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 – Topic overview

Introduction

As outlined in the Quality Standards process guide (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: Topic overview

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.

In the 2012/2013 school year, around 22% of children in reception and 33% in year 6 were either overweight or obese. Around 9.3% and 19%, respectively, were obese (National Child Measurement Programme Health and Social Care Information Centre 2013). The prevalence of obesity is linked to sex, socioeconomic deprivation and race.

Sex and age

In 2011 in England, around 3 out of 10 boys and girls aged 2 to 15 years were either overweight or obese (31% and 28% respectively). Mean BMI was higher overall among girls than boys aged 2-15. BMI generally increased with age in both sexes.

Although the prevalence of obesity now appears to be levelling off, in 2011 around 17% of boys and just under 16% of girls aged 2 to 15 years were classed as obese. (Statistics on Obesity, Physical Activity and Diet: England 2013 Health and Social Care Information Centre).

Socioeconomic status

Obesity prevalence is significantly higher in urban areas than in rural areas. Among Reception year children living in urban areas the prevalence was 9.6% compared with 8.1% and 7.5% living in town and village areas respectively. Similarly the obesity prevalence among Year 6 children living in urban areas was 19.6% compared with 16.0% and 15.4% living in town and village areas respectively. (National Child Measurement Programme, Health and Social Care Information Centre 2013).

Girls in the highest income quintile were least likely to be obese (5% in the highest quintile as opposed to 13% to 22% in the other 4 quintiles). Boys in the lowest income quintile were most likely to be obese (25% in the lowest quintile as opposed to 9% to 17% in the other 4 quintiles). (Statistics on Obesity, Physical Activity and Diet: England 2013 Health and Social Care Information Centre).

A strong positive relationship exists between deprivation (as measured by the 2010 IMD score) and obesity prevalence for children in each age group. Among Reception children attending schools in areas in the least deprived decile the obesity prevalence was 6.4% compared with 12.1% among those attending schools in the most deprived decile. Similarly, obesity prevalence among Year 6 children attending schools in the least deprived decile was 13.0% compared with 24.2% among those attending schools in the most deprived decile. (National Child Measurement Programme, Health and Social Care Information Centre 2013).

Race

Obesity prevalence was significantly higher than the national average for children in both school years in the ethnic groups ‘Black or Black British’, ‘Asian or Asian British’

'other ethnic group' and 'mixed'. Obesity prevalence was significantly lower than the national average for children in both years in the 'White' ethnic group; and for 'Chinese' in Reception. (National Child Measurement Programme, Health and Social Care Information Centre 2013).

All of these equality issues will be discussed as part of the development of the quality standard.

The provision of alternative formats of the 'Information for the public (IFP)' was considered and it was decided none were necessary for this topic.

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 topic overview and request for areas of quality improvement will be published and wider stakeholder comment invited, including from those with a specific interest in equalities.

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 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?

Not applicable at this stage.

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?
Not applicable at this stage.