NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE Guidelines

Equality Impact Assessment

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

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

1.0 Scope: before consultation (to be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?
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 show 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 (for example, 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. 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.

Socioeconomic status: Evidence suggests that lower socioeconomic 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 (for example, 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.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

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 difficulties experiencing transition between general hospital and social care settings will be covered by this guideline.

2.0 Scope: after consultation (to be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
The draft EIA stated that services should 'be sensitive to LGBT requirements' during transitions between hospital and community or care home settings. In light of stakeholder feedback that services should be more proactive, the wording was changed in the final version to state that services 'should be sensitive and respond to' LGBT requirements.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
No changes to the scope were made, although changes were made to the wording of the EIA (as above).

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need? If so, is an alternative version of the 'Information for the Public' document recommended? If so, which alternative version is recommended? The alternative versions available are: • large font or audio versions for a population with sight loss • British Sign Language videos for a population who are deaf from birth • 'easy read' versions for people with learning disabilities or cognitive impairment.
The primary focus of the guideline is not a population with a specific disability; it is all adults with social care needs. However members of the Guideline Committee felt

strongly that relevant guideline documents should be published in ‘easy read’ for people with learning disabilities because they are particularly vulnerable to poor transitions between inpatient hospital settings and community or care home settings.

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Two review questions examined the experiences and outcomes of transitions for specific sub-groups identified as being at risk of poor transitions; people with mental health difficulties and people with end of life care needs. Evidence in both areas was limited but based on what was available, combined with their own expertise, the Guideline Committee agreed a number of recommendations designed specifically to improve transitions for those groups of adults.

For all other review questions, the search strategy was deliberately designed to capture literature relevant to all adults with social care needs, including all the sub-groups identified during the scoping process. For all other review questions, the search strategy was deliberately designed to capture literature relevant to all adults with social care needs, including all the sub-groups identified during the scoping process. In order to achieve this, the searches were broad in nature and included an expansive range of search terms. The strategy was run across a number of economic, health, social care and social sciences databases. Organisations that produce research publications were also searched including population specific organisations in relation to gender, race and ethnicity, sexuality, housing, specific conditions (including mental health conditions) and age.

As well as employing search strategies that are sensitive to equality and diversity issues, the needs and circumstances of specific sub-groups were addressed through the recommendations in the following ways.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Older people: Evidence was located and recommendations were developed which specifically addressed the needs and experiences of older people during transitions between inpatient hospital settings and community or care home settings. Examples include recommendation 1.3.8 about the importance of providing ongoing coordinated, multidisciplinary support to older people from admission through to discharge, and recommendation 1.3.10 promoting comprehensive geriatric assessments on admission.

Diversity in population: A number of the recommendations cover diversity in the population, namely ensuring that practitioners discuss people's particular needs and preferences and address them in care and support planning. For example, 1.2.3 states that before admission, practitioners should explain the type of care the person may receive and that discussions should include advanced care plans, religion and spirituality. Recommendation 1.1.6 states that information should be available in translated material and other recommendations emphasise the importance of treating the 'whole person' and considering the social context, particularly when planning transfer of care from hospital.

Gender: No evidence was located and no recommendations were specifically agreed in relation to gender. However, recommendations that emphasised the importance of treating the 'whole person' and considering their social context are expected to address issues around gender.

People with cognitive impairment including dementia: Evidence reviewed under the mental health review area related almost exclusively to people living with dementia and that evidence was limited. Nevertheless, the Committee combined available evidence with their expertise and developed relevant recommendations. Recommendation 1.5.10 emphasises the importance of ensuring continuity, especially for people admitted to hospital who are living with dementia. Recommendation 1.5.21 states that supportive self-management should be

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
considered for people with depression and other mental health difficulties. **Adults who may lack capacity:** There are many examples of recommendations that promote the importance of involving families and carers and treating them as a valuable source of information about people transferring between hospital and home. This may be especially important where people lack capacity, however unless they do lack capacity, the recommendations state that people should give consent for their families and carers to be involved in their care, support and transitions. If they lack capacity, then the principles of the Mental Capacity Act must be followed. **People with communication difficulties, and/or sensory impairment:** Communication needs are addressed throughout the recommendations, from identifying people with communication difficulties and addressing their needs at the point of admission to ensuring that all communication and information-sharing, throughout transitions, is conducted in a range of accessible formats. **People at end of life:** This was a specific review area, for which a moderate amount of views and experiences data were located but only one effectiveness study. The Committee drew on the data to develop recommendations about the importance of having conversations about end of life care preferences and making the outcome known too all practitioners, including out of hours GPs. The Committee also developed a specific section of recommendations about discharge planning for people at the end of life. **Socioeconomic status:** No recommendations were developed that specifically addressed socioeconomic status. However, the recommendations that promoted addressing all of a person's needs, including their social context and any possible obstacles to a successful discharge were intended to cover this issue. **Location:** No recommendations were developed that specifically addressed the

