London's Mental Health Discharge Top Tips

LONDON Urgent and Emergency Care Improvement Collaborative

November 2017

Introduction

These Top Tips commenced their journey at the ***Pan London Reducing delays in Mental Health Trust discharges*** workshop, attended by 90 plus colleagues from across the mental health system in May 2017 covering Clinical Commissioning Groups (CCG's), Local Authorities (LA), London ADASS, Mental Health (MH) Providers, NHS England, ECIP and a Voluntary group. The rich discussion identified the appetite to come together and design a principles framework which would set the standard for mental health discharge for London.

The Tips evolved during months of discussions based on operational experience, best practice, and rich debate between delegates from CCGs, LA Housing, BCF Leads, MH Trust borough and social care leads, and the third sector.

The Top Tips have been endorsed by the Mental Health Cavendish Square Group, NHS England and London ADASS in October 2017.

Principle

The Top Tips are not designed to be a performance management tool. Instead, they take as a starting point the recognition that even the best performing systems will be experiencing challenges in relation to discharge.

The Top Tips represent a standard of collaborative problem solving and working, moving away from a focus solely on team or organisational boundaries, to support timely hospital discharge. Whilst it is acknowledged that the systems are under immense pressure, and that that there is no simple solution to creating an effective and efficient care and health system, **this standard signals a commitment to work together to improve current ways of working and improve both the experience of those accessing Mental Health services and those who work in them.**

This model supports genuine, honest reflection and discussion between trusted colleagues within local health and care systems.

The aim Is for systems to work through the Top Tips together, and come up with a joint plan for improvement and innovation.

Top Tip 1

Senior level joint working and commitment

A joint statement setting out the commitment from the borough Local Authority Director of Adult Social Care, Director of Housing, Mental Health Trust Chief Operating Officer, and CCG Chief Operating Officer to ensure no one is in a mental health bed, unless they really have to be there.

Appropriate governance and permission provided at organisational level, to enable design and changes as required to be made.

What does exemplary look like?

- Mental Health DToCs are on the agenda of meetings attended by DASS, LA, Mental Health Trust and CCGs.
- The Health and Wellbeing Board (HWB) identify MH DTOC as a key priority area.
- The HWB commit to fielding appropriate representatives to regular meetings to resolve DToC issues.

Top Tip 2

Commissioned transition support and community services

Commissioners ensure there is an adequate, appropriate range of services and provision to enable people to return to their lives as soon as they no longer need acute care. Balancing investment into a dynamic suite of support available to enable discharge, transition and self-management.

What does exemplary look like?

- There is a continuous and robust review of existing provision in the local community, strengths and gaps identified.
- New housing and support services have been funded to meet the identified gaps in provision.
- All system partners are kept up to date with service changes, referral routes, processes, responsible contact to ensure use and effectiveness of system resources.

Top Tip 3

Early discharge planning

Systems in place to commence discharge planning from point of admission, and the identification of potential factors for delay. Ensure IT and technology systems support this.

What does exemplary look like?

- Everyone admitted to a mental health ward has an Estimated Discharge Date (EDD) generated within 72 hours of decision to admit.
- Barriers to discharge identified and reviewed on a daily basis. Clear ownership of actions and agencies required for resolution.
- The EDD is monitored daily through IT systems, and picked up in daily clinical reviews.
- There is an agreed discharge protocol with clear timelines, and action ownership that has been embedded into the culture of the organisation.
- Development of local protocol explicitly setting out roles and responsibilities of wider stakeholder network, signed up to by all, to ensure an integrated approach to resolution and ownership of actions required to ensure holistic discharge.
- Clear flowchart visibility of ward procedures, and escalation process to ensure universalisation of understanding and process.

Top Tip 4

Every day counts!

Ensure each day in hospital is appropriate and supports the recovery of people with mental health problems. Reduce unnecessary days.

What does exemplary look like?

- 7 days a week, daily clinical decision making system with senior clinical peer review of longer stays.
- Daily huddle/ board round identifying areas of need, potential and actual delays and mitigations.
- Outcome of review and huddle linked to escalation.
- Weekly bed management meeting with decision makers led by senior staff (clinical lead, inpatient Consultant, Ward Manager, Social Worker and OT) to discuss “medically optimised” people.

Top Tip 5

Patient choice

There is a clear Choice policy which is accessible to people, families and carers, and that all staff are versed in and comfortable to implement.

What does exemplary look like?

