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BCP Council Adult Social Care and Multi-Agency Self-Neglect and Hoarding Panels

Terms of Reference

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# **Introduction**

The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised.

Adults have the right to live the way they choose even when that involves what may be perceived by others as poor or risky lifestyle choices. However, it is the impact on their own wellbeing or the impact their lifestyle choices are having on others that may prompt interventions by the statutory agencies.

It should be noted that ordinarily issues of Self-Neglect and or hoarding may not prompt a Section 42 Safeguarding Enquiry where people are failing to care for themselves. Section 42 Safeguarding Enquiries are primarily aimed at people who are experiencing abuse, harm or neglect by a third party; an assessment should be made on a case by case basis. A decision on whether, or not, a response is required under safeguarding will depend on an adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this without external support. For more information regarding Self-Neglect and Hoarding and Section 42 safeguarding enquiries please see the [**Multi-Agency Safeguarding Adults Policy**](https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/bpdsab_multi_agency_policy_v2.0_final_13.02.17_for_pdf.pdf)

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# **Principles of the Panels**

* To Provide a Multi-agency /Multi-professional forum that will ensure that when solutions are required, there is a process for planning solutions tailored to meet the needs of the individual utilising a person-centred approach. Possible solutions should include professional support and monitoring, property repairs and permanent or temporary re-housing.
* Create a safer and healthier environment for the individual and others affected by the hoarding behaviour, e.g. family, neighbours.
* Develop and suggest creative ways of engaging individuals in the process.
* To identify Fire Risks /Environmental Issues /Wellbeing and welfare /Mental Health issues /Access to premises /Engaging with Occupiers/Mental Capacity Concerns/Suitability of housing.

# **Governance arrangements**

Panel Representatives will escalate any issues relating to the lack of cooperation of members of their organisation or unit with regards to recommendations or actions suggested by the Panel to reduce the risks to any individual referred to the Panel.

The decisions and outcomes prompted by the BCP Adult Social Care Panel will be reviewed after 12 months from its initial launch in the council; this review will inform future governance arrangements.

The Panel arrangements will be monitored by the Senior Management Group.

# **Membership of the Group**

Membership will be as required and dependent on the needs of individual cases.

Representatives attending the group must be at a sufficient level, to be able to make decisions and allocate resources.

* Adult Social Care Safeguarding Adults Manager/or representative.
* Clinical Commissioning Group Safeguarding Lead/or representative.
* Dorset & Wiltshire Fire and Rescue Service.
* Project Manager Adult Social Care. (as and when required)
* Poole Locality Front of House Representative .
* Care Direct Front of House Manager
* Environmental Health.
* Housing Standards Officer/Housing and Community Services.
* Poole Housing Partnership or registered provider representative.
* Police representative.
* Mental Health Services representative (as and when required.)
* Children’s Services (as and when required.)
* Safer Communities Team (as and when required.)
* GP Safeguarding Lead (as and when required.)
* Health and Social Care Coordinator representative.
* BCP Community Enforcement & Environmental Protection.
* BCP Housing Landlords Services & Housing Options.

As a minimum quorate requirement, the group must consist of a representative from Adult Social Care, Health, Environmental Health, Fire and Safety Rescue Service representative and from Environmental Health and Consumer Protection and the Police.

**Responsibilities of the core member agencies**

* The named member to attend all SNAHP meetings.
* If the named member is unable to attend, an appropriate person in the agency must replace them.
* To ensure that all referrals from their agency have been signed off by a manager and meet the threshold for the SNAHP.
* To check their agencies records on all cases discussed at the SNAHP prior to the meeting.
* To contribute to SNAHP discussions.
* To make decisions on behalf of their agency and agree actions to be taken by their agency. Where this is not possible to ensure that relevant issues are referred to senior managers in the agency for a decision to be made.
* To follow up on actions agreed for their agency and provide feedback on the progress of these actions to the SNAHP Chairperson.
* To promote good practice within their agencies through updating colleagues about the SNAHP addressing any issues about the quality of their agency’s SNAHP referrals and supporting colleagues through the SNAHP process.
* To liaise with the Safeguarding Lead/Champion from within their agency as necessary.

