

Why is this issue important?

Good oral health makes an important contribution to appearance, self-esteem and quality of life.

Missing or decayed teeth and ill-fitting dentures can make people feel self-conscious and lead to loss of confidence and social isolation. The most common oral diseases, tooth decay and periodontal disease (gum disease), can both cause pain and infection as well as eventual tooth loss.¹

There are a number of age related dental problems and complications in later life, including: reduced salivary flow, receding gums, reduced manual dexterity, changes in diet that can increase the risk of tooth decay or loss, as well as reduced mobility making it harder to access dental services.²

Nationally adult oral health has been improving over the last 30 years, so that more people are retaining their teeth for longer. This means that many adults will continue to suffer from dental decay and periodontal disease and will have increasing demands for restorative dentistry.

Key outcomes

Ensuring people have a positive experience of care (NHS Outcomes Framework)

- ***Patient experience of NHS Dental Services***
- ***Improving access to NHS Dental Services***

Impact in Brighton & Hove

There is a lack of local information on adult oral health. Most information on adult dental health is provided by the Office of National Statistics decennial Adult Dental Health Survey. The most recent survey was undertaken in 2009 and although the latest evidence demonstrates that there have been improvements since 1998, the same evidence identifies a serious underlying issue of social inequalities whilst particularly highlighting the link between poverty and oral health.³

Nationally 16-34 year olds have good dental health. 35-44 year olds start to require higher levels of

treatment and 45–54 year olds have significant dental needs as fillings need replacing. By 55–64 years complex dental work is required and levels of periodontal disease increase. More of the 65 plus age group will retain their teeth and require complex restoration work; with increasing numbers requiring domiciliary dental care.

Approximately half the adult population in the city visit the dentist. At 30 June 2016, 107,119 (46.5%) patients aged 18 years and over were seen by a dentist in the previous 24 months.⁴

In the Brighton & Hove City Tracker Survey 2015, 79% of residents said that they were very or fairly satisfied with NHS dentists. Of those who had used NHS dentists recently, 86% were very or fairly satisfied. Satisfaction varied with age with 57% of 55-64 year olds, 40% of 35-54 year olds and 46% of 18-34 year olds were very satisfied with NHS dental staff (all respondents).⁵

Adults may receive dental treatment from three bands of care, each reflecting the complexity of dental care, with band 3 the most complex. In 2013/14 and 2014/15, Brighton & Hove had a higher rate of adult patients per 100,000 requiring the more complex dental band 3 treatment than England. Brighton & Hove had 56,481 patients per 100,000 in 2013/14 and 53,089 in 2014/15 compared to 49,729 and 48,520 per 100,000 for England respectively. In 2014/15 the rate of preventative band 1 treatments was below that for England at 34,542 per 100,000 in Brighton & Hove compared to 40,895 per 100,000 for England.⁴

Poor oral health caused by tobacco, alcohol, diet and nutrition, sunlight, human papilloma virus and immunosuppression can be a risk factor for oral cancer. Between 2012 and 2014, the age standardised rate for oral cancer registrations per 100,000 populations was 21.3 for Brighton & Hove compared to 14.2 for England.⁶ In 2014/15, there

¹ Department of Health. Choosing Better Oral Health. A Health Plan for England. 2005.

² Crosse A. Oral Health in Older People. Consultant in dental Public Health UK. 2013. Cited in East Sussex Oral Health Needs Assessment 2016.

³ NHS Information Centre (2011): Adult Dental Health Survey 2011; available at: <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-healthsurvey-2009--summary-report-and-thematic-series>

⁴ Health and Social Care Information Centre. NHS Dental Statistics. 2014/15.

⁵ Brighton & Hove City Council. City Tracker Results Wave 8. November 2015. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed 16/08/2016]

⁶ Public Health England. Oral Health Profile. <https://fingertips.phe.org.uk/profile/oral-health/data#page/0/gid/1938133054/pat/6/par/E12000008/ati/101/are/E06000043/iid/1206/age/1/sex/4/nn/nn-1-E06000043> [Accessed 07.11.2016]

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were 65 hospital admissions of Brighton & Hove residents for oral cancer and 61 in 2015/16.⁷

Older people in particular are at risk of poorer oral health. There are 38,304 people aged 65 or over in Brighton & Hove, based on 2015 mid-year estimates. This is projected to increase to 39,982 people by 2021.

