Salford
Safeguarding
Adults Board

Salford High Risk Advisory Panel

Salford's multi-agency process for oversight of adults at high risk.

Updated May 2023

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Status of Document

March 3rd, 2021	Final signed off by Salford Safeguarding Adults Board
October, 2021	Policy reviewed
January 2023	Policy reviewed
May 2023	Revised version published

1. What is Salford High Risk Advisory Panel?

1.1 Context: 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' and 'SAR Eric'

Salford Safeguarding Adults Board (SSAB) has a statutory 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.

1.2 The panel provides a multi-agency risk enablement approach to advise and support in situations for adults with care and support needs who are at **risk of death, severe harm, or self-neglect**, AND where **the established processes for single agency / multi agency responses have been unable to reduce the level of risk**.

1.3 The panel provides a multi-agency platform at a senior level to discuss individuals who are deemed to be at a significant high risk, at the point where a S42 enquiry and other multi-agency processes under the Care Act have not enabled the risks to be reduced or stabilised. The panel will discuss adults who have been assessed as having capacity in relation to the decisions, they are making that are causing the risk.

1.4 Key principles of the High Risk Panel:

- To work with a framework of choice and control to empower and recognise Human Rights, strengths, wishes and feelings.
- Comply with the requirements of the Care Act 2014 and Mental Capacity Act 2005 at all times
- Proportionality - benefits against risk/ applying positive risk- taking approach
- Embrace collaboration- strengthen multi agency connectivity and partnership working

1.5 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)

1.6 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.

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

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

* 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, and a range of single agency polices to manage risk.

1.7 Making Safeguarding Personal

The panel works from a strength-based approach working to enhance choice and control, so **it is essential that the person has been made aware of the intention to discussion their situation and the concerns at the panel** and that they are given the opportunity to express their views and wishes that can be represented at the panelGovernment guidance on information-sharing states that:

> "information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
>
> Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being."

1.8 Core functions of the panel are:

- Verify that any actions are covered by a legal framework or is lawful to improve agency accountability
- Verify that all statutory duties are met
- Suggest 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)
- To suggest creative solutions and the value of bespoke support, possibly outside current services model or where the person might not be eligible under standard criteria to support that person.
- To verify that the multi-agency risk management arrangements have been followed, and all practical steps were taken to prevent severe harm, or death.
- Improve multi-agency communication pathways to promote safety and wellbeing of high-risk adults in Salford
- Support the creation of risk management plans that seize the opportunities for engagement and/or monitoring of the well-being of the person e.g. outreach opportunities, support from the community and locality input.
- To enable professionals to clarify and agree the level of risk and accountability with senior leaders

1.9 The high-risk panel operates within Salford's safeguarding adults policy and the self-neglect guidance.

2. Responsibilities and Accountabilities of Salford High Risk Advisory Panel

2.1 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 that decision making about levels of risk takes into account all relevant circumstances.

Given the adults being referred to this panel are at significant risk, **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.

2.2 Salford High Risk Advisory Panel members - responsibilities

The decision for determining if the adults meets the criteria is determined by the panel Chair and Principal Manager.

Other panel members will be consulted with as appropriate.

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

2.3 Delegation of actions agreed at the panel - ASC representatives will often be the referrer of an adult to the panel due to the statutory role to co-ordinate the safeguarding response – the ASC representative will, where appropriate, delegate agreed panel actions to the relevant partner agency in accordance with the Care Act and the Board's Safeguarding Adults policies and procedures.

2.4 Administration of the panel is shared between ASC and SSAB

Please see flow chart appendix 4 for overview of admin process

2.5 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 principal manager level
- ensuring attendance at the panel of appropriate people from their organisation to fully present the complexity of the person's situation
- 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 (actions should be delegated to partners as appropriate).
- oversee/gain updates on agreed work/actions and provide a monthly update

3. 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 considered on an individual basis, with a clear rational for the benefits of referring to more than one panel. It is expected that referers as part of ongoing safeguarding enquiries have already explored connections to other high risk panels including MARAC and MAPPA where relevant.

4. How does the panel operate?

4.1 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.

4.2 Frequency of the panel

The panel meets monthly with each meeting being scheduled for no more than two hours.

In exceptional circumstances the panel may need to meet in-between the monthly scheduled meeting to discuss a particularly urgent case. These meetings will be kept to a minimum and consideration will be given to the required make-up of the Panel for such a meeting.