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
provision of support during transition for people in rural environments. However, the recommendations that promoted addressing all of a person's needs, including their social context and any possible obstacles to a successful discharge were intended to cover this issue. **Residential and nursing care homes:** The scope of the guideline included transitions between hospital and care home settings. All recommendations referring to transfer to or from 'home' relate to care home as well as community settings and they should be interpreted accordingly. A specific recommendation about transitions to care homes is 1.5.11, which emphasises that people should not have to make decisions about a permanent move to a care home while they are experiencing a crisis. **People who live alone:** The needs of people living alone should be addressed through recommendations about identifying factors that could prevent a safe and timely discharge from hospital (1.5.13) and taking account of people's social and emotional wellbeing as well as the practicalities of daily living (1.5.15). **People without a home**: The needs of people without a home should be addressed by recommendation 1.5.15 about addressing the practicalities of daily living during discharge planning as well as specific recommendations about people at risk of readmission to hospital. For example, 1.6.1 states that support for people on discharge from hospital might include suitable temporary accommodation for people who are homeless. **Family carers' gender and ethnicity:** Although carers' gender and ethnicity are not specifically cited, the recommendations do address the needs and wishes of carers. There are specific recommendations about involving and supporting carers and one example is 1.5.31, which states that if carers are to be involved in post discharge support then their aspirations, circumstances and relationship with the person should

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
be taken into account.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
No additional equalities issues were identified. However it has been decided that contrary to the Guideline Committee's advice, an easy read version of the Guideline will not be produced. In the face of financial restraints NICE has to prioritise the resources needed to produce different versions of guidelines. Therefore, guidance that is focused on a population with a specific need will have a tailored version produced, but this will not be possible for all guidance within current resources and will not be possible for this guideline. NICE does however try to ensure that all guidance is accessible to everyone and 'information for the public' is always published alongside NICE guidelines.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?
Where equalities issues were discussed, they are reported in the LETR tables under 'other considerations'.

3.4 Do the preliminary recommendations 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?
In developing the draft recommendations the Committee was careful to ensure that it would not be more difficult for a group of people to access support during transitions.

3.4 Do the preliminary recommendations 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?
Examples of this are given above (3.1).

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
The Committee took care in developing recommendations to ensure they would not have an adverse impact on people with disabilities.

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
The Committee agreed a range of recommendations to address difficulties with access to services often encountered by adults with social care needs during transition. Examples are provided in 3.1. Section 3.1 describes the way in which the recommendations seek to address potential barriers to access that may be experienced by particular groups, for example, people living alone, people who are homeless and people approaching the end of life.

4.0 Final guideline (to be completed by the developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
Yes, a number of stakeholders raised the point that people with communication difficulties may still face difficulties during transitions between hospital and home. They pointed out that they may require specific support to express their needs and this may require specialist input. This concern was addressed in GC12. The Committee reached consensus agreement to change recommendation 1.1.2 which states that people at risk of less favourable treatment, such as people with communication difficulties, should be identified and supported. The group added the point that the provision of support may include help to access advocacy. In addition, the group agreed that a new 'reasonable adjustment' be introduced to 1.3.6 which was 'providing communication aids (which might include an interpreter)'. The GC also agreed to change the composition of the hospital and community based multidisciplinary teams to include 'therapists'. Therapists includes speech and language therapists, which is in recognition of the fact that these professionals should be involved in supporting people though transitions when they have communication needs.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?
None of the changes to the recommendations are expected to make it more difficult for a specific group to access services.

4.3 If the recommendations 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?
None of the changes to the recommendations are judged to have the potential to have an adverse impact on people with disabilities.

4.3 If the recommendations 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?

4.4 If the recommendations 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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?
As per 4.2 and 4.3, no such barriers or adverse impacts were identified.

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?
Where relevant the Committee's considerations of the equality issues have been described in the 'linking evidence to recommendations' (other considerations) section of the final guideline.

Updated by developer

Amanda Edwards

Date: 07.10.15

Approved by NICE quality assurance lead

Jane Silvester

Date: 25.11.15

5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Approved by developer _____

Date_____

Approved by NICE quality assurance lead _____
Date_____