



Hammersmith & Fulham

Safeguarding Adults Board

HIGH RISK PANEL

Terms of Reference

Version control

Version control			
Version	V4.1	Date of changes	19/12/2024
Lead officers	ASC Safeguarding Adults Lead	Approval date	21/02/2025
Person making changes	Ceri Gordon, in consultation with Panel Members	Approved by	High-Risk Panel Members
Purpose/details of the change	Part of scheduled review.	Review required by	01/09/2026
Documents superseded			
HF High Risk Panel Terms of Reference v3.5			

Hammersmith and Fulham High Risk Panel acknowledges the kind use of Hounslow High Risk panel in the original drafting of this document.

1. Context

The High-Risk Panel has been established to support professionals in managing the most challenging and concerning cases.

The [care and support statutory guidance](#) (issued under the [Care Act 2014](#)) states that safeguarding duties apply to those unable *to protect themselves from either the risk of, or the experience of neglect and abuse*¹ and, in that context that the Safeguarding Adults Board will have positive means of addressing issues of self-neglect². The guidance acknowledges that self-neglect is challenging and needs to be addressed amongst professionals and the community more generally.

This function is encompassed in the council's duty to promote the wellbeing³ of the residents of the London Borough of Hammersmith & Fulham where their needs do not meet the criteria for adult safeguarding⁴. Partner agencies remain responsible for delivering services to the people with whom they are in contact. The panel will support agencies in their work to lower and mitigate risk where it is felt that internal mechanisms for managing the risk have been exhausted and or where formal consultation with colleagues from other agencies would enhance their response. Cases which are presented to the High-Risk Panel must have been considered within partner agency risk assessment processes and via a multi-agency approach prior to referral being made.

The High-Risk Panel is not a replacement for expected adult safeguarding practices under Section 42 of the Care Act; where someone is experiencing or at risk of abuse or neglect, has care and support needs, and is unable to protect themselves due to those care and support needs, a safeguarding concern must be raised, and cases managed under the safeguarding framework as appropriate. There may be occasions where a case being managed under the safeguarding framework requires escalation to the high-risk panel. For more details on the scope of the panel, [please see Section four](#).

This document should also be viewed alongside the H&F Safeguarding Adults Board Escalation Pathway.

2. Referrals and information governance

Referrals can be made to the High-Risk Panel where all other avenues have been explored and there continues to be a significant concern about the well-being and safety of the adult. It is important that other approaches and frameworks have been considered prior to referral. This includes ensuring that a multi-agency approach has been explored via multi-disciplinary meetings and shared action planning.

Referrals to the high-risk panel must be made **via team manager or equivalent** using the form within [appendix 1](#) and should include the most recent assessment and risk management plan completed by the agency.

Referrals should normally be made with the resident's consent unless:

1 Care & Support Statutory Guidance Paragraph 14.2

2 Care & Support Statutory Guidance Paragraph 14.112

3 The "wellbeing principle" paragraphs 1.1 -1.6 chapter 1 Care and Support Statutory Guidance, Department of Health October 2014

4 Section 42, Care Act 2014

1. They lack capacity to make the relevant decision(s) and it is thought to be in their best interests⁵
2. There is a vital or public interest⁶, which makes it necessary to seek a multiagency response.

Referrals must be submitted at least ten working days prior to each panel by email to ceri.gordon@lbhf.gov.uk. The panel chair is the decision maker on which cases will be heard at each panel, including any urgent cases which may have come to light outside of the above process. Referrals must be sent either from a secure e-mail account ending in gov.uk, NHS.net or met.pnn.police.uk, or using an appropriate encryption service.

Agenda, papers and identifiable information will be sent to panel representatives five working days prior to the panel. Information supplied to the panel will be managed by the London Borough of Hammersmith & Fulham and be subject to the borough's data governance and information sharing procedures.

Records of the meeting will be kept by Hammersmith & Fulham Adult Social Care. Minutes of the meeting will be circulated to all panel members and the referring agency, who must ensure that that copy is uploaded on internal record systems and shared with multi-agency team, including actions from the meeting and how these will be taken forward.