Older people living in care homes have higher rates of dental decay than the adult population. In 2015 there were 2,326 registered care home beds in the city provided by 29 nursing homes and 81 residential homes.

For those people living in the community, the number of domiciliary dental visits has decreased since 2013/14 from 726 to 642 in 2014/15.⁸

National evidence has found the main barriers to dental care for older people to be: low user/carer perception of need, living alone, cost of services, patients' gender, lack of education, cultural barriers, lack of dental skills in treating the frail elderly and those with dementia. As well as lack of equipment in care homes, transport difficulties and dental anxiety.^{9,10,11}

Evidence from existing surveys in England & Wales has been combined and found:¹²

- Older people living in residential and nursing homes are more likely to have no teeth and less likely to have functioning teeth.
- The majority of residents in care homes with teeth have active decay
- Older people living in their own home have higher rates of dental decay than the general adult population but not as high as those in care homes
- Untreated severe decay is more common in the oldest age groups in all settings and higher than the general adult population

⁷ Brighton & Hove residents all hospital admissions for oral cancer Hospital Episode Statistics 2014/15-2015/16

⁸ Health and Social Care Information Centre. NHS Dental Statistics. 2014/15

⁹ Borreani et al. Improving Access to Dental Care for Older People. Dental Update. June 2010, 37:297-302

¹⁰ Borreani et al. Minimising barriers to dental care in older people. BMC Oral Health. 2008 26;8:7

¹¹ Carsons S, et al. Barriers to providing dental care to older people. Evidence based dentistry, March 2014, vol/is.15/1(14-5), 1462-0049;1476-5446

¹² Public Health England and the British Association for the Study of Community Dentistry. What is known about the oral health of older people in England and Wales? A review of oral health surveys of older people. December 2015.

- Gum disease is most common 65-84 year olds.

The surveys also found that: older people appeared to have a poorer oral health related quality of life; Care Home Managers found it harder to access dental treatment compared to older people at home; often no regular or emergency dental care arrangements existed for care homes, whose residents would find it difficult to access General Dental Practitioners; little is known about access to dental services for older people receiving care at home services but oral hygiene support from staff is more common in care homes than for those receiving care at home or who are hospital inpatients; staff require training on recognising urgent dental problems and how to access emergency care.

Where we are doing well

Sussex Community NHS Foundation Trust's Oral Health Promotion Team has continued to deliver a comprehensive range of oral health promotion activities to vulnerable adults and training for staff. This includes targeted interventions with vulnerable adults: homeless people, people with learning disabilities, substance misuse and mental health problems. It also includes training in oral health awareness for residential and care home staff.

Local inequalities

There are socio-demographic variations in the distribution and severity of oral diseases with vulnerable groups such as older people and homeless people experiencing significant oral health problems.

Older people living in deprived areas are more at risk of having fewer teeth than those in the least deprived areas.¹³

There is no recent data on the oral health of older adults in Brighton & Hove, although a national Dental Health Intelligence Programme survey was being conducted in 2015/16 which should give more information.

The life circumstances of homeless people can mean they are often those most in need of dental services but can face major barriers to treatment.

¹³ Thompson WM. Epidemiology of oral health conditions in older people. Gerodontology 2014; 31 (suppl) 9-16

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These include cost, difficulty keeping appointments, low sense of priority for oral health and a reluctance by dentists to register homeless people who are perceived as problematic.¹⁴

There has been a sharp increase locally in the number of recorded rough sleepers in the city. There were 14 in 2010, rising to 78 in 2015 recorded in the rough sleeper count.¹⁵ Brighton & Hove has the third highest number of rough sleepers in England. These figures are likely to be an under estimate.

The Brighton & Hove Homeless Health Audit in 2014 found that 38% of single homeless participants were registered with a dentist and recommended that access to dental services for homeless people is improved.

The Sussex Community NHS Foundation Trust provides dental services to homeless people. These include a weekly drop-in dental clinic and regular visits by the Oral Health Promotion Team to hostels and homeless day services in the City.

