

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Obesity: prevention and lifestyle weight management in children and young people

**Output:** Equality analysis form – Meeting 3

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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**

|   |
|---|
| <b>Protected characteristics</b>  |
| <b>Age</b>  |
| <b>Disability</b>   |
| <b>Gender reassignment</b>  |
| <b>Pregnancy and maternity</b>  |
| <b>Race</b>   |
| <b>Religion or belief</b>   |
| <b>Sex</b>  |
| <b>Sexual orientation</b>   |
| <b>Other characteristics</b>  |
| <b>Socio-economic status</b><br>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). |
| <b>Marital status (including civil partnership)</b>   |

**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 3

#### Topic: Obesity: prevention and lifestyle weight management in children and young people

**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.

The quality standards advisory committee discussed all of the equalities issues identified at topic overview stage and agreed sex, age, race and socioeconomic status were all related to the prevalence of obesity in children and young people. A strong relationship exists between obesity and deprivation, therefore the committee agreed this should be considered when implementing this quality standard and is therefore stated in the quality standard.

Children and young people with mental, physical and sensory disabilities, and also neurological conditions, were also highlighted as other equality group. All statements in the quality standard are applicable to these groups.

No further equalities issues have been identified at this stage.

**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?

Standing members for Quality Standards Advisory Committees (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 obesity in children are being recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

**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 does not cover adults as there are two separate referrals in the quality standards library to cover this population.

The quality standard will also not cover the clinical assessment and clinical

management of obesity in individual children and young people - this will be the focus of a separate healthcare quality standard.

**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?

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

**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?

Quality statement 2 states that information needs to be available in a variety of languages and formats to ensure that it is accessible to people of all ages and meets the needs of the community. Nutritional information should be available in a variety of formats appropriate to the target audience. The format of this information should be suitable for children and young people with sensory impairment.

Quality statement 6 highlights that particular consideration needs to be taken to engage adult men in lifestyle weight management programmes. They are often a group that are difficult to engage compared to other family members. Consideration needs to be given to the language needs of the child or young person accessing the programme as well as their parents and carers. For some families the child or young person may be the only English speaker in the family.

Quality statement 7 states that when monitoring and evaluating lifestyle weight management programmes, in addition to the data items suggested in the statement, information should also be captured to ensure that the programmes are catering to minority groups e.g. by race, religion and disability. This is to ensure reasonable adaptations are being made to the programmes to make them accessible to these groups and to assess their impact on health inequalities.

We believe these statements will advance equality of opportunity.