Guideline EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Older people: independence and mental wellbeing

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?

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a. Age: In considering the definition of 'older people', a chronological age of 65 years is used as well as those aged 55-64 years, who are at comparable risk of a decline in their independence and mental wellbeing (as people aged 65 or over) to be considered. This group could include people at risk because of ethnic group or socio-economic inequalities.

b. Disability (cognitive, mental health, sensory): The needs of people with mental disabilities, such as dementia were considered. It was decided to exclude people living with these conditions from the scope as they are already covered in other NICE guidance and Quality Standards. Conditions such as Alzheimer's disease are also being considered in other guidance in development. The NICE team also acknowledged other mental health conditions, such as depression and difficulties after bereavement, and the impact they could have on mental wellbeing. Physical disabilities, such as loss of sight and/or hearing, were discussed as important issues to note in older people's feelings of isolation and exclusion.

c. Religion or belief, Ethnicity: It was decided that concepts such as 'mental and social capital' would include spiritual and cultural beliefs.

d. Race/ethnicity; social economic status; other: The guideline (as set out in the scope) will explore ways to identify vulnerable older people and those who may not be in contact with or accessing appropriate services. This could include consideration of economically disadvantaged areas within a local authority's responsibility (for example using data from housing stock and sale prices); areas where people from BME groups reside (and may have different preferences or needs and who may find it difficult to access services). The scope (and tendering for evidence reviews) has been developed to include support for the Committee in considering targeting of activities or interventions for specific groups.

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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?

The Committee noted and accepted the focus of the scope (PHAC B meeting 16 July 2015)

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?

Issues as summarised in 1.1 of this EIA

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

The final scope of the guideline highlighted sensory ability. It also includes questions for the guideline to consider on ways to identify vulnerable older people and those who may not be in contact with or accessing appropriate services. The scope (and tendering for evidence reviews) has been developed to support the Committee in considering targeting of activities or interventions for specific groups.

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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.

No (although sensory impairment, cognitive impairment is more common in older people).

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?

The committee carefully considered:

a. Age: The committee accepted the definition of 'prematurely old', but were unable to make any specific recommendations for this group due to lack of evidence. It agreed to include a research recommendation around this group in the draft guideline.
b. Disability (cognitive, mental health, sensory): The Committee agreed that recommendations focusing on assessing needs in a community, supporting access and asking about user preferences would contribute to supporting people with disabilities. The Committee noted the scope of the guideline was to consider interventions for older people in general.
c. Religion or belief: The Committee agreed that recommendations on assessing needs in a community, supporting access, offering a variety of activities and asking about user preferences would contribute to supporting people with a range of backgrounds and interests.
d. Race: The Committee agreed that recommendations on assessing needs in a community, supporting access for a variety of activities and asking about user preferences would contribute to supporting people from a range of ethnic

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       groups.
    e. Sex and Sexual orientation: The Committee noted there was little evidence of interventions for older gay people. It noted evidence from experts on potential needs of older gay people. The Committee considered that recommendations to offer a variety of activities and asking about user preferences would contribute to supporting all groups It also agreed to include research recommendation on interventions for sub groups of older people, including people who are lesbian, gay, bisexual or transgender.
    f. Other groupings including those of lower socio-economic status or are 'hard-to-reach': The Committee agreed that recommendations on assessing needs in a community, supporting access could – in part – support people from different groups to use services.
    g. Other - carers: The Committee agreed that recommendations specifically on carers should be included in the guideline.

A presentation of the scoping stage EIA and approach to consideration of equalities was provided for PHAC at its meeting on 16 July 2015

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?

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The groups with the following characteristics were considered, in addition, to that given at scoping and first meeting stages:
- Sexual orientation and gender identity (including lesbian, gay, bisexual, and transgender people)
- Sex
- Ethnicity/race
- Religion or belief
- Other – social economic status, employment background

Sexual orientation and gender identity were identified at scoping stage, but it is of note that the Committee (and evidence contractor) considered how the guideline might support particular groups of people who are lesbian, gay, bisexual, and transgender.

The Committee noted evidence from the evidence reviews that males (sex) identified less with activities promoting social connectedness. The Committee considered evidence for specific cultural perspective (ethnicity, religion or belief) or specific population group focus (including males).

The needs of carers were also identified. The Committee made a specific recommendation to promote access to services for older people who have caring responsibilities.

[For example, in meeting of 27 January 2015].

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes

Such as, recommendations 1–3 (offering variety, promoting different aspects of independence and mental wellbeing, intergenerational activities and using different approaches to engage volunteers); 5 and 9 (local coordination, awareness raising); 6–8 (strategy, partnership working, needs assessment and publicising activities) 10–11 (overcome barriers, support carers) and 15 (evaluation of services).

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3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Considerations 5.5, 5.9, 5.10, 5.13, 5.17

Research Recommendation 6.1 and 6.2

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?

No, the recommendations seek to support access, offer variety and include all older people in development and delivery

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.

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 draft recommendations support access to service for all groups.

Completed by Developer   Ruaraidh Hill

Date   30 March 2015

Approved by NICE quality assurance lead Kay Nolan

Date   8 May 2015

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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?

