Dynamic Support Pathway

Standard Operating Procedure/Guidance Notes

Leicester, Leicestershire and Rutland

Learning Disability & Autism Programme

Version 2

April 2022

1. Introduction

In May 2021 Leicester, Leicestershire and Rutland (LLR) Learning Disability and Autism programme submitted to NHS England/Improvement their first draft of a 3 year road map to design and implement a programme of projects to improve the quality of life and on addressing health, education and social care inequalities for people living with a Learning Disability and/or Autism.

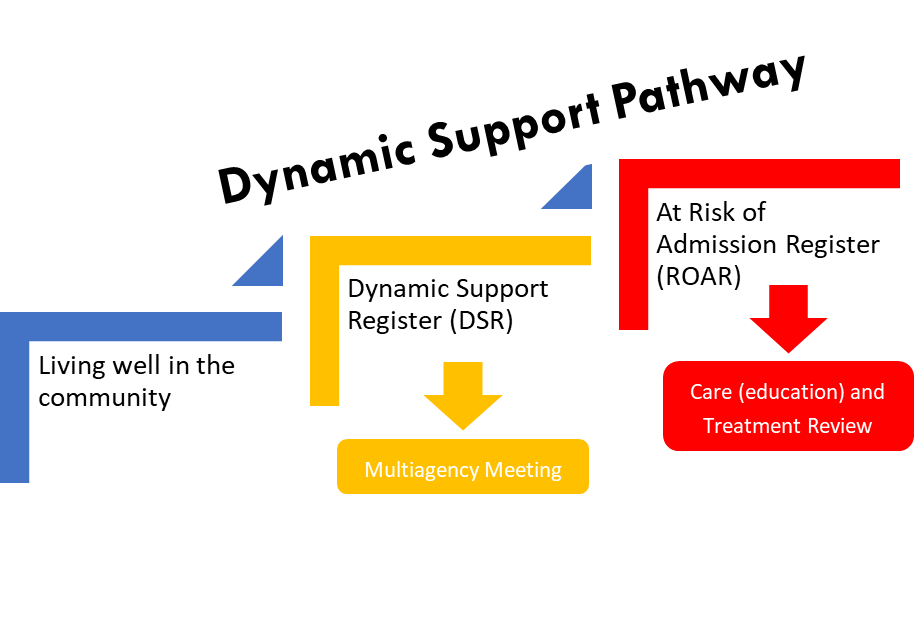
As a system, community mapping exercises to understand the local unmet need, gaps in care and local health inequalities were completed. The plan sets out how LLR will ensure all local services work in partnership to make reasonable adjustments for people with Learning Disabilities, Autism or both to achieve the best quality of care, support and treatment at the right time.

Currently there are twenty-eight initiatives in progress within year 1 of this programme.

The design, development and implementation of this Dynamic Support Pathway is one of these twenty-eight initiatives.

1. What is the Dynamic Support Pathway

The Dynamic Support Pathway (DSP) is a pathway developed to provide support for individuals (all age) with a Learning Disability, Autism or both who are deteriorating in their health and well-being whilst living in the community. The DSP brings together the Dynamic Support Register (DSR) and the at Risk of Admission (ROAR) processes.



The goal of the DSP is to identify concerns early by adding the person using an online referral portal to the DSR to facilitate a coordinated approach to provide additional support to prevent further deterioration and any escalation. The DSP brings together the process of escalating concerns which may lead to a risk of admission requiring a Care (education) and Treatment Review (CeTR).

The DSP is also for patients stepping down into the community from an in-patient unit. The multi-agency meeting can be used for post discharge follow up to monitor the delivery and suitability of the discharge plan.

This is not a replacement pathway for your other referrals to other services e.g. Early Help, Specialist Autism Team (SAT), Safeguarding, LD Access etc. Please continue to make these referrals.

The DSP will work alongside the Childrens and Young People (CYP) Key Worker scheme in ensuring the on-going health and well-being of children and young people up to the age of 18.

