

DSR Referral Form

Frimley Health and Care



Section 1: Referrer/Lead Professional to complete with most recent information.

On completion, please return to generic mailbox:

frimleyicb.dynamicsupportregister@nhs.net within 48hrs.

Once returned, Frimley ICB professionals will align information provided with the national Cheshire and Wirral tool (see page 5 for embedded document) to ascertain the most suitable resources and referrals.

Referral date:			
Name of referrer:			
Profession/Title:			
Organisation:			
Contact Email:		Contact Number:	

Name of referred person:		Preferred Name:		Preferred Pronouns:	
Home Address (including post code):					
Current residence:					
Age:		D.O.B		NHS Number:	
Parent / Carer Name(s):					
Contact Number:					
GP Practice:					

For the following questions, please select Yes / No

1.	Does the referred person have a diagnosed learning disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Does the referred person have a diagnosis of an Autism Spectrum condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Is there a risk of home/placement breakdown or hospital admission due to mental health or behavioural challenges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Is the person being supported in an unstable environment or a team with frequently changing staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Are there any additional diagnosed medical conditions? (Please use additional information section to provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Does the referred person have any physical disabilities? (Please use additional information section to provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7.	Has the young person/adult been misusing substances or alcohol during the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Has the transition from CAMHS to CLDT/AMHT started? <i>(Please leave blank if this is not applicable to the individual)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Has the young person/adult been assessed by mental health services in the hospital setting following A+E presentation or inpatient admission? <i>(If yes, please provide details in additional information section)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Is the young person/adult currently accessing education? <i>(Please provide full details of provision in additional comments section)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Is the young person of CIN/LAC or CP status? If an adult, do they have active social care input?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Please list the names and organisation of other professionals involved in the referred person's care:		
	Professional's name	Organisation	Contact details

Reason for referral and additional information. Please indicate presenting risks, recent significant life events and current presentation details Please include as much detail as possible, as this will help to inform the appropriate support and/or signposting for the individual.

Would you like a LAEP/C(E)TR/Network Meeting arranged following this referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Thank you for completing this form. Please find the below consent forms for both the DSR and Key Worker services alongside information providing details about each process (pages 3&4). If you have any queries, please do not hesitate to email frimleyicb.dynamicsupportregister@nhs.net for support.

Someone from the team will be contact regarding the next steps in due course.

Consent Form for East Berkshire **Dynamic Support Register**

This consent form is for young people and adults to agree for information about them to be held on East Berkshire Dynamic Support Register, or someone with parental responsibility for those who are under 16 years of age.

More information about the Dynamic Support Register can be found in the embedded files below:



If the referred individual is 16 or over, parents cannot make this decision on their behalf. The referred person should sign this consent form themselves if they have capacity to make this decision. This consent form can be signed on the individual's behalf if they have been assessed to not have capacity and it is in their best interests. Your health or social care case manager can explain the process to you. A Best Interests Decision focuses on what is in the best interests of the person and considers the views of those who know the person well.

I have read and understood the information provided to me about the Dynamic Support Register and I hereby provide written consent for my information to be held on the Dynamic Support Register.

Signature:

Print Name:

Date:

Only complete this section if you do NOT want your information on the register:

I **do not** consent for my information to be held on the Dynamic Support Register:

Name:

Signature:

Consent Form for East Berkshire Key Worker Service

Barnardo's are providing a Key Worker service for people who are aged 25 or under who are rated as 'amber' or 'red' on the DSR. This service will support young people (0-25) and their families/carers to navigate the health and social care and support the young person to get the right support at the right time to reduce their risk of admission to hospital. The Key Workers will also work on person-centred goals with the young person and/or families/carers, and signpost to appropriate local services and support. As part of their role, Key Workers will contact your professional support network (e.g., your social worker, mental health teams, etc.) to understand your current presentation and situation.

If you would like more information about this service, please see the service leaflets embedded below:



EBK easy read
leaflet.pdf



2023-07-24 EBK
leaflet.pdf

You can also visit <https://www.england.nhs.uk/learning-disabilities/care/children-young-people/keyworkers>

I have read and understood the information provided to me about the East Berkshire Key Worker Service. I hereby provide written consent for my information to be shared with Barnardo's:

Signature:

Print Name:

Date:

Only complete this section if you do NOT want your information to be shared with Barnardo's East Berkshire Key Worker Service:

I **do not** consent for my information to be shared with the Key Worker Service:

Name:

Signature:

Thank you for completing this form and the appropriate consent forms.

Please return the above pages to frimleyicb.dynamicsupportregister@nhs.net. If you have any questions or concerns, please contact the DSR team via the above email address.