The relationship between ethnicity and dental decay is complex and controversial.¹⁶ Asian adults have been found to have higher levels of gum disease than other ethnic groups.¹⁷ People from Black and Minority Ethnic (BME) groups are less likely to access NHS dental services with barriers including cost, language problems, and mistrust of dentists as well as cultural and religious influences.¹⁸

The Brighton & Hove Gypsy and Traveller Rapid Health Needs Assessment 2012 identified oral health as a priority health condition in the local gypsy and traveller population, due to a high consumption of fizzy drinks and poor oral hygiene.

People with serious mental illness have higher rates of tooth loss, gum disease, dental decay and poorer mouth hygiene than the general

population.¹⁹ The city has a higher prevalence of severe mental illness than England.²⁰

People with disabilities have complex health and care needs associated with poor oral health and less regular contact with dental services.

People with learning disabilities have similar rates of decay as the general population, but are less likely to have functional dentition, have poorer oral hygiene, a greater prevalence and severity of gum disease, higher levels of decay, have less contact with dental services and are less likely to clean their teeth twice a day. Those with profound learning disabilities are more likely to have poorer oral health than those with mild learning disabilities.²¹

Predicted future need

An increasing number of adults in their 50s will have restorative dental needs in the next 20 years.²² Also, as people live longer with their own teeth, there will be more older people living in residential care, nursing homes and the community who will require dental care.

What we don't know

There is no recent public voice available locally.

In the absence of a recent local epidemiological dental survey of adults we do not have up to date local information on the condition of adult teeth in the city.

Dental epidemiological surveys and dental activity data does not report by ethnic group, so there is no local data available. There is also no local data available on the prevalence of dental decay amongst people who have a disability, or those with serious mental health problems.

Key evidence and policy

Oral health: approaches for local authorities and their partners to improve the oral health of their communities; NICE Public Health Guidance 55 October 2014

¹⁴ Department of Health. Homelessness and health. Information Sheet. Number 3: Dental Services. 2005

¹⁵ Street Counts and Estimates of Rough Sleeping in England. Autumn 2010-2015. <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2015>

¹⁶ Race Equality Foundation (2013) Oral Health and Access to Dental Services for people from Black and Minority Ethnic Groups.

¹⁷ Conway D et al.(2007) Dental Caries in 5 year old children attending multi-ethnic schools in Greater Glasgow – the impact of ethnic background and levels of deprivation. Community Dental Health, 24(3):161-5.

¹⁸ Race Equality Foundation (2013) Oral Health and Access to Dental Services for people from Black and Minority Ethnic Groups.

¹⁹ Kisley et al. (2011) Advanced dental disease in people with severe mental illness: systematic review and meta analysis. British Journal of Psychiatry vol./is.199/3(187-93), 0007-1250;1472-1465

²⁰ Health and Social Care Information Centre. Quality and Outcomes Framework. Mental Health 2014/15.

²¹ Scambler M. East Sussex Oral Health Needs Assessment. 2016.

²² NHS Brighton & Hove. Oral Health Needs Assessment.2008.

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Delivering Better Oral Health is an evidence-based toolkit for delivering prevention in dental practices.²³

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf

NICE guideline NG48. Oral health for adults in care homes. July 2016

<https://www.nice.org.uk/guidance/ng48>

Smoke Free and Smiling (Public Health England, 2014)

Valuing People's Oral Health: a good practice guide for improving the oral health of disabled children and adults; Department of Health November 2007

Commissioning guidelines for dental services for older people (British Society for Gerodontology 2006)

Recommended future local priorities

1. Ensure people with long-term conditions requiring residential or domiciliary care, have their oral health needs assessed and have a mouth care plan where appropriate.
2. Improve the access of dental health care to vulnerable groups, including the homeless, older people, substance misusers, people with severe mental health problems, and people with learning disabilities.
3. Improve the oral health care of hospital inpatients.

Key links to other sections

- Oral health (children and young people)
- Healthy weight (adults and older people)
- Ageing well
- Rough sleeping and single homelessness
- Substance misuse (adults and older people)
- Mental health (adults and older people)
- Adults with learning disabilities

Further information

Dental Public Health Intelligence Programme

²³ Public Health England. Delivering Oral Health. An evidence based toolkit. 3rd edition. 2014.

<http://www.nwph.net/dentalhealth/>

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