

DISCHARGE POLICY

1.0 INTRODUCTION

1.1 The discharge of a DRH service user will normally be at the end of a process involving the transfer of support for that service user to a new facility or community support team. This process will usually be co-ordinated by a care manager working within a multi-disciplinary and joint agency community team. A unilateral decision to discharge will never be taken by DRH staff, alone.

1.2 The discharge planning process should always be entirely person-centred. It should have, as its main objective, a significant improvement in the service user's quality of life. DRH staff should try to ensure that the interests of the service user are fully represented at all times. If the ability of the service user to speak for themselves is limited and there are no close relatives to speak on their behalf then the support of an independent advocate should always be sought.

(Please refer to Appendix A Independent Mental Health Advocacy)

1.3 DRH recognises that DRH service users may reach a point in their lives when their needs can better be served by a new environment, more independent living or a more specialist social or healthcare provider. DRH will actively support the aspirations of service users who wish to continue their lives beyond the support of DRH.

1.4 A temporary transfer to a NHS healthcare facility for a short period of assessment or treatment does not require that a service user be discharged from the care of DRH

2.0 RESPONSIBILITY FOR DISCHARGE PLANNING

2.1 Managers are responsible for ensuring that no decision to provide alternative support/accommodation, outside of DRH, is taken without the full involvement of all appropriate individuals and agencies.

(The term Manager in this policy refers to the Manager of Care Homes and the Managers of Independent Mental Health Hospitals)

- 2.2 Managers will ensure that they and their staff are entirely clear where the responsibility for organising alternative placements/support actually rests. In most cases responsibility will rest with the service user's social worker but this should never be assumed.
- 2.3 Managers should provide every reasonable assistance to those service users who are faced with a decision over their future support and/or accommodation.
- 2.4 Managers will ensure, wherever possible, that all discharges are planned well in advance so that proper and effective continuity of care can be established and that individual service users have the maximum independence, choice and control over their lives.
- 2.5 Managers will ensure that service users for whom alternative support is being arranged will have adequate information presented in the form most accessible to the service user to enable them to understand the choices available to them.
- 2.6 Managers will ensure, to the best of their ability, that any discharge plan is explained to the service user in a language and manner accessible to them.
- 2.7 A decision to move a service user to alternative forms of support outside of DRH can legitimately be taken by purchasers of services. Service users are also free to negotiate support from other providers, However, Managers are responsible for ensuring that the service users best interests are represented as objectively as possible. This will normally involve independent advocacy.

3.0 DISCHARGE ARRANGEMENTS

- 3.1. The decision to discharge a service user from a DRH facility shall be agreed with the Chief Executive or Deputy Chief Executive following notification of discharge and future support arrangements by the Manager.
- 3.2 Managers will ensure that the service users property is carefully Identified, collated and appropriately packed in readiness for the individuals departure.
- 3.3 Managers will ensure that appropriate arrangements are made to ensure that the service user maintains a supply of medication.

- 3.4 Managers are responsible for ensuring that all relevant personal and clinical information (including risk assessments) are transferred with the service user to those involved in providing future support
- 3.5 The DRH Appointee will make appropriate arrangements for the transfer of their responsibilities.
- 3.6 Liaison Officers are responsible for ensuring that relevant departments such as the Department of Work and Pensions are notified of any discharge

July 1999

February 2006

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Next review due: June 2012

APPENDIX A

INDEPENDENT MENTAL HEALTH ADVOCACY

What is advocacy?

Advocacy is taking action to help people:

- express their views and wishes
- secure their rights
- have their interests represented
- access information and services
- explore choices and options.

Advocacy promotes equality, social justice and social inclusion. It can empower people to speak up for themselves

Advocacy can help people become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future.

In some situations an advocate may need to represent another person's interests. This is called non-instructed advocacy and is used when a person is unable to communicate their views.

Who needs advocacy?

Anyone who needs support to:

- make changes and take control of their life
- be valued and included in their community
- be listened to and understood

A person accessing advocacy could, for example, be someone with a learning difficulty or an older person who has a serious mental illness.

What is an advocate?

An advocate is someone who supports a person so that their views are heard and their rights are upheld.

They can help a person to put their views and feelings across when decisions are being made about their life.

They can give support which will enable a person to make choices and they inform people of their rights.

An advocate will support a person to speak up for themselves or, in some situations, will speak on a person's behalf.

Advocates are independent. They are not connected to the carers or to the services which are involved in supporting the person.

An advocate will work one-to-one with a person to develop their confidence wherever possible and will try to ensure that the person feels as empowered as possible to take control of their own life.

Non-instructed advocacy

The majority of service users who will access the IMCA service are likely to be people with learning disabilities, older people with dementia, people who have an acquired brain injury or people with mental health problems.

Many will have significant barriers to communication and will be unable to instruct the advocate themselves. In addition, it is likely that many people using the service will be unable to express a view about the proposed decision.

A non instructed advocate will always attempt to get to know the person's preferred method of communication and will spend time finding out if a person is able to express a view and how they communicate. IMCAs will be experienced at working with people who have difficulties with communication.

If the person is unable to communicate their views and wishes relating to the decision to be made, an advocate will use non-instructed advocacy.

"Non-instructed advocacy is taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives" Action for Advocacy 2006

The key principles of non-instructed advocacy are:

- The client does not instruct the advocate.
- The advocacy is independent and objective.
- People who experience difficulties in communication have a right to be represented in decisions that affect their lives.
- The advocate protects the principles underpinning ordinary living which assumes that every person has a right to a quality life.

An advocate will go to meetings on the person's behalf and look at any proposed decisions to make sure that:

- All options have been considered
- Where a person's own preferences and dislikes can be identified, that these are taken into account
- No particular agendas are being pursued
- The person's civil, human and welfare rights are being respected

IMCA advocacy is not best interests' advocacy. The advocate does not offer their own opinion or make the decision.

How to refer

To refer someone to IMCA, please call:
0845 389 1762

Please be ready to give full details of the person concerned, and to say who has decided they lack capacity for the decision. Outside office hours, please leave a message, or fax a referral form to **01305 266853**. Forms are available at www.dorsetadvocacy.co.uk/imca