

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Transition between inpatient hospital settings and community or care home settings for adults with social care needs

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis 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, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
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 (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 2

Topic: Transition between inpatient hospital settings and community or care home settings for adults with social care needs

<p>1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?</p> <ul style="list-style-type: none">• Please state briefly any relevant equality issues identified and the plans to tackle them during development.
<p>Some groups of people may be at a higher risk of poor or unnecessary transitions between inpatient hospital settings and community or care home settings. These include:</p> <ul style="list-style-type: none">• Older people• LGBT people• People of ethnic minority background, recent migrants and people who do not speak English as their first language• People with cognitive impairment• Adults who lack capacity• People with communication difficulties and/or sensory impairment• People at end of life• People of lower socio-economic status• People in rural environments• People living in residential and nursing care homes• People who live alone• People without a home• People with female family carers or family carers from ethnic minorities <p>Potential equality issues were considered with the Quality Standards Advisory Committee as the quality standard was developed.</p>
<p>2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) were recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to transition between inpatient hospital settings and community or care home settings were recruited.

The draft quality standard was published and wider stakeholder comment invited, including from those with a specific interest in equalities.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

Children under the age of 18 and inpatient and community mental health settings are excluded. This is consistent with the underpinning source guidance ([Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (2015) NICE guideline NG27).

Transitions into and out of inpatient mental health settings will be covered by a separate quality standard in the future.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Barriers to communication can hinder people's involvement in decision-making about transitions or understanding of transitions. For example, physical, learning or cognitive difficulties; sight, speech or hearing difficulties; difficulties with reading, understanding or speaking English.

Statement 3 refers to adults with social care needs having a discharge coordinator. It is important that this person works with the adult in hospital to plan their discharge and ongoing care, therefore the statement includes the consideration that adjustments should be made, if necessary, to ensure this can happen effectively.

Statement 4 refers to discharge plans being agreed and given to adults with social care needs who are being discharged from hospital. Therefore the statement includes the requirement for the information to be in an accessible format to ensure that people can understand it. There is also a consideration to ensure relevant adjustments are made, including helping people to access advocacy if needed, so that all adults with social care needs can be involved in decision-making about their care, where they have the capacity to do so.

There is also a consideration for the whole quality standard that if someone does not have capacity to make decisions, the code of practice accompanying the Mental Capacity Act should be followed.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

By ensuring the discharge coordinator involves adults with social care needs in discharge planning and that information about discharge plans is provided in an accessible format, this should help them to be able to participate in decisions about their ongoing care and therefore advance equality.