

## 1.0.7 DOC EIA (2019)

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

## Weight Management: identification, assessment and management

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

### 1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- **Age**

- Overweight and obesity rates increase with age. For people aged 45 to 64, 73% are living with overweight or obesity, and for people aged 65 to 74, 76% are living with overweight or obesity. In contrast, 43% of people aged 16 to 24 are living with overweight or obesity.

Older people may need specific consideration in the guideline as they may

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require additional support for some interventions.

- Younger people may need specific consideration, as obesity is a chronic, relapsing condition. Earlier onset of obesity is usually linked to worse health outcomes.

- **Disability**

- People with a learning disability are more at risk of overweight or obesity and may require additional support for some interventions.
- People with a physical disability may require additional support for some interventions.
- People with severe mental health problems are more at risk of living with overweight or obesity and may require additional support for some interventions.

- **Gender reassignment**

- No equality issues identified.

- **Pregnancy and maternity**

- Pregnant women are excluded from the scope of this guideline update as they require different management and are covered by separate NICE guidance.

- **Race**

- There are differences in the prevalence of overweight and obesity by ethnicity and the risk of resulting ill health.
- For example, people of South Asian descent (defined as people of Pakistani, Bangladeshi and Indian origin) living in England tend to have a higher percentage of body fat at a given BMI compared to the general population. People of South Asian descent are also more likely to have more features of the metabolic syndrome (for example, higher triglycerides and lower high-density lipoproteins in females and higher serum glucose in males) at a given BMI. Likewise, compared to white European populations, people from black, Asian and other minority ethnic groups are at equivalent risk of type 2 diabetes but at lower BMI levels.
- The differences in prevalence of people living with overweight or obesity and the impact on other health conditions may mean different groups need specific consideration.

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- **Religion or belief**
  - No equality issues identified.
  
- **Sex**
  - While men are more likely than women to be living with overweight or obesity, they are less likely to seek support or treatment.
  
- **Sexual orientation**
  - People who are lesbian, gay, bisexual, trans or questioning (LGBT-Q) may be less likely to participate with weight-loss programmes due to both experienced and the perceived threat of discrimination.
  
- **Socio-economic factors**
  - Overweight and obesity rates differ between socio-economic groups. Children in the most deprived decile are twice as likely to be living with overweight or obesity than children in the least deprived decile. In adults, 35% of men and 37% of women were living with obesity in the most deprived areas, compared with 20% of men and 21% of women in the least deprived areas.
  - Geographical variation in access to NHS weight management services: a lack of universal commissioning of Tier 3 services (intensive weight loss programmes) means that not all those living with obesity can access tier 4 services (bariatric surgery), owing to access to the former being a prerequisite to surgery.
  - Geographical variation will also exist in terms of whether local environments support people to maintain a healthy weight, and the extent to which local authorities can use legislative and policy levers to help create such environments.
  
- **Other definable characteristics**
  - Other health conditions: People who are taking some medications or receiving treatment may be at higher risk of excess weight gain due to the side effects of the medication or intervention.
  - Gypsy, Roma and Travellers: May be less likely to participate with weight-loss programmes due to poor access to, and uptake of, health services as well as both experienced and the perceived threat of discrimination.

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1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- Potential inequality issues will be noted in the review protocols and any evidence relevant to these groups and issues will be extracted. In addition, these issues will be highlighted to and discussed by the committee during development of recommendations.
- The scope excludes weight management in:
  - Children under 2. NICE guidance on '[Maternal and Child Nutrition](#)' (2014) is due to be updated.
  - Pregnant women. NICE guidance on '[Weight management before, during and after pregnancy](#)' (2010) is due to be updated.
  - Adults, children and young people who are underweight. NICE guidance on '[Eating disorders: recognition and treatment](#)' (2020).

These groups may require specific management and are covered by separate NICE guidance.

2022 addendum: Monitoring of weight in children under the age of 2 years is covered in a separate NICE guideline, PH11 Maternal and Child Nutrition. Weight management in this population group can be appropriately addressed by regular weight monitoring and by health professionals implementing existing advice on healthy eating behaviours.

Completed by Developer: Katrina Penman and Robby Richey

Date: 6 April 2021

Approved by NICE quality assurance lead \_\_\_\_\_ Simon Ellis \_\_\_\_\_

Date \_\_\_\_\_ 06 April 2021 \_\_\_\_\_

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### 2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- **Age**
  - Older adults may be experiencing some functional loss, have other comorbidities and/or being frail. Further, while older people have comorbidity risk factors that are of concern at different BMIs, this may mean they are not considered for weight management programmes where it may be appropriate.
  
- **Disability**
  - Certain physical disabilities may impede the accuracy of measurements of overweight and obesity to determine health risk, for example, those with scoliosis and those with a different body composition due to lower muscle mass for a given weight. This may result in people wrongly being classified as ineligible for some weight management treatments.
  
