**LLR Learning Disability and Autism Collaborative**

**Adult Dynamic Support Pathway (DSP)**

The Dynamic Support Pathway (DSP) is a pathway developed to provide support for individuals with a Learning Disability, Autism or both who are deteriorating in their health and well-being whilst living in the community. 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.

Inclusion Criteria:

* Adults with a Learning Disability, Autism or both. This diagnosis must be confirmed, and evidence of this confirmation should be included within the referral form. Unfortunately at this time the pathway will not be able to accept referrals for individuals without this diagnosis.
* The person being referred should also be living within Leicestershire and have either a GP surgery that falls within the responsibility of a Leicester, Leicestershire and Rutland ICB or a home address that falls within the responsibility of a Leicestershire Local Authority.
* Individuals fully or partially health funded (117) in an out of area placement can still be referred to the LLR DSP if it is thought that the level of risk/deterioration requires the individuals to have a red rating and an urgent CTR is required.

Dynamic support systems and processes rely on effective partnership working between health, local authorities, education and social care partners.

Please refer to DSP if one agency is not able to meet all needs and wants multi-agency input.

* When you make a referral, you will be asked to recommend/suggest the risk rating of the individual’s current situation. In simple terms this is also a question around the urgency of the situation. The individual will move between the cohorts as their situation changes.
* Ideally the individual will access the DSP as amber and be discharged from the DSP as green (deteriorating well-being has been addressed and any impending crisis avoided). A new ‘green’ cohort has been added as a ‘step down’ from the DSP.
* Once the decision has been taken that multi-agency meetings (MAMs) are no longer required the individual will be moved to the green cohort for two months. 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 and the associated linked processes re-commenced.
* If the agreed actions at the multi-agency 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 Care and Treatment Review will be arranged.
* If admitted the individual will remain on the DSR (new minimum standard) in the blue cohort and immediately post discharge will be moved back to the amber section.

Below are the agreed criteria for referring an individual to the Dynamic Support Pathway.

| **Rating** | **Guidance notes regarding when to apply this rag rating** | **Linked Processes** |
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| **Amber** | **There is a significant concern for the health and well-being of the individual (any cause). The individual is not in a crisis; however, action is required to avoid the development of a crisis. Concerns may include:*** A significant increase in behaviours that challenge. Support is required to prevent further deterioration in well-being, which may result in a future increased risk of referral to other services and/or hospital admission.
* Deterioration in mental health and wellbeing may include but is not limited to social withdrawal, self-neglect, anxiety, increased verbal or physical aggression towards self and/or others, damage to property, self-harm, suicidal thoughts, escalating anxiety, increased ritualistic behaviours or internal experiences such as hearing voices which are having a significant impact on well-being.
* The family/carer/placement provider is finding the situation difficult to manage. Carer strain may be becoming a concern.
* The carer has a significant underlying physical or mental health condition that is affecting their ability to continue to provide the level of care and support required.
* The individual has recently been discharged from an in-patient environment.
 | * Referral to the Dynamic Support Pathway.
* Inclusion on the Dynamic Support Register.
* The request for a multi-agency meeting (MAM) is automatic once the referral has been completed.
* Set up of the MAM.
* The action plan detailing the additional support required will be developed at the first MAM.
* Agreed actions will be followed up to ensure completion.
* MAMs will continue for as long as required to ensure the well-being of the individual is restored.
* If the wellbeing of the individual continues to deteriorate and there has been no improvement following the delivery of the interventions agreed at the multi-agency meetings the individual will be escalated to the red rating on the Dynamic Support Register (DSR).
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| **Red** | **The well-being of the individual has continued to deteriorate despite the delivery of the appropriate interventions agreed at the previous multi-agency meetings. The individual is now in a crisis which requires urgent resolution.*** Crisis may occur because of non-resolution of any of the causes identified in the guidance notes for the amber rag rating of the dynamic support pathway.
* There is a reason to suspect that the individual has a mental health concern which will necessitate evaluation and may result in the diagnosis of a mental health disorder and the associated risks may necessitate individual’s potential admission to a specialist psychiatric bed.
* The individual has a known mental health concern which is continuing to deteriorate. The associated risks to self and others continue to escalate in the community setting despite all interventions, to address the mental health concern, being delivered.
 | * Significant urgent intervention is required to reduce risk and restore well-being.
* Set up of a community CTR with an independent panel.
* Escalate to director level (health and/or Social Care) for additional support if required.
* Senior level directive to attend CTR.
* Development of robust support plan.
* Consideration to be given to the request of a Mental Health Assessment and/or subsequent Mental Health Act. Assessment (only if mental health condition if suspected/known).
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| Blue | **Adults who are currently within inpatient services.** * Individuals who were referred to the DSP prior to admission will no longer be removed from the register.
* They will be moved from the red rating and placed on blue to reflect their current in-patient status. They will remain in this category for the entire length of their in-patient stay.
* Upon discharge, the individual will be transferred to the amber rating group and a post discharge MAM will be arranged to evaluate the quality and implementation of the post discharge level of support being delivered.
* A new referral to the DSP will not be required. Required referral information will remain on the system.
* Once the multi-agency team are confident that the level of support is appropriate and in place (meeting needs) and the risk is reduced then the individual can be discharged from the DSP using the agreed discharge process.
* The individual to be escalated to red if the level of support is not in place at the individual once again becomes at risk of admission.
 | **In-patient linked processes*** Post admission CTR
* CPA
* On-going CTRs at the required frequency
* Independent CTR (ICETR) for those in Long Term Segregation (LTS)
* Commissioner oversight visits (8 weeks)
* Discharge planning

**Post Discharge from Hospital*** Transfer to Amber rag rating following discharge from hospital.
* Post discharge MAM to check all post discharge support agreed is now in place and is sufficient to meet the needs of the individual.
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| **Rating** | **Guidance notes regarding when to apply this rag rating** | **Linked Processes** |
| Green | **Adults whose well-being has settled and are no longer requiring multi-agency meetings that need to be managed by the Dynamic Support Pathway team.*** Individuals will remain in this cohort for one month and then be removed from the DSP.
 | * No multi-agency meetings taking place.
* However, during this time the individual can be moved back to the amber/red cohort if linked processes need to be re-activated quickly.
* A new referral will not be required.
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