



**Healthy London
Partnership**

Reducing delays in Mental Health:

Focus on housing in London

01 February 2018

Coin St Neighbourhood Centre

Supported by and delivering for:



Public Health
England



The Better Care Fund



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MAYOR OF LONDON

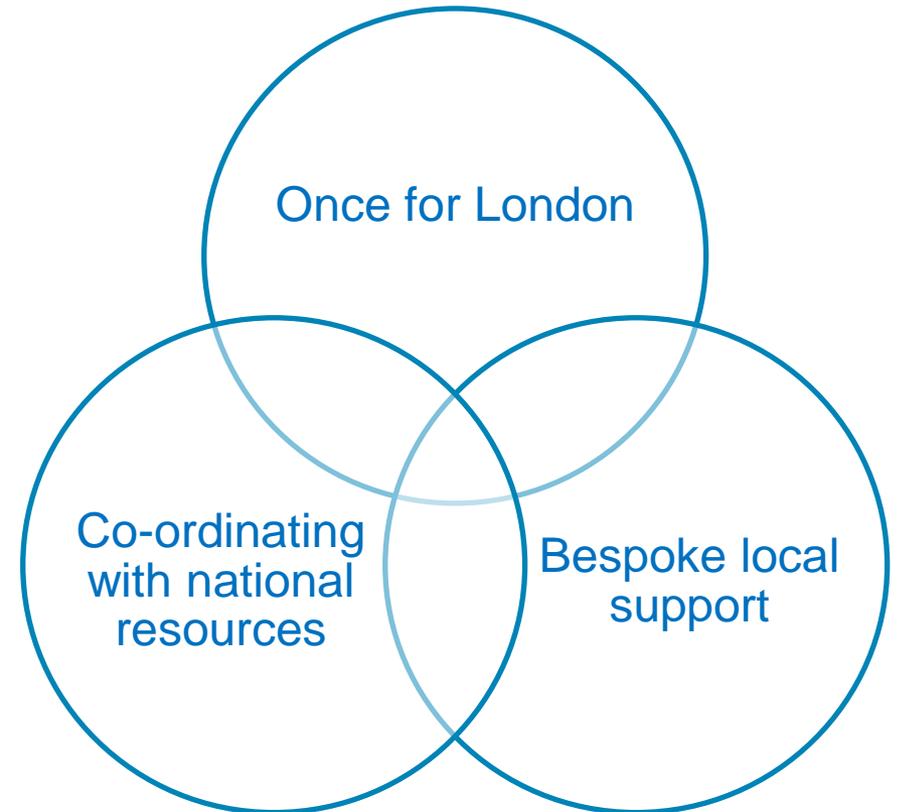
London's NHS organisations include all of London's CCGs, NHS England and Health Education England

UEC Improvement Collaborative

Once for London: workshops, events and tools that can be used by any system across London

Bespoke local support: specific activities with systems (starting at A&E board level but may go more local) based on their specific needs

Co-ordinating with national resources: ensuring that the IC offer complements national offers



The key elements of the Improvement Collaborative are drawn from evidence, developed through engagement and timed to ensure pace and early support to challenged systems.

Learning sessions are followed by system action periods to test interventions, using PDSA cycles.

Mental Health update

- ❑ In winter 2016/17 it was identified that Mental Health DToCs in London were higher than those in the Acute Sector and a working group was set up to support improvement.
- ❑ Since May 2017 London has shared good practice, and developed a **Mental Health “Top Tips”** resource, which was finalised in November 2017.
- ❑ There is now a dedicated **Mental Health DToC Improvement Manager** in HLP funded by the BCF, who is able to offer bespoke support to systems.
- ❑ London ADASS is also working jointly with NHSE and HLP to support areas in agreeing local **DToC validation processes**
- ❑ There is a space on the London ADASS website for sharing good practice, tools, forms and case studies. <https://londonadass.org.uk/dtoc/sharing-good-practice-within-mh-systems/>
- ❑ Due to the hard work that colleagues have put into this endeavour, **Mental Health Delayed Transfers of Care had reduced from 6.8% in May 2017 to 3.8% in November 2017.** (Early data suggests that the figures for December 2017 will show further improvement.)