- There is a clear Choice policy to support people to understand their options, rights and where they can find additional support.
- Accessible information is available, including that of local community resources including advocacy and universal services.
- People, families and carers are socialised with the Choice policy upon admission, are supported to understand and are involved in the purpose of their hospital stay.
- Dedicated and unbiased process and support in place to help people when:
  - considering their choices, and reaching decisions about their future care,
  - they do not have capacity to make independent decisions about their care, or who need additional support to be fully involved i.e. Voluntary sector.
- All staff are versed, trained and understand the Choice policy.
- A robust protocol exists, which is underpinned by a fair and transparent escalation process supported by senior managers.

Top Tip 6

Embodied principles of choice, recovery & re-ablement

Ensure that services and care pathways embed the principles of choice, recovery, re-ablement, promoting a strengths based approach to maximise independence and wellbeing.

What does exemplary look like?

- From the day of admission people are supported to understand, and are involved in the purpose of their hospital stay.
- People are actively involved in the development of their discharge plan, by building on their strengths and personal goals, while managing expectations about what the hospital and partners can offer.
- Carers, wider support network, voluntary organisations and housing are engaged from the point of admission.
- All staff are versed on local community resources including advocacy and universal services.
- All staff capture and understand the wishes and limitations of the wider support network, identify its strengths, and has embedded this into the recovery plan.

Top Tip 7

Strong Housing involvement

Robust joint working arrangements, including a service level agreement (SLA) to ensure input from Housing at all points along the pathway, for those individuals who are homeless or require a housing transfer.

What does exemplary look like?

- Routes home are made clear from the very beginning, and every effort is made to maintain a tenancy.
- There is an overarching SLA with Housing departments within Trust catchment area, which have clear and agreed timescales for action, with escalation when things go wrong.
- Housing input is identified and raised the moment a decision to admit is made.
- There is a clear process for accessing temporary accommodation including as an alternative to admission, in response to individuals presenting in a mental health crisis due to homelessness or risk of homelessness.
- Housing workers are proactive on wards, and involved in weekly bed management meeting working to resolve housing issues.
- A Housing Officer is based at the hospital.
- Mental Health Trusts and Housing have a Trusted Assessors

Top Tip 8

Placement without Prejudice

Decisions to fund placements or packages are not causes for extended hospital stays.

What does exemplary look like?

- Clear funding systems and processes with good guidance are available and known by all.
- Accessible information is made available to people and their support network, upon decision to admit for private funders.
- Interagency agreements are in place for individuals with complex needs.
- Strong assurance process is in place for checking the quality of assessments.
- Clear S117 process and responsible CCG/ LA funding officer identified and known to staff.
- All staff understand how to identify individuals with S117 aftercare needs.
- Daily decision making around funding done outside of panel (if panel exists), with no delays caused. Single decision maker in place.
- Streamlined collaborative panel process.
- No one waits more than 48 hours for a funding decision

Top Tip 9

Robust multi agency working

Validation, resolution and escalation of delays to ensure quick resolution of identified reasons for delay, which are approached in an integrated manner.
Strong commitment by all agencies to prioritise this meeting.

What does exemplary look like?

- All agencies meet twice weekly and this is attended by those which can make decisions:
  - Clinical teams review all delays and update case files.
  - Senior colleagues with representatives of all agencies, identifying clear actions, lead owner identified, With actions progressed by the following meeting/ deadline.

- Strong relationships exist between agencies enabling immediate decisions to be made when required.

Top Tip 10

Support for those with no recourse to public funds (NRPF)

Local protocols in place to support people with no recourse to public funds (NRPF)

What does exemplary look like?

- Ensure early identification and discussions with the individual about what potential services (or not) would be available, and what support is available locally for people with NRPF.
- Joint protocol across agencies that promotes legal and acceptable plans.
- Clear understanding of who will carry out Care Act/ Human Rights Act assessments.
- Local system is a member of the No Recourse to Public Funds Network
- Dedicated NRPF worker in place with good links with the home office, and is able to support next steps.
- Strong cross borough relations and sharing of NRPF resource.

Top Tip Implementation Plan

	Top Tip	Where we are now	2 actions for the next 2 months	What resources will we require for implementation	How will we track and evaluate impact
1	Senior level joint working and commitment				
2	Commissioned transition support and community services				
3	Every day counts!				
4	Early discharge planning				
5	Patient choice				

Top Tip Implementation Plan

Top Tip		Where we are now	2 actions for the next 2 months	What resources will we require for implementation	How will we track and evaluate impact
6	Embodied principles of choice, recover and re-ablement				
7	Strong Housing involvement				
8	Placement without Prejudice				
9	Robust multi agency working				
10	Support for those with no recourse to public funds (NRPF)				