professionals and their line managers.

The panel accepts no responsibility for case management and therefore professionals must continue to work with the adult at risk (as well as other professionals and agencies) in the ongoing management of risk.

2. Aims

The aims of the High-Risk Advisory Panel are as follows;

1. To consider high risk, complex cases concerning self-neglect and issues of non-engagement where care management and/or safeguarding adult procedures, have been unable to reduce or manage the risk(s)
2. To promote the sharing of information around adults at risk with complex needs to better understand the individual and their needs and advise on appropriate action(s) to mitigate identified and theoretical risks.
3. To understand the adult's outcomes and use this information to inform the panel discussion and actions advised.
4. Encourage integrity, openness, and honesty between partner agencies and to improve information sharing and communication to mitigate complex risks.
5. To determine whether the adult(s) pose a risk to themselves or others and to advise the best way pathway to minimise the risk of harm.

6. To encourage problem solving, creativity, innovative ways of working and to provide opportunities to improve partnership working.
7. To consider the mental capacity of the adult facing the risks and where the adult's mental capacity to make the relevant decision has not been considered or is in doubt, to advise how this can be established and/or reviewed.
8. To review multi-agency risk assessments to identify and define areas of risk and advise on further risk mitigation. Social care professionals allocated are expected to coordinate multi-agency work and multi-agency risk assessments.
9. To learn from high risk cases that require a partnership response and from themes arising from referrals and discussion to inform the learning and development needs of social care professionals at an organisational level.
10. To identify any themes concerning gaps in appropriate service provision and service development needs within the local provider market.
11. To model good practice around multi-disciplinary meetings and risk assessment – and to enhance multi-disciplinary relationships and communication.

3. Principles of the High Risk Advisory Panel.

1. To promote the independence, well-being, health and dignity of adults at risk.
2. To prevent abuse and exploitation by early multi-agency intervention.
3. To manage, reduce or remove risk by sharing responsibility and maximising a co-ordinated multi agency approach.
4. Finally, to adhere to safeguarding adults principles;
 - **Empowerment:** *Adults are encouraged to make their own decisions and are provided with support and information.*
 - **Protection:** *Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.*
 - **Prevention:** *Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.*
 - **Proportionate:** *A proportionate and least intrusive response is made, which is balanced with the level of risk.*
 - **Partnerships:** *Local solutions through services working together within their communities.*
 - **Accountability:** *Accountability and transparency in delivering a safeguarding response.*

4. Criteria for the High-Risk Advisory Panel

The High-Risk Advisory Panel exists as an exceptions process to discuss cases where normal risk management processes have not managed risk of real harm to an adult with care and support needs (or those around them). Often these are cases of self-neglect and where professionals have been unable to engage with the adult.

An adult at risk may be referred to the High-Risk Advisory Panel if they meet the following criteria;

- The adult has care and support needs and is at a high level of risk
and
- Professionals involved have exhausted all reasonable, usual attempts to work with the adult to reduce the level of risk without success (including through assessment, support planning and review, professional's meetings / multidisciplinary team meetings, Mental Capacity Act assessments and multi-agency risk assessments)
and
- Professionals have explored existing risk multi-agency risk management forums (please see below for examples of these in Enfield).

Cases may be referred to the High-Risk Advisory Panel by partner agencies who are members of the Enfield Safeguarding Adults Board in cases involving apparent self-neglect. All the referral criteria as mentioned above apply in these cases also and it is expected that cases will already have been referred into Adult Social Care via either Safeguarding or Assessment routes prior to such a referral.

Self-neglect is when a person being unable, or unwilling, to care for their own essential needs. It can cover a wide range of behaviour including neglecting personal hygiene, health or surroundings, refusal of necessary support and obsessive hoarding. An essential first step in identifying self-neglect is ensuring that the adult is aware of the options for support and understands these (or exploring any issues around their capacity to understand these).

In limited circumstances, Adult Social Care staff may refer when the case does not involve self-neglect.

Each referral will be considered by the Chair, currently David Williams, Enfield Adults' Principal Social Worker, and the Strategic Safeguarding Adults Team within Enfield Adult Social Care (in discussion with the Safeguarding Adults Lead in the referring agency) in order to consider if the case is appropriate for the High-Risk Advisory Panel. Where a case is not appropriate then advice and direction will be given.

Any referrals received which do not evidence mental capacity assessments undertaken, attempted or planned or that are not accompanied by a multi-agency risk assessment will not meet the criteria for the panel as reasonable steps have not yet been taken. Support and advice will nevertheless always be given.

There are a number of multi-agency forums in Enfield, each specialising in different areas of risk and professionals should consider the appropriateness of making a referral to the relevant forum. There are also a number of risk management forums internal to partner agencies (for example, the Complex Cases meeting in Enfield's Integrated Learning Disabilities Services or the Unmanaged Risk Forum in the North London Mental Health Foundation Trust) – the below list is not exhaustive.