Someone from the team will be contact regarding the next steps in due course.

For ICB use only:

Dynamic Support Database Clinical Support Tool (Child)

Question	Options	Possible Score	Risk score	Details/ comments
Type of Accommodation	Hospital			
	Living independently			
	Living with parents/carers			
	Nursing home			
	Residential accommodation			
	Supported living			
	Other			
Name of current provider				
Deprivation of Liberty (DOLS)	Yes			
	No			
Is the CYP of CIN, CP, or LAC Status?	Yes			
	No			
Any significant life events in the last 6 months? If so please specify details.	Yes	2		
	No	0		
Does the CYP have an unstable or untreated mental health condition?	Yes	3		
	No	0		
Does the CYP have an unstable or untreated physical health condition?	Yes	2		
	No	0		
Has the CYP had previous admissions in the last 2 years?	Yes	1		
	No	0		
Date of previous admissions				
Does the CYP present significant behavioural problems?	Yes	3		
	No	0		
Is the CYP being supported in an unstable environment or by a changing staff team?	Yes	3		
	No	0		
Is the CYP previously known to LD-CAMHS/CAMHS?	Yes			
	No			
Is the CYP in contact with the criminal justice system?	Yes	2		
	No	0		

Has the CYP presented in crisis at either: Accident and Emergency, or Emergency Social Care Provision in the last month?	Yes	2		
	No	0		
Does the CYP have family/carers/advocates?	Yes			
	No			
Does the CYP have a history of Drug or Alcohol misuse, in the last two years?	Alcohol	2		
	Drugs	2		
	Both	2		
	Neither	0		
Has the transition from LD-CAMHS/CAMHS to CLDT/AMHT started and if so has it been effective?	No	1		
	Yes	0		
	Not applicable	0		
Is the CYP placed in specialist 38 or 52 week residential school or other specialist educational provision?	Yes	1		
	No	0		
Has the CYP recently left a residential school in the last 2 years?	Yes	2		
	No	0		
Total		0 - 4 =		
		Green		
		5 - 7 =		
		Amber		
		8+ =Red		

Blue Light

If admission cannot be avoided where will admission take place?		If other please specify name and address	
MDT Meeting Date			
Avoidance Admission Meeting Date			
Care, Education and Treatment Review Date			
Revised RAG Rating			
Post Admission Care and Treatment Review Date		Admission Date	
Planned Discharge Date		Actual Discharge Date	

Completed by

Completed by (Clinician)	
Date Completed	

Dynamic Support Database – Risk rating tool (Adult)

Question	Options	Possible Score	Risk score	Details/ comments
Type of Accommodation	Hospital			
	Living independently			
	Living with parents/carers			
	Nursing home			
	Residential accommodation			
	Supported living			
	Other			
Name of current provider				
Deprivation of Liberty (DOLS)	Yes			
	No			
Court of Protection	Yes			
	No			
Any significant life events in the last 6 months? If so please specify details.	Yes	2		
	No	0		
Does the person have an unstable or untreated mental health condition?	Yes	3		
	No	0		
Does the person have an unstable or untreated physical health condition?	Yes	2		
	No	0		
Has the person had previous admissions in the last 2 years?	Yes	1		
	No	0		
Date of previous admissions				
Does the person present significant behavioural problems?	Yes	3		
	No	0		
Is the person being supported in an unstable environment or by changing staff team?	Yes	3		
	No	0		
Is the person previously known to CLDT?	Yes			
	No			
Is the person in contact with the criminal justice system?	Yes	2		
	No	0		
Has the person presented in crisis as Accident and Emergency in the last month?	Yes	2		
	No	0		
Does the person have family/carers/advocates?	Yes			
	No			

Does the person have a history of Drug or Alcohol misuse in the last two years?	Alcohol	2		
	Drugs	2		
	Both	2		
	Neither	0		
Was the person's transition from children's services effective in the last 12 months?	No	1		
	Yes	0		
	Not applicable	0		
Is the person placed in specialist 52 week residential school?	Yes	1		
	No	0		
Has the person been recently discharged from long stay in hospital in the last 2 years? <i>(Long stay is considered to be 6 months or more).</i>	Yes	2		
	No	0		
Total		0 - 4 = Green		
		5 - 7 = Amber		
		8+ = Red		

Blue Light

If admission cannot be avoided where will admission take place?		If other please specify name and address	
MDT Meeting Date			
Avoidance Admission Meeting Date			
Community Care and Treatment Review Date			
Revised RAG Rating			
Post Admission Care and Treatment Review Date		Admission Date	
Planned Discharge Date		Actual Discharge Date	

Completed by

Completed by (Clinician)	
Date Completed	