**Joined Up Care Derbyshire**

**Dynamic Support Pathway (DSP)**

**Guidance for Professionals (Standard Operating Procedure)**

**This guidance document serves as the JUCD Dynamic Support Pathway Standard Operating Procedure (SOP)**

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**1.** **National context and background**

Individuals with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. All individuals should have a home within their community, be able to develop and maintain relationships, and get the support needed to live healthy, safe and rewarding lives. As a society, we are on a long journey to make that simple vision a reality. We have made enormous strides over several decades. However, for a minority of individuals with a learning disability and autistic people who display behaviour that challenges, including those with a mental health condition, we remain too reliant on inpatient care - as confirmed by individuals and their families.

[Building the Right Support National Plan (October 2015)](https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf) and the C(E)TR[[1]](#footnote-2) policy and guidance (2017) established that local health commissioners working with their local partners, including social care and education, would develop and maintain a register of people with a learning disability and autistic people considered to be at risk of admission to a mental health hospital. This is now known as the Dynamic Support Register (DSR).  In addition, it sets out what autistic people and people with a learning disability should expect when they need healthcare and support in the community. This includes specific intervention and support for individuals and those who care for them during particular times of crisis or difficulty.

DSR and C(E)TRs are central to the [NHS Long Term Plan 2019](https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/) to:

* reduce the number of children and adults with a learning disability and/or autism in mental health inpatient services.
* avoid inappropriate admissions to mental health inpatient settings.
* develop responsive, person-centred services in the community.

**2.** **Introduction to Joined up Care Derbyshire Dynamic Support Pathway (JUCD DSP)**

The revised and newly published [NHS England Dynamic support register and Care (Education) and Treatment Review, Policy and Guidance (2023)](https://www.england.nhs.uk/wp-content/uploads/2023/01/PR1486-Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide.pdf) set out new expectations for the implementation and use of DSRs and C(E)TRs across England.

The JUCD Dynamic Support Pathway (DSP) is a risk stratification pathway developed to provide support for individuals with a confirmed diagnosis of Learning Disability, Autism or both who are deteriorating in their health and wellbeing whilst living in the community, with a key focus on prevention, early identification, and early intervention. **The diagnosis must be confirmed, and evidence of this confirmation included within the referral form.**

The goal is to identify concerns early and to be able to take steps to provide additional support to prevent further deterioration and any escalation, which may lead to a crisis e.g.

* risk of breakdown of community placement or tenancy, residential school or care/support placement, care order.
* admission to hospital.
* offending behaviour, contact with the criminal justice system.
* individual placing themselves or others at serious and/or significant risk of harm.

The DSP has been developed to include information about individuals who are at risk of admission to a mental health hospital. The DSP aims to be an effective mechanism to ensure individuals are supported and reviewed on a regular basis.

The pathway relies on effective partnership working and is owned equally by Health, Social Care & Education and is designed to enhance and enable collaborative joint working between local services to meet the needs of those people with learning disability and/or autism and to promote the development of a bespoke action plan that will meet the individual’s needs in the community.

The proactive management of the DSP will enable supportive models that can be offered which includes DSP meetings and Community C(E)TRs. There may be circumstances where a situation escalates without warning and a Community C(E)TR cannot practically be arranged quickly enough, these occurrences will require a Local Area Emergency Protocol (LAEP) to be arranged. **It is important to note however, that this does not constitute a community C(E)TR and should not be referred to as such and does not replace the community C(E)TR and should only be used by exception.**

The DSP is also for patients discharged into the community from a mental health hospital for a period of review. A DSP meeting will be used for post discharge follow ups to monitor and review the post-discharge plan.

The pathway is for both adults, children, and young people (CYP). They are managed separately but the referral pathway and form are the same. When you make the referral, it will be clear how to identify on the form whether the referral is for an adult or CYP.