It should be noted that the panel is not an appropriate forum for responding 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.

4.3 Decision to refer

The referral would usually be the outcome of a decision at a multi-agency forum e.g. S42 safeguarding outcome meeting, safeguarding planning meeting or other multi-agency meeting that is a follow on to a 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.

Referrals 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.

4.4 Referral process

Who refers?

Referrals should be agreed by a senior member of staff usually at service manager level. In Adult Social Care if the referral is made by the Team Manager then this must be following a discussion and agreement with 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. Liquid Logic or Paris or other recording system). Please see appendix 3 for the referral form.

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 rational for the referral
- Risk assessment documentation
- Capacity assessment documentation where relevant

Please note copies of these will need to be submitted with the referral (unless they are on Liquid Logic

The referrer should also ensure that where any legal advice has been given that this is noted on the referral form. The legal advice itself should not be included with the referral as it is privileged information.

How is the referral made?

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

4.5 Who reviews the referral?

All referrals are received by the administrator and then referrals are initially triaged by Adult Social Care (chair of the panel and Principal Manager)

Please note: where a referral involves a person with significant health in-put ASC who are triaging the referral will consult with the NHS GM Integrated Care (Salford) member of the panel to reach a decision re the referral.

4.6 In preparation for the panel meeting the High Risk Panel administrator 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

4.7 Referrals that are not accepted for the panel

- 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 suggested actions/approach to be taken.
- For adults 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.

4.8 Format of panel case discussion

Assurance checklist – this checklist is used by the panel to give consistent approach to frame the discussion in the panel meeting. This same approach is also taken for information requested on the referral form.

- **Update/review of actions taken** (for adults already discussed at panel this will be an update of the action log)
- **Update/review of the risk assessment** – this will give overview of if actions have reduced the risks at all and what the current key risks are and the likelihood of them occurring and the severity of the risk
- **Has legal advice been sought**? If so, what specifically was asked and what was the response?
- **Are all the agencies involved** who have a role and are they engaging/attending meetings?

Managing the risk

- **Managing the risk** - what's working and what's the opportunities to do something differently.
- **What are the barriers/issues** that you are not managing to progress?

MSP

- What does the individual want? What do they feel would make the biggest difference?
- Are there friends and family that the adult engages with, or who would like to be more involved who we can work with (with the adults' s consent or in the adult's best interests)?

4.9 Recommendations at panel

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

All recommendations and agency actions will be recorded on the action log.

4.10 Review of individuals discussed at panel – requirements for updates

Actions agreed at the meeting for each individual will be recorded by the SSAB administrator on an action log with clarity about which agency is responsible for the action. The referrer will feed back/delegate these actions as appropriate.

All individuals will be reviewed each month by the panel using the updated action log and risk assessment documentation. One week before the date of the next High Risk Panel, the SSAB administrator will request updates of the action log and risk assessment from the referrer. These are the only updates required.

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

4.11 Deciding who is discussed in the panel meeting

The week before the panel meeting, once all the updates for the adults have been reviewed a decision is made about how to allocate the two hours slot for the meeting based on risk and any new referrals.

It is important that all updates are submitted in the time frame requested in order to ensure that the agenda can be set for the meeting, allocating time to the most at risk individuals.

The referrer will also be asked in their update:

- if in their opinion the adult should be discussed at this panel
- if in their opinion the adult's situation will require discussion at more than one panel meeting

The panel will discuss individuals in the subsequent panel meeting 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 rag 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.

4.12 Deciding that an adult no longer needs to be discussed at the High Risk Panel

Any adult requiring discussion at more than one meeting will be reviewed each month based on the update in the action log and risk assessment. In most instances there will be a discussion at the panel to make the decision that an adult no longer meets the criteria for the panel, however, in some instances, where this is very clear, for example as a result of a significant reduction in risk this decision will be made outside of the meeting.

5.Membership of Salford High Risk Advisory panel

The Panel is chaired by the Principal Social Worker for adult social care, deputised by ASC Heads of Service as necessary.

The following agencies are represented at the High Risk Panel: Adult Social Care (ASC), the Integrated Care Partnership representative, Greater Manchester Police (GMP), Salford Probation, GMMH, Salford Care Organisation acute and community health, Salford City Council Housing, Achieve alcohol and substance misuse & Salford City Council Domestic Abuse lead (where appropriate).