The following questions aim to guide professionals as to which multi-agency risk management forum would be most appropriate;

Is there a Domestic Abuse element to the case?	Please refer to Domestic Abuse MARAC
Is there a homeless or rough sleeper element to this case?	Rough Sleepers Multi-Agency Risk Assessment Meeting (Rough Sleepers MARAM)
Is there an antisocial behaviour element to this case or wider risks impacting on other people or other properties?	Please refer to Community Multi Agency Risk Assessment Conference (CMARAC)
Is the adult being victimised/victimising others?	Please refer to Community Multi Agency Risk Assessment Conference (CMARAC)

Is the adult a violent or sexual offender?	Please refer to the Multi Agency Public Protection Arrangements (MAPPA)
Are you a professional working within the Older People and Physical Disabilities teams or the Integrated Learning Disabilities Service?	If Yes – Please refer to your complex cases panel

Where a partner agency does not have a representative at/ or referral route into any of these meetings, please contact SafeguardingEnfield@enfield.gov.uk for support.

It is acknowledged that there may be occasions where a case will require discussion at the High-Risk Advisory Panel in addition to other risk forums or for a case to transfer between panels such as the Complex Cases Panel or Community MARAC. In these circumstances, professionals should follow existing referral pathways, recording what actions have been agreed within the referral form, furthermore, it is recognised that formal discussion between chairs may be appropriate to agree the most appropriate avenue given the circumstances of the case.

As noted above, individual multi-agency risk management meetings should also be considered. The Enfield Safeguarding Adults Board has produced an agenda and principals to support such meetings which you can find online [here](#).

4. Referral process

Given that the panel is monthly, if a case presents a high and immediate risk – it is advised that urgent actions are taken in line with advice of line management. The Adult Social Care Safeguarding Adults Practice Lead and Principal Social Worker (PSW) are available for advice and support if required (as well as each agency having their own Safeguarding Adults Leads which staff should be familiar with).

An ad hoc multi-disciplinary Risk Management Meeting (you can find guidance online [here](#).) may also be appropriate as soon as possible – consider contacting the Safeguarding Adults Board Business Unit who may also be able to support with contacting senior representatives of partner agencies if required. The referral to High Risk Advisory Panel referral can then also be made for the next available meeting.

Any professional can make a referral to the panel where the criteria as set out in section 3 has been met. However, each agency or service will appoint a relevant Safeguarding Lead within their agency to screen such referrals before sending through. This will allow partners to escalate risk internally as well as review if all appropriate steps have been taken prior to referral.

All referrals should be made using the referral form and authorised by the referrer’s manager then emailed to safeguardingadults@enfield.gov.uk. The panel requires that professionals involved have completed a multi-agency risk assessment for the purpose of identifying risk, including the severity and likelihood of harm and what agencies will need to take responsibility for the management and review of risk in each area. There is an example multi-agency risk assessment tool developed by the High-Risk Advisory Panel but other tools may be used – however, they must demonstrate multi-agency discussion and planning around risk.

These tools have been designed to anticipate the likely questions that the panel will have. The High-Risk Advisory Panel will not accept referrals where multi-disciplinary work and mental capacity have not previously been explored as these are considered routine practice steps which should be exhausted before escalation.

The referral form should be received at least two weeks prior to the next High-Risk Advisory Panel (usually 2nd Monday afternoon of the month) to allow the coordinator to screen the referral to ensure that it meets the

panel criteria and there is sufficient information within the referral to enable members to adequately prepare for the meeting.

Referrals from partner agencies which have not yet gone through the appropriate adult social care 'front-door' e.g. Safeguarding or assessment will be diverted to those processes. Although professional and respectful disagreement may well come up in the context of multi-agency discussions at the High Risk Advisory Panel, referral to the panel is not an appropriate way of escalating such concerns if other criteria are not met.

The Chair and a representative of the Strategic Safeguarding Adults Team will then arrange a pre-meet with the referrer and their line manager. This is an informal meeting to review:

- Is the referral appropriate at this time? If there are some straight-forward steps which have not yet taken place (e.g. referral to a specialist team/ a multi-disciplinary team meeting etc) then it may be concluded that these should take place and referral to the High-Risk Advisory Panel can be reconsidered following that action.
- How will the adult's voice be captured in the High-Risk Advisory Panel discussion? If appropriate or possible, the Chair may arrange to meet with the adult themselves prior to the meeting.
- How can the referrer prepare to present the case to the panel? What key points need to be emphasised and what questions are highly likely to come up? Some actions (should as revising a Mental Capacity Assessment) may be suggested prior to the meeting.
- What aspects are considered to be the highest risk? Cases which come to the High-Risk Advisory Panel can often be complex with many risk factors. Ensuring the Chair is familiar with the key issues/ reasoning for referral can help them to keep the conversation focused on those areas.
- Discussion of which professionals should be invited? It should be noted that time in the panel is limited so attendance needs to be proportionate.