- **Other definable characteristics**
  - Other health conditions:
    - People with endocrine disorders such as type 2 diabetes and hypothyroidism may be at higher risk of excess weight gain.
  - People living with autism may experience particular challenges accessing weight management services and may also require additional support for some interventions.
  - People with dementia may require additional support for some interventions.
  - People recovering from COVID-19 may need additional support for some weight management interventions.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

Question 1.1 has been added to the scope, and question 1.2 has been amended,

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to clarify the need to consider thresholds for different ethnicities to assess health risk associated with overweight and obesity in children, young people and adults, particularly those in black, Asian and minority ethnic groups.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

No specific communication or engagement need identified.

Updated by Developer Robby Richey

Date 09 June 2021

Approved by NICE quality assurance lead Simon Ellis

Date 05 April 2022

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### 3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

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

The committee discussed the impact of new recommendations for the following groups:

- Children, young people, and adults of black, Asian and ethnic minority groups (BAME groups)
- Older people
- 
- Children, young people, and adults with cognitive and physical impairment
- Children, young people, and adults with learning disabilities

The committee also discussed the impact of the recommendations on sex. The discussions have been detailed in the 'benefits and harms' and 'other factors the committee took into account' section of the committee's discussion of the evidence.

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?

The committee also identified also identified the following equalities issues:

- Religious or belief: Committee noted that the act of measuring someone's waist can be intrusive, and some people may not find this acceptable due to their religious beliefs or cultural practices. The committee highlighted that healthcare professionals should be sensitive to people's needs. They also highlighted that communication is important to assess how comfortable people are with being measured and to identify ways to make the process acceptable for the person.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes – in the 'benefits and harms' and 'other factors the committee took into account'

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

section of the committee's discussion of the evidence.

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?

The new recommendations should reduce inequalities as specific BMI thresholds has been identified for people in BAME groups. Additionally, new recommendations highlight that waist-to-height ratio (WHtR) should be used, in addition to BMI, as a practical estimate of central adiposity to help assess and predict future health risks. One benefit of using WHtR is that the same thresholds can be applied for all ethnicities and sex.

Specific recommendations were not drafted for adults with physical impairments and learning difficulties, but the committee discussion section does note that measuring height or waist circumference may be difficult in people with physical impairments and learning disabilities. Additionally, the committee noted that people with growth abnormalities may require specialist assessment rather than utilising BMI or WHtR to assess their overweight, obesity or central obesity. A similar discussion took place when discussing recommendations for children and young people, but the committee noted that there are growth charts available for children with Down's syndrome. Existing recommendation was amended to add reference to other special growth charts.

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?

No.



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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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

The updated recommendations should reduce inequalities as these enable more people of BAME groups to be identified as overweight or obese. Additionally, recommendations should allow more people who are at risk of future health conditions to be identified, which can lead to more people being offered weight management interventions at an earlier stage. Certain groups such as people aged over 65 years, children, young people and adults of BAME groups, those with cognitive and physical impairment, those with learning disabilities were identified. The committee also noted that previous guidance included waist circumference thresholds which were different for men and women. New recommendations were drafted for the use of waist-to-height ratio which allow the same threshold to be used. Committee discussions around equality issues have been added to the evidence review.

**Completed by Developer: Kate Kelley**

**Date:** 03/02/2022

Approved by NICE quality assurance lead \_\_\_Simon Ellis\_\_\_\_\_

Date \_\_\_05/04/22\_\_\_\_\_

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### 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?

A number of equality issues were raised by stakeholders during draft guideline consultation. The following issues were identified in the recommendations for children and young people:

- Children and young people with rare genetic or congenital syndromes: Recommendation 1.2.21 included a statement about referring to special growth charts if needed and available. Stakeholders commented that the statement in the recommendation is misleading as the only specialist growth chart available in the UK is for children and young people with Down's syndrome. Based on stakeholder feedback, the recommendation was amended to highlight that special BMI growth charts are available for children and young people with Down's syndrome. These charts can be purchased by local commissioners. The committee discussion section in the evidence review was also amended to highlight that specialist BMI charts are not available for other populations.
- Looked after children and young people: Stakeholders commented that looked after children are at a higher risk of overweight and obesity. They noted support is essential for both the individual and their family/caregivers so that they receive appropriate advice and guidance on nutrition and healthy eating, physical activity and consistent messages on healthy weight. Recommendations did highlight that carers should be involved in the decision making process and, based on consultation feedback, and the committee amended recommendation 1.2.28 to highlight that social complexity (for example looked-after children and young people) is an additional factor that needs to be taken into account when considering a tailored intervention. The rationale and impact section of the guideline was also amended to highlight that an example of social complexity is children and young people who are in care.
- Children and young people with special educational needs and disabilities (SEND): Stakeholders commented that children with special educational needs are at a higher risk of overweight and obesity and support is essential for both the individual and their family/ caregivers. Additionally, it was highlighted that there are no proxy measurements for height that are validated in children and young people, which makes assessment challenging in children and young people with SEND. Based on consultation feedback, the

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

rationale and impact section and the discussion section in the evidence review was amended to highlight the difficulties with taking measurements in children and young people with SEND. Children and young people with SEND have also been included as a subgroup in the research recommendation.