Mental Health Discharge Network

Led by the priorities of the colleagues who join in!

The Network itself is broad and seeks to be inclusive of people who use services, commission or work in mental health service. It is a space created to enable system colleagues to come together to debate, discuss and ideate developments, examples, issues and practice.

Frequency: Quarterly

Members: Colleagues from across the mental health and care continuum voluntary and community organisations

- Staff working in Primary Care
- Acute care
- Mental Health Trusts
- Local Authority Commissioners including Housing
- Social Care

Delivery style: In person

Mental Health Discharge Faculty

The Faculty is a smaller representative group, which draws representation from the Mental Health Collaborative Network. The aim is to draw from discussions and outputs gathered at the Network, and help refine future events and focus plans for future work.

Frequency: 6 weekly

Members: Named members are not required, rather system representatives from the different Mental Health Trust footprints, this covers Local Authority Borough, CCG's and Trust representatives.

Delivery style: In person

Aims of today

1. To reflect and feedback on progress and challenges to the Top Tips

2. To hear about good practice housing schemes and initiatives

3. To support the embedding of the housing Top Tip pan-London

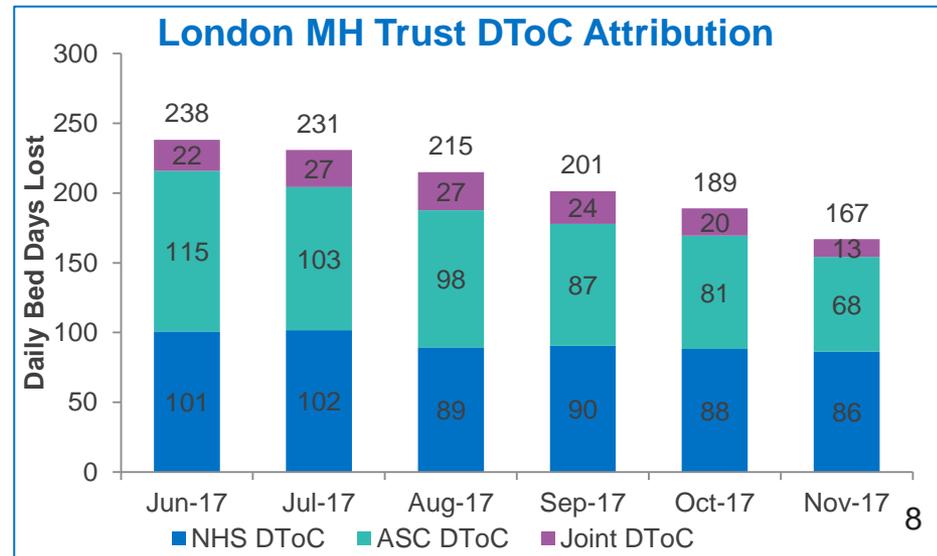
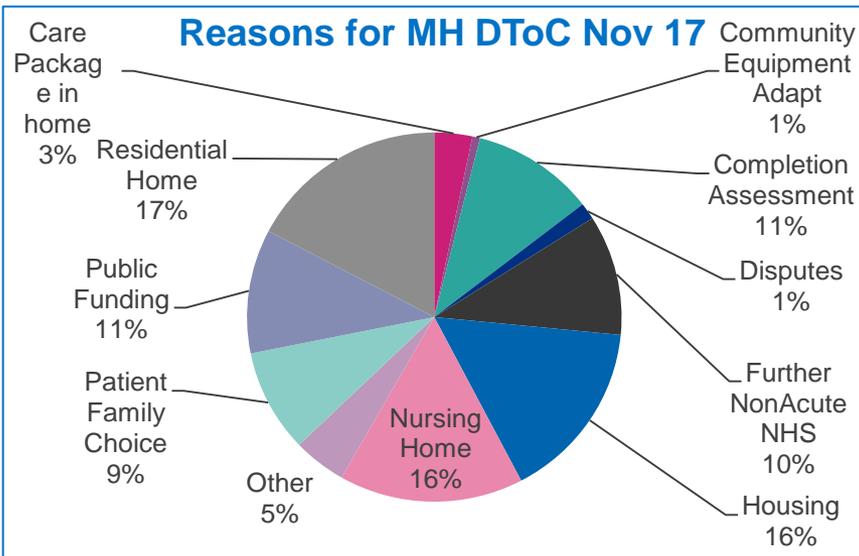
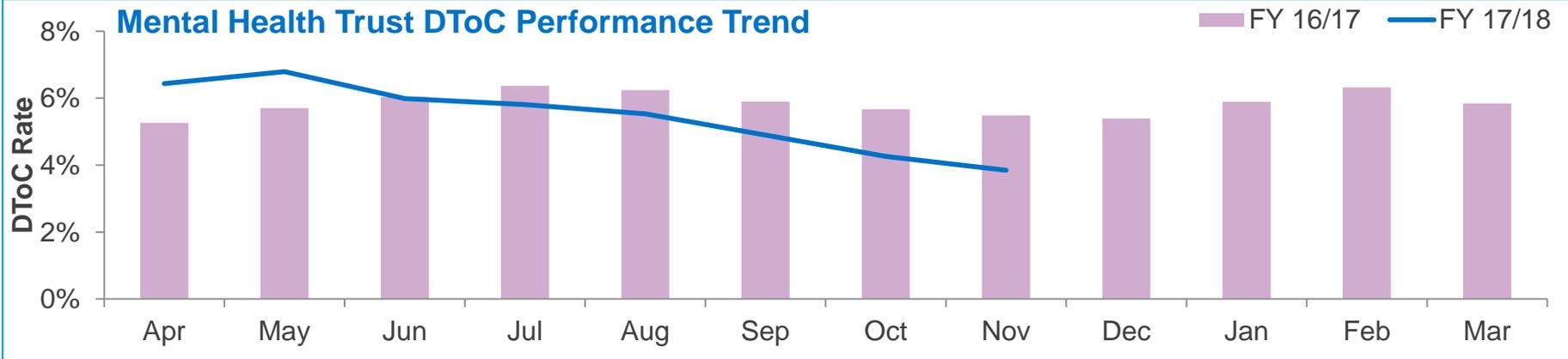
4. To share ideas for future events

