East London Health & Care Partnership

Roles and responsibilities for discharge planning

Multi-disciplinary Team MDT. This can refer to:

- the hospital teams involved in the care of the child and who will be involved in any discharge planning eg hospital therapist, pharmacist, doctors and nurses-
- and the wider discharge MDT which must also include the community based professionals involved in supporting the family and the child's ongoing care and welfare.

Lead professional. The individual based in the community setting who takes the lead in ensuring the child's care is well coordinated, the key agencies are involved and contributing and the child and families wishes are considered. The lead professional will be the person most appropriate for that child and family so could for example be, the social worker if involved, GP or children's community nurse.

Acute Trust/Hospitals

Medical Teams. It is the responsibility of the medical consultant to deem the child or young person medically fit for discharge. It is their responsibility to ensure this is clearly documented in the child's medical notes, and that it is accessible by the entire multidisciplinary team. The medical team must also prescribe take away medicine (TTA's) when patients are nearing their EDD and ensure an accurate and up to date discharge summary is completed

Ward/Department Manager. Responsible for ensuring the policy is implemented and the systems and procedures are in place to allow for effective discharge planning. They must also ensure communication with the patient and their parent/carer regarding the process and EDD

Registered Ward Nurses. Responsible for early assessment of the need for discharge planning and implementation of the discharge guidance. They must coordinate the discharge process and act proactively. They must arrange MDT meetings and ensure actions are followed up

Community Based Services

Children's Social Work Teams. Play a key role in assisting, supporting and promoting the welfare and rights of the child and family. This includes safeguarding assessments; liaison assessments of the child/family's needs eg housing referrals adaptations or equipment; organising and coordinating packages of support once the child is discharged, for example education support, home care.

Children's Community Nursing Teams. Provide a range of services to support children with acute and complex care needs. These children that meet service criteria require skilled nursing intervention and technical support or advice. The nursing team conducts visits at the patient's home, schools, hospitals and community settings.

Children and Adolescent Mental Health Services. CAMHS offers assessment and help to children, young people and their families with significant emotional, behavioural and mental health difficulties. The service has specialist clinics that provide support for eating disorders, self harming behaviours, psychosis, ADHD assessment (all ages) and ASD assessments for over 13', crisis care out of hours.

Children's hospice. Children hospices provide clinical care, short breaks and other residential services to children and young people aged 0-18 years of age who have life-limiting, life-threating or complex health conditions and meet the health criteria to be eligible to use the service. Services are there to support the whole family, from residential clinical care, to music therapy to enable a child with sensory needs to communicate through sound, to end of life care with pre and post bereavement support for all the family. Hospices can also support local professionals with discharge home for end of life care. *NEL has two children's hospices -Richard House and Haven House*

Health visiting and school nursing services. These services are universal public health services for all children and families and deliver the Healthy Child Programme (HCP). Health Visitors focus on pre-school aged children providing health interventions, advice and support during pregnancy, after birth and up until the child is age 5. Specialist health visitors support families with children with medical needs, physical and/or learning disability. School nurses provide the HCP to schools and will advise schools on care plans for children with additional long term medical needs such as asthma, epilepsy, diabetes. Specialist school nurses support mainstream and special schools on any nursing needs of children with complex health needs whilst they are in school.

Continuing care. This service is responsible for the assessment, planning, co-ordination and provision of packages of care for children who meet the continuing care criteria. Completion of relevant paperwork based on national guidance and presentation of assessment at appropriate panels in the child's responsible borough. Liaison with children's social care teams to develop joined up assessments and package of care for children. Includes in house Health Care Support Workers (HCSW) who deliver care within the home setting or management and liaison with external care providers who deliver managed packages of care.

Children's Community Therapists

Physiotherapy. Children Physiotherapy addresses the needs of children and young people whose gross motor or musculoskeletal development and functioning is being impaired by a wide range of conditions by providing specialist physical or neuro-developmental assessment, establishing a clinical diagnosis and providing specific treatment, management advice and provision of specialist equipment.

Speech and Language Therapy. Children Speech and Language Therapy is a specialist service for children that assesses and advises on the management of communication and swallowing disorders and associated difficulties in a range of community and acute settings, children's centre's and schools.

Occupational Therapy. Children's Occupational therapy is particularly targeted at helping those with physical or learning disability to develop independence in a range of daily activities and practical tasks to ensure they can deliver to their full potential. This may include self-care or participating in education and leisure activities and assistance with specialist equipment.

Commissioning

Clinical Commissioning Group (CCG) - Children's Commissioners. Work in partnership with community and local health stakeholders to understand local health needs in order to commission and support delivery of high quality services which meet the needs of the local population. The CCG can also advise on how to complain about or compliment an NHS service. Responsible for agreeing packages of care for children, including joint packages with the Local Authority.

Care Education and Treatment Reviews. CETR is a multi agency meeting intended to support children, young people and adults with a learning disability and/or autism who display behaviour that could be described as challenging, including those with a mental health condition. A CETR can be held for a child or young person who is currently in hospital, to prevent unnecessary admissions into hospital and where people do need to go into hospital to ensure clearly specified treatment outcomes and a discharge plan. The family, service or a clinician can request that a CETR takes place if they think the young person is at risk of admission.