The DSP is **not** a replacement pathway to the statutory duties of assessment/reassessment and safeguarding as detailed in the [Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted), although an outcome from a DSP referral or meeting may identify this as necessary, wherein local processes for reporting should be adhered to. In addition, the DSP should not prevent professionals from making referrals to other statutory community services e.g., Intensive Support Team (IST), Specialist Autism team (SAT), etc.

**3.** **Who is the Dynamic Support Pathway for?**

The pathway is for people of any age with a confirmed diagnosis of learning disability and/or autism who are:

* experiencing a difficult time with where they live or with their current care and support.
* needing extra support to live a healthy, safe and fulfilling life in the community and not go to hospital if they do not need to.
* being discharged from a LD/AMH hospital bed.
* experiencing mental ill health, an unmet need, and/or behaviours described as ‘challenging’.

**i. Inclusion criteria:**

* All children, young people and adults of any age with a learning disability, autism or both who maybe at risk of hospital admission\*.
* The individuals being referred should also be living within Derby and Derbyshire and have either a GP surgery that falls within the responsibility of Derby and Derbyshire ICB or a home address that falls within the responsibility of Derbyshire County Council and Derby City Council.
* A confirmed diagnosis of learning disability, autism or both. Evidence of confirmed diagnosis should be included with the referral form\*.
* Only those who have given consent or there has been a best interest decision made and documented.
* Patients with a learning disability, autism or both upon discharge from a learning disability/mental health hospital.
* Individuals who present an active and high risk to themselves, others/members of the public, including where this behaviour has led to contact with the criminal justice system and hospital admission is being considered.
* Where short planned in-patient admissions are indicated as part of someone’s risk management strategy for their mental health e.g., hospital admission to commence Clozapine therapy.
* Individuals fully or partially funded by Derby & Derbyshire ICB (to include s.117) in an out of area placement can still be referred to the Derby & Derbyshire DSP if it is thought that the level of risk/deterioration requires the individuals to have a red rating and an urgent C(E)TR is required.
* Any CYP Looked After Child placed out of area by a Derby & Derbyshire Local Authority.

**\*Note: The pathway will not be able to accept referrals for individuals without a confirmed diagnosis of learning disability, autism or both**. **The diagnosis must be confirmed, and evidence of this confirmation included within the referral form. This must be within the context of a primary diagnosis of Autism (NICE recommended), learning disability or both** [**https://www.nice.org.uk/guidance/cg142**](https://www.nice.org.uk/guidance/cg142)

**4.** **The Keyworking Service**

The Keyworking service is linked to the dynamic support pathway. The Keyworking service is for children and young people (CYP) with a learning disability and/or autism up to their 25th birthday. The Keyworking service is for CYP who are an inpatient or at risk of being admitted to a mental health hospital that are RAG rated Red or Amber on the dynamic support register. As well as for CYP that are in an inpatient setting with a discharge date within a 2 month period.

A Keyworker will work with children and young people with the most complex needs and their families and carers to make sure families are fully involved in their plans, feel listened to and informed, that plans are personalised, and that they have the support they need at the right time, in a co-ordinated way. Keyworking should help families experience a reduction in stress and uncertainty and an increase in stability and ownership of their support and care needs.

Consent is required from the CYP for the Keyworking service to be offered. Best interest decision cannot be used for the Keyworking service as the CYP has to be agreeable to engage and work with their Keyworker.

**5.** **The Dynamic Support Register (DSR)**

* The Dynamic Support Register (DSR) is a secure database which holds confidential information about the referral and outcomes of the referral. It is a dynamic support tool to help the administration of the pathway and linked processes.
* Once an individual is placed on the register, they will be given a unique and anonymous identifier which can be used on future documentation. This database of information is stored securely by Derbyshire Healthcare NHS Foundation Trust.
* The DSR is central to the pathway as the linked processes/actions recommended are informed by the position of the individual on the register, based on their risk rating (RAG).

