NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SOCIAL CARE GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

Social care guideline: Transition between inpatient mental health settings and community or care home settings .

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

Protected characteristics
• Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation • Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)
Additional characteristics to be considered
• Socio-economic status 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).
• Other 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: • refugees • asylum seekers • migrant workers • looked-after children • homeless people • people who lack capacity • prisoners and young offenders.

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 children, young people and adults with social care needs: Children and young people are included within scope . The number of young people to which this guideline applies may be small but certain groups within this population may be in particularly vulnerable circumstances such as those aged 16-25 years, who are admitted to/ discharged from mental health settings. Similarly, whilst including all adults, there is a risk of marginalising older people in favour of adults of working age. In the wider literature on transitions, older people tend to experience delayed discharges most acutely. However, delayed transfer of care' data are not collated specifically for inpatients in mental health settings so there is no profiling by age and extent of the problem is undocumented and known.

LGBT people: Studies show that that lesbian, gay and bisexual people show higher levels of anxiety, depression and suicidal feelings than heterosexual men and women. Services should be sensitive and responsive to LGBT requirements and the difficulties in accessing services that individuals may face.

People of minority ethnic background: According to the Mental Health Foundation, people from black and minority ethnic groups living in the UK experience a number of disadvantages, including being more likely to be diagnosed with mental health difficulties; and being more likely to disengage from mainstream mental health services. Services should be sensitive and responsive to different cultural and religious requirements and the difficulties in accessing services that these groups may face. Recent migrants, including

refugees and asylum seekers, 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: There are issues for both sexes receiving personal care concerning the sex of the worker – can mental health and social care services accommodate preferences?

People with cognitive impairment: This includes people with dementia and those who do or may lack capacity. Without appropriate support, people with cognitive impairment are likely to find it incredibly difficult to negotiate the complexities of moving between care settings. 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 and communication difficulties, including profound deafness and where people's first language is BSL, May also develop with or be exacerbated by age. This may lead to difficulty in accessing services and negotiating the complicated interface between mental health settings 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 admitted and discharged under the Mental Health Act: There are important ethical, legal and human rights issues relating to detaining people involuntarily under the Mental Health Act. How a person is discharged and supported in the community depends on whether they have been detained under the MHA. People leaving secure hospitals should be entitled to free after care under section 117 of the MHA, which is normally the responsibility of the local authority. Serious problems have been well documented when these arrangements break down.

People with co-morbidities: since there is a strong association between mental and physical ill health, people often experience co-morbid conditions. This group of people may be particularly vulnerable to poor or unnecessary transitions and associated negative outcomes. This category includes those with long-term conditions; people with end of life care needs who may need enhanced care and regular review, for instance; and those who experience drug and alcohol use disorders (see below – dual diagnosis).

Dual diagnosis: People with dual diagnosis can be in particularly vulnerable circumstances when mental health and drugs and alcohol services are not joined up. This group is included in the scope only where a drug and alcohol problem is co-morbid with a mental health difficulty. Some mental health providers do also have drug and alcohol services, so we may identify evidence about this group by setting as much as by condition.

People on the autistic spectrum: Particular attention should be given to the circumstances of people on the autistic spectrum, especially as their care and support needs can often go unaddressed. This includes those living in assessment and treatment units which may be seen as mental health inpatient settings. The experience of people with learning disabilities and those who have been misdiagnosed as being psychotic may be identified through the evidence but others may not.

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 mental health settings and delivering coordinated health and social care support for people in rural environments and individuals placed out of area may be particularly challenging. The guideline, and evidence on which it is based, should ensure that this potential disadvantage is considered.

People who live alone: negotiating the transition between settings may be particularly difficult for people who live alone especially if we consider the consequences of a person being discharged from an inpatient mental health

setting without adequate planning and support.

People without a home: Mental ill health is closely correlated with homelessness being both a cause and consequence of the loss of accommodation. People who do not have settled accommodation (e.g. homeless people; gypsies and others with traveller lifestyle) are likely to be excluded from services, although searches oriented to their care and support will be undertaken.

Out of area placements : people placed out of area experience particular difficulties, including less contact with family and friends, social exclusion, and reduced opportunities for employment and education (Rethink & Care Services Improvement Partnership, 2007). Furthermore, from an organisational perspective, where the independent sector provide a significant proportion of the mental health beds in England, there are implications in terms of case management and monitoring people for discharge when placed in specialist beds out of area.

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.

Ex- service personnel: The government's strategy document 'No Health without mental health' highlighted its intention to set aside funding from the Department of Health to provide the best treatment possible for Service and ex-Service personnel. This group can often be overlooked. Individuals can experience serious mental health problems following military service, which can in turn lead to other problems such as drug and alcohol misuse and family breakdown. Access to mental health provision and social care can also be problematic and should be recognised as an issue.

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 organisations and

delivery of services that take account of these issues, including the provision of advice and information to support access to personalized 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 when considering whole population issues.

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):

People moving between inpatient mental health settings. A lack of integration is cited as an overarching reason for delayed discharges, specifically; inadequate whole system working across inpatient and community mental health services and a lack of interagency collaboration and coherence between health, social care and housing (CSIP, NIHME, 2007). This is exacerbated by a lack of community facilities and therapeutic opportunities. The priority of this guideline is on transition between mental health settings and the community, not

between inpatient mental health settings.

People moving between prison or a young offenders' institution and an inpatient mental health setting or between prison and the community. The focus of this guideline is health and social care, so would exclude prisons or young offender institutions (this is the subject of another NICE guideline under development). However, in this area community forensic mental health teams (CFMHT) would be included.

Children and young people moving from children's to adult services are excluded unless a transition between an inpatient mental health setting and the community is also involved. This is the subject of a separate NICE guideline: 'Transition from children's to adult services for young people using health or social care services'. We will seek to ensure that relevant evidence is included and both pieces of guidance are aligned.

General inpatient hospital settings

This will be covered in a separate NICE guideline: 'Transition between inpatient hospital settings and community settings or care home settings for adults with social care needs'

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	**Rebecca Harrington**
NCC Director	***GDG Chair***
Date: 15/12/14	*Date: 15/12/14*

Approved and signed off:

Nick Baillie

TMHSH Lead

*Date**:*** 15/12/14