



Risk Enablement Panel Procedure

Adult Social Care

Directorate:	Social Care, Health, and Housing (SCHH)		
Division & Service:	Adult Social Care		
Author:	Amy Thulbourne, Quality Improvement Manager		
Owner	Stuart Mitchelmore, Assistant Director, ASC		
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1. Introduction

- 1.1 Risk is part of everyday life, it is inherent in everything we do, often it is the element that allows us to grow and learn. It is with this enabling approach in mind that this policy has been developed.
- 1.2 Risk Enablement Panels provide an arena to review identified risks and mitigating actions where these cannot be resolved during the normal process of assessment, support planning, review, or complex case management.
- 1.3 Cases referred to a Risk Enablement Panel are likely to have presented many challenges with multiple avenues having been exhausted, or where intervention has failed to reduce significant risks to an individual, staff, or service.
- 1.4 Risk Enablement Panels share information and decision-making in order to be the most effective, transparent, and safe way to reach the best decision based on the information available.
- 1.5 Risk enablement panels are appropriate to explore risk mitigation and responsibilities where multiple agencies and services are involved in a person's life
- 1.6 Any concern / abuse against a child within the family will immediately trigger a referral to Children's Services for a Safeguarding Investigation or an Initial Assessment to take place.
- 1.7 Any immediate abuse towards an individual will trigger a Safeguarding of vulnerable adults referral. The outcomes following a Safeguarding meeting will inform the relevant Risk Enablement Panel.

2. Purpose

The purpose of the panel will be:

- 2.1 Risk Enablement Panel will guide, advise, and support staff to ensure risks with high repercussions are minimised and managed to protect staff and people we support or work with. Risk Enablement Panels are designed to be a safe and supportive environment for both the individual and staff.
- 2.2 The Panel seeks to find positive solutions and outcomes and demonstrate that no individual is left to make a difficult decision and that the Local Authority and partner agencies can demonstrate they have fulfilled its duty of care.
- 2.3 To develop shared responsibility when dealing with the highest and most complex risks between the:
 - council,
 - person/family

- carers
- partner agencies
- providers
- workforce.

2.4 Risk Enablement Panels do not have the authority for providing extra staff or financial resources to manage identified risk. Community Assessment and Health Services has an existing escalation procedure for complex funding decisions in this situation.

3. Membership

3.1 Membership of each panel is made up of senior managers and specialists who have relevant experience and knowledge. For example, where health agencies are involved, there may be a relevant representative from the Health Service. Where consent and capacity are fundamental to decision making the MCA/Dols lead may be invited. Varying representation per individual referral encourages multi-disciplinary and multi-agency discussion and decision-making. It also encourages partnership working.

3.2 Members are supported by their respective managers within the Directorate. Attendance of some members is dependent on whether there is a case relevant to their speciality at that particular meeting (e.g., Safeguarding, Quality and Practice).

3.3 The Chair of the Panel will be a Head of Service, Operational Manager or senior manager/lead from the agency requesting the meeting. The Risk Enablement Panel will consist of a core team of:

- Administration staff member – for the purpose of taking minutes and not part of the decision-making panel
- Senior management from the referring agency with authority to commit resource and lead decisions on behalf of their service area/agency
- Specialist from relevant service area, including both in-house and external representatives
- Referring practitioner (it is expected that team and operational managers will have been briefed and approved the referral prior to the request.
- Person themselves (optional – if the person wants to attend or they can submit their views prior to a meeting)

3.4 Other relevant agencies/organisations can be invited if appropriate to provide necessary support for the service user, such as advocacy, communication, language support and/or to provide support due to disability.

4. Referrals to the Risk Enablement Panel

Who can make a referral to a Risk Enablement Panel?

- 4.1 A Practitioner after discussion with the person and management within their service area.
- 4.2 Any agency, individual service/care provider who wants the support of the Local Authority and recognises the need to work in partnership can make a referral.
- 4.3 The Panel will support the process of advanced directive and record the decision so as to ensure the wishes of the individual will be acted upon. People with mental capacity felt to be making 'unwise' or high-risk lifestyle choices may be referred to the panel to evidence and explore professional support and advice offered to the person.
- 4.4 If current or recommended support plan to meet assessed eligible needs is refused or does not appear to keep the person healthy, safe, and well or places the person in a position of abuse or harm, a joint Safeguarding and Risk Enablement meeting can be arranged.
- 4.5 If the risk is so significant, the panel retains the right to refuse the proposed support plan, seek legal consult and if necessary, authority to oversee the meeting of identified needs in a way determined by the Local Authority.

5. Procedure For Referring to Risk Enablement Panel

- 5.1 A referral is made following discussion with a Team and Operational manager.
- 5.2 Panels will be arranged on a when needed basis.
- 5.3 A panel is requested via an email to the Head of Community Assessment Services or Head of Service for Safeguarding or relevant health senior manager. Your request should outline the rationale for a risk enablement meeting and attach relevant information such as most recent assessment of social care needs, mental capacity, and risk assessments. Following receipt of your email a meeting will be arranged at the earliest convenience for required attendee's.
- 5.4 At point of referral a chair will be designated who will follow the case until resolution or risks are able to be managed via case management arrangements. This approach ensures that there is accountability, continuity, and commitment.
- 5.5 The panel agree and record actions, recommendations, and the review date. Minutes will be circulated to attendee's; the practitioner will record discussion and outcomes on the people electronic case notes.

6. Format of Meetings

- 6.1 The person making the referral will present the case at the meeting. This will include relevant historic information, previous and current interventions, persons wishes, and an overview of options considered including rationale for those felt to be non-viable.

- 6.2 It is essential that the process is well documented, with outcomes and actions (with time scales as appropriate) demonstrably followed up, particularly issues of consent and capacity. Therefore, all panel meetings will be accurately recorded.
- 6.3 Panel members will endeavour to facilitate the meeting in an informative, supportive, and sensitive manner. This may include conducting the meeting at an appropriate agreed neutral venue. Consideration will be given to any access and support needs of attendee's.
- 6.4 The Chair will ensure each discussion remains centred to the issue being discussed, maintaining confidentiality and professional practice.
- 6.5 Decision making must demonstrate a balance between respecting and supporting the person's independence and rights whilst ensuring Adult Social Care and Health meets its obligations arising from any duty of care they have.
- 6.6 After each decision the Chair will summarise actions for the person taking the minutes and person actions are apportioned to. All attendees are responsible for ensuring they have understood actions/recommendations/decisions made by the Risk Enablement Panel.
- 6.7 The referring practitioner will be responsible for updating relevant records and communicating outcomes to the person and relevant parties not present. Where appropriate this may be delegated to the referrer's line manager.
- 6.8 Panel members will set a date to review the case and reconvene where necessary

7. Equality and Diversity

- 7.1 All SCHH policies and guidance are accompanied by an EIA (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.
- 7.2 The Council is proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their protected characteristics. Equality should be integral to the way in which any support is prioritised and delivered

8. Related Policies & Guidance

- Risk Enablement and Adult Risk management Practice Guidance

9. Evaluation and Review

- 9.1 This guidance will be reviewed in 1 year.