Today's agenda

Time	Item	Speaker
09.00 – 09.30	Coffee & registration	
09.30 – 09.35	Welcome and opening	Simon Pearce
09.35 – 09.50	Overview of: <ul style="list-style-type: none"> • London DTOC position • Homelessness Reduction Act 	Simon Pearce Eloise Shepherd; <i>Head of Housing & Planning Policy London Councils</i>
09.50 – 10.40	<u>Exercise 1</u> : Reflection and feedback on the Top Tips	Pam Coen
10.40 – 10.50	Break	
10.50 – 11.45	<u>Exercise 2</u> : Housing case studies	Pam Coen
	<i>Rotation 1</i>	1. Relationships and funding
11.50 – 12.45		2. Alternative housing options
	<i>Rotation 2</i>	3. Information link workers
12.45 – 13.20	Lunch	
13.20 – 14.15	<u>Exercise 2</u> cont.: Housing case studies	Pam Coen
	<i>Rotation 3</i>	1. Relationships and funding
		2. Alternative housing options
		3. Information link workers
14.15 – 15.00	<u>Exercise 3</u> : Housing action planning	
15.00 – 15.10	Break	
15.10 – 15.20	Scoping the next event	Simon Pearce
15.20 – 15.30	Thank you and close	Simon Pearce