The panel is collaboratively owned by participating agencies operating in Hammersmith & Fulham. It will be administered on behalf of the participating agencies by Hammersmith & Fulham Council, Adult Social Care, and co-chaired by the Strategic Lead for Adult Safeguarding (ASC), and the Borough Fire Commander.

3. Meeting frequency and structure

Meetings will be held on a six-weekly basis. Meetings will be scheduled for a year in advance. In the event no referrals are received five working days in advance of the panel, the meeting will be cancelled. In exceptional circumstances additional meetings may be arranged at the discretion of the chair.

Each panel will receive a maximum of 6 cases. The time allowed for presentation and discussion of each case will depend on amount of referrals received and at the discretion of the chair during the panel.

The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the presenting practitioner and/or the relevant panel representative to ensure identified actions are implemented and followed up (see [Section 5: Roles and responsibilities](#)).

There is no defined quoracy for this meeting, however representatives for relevant agencies will be asked to ensure that they are in attendance dependent on nature of the cases being presented.

⁵ Mental Capacity Act 2005 Code of Practice

⁶ 2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf (londonadass.org.uk)

4. Scope

The panel will consider case presentations for situations which have already been considered within partner agencies risk assessment processes and where there remains a significant unmitigated risk. Suitable cases include those of greatest concern to the agency, which are particularly complex and have reached a “sticking point” through single-agency action and interagency collaboration, which is expected as part of standard working practice.

The panel is not a replacement for usual safeguarding procedures and it is the expectation of the High-Risk Panel that such cases would be considered under Section 42 of the Care Act in the first instance, with the H&F SAB escalation pathway to be utilised to address risk in cases not being picked up via usual pathways. **Referrers will need to evidence that they have followed a multi-agency risk assessment and risk management process and considered relevant escalation pathways prior to referral to the High-Risk Panel** ([See Appendix 4 for resources and tools](#)).

The panel will primarily focus on cases where adults are experiencing a high level of risk as a result of circumstances which create the risk of harm but not relating to abuse or neglect by a third party⁷.

This could include risks within the following areas:

4.1 Home fire safety:

4.1.1 Significant fire related risks, which, following normal procedural routes (such as Home Fire Safety Visits and joint working between LFB and referring agency) remain. For example:

- a. Hoarding that has reached level 5 or above in the Clutter Index⁸ ([Appendix 5](#)) for at least one room
- b. evidence of cigarette burns to clothes or bedding
- c. evidence of small burns or fires in the home
- d. unsafe storage of inappropriate flammable liquids or gases
- e. where the person’s ability to identify and manage a fire risk is impaired by a lack of decision-making capacity or substance misuse
- f. where the above fire related risk is increased, due to the person’s immobility, i.e., being bed-bound for a large percentage of the day.

Partners should note that the London Fire Brigade works in partnership with colleagues working with individuals at high risk of fire. Referrers should consider the [H&F SAB Home Fire Safety Guide](#) for guidance on multi-agency responses to fire risk prior to referring to the High-Risk Panel.

⁷ In these circumstances, usual safeguarding procedures must be followed, and safeguarding concern raised for consideration under Section 42.1, and thought given as to whether referral to another multi-agency forum is appropriate (e.g. Cuckooing Panel)

⁸ International OCD Foundation, Hoarding Centre, Clutter Image Rating

4.2. Unwillingness or inability to tend to personal care, health and living conditions.

4.2.1 Self-neglect which is having a **significant effect** on the individual's ability to manage one of the following and where previous multi-agency interventions have not worked:

- a. personal care and hygiene
- b. home environment
- c. activities of daily living such as shopping
- d. health conditions
- e. finances (including risk of rent arrears and eviction)

4.2.2 Where a person is refusing or disengaging from services or there are concerns that a person is at risk of 'falling through the gaps', and where there is need for further escalation.

This may include such cases where an individual has complex or diverse needs⁹ which fall between a number of agency's statutory responsibilities or eligibility criteria.

