

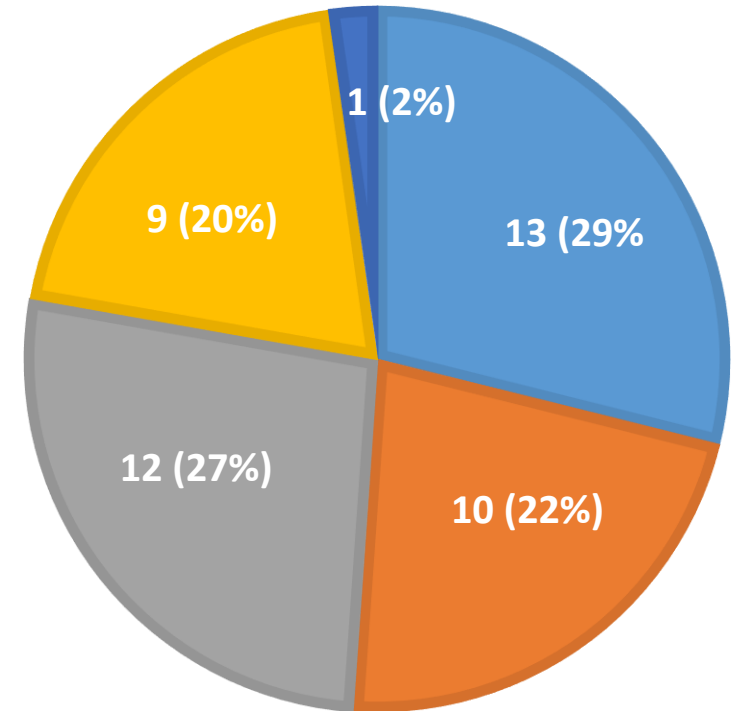
Supporting discharges out of Mental  
Health hospitals in Oxfordshire

# What we've done

- Responsive to need – changed model
  - OHHO – MH wards (with EHW)
  - SD2 (8 weeks)
  - EMHW resettlement (38% of caseload)
  - Clinical Psychologist
- Flexed boundaries
  - Risk (arson)
- Advocacy
  - Good advice – don't give up that tenancy!
  - Challenged decisions – SH applications; duty
  - Positive outcomes – couple
- Influenced system
  - Space for dialogue – de-escalate; care package / HTT
  - Co-commissioning – MDT
- Prevention
  - 49 people supported to engage with MH treatment in community
  - Of 15 people at acute risk of MH readmission, 14 remain out of hospital

