

2018



# West Sussex Oral Health Needs Assessment in Children and Young People



Health and Wellbeing Board

## Acknowledgements

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## **Glossary**

DH	Department of Health
PHE	Public Health England
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
CCG	Clinical Commissioning Group
ONS	Office of National Statistics
IMD	Index of Multiple Deprivation
PCT	Primary Care Trust
ECC	Early Childhood Caries
BSA	Business Services Authority
BMI	Body Mass Index
SCD	Special Care Dentistry
LDC	Local Dental Committee

## **Executive summary**

Oral health is an important contributor to overall health. It is defined by the Department of Health (DH) as the “standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment”. These basic daily functions impact on general health and wellbeing and can have significant implications on the development of children. A health needs assessment can be defined as a “systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities”. West Sussex County Council has not previously performed an oral health needs assessment. Local Authorities have a responsibility to monitor the standard of dental health within their population and to commission dental public health services.

### **Aims and Objectives**

The aim of the Oral Health Needs Assessment is to inform commissioners and stakeholders of the current standard of oral health in children within West Sussex and the provision of oral health services, which can be used to inform a strategic approach to oral health improvement. This will be achieved through the following objectives:

- To define good oral health and identify common measures used to assess the standard of oral health within a population.
- To use these measures to ascertain the standard of oral health in West Sussex and the variation within different areas of the County.
- To identify whether any variation in the standard of oral health throughout West Sussex can be attributed to particular risk factors.
- To summarise the current services which are commissioned to improve oral health and their distribution throughout the County
- To highlight the priority areas to improve oral health in West Sussex; which will be used to inform a future Oral Health Improvement Strategy.

### **Prevalence of Oral Health Issues**

The standard of oral health in children can be estimated using findings from the national dental surveys conducted by Public Health England (PHE). Based on the last four oral health surveys of five year olds, dental decay nationally has decreased between 2007/08 and 2016/17. The surveys also demonstrate that dental decay is better in West Sussex compared to England and the South East region. However, there is a suggestion that levels of untreated dental decay may have worsened in West Sussex in recent years; as the mean number of teeth with obvious, untreated dental decay ( $d_{3t}$ ) was found to be significantly higher in West Sussex in 2014/15 compared to 2011/12. The subsequent survey in 2016/17 showed a slight improvement compared to 2014/15 but this was not statistically significant. Reviewing the data at a lower tier local authority levels suggested that all the district and boroughs had worsened during this period.

### **The Provision of Dental Services in West Sussex**

NHS Dentistry is the commissioning responsibility of NHS England. The current system around how the NHS contracts dental services has existed since 2006; whereby payment is based on the number of units of dental activity (UDAs) performed per year. In 2017/18, there were 146 dental contracts within

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West Sussex, covering general dentistry, community dental services and emergency access clinics. In 2016/17, 71% of children in West Sussex had seen a dentist in the 24 months prior, compared to 67% of children nationally. None of the districts in West Sussex fulfilled their contracted UDA activity in 2016/17. Significant under-performance was identified in Chichester, Arun, Mid Sussex and Worthing districts. The highest rates of access to a dentist in West Sussex children are seen in those aged between 6 and 12 years. The lowest access rates are seen in the 0-2 year age bracket. This pattern is consistent with the national trend.

### **Dental Activity in West Sussex**

In 2016/17, there were 189,004 courses of treatment (CoT) completed in West Sussex children within primary care. Overall, the level of activity in West Sussex was greater than England per 100,000 of the population. Mid Sussex had the greatest level of activity compared the rest of the district and boroughs, Chichester and Worthing had the lowest levels. There does not appear to be a significant difference in number the UDAs per treated patient across the district and boroughs in West Sussex, suggesting the complexity of procedures, and therefore the level of need, is similar among those children who seek dental services. West Sussex has a higher proportion of Band 1 procedures and a lower proportion of Band 2. There appears to be a greater rate of West Sussex children having “examinations” and “scale and polish” compared to nationally. West Sussex have lower rates of children having “permanent fillings and sealant restorations” in primary care, which may imply that having more check-ups helps to prevent invasive treatments. West Sussex had a slightly higher rate of extractions in primary care compared to England, based on 2016/17 data.

### **Risk Factors and Wider Determinants**

The following have been highlighted as risk factors for poor oral health:

- Deprivation
- Ethnicity
- Obesity
- Disabilities
- “Looked After” Children
- Housing
- Mental Illness
- Smoking
- Alcohol and Substance Misuse
- Migrant Children
- Gypsies and the Travelling Community

A regression analysis performed in the South East of England found deprivation and ethnicity to have a strong, statistically significant association with levels of dental decay. The association between deprivation and dental decay is further supported by the findings of the national dental surveys of five year olds; which demonstrate a greater level of dental decay in more deprived areas of the country. PHE confirm that water fluoridation is a safe and effective public health measure. Five year old children who live in fluoridated areas were 15% less likely to have tooth decay compared to children in non-fluoridated areas.

## **Recommendations**

The outcomes of this report have helped to generate priority areas which will improve oral health in the children and young people of West Sussex:

- A focus on improving oral health in the deprived areas of West Sussex.
- A focus on addressing the barriers to access to dental services.
- A focus on improving oral health in children with Special Education Needs (SEN).
- A focus on improving the eating habits of children and young people.
- A focus on improving surveillance of oral health in vulnerable groups.
- A focus on reducing the number of tooth extractions under general anaesthetic.