Brief guide: discharge planning from learning disability assessment and treatment (or similar) units

Context

Since the abuse uncovered at Winterbourne View in 2011, there has been increased attention on the needs of people with learning disabilities in hospital settings. People can be admitted to hospitals, sometimes far from their normal place of residence. This can lead to people being out of sight and out of mind from a commissioner's perspective and people can spend years in hospital with no identified date or plan for discharge.

Evidence required

1. Ask nursing staff or unit managers if all people have discharge plans. Request to see at least five of these, unless there are less than five people in the unit.
2. Check if discharge plans contain a date, an identified provider/family member to discharge to, and a discharge address.
3. When reviewing care plans, consider if the person is being supported to maintain skills for independence and living in the community or is there a risk of institutionalisation. How often do patients take part in meaningful community activities? Are patients able to make themselves drinks, prepare meals, wash their own clothes, or any other task they may need to do in the community (with or without support) when discharged?
4. Ask about relationships with commissioning case managers. How often do they visit? Are they actively working with other providers to plan discharge?
5. Ask about working with other providers to prepare for discharge. How is information shared? Are other providers able to conduct shadow shifts on the ward? Is there any evidence of this happening now?
6. Are the outcomes of assessment and treatment clearly stated so as it will be clear when hospital intervention is complete and discharge can occur?
7. Review how long each patient has been on the ward. What were their dates of admission? Is there a good admission to discharge rate?
8. Is there a team which supports discharge? What are the barriers to discharge for people who have been inpatients for a long time?
9. Ask the person and their family if they know the admission is temporary, and if they know what the expected outcome of their admission is. Are they involved in planning their treatment and are their clear goals being achieved? Have they had a Care and Treatment Review and were they useful?

Reporting

1. In the **'assessing and managing risk to patients and staff'** section of **'safe'** state how risks of long term admission and institutionalisation are being managed.
1. Under '**reporting incidents and learning from when things go wrong'** in **'safe'** report on how the team learns from delayed discharges and actively works to prevent this.
2. Under '**assessment of needs and planning of care**' in '**safe**' report on the quality of discharge plans and their availability from admission.

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3. Under '**best practice in treatment and care' in 'safe'** describe how the person and their family are involved, particularly in planning life after admission.
4. In **'multidisciplinary and inter-agency working'** in '**effective**' report on how care management and community services are involved to promote discharge.
5. In the '**Mental Health Act'** or '**Mental Capacity Act**' sections in '**safe**' report on the legality of detention/admission.
6. In the '**access, discharge, and bed management**' section in '**effective**' report on patient turnover rates.

Policy position

NHS England set out the programme for the Transforming Care Delivery Board in their report.[1] This confirms the commitment to discharge people to the community as soon as possible. Hospital provisions are expected to be planning discharge from the moment of admission. The purpose of the admission should be to provide assessment and treatment that promotes returning to living an ordinary life in the community.

We are working in partnership with NHS England, the Association of Directors of Adult Social Services, Health Education England, Department of Health, and the Local Government Association through the Transforming Care Delivery Board. We are responsible to the Board for the specific work stream relating to regulation and inspection, and it is important that our work supports the models of support the Board is proposing. NHS England has been implementing care and treatment reviews for people with learning disabilities who are inpatients. The purpose of these reviews is to make sure that people are receiving appropriate care and treatment and that there are plans in place to support effective discharge as soon as possible. These reviews are now "business as usual" and occur before admission where possible, following admission, and annually thereafter.

The appendix sets out the underpinning principles of the need for good discharge planning.

Link to regulations

If there is evidence that:

- People's needs are not being effectively met to promote discharge, this links to regulation **9(1)** and **9(3) (a-h).**
- Failing to provide a model of care in line with the Transforming Care new model of support, this links to regulation **9(1)(b)(iii),** and **15(1)(c).**
- Not promoting independence and discharge to community living, links to regulation **10(2)(b).**
- Preventing people from maintaining relationships with family, links to regulation **10(2)(b).**
- Not providing interventions to meet the needs of the person's learning disability, links to regulation **10(2)(c).**
- The person is detained in hospital without consent or appropriate use of the Mental Health Act or Mental Capacity Act, links to regulation **11**, and **13(5).**
- The risks of harm to the person due to long term admission, including institutionalisation and loss of independence skills, have not been considered. Links to regulation **12(2)(a)&(b),** and **13(1)**
- Hospitals with long admissions lacking the governance to monitor and address this. Links to regulation **17(2)(a).**

[1] Transforming Care – Next Steps

Appendix: Principles of good discharge planning

- A hospital is not a person's home.
- People should be supported to be discharged as soon as possible.
- National policy has been moving towards a social model of support, away from institutions, for over 40 years.
- Hospital care can be far from the person's home town, family, friends, and other support networks.
- Institutional care is rarely person-centred as it needs to focus on how the institution runs and meeting several people's needs. Person-centred support better meets the needs of people with learning disabilities.
- People with learning disabilities in long-term hospital placements are at increased risk of harm and are more likely to be subject to medications for behaviour and restrictive practices.

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