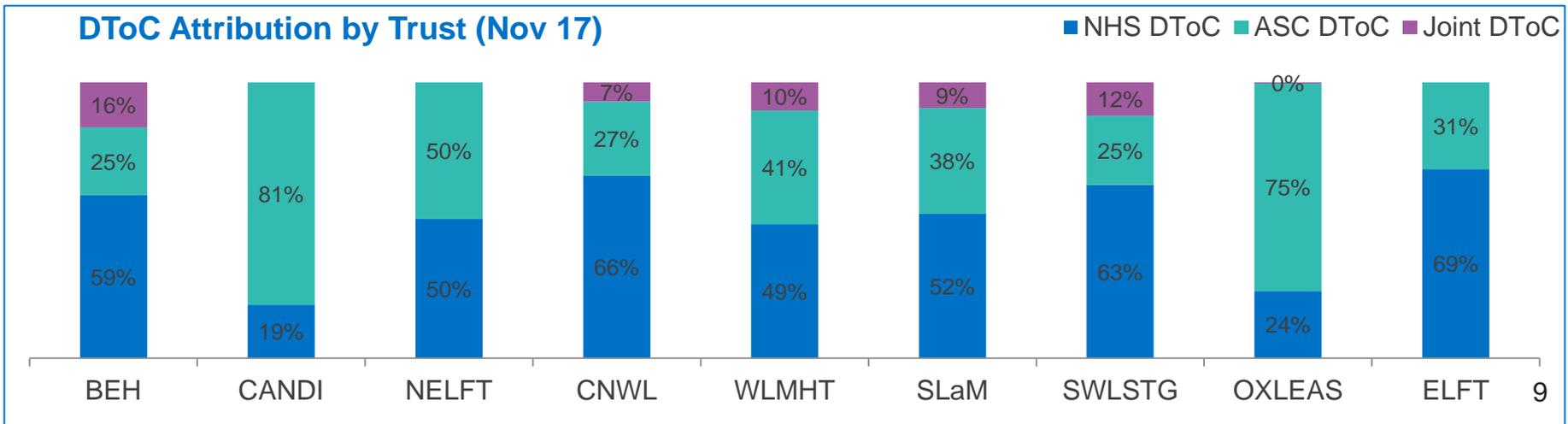
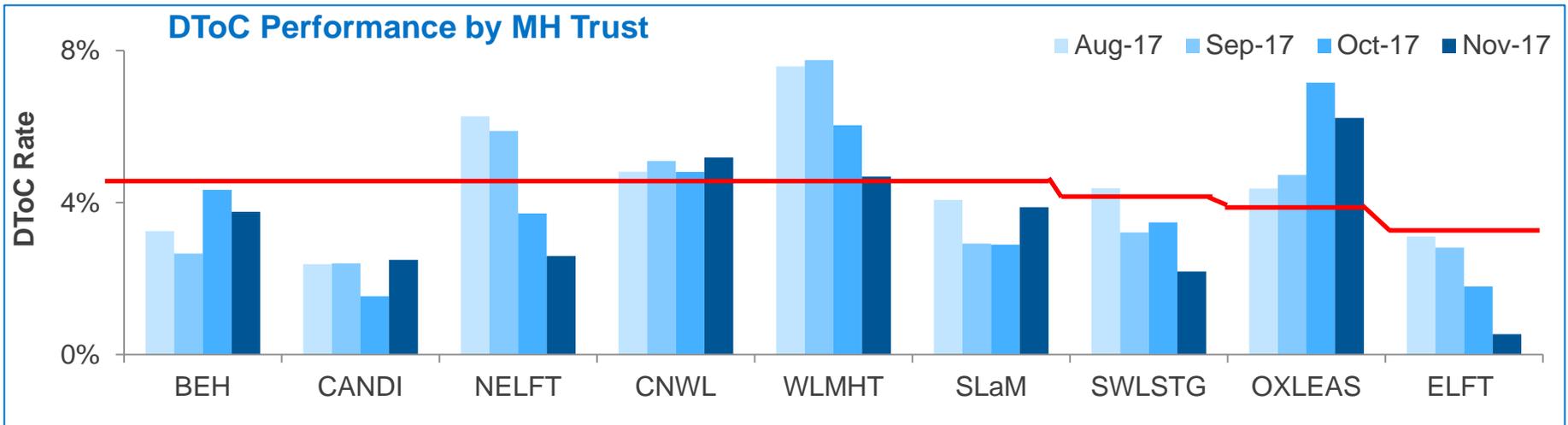
London MH DToC Performance

