7.2.1 Oral health (Children & young people)  Brighton & Hove JSNA

Why is this issue important?

Tooth decay is the most common oral disease affecting children and young people (CYP) in England, yet it is largely preventable. While children’s oral health has improved over the last 20 years, almost a quarter (24.7%) of five year olds still had tooth decay in 2015.¹

Poor oral health impacts upon children and families’ wellbeing. It can lead to absence from school and the need for parents to take time off work to take children to the dentist. Oral health is an integral part of overall health; when children are not healthy it affects their ability to learn, thrive and develop. Good oral health can also contribute to school readiness.² Nationally dental extractions due to tooth decay are the top cause of hospital admissions for 5-9 year olds.²

Poor oral health may be indicative of dental neglect and wider safeguarding issues.² The risk factors for poor oral health include a frequent and high sugar diet, which is also common to diabetes and obesity. Topical fluoride such as in toothpastes, varnishes and mouth rinses helps to prevent tooth decay.²

Key outcomes

- **Tooth decay in children aged five (Public Health Outcomes Framework)**
- **Ensuring people have a positive experience of care – Patient experience of NHS Dental Services (NHS Outcomes Framework)**
- **Ensuring people have a positive experience of care - Improving access to NHS Dental Services (NHS Outcomes Framework)**

Impact in Brighton & Hove

The oral health of children in Brighton & Hove is measured through a series of nationally co-ordinated epidemiological surveys for three, five and twelve year olds. The requirement of positive consent from parents for their children to be part of the survey means the findings should be treated with caution due to the possibility of bias (as well as the small sample size).

| Definitions |
|-------------|-------------------------------------------------|
| Mean $d_3mft$ – average number of obviously decayed, missing (due to decay) and filled teeth per child |
| % $d_3mft>0$ – percentage of children with decay experience |
| Care Index % - Proportion of teeth with decay that have been filled |

Three year olds survey: The first national three year olds survey was conducted in 2012/2013 in nurseries (private and state), nursery classes attached to schools and playgroups. For the first time data was included on early childhood caries. This is an aggressive form of decay that affects upper incisors and can be rapid and extensive in attack. It is associated with long term bottle use with sugar-sweetened drinks, especially when given overnight or for long periods of the day.

In Brighton & Hove 15% of those examined had evidence of decay, compared to 12% in England and a higher proportion of three year olds had early childhood caries (Table 1).³

Table 1: NHS Dental Epidemiological Programme for England. 2012/13 Survey of 3 year old children, Brighton & Hove and England

<table>
<thead>
<tr>
<th></th>
<th>Brighton &amp; Hove</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 year old population (2012)</td>
<td>2,966</td>
<td>665,744</td>
</tr>
<tr>
<td>Examined</td>
<td>69</td>
<td>53,814</td>
</tr>
<tr>
<td>%dmft&gt;0</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Mean $d_3mft$ including incisors</td>
<td>0.45</td>
<td>0.36</td>
</tr>
<tr>
<td>% with early childhood caries</td>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Public Health England. Dental Public Health Intelligence Programme

Five year olds survey: The most recent data for five year old children is based on the 2014/15 survey.

7.2.1 Oral health (Children & young people)

Since the 2011/12 survey the proportion of five year old children in Brighton & Hove with decayed, missing or filled teeth has increased slightly from 12% to 18%, which is lower than the 25% for England. The proportion with decayed teeth that have been filled has increased from 19% to 22%, which is higher than the 12% for England (Table 2).^3

**Tooth extractions in secondary care**

In 2014/15, 296 children aged 19 and under in Brighton & Hove, were admitted to secondary care for dental extraction, of whom 183 (61.8%) had a primary diagnosis of dental caries. There is no trend data available for this measure.

There has however, been a statistically significant increase in hospital admissions for all dental extractions^4 for 5-9 year olds since 2012/13 (Figure 1). It has increased from 0.8% to 1% in 2014/15, but remained at 0.8% in England for this age group. The overall proportion of children being admitted to hospital between 2011/12 and 2014/15 has remained the same as England at 0.5%.

Brighton & Hove has a comparable percentage of children aged 0-19 years having dental extractions in hospital for decay as England (0.3%) and a higher proportion overall than its comparators except for Bristol and Blackpool. In the 5-9 age group, it is slightly higher than England (Brighton & Hove 0.8% and England 0.7%). It is higher than all its comparators, except Bristol (0.5%) and Blackpool (0.9%), in the 0-4 age group at 0.2%^3.

**Access:** As at June 30th 2016, 60% of children aged 0-17 were seen as patients by dentists in the previous 12 months in Brighton & Hove. Out of 325 children in care in Brighton & Hove, 275 (85%) had their teeth checked in 2014.^6

**Where we are doing well**

General Dental Practitioners have implemented Delivering Better Oral Health and are following the prescribed patient care pathways, including the application of fluoride varnish.

