



High Risk Adults Panel (HRAP)

Terms of Reference and Guidance

Background and Introduction

Following the implementation of the Care Act 2014, Teeswide Safeguarding Adults Board (TSAB) engaged in their first Safeguarding Adults Review (SAR) published in 2017. Since this time the Board have undertaken a number of reviews around individuals who have suffered abuse or neglect leading to significant harm or sadly death to promote learning and reflection on a multi-agency basis.

In 2022 following the death of a 25 year old female, TSAB published a [Safeguarding Adults Review](#) – named ‘Molly’. The SAR highlighted the need to review and reflect on current safeguarding practices/multi agency meetings, supporting the application of a strategic approach to remove barriers to operational issues when dealing with individuals who are at high risk of harm. A review was undertaken to review and replace the Team Around the Individual (TATI) safeguarding process and enhance this with the High Risk Adults Panel (HRAP). This is the revised Terms of Reference, supported by process documents and guidance for practitioners.

Purpose

The purpose of the High Risk Adults Panel is to work in collaboration with a core group of multi-agency professionals and extended members to reduce/remove or manage the risk of ‘our’ most vulnerable individuals who are identified as being complex and at high risk of harm. Referrals will be made where other multi-agency processes have not been successful in reducing risk or harm and where a strategic approach to case oversight is required.

All agencies will apply a trauma informed, person centred, solution focused and creative approach to reduce risk for individuals. Agencies will share information to collectively develop individual risk management plans which will be monitored with the aim to improve their outcomes and remove system barriers.

Systems Learning will be gathered from each of the High Risk Adults Panel arrangements (e.g. gaps in services, barriers to effective multi-agency working, system change requirements) and these will regularly be presented to TSAB as per the TSAB work programme.

Terms of Reference for HRAP

- As a partnership using a strategic approach in order to resolve operational issues, to understand the risk of our most vulnerable individuals whom have been highlighted

through HRAP referral process following multi-agency engagement and procedures to be at high risk of harm.

- As a partnership using a strategic approach in order to resolve operational issues, to share information/knowledge and experience to remove barriers to Safeguarding in order to promote the safety and wellbeing of those individuals identified to be at high risk of harm.
- As a partnership using a strategic approach in order to resolve operational issues, to consider non-conventional safeguarding/intervention methods within the multi agencies scope/ability to develop appropriate risk management plans to support in reducing/mitigating or removing risk for those individuals identified to be at high risk of harm.
- As a partnership using a strategic approach in order to resolve operational issues, to collectively be accountable/responsible for the implementation of the plan for those identified individuals at high risk of harm in management of risk/safety plans additional the step down from the HRAP safeguarding process.
- The HRAP must be attended by the agency/organisation representative or their appropriate deputy in their absence.
- HRAP should engage/communicate with other strategic forums e.g. Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Tasking and Coordination (MATAC), Multi-Agency Public Protection Arrangements (MAPPA) to ensure a coordinated approach.

Information Sharing

The [TSAB Information Sharing Agreement](#) underpins information sharing between partner agencies within the HRAP.

Upon receipt of the HRAP agenda, panel members are expected to review all cases to determine if the cases are known to their agency and to share relevant information regarding their agency involvement and assessment of risk.

As with other multi-agency forums such as MATAC, MAPPA and MARAC, the HRAP agenda and minutes are confidential and should be securely held by the HRAP panel representatives.

Where agencies are involved with a case open to HRAP, the HRAP minutes relating to the individual can be stored securely on the agency electronic service user record. Minutes for cases not open to the receiving agency should be deleted following circulation.

Core Membership (Respective Authority)

The High Risk Adults Panel takes a strategic approach to deliver operationally in order support our most vulnerable and high risk individuals in Teesside. Attendance from agencies must be at a sufficient level of seniority that the individual can make informed/balanced decisions on behalf of your organisation and commit to actions delegated to them through the meeting and assurance of completion post panel.

If the designated HRAP attendee cannot attend, then a deputy who is well briefed and delegated with the same degree of authority attends to ensure there are no delays in the safeguarding of the individuals at the centre of the HRAP.

Each agency/organisation will provide their management structure to the HRAP Chair and ensure this is current and in line with agency/organisation structural charts.

In the event of non-completion of actions and/or non-attendance the following escalation process will be followed:

1. For 1 meeting – Chair to make contact with agency/organisation representative to highlight the importance of attendance at HRAP meetings and remind the individual of the escalation policy.
2. For 2 meetings – Chair to make contact with the designated escalation manager.
3. For 3 meetings – Director of Adult Social Services to refer to the TSAB Board member to address internally.
4. If the above has not been addressed sufficiently, the TSAB Independent Chair will write a letter to the organisation's Chief Executive/Managing Director on behalf of TSAB.

Core attendees:

- Acute Health Trust
- Adult Social Care (Chair)
- Community Safety
- Domestic Abuse Lead / Domestic Abuse Commissioned Service
- Integrated Care Board / General Practitioner (GP's on a case by case basis only)
- Local Authority Housing / Homeless Team
- Police
- Probation
- Public Health
- Referrer / Referring Agency
- Substance Misuse
- Tees Esk & Wear Valleys NHS Foundation Trust

Discretionary attendees (based on a case by case basis):

- A Way Out and/or any other appropriate voluntary/community sector organisations
- Registered Social Landlords (e.g. Thirteen/Beyond Housing)
- Children Services
- Cleveland Fire Brigade
- North East Ambulance Service
- Social Prescribers
- Legal
- Other agencies relevant to the local area

Criteria

Any agency can present/refer a case to the High Risk Adults Panel where they identify a complex or challenging concern of risk for an individual. All conventional safeguarding methods/interventions have been unsuccessful/exhausted and there is a need for strategic oversight/ intervention/ guidance and decision making.

