

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTHY START VITAMINS: SPECIAL REPORT ON COST EFFECTIVENESS

EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in this special report. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected 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.

The form is used to:

- record any equality issues raised in connection with the special report
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on, or if there is no impact, why this is.
- highlight areas where the special report should advance equality of opportunity or foster good relations
- ensure that the special report will not discriminate against any of the equality groups.

Table 1: NICE equality groups

<i>Protected Characteristics</i>
<ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex and sexual orientation • Marriage and civil partnership
<i>Additional characteristics to be considered</i>
<ul style="list-style-type: none"> • Socioeconomic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variation associated with other geographical distinctions (for example, the North-South divide; urban versus rural).</p>
<ul style="list-style-type: none"> • Other <p>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 can be identified depends on the topic and the evidence. The following are examples of groups that may be covered:</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked-after children • Homeless people.

Healthy start vitamins

Healthy Start is a UK-wide, means tested statutory scheme which aims to provide a nutritional safety net for low-income pregnant women, new mothers and for children

under the age of 4 years, who are in receipt of qualifying income-related benefits or tax credits. Pregnant women under the age of 18 are also eligible for the scheme, regardless of whether they receive benefits. The Healthy Start supplements for women consist of tablets containing folic acid and vitamins C and D. The Healthy Start supplements for children consist of drops of vitamins A, C and D. The uptake of the vitamin supplements are known to be poor compared to the uptake of other aspects of the scheme.

In response to a recommendation from the Chief Medical Officer for England, the Department of Health (DH) asked the National Institute for Health and Care Excellence (NICE) to examine the cost effectiveness of moving the Healthy Start vitamin scheme from the current targeted offering to a universal offering.

The impetus for this work was growing concern about the prevalence of disease related to vitamin D deficiency – see the Chief Medical Officer’s annual report for 2012 [Our children deserve better: prevention pays](#) (Department of Health).

In addition, there are concerns about the proportion of women following current advice on folic acid supplementation ([Prevention of neural tube defects: a cross-sectional study of the uptake of folic acid supplementation in nearly half a million women](#) Bestwick et al. 2014).

A cost effectiveness review and economic modelling exercise were produced which formed the basis to the special report. This report does not make recommendations but the equality impact audit has focused on the modelling work and the considerations taken into account by the Expert Reference Group (ERG).

Consideration of equality issues

Equality issue – age
Healthy start vitamins are currently offered to the following eligible groups (those on the qualifying benefits and tax credits):

- Pregnant women (from 10 weeks) regardless of age
- Women with a child aged under 12 months, regardless of the woman's age
- Children aged over 6 months and under 4 years

In addition, all pregnant women aged under 18 (regardless of whether they receive benefits).

The special report on cost effectiveness made a number of considerations in relation to age:

- Two different universal scenarios were considered in the economic modelling. These examined the cost effectiveness of offering the Healthy Start vitamins to various groups not included in the current scheme. Scenario 1 considered offering the supplements to everyone in the current target group but on a universal basis regardless of income and qualifying benefit and tax credits.
- Scenario 2 considered extending the Healthy Start vitamin scheme to two additional age groups to reflect the CMO recommendations for vitamin D. In this scenario, Healthy Start vitamins are offered to various groups not included in the current scheme.
 - Infants aged 0-6 months (compared with providing for those aged over 6 months)
 - Children aged from 6 months to 5 years i.e. children between their 4th and 5th birthday (compared with providing them until their 4th birthday)
- This reflects:
 - The 2012 UK Chief Medical Officers' recommendation that all pregnant and breastfeeding women and infants and young children aged from 6 months to 5 years take a daily supplement of vitamin D ([VitaminD – advice on supplements for at risk groups](#)).
 - Infants aged 0–6 months are also included in this scenario to reflect UK dietary recommendations for vitamin D supplementation of

breastfed babies whose mothers have not taken vitamin D supplements during pregnancy. It is also recommended that formula-fed infants who may be receiving less than 500 ml/day infant formula are given vitamin D supplements.

- In the economic model, all pregnant women aged 18 and under were included, regardless of income as these qualify for Healthy start vitamins.
- In the economic model, matched national survey data for each age group were used. Where the national survey data didn't exactly match the age groups in the model, the ERG agreed the closest match should be used. Where data was taken from more than one survey for example to take account of the age range of the children it was weighted to ensure the data was as representative as can be.

Equality issue: disability

The special report on cost effectiveness considered the benefits of offering Healthy Start vitamin supplements universally. The ERG noted the difficulties of currently accessing the vitamins through a convenient location for beneficiaries of the scheme in general and that a universal scheme may improve ease of access for all and in particular for those with disabilities. The ERG agreed that a universal scheme would facilitate access to the scheme in other populations groups, such as those with a disability, and encourage greater take up. Also a universal scheme without a complicated assessment process may encourage uptake by those with learning disabilities or poor literacy skills.