1. Aims of the Dynamic Support Pathway

* To provide a more robust early intervention process
* To develop consistent processes to deliver crisis avoidance and crisis management activities across the whole of the LLR system
* To implement an effective DSR that will reduce the need for C(E)TRs and escalation to the Risk of Admission Register (ROAR)
* To promote the early identification of concerns in health and wellbeing so you have a chance of avoiding further deterioration which will lead to crisis
* To facilitate enhanced collaborative joint working between services
* To promote the development of bespoke action plans that will meet the person/child or young person’s needs in the community
* To develop an approach where all stakeholders are equally committed to delivering a rapid response

1. Long Term Benefits of the Dynamic Support Pathway

* LLR will have in place an inclusive, person-centred, proactive and preventative approach that supports the individual’s needs and preferences.
* When support is required all individuals will have access to the right support at the right time, in the right place and be delivered by the right person.
* Adults, children and young people with a Learning Disability, Autism or both are able to thrive in the community in their own homes in the least restrictive environment possible, develop independence, make their own choices, be able to integrate into society, maintain family and friend relationships, take part in hobbies and activities and lead a life of 'beautiful ordinariness'.
* Families remain together
* Inappropriate admission and re-admission prevention
* If admission is required appropriate beds are available close to home and family

5. Every Voice Counts

Workshops were held regularly with key stakeholders during the development and designing of the Dynamic Support Pathway. The task and finish group reached out to all system services and very many of these sent representatives to the workshops to share any concerns in the current system and ideas for improvement.

Many representatives from the local parent carer forums attended and provided input into the pathway processes referral criteria and documentation. Hearing the voices of those who use the DSP is key to us learning and improving and remains a core principle of the operational delivery groups ethos. Since the launch of the DSP monthly Governance and Operational meetings are held with key partners including carer representatives. Quarterly post launch catch up meetings are also scheduled to engage with the wider stakeholders in order to provide updates and developments.

1. The Dynamic Support Register (DSR) and Risk of Admission Register (ROAR)

Referrals to the DSP can be made to both the DSR and/or the ROAR via the online referral form. The DSR & ROAR are both secure online databases which hold the confidential information about the referrals until the person has deescalated and is removed from the portal.

Once an individual is placed onto either of the registers their information will be downloaded into a secure CSV file and they will be given a unique and anonymous identifier which can be used on future documentation.

This database of information will be stored in a confidential clinical folder hosted by Leicestershire Partnership Trust (for adults) and Barnardo’s (for children and young people), and these folders will have very limited access.

This data will be invaluable for tasks such as identifying the sources of demand for this pathway and for understanding reasons for referral.

1. Consent

A person’s consent must be given to refer the person to the DSP and to allow their data to be saved onto the Dynamic Support Register and/or the ROAR. It is the referrers responsibility to gain consent, this should be documented on their own patient records and indicated on the DSP referral form. To facilitate this discussion there is a consent form, guidance notes and an easy read version available to the referrer regarding the DSR/ROAR. These are available on the DSP website page which is hosted by Leicestershire Partnership Trust. This website page is accessible to all.  <https://www.leicspart.nhs.uk/services/dynamic-support-pathway/>

1. Confidentiality

The online portal has been developed by Leicestershire Health Informatics Service and meets all the necessary Information Governance requirements to ensure patient information is secure.

All documentation and data pertaining to the Dynamic Support Pathway that is not saved on the online portal, is stored in confidential clinical folders with limited access to these folders.

All documentation and data is stored according to regulations within the Data Protection Act (2018) and general Data Protection Regulations (GDPR).

All individuals accessing this data will follow the ‘data protection principles’ outlined within this guidance.

Please do not include any person identifiable information on the subject line or in the main body of emails sent to the generic email inboxes.

1. Referral Criteria

The Dynamic Support Pathway is for adults and children and young people with a confirmed diagnosis of a Learning Disability, Autism or both. The pathway will not be able to accept referrals for individuals without this diagnosis. A privately obtained diagnosis of Autism will be accepted.