## ADMISSIONS INTO STEP DOWN HOUSES

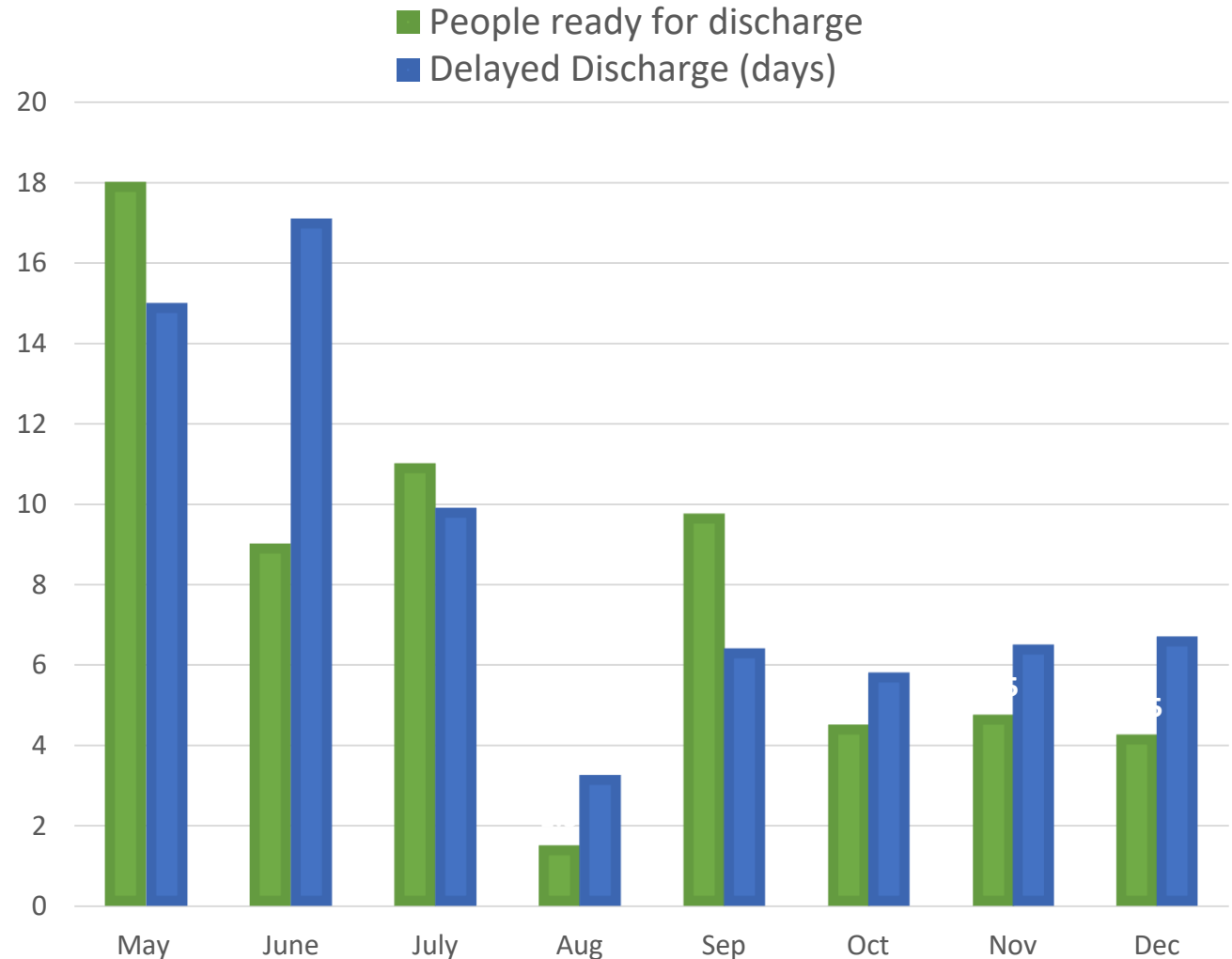
Warneford - MH  
Acute General - JR  
Acute General - Horton  
Littlemore - MH  
Emergency Department - JR



# Housing In-reach

## Out of Hospital Housing Options Officer

- 50 people out of hospital
- 48 planned; 2 self-discharge
- 82% from Mental Health wards
- Some on wards for several years
- Ready for discharge (MH)
  - High: 22 in June
  - Low: zero in August
- Days delayed discharge (MH)
  - High (avg): 17 in June
  - Low (avg): 1.5 in August
  - Current average: 6



# Learning and what next

- Earlier input = better outcome (need to be on the ward) – MDT approach pre-discharge
- Too much too quickly (changes, professional involvement) = risk of relapse and disengagement
- Slow systems – care notes, honorary contracts (OOH EHW)
- Average length of stay in SD house = 28 days, so change target to 4 weeks and link to D2A funding
- Complex need can restrict occupancy in SD house – crucial partners support
- 51% substance use – house rules?
- Lack of appropriate housing options
  - Most complex – uncontrolled addictions, risk (arson), too complex for MIND/Response but end up in TA
  - Chronic MH – rely on periods in hospital to cope
  - Slow move ons in Supported Housing  
= people get stuck in Step Down; discharges to TA / friends
- EHW and Step Down 7 days a week
- Recruitment of second Clinical Psychologist
- Longer term outcomes: 3, 6, 12 months out of service (readmissions; what after Step down?)



# Out of Hospital Care Team

[OOHCTeam@oxford.gov.uk](mailto:OOHCTeam@oxford.gov.uk)

Avoid unnecessary  
admissions



## Preventative Step-up services

- Social Worker
- Clinical Psychologist and **Mental Health Practitioner**
- Embedded Mental Health Workers (EMHWs)



## Person facing homelessness

- Peer assessors
- LEAF – supported by **MHP**



## Ongoing housing

- Resettlement support from **Mental Health Practitioner** and EMHWs



## Step-down accommodation

- Up to 8 weeks free of charge
- Input from OOHCTeam and Primary Care

Acute General or Mental Health Hospital

- Embedded Housing Options Officer / EHWS
- **MHP in ED**