1. **Consent**

An individual’s consent must be given to allow their data to be saved onto the DSR, **if consent or a best interest decision is not received then the individual will not be included on the DSR.**

The referral form, consent form, guidance notes and an easy read version are all available on the DSP webpage which is hosted by Joined Up Care Derbyshire. This webpage is accessible to all. [**https://joinedupcarederbyshire.co.uk/your-services/dynamic-support-pathway/**](https://joinedupcarederbyshire.co.uk/your-services/dynamic-support-pathway/)

**ii.** **Confidentiality**

All documentation and data pertaining to the Dynamic Support Pathway is stored securely with limited access assigned.

The generic e-mail addresses and folders are also secure and have limited access.

All documentation and data is stored according to regulations within the Data Protection Act (2018) and General Data Protection Regulations (GDPR) and all individuals accessing this data will follow the ‘data protection principles’ outlined within this guidance.

All documents forwarded to [dhcft.ndpat@nhs.net](mailto:dhcft.ndpat@nhs.net) should always be password protected and the passwords forwarded in a separate e-mail.

**iii. Referral process**

A new referral form has been developed for professionals.

* The referral form is to be used for every individual being added to the DSP.
* It should be completed with as much information as possible.
  + There should be clear evidence of a confirmed learning disability and/or autism diagnosis.
* Informed consent/Best Interests Decision (BID) (with dates for both) to be provided on the referral form – without confirmation of informed consent/BID the individual will not be included on the DSP or any of the DSP processes followed.
* Completed form to be sent to the secure generic email [dhcft.ndpat@nhs.net](mailto:dhcft.ndpat@nhs.net) All documents forwarded to this email address should be password protected and passwords forwarded in a separate email.

The referral form is available via the following link:

<https://joinedupcarederbyshire.co.uk/your-services/dynamic-support-pathway/>

All other documentation pertaining to the DSP is also available on this website. These include:

DSP Referral Criteria

DSP Consent Form (inc. easy read version and accompanying guidance)

DSP Meeting templates for First, Follow up and Post Discharge meetings.

DSP Guidance Notes for Professionals (SOP)

DSP Guidance Notes for Individuals, Families and Carers

**iv.** **Risk Rating and Linked Processes:**

* Referral to DSP: The MDT supporting the individual will be required to discuss and agree the risk rating based on the individual’s current situation using professional and clinical judgement and RAG rate them Red, Amber, or Green.
* The individual will access the DSP, ideally, as ‘Amber’ and will remain part of the DSP until risk rating has reduced to ‘Green’ once potential crisis has been avoided and wellbeing needs appropriately met.
* Referrals to the DSP will automatically trigger a series of DSP meetings including an urgent Community C(E)TR for those rated as ‘Red’ (see table below).
* Once the decision has been taken that DSP meetings are no longer required the individual will be moved to the ‘Green’ cohort for one month. During this time a new referral to the DSP will not be required if the well-being of the individual should deteriorate again - they can simply be moved to the ‘Amber’ or ‘Red’ cohort, following discussion and agreement by the MDT and the associated linked processes re-commenced.
* If the agreed actions at the DSP meeting do not meet need or cannot be delivered and crisis is not avoided, the individual will be escalated to the ‘Red’ cohort and a community Care and Treatment Review will be arranged.
* If admitted to a mental health or learning disability hospital the individual will remain on the DSR in the ‘Blue’ cohort and immediately upon discharge will be moved back to the ‘Amber’ section.