It is expected that the professional making the referral should have confirmation of the diagnosis. It is important to note that the term ‘Learning Difficulty’ does not meet the criteria of learning disability. Where a child, young person or adult is added to the DSP and is later identified as not meeting the criteria of LD.A they will be removed from the DSP and the referrer notified.

The person being referred should also be living within Leicester, Leicestershire or Rutland (LLR) and have either a GP surgery that falls within the responsibility of a LLR CCG or a home address that falls within the responsibility of a LLR local authority i.e.

Leicester City Council

Leicestershire County Council

Rutland County Council

Leicester City CCG

West Leicestershire CCG

East Leicestershire and Rutland CCG

The referral criteria for the DSP for adults and the criteria for children and young people can be found at appendix 1 and 2.

The concerns described within these criteria are only examples of circumstances where you may wish to refer to the pathway and these should not be regarded as inclusion criteria. Other circumstances may also require a referral to be considered.

1. The Referral Process

To make a referral to the Dynamic Support Pathway (DSR or the ROAR), please use the online platform via the following link: [https://llrldadmissionavoidancetool.leicestershire.nhs.uk](https://llrldadmissionavoidancetool.leicestershire.nhs.uk/)

Further information and forms are available on the DSP website page, please see the following link: <https://www.leicspart.nhs.uk/services/dynamic-support-pathway/>

This website page is found within the Leicestershire Partnership Trust NHS Trust internet website and is accessible to all.

A flowchart outlining the referral process is available at appendix 3.

Consent is required to add someone to the DSP, see section above.

Referral to the DSR

Where there has been a deterioration in a person’s wellbeing, and it is identified that there is a need for a multiagency approach a referral to the DSR can be made. Referrals to the DSR should be RAG rated as amber. Only patients who have been discharged from an inpatient hospital should be added to the DSR as ‘green’ (please note this RAG is not in relation to their risk but as a means to identify these individuals on the DSP). Where there are existing processes in place and the referrer does not need support with organising the MAM this can be indicated on the referral form. In these circumstances the referrer is only required to complete the mandatory fields on the referral form and they will progress with organising and facilitating the MAM themselves.

Where it is indicated on the referral form that a MAM is required, the referrer must complete the full referral form and provide contact details (email and phone number) for the people who should be invited to the MAM. Once the referral has been submitted via the online portal the DSR admin lead will contact the referrer to agree the next steps. The urgency of the Multi-Agency Meeting (MAM) will then need to be confirmed and the date agreed accordingly. It is important to note that there is not a professional attached to the DSR and therefore the referrer remains the accountable professional for the patient’s health & wellbeing.

The referrer and the DSR admin lead will agree who is best to chair this meeting and agree who will be able to complete the notes template. The DSR admin lead will endeavour to take notes of the first MAM organised by them. In most cases the MAM will be chaired by the referrer.

Following this discussion, the DSP admin lead will send out a meeting invitation to the people identified by the referrer on the referral form. The referral information will be attached to the invitation and will be password protected.

It is hoped that by attaching the referral information all invited people will understand why this meeting is being requested and why they are being invited. The information will also allow the invitees to be more prepared to attend the meeting and to have the ability to share any relevant information.

Where the individual / parents / carers are attending the MAM, a separate email will be sent to them containing the link to join the meeting and will provide information as to who else will be attending the meeting. Professionals email addresses will not be shared.

Referral to the ROAR

Where an individual has presented as an imminent risk of admission but there was no previous knowledge of escalating risks the person can be referred directly to the ROAR via the online portal. The Transforming Care Officers will contact the referrer to ascertain further information and confirm whether an urgent CeTR or LAEP will be organised.

All other referrals to the ROAR should be as a direct escalation from the DSR. In these circumstances the individual should already be on the DSP as amber. The initial referrer should contact the DSP administrator/lead and inform them that the RAG status needs to be changed to RED and escalated to the ROAR. (Where the referrer has editing rights on the DSP portal this can be done by the referrer). The Transforming Care Officers will automatically be notified of the change in status and will contact the referrer to organise the CeTR.

