

Durham County Council Equality Impact Assessment

NB: The Public Sector Equality Duty (Equality Act 2010) requires Durham County Council to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people from different groups. Assessing impact on equality and recording this is one of the key ways in which we can show due regard.

Section One: Description and Screening

Service/Team or Section	Children & Adult Services – Public Health
Lead Officer	Gill O'Neill
Title	Co Durham Oral Health Strategy
MTFP Reference (if relevant)	
Cabinet Date (if relevant)	
Start Date	07.06.16
Review Date	Sep 2016

Subject of the Impact Assessment

Please give a brief description of the policy, proposal or practice as appropriate (a copy of the subject can be attached or insert a web-link):
<p>Oral Health Improvement Programmes</p> <p>Oral health is important for general health and wellbeing. Poor oral health can affect someone's ability to eat, speak, smile and socialise normally, for example due to pain or social embarrassment¹.</p> <p>Oral health problems include gum (periodontal) disease, tooth decay, tooth loss and oral cancers. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.</p> <p>With the fragmentation of the NHS in April 2013 the responsibility for dental services and oral health dispersed across various organisations. Local authorities have a responsibility for the planning, commissioning and evaluating oral health improvement programmes.</p> <p>Within the latest public health NICE guidance 'Oral health: approaches for local</p>

¹ NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

authorities and their partners to improve the oral health of their communities'; there are 21 recommendations for health and wellbeing boards to consider, one of which is the development of an oral health strategy.

An oral health strategy for County Durham has been developed by a multi-disciplinary steering group based on NICE 'Oral health: approaches for local authorities and their partners to improve the oral health of their communities'. It is essential at a time of austerity that a new strategy and action plan is designed which is deliverable within existing resources. Public consultation on the proposed strategy will take place from 18th April to 21st May 2016.

This Impact Assessment reviews the equality impact of the Oral Health Strategy for County Durham including engagement methods with diverse communities.

Who are the main stakeholders? (e.g. general public, staff, members, specific clients/service users):

The main stakeholders of this strategy are:

- The general public
- Elected members
- Local Dental Network
- NHS England
- Pharmacists
- County Durham and Darlington Foundation Trust (CDDFT)
- Health & Well-being Board
- Community Well-being partnership

Screening

Is there any actual or potential negative or positive impact on the following protected characteristics?

Protected Characteristic	Negative Impact Indicate: Y = Yes, N = No, ? = unsure	Positive Impact Indicate: Y = Yes, N = No, ? = unsure
Age	N	Y
Disability	N	Y
Marriage and civil partnership (workplace only)	N	N
Pregnancy and maternity	N	Y
Race (ethnicity)	N	N
Religion or Belief	N	N

Sex (gender)	N	N
Sexual orientation	N	N
Transgender	N	N

Please provide **brief** details of any potential to cause adverse impact. Record full details and analysis in the following section of this assessment.

N/A

How will this policy/proposal/practice promote our commitment to our legal responsibilities under the public sector equality duty to:

- eliminate discrimination, harassment and victimisation,
- advance equality of opportunity, and
- foster good relations between people from different groups?
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Vulnerable groups in society are also more likely to suffer from poor oral health. NICE guidance² identifies a list of vulnerable groups who require specific support to improve their oral health. These include those who are:

- Socially isolated
- Older and frail
- Physical or mental disabilities
- From lower socio economic groups
- Live in disadvantaged areas
- Smoke or misuse substances (including alcohol)
- Have a poor diet
- Some Black, Asian and minority ethnic groups
- In care or have been in care

An aim of the oral health programme will be to improve oral health for vulnerable groups and reduce health inequalities between different communities.

Proposed schemes will target areas of need dependant on recent oral health data and will have a positive impact. As a consequence of this however, some geographic areas (of a lesser need) will not be covered by schemes. The specific roll out of any initiatives is still being developed with possible providers, and will hopefully be delivered within existing service provision.

² NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

Evidence

What evidence do you have to support your findings?
Please **outline** your data sets and/or proposed evidence sources, highlight any gaps and say whether or not you propose to carry out consultation. Record greater detail and analysis in the following section of this assessment.