All members should be of suitable seniority and expertise to respond and act accordingly to the request of high risk safeguarding cases (this should be determined by individual agencies represented). Partners are committed to prioritising attendance at the panel as it cannot be effective without all relevant agencies being in attendance.

The Panel may also from time to time co-opt representatives from other agencies (e.g. children’s services) depending on the expertise required.

Legal Services - 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.

6.Governance of Salford High Risk 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 identified trends (IIN and Safeguarding Effectiveness subgroups).
Data from the panel will be reported to the Safeguarding Effectiveness Group quarterly (numbers, trends etc).

Declarations of interest – All panel members will be expected to disclose any declarations of interests relevant to cases discussed at the panel. Decisions on managing these interests sit with the Panel Chair.

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 II 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 Frist)

These documents are attached with the referral Y/N
These documents are up to date and available on Care Frist 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
  - **Overview of actions taken to date** (for adults already discussed at panel this will be an update of the action log)
  - **Has legal advice been sought**? If so, what specifically was asked and what was the response?
  - **Are all the agencies involved** who have a role and are they engaging/attending meetings?

  Managing the risk
  - **Managing the risk** - what's working and what's the opportunities to do something differently?
  - **What are the barriers/issues** that you are not managing to progress?

  MSP
  - What does the individual want? What do they feel would make the biggest difference?
  - Are there friends and family that the adult engages with, or who would like to be more involved who we can work with (with the adults' s consent)?
- The details of the professional decision making and rationale which has led to the referral to the Salford High Risk Advisory
- Risks should be recorded in the risk assessment below as part of the referral.

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

Identified Risks for the adult

Matrix to be used to assess level of risk

Risk Rating Matrix to be used				
	Potential Consequence			
Likelihood	Negligible	Minor	Moderate	Major
Almost Certain	Medium	High	High	Very High
Likely	Medium	Medium	High	High
Possible	Low	Medium	Medium	High
Unlikely	Low	Medium	Medium	Medium
Rare	Low	Low	Low	Medium

Current identified risks that have been presented to the High-Risk Advisory Panel	Please provide update on action taken to minimise risk (including dates)	Please rag rate each risk – using the matrix above

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?

Please note below a guide to the risk ratings for the High risk panel:

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 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, 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 being prevented from engaging 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 being prevented from engaging 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 or is being prevented from engaging?
- Have you attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent, but the person has chosen not to engage or is being prevented from engaging?
- Have you attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway, but the person has chosen not to engage or is being prevented from engaging?
- Have you attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency, but the person has chosen not to engage or is being prevented from engaging?
- Have you attempted to engage the Adult with Housing and Homeless services due to accommodation issues, but the person has chosen not to engage or is being prevented from engaging?
- 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?
- Does the adult meet the criteria for statutory advocacy and have you made an advocacy referral? If the adult does not meet the criteria have you advised the Adult to seek an Advocate to support them?
- 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:

