

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**SOCIAL CARE GUIDELINE EQUALITY IMPACT ASSESSMENT –  
SCOPING**

**Social care guideline:** Transition between inpatient hospital settings and community or care home settings for adults with social care needs.

As outlined in the social care guidance manual – interim version (2013), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The purpose of this equality impact assessment is to document the consideration of equality issues at the scoping stage of the guideline development process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guideline developer before scope sign-off, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope.

The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the NICE Collaborating Centre for Social Care, the GDG Chair, the National Collaborating Centres (where relevant) and stakeholders

- demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate
- highlight areas where the guideline may advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups.

**Table 1 NICE equality groups**

<b>Protected characteristics</b>
<ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender reassignment</li> <li>• Pregnancy and maternity</li> <li>• Race</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> <li>• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)</li> </ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"> <li>• Socio-economic status</li> </ul> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"> <li>• Other</li> </ul> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guideline topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> <li>• refugees</li> <li>• asylum seekers</li> <li>• migrant workers</li> <li>• looked-after children</li> <li>• homeless people</li> <li>• people who lack capacity</li> <li>• prisoners and young offenders.</li> </ul>

## 1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline development. For example
  - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
  - if a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

### **Equality issues identified during pre-scoping work:**

**Focus on all adults:** Maintaining a focus on all adults risks marginalising older people when it is they who tend to experience delayed discharges most acutely. Although there is no age breakdown available for patients affected by delayed discharge, the literature suggests that age is the strongest predictor of the problem, in the UK and other countries such as Australia and New Zealand.

**Diversity in population:** Services should be sensitive and responsive to different cultural, religious and LGBT requirements and the difficulties in accessing services that particular groups may face. People of ethnic minority background, recent migrants and people who do not speak English as their first language are likely to have reduced knowledge of, and hence access to, social care services. They may find it particularly problematic to navigate transitions between hospital and social care services.

**Gender:** The Health and Social Care Information Centre figures for 2012-13 shows that 60% of service users (of all ages) receiving community-based social care services are female. The guideline should consider gender issues relevant to service users and carers.

**People with cognitive impairment including dementia:** without appropriate support, people with cognitive impairment and dementia are likely to find it incredibly difficult to negotiate the complexities of moving between care

settings. A research review on delayed discharges found that people with certain conditions (including neurological deficit) are at most risk of delayed hospital discharge. Crucially, it is not the medical condition in itself which causes the delay but how health and social care organisations are managing services to support those particular clinical groups.

**Adults who may lack capacity:** Communication strategies, quality of services, choice and control, and safeguarding are important issues for this group.

**People with communication difficulties, and/or sensory impairment:** Communication strategies, quality of services, choice and control, and safeguarding are important issues for people with communication difficulties, whatever their cause. Sensory impairment (e.g. affecting sight or hearing) and communication difficulties may develop with or be exacerbated by age. This may lead to difficulty in accessing services and negotiating the complicated interface between hospital and social care. Communication difficulties may also lead to problems during transition for adults with learning disabilities and among people for whom English is not their first language.

**People at end of life:** People who are in the last year of life may need enhanced care and regular review. They are likely to need highly dependable care from both health and care professionals, including pain relief and other support, at any time of the day or night. As stated above, palliative care is not covered by the Delayed Discharges Act (2003) so this group of people may be particularly vulnerable to poor or unnecessary transitions and associated negative outcomes.

**Socio-economic status:** Evidence suggests that lower socio-economic status may be associated with poor access to information about care options.

**Location:** Ensuring smooth transition from hospital and delivering coordinated health and social care support for people in rural environments may be particularly challenging. The guideline, and evidence on which it is based, should ensure that this potential disadvantage is considered.

**Residential and nursing care homes:** Older adults who live in residential, including nursing, homes may have poor access to community care services and experience unnecessary hospital admissions or poorly planned hospital discharge. The guideline should cover their particular circumstances.

**People who live alone:** negotiating the transition between one care setting and another may be particularly difficult for people who live alone. A research review on tackling delayed hospital discharge found that patients who do not have a companion to escort them home are likely to have their discharge delayed.

**People without a home:** People who do not have settled accommodation (e.g. the homeless; gypsies and others with traveller lifestyle) are likely to be excluded from services, although searches oriented to their personal/social care will be undertaken. People with no fixed abode are not covered by the Delayed Discharges Act (2003) so they may be particularly vulnerable to poorly planned transition from hospital.

**Family carers' gender and ethnicity:** There is some evidence of stereotyping that suggests that women and ethnic minority carers are more likely to be expected to provide unpaid care than their male/white counterparts.

**Dealing with these aspects:**

Plans for dealing with these aspects include sensitivity to equality and diversity issues, and search strategies specifically oriented to seek out material on these groups. The guideline will address the organisation and delivery of services that take account of these issues, including the provision of advice and information to support access to personalised services. The guideline will attempt to uncover and address some of the areas where there is well-documented discrimination. The Guideline Development Group may also make recommendations specifically in relation to particular service users and carers.

**2. If there are exclusions listed in the scope (for example, populations, or settings), are these justified?**

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)
- Is the exclusion proportionate?

**Proposed exclusions from pre-scoping work (to be discussed):**

Children, under the age of 18. The review of effectiveness and cost-effectiveness will not specifically examine research on children under 18 and therefore recommendations will not be specifically developed about this group. The scoping group agreed that this exclusion is legitimate because to include children in scope would render unmanageable the evidence review and formation of a representative guideline development group. There are also concerns that important issues such as child protection and safeguarding could not be adequately covered in a guideline with a whole population focus.

Inpatient mental health settings and community mental health services. The scoping group agreed that excluding people's treatment in mental health settings is legitimate because the distinct legislative and policy frameworks and the requirement to formulate a representative guideline development group would make the scope unmanageable if care provided in these service settings were included. It should be noted that adults with mental health problems experiencing transition between general hospital and social care settings, will be covered by this guideline.

**3. Have relevant stakeholders been consulted?**

- Have all relevant stakeholders, including those with an interest in equality issues been consulted?
- Have comments highlighting potential for discrimination or advancing equality been considered?

The NCCSC is working to ensure a wide range of user-led organisations and others with an interest in equality register themselves as interested stakeholders and are actively involved in the consultation around the draft scope.

**Signed:**

**Amanda Edwards**

***NCC Director***

*Date: 27<sup>th</sup> March 2014*

**Kathryn Smith**

***GDG Chair***

*Date: 27<sup>th</sup> March 2014*

**Approved and signed off:**

**Jane Silvester**

***H&SC Lead***

*Date: 27 March 2014*