The referring professional, their line manager and service manager (or equivalent) will be invited to attend the panel for the case discussion. The inclusion of senior management is necessary in order that sufficient oversight can be provided and also to allow for their expertise. The aim is also to reduce delays in action planning caused by attendees not being senior enough to agree specific steps.

In the event that it is decided the referral criteria is not met, feedback will be provided in email format setting out the reasons for the decision. This will be sent to the referrer, their line manager and the relevant service manager (or equivalent) for information and ongoing oversight. Advice and signposting is likely to be given.

5. Engagement with the adult.

The voice of the adult should be central to everything we do in Safeguarding Adults (and beyond) and therefore it is important that professionals involved establish what outcomes the adult wishes to achieve in relation to their individual circumstances. This information should be recorded within the referral form and included as part of the case discussion.

Work with adults who are apparently self-neglecting should also always be trauma informed¹ – this means considering the principles of safety, trustworthiness, choice, collaboration, empowerment and cultural consideration.

¹ [UK Gov, 'Guidance: Working Definitions of trauma-informed Practice' \(November 2022 – accessed Feb 2025\)](#)

Professional curiosity² should also be used – if an adult is declined a particular service that you believe is necessary for their wellbeing, have you explored why with them? Do they have good/better relationships with other professionals that could be useful to discussion? If they say that they have an alternative plan, have you explored with them the specifics of this?

Mental Capacity is a key consideration around self-neglect and it is vital that this is considered for all key decisions by the relevant decision maker. Executive capacity (the ability to follow through on stated aims) should also be considered at all points.

Learning from Safeguarding Adults Reviews, both locally and nationally, has highlighted that professional curiosity, trauma-informed practice and consideration of the Mental Capacity Act 2005 are often areas where practice falls short. The High-Risk Advisory Panel will endeavour to promote best practice in these areas wherever possible.

In addition, it may be necessary for the panel to establish who is best placed to liaise with the adult and seek agreement as to who will act as a main point of contact. This will be especially important where agencies experience difficulty in engaging successfully with the adult and it is therefore likely that this role would be undertaken by the individual who has the most positive rapport or working relationship with the adult.

As mentioned above, if the adult will consent then it may be useful for the Chair of the High-Risk Advisory Panel (or other representative) to meet with the adult prior to the meeting. This will help ensure that the adult's voice is captured in the meeting but also ensures that the adult is aware of the process itself, the high level of concern about them and who is involved. Referrers will need to consider how the communication between the panel Chair is best facilitated.

5. Membership

The High-Risk Advisory Panel is made up of a core membership but may invite attendance from other teams and agencies as and when required, this will be informed by the professionals involved and the level of risk as set out in the High Risk Advisory Panel referral form.

Services who are expected to send representation to the High-Risk Advisory Panel are:

Enfield Adult Social Care.
North Area Metropolitan Police.
North Central London Integrated Care Board
North London Mental Health Foundation Trust.
Royal Free London Hospitals Trust.
Enfield Housing Services
Enfield Regulatory Services
Enfield Public Health
Enable – addiction services.

Meetings will be chaired by the Principal Social Worker initially with this role to be alternated between members of a similar seniority as the panel develops. The chair for subsequent meetings will be agreed as part of an ongoing agenda.

The referring professional, their manager and service manager will be invited to the panel for discussion with the expectation that multi-agency work, including the development and review of a multi-agency risk assessment, is coordinated by the care team involved on an ongoing basis.

² [Research In Practice 'Strategic Briefing Note: Professional Curiosity in Safeguarding Adults' \(December 2020 – accessed February 2025\).](#)

Other partner organisations may need to attend as required if they are involved in a particular case. Additionally, observers can also attend the panel with the prior agreement of the chair, having agreed to comply with the confidentiality statement.

Legal representatives of adult social care may be present (due to potential consideration of Court of Protection applications) but are unable to specifically advise the panel. Where specific legal advice is required, a legal planning meeting should be requested by the professional and their line manager. Legal advice cannot be provided in the presence of a third party.

6. Meetings

The High-Risk Advisory Panel will initially meet every month with the option for the frequency of meetings to be reviewed by the core members having gauged demand. Each panel meeting will sit for two hours and cases accepted for discussion will have a specified time slot for the presentation, discussion and agreement of actions. A maximum of 3 cases can be discussed in a session.

Actions agreed will be recorded for future reference and cases may be invited back to the panel for a review three months' later. Additionally, the actions for each case will be shared with the social work team and line management and uploaded to Eclipse/Rio as part of a case note to record the actions agreed in the interests of accountability.