Factors to Consider:

- Care management/safeguarding procedures have not reduced risk/harm (except in cases of immediate high risk where urgent escalation is needed)
- Severe self-neglect/self-harm
- A 'frequent caller' where intervention/engagement has been unsuccessful
- Mental ill health
- Domestic Abuse
- Sexual Exploitation
- Housing issues
- Offending behaviours
- Repeat victimisation
- High levels of substance and/or alcohol use
- System barriers such as agency policies/procedures
- Differing views amongst professionals around the management of risk resulting in a lack of resolution.

Engagement:

- The individual may have difficulty engaging with professionals/services
- The individual has engaged but this has not enabled reduction of risk
- There may be a change in engagement e.g. prolonged period with no contact

N.B Professionals should ensure that they have used a proactive engagement approach and demonstrated an understanding of trauma in the approach taken to engagement prior to presenting a case to panel.

Meeting Frequency/HRAP Agenda

- Meetings will be held on a monthly basis.
- Meeting agendas will be circulated at least 5 working days in advance of the panel to allow attendees to prepare for the case discussion.

Referral Process

- To nominate an individual to the High Risk Adults Panel, cases must be considered against the High Risk Adults Panel flowchart (stage 1). (See Appendix 1 for Referral Flowchart and Appendix 2 for Manager's Checklist).

- The flowchart (stage 1) is in place in order to ensure that front line staff have completed all appropriate steps prior to escalating the case to the High Risk Adults Panel.
- The referral form should be completed fully in as much detail as possible. Examples of good practice referral forms can be found on the TSAB website (See Appendix 3)
- Referral forms are submitted by e-mail to the relevant local authority access point. All referrals will be accepted without screening, provided that the referral process described above has been followed. (See Appendix 4)
- All referrals to be submitted no later than 2 weeks prior to the panel date. Any referrals received after this date will not be accepted and consequently carried forward to the next panel meeting.

Preparation for Panel

- When processing the referral, the local authority will check that the referral flowchart has been completed and that the referral form is fully completed and signed off by the referrers manager/designated authoriser.
- The Local Authority Administrator will create a meeting agenda and distribute to partner agencies (sending additional invites to any partner agencies who are not routinely involved in the High Risk Adults Panel)
- If an agency/organisation nominated attendee is unavailable to attend it is an expectation that they will nominate a representative to attend on their behalf. The deputy **MUST** be someone of a similar/same seniority with the ability to make decisions on behalf of the agency/organisation and take actions from the meeting to be completed.
- The attendees will be expected to read/understand the case referrals in advance of panel and ensure the appropriate research is conducted for their agency/organisation's involvement with the individuals subject of the referral. All relevant information **MUST** be brought to the panel meeting.
- An itinerary of individuals to be supported through the HRAP will be sent to the lead case worker (often the social worker) to allow them to participate in case discussions.

The High Risk Adults Panel Meeting

- The HRAP representatives are expected to take a solution focussed and person-centred approach to cases discussed, considering risks and protective factors in each case.
- The HRAP representatives will be accountable and responsible for agreeing actions with clearly defined timescales and for nominating leads to undertake actions in a timely and proportionate manner.
- The HRAP representatives will be responsible for making balanced, proportionate and informed decisions on individual cases for closure to the HRAP safeguarding process. This will be done appropriately considering all views and a clear rationale

documented when this arises, considering the checklist for defensible decision making as outlined below (this will be based on a majority vote).

- Closure checklist for defensible decision making:
 - Risks have reduced or been removed
 - Regular contact by one or more agencies
 - Robust, sustained safety plan in place
 - Ongoing Multi-Disciplinary Team (MDT) / Safeguarding meetings
 - Risks have not been reduced, however there is assurance that agencies have taken all practicable steps. In these situations system issues / barriers will be escalated to the Teeswide Safeguarding Adult Board (TSAB).

STOP & CONSIDER... Has the person moved into another Local Authority area – is a panel transfer required

See Appendix 5 for Receipt of Referral Flowchart (Stage 2), Appendix 6 for HRAP agenda template and Appendix 7 for HRAP minutes template.

Following the High Risk Adults Panel Meeting

- The Local Authority Administrator will circulate meeting minutes and actions agreed within 5 working days of the HRAP.
- The HRAP representatives will be responsible for recording the relevant information on the information systems that they operate and for sharing actions agreed with any operational practitioners who are involved with the case.
- HRAP representatives will ensure their agency/organisation completes the designated actions within the required timescales agreed at the panel meeting.
- Where the case is to return to the following High Risk Adults Panel, agency/organisation representatives are accountable and responsible for ensuring that feedback is provided to the meeting at least 5 working days prior to the HRAP meeting.

Management of Ongoing Cases

The Local Authority Administrator will ensure that cases remaining in the HRAP safeguarding process are scheduled for discussion at future meetings.

Data Collection

Each Local Authority will be responsible for data collection and said data will be provided to TSAB to inform the quarterly performance data reports.

Escalation of Themes, System Issues and Concerns

Each Local Authority will be responsible for reporting themes/ system issues/concerns to TSAB members at intervals stipulated by the Board.

Appendices

Please visit <https://www.tsab.org.uk/key-information/policies-strategies/high-risk-adults-panel/> for the most up to date supporting documents.

1. HRAP Referral Procedure Flowchart – Stage 1
2. Manager’s Checklist – Stage 1 (Authorising Submission of a HRAP Referral)
3. HRAP Good Practice Example Referral Forms
4. HRAP Referral Form
5. HRAP Receipt of Referral Flowchart – Stage 2
6. HRAP Agenda Template
7. HRAP Case Discussion Sheet (Minutes) Template