

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE quality standards

### Equality impact assessment

#### Transition between inpatient mental health settings and community or care home settings

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

#### 1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?

Some groups of people may be at higher risk of poor or unnecessary transitions between inpatient mental health settings and community or care home settings, or at higher risk of out-of-area placements. These include:

- Young people aged 16-25 years
- Recent migrants, including refugees and asylum seekers, and people who do not speak English as their first language
- People of lower socio-economic status
- People with cognitive impairment
- People with communication difficulties and/or sensory impairment
- People who are homeless
- People living in rural settings

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No population groups have been excluded at this stage.

Completed by lead technical analyst \_\_\_\_\_ Kirsty Pitt \_\_\_\_\_

Date \_\_\_\_\_ 28/10/16 \_\_\_\_\_

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Approved by NICE quality assurance lead \_\_\_\_\_ Nick Baillie \_\_\_\_\_

Date \_\_\_\_\_ 28/10/16 \_\_\_\_\_

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### 2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Groups of people were identified before topic engagement who may be at higher risk of poor or unnecessary transitions between inpatient mental health settings and community or care home settings, or at higher risk of out-of-area placements. These were:

- Young people aged 16-25 years
- Recent migrants, including refugees and asylum seekers, and people who do not speak English as their first language
- People of lower socio-economic status
- People with cognitive impairment
- People with communication difficulties and/or sensory impairment
- People who are homeless
- People living in rural settings.

None of these groups are specifically excluded from the draft quality statements, and all statements should advance equality.

Statement 1 about access to advocacy services encourages person-centred care for all groups, including people with communication difficulties or people who do not speak or read English.

It was highlighted at topic engagement that black and minority ethnic groups are more likely to be admitted to inpatient mental health settings and have longer hospital stays. The committee agreed that this group should be considered throughout development of the quality statements, rather than a separate statement being developed. The committee also acknowledged that there is a referral to the [quality standards library](#) for future development of a quality standard on strategies for promoting health and preventing premature mortality for black and minority ethnic groups.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

It may be more difficult for people who are homeless to communicate with services once they have been discharged, and for mental health services to provide follow-up for this group (statements 4 and 5).

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2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

Statements 4 and 5 attempt to address the issues raised in section 2.3 by highlighting that housing arrangements should be discussed before discharge and plans for suitable accommodations made.

Completed by lead technical analyst Michelle Gilberthorpe

Date 1/3/17

Approved by NICE quality assurance lead Mark Minchin

Date 1/3/17

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### *Post-consultation stage*

#### 3. Final quality standard

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders commented on the importance of making information about advocacy services, and the range of advocacy services signposted accessible for people with different needs. The equality and diversity considerations section of statement 1 on advocacy highlights the importance of making sure information provided about the services available takes into account people's language and communication needs, cultural and social needs, and other protected characteristics.

Stakeholders commented that communication and support should meet the needs of people with dementia. Quality standard 1 [Dementia: support in health and social care](#) includes a statement on ensuring that people with dementia receive care from staff appropriately trained in dementia care.

The importance of appropriate support for people with learning disabilities was highlighted. Quality standard 142 [Learning disabilities: identifying and managing mental health problems](#) includes statements on assessment from a professional with relevant expertise, support from a key worker and tailored psychological interventions.

It was flagged that it might not always be appropriate to fully involve people in care planning, or to share the full content of plans in all cases, for example children and young people, or people with dementia. The equality and diversity considerations section of quality statement 3 now includes the point that it might not always be appropriate to fully involve people in care planning, or to share the full content of plans in all cases.

It is anticipated that the quality standard will promote equality across all groups.

3.2 If the quality statements have changed after the consultation stage, are there any that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The statements do not make it more difficult in practice for a specific group to access services compared with other groups.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

It is not anticipated that the statements will have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

Additional information has been included in the equality and diversity considerations sections of relevant quality statements to address the issues raised in section 3.1. Specifically:

Quality statement 1 on access to advocacy services now makes reference to independent advocacy services, and that there is a range of advocacy services available.

Completed by lead technical analyst \_\_\_\_\_ Michelle Gilberthorpe \_\_\_\_\_

Date \_\_\_\_\_ 3/7/17 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_ Nick Baillie \_\_\_\_\_

Date \_\_\_\_\_ 11/7/17 \_\_\_\_\_