- The DToC performance of mental health trusts has been consistently improving since June, with performance better than the previous year
- The main reasons for DToCs from mental health trusts in London were access to residential homes (17%) an access to nursing homes (16%)
- More mental health DToCs are now attributed to the NHS than ASC



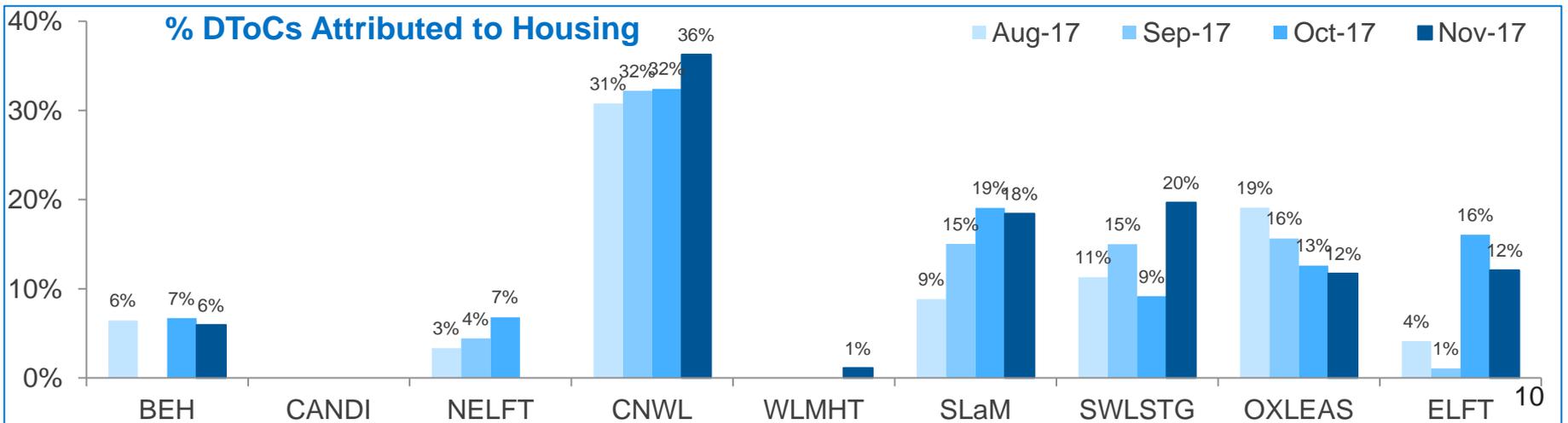
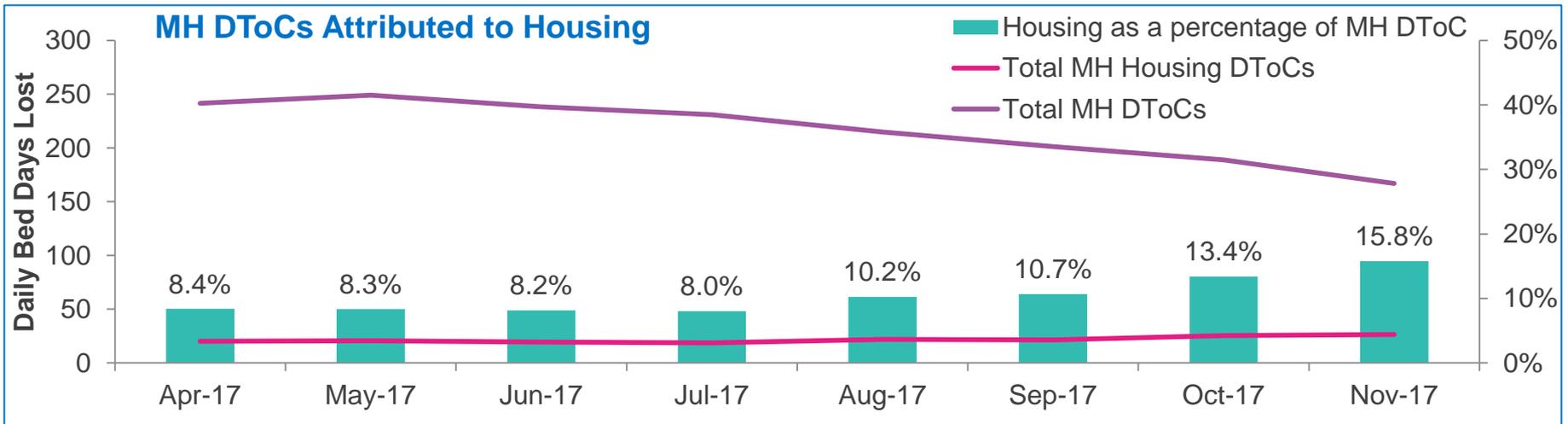
London MH Trust DToC Performance

