



2021 surveillance of transition between inpatient mental health settings and community or care home settings (NICE guideline NG53)

Surveillance report

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Surveillance decision

We will not update the [NICE guideline on transition between inpatient mental health settings and community or care home settings](#). We plan to look at all the mental health guidelines in NICE's portfolio together in order to explore the implications of system drivers including the NHS Long Term Plan and the impact of COVID-19 on service delivery on our recommendations.

Reasons for the decision

The NICE guideline focuses on service delivery driven by policy and legislation. We therefore considered the impact of new policy and legislation as well as the views of topic experts. Searches of the published literature were limited to new and updated Cochrane reviews. Guideline recommendations are relevant to current practice and are not in conflict with new evidence.

We identified [temporary changes to the Mental Health Act](#) due to the coronavirus pandemic, in particular around using video technology for Mental Health Act assessments and leave and visiting. Several stakeholders also commented that COVID-19 had greatly impacted mental health services (see [views of stakeholders](#)).

We identified new legislation including an amendment to the Mental Health Act, new policy around ending inappropriate out of area admissions for mental health services, and a number of reports reviewing mental health services, highlighting that people's experience of mental health care still remains poor. However, experts generally agreed that the NICE guideline remains current but did note implementation issues with mental health services struggling to meet basic demands. Guideline recommendations were assessed as still relevant to current practice and are not in conflict with new legislation. However, cross references will be added to other relevant [NICE guidelines on mental health services](#) for specific mental health problems, the [section on advance care planning in the NICE guideline on decision-making and mental capacity](#), and the [Homelessness Reduction Act 2017](#). Stakeholders were consulted on these findings and the decision not to update.

A stakeholder highlighted new evidence from the [National Confidential Inquiry into suicide and safety in mental health \(NCISH\)](#) about suicide risk and follow-up times. The stakeholder questioned [recommendations 1.6.7 and 1.6.8 in the NICE guideline](#), which

recommend follow-up within 7 days unless a risk of suicide has been identified, in which case follow-up should be within 48 hours. The new evidence was assessed as consistent with the findings of the [2017 exceptional surveillance review](#) which assessed NCISH evidence as being 'largely consistent' with recommendations 1.6.7 and 1.6.8.

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

Overview of 2021 surveillance methods

NICE's surveillance team checked whether recommendations in [NICE's guideline on transition between inpatient mental health settings and community or care home settings](#) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews, national policy, and legislation.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal not to update the guideline with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual](#).

Evidence considered in surveillance

Search and selection strategy

We conducted an initial search for relevant Cochrane reviews and national policy and legislation in this area. The results of these searches, alongside information suggested by topic experts, was deemed sufficient to proceed with the surveillance review.

Furthermore, the focus of the NICE guideline is around service delivery, with a social care element, both of which are more driven by policy and legislation. As such no additional evidence searches were undertaken.

See [appendix A](#) for details of all evidence considered, and references.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 3 studies were assessed as having the potential to change recommendations. Therefore, we plan to regularly check whether these studies have published results and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [The MILESTONE study: improving transition from child to adult mental health care \(ISRCTN83240263\)](#).
- [Peer support for discharge from inpatient to community mental health services \(ISRCTN10043328\)](#).
- [Transitional discharge interventions for people with serious mental illness](#) (Cochrane Database of Systematic Reviews; 2019; no. 12).

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the guideline.

We sent questionnaires to 27 topic experts and received 5 responses. The experts who responded included a social worker, a consultant geriatrician, 2 general practitioners, and a representative of a homelessness charity.

Two topic experts thought the NICE guideline should be updated, 2 did not and 1 did not respond. The experts raised issues around homelessness (see [equalities](#)), funding and the

interface between mental and physical health.

One expert commented that the level of suicide 1 week after discharge was concerning, a stakeholder also commented on this issue and highlighted updated evidence (see [reasons for the decision](#)). This was considered during the [2017 exceptional review](#) and the evidence was found to be consistent with [recommendations 1.6.7 and 1.6.8 in the NICE guideline](#).