4.3 Ongoing needs or behaviour which places a person at significant risk.

The below outline examples of ongoing needs or behaviour which may place a person at significant risk. It is not an exhaustive list, and professional judgement will need to be required to determine whether a referral to the High-Risk Panel should be considered.

4.3.1 Where a person presents with vulnerability factors that place them at higher risk of abuse or neglect (e.g., mate crime) and the person shows unwillingness or inability to address these risks, or where circumstances do not meet Section 42 criteria.

4.3.2 Where a person is experiencing Multiple Exclusion Homelessness¹⁰ with increased risk of abuse and neglect and where circumstances do not meet Section 42 criteria, and where there may be other vulnerabilities stemming from childhood trauma, acquired brain injuries, cognitive impairments, dementia, chronic mental and physical ill health, limited mobility, and severe addiction.

4.3.3 Refusal to allow statutory services to gain access to their properties, either for community support or housing and fire safety checks and repairs.

⁹ Multiple and complex needs is defined as experiencing a combination of four of the five primary disadvantages or needs at the same time: (i) Violence and abuse (ii) Poor mental health (iii) Homelessness (iv) Drug and or alcohol dependency (v) Offending behaviour.

¹⁰ Multiple Exclusion Homelessness is characterised as "People who have been 'homeless' (including experience of temporary/unsuitable accommodation as well as sleeping rough) and have also experienced one or more of the following additional domains of deep social exclusion – 'institutional care' (prison, local authority care, psychiatric hospitals or wards); 'substance misuse' (drug problems, alcohol problems, abuse of solvents, glue or gas); or participation in 'street culture activities' (begging, street drinking, 'survival' shoplifting or sex work)." Fitzpatrick, et al., 2011: 502 -503.

5. Roles and responsibilities

The panel will consider case presentations and will support partner agencies to work together with the aim to reduce and manage risks.

An agenda will be sent to all panel members in advance of the meeting – it is expected that all panel members will check their internal systems to see if person is known to their agency so that they can advise of any current or historic involvement. The panel will discuss the cases presented to them with a view to determining next steps. The panel's role is to challenge, advise and support the 'presenting agency', encouraging professional curiosity, as well as identifying multi-agency solutions and action plans. The panel may assist with the coordination of cases where there are multi-agency barriers.

Panel 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. Ownership of cases and responsibility for taking forward actions remains solely with the practitioner/panel representative from the assigned agencies. The presenting agency are responsible for checking progress of assigned actions.

Updates will be heard at panel no more than twice and relevant agencies must evidence that they have undertaken agreed actions. It is expected that agencies clearly record outcomes on internal systems. A case will be closed to the High-Risk Panel where there is evidence that risks have reduced or been removed, or there is evidence of a robust, sustained safety plan in place with ongoing multi-disciplinary discussion. The decision to close a case will be final in recognition that the High-Risk Panel is not a holding place for risk. Cases may be re-referred at a later date if needed. The panel may nominate an agency to monitor risk but not be accountable for it.

It is also recognised that there may be times where the High-Risk panel will receive referrals which relate to cases where mitigation of risk appears unlikely unless there is a change in circumstances. Rationales and decisions must be clearly recorded as to why it is felt agencies cannot effect change at this time. In such circumstances the Chair may also take steps to consult with legal representatives to ensure that all legal routes for intervention have been explored.

A learning log of effective resolutions and other systemic learning, along with a record of the panel outcomes, will be maintained. Panel representatives will be expected to share best practice or legal changes (especially within their specified field) with the rest of the panel. This will be collated and shared with the SAB.

The panel has no specific budgetary or official decision-making powers. This panel acts as a consultative capacity due to panel members either holding decision making powers within their agency or being subject matter experts

6. Panel Membership

Named representatives from the following agencies form the panel and will be the regular attendees:

- London Fire Brigade
- Adult Social Care, Hammersmith & Fulham Council
- Metropolitan Police Service
- West London NHS Trust
- NHS North West London Integrated Care Board
- Turning Point (Drug and Alcohol Wellbeing Service)
- Hammersmith & Fulham Housing (covering Housing Management & Homeless Service)
- Advocacy Services

Dependent on the nature of the referral other partners may be consulted or asked to attend, and agencies are asked to commit to attend when requested. Examples of partners who may be asked to attend include:

- Public Health
- Central London Community Healthcare NHS Trust
- Environmental Health
- LBHF Safer Neighbourhoods service
- LBHF Trading Standards
- Voluntary sector organisations
- Acute trusts
- Legal representatives
- Providers
- Subject matter experts

Panel members are to be of sufficient seniority to commit their agency to the actions agreed and ensure they are implemented following the meeting. If a panel member is unable to attend, they are expected to brief a colleague who can deputise for them; if this is not possible, they will alert the chair prior to the panel.