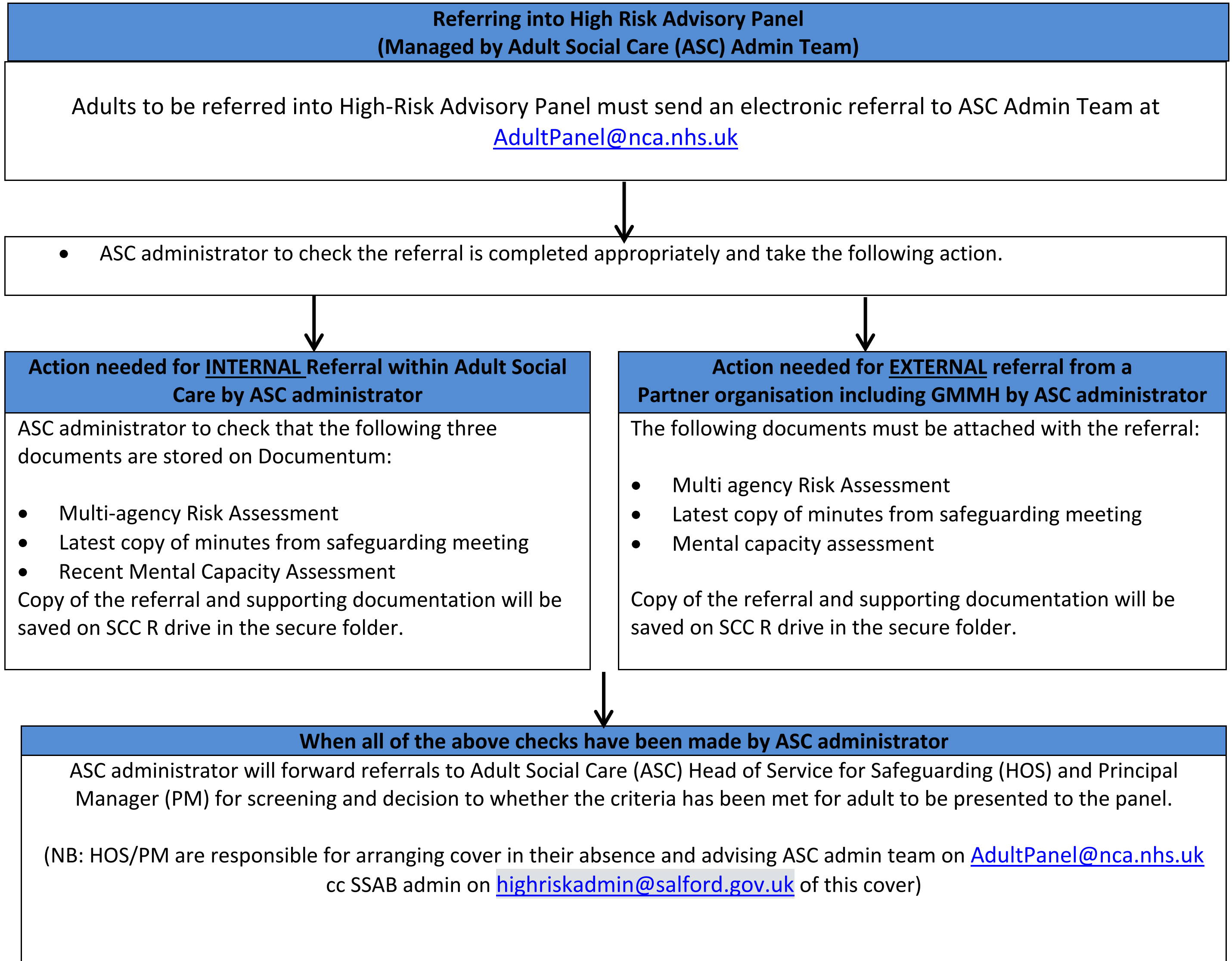
Theme	Examples
Being there	Maintaining contact; monitoring risk/capacity, spotting motivation
Practical input	Household equipment, repairs, benefits, 'life management'
Risk limitation	Safe drinking, fire safety, repairs
Health concerns	Doctors' appointments, hospital admissions
Care and support	Small 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

Appendix 4

Joint process for managing the Salford High Risk Advisory Panel

***Please note**

Sections highlighted in blue are managed by the ASC admin team (adultpanel@nca.nhs.uk)
Section highlighted in purple are managed by SSAB administrator (highriskadmin@salford.gov.uk)



Adult Social Care (ASC) Head of Service for Safeguarding (HOS) and Principal Manager (PM) when screening the circumstances of the adult.	
ASC Principal Manager (PM)	• Update the referrer if the referral to the High-Risk Panel has been assessed as not meeting criteria - ensure action plan in place advise how and when to re-refer • Liaise with referrer following the panel - ensure actions from panel are embedded in multi—agency risk plan and that updates are fed back before next panel meeting • Initial review of referral and additional documentation • Recommendation to HoS re proposed outcomes (see below)
ASC Head of Service (HoS)	Consider / review PM outcome proposal and agree with PM: • any further info required any further consultation with other panel members e.g. health • who attend panel if applicable

ASC Head of Service (HoS)/Principal Manager (PM) triage the adult circumstances and decide on 1 of 3 outcomes:

Outcome 1:
Adult **meets criteria** and will be discussed at panel

- ASC HoS/PM will send email to ASC admin (AdultPanel@nca.nhs.uk) advising that the criteria for the panel has been met.
- ASC admin will email the referrer cc SSAB to advise that the adult will be presented to the High-Risk Advisory Panel.
- ASC admin to forward referral and supporting documents to highriskadmin@salford.gov.uk

- SSAB admin saved the referral in the shared R Drive and inserts the referral and documentation into the agenda for the next High Risk Advisory Panel.
- SSAB admin will add the details of the adult onto the central spreadsheet.
- SSAB admin will then forward the MS Teams invite onto the referrer to request they attend the panel to present information about the adult to the panel.

