

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Preventing excess winter deaths and morbidity

Output: Equality analysis form – meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality 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 is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 2

Topic: Preventing excess winter deaths and morbidity

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

A wide range of people are more vulnerable to adverse effects from the cold homes including:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5s)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

The link between some minority ethnic groups and deprivation may mean that some of these groups are more likely to live in cold homes leading to excess winter deaths. Refugees may be living in cold temporary or emergency accommodation and some groups, including recent immigrants, could also be particularly vulnerable during their first few years in the UK. For example, they may be more likely to live in poor quality housing and they face a complex energy market.

Under statements 3, 4, 5 and 6, the quality standard highlights the importance of good communication between practitioners and people who may be vulnerable to the health consequences of living in a cold home. People who may be vulnerable to the health consequences of living in a cold home are likely to include those who have communication requirements including those who are frail or confused and those who have difficulty understanding and acting upon information provided to them. The practitioners involved in the person's care should take these requirements into account and provide them with the level of support they require to ensure any needs identified can be acted upon.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the Quality Standards Advisory Committees (QSACs).

The QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSACs include representation from a number of people in order to gain a range of perspectives. Standing members of the QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to the prevention of winter deaths have been recruited and were present at the committee meetings.

The draft quality standard was published for a 4 week consultation period for registered stakeholders to express their views on the proposed quality standard statements.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

This quality standard covers all settings.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

No. By identifying vulnerable groups and providing a single-point-of-referral health and housing service it should enhance access to services for people who may be vulnerable to the health effects of living in cold homes.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with

disabilities?

The quality standard should advance equality by reducing risks, and avoidable deaths and morbidity, associated with the health consequences of cold homes in vulnerable groups.