A professional at team manager level equivalent (or higher) from the referring agency is expected to attend to make a case presentation and to represent the wider multi-agency team working with the individual.

7. Partnership and interface with other multi-agency panels

The panel is a respectful, reflective, collaborative space in which all members seek to support the referrer via an outcome focused, problem solving approach to find ways of improving each individual case. The panel adheres to the six principles of safeguarding¹¹.

It is recognised that there may be overlaps with other multi-agency processes and panels, namely:

Cuckooing Panel

The cuckooing panel considers identified or suspected cases of cuckooing¹² and will seek to create coordinated action plans to safeguard the victim.

Community Multi-Agency Risk Assessment Conference (CMARAC)

¹¹ [What are the six principles of safeguarding? - SCIE](#)

¹² This is a practice whereby a person or people take over the home of a vulnerable person and use the property for their own benefit (e.g., as a base for drug dealing)

The CMARAC considers complex cases of anti-social behaviour, where the victim or perpetrator is vulnerable or at risk to themselves or others, and the case would benefit from a multi-agency action plan. The CMARAC facilitates information sharing, risk management and action planning.

Street Population Action Partnership (SPAP)

The SPAP seeks to identify and support rough sleepers and areas of street ‘activity’ in the borough and facilitates information sharing, risk management and action planning, with cases managed by the group.

Where the High-Risk Panel, or its chairs during screening, feel that it would be more appropriate for a referral to be heard in a different multi-agency arena to best support the needs of the individual, the referrer will be informed and signposted. During discussion of a case at the panel, the panel may decide it is appropriate to consult with other panels for advice. In turn, the High-Risk Panel will also accept redirected referrals from other multi-agency panels, as appropriate.

More information about the other multi-agency panels operating in Hammersmith & Fulham, including details on how to refer, can be found on the [LBHF website](#). If a referrer is unsure which panel is the most appropriate for the circumstances of their case, they are encouraged to make contact to discuss.

8. Reporting to Safeguarding Adults Board

The following will be reported to the SAB quarterly via its data dashboard:

- Total number of referrals
- Demographics of persons being presented to the panel
- Data on referral sources
- Data on key themes in referrals
- Summary of outcomes and effective resolutions

This data will be reviewed by the Quality in Practice subgroup who will oversee on behalf of the SAB to better understand effectiveness of panel and escalate if any action is required.

Appendix 1

Hammersmith & Fulham High Risk Panel – Referral form

Personal details of the adult at risk	
Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Date of Birth or approximate age:	Click or tap here to enter text.
Has the person consented to referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, is the referral being made in their best interests?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please attach the relevant mental capacity assessment & record of best interests decision to referral.</i>
Is there referral being made due to public or vital interest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If referral is being made in persons best interests, or due to public or vital interest, please give details:	Click or tap here to enter text.
Details of the person making the referral:	
PLEASE NOTE THAT REFERRALS MUST BE MADE BY TEAM MANAGER EQUIVALENT OR HIGHER.	
Name:	Click or tap here to enter text.
Role:	Click or tap here to enter text.
Agency/service:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Manager's Email:	Click or tap here to enter text.
Supporting documents	
Please ensure that the following are attached to the referral:	
<ul style="list-style-type: none"> - Latest assessment - Latest risk assessment/risk management plan 	