- 4 out of 9 London trusts (44%) met their DToC performance targets in Nov
- Oxleas is the trust furthest away from meeting target with performance of 6.2% against a target of 2.2%
- Only 2 London trusts (Oxleas and C+I) have a greater proportion of DToC attributed to ASC than the NHS
- Strong positive DToC performance trends have been seen in NELFT and WLMHT over the past 3 months



Housing as a reason for MH DToC in London

- The number of DToCs attributed to housing has been increasing over the course of FY 17/18
- As a proportion of overall mental health DToCs housing has increased from 8.4% in Apr to 15.8% in Nov
- Of London trusts CNWL has the greatest proportion of DToCs attributed to housing (36%)
- 2 trusts (C+I and NELFT) had no DToCs attributed to housing in Nov



Eloise Shepherd

Head of Housing and Planning Policy at London Councils

Homelessness Reduction Act



Five key changes from April 2018

- 1 Improved advice and information about homelessness and the prevention of homelessness
- 2 Extension of the period 'threatened with homelessness'
- 3 Introducing new duties to prevent and relieve homelessness for all eligible people, regardless of priority need and intentionality
- 4 Introducing assessments and personalised housing plans, setting out the actions housing authorities and individuals will take to secure accommodation
- 5 Encouraging public bodies to work together to prevent and relieve homelessness through a duty to refer

5. Encouraging public bodies to work together to prevent and relieve homelessness through a duty to refer

- ❑ Effective prevention and relief of homelessness requires public bodies to work together to help address the multiple factors that cause an individual's homelessness.
- ❑ Under the Act, public bodies in England will have a duty to refer an individual's case (with consent) to a housing authority they identify. The duty provides an 'impetus to develop effective referral arrangements and accommodation pathways that involve all relevant agencies to provide appropriate jointly planned help and support to prevent homelessness.'
- ❑ How the duty works in practice will be determined in each local area. For example, housing authorities may want to develop standard referral mechanisms or forms, and public bodies may want to undertake training to support them in identifying people who are homeless or threatened with homelessness.
- ❑ Public bodies are not expected to necessarily conduct housing needs assessments.
- ❑ This duty should be incorporated into a local authority's wider homelessness strategy.

Reflection and feedback on the Top Tips

Exercise 1

- In your systems, have conversations about the Top Tips and consider the following:
 - **What has worked?**
 - **What remains a challenge and why?**
 - **Any further support questions you have about the tip? – 20 mins**
 - **Agree one thing to share later**

