Oral Health Profile 2025

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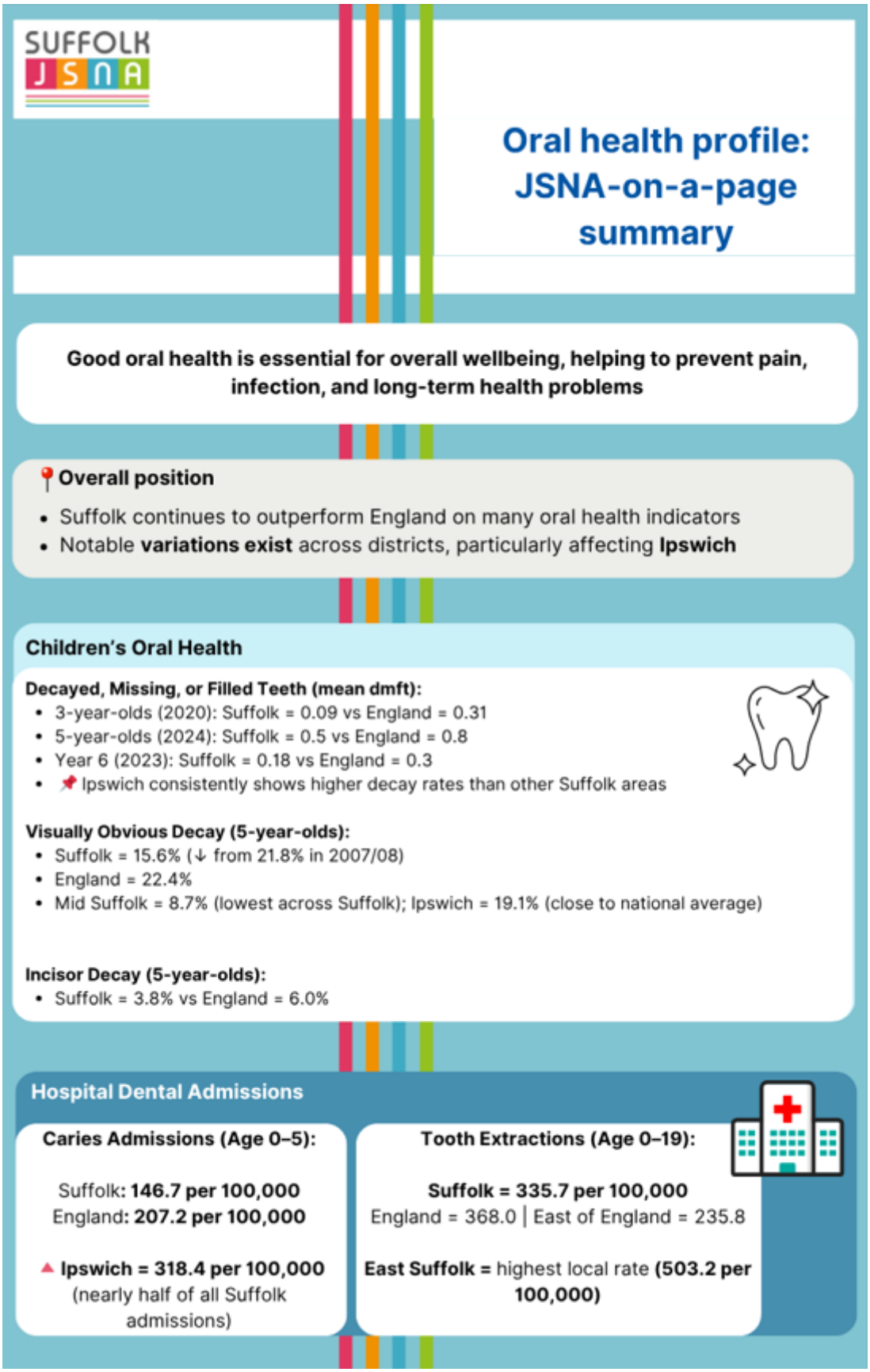
Contents

Notes about this profile

- **AI: Some information in this Joint Strategic Needs Assessment (JSNA) product has been summarised with the help of artificial intelligence tools. Everything is carefully checked by our team to make sure it's accurate.**

