NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SOCIAL CARE GUIDANCE EQUALITY IMPACT ASSESSMENT – SCOPING

Social care guidance: Social care of older adults with more than one physical or mental health long-term condition in residential or community 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 guidance 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 guidance developer before scope sign-off, and approved by the NICE lead for the guidance 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 guidance 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 guidance development if appropriate
- highlight areas where the guidance may advance equality of opportunity or foster good relations
- ensure that the guidance 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 guidance 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 • prisoners and young offenders

- people who lack capacity.

1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guidance 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 Older adults: The particular characteristics of older adults with more than one long-term condition (LTC) justify focusing the guidance exclusively on social and integrated care services for them. This guidance will focus on LTCs that are age related, or exacerbated by age, because prevalence of LTCs, and numbers of people with multiple LTCs, is rising within the older population as people live longer. Current estimates suggest that 58% of people aged over 60 have at least one LTC (compared with 14% of people under 40). The number of people with multiple LTCs is expected to rise to 2.9 million in 2018 (from 1.9 million in 2008). This topic focuses on co-morbidities, including mental health problems, and there is reason to suspect that the mental health needs of older people are often not met. Up to 25% of older adults suffer symptoms of depression, and having one or more LTCs is a risk factor for depression. However, older people, especially those in residential care, may not be referred to mental health services, and those that are may not be offered psychological therapies. Carers of older adults with LTCs may also have undiagnosed mental and physical health conditions which jeopardise their ability to carry on caring. Poor access to assessment and treatment services may amount to age discrimination in the allocation of health and social care resources to older people, and the guidance should aim to address that.

Diversity in population: Older adults are as diverse as the entire population.

Services should be sensitive and accommodating to different cultural, religious and LGBT requirements. 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.

Gender: The Health and Social Care Information Centre figures for 2011-12 shows that 61% of service users (of all ages) receiving community-based social care services are female. Recorded rates of depression and anxiety are between one and a half and two times higher for women than for men. However, three-quarters of people who commit suicide are men (NDTi). There is no reason to assume these differences do not apply to older people. The guidance should consider gender issues relevant to service users and carers.

Older adults with disabilities, including those arising from traumatic injury: People with physical and mental disabilities are affected by a range of issues which limit their ability to lead independent lives, including environmental constraints, and attitudes which limit expectations and aspirations in their care. Disability may be closely associated with one or more LTCs, as a consequence, cause or co-existing factor. The guidance will focus on personalised care, and will therefore consider disability within the context of managing LTCs.

People with a long-term mental health condition: People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population and suffer poorer physical health. They may experience difficulties in accessing good care for physical illness. The guidance should consider this group of older adults.

People who have dementia: Published research and guidance very often focuses exclusively on care for people with dementia, despite the likelihood that the person has other conditions, including depression and anxiety. It may be that this is also true for other severe long-term conditions. The guidance will be concerned with the recognition of common treatable mental and

physical health problems which co-exist with another long term condition and may be overlooked.

Older 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 (such as deafness) and communication difficulties may develop with or be exacerbated by age, leading to difficulty in accessing services and information about services. This may be a particular difficulty in mental health diagnosis and service provision, which relies heavily on communication.

Mental health of people from black and minority ethnic backgrounds: People can have difficult relationships with mental health services. Black people are around three times more likely than the general population to experience compulsory admission for treatment. The rates of mental health problems in particular migrant groups, and subsequent generations, are also sometimes higher. For example, migrant groups and their children are considered to be two to eight times at greater risk of psychosis than the general population (NDTi). Difficulties, trauma and painful transitions experienced at any time of life may cause mental health problems for older people.

People who experience discrimination and stigma: Older people who have mental health problems or another highly stigmatized condition such as HIV/Aids may face lack of understanding, fear and judgmental attitudes from care providers and the wider community. The guidance will consider how care providers can promote equality of access and care to all people, and support staff to address prejudice.

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.

Socio-economic status: Evidence suggests that lower socio-economic status may be associated with poor access to information about care options. There is also evidence that the prevalence of LTCs is twice as high among people from the lowest social class V (60%) when compared to people in the highest social class I (30%) (DH Compendium). The onset and management of LTCs may also be influenced by risky health behaviours associated with lower income groups, such as smoking, poor diet, alcohol consumption and obesity, etc. The health of older people reflects lifetime experience (Marmot, 2010). This illustrates the complicated relationship between socio-economic status and long-term conditions, which can be described as one of two-way causality. Finally, we may want to highlight the recent welfare reforms and identify any evidence related to their likely impact on lower socio-economic groups.

Location: The delivery of social care for people with LTCs in rural environments may be difficult. The guidance, and evidence on which it is based, should ensure that this potential disadvantage is considered.

Residential care: Older adults who live in residential, including nursing, homes may have poor access to primary and community care services, including those that provide mental health assessment and treatment. The guidance should cover their particular circumstances.

People without a home: People who do not have a settled home (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.

Informal 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 informal care than their male/white

counterparts.

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 guidance 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 guidance 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):

We propose excluding younger adults (typically, but not exclusively defined as those under 65) and children with LTCs receiving social care support. There may be a need to apply a more flexible age threshold for older adults, as we do not wish to promote the view that adults of a particular age should have different services and possibly experience different standards of care. The scope of the work is unlikely to do justice to all client groups, so guidance will be focused on older adults and age-related conditions.

Clinical or health care is excluded given the guidance focuses on social care, unless that health care is delivered in partnership, liaison or joint teams with social care services. All aspects of coordination between health and social care, including referrals for assessment, will be included in scope.

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:

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NCC Director ***GDG Chair***

Date: ***Date:***

Approved and signed off:

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H&SC Lead

Date: