

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE Centre for Guidelines

Indicator development programme

Equality and health inequalities assessment (EHIA)

IND271 Smoking: cessation success in people with bipolar, schizophrenia and other psychoses

The considerations and potential impact on equality and health inequalities have been considered throughout the indicator development, process according to the principles of the NICE equality policy and those outlined in [Indicators process guide](#).

STAGE 1. Consultation

1.1 What approaches have been used to identify potential equality and health inequalities issues during indicator development?

This indicator has been developed because it is known that there is a higher prevalence of smoking in people with severe mental illness than in the general population.

Public Health England (2018) [Severe mental illness \(SMI\) and physical health inequalities briefing](#):

People with SMI are at a greater risk of poor physical health and have a higher premature mortality than the general population. People with SMI in England:

- die on average 15 to 20 years earlier than the general population
- have 3.7 times higher death rate for ages under 75 than the general population
- experience a widening gap in death rates over time.
- It is estimated that for people with SMI, 2 in 3 deaths are from physical illnesses that can be prevented. Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes and hypertension.

1.2 What potential equality and health inequalities issues have been identified during indicator development?

1) Protected characteristics outlined in the Equality Act 2010

Age: None identified

Disability: Smoking prevalence is higher in people with severe mental illness than in the general population, meaning they are more likely to experience physical health issues caused by smoking.

Gender reassignment: None identified

Pregnancy and maternity: None identified

Race: None identified

Religion or belief: None identified

Sex: None identified

Sexual orientation: None identified

2) Socioeconomic status and deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income) None identified

3) Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south) None identified

4) Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking) None identified

1.3 How have the committee's considerations of equality and health inequalities issues identified in 1.2 been reflected in the indicator?

This indicator has been developed to reduce the health inequalities experienced by people with severe mental illness.

1.4 Could any indicators potentially increase inequalities?

No risk of increasing inequalities has been identified.

1.5 Based on the equality and health inequalities issues identified in 1.2 do you have representation from relevant stakeholder groups for the indicator consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

Stakeholders to be consulted include MIND, Rethink Mental Illness and Action on smoking and health.

1.6 Has it been proposed to exclude any population groups from coverage by the indicator? If yes, could these exclusions further impact on people affected by any equality and health inequalities issues identified?

No exclusions proposed.

1.7 What questions will you ask at the stakeholder consultation about the impact of the indicator on equality and health inequalities?

Stakeholders will be asked to comment on the indicator and any impact it may have on equality or health inequalities.

Completed by lead analyst: Eileen Taylor

Date: 23/02/2024

Approved by NICE quality assurance lead: Craig Grime

Date: 23/02/2024

STAGE 2. Final indicator

2.1 How inclusive was the consultation process on the draft indicator in terms of response from groups (identified in box 1.2) who may experience inequalities related to the topic?

Consultation response received from Action on smoking and health who felt the indicator would help to reduce smoking in this population, noting that people with SMI need additional services in place to help support them to stop smoking.

Consultation response from Asthma + Lung UK supporting this indicator.

2.2 Have any **further** equality and health inequalities issues beyond those identified at topic engagement and during development been raised during the consultation on the draft indicator, and, if so, how has the committee considered and addressed them?

No further equality and health inequalities issues were identified at this stage.

- 1) Protected characteristics outlined in the Equality Act 2010
 - Age: None identified by stakeholders or committee
 - Disability: None identified by stakeholders or committee
 - Gender reassignment: None identified by stakeholders or committee
 - Pregnancy and maternity: None identified by stakeholders or committee
 - Race: None identified by stakeholders or committee
 - Religion or belief: None identified by stakeholders or committee
 - Sex: None identified by stakeholders or committee
 - Sexual orientation: None identified by stakeholders or committee
- 2) Socioeconomic status and deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income): None identified by stakeholders or committee
- 3) Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south): None identified by stakeholders or committee
- 4) Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking): None identified by stakeholders or committee.

2.3 If the indicator has changed after consultation, how could these changes impact on equality and health inequalities issues?

No changes have been made that impact equality and health inequalities issues.

2.4 Following the consultation on the draft indicator and response to question 3.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final indicator?

No additional considerations.

2.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final indicator.

No issues to be highlighted. This indicator was developed as there is a known health inequality for this population, ie that smoking rates are higher in people with SMI than in the general population. It is hoped that this indicator will help to reduce this health inequality.

Completed by lead analyst: Eileen Taylor

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Approved by NICE quality assurance lead: Craig Grime

Date: 02/07/2024

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