Children's tooth decay at age 5 in County Durham in 2011/12 (0.93%) was not significantly different to England (0.94%) and was lower than the North East (1.02%). However, there are wide variations in the oral health of 5 year old children across areas of the county which are strongly linked to areas of deprivation.

Vulnerable groups in society are also more likely to suffer from poor oral health. NICE guidance³ identifies a list of vulnerable groups who require specific support to improve their oral health. These include those who are older and frail. A recent local evaluation completed within County Durham care homes⁴ has identified the complex oral health care needs of those living in residential care. The system must come together to support this vulnerable group and reduce escalating costs which are preventable. Activity will be targeted at local care home provision and attempt to integrate oral health into their daily care routine.

Additional evidence sources

- NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE
- Ahmad, B., 2015 oral health care provision for the elderly in residential care homes in County Durham: An evaluation of need and strategy document
- Glazer Peres, K et al (2015) Exclusive Breastfeeding and Risk of Dental Malocclusion. Pediatrics
- Viggiano D et al (2004). Breastfeeding, bottle feeding, and non-nutritive sucking; effects on occlusion in deciduous dentition. Arch Dis Child 89: 1121-1123

Screening Summary


On the basis of this screening is there:	Confirm which refers (Y/N)

³ NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

⁴ Ahmad, B., 2015 oral health care provision for the elderly in residential care homes in County Durham: An evaluation of need and strategy document

Evidence of actual or potential impact on some/all of the protected characteristics which will proceed to full assessment?	Y
No evidence of actual or potential impact on some/all of the protected characteristics?	N

Sign Off

Lead officer sign off: 	Date: 07.06.16
Service equality representative sign off:	Date:

If carrying out a full assessment please proceed to section two.

If not proceeding to full assessment please return completed screenings to your service equality representative and forward a copy to equalities@durham.gov.uk

If you are unsure of potential impact please contact the corporate research and equalities team for further advice at equalities@durham.gov.uk

Section Two: Data analysis and assessment of impact

Please provide details on impacts for people with different protected characteristics relevant to your screening findings. You need to decide if there is or likely to be a differential impact for some. Highlight the positives e.g. benefits for certain groups, advancing equality, as well as the negatives e.g. barriers for and/or exclusion of particular groups. Record the evidence you have used to support or explain your conclusions. Devise and record mitigating actions where necessary.

Protected Characteristic: Age		
What is the actual or potential impact on stakeholders?	Record of evidence to support or explain your conclusions on impact.	What further action or mitigation is required?
To allow us to explore programmes, partnership work and commissioning implications strategic actions are based around the following 'settings': <ul style="list-style-type: none"> • Early years • Primary school (age 5 – 11 years) • Workplace and community • Vulnerable groups 	Children: Data from the last large scale dental survey (2012) of five year old children's oral health in County Durham shows wide variations in dental disease experience between different wards, from 61% of children having had decay experience in Woodhouse Close (Bishop Auckland) to just 6% in Chester-Le-Street South. This	In relation to children, the dominant factor is linked to deprivation. As such any activity will be based on both the socio economic status and the health needs of that locality.

<p>(children and adults at high risk of poor oral health)</p> <p>This will allow the strategy to develop age appropriate approaches. For example, approaches intended to instigate oral health training for care home staff. This will have a positive impact upon those who receive it.</p> <p>There are a large range of initiatives targeted towards children, young people and families, especially those in deprived areas which should have a positive impact.</p>	<p>highlights a need to narrow the gap in oral health inequalities.</p> <p>Adults: The best data available on adult dental health is from the national adult health survey which took place in 2009. The smallest geography available is at a North East level. The survey showed that 92% of the North East population had some teeth. 82% had 21 or more teeth which is the limit allowed by dentists to demonstrate functionality. 65% of North East residents participating in the survey reported regular dental attendance above the England average of 61%.</p> <p>A recent local evaluation completed within County Durham care homes⁵ has identified the complex oral health care needs of those living in residential care.</p>	
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Protected Characteristic: Disability		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
<p>Evidence shows that vulnerable groups such as those living with a disability often require additional support. As such NHS England already have the responsibility to deliver activity within SEND settings, to promote and protect the oral health of this group. This strategy intends to deliver oral health promotion to those outside of this group, who may not currently have a</p>	<p>NHS England currently delivers oral health promotion activities, and dental treatment to those within SEND settings. Their commissioned activity is outside this strategy.</p>	<p>NHS England are part of the strategy development group, and are key stakeholders within the oral health community. They are committed to the future delivery of this strategy alongside their commissioned responsibilities.</p>

