

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Community engagement: improving health and wellbeing

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

1. TOPIC ENGAGEMENT STAGE (to be completed by the lead technical analyst before topic engagement)

1.1 Have any potential equality issues been identified during this stage of the development process? How have they been addressed?
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Community engagement approaches can benefit all types of communities however most evidence comes from studies of interventions to promote health among disadvantaged communities.

Some local people may not want to get involved in community activities but some, particularly from disadvantaged communities, may need help to participate.

Any specific issues relating to these groups and any other equality issues identified will be addressed during development of the quality standard.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
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No population groups have been excluded and community strategies intend to benefit all.

Completed by lead technical analyst

Ania Wasielewska _____

Date_11/3/16_____

Approved by NICE quality assurance lead

Mark Minchin _____

Date__11/3/16_____

2. PRE-CONSULTATION STAGE (to be completed by the lead technical analyst before consultation on draft quality standard)

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Community engagement approaches can benefit all types of communities however most evidence comes from studies of interventions to promote health among disadvantaged communities.

Some local people may not want to get involved in community activities but some, particularly from disadvantaged communities, may need help to participate.

All statements recognise that people who should be engaged in defining aims and monitoring outcomes as part of the health and wellbeing initiatives may experience a range of barriers such as language, literacy, numeracy, low income, transport, childcare, digital exclusion and many others. It is necessary to address these barriers and support individuals to engage in the initiative effectively.

Statement 4 focuses on bridging roles that should actively support communities and individuals to overcome barriers and allow participation for all those willing to get involved.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No population groups have been excluded and community strategies intend to benefit all.

2.3 Do the draft quality statements 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. By identifying barriers to participation and providing support through the bridging roles it should enhance participation for people who may be experiencing barriers to engaging with health and wellbeing initiatives.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

No.

Completed by lead technical analyst

Ania Wasielewska _____

Date 18/7/16_____

Approved by NICE quality assurance lead

Mark Minchin_____

Date 18/7/16_____

Post-consultation stage

3. Final quality standard (to be completed by the lead technical analyst before GE consideration of final quality standard)

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

Community engagement approaches can benefit all types of communities however most evidence comes from studies of interventions to promote health among disadvantaged communities.

Some local people may not want to get involved in community activities but some, particularly from disadvantaged communities, may need help to participate.

All statements recognise that people who should be engaged in defining aims and monitoring outcomes as part of the health and wellbeing initiatives may experience a range of barriers such as language, literacy, numeracy, low income, transport, childcare, digital exclusion and many others. It is necessary to address these barriers and support individuals to engage in the initiative effectively.

Statement 3 focuses on identifying community assets and recognises that tackling health inequalities can be more effective if people from marginalised and deprived communities and those who are socially isolated are seen as valuable contributors to the local assets.

Statement 4 focuses on peer and lay roles that should actively support communities and individuals to overcome barriers and allow participation for all those willing to get involved.

3.2 If the quality statements have changed after the consultation stage, are there any 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?

The statements do not prevent any specific groups from accessing services.

3.3 If the quality statements 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.

3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

Yes. All the statements included in this quality standard are about advancing equality. The main principles underlying the statements are about empowering the communities to take more ownership of their own health and wellbeing and make the decisions about what matters to them. By identifying barriers to participation and providing support through the peer and lay roles it should also enhance participation for people who may be experiencing barriers to engaging with health and wellbeing initiatives. The barriers and

3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

necessary adjustments will vary depending on the interventions and the communities involved in the interventions.

Completed by lead technical analyst

Ania Wasielewska _____

Date __21/11/16_____

Approved by NICE quality assurance lead

Mark Minchin _____

Date __21/11/16_____

4. After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
N/A

Completed by lead technical analyst

Alison Tariq_____

Date 7/2/17_____

Approved by NICE quality assurance lead

Mark Minchin_____

Date 7/2/17_____