- Children and young people with physical disabilities and some physical conditions: Stakeholder comments highlighted that there are no proxy measures for height that are validated in the children and young people population which makes assessment difficult in children with physical impairments. Based on consultation feedback, the rationale and impact section and the discussion section in the evidence review was amended to highlight the difficulties with taking measurements in children and young people with physical impairments. These sections have also been amended to highlight the reasonable adjustments that may be required for children and young people using wheelchairs. Children and young people with physical disabilities and physical conditions have also been included as a subgroup in the research recommendation.

The following issues were identified in the recommendations for adults:

- Older population: Stakeholder comments highlighted the following:
  - Potential difficulties with measurement in older people due to shrinkage of intervertebral discs, kyphosis, osteoporosis, sarcopenia and sarcopenic obesity. The committee highlighted these conditions all lead to a reduction in functional capacity which is already listed in recommendation 1.2.10. Stakeholders also highlighted that it would be useful to remind service providers and users to have an up-to-date height for people aged 65 and over as they are likely to experience vertebral compression. Committee further noted that there is disparity in practice when it comes to the older population as some professionals rely on older height recordings as opposed to up-to-date height measurements when calculating BMI. With limited evidence in this population, the committee were unable to further expand the recommendation. Based on stakeholder feedback, the rationale and impact section in the guideline was amended to highlight that BMI does not capture changes that occur in the body due to aging and that functional capacity may be reduced due to age-related spinal disorders or sarcopenia. Furthermore, people aged 65 and over have also been included as a subgroup in the research recommendation.

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

- Stakeholders also suggested further guidance on the protective effect of adiposity and the interpretation of BMI in this population. As limited evidence was identified in the older population the committee drew on their expertise and understanding of the wider evidence base. Committee agreed that further guidance is necessary, but the evidence identified did not facilitate development of additional recommendations. Based on this, the committee included people aged 65 and over as an important subgroup in the research recommendation (as mentioned above). Additionally, the evidence review did not explore the protective effect of adiposity, however based on their understanding of the wider evidence, the committee noted that this was an important factor to be considered in this age group. Based on stakeholder comments, the rationale and impact section of the guideline was amended to include an example of the protective effect.
- Adults with rare genetic or epigenetic causes of obesity: Stakeholders highlighted that the guideline did not mention people with rare genetic or epigenetic causes of obesity e.g., Prader- Willi syndrome. The committee noted that the draft recommendations were applicable to people with rare genetic or epigenetic causes of obesity, therefore no changes were made to the recommendations.
- Adults with physical disabilities and some physical conditions: Consultation comments highlighted that the use of BMI is more challenging in people with concurrent physical disabilities and some physical conditions e.g., scoliosis. Based on this feedback, the rationale and impact section of the guideline and the discussion section in the evidence review was amended to highlight these challenges and the reasonable adjustments that would be needed. Additionally, as evidence was not identified in people with physical disabilities and physical conditions, this population was included as a subgroup in the research recommendation.
- People with SEND: Stakeholder feedback mentioned that people with SEND were not sufficiently captured in the recommendations. Based on the feedback received, recommendation 1.2.7 was amended to add a signpost to Public Health England guidance on obesity and weight management for people with learning disabilities. Additionally, recommendation 1.2.15 was amended to include SEND as a factor that needs to be taken into consideration when discussing and agreeing level of intervention. As evidence was not identified in people with SEND, this population was included as a

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

subgroup in the research recommendation.

- People in care homes and people who are housebound: Stakeholders highlighted that people in care homes and people who are housebound may need additional support when it comes to taking height and weight measurements. Based on their expertise, the committee noted that care homes often have the necessary equipment to undertake measurements whereas this is not usually feasible with people who are housebound. Based on the feedback, the committee discussion section in the evidence review was amended to highlight these challenges. As evidence was not identified in these groups, this population was included as a subgroup in the research recommendation.
- People with eating disorders and disordered eating: Consultation feedback suggested further clarification is required around being sensitive to the impact on people with eating disorders and disordered eating. The committee discussion section in evidence review A does state that healthcare professionals should recognise when it is not appropriate to measure individuals. The rationale and impact section in the guideline has also been amended to highlight resources that could help healthcare professionals conduct sensitive, person-centred conversations. Future updates have been planned for this guideline where we will consider the issues around weight stigma and using sensitive language.
- Women who are breastfeeding: Consultation comments suggested that it was important to add a section about the importance of prevention and early identification and support for adults living with overweight and obesity in the preconception stage, during pregnancy and for adults who are breastfeeding/chest feeding. Pregnancy is out of scope for this update and guideline, however committee noted that draft recommendations were applicable for people in the preconception stage. Additionally, as part of this suite, 8 different guidelines will be amalgamated which includes PH27 which include recommendations such as recommendations on this specific population. No further changes were made to recommendations.

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

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?

There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups.

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?

Minor amendments made to the recommendations after consultation have not resulted in any adverse impact on people with disabilities.

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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups. All equality issues identified have been detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

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Updated by Developer: Kate Kelley, Associate Director, Guideline Development Team

Date: 22/08/2022

Approved by NICE quality assurance lead \_\_\_\_ Simon Ellis \_\_\_\_\_

Date \_\_\_\_\_ 12/07/22 \_\_\_\_\_

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