⁵ Ahmad, B., 2015 oral health care provision for the elderly in residential care homes in County Durham: An evaluation of need and strategy document

unified offer regarding oral health. This strategy does not seek to replicate current activity contractually delivered by stakeholders.		
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Protected Characteristic: Marriage and civil partnership (workplace only)		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
N/A		

Protected Characteristic: Pregnancy and maternity		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
Strategic actions to promote and increase breastfeeding through positive and supportive engagement with new mothers. Actions include 'Breastfeeding Friendly' venues to have UNICEF accreditation.	<p>Non-nutritive sucking and bottle feeding affect dental occlusion. Viggiano D et al (2004). Breastfeeding, bottle feeding, and non-nutritive sucking; effects on occlusion in deciduous dentition. Arch Dis Child 89: 1121-1123</p> <p>A retrospective study from Italy among of 1,130 preschool children has found that non-nutritive sucking and bottle feeding can have a substantial effect on dental occlusion.</p> <p>Breastfeeding and risk of malocclusion. Glazer Peres, K et al (2015) Exclusive Breastfeeding and Risk of Dental Malocclusion. Pediatrics The authors conclude that promoting exclusive breastfeeding up to 6 months of age to prevent childhood</p>	No further action. Breastfeeding is already a strategic action within DCC and partnership work is ongoing with CDDFT.

	diseases and disorders, should be an effective population strategy to prevent malocclusion.	
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Protected Characteristic: Race (ethnicity)		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
Oral health harm has the potential to affect all communities therefore the strategy is relevant to all groups. There are no interventions specific to race.		

Protected Characteristic: Religion or belief		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
Oral health harm has the potential to affect all communities therefore the strategy is relevant to all groups. There are no interventions specific to religion or belief.		

Protected Characteristic: Sex (gender)		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
Oral health harm has the potential to affect all communities therefore the strategy is relevant to all groups. There are no interventions specific to sex (gender).		

Protected Characteristic: Sexual orientation		
What is the actual or potential impact on	Explain your conclusion considering relevant evidence	What further action or mitigation is

stakeholders?	and consultation	required?
Oral health harm has the potential to affect all communities therefore the strategy is relevant to all groups. There are no interventions specific to sexual orientation.		

Protected Characteristic: Transgender		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
Oral health harm has the potential to affect all communities therefore the strategy is relevant to all groups. There are no interventions specific to transgender.		

Section Three: Conclusion and Review

Summary

Please provide a brief summary of your findings stating the main impacts, both positive and negative, across the protected characteristics.
<p>The strategy aims to have a positive impact across the protected groups in particular for younger age groups and vulnerable adults. Additionally there will be positive impacts in terms of disability and for new breastfeeding mothers (maternity). This impact assessment will be updated with the public consultation results.</p> <p>A six week public consultation took place 1st August – 12th September 2016. Consultation feedback indicated significant support for the Oral health Strategy and its aims to improve oral health in county Durham.</p>
Will this promote positive relationships between different communities? If so how?
An aim of the Oral health strategy for County Durham is to reduce health inequalities between different communities. Activity will be based on both the socio economic status and the health needs of that locality.



Action Plan

Action	Responsibility	Timescales for implementation	In which plan will the action appear?
Public consultation 1.08.16 to 12.09.16.	CW	1.08.16 to 12.09.16. COMPLETE	N/A
Reasonable adjustments made for the consultation where required and updated EIA submitted for approval.	CW	September 2016 COMPLETE	N/A
Strategy Monitoring working group to monitor on an annual basis.	CW	N/A	N/A

Review

Are there any additional assessments that need to be undertaken? (Y/N)	N
When will this assessment be reviewed? Please also insert this date at the front of the template	March 2018

Sign Off

Lead officer sign off: 	Date: 07/06/16
Service equality representative sign off: 	Date: 30.09.16

Please return the completed form to your service equality representative and forward a copy to equalities@durham.gov.uk