**Responsibilities of the Self Neglect and Hoarding Panel Business Support Officer**

* To collate the referrals to the SNAHP and send out to the Panel members to enable them to cross check records.
* To record the referrals onto a SNAHP spreadsheet.
* To invite non-core agencies to SNAHP if requested to do so by the SNAHP chair.
* To set up SNAHP meetings, including room bookings, sending out invites and papers. The papers should include the minutes of the last meeting, the agenda for the meeting and the completed referral forms.
* To distribute an attendance sheet at each meeting.
* To take minutes of the meeting and send these out to all SNAHP members.
* To record relevant information and actions from the Panel Meetings onto the individuals electronic case records if known to adult Social Care.

# **Frequency of Meetings**

The Multi-agency Panel will meet monthly to discuss and review complex high-risk self-neglect and Hoarding cases. See Standard agenda at [Appendix A](#_Appendix_A_–)

The Panel Meeting will last for 2 & ½ hours and will consider up to 6 people referred to the Panel.

The Panel Chairperson has the responsibility for the decision to cancel a Panel meeting if there are no referrals for any scheduled meeting.

The Panel Chairperson has the responsibility for prioritising referrals if there are more than 6. They will make recommendations in the interim, such as convening MARMS etc.

# **The aims and functions of the Meeting/Panels**

* To have a commitment by organisations engaged with the group to identify resources and be involved where necessary.
* To apply a Multi-Agency approach and identify the most appropriate Agency for the specific tasks required.
* Form an agreed approach for all agencies involved in supporting people who are Hoarding or Self-Neglecting.
* Identify specific short-term and long-term solutions and risk management.
* Coordinating a joint approach to managing situations where residents hoard or who self-neglect, with a view to reducing costs and time taken to deal with these situations.
* Provide guidance, support and sharing of good practice.
* To understand when a specific situation should be considered by Community Mental Health or Social Care teams. (if not already known)
* To highlight when a Hoarding or Self-Neglect situation is also a safeguarding concern. This would apply when the person has already received input from other agencies and are not engaging and there are high level risks.
* To assist in improving the quality of life for individuals and to help them to live safely, access support and sustain their independence.
* To assist staff from other organisations to identify connected risks and prioritise actions.
* To identify a range of support and enforcement measures, including legal routes and assist/help in determining appropriate and effective measures.
* To intervene and where necessary escalate cases where there is concern that there is a lack of progress against actions agreed at a Multi-Agency Risk Management Meeting or a Case Conference.
* To intervene and escalate cases where there is a lack of partnership engagement or a disagreement on deployment of resources

**Objectives of the Panel**

* 1. To share information to increase the safety, health and wellbeing of adults with care and support needs who have been assessed at high levels of risk as a result of self-neglect and/or hoarding.
  2. To explore all options to minimise risk and ensure that all interventions possible are taken to maintain the safety of those who are assessed as being at a high level of risk due to issues of self-neglect or other risk-taking behaviours.
  3. To identify agencies that needs to be involved to mitigate identified risks.
  4. To ensure that any work undertaken with the person is in the least restrictive way possible to achieve their safety and improve their wellbeing.
  5. To ensure that the person has been made aware of all relevant information/options.
  6. To ensure that any decisions made/proposed actions involve the person (and with their consent anyone in a close relationship with them) to the greatest extent possible and that their view has been taken into account in the decision-making process.
  7. To be aware of a person’s right to make an unwise decision if they have been assessed as having mental capacity to make this decision unless there is a clear risk of significant harm to that person or others.
  8. To ensure that the person is aware of the implications of any decisions/proposed actions.
  9. To ensure that appropriate measures (including coercive measures) are taken if there is a clear risk of significant harm to that person or others. These should always be the least restrictive measures possible in the circumstances.
  10. To provide clear professional advice to the relevant agencies involved.
  11. To review actions taken by the member agencies on specific cases at the next panel meeting.
  12. To identify policy issues arising from casework and raise these through the appropriate channels.
  13. To contribute to the development of best practice.

