

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CENTRE for PUBLIC HEALTH Equality Impact Assessment

PH55 Oral health improvement

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

<p>Protected Characteristics</p> <ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex Sexual orientation • Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
<p>Additional characteristics to be considered</p> <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 guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant worker • Look-after children • Homeless people.

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?

None in relation to the nine protected characteristics. However, some stakeholder organisations wanted this guideline to address population level oral health (e.g. a set of national level recommendations). The remit of the scope was to develop guidance for local authorities to improve oral health at community level; for all adults, children and young people in their local communities and to identify those most at risk via an oral health needs assessment of local needs. The point was noted and related to the committee, but the scope was not altered.

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 scope (for example, populations, treatments or settings), are these justified?)

Appendix B of the scope outlines the issues the Committee need to take into account and the above issues will be brought to the attention for their consideration.

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

No, points by stakeholders were noted, but the committee agreed unnecessary to alter the scope.

4. Are there any language or communication needs

Oral health improvement – Equality Impact Assessment

No, not relevant to the scope.

2. Consultation document

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

No further equality issues were identified during the scoping process.

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.

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?

No.

Oral health improvement – Equality Impact Assessment

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

Yes. Section 4, sets out the considerations of the committee and issues related to inequality are discussed here.

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?

Yes.

The committee has carefully considered issues around language, communication and access to services for groups that may be culturally and linguistically diverse; also taken into account are particular settings that may reflect socioeconomic status differences but where there is currently little or no information about oral health (e.g. manufacturing industry).

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

Yes and it should be noted these issues separate and in addition to the protected characteristics set out in the Equality legislation.

The committee noted concerns raised by stakeholders that recommendations should be applied to all local populations (universal approaches) not targeted at those who may be a high risk of poor oral health (e.g. for children, school supervised tooth brushing and fluoride varnish applications). The committee debated these suggestions but agreed that the final recommendations, which include both universal and targeted approaches, were completely in keeping with the Marmot report that 'Universal action is needed to reduce the steepness of the

Oral health improvement – Equality Impact Assessment

social gradient of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage’.

During guideline development, despite a call for evidence, there was insufficient evidence to support recommending some interventions universally, across all local populations. The focus of the work remained therefore on identifying and supporting groups at high risk of poor oral health. With regard to fluoride varnish and supervised tooth brushing, the wording of the final recommendations was carefully considered, and the committee decided to recommend local authorities ‘consider’ both interventions. The status of the recommendations allows for local authorities to implement all or some of the recommendations as their resources and capacity permit.

Stakeholders were also concerned that oral health of vulnerable adults was not sufficiently highlighted in the draft guideline, the structure of the final guideline was altered and wording for recommendations for vulnerable adults amended and strengthened. Links to guidelines in development about oral health in residential and nursing care were also included.

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?

No

5. Have the Committee’s considerations of equality issues been described in

Oral health improvement – Equality Impact Assessment

the final Public Health Guidance document, and, if so, where?

Yes, these are discussed in section 4 which sets out the committees considerations.

Approved by Centre or Programme Director: Professor Mike Kelly

Date: 14/10/14