1. The Referral Form

The referral form for both the DSR and ROAR is a combined online referral form and requests the following information. The referrer will only be required to complete the referral form for the ROAR when there was no previous knowledge of escalating risks and the person is not currently on the DSR.

* Patient ID information
* Demographic information
* Commissioner information
* Patient/carer information
* Current care team
* Current location/home/provider
* Communication needs
* Brief History
* Overview of the Current Situation/Current Concerns
* Risk Details
* Safeguarding Information
* Additional support that may already have been put in place.

Not all fields are mandatory, however where the referrer would like the MAM meeting to be organised by the DSP administrator/lead or where the referral is for the ROAR, all fields should be completed.

It is important to clearly capture on the referral form the details of the reasons for the referral i.e. what is happening that is causing concern and what impact on health and well-being this is creating. Please include key information regarding potential future risks to ongoing health and well-being. Please be aware that this information is shared with the other people invited to the meeting.

Referrals will be accepted from all professionals across Health, Social Care and Education within the Leicester, Leicestershire and Rutland geographical area.

1. The Multi-Agency Meeting

The multi-agency meeting will bring together the key people involved in the care of the person being referred.

If there are currently very few people involved in care and this is one of the reasons for the referral then the DSP admin lead will support in identifying the teams who may be able to support and a representative from these teams will be invited.

Advice may be given at this stage regarding referrals to other teams which could be beneficial. The DSP is not a replacement pathway for referrals to other services e.g. Early Help, Specialist Autism team (SAT), Safeguarding, LD Access etc. Please continue to make these referrals.

Representatives from other teams may be more able to attend the multi-agency meeting if a referral to the team has already been made.

If there is not an open referral then attendance may be more difficult for the team to be involved.

If it has not been possible to identify and agree other appropriate teams to be invited then this will be an action for the first multi-agency meeting group and these individuals/team representatives can be invited to subsequent meetings.

A flowchart for the multi-agency meeting process is available at appendix 4. Where the referrer has indicated they do not need support with organising the MAM this process should still be followed.

Prior to the meeting starting the referrer (\*or Keyworker/care navigator where involved) should meet with the family/patient to discuss the meeting, agenda and inform them who has been invited to the meeting. Ideally a pre-meeting should be arranged 15 minutes before the MAM to meet the family/carers/patient and ensure they understand the process.

This process is flexible. The number of multi-agency meetings needed is agreed within the group, along with the need for the DSP administrator/lead to remain involved in organising and minuting the MAMs. The process can continue until the group are confident that the deterioration in well-being has been halted and any associated risks have decreased. At this stage the process can be stood down and the person will be removed from the Dynamic Support Register.

If at any time during this process risks increase, a referral to the Risk of Admission Register (ROAR) can be made by notifying the DSP admin lead and informing them that the RAG status needs to be changed to RED and escalated to the ROAR. (Where the referrer has editing rights on the DSP portal this can be done by the referrer). The Transforming Care Officer will contact the referrer to discuss organising a formal independently chaired Care (Education) and Treatment Review (CETR) requested.

1. The MAM Notes Template

It is hoped that the template designed and developed by the DSP workshop group will be adopted across the LLR system and becomes a very familiar document to all. Where a referral is made to the DSR but the referrer does not require support from the DSP admin lead to organise the MAM / take notes of the meeting, the referrer should make use of the standard MAM notes template. For staff working within LPT a copy of the MAM notes template will be available as a questionnaire template on SystmOne, hopefully from May 2022. Professionals can then directly input into the template on SystmOne and save the document to the patient record. This can then be exported as a letter template and circulated to other non LPT individuals involved in the MAM. Other LPT professionals that were involved in the meeting can be tasked to notify them the notes are ready to view.