In 2014/15, Brighton & Hove had a higher percentage of fluoride varnish applications in its child courses of treatment than Portsmouth, East Sussex and Blackpool local authority comparators and had a similar percentage to Southampton and

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**Table 2: NHS Dental Epidemiological Programme for England for 2014/15, 2011/12 and 2007/08 Surveys of 5 year old children, Brighton & Hove**

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2011/12</th>
<th>2007/08 (positive consent not required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>2,965</td>
<td>2,808</td>
<td>2,407</td>
</tr>
<tr>
<td>Examined (% of sample examined)</td>
<td>170 (54%)</td>
<td>87 (55%)</td>
<td>192 (54%)</td>
</tr>
<tr>
<td>%d_mft&gt;0</td>
<td>18%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Mean d_mft including incisors</td>
<td>0.4</td>
<td>0.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Care Index</td>
<td>22%</td>
<td>19%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Table 3. NHS Dental Epidemiological Programme for England for 2008/9 Survey of 12 year old children, Brighton & Hove**

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Brighton &amp; Hove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>120,642</td>
<td>307</td>
</tr>
<tr>
<td>Examined</td>
<td>89,442 (74.1%)</td>
<td>234 (76%)</td>
</tr>
<tr>
<td>%dmft&gt;0</td>
<td>34%</td>
<td>17%</td>
</tr>
<tr>
<td>Mean dmft</td>
<td>0.74</td>
<td>0.27</td>
</tr>
<tr>
<td>Care Index</td>
<td>47%</td>
<td>68%</td>
</tr>
</tbody>
</table>

**Source:** Public Health England. Dental Public Health Intelligence Programme

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^3 Data with a primary diagnosis of dental caries is only available for 2014/15 but this will be the primary diagnosis for the majority of extractions.


^5 Department for Education. Health care and development assessments of children who have been looked after continuously for at least 12 months. 2014.
7.2.1 Oral health (Children & young people)  
Brighton & Hove JSNA

Bristol (Figure 2). In 2015-16, 37% of children in Brighton & Hove had courses of treatment that included fluoride varnish.7

Figure 1: Children admitted to hospital for all dental extractions, by age band, Brighton & Hove, 2011/12 -2014/15

The specification for the 0-19 years Public Health Community Nursing Service includes a requirement for dental care to be included as part of the 2-2½ years review and for access to dental care to be included in the Reception Years health assessment questionnaire.

Actions to reduce the impact of dental decay in children are being implemented in the city as part of the oral health promotion programme and Public Health Schools Programme. This targets tooth brushing at children’s centres, special schools, and early years settings; breakfast clubs and child health clinics. It also provides awareness training for the wider workforce and works with the Public Health Schools Programme to promote oral health.

Local inequalities

Children living in deprived communities have poorer oral health than those living in more affluent communities. They are more likely to eat diets that are high in fat, sugar and salt, contributing to higher rates of dental caries and obesity, as well as Type 2 diabetes, heart disease and cancer.2

Whilst children in poverty live all across the city, there are concentrations of families living in poverty in East Brighton (36%) and Moulsecoomb and Bevendean wards (37%). Child poverty is also more common among Black and Minority Ethnic groups, Gypsies and Travellers and families with disabilities.9

Predicted future need

The population of 0-17 year olds in Brighton & Hove was 51,249 in 2015. This is projected to increase to 52,595 by 2020 and 53,980 by 2025.11

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Notes:

7.2.1 Oral health (Children & young people)

An unhealthy diet including the consumption of sugary food and drink contribute to both obesity and poor oral health. If obesity continues to increase this is likely to have an impact on the oral health of the population.

**What we don’t know**

Due to the need for positive consent to oral health surveys for children and the small sample sizes, we do not have a comprehensive picture of the prevalence of dental caries in five and twelve year olds.

There is no up-to-date local data describing health inequalities in the oral health of children.

There is a lack of stakeholder, public and patient consultation data.

**Key evidence and policy**

Key interventions for improving oral health in children: make fluoride available; healthy eating; tooth brushing schemes in nurseries and primary schools in areas at high risk; oral health promotion incorporated into all children and young people’s services, including early years; whole school approach; universal and targeted interventions; oral health promotion training for frontline workers; sugar free medication.

These are outlined in:

- Local authorities improving oral health: commissioning better oral health for children and young people[^2]
  

- NICE guidance 55[^12]
  

- and Delivering Better Oral Health: an evidence-based toolkit for prevention.[^13]
  

**Recommended future local priorities**

1. Continue oral health promotion work (including the delivery of tooth brushing and fluoride interventions) with children in a range of settings.

2. Develop the capacity of children and young people’s frontline workers to deliver oral health promotion

3. Continue to develop joint work between the healthy eating/sugar reduction and oral health agendas for children and young people

4. Continue to monitor the outcomes of national epidemiological surveys, and take appropriate follow-up action.

**Key links to other sections**

- Oral health (Adults and older people)
- Child healthy weight
- Education
- Child Poverty

**Last updated**

August 2016