Sensory impairment

The following 5 stakeholders raised the need to make more specific mention of people with sensory impairment (hearing and vision loss) throughout the guideline and specify support, adaptations and services to meet the needs of these groups: Action on Hearing Loss, National Community Hearing Association, RNIB, Sense and Optical Confederation and College of Optometrists. People with an 'Age related disability' (the definition of which includes loss of vision or hearing) were specified in draft recommendations 1.1, 1.7 and 1.8. People who have difficulties seeing or hearing were specified in a draft recommendation (1.9). Prevalence data on the number of older people who experience loss of vision and hearing was included in the context section of the guideline.

Action for hearing loss also requested that the following research recommendation was added to the guideline: *"Do hearing aids for people with hearing loss increase independence and improve mental wellbeing?"* The committee did not agree that specific interventions should be named but that research recommendation 5 (See below) would cover the factors in an intervention(s) that influence mental wellbeing*.*

LGBT, ethnicity, gender and disability

Age UK stated that *"Principles of good practice should take account of diversity and accessibility issues in light of duties under the Equality Act 2010. We know, for example, that loneliness can be particularly acute among older lesbian and gay people, and some evidence suggests that they experience problems in accessing mainstream services (Age UK and Campaign to End Loneliness, January 2015). Efforts must therefore be made to better understand and meet the needs of BME and LGBT communities".*

West of England Care & Repair also suggested the inclusion of "*sexual orientation and transgender*" in what is now research recommendation 5. The Mental Health foundation stated "*We also note that people's gender, ethnicity, sexual orientation and disability are also determinants of mental health and should be taken into consideration by wellbeing boards, community services, service commissioners and providers*". The Central and North West London NHS Foundation Trust stated "*We would keenly encourage the holding in mind and inclusion of: people from BME*

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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?

backgrounds; those for whom English is not their first language".

No evidence was identified for this group in the evidence review or expert testimony papers. However, a draft recommendation (1.7.3) stated, as part of a needs assessment, *"Consider identifying any differences in the groups at risk between and within local populations of older people (for example, in terms of their gender, sexuality, disability, income or ethnicity). Note any health inequalities and consider finding out why these exist".*

In addition, a draft recommendation (1.9) states *"Consider developing a plan to overcome factors that prevent older people from participating in activities and services that could help maintain or improve their independence and mental wellbeing. This includes the following (also see the implementation section):*

- *Providing help and advocacy for people with specific needs. For example: carers; people with mental health problems; people who have difficulties seeing or hearing; and people who have problems with their flexibility, balance or mobility.*

- *Using existing services. For example, using concessionary fares and encouraging transport services to coordinate their timetables and stops to help people get to the activities. This also includes ensuring access to suitable toilet facilities.*

- *Providing a choice of activities (see sections 1.2–1.4)"*

Also, in the 'why is this important' section for research recommendation 5 (In the UK, which factors or processes in an intervention influence older people's mental wellbeing? How do these factors interact with one another and does the importance differ for different groups?) it states *"it would be useful to determine whether the importance of these factors and processes varies according to ethnicity, long-term disability, level of social deprivation, gender, sexuality or geography (urban or rural)."*

Prematurely old

Age UK stated that *"We do not support the use of the phrase 'prematurely old'. We believe that linking people's needs to relative age as a predictor of poor health carries a risk of reinforcing current stereotypes and discrimination towards older people, particularly around people's expectation of good health in later life. Entrenched stigma towards ageing has meant that older people have often faced inequalities in accessing treatment. Public and private services, including the NHS,*

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have a long way to go in establishing age equal practices and part of this process should be to overturn deeply entrenched cultural attitudes towards the 'value' of treating and supporting older people, and assumptions around what older people can or cannot do. The reference to 'premature old' risks further entrenching these attitudes and we would therefore recommend that this phrase is removed from the guideline". The committee agreed with this view and the term has been removed from the guideline. It is also worth noting that no evidence was presented in the evidence reviews or expert testimony papers for this group.

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?

No. A draft recommendation (1.9) was specifically about helping people to overcome barriers that might stop them from taking part in services / activities outlined in other recommendations.

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?

No.

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?

No – a draft recommendation (1.9) was specifically about helping people to overcome barriers that might stop them from taking part in services / activities outlined in other recommendations.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?
Yes – please see the committee discussion section of the guideline.

Updated by Developer Nicola Ainsworth (Amended Ruaraidh Hill)

Date 29 September 2015 (25 November 2015)

Approved by NICE quality assurance lead _____

Date_____

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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:
No equalities issues were identified by NICE Guidance Executive. Draft recommendations (discussed above, see part 4.0) have been relocated at the request of NICE guidance executive to conform to NICE guideline format. As a result draft recommendations in: • 1.7 are included as part of implementation (2: local assets and needs assessment) in the final guideline • 1.8 is numbered 1.5 in the final guideline • 1.9 are included as part of implementation (4: getting older people involved in activities) in the final guideline.

Approved by Developer Simon Ellis

Date 26 November 2015

Approved by NICE quality assurance lead _____
Date_____