**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE Centre for Guidelines**

**Equality and health inequalities assessment (EHIA)**

**Overweight and obesity**

The considerations and potential impact on equality and health inequalities have been considered throughout the quality standard development, process according to the principles of the NICE equality policy and those outlined in [Quality Standards process guide](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards).

# STAGE 1. Topic engagement

Date of completion: 18/12/2023

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| * 1. What approaches have been used to identify potential equality and health inequalities issues during development of the topic engagement proforma?
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| Review of the following sources has been used to identify potential equality and health inequalities issues:* [Overweight and obesity management. NICE guideline in development [GID-NG10182] equality and health inequalities impact assessment](https://www.nice.org.uk/guidance/indevelopment/gid-ng10182/documents) (July 2022)
* [Obesity in children and young people: prevention and lifestyle weight management programmes. NICE QS94 equalities analysis](https://www.nice.org.uk/guidance/qs94/history) (July 2015)
* [Obesity in adults: prevention and lifestyle weight management programmes. NICE QS111 equality analysis form](https://www.nice.org.uk/guidance/qs111/history) (January 2016)
* [Obesity: clinical assessment and management. NICE quality standard QS127 equality impact assessment](https://www.nice.org.uk/guidance/qs127/history) (August 2016)
* [Obesity: identification, assessment and management. NICE guideline CG189. Health inequalities briefing](https://www.nice.org.uk/guidance/cg189/history) (February 2023)
* [Obesity: identification, assessment and management. (2023) NICE guideline CG189. Equality impact assessments](https://www.nice.org.uk/guidance/cg189/history)
* [NHS Long Term Plan](https://www.longtermplan.nhs.uk/)
* [The national child measurement programme, England, 2022/23 school year](https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme)
* Office for Health Improvement and Disparities (2023) [National child measurement programme (NCMP): changes in the prevalence of child obesity between 2019 to 2020 and 2021 to 2022](https://www.gov.uk/government/statistics/national-child-measurement-programme-ncmp-changes-in-the-prevalence-of-child-obesity-between-2019-to-2020-and-2021-to-2022)
* [OHID obesity profile 2021/22](https://fingertips.phe.org.uk/profile/national-child-measurement-programme)
* [NHS Digital’s Health Survey for England, 2021 part 1.](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021)
* [National Obesity Audit: Weight Management Services](https://digital.nhs.uk/data-and-information/publications/statistical/national-obesity-audit)
* Department for Culture, Media and Sport (2023) [Get Active: a strategy for the future of sport and physical activity](https://www.gov.uk/government/publications/get-active-a-strategy-for-the-future-of-sport-and-physical-activity)
* Public Health England (2017) [Obesity in mental health secure units](https://www.gov.uk/government/publications/obesity-in-mental-health-secure-units)
* Public Health England (2016) [Obesity, weight management and people with learning disabilities](https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities)
* Nuffield Trust (2022) [Childhood obesity: Is where you live important?](https://www.nuffieldtrust.org.uk/research/childhood-obesity-is-where-you-live-important)
* National Audit Office (2021) [Childhood obesity data visualisation](https://www.nao.org.uk/reports/childhood-obesity-visualisation/)
* NHS England (2017) [Getting it right first time programme national speciality report on general surgery](https://gettingitrightfirsttime.co.uk/)
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| 1.2 What potential equality and health inequalities issues have been identified during development of the topic engagement proforma? |
| 1. Protected characteristics outlined in the Equality Act 2010

Age:* Older adults may be experiencing some functional loss, have other comorbidities and/or be 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: * People with a learning disability are more at risk of overweight or obesity and may require additional support for some interventions. A smaller proportion of people with learning disabilities have overweight (27% of people with learning disabilities compared to 31.8% of people without a learning disability). However, higher proportions have obesity (37% of people with learning disabilities compared to 30.1% of people without learning disabilities). There are close links to broader social disadvantage, such as poverty, poor housing and social isolation, which is experienced disproportionately by people with learning disabilities.
* The British Dietetic Association (BDA) cautions that chronic constipation is a frequent problem for people with learning disabilities and this can distort assessing their weight. In addition, BMI is not always an appropriate measure for people with atypical body shape and there can be challenges in measuring height and weight accurately for some individuals.
* 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.
* The [PHE guidance on obesity and weight management for people with learning disabilities](https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance) (2020) notes that helping people with learning disabilities to achieve weight loss through diet and exercise involves additional complexities.
* 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:* Nothing found.

Pregnancy and maternity:* Pregnant women are excluded from the scope of this quality standard as they require different management and are covered by [QS98 Nutrition: improving maternal and child nutrition](https://www.nice.org.uk/guidance/qs98).

Race: * 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.

Religion or belief:* Nothing found.

