NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CENTRE for PUBLIC HEALTH
Equality impact assessment
NG6 Excess winter deaths and morbidity and the health risks associate with cold homes

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 each stage of the guideline production process. 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.

This form should be initiated during scoping for the guidance, revised after consultation and finalised before guidance is published. It will be signed off by NICE at the same time as the guidance, and published on the NICE website with the final guidance. The form is used to:

- record any equality issues raised in connection with the guidance by anybody involved
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guidance should advance equality of opportunity or foster good relations
- ensure that the guidance will not discriminate against any of the equality groups.
### Table 1: NICE equality groups

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age</td>
</tr>
<tr>
<td>• Disability</td>
</tr>
<tr>
<td>• Gender reassignment</td>
</tr>
<tr>
<td>• Pregnancy and maternity</td>
</tr>
<tr>
<td>• Race</td>
</tr>
<tr>
<td>• Religion or belief</td>
</tr>
<tr>
<td>• Sex Sexual orientation</td>
</tr>
<tr>
<td>• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional characteristics to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Socioeconomic status</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>• Other</td>
</tr>
<tr>
<td>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 guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</td>
</tr>
<tr>
<td>• Refugees and asylum seekers</td>
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<tr>
<td>• Migrant worker</td>
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<tr>
<td>• Look-after children</td>
</tr>
<tr>
<td>• Homeless people.</td>
</tr>
</tbody>
</table>
1. Scoping

1. Have any potential equality issues been identified during the scoping process (development of the scope or discussion at the Committee meeting), and, if so, what are they?

- In the draft scope, the 'groups that will be covered' included children and young people aged 25 and under, adults aged 60 and over, and others living in the same households as these groups. During the consultation on the scope, stakeholders raised concerns that people aged 26-59 may also be vulnerable to the effects of the cold, particularly if they have disabilities or long term chronic conditions which could potentially be exacerbated by living in cold homes. In addition, stakeholders noted that people with disabilities or long term chronic conditions may spend more time in the home and may have to spend more on heating as a result. Other groups within this age category which may spend more time at home include those who are unemployed, carers and students.

- During the consultation on the scope, stakeholders raised the issue of people who live in ‘hard to heat homes’ such as mobile homes and noted that privately rented or owned homes may be less well insulated and equipped with less efficient heating than social housing. Committee members also noted in their discussions that prefabricated homes and large, older properties where home improvements may be restricted due the property being ‘listed’, may be similarly affected.

- During the consultation on the scope, stakeholders also raised the issue of vulnerability to the cold among the homeless population, those in temporary accommodation and migrant communities.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee? (If there are exclusions listed in the
The committee acknowledged that vulnerability to adverse health effects of living in cold homes may occur across all ages, in particular among people who have a long term chronic condition, or disability. They also recognised that type of housing is an important factor in determining how easy or difficult it can be to heat. These issues were therefore addressed in the final scope as outlined below.

Concerns raised by stakeholders about the homeless population, people living in temporary accommodation and migrant communities were noted. A review of ‘factors determining vulnerability to winter and cold weather’ was commissioned. The Committee discussed the fact that cold weather adversely affects homeless people (including those living in ‘non-typical’ forms of accommodation such as mobile homes). However, to address these needs a different evidence base would need to be examined and this would be better addressed in a separate guideline. So this guideline does not include recommendations aimed at people who are homeless or not living in permanent structures that meet basic building control regulations.

3. Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues?

- In the final scope, the population was changed to ‘everyone’ but with a particular focus on those aged 25 and under, adults aged 60 and over and people with a disability or long term health condition.

- Also in the final scope it was made explicit that interventions for those living in ‘hard to heat’ homes would be included.

4. Are there any language or communication needs
2. Consultation document

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

- The reviews which informed the development of the guideline, included the whole population, but focused in particular on those aged 25 and under, adults aged 60 and over and people with a disability or long term health condition.

