

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CENTRE for PUBLIC HEALTH

Equality impact assessment
NG16 Disability, dementia and frailty in later life – mid-life approaches to
prevention

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 form is to document the consideration of equality issues in each stage of the guideline production 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 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be initiated during scoping for the guidance, revised after consultation and finalised before guidance is published. It will be signed off by NICE at the same time as the guidance, and published on the NICE website with the final guidance. The form is used to:

- record any equality issues raised in connection with the guidance by anybody involved
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guidance should 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
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex and Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socioeconomic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variation associated with other geographical distinctions (for example, the North-South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>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:</p> <ul style="list-style-type: none">• Refugees and asylum seekers• Migrant worker• Look-after children• Homeless people.

1. Scoping

1. Have any potential equality issues been identified during the scoping process (development of the scope or discussion at the Committee meeting), and, if so, what are they?

- a. Age: Mid-life for the general population was taken to mean 40 to 64 years, with a particular focus on people at increased risk of developing dementia or other non-communicable chronic conditions due to health-related behaviour and lifestyle factors. However, it was acknowledged that mid-life may occur at an earlier age in disadvantaged populations, and as such mid-life was taken to occur from as young as aged 30 years. Exclusion of people aged over 64 was also raised by stakeholders as an issue. The age range however reflects the referral.
- b. Disability: The guidance will not cover adults with any type of dementia or pre-existing cognitive impairments. Adults who are receiving treatment for a chronic non-communicable condition or who have a disability associated with modifiable lifestyle risk factors will not be included for that particular condition or disability. Conditions like Alzheimer's disease are being considered in other guidance in development. However, Stakeholder comments highlighted that visual and auditory impairments are important considerations of healthy aging and should be included in the scope; the scope was altered to include these issues. Stakeholders also raised the importance of taking account of the needs of people with disabilities, including those with learning disabilities.
- c. Gender reassignment. Stakeholders raised the needs of LGB&T people and the evidence showing higher incidence of smoking, alcohol and drug use, and eating disorders among LGB&T communities.
- d. Pregnancy and maternity. No issues raised.
- e. Race. Stakeholders raised the needs of people from ethnic minority groups, in particular with respect to higher rates of eye disease.

- f. Religion or belief. No issues raised.
- g. Sex and sexual orientation. Stakeholders raised the needs of LGB&T people and the evidence showing higher incidence of smoking, alcohol and drug use, and eating disorders among LGB&T communities.
- h. Marriage and civil partnership. No issues raised.
- i. Other disadvantaged groups. Stakeholders raised the need to consider geographical factors which may influence the effectiveness of particular types of intervention.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee? (If there are exclusions listed in the scope (for example, populations, treatments or settings), are these justified?)

The above issues need to be addressed by the evidence review teams and the Committee. The impact of individual behaviour change and population-based approaches on health inequalities will be considered by the Committee during development. Particular attention will need to be paid to ensuring that interventions are appropriate for all groups.

Restriction of the scope to specific age groups (40-64, extending to younger people from disadvantaged populations) is justified on the basis of the referral.

3. Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues?

- a. Disability: Stakeholder comments highlighted that visual and auditory impairments are important considerations of healthy aging and should be included in the scope; the scope was altered to include these issues.

4. Are there any language or communication needs
No

2. Consultation document

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
<p>The reviews looked at evidence in midlife about differential impacts, and the searches were constructed to include audio and visual impairments. No specific data was identified in the literature.</p> <p>The committee discussed the possibility of differential uptake of interventions.</p> <p>Recommendations have been worded to ensure that interventions are available to all and targeted towards those with the greatest need whenever possible. Policy based approaches are intended to reduce the risk of adverse effects on inequalities.</p>

2. Have any other potential equality issues been raised in the draft Guidance, and, if so, how has the Committee addressed these?
No

3. Do the preliminary recommendations make it more difficult in practice for a specific group to access any recommended services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
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No. Recommendations on the provision of information on the risk factors relating to dementia could run the risk of exacerbating inequalities as those living in deprived circumstances may be less able to make changes. However, other recommendations on interventions aim to ensure that services to support change are available to all and targeted towards those in greatest need.

4. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in question 3, or otherwise fulfil NICE's obligation to promote equality?

Not applicable – see 1 above

5. Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?

Yes. See section 4, 4.8-4.11, 4.18

3. Final Public Health Guidance document

1. Have any potential equality issues raised in section 2 been addressed by the Committee and if so, how?

See response below

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

Protected characteristics

Stakeholder comments raised the following issues:

1. Age. No issues raised.
2. Disability. Stakeholders raised the risks faced by those with impaired hearing and vision and the need to address these issues further in the guidance. People with learning disabilities may need additional support. Issues relating to those with mobility problems, including access to services, were also raised. This issue also relates to those who may be or may be more likely to become, socially isolated. This group may include those with disabilities, mobility problems and impaired senses. There was limited evidence on hearing and vision in the reviews, and this issue is addressed in the research recommendations. Recommendation 10 addresses the accessibility of local services. Social isolation is included in recommendations 2 and 3.
3. Gender reassignment. No issues raised
4. Pregnancy and maternity. A number of stakeholders disputed the consideration in relation to there being no safe level of alcohol consumption, however one made the point that this is the case for pregnant women. The guideline does not contain recommendations around alcohol and pregnancy. 'Safe levels' of alcohol consumption are discussed in consideration 4.18.
5. Race. Areas with high levels of minority ethnic groups and/or low literacy rates have difficulty using online tools. Printed materials would be more useful in addition to online versions. Was there any evidence about other media [inc those aimed at BMEG] reaching groups? Recommendation 10 includes provision of information in a range of languages and culturally acceptable styles, and offer translation and interpretation facilities if appropriate. It also includes the use of appropriate digital media.
6. Religion or belief. No issues raised.

7. Sex and Sexual orientation. No issues raised.

8. Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination). No issues raised.

Additional characteristics

Impact of environmental conditions, for instance poor housing, physical infrastructure to support physical activity

3. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access any recommended services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

No

5. Have the Committee's considerations of equality issues been described in the final Public Health Guidance document, and, if so, where?

Yes. See section 4, 4.7, 4.11, 4.12, 4.13, 4.14 4.24, 4.25

Approved by NICE quality assurance lead ___Peter Shearn

Date_____15/9/15