Equality issue: Gender reassignment

No equality issue was identified.

Equality issue: Pregnancy and maternity

Healthy start vitamins are currently offered to the following eligible groups (those on the qualifying benefits and tax credits):

- Pregnant women (from 10 weeks)
- All pregnant women aged under 18 (regardless of whether they receive benefits)
- Women with a child aged under 12 months

The special report on cost effectiveness made a number of considerations in relation to this equality group:

- One of the primary aims of this work was to encourage the uptake of the Healthy Start vitamins and reduce the prevalence of vitamin D deficiency in this equality group. Furthermore, there is a need to increase the proportion of women of child bearing age following current advice on folic acid supplementation to reduce the risk of their baby being born with a neural tube defect.
- Two different universal scenarios were considered in the economic modelling. These examined the cost effectiveness of offering the Healthy Start vitamins to various groups not included in the current scheme. Scenario 1 considered making the supplements universally available to all pregnant women from 10 weeks and all women with a child aged less than 12months, regardless of their income and whether they receive the current qualifying benefits and tax credits. Scenario 2 considered extending the Healthy Start vitamin scheme to two additional pregnancy and maternity groups:
 - All women planning a pregnancy
 - Women less than 10 weeks pregnant
- This reflects UK dietary recommendations that advise women planning a pregnancy and those in the first 12 weeks of pregnancy to take a 400 microgram/day folic acid supplement.

Equality issue: race

Healthy Start vitamins are available to all eligible groups regardless of race in both

the current scheme and in the universal scenarios modelled for this special report.

Data from the Born in Bradford (BiB) study was used in a scenario analysis as part of the economic modelling. The BiB study is a long term study of 13,857 children born at Bradford Royal Infirmary between April 2007 and June 2011. The study collected information about pregnant mothers' vitamin supplement use. Participants from this cohort are 60% Black and Minority Ethnic Groups (BMEG) groups, which allows a useful comparison with the national Infant Feeding Survey where the proportion of BMEG participants is lower.

The Healthy Start vitamins for women and children contain vitamin D. People with darker skin, for example, people of African, African–Caribbean and South Asian origin, are at increased risk of vitamin D deficiency. The ERG agreed that extending Healthy Start vitamins to a universal scheme would particularly benefit women and children from black and minority ethnic groups, especially those currently not eligible for the scheme.

The ERG also noted that a universal scheme may not require a complicated application process which may encourage greater uptake by those for whom English is not a first language.

Equality issue: religion

Equality issues will be as race, please see above. Healthy Start vitamins are available to all eligible groups regardless of religion in both the current scheme and in the universal scenarios modelled for this special report. Healthy Start vitamins are also suitable for vegetarian and halal diets.

Equality issue: sex

Equality issues will be as pregnancy and maternity, please see above.

Equality issue: sexual orientation/ marriage and civil partnership

The eligibility for the Healthy Start vitamins scheme is not affected by sexual orientation or marital status in the current scheme or in the universal scenarios

modelled for this special report.

Equality issue: Socioeconomic status

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. The modelling exercise considered making the vitamin supplements universally available to everyone regardless of their income or whether they were in receipt of the qualifying benefits or tax credits.

The special report on cost effectiveness made a number of considerations in relation to this equality group:

- The ERG considered the benefits of a universal scheme. The ERG agreed that those in need, would benefit the most from a universal scheme. This would include those on a low income but who are not currently eligible for the Healthy Start supplements.
- Furthermore, extending to a universal scheme may help improve awareness of the scheme, improve access to it and may also overcome any stigma associated with scheme and encourage greater take up by those who are currently eligible.
- During the economic modelling the local costs of administering the scheme were determined. The model was populated with data from 2 specific geographical areas. However the ERG were aware that the data collated may not be representative of others areas and noted that costs may vary from rural to urban areas.

Equality issue: Other

Refugees and asylum seekers

- Refugees and asylum seekers may be from populations with darker skin and therefore could be an at-risk group for vitamin D deficiency. However under the current arrangements for the Healthy Start scheme, asylum seekers are not eligible to receive Healthy Start vitamins as they are not eligible for the

qualifying benefits or tax credits. The ERG noted that a universal scheme may have the potential to overcome this barrier to accessing the scheme.

Equality issue: Other

- Looked After Children

No specific consideration was made for this group however the ERG agreed that this group may benefit from a universal Healthy Start vitamin scheme.