**v. Summary of Risk Rating, Linked Processes and Actions**

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| --- | --- | --- | --- |
| ***Risk Rating*** | **Current Situation** | **Linked Processes and Actions** | |
| Red | Individual in a crisis situation and at risk of hospital admission | * Urgent referral to DSP * Arrangement of community C(E)TR to take place within 72 working hours (Mon-Fri 9-5) * Development of robust action plan, monitoring oversight of action plan * Independent scrutiny and oversight panels * Referral to the Keyworking service can be offered for individuals up to their 25th birthday * Local Area Emergency Protocol (LAEP). | *At the end of the Community C(E)TR the Red RAG rating will be reviewed.  If they become Amber the associated Amber processes will be triggered.*  *If they remain Red, the DSP meetings will continue to monitor with possible escalation to Bronze or Silver Escalation channels*  Independent scrutiny and oversight panels are to be established during 2024. |
| Amber | Wellbeing is deteriorating - at risk of crisis if action not taken quickly and potential hospital admission  When an individual is discharged from a LD or mental health hospital | * Automatic trigger of an initial DSP meeting * Development of action plan * Follow up DSP meeting(s) whilst an individual remains ‘Amber’, frequency determined by MDT * Escalation if required * Upon discharge from a LD/mental health hospital setting, their rating will move from ‘Blue’ to ‘Amber’ and a post discharge follow up DSP meeting will automatically be triggered and, whilst the individual remains ‘Amber’, further follow up meetings will be required * Referral to the Keyworking service can be offered for individuals up to their 25th birthday * Local Area Emergency Protocol (LAEP). | *The individual / situation will be monitored and reviewed through the DSP meetings.  There is no limit to the number of meetings that can be held and the frequency of them will be set depending on the current / emerging situation.*  *The DSP meeting template aligns closely with the CTR KLOE to ensure that key areas are covered / discussed.  At every DSP meeting the RAG rating will be discussed / reviewed / agreed and signed off by the meeting.*  *The meetings will be documented, recorded on the register, and held by the ND Patient Assurance Team (previously known as the Transforming Care Programme team).* |
| Green | Individuals whose wellbeing has settled and are no longer requiring DSP meetings | * DSP meetings are no longer required * Individuals will remain in this cohort for one month * If no further presenting needs arise within that month then the individual will be removed from the DSP. | *During this month a new referral to the DSP will not be required if the wellbeing of the individual should deteriorate again. Their ‘business-as-usual’ MDT can simply notify the ND Patient Assurance Team, and based on the MDT RAG rating, can simply be moved back on to relevant red or amber section and associated linked processes re-commenced.* |
| Blue | When an individual is admitted to a LD/mental health hospital and becomes an inpatient | * Mandatory post-admission and inpatient C(E)TRs held for the duration of their admission in line with Policy * Commissioner oversight visits (8 weeks for adults, 6 weeks for CYP) * Discharge planning * Upon discharge automatically transferred back to Community DSP as ‘Amber’ * Post-discharge DSP meeting to be held within 2 weeks on discharge – if they are still ‘Amber’, the DSP meeting process will be triggered and continue whilst the individual remains ‘Amber’ * Referral to the Keyworking service can be offered for individuals up to their 25th birthday, with estimated discharge date within 2 months. |  |

**6. Dynamic Support Pathway (DSP) Processes**

**i. DSP Meetings**

These meetings will bring together the key people from across the system who are currently / need to be involved in the care of the individual being referred. The ND Patient Assurance Team (previously known as the Transforming Care Programme team) will provide support to identify and responsibilities will be allocated, and timelines put in place.

Once the referral has been received, the ND Patient Assurance Team will contact the referrer to agree next steps, agree the urgency of the referral and outline linked processes required. During this discussion, the initial RAG rating will be reviewed and, if necessary, a joint decision will be made to change the rating (e.g., escalating or de-escalating risk as required).

With all meetings that take place as part of the DSP process, to avoid the risk of (re)admission, the following must be reviewed:

* Multi-Agency Care Plan and Risk Plan.
* Recommendations from C(E)TRs- community and any inpatient CTRs.
* Relevant information from multi-agency meetings including Child in Need meetings.

**ii. DSP Meeting Documentation**

There are three different DSP meeting templates - each template captures the names and contact details of all attendees, the action plan, key tasks, who will complete these and the timelines required. The DSP meeting templates are aligned to NHSE C(E)TR KLoE documentation.

The aim of having a template is to provide guidance around what should be addressed and discussed during the meeting. Each section of the template has some suggested questions which may help to guide the conversation.

The templates are:

* *Record of First DSP Meeting* – to be completed in the first DSP Meeting this is very comprehensive and captures all relevant information.
* *Record of Follow Up DSP Meeting* – to be completed for all follow up DSP Meetings.
* *Record of Post Discharge DSP Meeting* – to be completed when an individual has been discharged from an inpatient setting.

