## Newham High Risk Panel

**What is the London Borough of Newham High Risk Panel (NHRP)?**

The London Borough of Newham High Risk Panel (NHRP) is a meeting where information is shared on the highest risk/complex cases between representatives of the local authority, local police, mental health services. Housing practitioners, safeguarding advisors and other specialists form the statutory and voluntary sectors.

After sharing all relevent information they have abou the adult at risk, the representatives discuss options for increasing the safety of any victim and turn these into a co-ordinated action plan.

The main focus of the NHRP is to manage the risk to the individual, but in doing so it will also consider other persons affected and manage the behaviour of any perpetrator. The panel will advise on the best approach to manage the overall risk to the person/community at learge and on effective safety planning strategies.

Information shared at the NHRP is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The NHRP is not an agency and does not have a case management function. **The responsibility to take appropraite actions rests with individual agencies; it is not transferred to the NHRP.**

**Who should be referred?**

An adult at risk should be referred to the Newham NHRP if they are vulnerable or at risk to either themselves or others. The case must present with high level risks that still cannot be sufficiently mitigated, referred or managed under any other panel. The case may be complex or involve a multi-agency approach.

**Some examples of cases that may need to be considered would be:**

* Non engagement issues
* Self neglect and hoarding
* Complex DSV cases and especially where someone has recognised care and support needs
* Complex family cases with CYPS involvement
* Complex mental health cases such as frequent attenders with personality disorder as primary presenting issue

**NHRP does not consider high risk cases where the nature of the risk relates to other areas of work that may be addressed at other forums, eg MAPPA and MARAC**

##### The London Borough of Newham High Risk Panel (NHRP)

##### REFERRAL FORM

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| **MANDATORY**  **All cases that are deemed complex with high risks that cannot be sufficiently mitigated, referred or managed under any other process should be considered for referral after consultation with your Line Manager.** | | | | |
| **Please consider the below options as your reason for considering this referral high risk** | | | | |
|  | **YES** | | **NO** |  |
| 1. **REPEATING INCIDENTS**: | | | | **If yes, how many incidents?** |
| * 1. Have there been a number of incidents involving the same individual for at least 6 months prior to this referral?: |  | |  |  |
| * 1. If yes, are these incidents increasing in severity or frequency after initial input and service provision being provided?: |  | |  |
| 1. **ACTION TAKEN SO FAR TO MITIGATE RISK**: | | | | **If yes, please provide brief details outlining failed actions for 2a-d:** |
| * 1. Supervision |  | |  |  |
| * 1. Escalation |  | |  |  |
| * 1. MDT |  | |  |  |
| * 1. Date of most recent discussion | **DATE:** | | |  |
|  | | |
| 1. **SPECIFIC ACTIONS TAKEN TO DATE TO MANAGE RISKS:** |  |  | |  |
| * 1. Has an MCA test been completed and have the MCA Specialist Practice Managers been consulted in the event of complex MCA issues? |  |  | |  |
| * 1. Has there been an assessment of care and support needs completed? |  |  | | **If yes, please provide the date this was carried out:** |
|  |
| * 1. Has the person refused to engage? |  |  | | **If yes, please list the number of attempts with dates:** |
|  |
| * 1. Has a Section 42 safeguarding enquiry been triggered? |  |  | | **If yes, please provide the date it was triggered:** |
|  |
| * 1. Have referrals been made to other services as necessary in order to mitigate risks?:      1. Housing services      2. LFB      3. Environmental Health      4. Community Mental Health Services      5. Safer Neighbourhood Team      6. ASB      7. DSV services |  |  | | **If yes, please state which referrals and the referral’s date:** |
|  |
| * 1. Is there a current up to date risk assessment management plan available?   ***(Please note: it is an essential requirement that a PDF file of the risk assessment plan from the assessment on azeus is attached to this referral)*** |  |  | |  |
| * 1. If Enforcement/Safer Neighbourhoods Team involved who are the contacts? : |  | | | |
| 1. **KEY RISK FACTORS FOR DISCUSSION:** | | | |  |
| **Please take into consideration the victim’s own perception of risk and:**   * 1. Impairment that may limit mobility or capacity/learning difficulties   2. Mental health issues   3. Drug or alcohol misuse   4. Limited support network   5. Anything else that constitutes risk   6. Complex DSV | | | |  |

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| --- | --- | --- | --- | --- | --- |
| **Adult at risk details** | | | | | |
| **Name** (include any aliases): | |  | | | |
| **Date Of Birth:** | |  | | | |
| **Gender:** | |  | | | |
| **Sexuality:** | |  | | | |
| **Address** (& landlord/tenancy status if known): | |  | | | |
| **Ethnicity:** | |  | | | |
| **Azeus number:** | | | | |  |
| **Does the person have a Disability?:** | | | | | **Yes / No** |
| **Consent given for information to be shared or best interest decision?:** | | | | | **Yes / No** |
| **Is the adult at risk safe to contact?** If Yes please include safe contact details (e.g. mobile/ email & any specific hours safe to contact) | | | | **Yes / No** | |
| **Basis of referral & relevant risk factors** | | | | | |
| *Please provide summary of reasons for referral. Please include case history, agencies involved and state clearly the* ***risk factors****:* | | | | | |
| **What outcome are you hoping to achieve by referring to the LBNHRP?** | | | | | |
|  | | | | | |
| **Adult at risk aware of NHRP Referral?** If No, please state why: | | | **Yes / No** | | |
| **Referrer’s Name & Agency** |  | | | | |
| **Case manager/lead contact** |  | | | | |
| **Telephone / Email** |  | | | | |
| **Date referred to NHRP** |  | | | | |