- The first review to inform the development of the guideline focused on identifying factors which determine people’s vulnerability to winter and the cold. It considered which groups are more vulnerable to cold temperatures, and poorly heated or expensive to heat homes. It looked at how factors that contribute to vulnerability interact with each other and sought to identify variation by factors such as age, gender, ethnicity, socioeconomic group, living in rural areas, housing type, and whether households are living in fuel poverty.

- Subsequent reviews considered effective interventions to address cold homes and how they are best delivered, in particular among the identified vulnerable groups such as those with long term chronic conditions, and those living in fuel poverty for example.

- The committee also heard expert testimony from eight experts. These focused on filling gaps in the evidence, with some considering the needs of particular population subgroups vulnerable to the effects of cold homes and others focusing on strategies and initiatives being conducted at both a national and local level to address those needs. These included expert testimony on:
  - Alzheimer’s, dementia and excess winter mortality
The draft recommendations focused on identifying those vulnerable to adverse health effects of the cold and on interventions to reduce excess winter deaths and morbidities. They also focused on reducing fuel poverty, fuel debt and risk of disconnection from fuel supplies including by self-disconnection.

2. Have any other potential equality issues been raised in the draft Guidance, and, if so, how has the Committee addressed these?

No

3. Do the preliminary recommendations make it more difficult in practice for a specific group to access any recommended services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No. The draft recommendations focused on enabling people who are currently disproportionately vulnerable to the effects of cold homes to be identified and supported in accessing relevant services.

4. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in question 3, or otherwise fulfil NICE’s obligation to promote equality?

Not applicable

5. Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?

Yes, in the ‘Context’, ‘Considerations’ and ‘research recommendations’ sections of the draft guideline.

3. Final Public Health Guidance document

1. Have any potential equality issues raised in section 2 been addressed by the Committee and if so, how?

Equality issues raised were addressed in the draft guideline as described above.

2. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

Potential equality issues were raised during consultation and discussed by the committee. These included protected characteristics and specific factors relating to
the topic under consideration. New issues raised were:

- Age. Vulnerability of those aged 75+ and newborn babies. As over 75s were already included in the list of vulnerable groups this was not changed, however emphasis on newborn babies was added.

- Disability. Particular needs of people with language, learning and sensory disabilities were raised. This was added to recommendation 3.

- Gender reassignment. The need to consider this group as being 'hard to reach' was raised. This is addressed in recommendations which focus on identifying at risk groups locally and tailoring information appropriately.

- Pregnancy and maternity. Pregnant women were identified as being particularly at risk and were included in the list of vulnerable groups.

- Race. Stakeholders supported the approach to this issue in the draft guideline. Emphasis on the possible link between poor housing quality and ethnicity was added to the considerations. Language and literacy needs were also addressed in recommendation 3.

- Socio-economic status:
  - low income. Stakeholders supported the approach taken in particular with respect to uptake of benefits and maximising income. Clarification around fuel debt and fuel poverty was added. Stakeholders raised issues of off grid fuel costs. Collective purchasing schemes were added to recommendation 3 as an example to address this.
  - Rural vs urban: differences in rural and urban properties were emphasised by stakeholders. The committee felt that these are not exclusive issues and felt that the amended recommendations addressed these issues appropriately.

- Other:
  - Refugees – the risk related to living in temporary or emergency accommodation was raised. The problems experienced by recent
immigrants is discussed in the considerations section.

- Dwelling characteristics – hard to treat properties. The issue of properties which are hard to treat was raised by stakeholders. The view of the committee was that the significant issue from a health perspective was properties which were hard to heat. This discussion was added to the glossary.

- Access to new technologies. Issues of the cost of access to referral services via mobile phones was raised. Recommendation 2 includes the need for access to be via a free phone number.

3. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access any recommended services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

4. If the recommendations 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 identified in questions 2 and 3, or otherwise fulfil NICE’s obligations to promote equality?

See section 2 above

5. Have the Committee’s considerations of equality issues been described in the final Public Health Guidance document, and, if so, where?

Yes. See ‘what this guideline is about’, ‘considerations’ and ‘context’ sections
Approved by Centre or Programme Director: …Professor Mike Kelly…………………………

Date: 17/12/2014