The panel will hear initial cases referred and review cases which have previously been discussed by the panel where this is considered necessary and after a period of three months. Where professionals wish to consult with the Strategic Safeguarding Adults Team for Enfield Adult Social Care outside of the panel process, this can be achieved by emailing safeguardingadults@enfield.gov.uk.

All meetings will have a minute taker and minutes will be shared with members and attendees once approved by the chair.

Each case discussion will end with a discussion of if/when the case should return for review. This will typically be in 3 months but may be sooner dependent on risk. If other panels/ meetings are involved then it may be decided that this is necessary.

In cases where it is felt that the risk is now managed through normal processes the case will still be requested to return to the High Risk Advisory Panel in 6 months in order to ensure that agreed actions are still in place and risk is indeed managed. Updates where it is felt there is no on-going risk may be provided in writing so that the original referring team does not need to attend.

Minutes will be uploaded to the Eclipse case files of the person discussed (Adult Social Care recording system) and other agency representatives will be responsible for the storage of minutes for their agency. A copy of the agreed actions will be entered into the case notes of the person's file.

9. Information sharing

Information shared as part of the High-Risk Advisory Panel will be done so under the London Multi-Agency Adult Safeguarding Policy and Procedures for the purposes of safeguarding adults from abuse and/or neglect. A standard confidentiality statement will form part of the agenda to which all attendees will need to agree;

Information shared in this meeting is strictly confidential and any information breaches should be brought to the attention of the Chair for further discussion and action. This meeting is being held on the basis of risk and under the London Wide Multi-Agency Adult Safeguarding Policy and Procedures to safeguard adults from abuse. All information shared in this meeting should not be discussed outside of the meeting unless agreed by the Chair or by the meeting as a whole. Attendees are likely to disclose a range of issues and exchange information to identify any risks of harm and/or for the prevention or detection of crime. These minutes may be used at a later date for example, in Police, DBS or other statutory investigations. The attendees agree to store all minutes & notes securely – as formal minutes may take time to be available, all attendees are responsible for noting and carrying out any actions they have agreed to within the agreed timescales. This meeting will be informed with regard to the Equalities Act 2010.

Attendees who are attending this meeting remotely agree to only attend this meeting if they are in a confidential space where children and other adults (where not appropriate) cannot hear – or see – the information discussed. Where Microsoft Co-pilot is used to aim in producing the minutes, this transcript will be destroyed once the minutes are agreed by the Chair.

10. Organisational learning

Each panel will have an agenda item for the identification of emerging themes and organisational learning with the objective to both capture areas of best practice and reflect on systemic learning.

It is also the responsibility of High-Risk Advisory Panel members and attendees to communicate best practice and systemic learning within their own organisations as it is identified, and a learning log will be maintained to capture relevant information.

Furthermore, a representative from Local Authority Adult Social Care Commissioning is also invited for the purpose of identifying service development needs at a strategic level.

Finally, a high-level summary will be provided to the Enfield Safeguarding Adults Board Practice Improvement Group as a method of highlighting good practice and areas for development. This summary will detail the number of cases presented to the panel, which teams have accessed the panel and any emerging themes.

Appendix 1

Referral Processes.

Front line worker identifies case that they believe meets the criteria and discusses with Line Manager.

Consideration should be given from this point as to how the adults' wishes and views can be incorporated.

Please note: where risks are urgent, convene a Multi-Agency Risk Management meeting rather than awaiting next High Risk Advisory Panel. Use the SAB guidance [here](#).

With Line manager's agreement: High Risk Advisory Panel referral form and Multi Agency Risk Assessment form completed. These are sent to the Partner's internal Safeguarding Adults Lead or identified professional.

Partner Safeguarding Adults Lead discussion:

- Have all reasonable and normal processes been followed? The High Risk Advisory Panel is not a process to refer into any agency – please make sure appropriate referrals are completed first.
 - Has a Multi-agency risk assessment (in any format) been completed?
 - Have multi-disciplinary meetings taken place?
- Has there been consideration of mental capacity around relevant decisions? Is this well evidenced?

At least 2 weeks before the next High Risk Advisory Panel date: Referral form and Multi-agency Risk Assessment sent to safeguardingadults@enfield.gov.uk.

Pre-meet takes place with High Risk Advisory Panel Chair and Local Authority Strategic Safeguarding Adults Team as well as referring professional, their manager and relevant Safeguarding Adults Lead.

The meeting will combine screening, preparation and advice. Please see Section 4 for objectives of this meeting in full.

If agreed: High Risk Advisory Panel takes place on 2nd Monday of the month.

Cases will be brought back for review at least once to review actions – within a timescale agreed in the meeting but not longer than 3 months.