# **Referrals to the Self Neglect and Hoarding Panel**

1. Referrals to the SNAHP should be on the agreed Professionals Checklist for Establishing if a Concern meets the Criteria of the Self Neglect Hoarding Panel and submitted 7 working days prior to the Panel Meeting. See flowchart at [Appendix B](#_Appendix_B_–). Where the concerns relate to hoarding referrers are asked to use the Clutter Rating tool. For residents in the Poole Locality the completed forms need to be sent to the Help Desk [**sshelpdesk@bcpcouncil.gov.uk**](mailto:sshelpdesk@bcpcouncil.gov.uk)**.** For residents living in the Bournemouth or Christchurch Localities forms should be submitted to Care Direct [**caredirect@bcpcouncil.gov.uk**](mailto:caredirect@bcpcouncil.gov.uk) who will pass these on to the Safeguarding Triage. Helpdesk and Care Direct will prompt action if an assessment under the Care Act or Section 42 Safeguarding Enquiry is indicated.

**N.B.** Referrers are reminded to instigate a Multi-Agency Risk Management Meeting (MARMM) prior to referring to the Panel.

1. Where possible referrers should inform the person that their situation and the concerns about their well-being is being discussed with the Self Neglect and Hoarding Panel.
2. Where the concern is referred on for action under safeguarding adults’ procedures the allocated Social Worker is responsible for completing the relevant Making Safeguarding Personal Documentation such as a risk and asking the person what they would like to happen .
3. Staff from any referring agency are invited to attend the Panel meeting for approximately 20 minutes, to present/discuss the concerns raised about an individual situation and may also attend with their Line Manager /Supervisor for support.
4. Suggestions and actions made by the Panel will be recorded in the appropriate section on the referrals checklist form and sent back to the referrer. Referrers are responsible for re-referring to the Panel if the situation is ongoing 6 months after presenting the case to the Panel or if circumstances change and cause a significant increase in risk which cannot be managed safely.

# **References and Related Information** Include useful links and related documents

[Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)

[Care and Support Statutory Guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

[Data Protection Act 2018](http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted)

[Equality and Diversity Policy](https://bcpcouncil.sharepoint.com/sites/Hosts/BCP/SitePages/Home.aspx) BCP Council

[Human Rights Act 1998](http://www.legislation.gov.uk/ukpga/1998/42/contents)

[Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents)

# **Document Control**

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| --- | --- | --- |
| Version | Date | Details |
| V1.1 |  | First published version |
|  |  |  |
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Documents this Replaces

Borough of Poole ASC Self Neglect and Hording Panel TERMS OF Reference

Equality Impact Assessment

Full assessment / Screening Complete – 11th October 2019

Data Protection Impact Assessment

Assessment complete – 7th October 2019

Review Frequency

6 monthly initially and 2 years thereafter

Policy Approval

ASC Senior Management Team on Date

Policy Lead

Sarah Webb, Head of Statutory Services

Policy Author

Barbara O’Brien

Policy Officer

Milan Cvijan

Target Audience

All Adult Social Care Staff and other visiting officers

Contact Information

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# **Appendix A – Agenda Template**



**BCP Adult Social Care Self Neglect & Hoarding Panel**

**Agenda**

**Date & Time of Meeting**

**Venue**

1. Welcome and Introductions
2. Apologies noted.
3. Notes of the last Panel Meeting
4. Referral 1 person presenting –
5. Referral 2 person presenting –
6. Referral 3 person presenting –
7. Referral 4 person presenting –
8. Referral 5 person presenting -
9. Referral 6 person presenting –
10. General referral up date.
11. Review of learning from previous cases and on hold cases
12. 6 monthly written feedback on any ongoing cases previously presented to the Panel
13. Any other business.
14. Date and time of the next Panel meeting

# **Appendix B – Self-Neglect and Hoarding Panels Flowchart**