- Share your findings with the next table and discuss – **20 mins**

- Feedback one thing to the wider group – **10 mins**

Reflection and feedback on the Top Tips

Systems feedback

- ❑ SWLSTG: Query re 24 hr mental health support in Sutton; support put in place to have single point of entry into MH pathway aligned to providers, housing, CCG
- ❑ NELFT: challenged on how to engage with LA around ownership and homelessness prevention
- ❑ CNWL: 5 boroughs; top tips have enabled discussions to take place over past 6 months and starting to RAG rate themselves against tips; weekly DTOC meetings across boroughs including CCG and LA (validation of code and who it's attributed to & action against DTOCs); codes now compare to national guidelines and can identify MoJ DTOCs
- ❑ CIFT: focus on top tip 1; implementation of red to green process, input from housing leads at operational meetings, need senior buy-in from LA, need understanding on how to escalation concerns, good investment in MH pathway and specialist services, squeeze of patient contact, staffing, expertise, 24 hr services remain a gap
- ❑ BEH: focus on top tip 9 and multi-agency working; new system resilience programme manager across tri-borough, validation work with Haringey due to majority of housing challenges, level of support for higher-need service users is low, implemented exercise assessing suitability of housing allocations which has led to commissioning plan, need for senior buy in
- ❑ WLMHT: significant reduction in DTOCs, major trust transformation programme on red to green delays and discharge planning, implementation of weekly meetings looking at potential DTOCs, remaining challenge lies with integrating housing and NRPf, require more understanding on NRPf policy, trust focusing on early discharge planning, lack early information on forensic patients

Reflection and feedback on the Top Tips

Systems feedback

- ❑ OXLEAS: focus on tips 1, 4 and 9; showed improvement after intense, well attended weekly meetings that is represented by housing; every day counts using red to green plans; senior level joint working with commissioners who attend bed meetings; struggle with patient choice and offering bespoke housing options and if patient isn't accepting first round of options; 3 provider joint up working around more appropriate patient allocations, RAG rating against top tips for CCGs to identify best practice improvement opportunities
- ❑ SLAM: focus on tip 2 and commissioning appropriate services; liaison between 4 boroughs and reps to identify gaps, around LD and autism, substance abuse and forensic minority groups
- ❑ ELFT (social care, housing and CCG): focus on tip 1 and senior buy in; workshop to identify plan for coming year around DTOCs where top tips were used as the agenda for discussion, ward rounds in place to facilitate patient discharge; housing can be seen as adhoc and could be more involved in MH pathway, Newham have developed good relationship with housing reps

Housing examples

Exercise 2

- We have several people who have kindly agreed to share their work with you across 3 themed sessions.
- Each session will last for 50 mins – 2 before lunch and 1 after
- On your badges you have been pre allocated a group by colour, so please start as below. All the rooms are clearly marked.

Good practice session	Group A	Group B	Group C
Relationships and funding	1 st rotation 10.50 – 11.45	3 rd rotation 13.20 – 14.15	2 nd rotation 11.50 – 12.45
Alternative housing options	2 nd rotation 11.50 – 12.45	1 st rotation 10.50 – 11.45	3 rd rotation 13.20 – 14.15
Information link workers	3 rd rotation 13.20 – 14.15	2 nd rotation 11.50 – 12.45	1 st rotation 10.50 – 11.45

Break

Housing examples

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Lunch

Housing examples

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Welcome back

Housing action planning

Exercise 3 - what do we want to improve ?

- In your systems discuss and agree an area to work on, using our suggested template:

What we will focus on?	Actions to do in the next 2 months	Who will be involved	What external support do you need?

Break

Scoping the next event

Possible suggestions:

Feedback from this event

- More time on homelessness reduction act
- Good to have a workshop on HRA
- Sharing reports on new policy and ability to discuss it

Things to do at next event

- Senior level engagement
- How to manage complex cases
- Top tip 2: transition support for community services
- Process of making decisions on service provision
- Choice or not choice - when faced with DTOCs
- System assessment and authorisation
- Managing older people's services - PC
- Disparity of care across the boroughs
- Lack of staffing and nursing care - what sort of opportunities are trusts considering to manage staffing challenges
- Choice for all age
- Recap of what was covered in previous sessions

Thank you

London's Mental Health Discharge Top Tips

London Urgent and Emergency Care Improvement Collaborative





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.