**iii. First DSP Meeting**

* The ND Patient Assurance Team will arrange the initial DSP meeting and invite all suggested attendees and ensure password protected referral information is sent to them.
* **The ND Patient Assurance Team will Chair the initial DSP meeting only and will complete the first DSP meeting notes template.** A Chair for all follow up meetings will be nominated at the initial meeting.
* At the end of the first DSP meeting, it will be agreed what will happen next e.g., agree current risk RAG rating (e.g., Red, Amber, Green), next DSP meeting and frequency.
* If risk rating is escalated to ‘Red’, an automatic trigger for a community Care (Education) and Treatment Review will occur.

**iv. Follow Up DSP Meeting**

* At the beginning of any follow up DSP meetings, the Chair must ensure that a nominated attendee is responsible completion of the meeting template. Once complete, these must then be forwarded to the ND Patient Assurance Team (dhcft.ndpat@nhs.net).
* A member of the ND Patient Assurance Team may continue to attend the follow up DSP meeting to provide additional support as required.
* The DSP Meeting process must continue until the attendees are confident that the deterioration in wellbeing has been stabilised and any associated risks have decreased. At this stage the DSP Meeting process can be stood down and the individual can be stepped down to ‘Green’, then after one month discharged from the DSP.
* If at any point risk rating is escalated to ‘Red’, an automatic trigger for a community Care (Education) and Treatment Review will occur.

**v. Post discharge DSP Meeting**

* The ND Patient Assurance Team will be notified about upcoming discharges.
* On discharge, patients already on the DSP will move from Blue to Amber; those not known to DSP prior to admission will automatically be referred by the Inpatient MDT and rated as Amber.
* Upon notification of discharge, a Post Discharge DSP Meeting will be arranged within 10 working days by the ND Patient Assurance Team
* **The ND Patient Assurance Team will Chair the Post discharge DSP meeting and will complete the post discharge DSP meeting notes template.**
* DSP follow up meetings will then continue until all the attendees are confident that the individual has settled back into their community setting and the risk rating can be stepped down to ‘Green’, then after one month discharged from the DSP.
* If at any point risk rating is escalated to ‘Red’, an automatic trigger for a community Care (Education) and Treatment Review will occur.

**vi. Community Care (Education) and Treatment Review (C(E)TR)**

* This is similar to a DSP meeting but is more formal involving all relevant stakeholders with an independent panel in place that will review and evaluate the current care package and agree urgent actions.
* The independent panel will consist of an experienced ‘chair’, independent clinical expert and independent Expert by Experience with lived experience (either as an individual with LD/A or a family member, carer or friend) of LD, autism or both.
* This is a nationally mandated process and will have high level scrutiny and oversight to ensure the best possible outcomes will be sought for the individual in the least restrictive environment.
* Agreed actions should be followed up by the DSP meeting chair, with monitoring and oversight from the ND Patient Assurance Team.
* As a minimum each time a C(E)TR takes place, an individual’s RAG rating on the DSP is reviewed; and the C(E)TRs recommendations are recorded.

**vii. Admission to Hospital**

* + A decision to admit should not be taken until all alternative options within the community have been explored and it is agreed that the treatment required can only be delivered in an in-patient setting. An admission to hospital under the Mental Health Act requires the recommendation of two doctors, the application is then made by the AMHP (Approved Mental Health Practitioner). Admission will be made under one of 3 criteria ‘informal’ (meaning the person has agreed to come into hospital), under a section 2 of the Act which is up to 28 days, or under section 3 which is for up to 6 months, and which can be renewed. It is difficult to specify the length of stay for people subject to informal admission.

1. Note: Care and Treatment Reviews are intended for adults. Care, Education and Treatment Reviews include an educational element and are intended for children and young people. The term Care (Education) and Treatment Review C(E)TRs is used when both approaches are being referred to. [↑](#footnote-ref-2)