NICE Collaborating Centre for Social Care

Transition between inpatient mental health settings and community or care home settings for people with social care needs

Stakeholder Scoping Workshop notes
29th August 2014

Gillian Leng (Deputy Chief Executive, NICE) led stakeholders in a discussion about the most important issues to consider for this guideline. This papers summarises themes that emerged and points made in discussion.

Key issues – general points

- Suicide rates for people returning from hospital to home was noted.
- Variability. The quality of services varies significantly across the UK; there are pockets of excellence which can provide strong evidence of best practice.
- Focus should be on coherent planning, holistic support and person-centred transitions. Transitions should not be something that simply happen to a person, the person making the transition should be at the centre.
- This is not exclusively a social care guideline. With mental health it is particularly important to consider the medical aspect of care too.
- As a health and social care issue it is complicated in terms of funding. Needs can be identified but the funding is not always available.
- Timely housing provision is central to this issue as well as good design (especially for people with co-morbid learning difficulties).
- Community resources can provide valuable support but are very often overlooked within the discharge planning process.
- Difficulties arise from practitioners' inconsistencies in understanding people's level of need. Different perceptions of thresholds can lead to repeat admissions.
- Lack of forward planning means that transitions happen at points of crisis.
- We have a system where we feed people through it. We should be looking at the service user as a 'whole person' and asking what requirements meet their needs.

Specific comments on the scope

Gillian Leng introduced the key questions for discussion on the draft scope. The responses to probe questions are outlined below:

Are the right groups of the population included, also noting those that will not be included?

Everyone present was in favour of the review including the whole population i.e children and adults. Later it was pointed out that there was no representation from children's organisations at the stakeholder workshop and 'pros and cons' were not discussed. The question of the suitability of a whole population review will be asked again at consultation.

People with social care needs - Stakeholders expressed concern over the phrase 'social care needs', commenting that this is not something that is pre-determined. Stakeholders asked how the term 'social care needs' was to be discerned. They thought that

- using 'social care needs' implies there has already been some kind of prior assessment, but this isn't always the case. They were concerned that the wording was vague and this would not serve to do justice to all members of a vulnerable population.
- there are people who are on the border of having fundable social care needs - for example, people on the autism spectrum – who may get lost.
- even if the review looked at people with *eligible* social care needs, it would be a disservice to other people who require support with the care pathway during their transition. Furthermore,
- support may not be provided by a social worker in isolation, but by a psychiatrist or nurse who is working alongside them. The suggestion was made to drop 'social care needs' from the title. Similarly, it was suggested that 'people without social care needs' should be removed from the 'population that will not be covered'.

In keeping with the integrated focus, a suggestion was also made to consider adding 'health' to make it 'health and social care needs'.

People moving between a prison or young offenders' institution and an impatient mental health setting - There was concern about people transferring from the healthcare wings of prisons into the community. Local authorities have responsibilities for the social care needs of prisoners under the Care Act so certain stakeholders thought it should be within scope.

NICE members explained that they are currently developing a guideline on Mental Health of People in Prison which will cover transition issues for this population. This was deemed to be appropriate rationale for leaving the prison population out of scope.

Are the right settings included?

Stakeholders asked if people with learning disabilities who are sectioned and placed in learning disability and assessment units would be included. They are often treated by multidisciplinary teams and are in mental health inpatient settings so they are technically in scope. It was agreed that it would be useful to make an additional reference to learning disability and assessment units to the list of settings.

Should drug and alcohol wards within mental health units be included?

This was a contentious area. Some stakeholders felt that only people in a drug and alcohol ward with a primary diagnosis of a mental health disorder should be included. The core

question of the review is: what is the best practice for transitioning a person with mental health problems. Another stakeholder pointed out that this population had the highest need, with at least 40% of the patients having dual diagnosis. Others were resistant to the idea and felt that it was better to push for specificity. Multiple principles could come at a cost to its usefulness. It was agreed that this could be a question asked at consultation.

General issue concerning setting

One stakeholder said that the current mental health bed shortage meant that people with mental health needs may be placed in medical mental health units within a general hospital. How will we account for them? It was agreed that it was necessary to dovetail and cross-reference between the guideline on 'Transitions between inpatient hospital settings and community and care home settings for people with social care needs' and this guideline.

Are the right activities included?

Gillian Leng asked the group if the admission and discharge activities should be separated out from each other. There was some limited discussion about whether admission should be included in the scope at all.

Gillian Leng expressed that if the guideline was going to include both admission and discharge processes it needed to be clarified in the scope.

There was general consensus from the group that successful discharge and admission processes were inextricably bound up with each other and should both stay within scope.

- Good crisis and contingency planning can also apply to admission into hospital
- Communication with primary care teams and GPs should be listed under key areas and issues that will be covered.
- Meaning of 'Housing support services' needs to be clear
- 'Case management' was put forward as a suggestion to list as an activity (although it was later decided that this was covered by 'care and support planning and review')
- Crisis planning was suggested as an activity for admission into hospital

How should a 'transition' be defined in terms of when it starts and ends?

Jane Silvester (Associate Director, Social Care Guidance and Quality Standards, NICE) explained that the word is context-specific and can carry different meaning depending on the situation. The scope purposefully does not provide a precise written definition, but it in this instance 'transition' is used to denote a physical move between settings. This is one reason why admission avoidance is not within scope.

Stakeholders felt that there was nothing to be gained from imposing a time frame on the transition period. It was more helpful to consider it as a process rather than an event. There are things that should be put into place before the physical move. Timescales can also vary dramatically depending on the level of need. For example, a highly psychotic person has a higher level of urgency in terms of care planning than someone with mild cognitive impairment.

There was strong agreement from the stakeholders that good discharge planning should start from the moment the person is admitted. Once a person is admitted to an institution

they should not be living in ideally someone should be accompanying them on their journey back in to the community regardless of how long the process will take.

Gillian Leng suggested it would be useful to add a definition of ‘transition’ in the guideline which encapsulates this process

Areas and issues that will not be covered

The suggestion was made to cover the transition between care settings. However, it was deemed outside the remit of this scope – though, hopefully, this area might be covered in a future guideline.

One stakeholder pointed out there was a lack of clarity over admission avoidance and reducing readmissions in the scope. She wondered why ‘Interventions and approaches to prevent or reduce readmissions to inpatient mental health settings’ was included when ‘preventing inpatient admissions’ was listed as an area that will not be covered.

Are the most important outcomes included?

There is a long list that will probably become shortened after looking at the research literature. It was suggested that outcomes could be grouped in a more comprehensive way.

- The specificity of the outcome ‘Safety and adverse effects of poor transition planning’ was questioned.

- Stakeholders asked if outcomes will be grouped into subgroups

Summary and Next Steps

Guidance Development Group composition

- Stakeholders felt there was a strong need for representation from housing support and children’s mental health experts
- Other suggestions were for examples of roles for health and social care practitioners to be made clear and to seek representation from local authority housing functions and regulators (though the latter are not normally part of GDGs)