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.
1. Socioeconomic status and deprivation
* [NHS Digital’s Health Survey for England, 2021, part 1](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021) reported that the proportion of people who were either overweight or obese was 52% in the least and second least deprived quintiles, compared with 72% in the most deprived.
* [The national child measurement programme, England, 2022/23 school year](https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme) reported that prevalence of obesity was twice as high for children living in the most deprived areas when compared with those who live in the least deprived areas. For reception children this was 12.4% compared with 5.8% and for year 6 children was 30.2% compared with 13.2%.
1. Geographical area variation
* Geographical variation will 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.
* [The Getting it right first time programme national speciality report on general surgery](https://gettingitrightfirsttime.co.uk/) (2017) noted a mismatch between the availability of bariatric surgery and the prevalence of obesity, with the two areas with the lowest prevalence of obesity among those regions providing the most surgery. The report noted regional variation in commissioning policies.
1. Inclusion health and vulnerable groups
* 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.
* People living with autism may experience particular challenges accessing weight management services and may also require additional support for some interventions.
* People in contact with the criminal justice system, including during and after incarceration appear to be at risk of weight gain.
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| * 1. How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?
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| The equality and health inequality issues identified in 1.2 could inform comments on area of priority for quality improvement from stakeholders. The issues identified in section 1.2 could also be used to inform focus of quality statements, quality measures or equality and diversity considerations for statements once topic engagement comments have been received from stakeholders and reviewed by the quality standards advisory committee (QSAC). The [NICE draft guideline on overweight and obesity management](https://www.nice.org.uk/guidance/indevelopment/gid-ng10182/documents) contains specific references to overcoming identified equality and health inequality issues that could be used to support quality statements. They include: * Age:
* Overweight and obesity management services should be accessible with no upper limit on age for referral and recommends that services should be suitable for people aged 65 and over. Older people may require additional support for some interventions.
* BMI should be interpreted with care in people aged 65 and over, taking into account comorbidities and conditions that may affect functional capacity.
* Disability:
* People’s needs and preferences for interventions including disabilities, neurodevelopment conditions and special educational needs and disabilities should be accounted for. Referral to specialist management services should be considered if the person needs additional support due to a learning disability (an example of a complex disease state or need). There are research recommendations to address barriers to behavioural interventions and effective approaches to overweight and obesity management for children and young people with special educational needs and disabilities.
* A person living with mental illness may face or feel stigmatised due to their degree of overweight and obesity but also their mental illness and this may stop people from seeking help. It is not appropriate to assume that one approach will work for all groups. There was a lack of evidence to support recommendations on delivering interventions for people with conditions associated with increased risk of obesity (such as people with a physical disability that limits mobility, a learning disability or enduring mental health difficulties). There is a research recommendation to address this.
* Race:
* NICE recommendations for some interventions are set at a lower threshold for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population.
* There is a need for more robust information about effective and acceptable approaches to identifying people from ethnic minorities who are at risk from overweight or obesity and the raising awareness of using lower BMI thresholds. There are draft recommendations on specific advice for people from ethnic minority backgrounds.
* Sex:
* Evidence showed that men would benefit from targeted interventions. There are draft recommendations on identifying interventions that are appropriate for the person including men-only sessions.
* Socioeconomic status and deprivation
* Adults are often worried about the cost of taking part in an intervention and this can be a barrier that widens health inequalities. People should be informed of any known costs associated with taking part in interventions. There are recommendations for giving information on a variety of additional sources of community or healthcare support. The committee highlighted approaches in [NICE’s guideline on behaviour change: digital and mobile health interventions](https://www.nice.org.uk/guidance/ng183).
* Inclusion health and vulnerable groups
* Joint strategic needs assessments should be used to ensure that overweight and obesity management services meet local needs. This includes identification of networks that include marginalised groups.
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| * 1. Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the topic engagement process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
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| The stakeholder list for topic engagement includes organisations that can help to explore equality and health inequalities issues, including organisations focused on issues affecting age, deprivation, mental health, sex, race, sexual orientations and gender reassignment, and disability.  |

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| * 1. How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the quality standard development process going forward?
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| Lay committee members with lived experience will be asked for input at two committee meetings and key points through development of the quality standard.We will work with key patient stakeholders and actively contact these organisations, alongside contact via the NICE public involvement programme, for response to topic engagement and consultation on the draft quality standard. We will ensure their views are presented to the committee.As this quality standard covers children and our lay member specialist committee members will be adults, input from stakeholder organisations representing children with overweight or obesity should be sought. Input from stakeholder organisations representing people with disabilities with overweight or obesity should also be sought.The briefing paper should include any recommendations that address inequalities, for example adapted BMI thresholds based on ethnicity due to increased risk. |

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| * 1. Has it been proposed to exclude any population groups from coverage by the quality standard? If yes, could these exclusions further impact on people affected by any equality and health inequalities issues identified?
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| Pregnant women are excluded from the scope of this quality standard as they require different management and are covered by [QS98 Nutrition: improving maternal and child nutrition](https://www.nice.org.uk/guidance/qs98). The exclusion will not have further impact on people affected by the equality and health inequalities issues identified. |

Completed by lead analyst: Daniel Smithson

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Approved by NICE quality assurance lead: Mark Minchin

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