

**Integrated High Needs Support Team (IHNST)**

Dynamic Support Register Notification

**Details of individual**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Notification date |  |
| Surname |  | DOB |  |
| First Name(s) |  | NHS NO. |  |
| Usual Address |  | Current Address (if different from Usual Address) |  |
| Postcode |  | Contact Phone Number: |  |
| What is the individual’s diagnosis? | Learning Disability [ ] Autism [ ] Both [ ]  | Does the individual consent to the sharing of their information? (\*) |  |
| S117 aftercare? | Yes [ ]  No [ ]  | Which CLDT locality is responsible?Who is the individuals Care Coordinator? |  |
| Current support arrangements (if applicable) |  | Has the individual been placed in Gloucestershire by another area?If known, who is the responsible local authority and ICB? |  |

|  |
| --- |
| **Is the individual already on the Dynamic Support Register? Yes** [ ]  **No** [ ]  **Unknown** [ ] **If Yes – What is their current rating agreed by the Dynamic Support Group?** **Red** [ ]  **Amber** [ ]  **Green** [ ]  **Blue** [ ]  |
| **Has there been a change in circumstances/situation that requires the rating to be reviewed and updated ahead of the next formal forum meeting?** **Yes** [ ]  **No** [ ] *If yes please provide an update on the situation and indicate which rating you think is now appropriate. Please provide supporting evidence in line with RAG rating descriptors.* |
|  |
| **Is this a notification to add someone new to the dynamic support register?***If yes please provide details of the current circumstances, a rationale as to why they need to be added to the DSR and indicate what rating you think is appropriate. Please provide supporting evidence in line with RAG rating descriptors.* |
|  |

(\*) If criteria to be added to the DSR is met, we will inform you and ask that consent from the individual is then obtained to hold their details on the DSR. If the individual lacks capacity to consent, we will ask that you consult with relevant others about this best interest decision.

**Referrer details**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Organisation |  |
| Contact Details |  |

Please send completed referral form to**glicb.ihnsupportteam@nhs.net**

**Dynamic Support Register - Risk Level Tool**

**RED**

**RISK OF ADMISSION – HIGH**

**There is an immediate risk of admission**

* The individual is at imminent risk of admission due to serious risk of harm to self and/or others which are not being managed or cannot be managed.
* A Mental Health Act (1983) assessment is being considered imminently.
* The individual’s placement is breaking down and is irretrievable leading to the individual or others being at serious risk of harm – The individual’s needs mean finding an alternative placement is proving difficult.
* The individual is presenting ‘in crisis’ at Accident and Emergency Departments.
* The individual has recently been discharged from inpatient services within the last 4 weeks.
* There are identifiable indicators of risk of serious harm. The potential event/offence could happen at any time and the impact would be serious (consulting ROSH MoJ guidance).
* The individual is committing significant offences that places the individual and/or others at significant risk of harm
* Amber criteria is met however the situation is unstable and/or not sustainable and/or there is no medium-long term plan in place.

**AMBER**

**RISK OF ADMISSION – MEDIUM**

**Intervention is required to manage the risk of admission.**

* The individual is requiring active and regular intervention from the multi-disciplinary team (MDT) to support the situation and manage risks.
* The individual’s placement is breaking down however the situation is not irretrievable and the risks to individual and others are being managed by the MDT.
* The individual is presenting with heightened/escalating behaviours which have increased in frequency and intensity, posing additional risks to self and/or others.
* The individual is showing signs of poor mental health and/or a relapse in mental health – regular MDT input is required.
* The individual is currently in contact with the police and/or presenting at Accident and Emergency Departments.
* There is evidence of an escalation in offending risk requiring active MDT input
* The individual is requiring increased MAPPA involvement
* Increased contact with police, social supervisor and/or criminal liaison services
* The individual has recently been discharged from inpatient services within the last 6 months.

**GREEN**

**RISK OF ADMISSION – LOW**

**There are some risks which could lead to an admission however these are being effectively managed**

* Individual is showing signs of poor mental health but support/intervention has been implemented and risks are being effectively managed.
* The individual is requiring input from CLDT – risks are being effectively managed.
* The individual is being supported by a specialist team or support service. Risk management plans are effective in reducing the risk of offending and/or serious harm to self and/or others.
* The individual has been discharged from inpatient services in the last 6 – 12 months and appear settled/stable.
* The individual is eligible for S117 aftercare due to a previous admission to hospital but appears settled/stable.

**BLUE**

**Individuals currently in inpatient services**