

The Delayed Discharge Improvement Programme, Mental Health, Learning Disabilities and Adults with Incapacity Learning System Launch: Q&A

Q: Have there been difficulties in implementing a named nurse?

A: Key benefits of having this. But importance of having a named team to ensure continuity if an individual is unavailable.

Q: Whilst these ambitions or findings are acknowledged as a way forward, this all impacted by lack of suitable housing within communities lack of financial resources.

A: Same housing challenges in Grampian. Want to bring in RAG system to better understand patients with no identified resources. Some patients come off the DD list quickly. Others have identified needs but no resources available in the community. Good mental health care homes locally but often places don't come up. There are barriers that we don't have much control over but trying to articulate that (by identifying which patients fall into the 'red' status).

Q: Is there a difference in discharge processes between people who have short v long lengths of stay?

A: Yes, LoS indicates level of complexity. Longer they are in hospital, harder to place, need specific commissioned placement.

Q: Are there issues with people becoming settled and reluctant to move out of hospital?

A: Use Moving On policy to support this and social work care management involvement. Families/POA/guardian involved, give them letter with reason for discharge and what the barriers are. Moving On meetings are helpful to get to the bottom of why they don't want to go home.

Q: What are the synergies between the delayed discharge work and SPSP work around transitions?

A: There is an obvious overlap. Different purposes to the work but similarities in approach to good communication, SOPs, involving people in discussions to improve continuity of care.

Q: We cannot talk about discharge without thinking about admission. Must incorporate purpose of admission.

A: Agree – importance of getting pre-admission right. So many different playing fields across Scotland. Glasgow has well-developed crisis team, same in D&G. Not one in Highland or Grampian. So how admissions are managed at front end is different. This point is our rationale for looking at admission avoidance. Have to look at full breadth of admission process and information gathered at outset and throughout treatment.

Q: Am I able to access and save the information and tools from the HIS website, that will help move forward improvements in the discharge planning process in the General Adult Psychiatry and Learning Disabilities ward that I work with?

A: Yes, resources today are available. Not a finished product and we will enhance that through the work. Want to hear about other areas of good practice. Want to incorporate that in our change package. It's a work in progress.

Q: Louise Red Cross. Happy to share their work around Delayed Discharge. What is your opinion on the role the 3rd sector plays, and what can the NHS and HIS do to help integrate that?

A: Definitely a role for the 3rd sector. Initial conversations around practical aspects of discharge and additional support there. Challenge around money in commissioning services – could this be looked at from national perspective?

A: Agree, massive role. Particularly within patient group mentioned – highly complex needs, long LoS. Need bespoke packages of care, invaluable. Coming Home Peer Support Network examples of bespoke packages created around individuals by 3rd sector partners. Make critical difference to getting out and staying out. Good practice with Ayreshire and Arran looking at creating community LD Hub including a multifunctional base for 3rd sector. Good template for other services. Gordon to follow up Red Cross post-meeting.

A: Scottish Approach to Change work includes compiling experiences from multiple areas. Includes section on good commissioning and creating partnerships with the 3rd sector. Pivotal role.

Q: Questions around reforms to AWI Act, and integration of SW in inpatient units rather than the community.

A: We will take this away to integrate with work of Scottish Gov for next sessions.

A: Importance of integration of SW. Makes huge amount of difference to DD meetings and behind the scenes work. Designated social worker focused on resettlement in Aberdeen – knew everything about the patients, moved things along. Where there wasn't such a clear SW attendance at meetings it wasn't so effective. Impossible to envisage system that doesn't integrate SW and healthcare.

Q: Questions around Home Care

A: Can also focus on this integration in next webinar.