H&F SAB – High Risk Panel: Terms of Reference V4

Date of latest assessment:	Click or tap to enter a date.
Date of latest risk assessment/risk management plan:	Click or tap to enter a date.
Has this case been heard at any other multi-agency panel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state which panel and what the outcome was.	Click or tap here to enter text.
<p>Reason for referral to high-risk panel: please ensure that you clearly outline the type of risk.</p> <p>Click or tap here to enter text.</p>	
<p>Interventions previously considered: please ensure you clearly outline the attempts to address the risk via multi-agency case conference, escalation pathways and shared action planning, and the outcomes to these interventions.</p> <p>Click or tap here to enter text.</p>	

Appendix 2 – Meeting recording templates

HAMMERSMITH & FULHAM HIGH-RISK PANEL

Date of High-Risk Panel

Panel attendance:

Apologies:

1. Case discussion

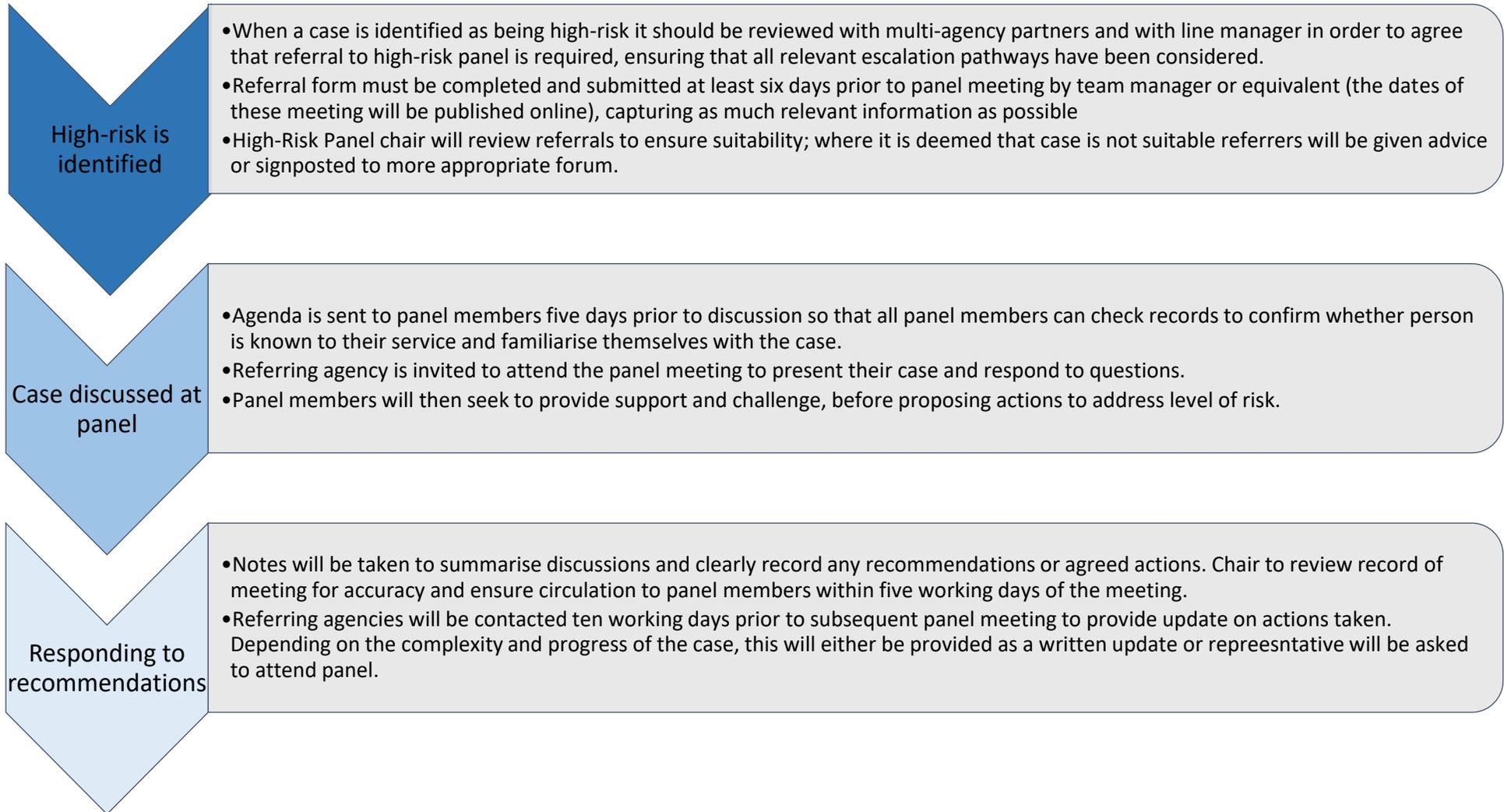
Personal details of the adult at risk		
Name:		
Referral form:	[Embed document]	
Panel discussion		
Summary of available information:		
Risks identified:		
Consideration of relevant policy/procedure and legislative frameworks:		
Panel member reflections on possible interventions:		
Actions		
Action to be taken:	By whom:	Deadline:
Update to be provided to High-Risk Panel on XX/XX/XX		