Another expert commented that there have been changes to legislation which were identified during this surveillance review and another that the surveillance review should focus on the issue of out of area inpatient placements among children. [Recommendations 1.3.10 to 1.3.12 in the NICE guideline](#) cover minimising out of area admissions and highlight the increased risk associated with these admissions.

The experts raised issues around homelessness. The NICE guideline currently provides recommendations on discussing housing arrangements before discharge (recommendation 1.5.7) and providing additional support to homeless people (recommendation 1.5.8). However, the recommendations do not highlight the [Homelessness Reduction Act 2017](#) and as such a cross reference will be added to section 1.5 to highlight the Act. No additional changes to the NICE guideline were deemed necessary as NICE is currently developing a [guideline on integrated health and social care for people experiencing homelessness](#).

Implementation of the guideline

Topic experts highlighted that mental health services were struggling to meet basic demands and implementing the recommendations can be difficult. We plan to share these comments and the reports we have identified with NICE's Impact and Adoption team.

Other sources of information

We considered all other correspondence received since the NICE guideline was published. This included a letter from MIND highlighting new evidence about follow-up times that had been considered as part of the [2017 exceptional review](#). We also considered a request to add a cross reference to [NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes](#). However, the recommendations in that NICE guideline were assessed as not being relevant to NICE's guideline on transition between inpatient mental health settings and community or care home settings. Therefore such a

cross reference is not proposed.

Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was not to update the guideline, we consulted with stakeholders.

Overall, 6 stakeholders commented, 2 agreed with the decision to not update. Stakeholders comprised representatives from NHS England, 2 charities, and 3 royal colleges. They highlighted issues with specific groups (see [equalities](#)) and the impact of COVID-19 on mental health services. They specifically identified that it has resulted in rapid discharge practices during periods of high COVID-19 incidence and that it poses a risk to the physical and mental health of healthcare staff. Stakeholders also commented that there is uncertainty about the risks and benefits of using telemedicine with people with mental health conditions.

A stakeholder also commented that everyone discharged from mental health services should be followed up within 48 hours and highlighted new evidence from the [National Confidential Inquiry into suicide and safety in mental health \(NCISH\)](#). [Recommendations 1.6.7 and 1.6.8 in the NICE guideline](#) recommend follow-up within 7 days unless a risk of suicide has been identified in which case follow-up should be within 48 hours. A [2017 exceptional surveillance review](#) which considered findings from the NCISH report covering the period 2004 to 2014 concluded the results were 'largely consistent' with the current recommendations. Findings from a more recent NCISH report covering 2007 to 2017 highlighted by the stakeholder, are consistent with findings considered during this exceptional review and we therefore assessed the recommendations as remaining valid.

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual](#) for more details on our consultation processes.

Equalities

Topic experts and stakeholders commented that transition is challenging for people with complex needs and that the NICE guideline should include more recommendations tailored for this group.

[Recommendations 1.2.4](#), [1.2.5](#) and [1.6.4](#) are about providing more resources for people in this group. It also recognises the lack of evidence in this area and makes [research recommendations 1 and 2](#) about care and support for people with complex needs which remain valid following this surveillance.

People who misuse alcohol were also thought to be a specific subgroup as there may not be continuity of services in the community. The care provided in the community is beyond the scope of this NICE guideline. However, NICE does have [guidelines on coexisting severe mental illness and substance misuse: community health and social care services](#), and [coexisting severe mental illness \(psychosis\) and substance misuse: assessment and management in healthcare settings](#).

A topic expert highlighted the specific challenges faced by homeless people in contact with mental health services. [Recommendation 1.5.8 in the NICE guideline](#) is about homelessness but a cross reference will be added to the [Homelessness Reduction Act 2017](#) to emphasise the duty of care to those who are homeless. NICE is currently developing a [guideline on integrated health and social care for people experiencing homelessness](#) therefore no further changes to the NICE guideline on transition between inpatient mental health settings and community or care home settings are proposed.

A stakeholder commented that unaccompanied asylum-seeking children (UASC) should be named in the NICE guideline. The NICE guideline scope accommodates this group. As the NICE guideline links to [making decisions using NICE guidelines](#), which includes links to government guidance about safeguarding that includes UASC, no further changes are proposed.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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