Outcome 2:
The circumstances of the adult **may** meet the criteria, but additional information is required

- HOS/PM will send email to referrer (cc. AdultPanel@nca.nhs.uk) asking for additional information
- Once decision has been made that adult will be discussed at the High Risk Advisory Panel,

Process as stated in 'Outcome 1' will then be followed

Outcome 3:
Adult does not meet the criteria

- ASC HOS/PM will make decision as to whether criteria have been met, if criteria has not been met the referrer will be informed with rationale as to why,
- The ASC PM should ensure that a robust multi-agency action plan is in place for each adult.
- The ASC screening manager should advise the referrer that the referral can be re-submitted if circumstances change, and the risk is increased or other S42 process have been followed unsuccessfully.
- The ASC screening manager to advise that another referral form would need to be completed if the case if re-referred and to ensure all assessments are up to date if another referral is made.

Management of the High-Risk Advisory central spreadsheet

- The central spreadsheet will be kept in MS Teams channel for High Risk Advisory Panel and will be kept up to date by SSAB admin
- There will be limited personnel who have access to this MS Team Channel.
- Access to this MS channel will be managed by the ASC admin manager and the Business Manager of the SSAB.
- The central spreadsheet will act as a live document.
- The central spreadsheet will be shared at the High Risk Panel when required for members to have oversight of all referrals.

(Please note - full minutes of discussions will not be taken, agreed notes and actions will be shared after each meeting)

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Agenda Planning and management of the High-Risk Advisory (Managed by the SSAB admin)

Panel will be held on the first Tuesday of the month.

The deadline for new referrals to be heard at the panel will be 12:00pm on the Wednesday before.

- The circumstances of each adult will be triaged as it is received (see above process)
- For practitioners presenting information to the panel - Invites will be sent by SSAB admin once the decision has been made that the adult will be presented to the panel with an allocated timeslot.
- The agenda will be arranged and approved by the chair and will be sent out Monday before the panel by SSAB admin.
- All panel members will be invited to all the panel discussions to contribute.
- Panel members are to email highriskadmin@salford.gov.uk if they wish to send apologies for any panel but will try and arrange a deputy (where possible).
- Please note panel members agree to the confidentiality statement as stated on the agenda.
- The agenda and supported papers will be embedded into the outlook invite on the Monday before the panel. (**Please note -** panel members should use the outlook invite to access the most up to date documentation)
- Agreed actions will be shared after each panel.

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Management of decisions and actions (Managed by the SSAB admin)

- Notes of decisions, rationale and agreed actions with timescales will be recorded during the panel meetings on the 'Risk Management Document' and saved in the SCC R drive shared folder and the risk register is updated on the High-Risk Advisory Panel central spreadsheet.
- Following each panel, SSAB admin will send out the 'Risk Management Document' to the practitioners who presented the information and any other identified person(s) with an agreed actions.
- The presenter will be asked to provide an update on the adult, any actions and risks using the 'Risk Management Document' which will be returned to highriskadmin@salford.gov.uk (this document will then be inserted into the High Risk Advisory agenda as the update for the next panel)
- All action and updates need to be submitted via the highriskadmin@salford.gov.uk inbox and cc ASC Principal Manager and Head of Service by the last Thursday of the month or by the agreed date set by the panel. This is to enable the overall level of risk to be reviewed in preparation for the next panel.
- If the panel wish to have an update, the SSAB admin will sent out the monthly update document to the identified practitioner. The practitioner will be expected to provide an update on the identified risks and advise whether the risks remain and a further discussion is needed at the next panel.

- SSAB admin will update the central spreadsheet and send out actions following each panel.

- The agenda will be agreed by the chair by the Friday before the panel.
- Agenda and supporting papers will be sent out on the Monday before the panel.

Panel members should send any apologies at the earliest opportunities to highriskadmin@salford.gov.uk

Version control	
V1	Created March 2021 (this was when the High Risk Panel was launched)
V2	Reviewed and updated Feb 2023