Where the DSR admin lead is not able to attend the meeting in person, but has agreed to take the notes of the meeting, consent from all parties present can be obtained to video record the MAM. On starting the recording it is important that the chair declares that consent has been obtained by all present to record the meeting. Recording of the MAMs must only be saved to a network folder once finished (as opposed to the automatic offer of OneDrive or Streams). Once the notes have been typed up the recording will then be deleted.

Prior to the end of the first MAM it should be agreed who will chair and minute subsequent meetings, it may not be possible for the DSP admin lead to support and will be dependent on capacity at that time.

Template attached:



It has been designed to prompt the key lines of enquiry and provide guidance regarding what needs to be discussed and agreed at the meeting. Other relevant aspects of care can be added if not already on the template.

* All sections of this template should be discussed at the multi-agency meeting. Some sections may not be relevant and may not be completed. Please indicate with not applicable (N/A).
* The template is here to provide guidance and information as to what will be asked and discussed during the meeting
* The template addresses the Key Lines of Enquiry
* Captures the names and contact details of all attendees
* Captures the action plan, key tasks, who will complete them and timelines required
* Key questions regarding what happens next

This template can also be used as an update template for subsequent multi-agency meetings. In this instance any changes in circumstances or presentation can be recorded as an update with a new date indicated and the original action plan further developed.

Outcomes from the tasks identified at prior meetings can be captured on the same action plan. One on-going action plan will be able to show continuity of actions and outcomes throughout several multi-agency meetings.

Key questions are also to be found at the end of the template. These are to prompt decisions about the next steps required.

These include:

1. Is a follow up MAM required?
2. If yes, agree the date as it will be very difficult to find a time to suit by email after the meeting
3. If a follow up MAM is not required can the person now be removed from the Dynamic Support Register?
4. Is escalation to the ROAR required for a C(E)TR
5. Transitions

Referrals to the DSR for anyone under 18 years old will be added to the CYP DSR and the responsibility of organising the MAM will remain with the CYP DSR admin lead. Where a person referred to the DSR is aged between 17 years and 14 months – 18 years old the referral can be discussed with the adult DSR admin lead to support with identifying any relevant people to invite to the meeting.

1. Gaps in Service Form

The purpose of this form is to highlight to the senior managers of the LD.A Collaborative where there are gaps in services that have/are impacting on an individual’s health and wellbeing and their ability to remain living in the community. The information will be used to inform service developments and future commissioning requirements. Related information should also be documented within the MAM meeting notes and recorded in the patient record.

In the effort to resolve any gaps in service, a copy of the form should go through the appropriate line management system for further input and resolution.   If no resolution is found, the form should be shared with the DSP governance & operational group via the DSP admin lead [lpt.adult-lda-dsp@nhs.net](mailto:lpt.adult-lda-dsp@nhs.net) so that it can be logged as a gap.  The DSP governance & operational group will review the forms that have been submitted to identify any themes and will escalate these on a regular basis to the LD.A Transforming Care Collaborative Delivery Group to inform future service developments.



Appendix 1.

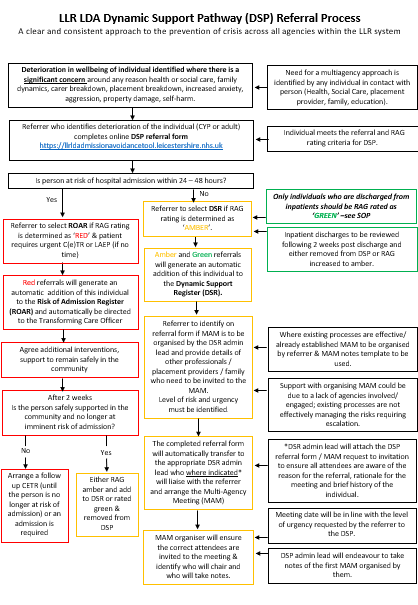
DSP Referral Criteria for Children and Young People



Appendix 2. DSP Criteria for Adults



Appendix 3.



Appendix 4.

