



Moving On Policy

People will be supported to transition from one care setting, as assessed, to another more appropriate setting which could be another care home or their own home with a package of care

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HSCP Joint Executive Team	Julie Glen	Head of Adult Services	
Responsible Officer	Susan Davidson	Operations Manager, Scottish Borders Adult Social Care	3 October 2024
Mains Stakeholder (SBC)	Jamie McNeill		
	Mark Chandler		





Evidence Type	Source	What does the evidence tell you about the Protected Characteristics/Communities Experiencing Inequalities/People with Lived Experience
What equalities information is routinely collected from people currently using the service or affected by the policy?	Admissions/Discharge Register MOSAIC	While age and gender data is currently collated, early indications suggest that the policy predominantly affects older individuals, particularly women, as evidenced by case examples involving female service users. Further analysis is needed to confirm any systemic imbalances, but the current trend highlights the importance of ensuring that supported choice and autonomy are upheld across all demographics, especially for older women who may be more frequently represented in interim care settings.
		As this is a new policy further discussion regarding the collection of data from an equality and Fairer Scotland Duty perspective.
Data on populations in need	Delayed Discharge Data Community Waiting List	Care needs of older people
Data on relevant protected characteristic	Age and Gender data collated	Care needs and social connections/existing support networks of older population
Data on service uptake/access	Admissions/discharge register Strata – Referrals MOSAIC	Care needs of older people Outcomes met recorded
Data on socio economic disadvantage	Financial Assessment	If the person does not agree to move to the appropriate accommodation identified they will be charged for the accommodation they are currently resident in. The impact this has on the duties as prescribed in the Fairer Scotland Duty 2018 will need to be captured and reported against.
Research/literature evidence	Science Direct British Geriatrics Society	 Interventions for reducing hospital-associated deconditioning: A systematic review and meta-analysis Deconditioning awareness British Geriatrics Society Recognising, reducing and preventing deconditioning in hospitalised older people
Existing experiences of service information	Service User Feedback	The needs and aspirations of the target group





Evidence of unmet need	Delayed Discharge Data Community Waiting List	Information as to where current service provision and resource capacity can be tailored or reorganized to meet current demand Geographic and Service Access Inequalities: Community waiting lists and delayed discharge data suggest that access to appropriate care settings may vary, potentially disadvantaging those in rural or under-resourced areas.
Good practice guidelines	Adults with Incapacity delayed discharge good practice guidance 2023	Learning Disability and Autism – longer delays in being discharged There is a recognition of differing needs and aspirations amongst protected characteristics including the importance of maintaining social connections and continuity of care. The policy development process includes mechanisms for capturing lived experience, such as consultation events with groups like Borders Carer Voice and the Care Inspectorate. The policy aligns with Health and Social Care Standards, particularly Standard 4.13: "I have enough time and support to plan any move to a new service." This ensures that transitions are person-centred, planned, and respectful of individual needs and preferences. Staff receive Equality and Diversity Training.
Other – please specify	Establish clear escalation procedures for disputes or concerns	
Risks Identified	Risk of indirect discrimination if communication is not accessible (e.g., for people with cognitive impairments or limited English). Risk of reduced autonomy if moves are not adequately planned or if choices are limited Risk of harm if discharge is premature or support is insufficient	Evidence pointed to the needs for clear discharge planning that takes into account medical needs, re-establishment of care packages and the impact on carers left at home.
Additional evidence required	National Health and Social Care Standards (My Support, My Life)	

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)





Consultation/Engagement/Community Empowerment Events

Event 1: Borders Older People Forum

Date	Venue (if in person)	Number of People in attendance by	Protected Characteristics/Communities Experiencing
	Otherwise state format	category*	Inequalities/People with Lived Experience Represented
15.01.25	Older people's forum	Niccy Kershaw – Individual and SDS Forum	Age
	Older people's partnership	Linda Isaliana Individual and Bandana	Disability (Physical and mental)
	Mental Health Forum	Linda Jackson – Individual and Borders	Communities experiencing inequality
	Dementia Working Group	LGBTQ Forum	People with lived experience
		Margaret Simpson – Ability Borders	
		Alison – Ability Borders	
		John – Ability Borders	
		Dean Fisher – Ability Borders and Carer	
		Elaine Thornton Nicol – Older Peoples	
		Champion (Elected Member) and member	
		of Borders Older People Partnership	
		Table Al-22 Bandon and Manual Hamiltonia	
		John – Ability Borders and Mental Health	
		Diane – Ability Borders and Carer	
		Jenny Smith – Borders Care Voice	





*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
Clarity at the point of entry and understanding medical needs before discharge	Assurance that the Information Leaflet given to patients prior to admission informs fully of the policy and all other aspects of the service.
Informing people (possibly with easy read grip sheet in various languages and formats) of moving on policy and fees and changing care needs	Service users will be kept up to date with all progress through reviews and communicate with in relation to any prospective move from the service and the implications of the moving on policy.
Prioritizing the re-establishment of care packages that ceased during hospital stays.	Early discharge planning will take place, involving the service user, employ Trusted Assessment which will identify care packages required
Realistic expectations of returning to one's own area and living the life they had before	Transparency around capacity in each locality and effective communication on any potential delays. Noting that the Moving on Policy would not be used where the service cannot provide ongoing services such as packages of care.
Supporting the maintenance of community activities	We will work closely with the SBC Local Area Co-ordinations teams and commissioned providers to ensure that community links are maintained or reinstated.
Clear and consistent messaging and communication with service users, families and carers	Full discussions take place in the hospital with ward staff, social work and the Intermediate care services. Written information will also be provided in the form of a leaflet and on admission continuous communication will be given with a detailed support plan, regular review and trusted assessment.
Affordable and accessible transport to support family visit especially after moving on	We would support carers as much as possible to access transport, including signposting services such as Border Wheels.
Evaluating the needs of carers and partners left at home	Social Work will, where required carry out a Carers Assessment. Carers are made to feel welcome within the service and where appropriately involved in the care journey.
Addressing the impact on individuals without support networks	Signposting to independent advocacy services. Establish clear escalation procedures for disputes or concerns.
Ongoing service user involvement and engagement in shaping policy	Regular review and opportunity for service user feedback, such as satisfaction surveys.





Event 2: SDS Forum Meeting- MS Teams

Date	Venue (if in person) Other state format	Number of People in attendance by category*	Protected Characteristics/Communities Experiencing Inequalities/Lived Experience Represented
02.04.2025	SDS Forum Meeting	Niccy Kershaw Elspeth Critchley	Age Disability (Physical and mental) Communities experiencing inequality People with lived experience Marriage/Civil Partners

Views Expressed	Officer Response
Importance of providing relevant information at point of	Assurance that the Information Leaflet given to patients prior to admission informs
admission. Will there be easy read version	fully of the policy and all other aspects of the service.
Managing expectations – for example being able to move back to their own area	Transparency around capacity in each locality and effective communication on any potential delays. Noting that the Moving on Policy would not be used where the service cannot provide ongoing services such as packages of care.
Will independent advocacy be included in the policy?	This will be covered
Communication is important for service users and families	Full discussions take place in the hospital with ward staff, social work and the Intermediate care services. Written information will also be provided in the form of a leaflet and on admission continuous communication will be given with a detailed support plan, regular review and trusted assessment.





Will the views of families and carers be considered	Social Work will, where required carry out a Carers Assessment. Carers are made
	to feel welcome within the service and where appropriately involved in the care
	journey.