DATE

Closure on cases previously heard.

Personal details of the adult at risk			
Name:			
Referral form & record of previous discussion:			
Update on actions			
Action to be taken:	By whom:	Deadline:	Update
Closure decision:			

Appendix 3 - High-Risk Panel Process Summary:



Appendix 4 – Resources and guidance to support multi-agency responses

Prior to presentation to the High-Risk Panel, professionals must ensure that risks have been considered within partner agency risk assessment processes with a multi-agency approach to risk management and escalation. The Hammersmith & Fulham Safeguarding Adults Board has developed a number of tools and resources which practitioners should seek to make use of, in addition to existing tools and guidance within agencies, prior to referral being made.

- H&F SAB Multi-Agency Self-Neglect Guidance - outlines expected best practice when working with someone who is self-neglecting, alongside links to tools to support you. [Self-neglect: Multi-agency guidance | Hammersmith & Fulham Safeguarding Adults Board](#)
- H&F SAB Multi-agency meeting template - a template to guide multi-agency responses and support professionals in establishing shared responsibility and clear action plans. [Multi-agency working | Hammersmith & Fulham Safeguarding Adults Board](#)
- H&F SAB Self-neglect risk assessment template - [Risk assessments and interventions | Hammersmith & Fulham Safeguarding Adults Board](#)
- H&F SAB Escalation Pathway - Pathway to support situations where there are professional differences of opinion on the approach to safeguarding an adult with care and support needs [Link to follow]
- H&F SAB Home Fire Safety Guide - Guidance for professionals in identifying risk and taking preventative action. [Home fire safety | Hammersmith & Fulham Safeguarding Adults Board](#)

Appendix 5 – [Clutter Index](#)

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



Please rate the photo above that most accurately reflects the amount of clutter

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Please rate the photo above that most accurately reflects the amount of clutter

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Please rate the photo above that most accurately reflects the amount of clutter

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Appendix 6- London Fire Brigade Home Fire Safety Visits Referral Process

Partners and agencies who work / engage with **very high risk** people should refer them immediately for a HFSV. **A new 24-hour phone number is available** for this purpose: call **0208 536 5955** 24/7 to book an immediate HFSV. This will ensure that risk can be responded to within 4 hours.

What is deemed very high risk?

LFB would categorise an individual as being **very high risk** if they have **all of the following six characteristics**:

- smoker
- living alone
- over 60 years old
- in receipt of care (informal, formal or both)
- no working smoke alarms in their home
- user of mobility aids, or chair/bed bound

A very high risk individual can also be identified if they are at risk or are a victim of **arson**.

If partners and agencies work / engage with people who do not meet the very high risk criteria, yet it is felt a HFSV is needed, agencies are asked to call **0800 028 4428**, where they will be asked a series of triage questions to determine the risk. This will determine how quickly they receive a HFSV from a local crew:

- This will be 7 days for high risk
- 1 month for medium risk.
- Those who fall into a lower risk category will be directed to the online checker, which will provide fire safety advice tailored for their homes. [Home Fire Safety Checker | London Fire Brigade \(london-fire.gov.uk\)](https://www.london-fire.gov.uk/home-fire-safety-checker)