JSNA-on-a-page summary



Adult Oral Health

Access to NHS Dental Services:

Adults seen in 24 months to 2023/24:

- **Suffolk = 37.9%** vs England = 40.3%
- **Ipswich** = 56.7% | **Mid Suffolk** = 27.9%

Practice Availability:

Suffolk = 0.010 practices per 1,000 people

National mean = 0.016

Ipswich has highest density of practices

Oral Cancer

- Suffolk mortality rate (2020–22): **4.4 per 100,000**
- England: 5.2 per 100,000

Smoking & alcohol remain major contributors (75% of cases)

Local Initiatives

- **Keep Suffolk Smiling** (since 1995): Dental packs & health promotion for new parents
- **Supervised Brushing Schemes** (expanded in 2023)
- National £11m funding from 2025 to support deprived areas

Key messages

- Suffolk performs **better than national averages** on most child oral health indicators
- **Geographic disparities** (notably Ipswich) require **targeted action**
- **NHS dental access** remains a challenge for many adults
- Sustained **preventive work and service access improvements** are essential

What's the issue?

Oral health is fundamental to overall wellbeing, enabling people to perform essential daily functions such as eating, breathing, and speaking. It encompasses crucial psychosocial dimensions including self-confidence, wellbeing, and the ability to socialise and work without pain, discomfort, or embarrassment. Oral health is dynamic throughout the life course—from childhood through to older age—and directly supports individuals in fully participating in society and achieving their potential.

Common oral diseases include dental caries, periodontal (gum) disease, tooth loss, oral cancer, and oro-dental trauma. These conditions are among the most prevalent noncommunicable diseases globally, affecting billions of people worldwide[1]. As Suffolk's population continues to grow and age, the overall burden on oral health services is likely to increase accordingly.

Oral health inequalities are evident, with more vulnerable and disadvantaged populations experiencing a disproportionate burden of oral diseases[2]. People from lower socioeconomic backgrounds typically experience poorer oral health outcomes, a pattern that persists across all age groups from young children to older adults.

When individuals experience compromised oral health, their general health and quality of life can suffer. Poor oral health can lead to pain and discomfort, sleepless nights, loss of function and self-esteem, which in turn disrupts everyday life. Research has shown that oral complaints can negatively affect a person's confidence and employment prospects, including opportunities for promotion at work. The economic impact is substantial, with the cost to the NHS of treating oral health conditions estimated at £3.6 billion per year[3].

Oral diseases share common risk factors with other major noncommunicable diseases such as diabetes, cardiovascular diseases, and cancer. These shared risk factors include tobacco use, alcohol consumption, and diets high in sugar. The relationship between oral and general health is bidirectional; conditions such as diabetes are linked to development and progression of gum disease, while poor oral health can exacerbate existing health conditions. Recent research also shows that poor oral health has been associated with lung disease – mainly pneumonia – among the frail and elderly living in community care facilities or hospitals[3].

Recent guidance from the Scientific Advisory Committee on Nutrition (SACN) states that the average population intake of free sugars should not exceed 5% of energy intake and recommends that consumption of non-sugar sweeteners (NSS) should be minimised. For younger children, SACN recommends avoiding drinks sweetened with either sugar or NSS, and providing unsweetened foods. Older children and adults may benefit from swapping sugars for NSS in the short term to reduce sugar intake, however the long-term goal should be to limit

intake of both sugar and NSS. These recommendations are particularly relevant for oral health promotion, as reducing free sugar consumption remains a cornerstone of preventing dental caries[4].

The East of England region, which includes Suffolk, generally has some of the best oral health outcomes in England. However, significant variations exist within the region, with certain areas experiencing oral health challenges comparable to the most affected parts of the country. Prevention is key, as the impact of oral disease and treatments such as fillings can last a lifetime. The maintenance of good oral health is a life skill with long-term effects that extend beyond preventing tooth decay to supporting a life free from disability.

Importantly, dental decay and gum disease—the most common oral conditions—are largely preventable through regular toothbrushing with fluoride toothpaste and minimising the consumption of sugar-containing foods and drinks. Access to regular dental care is also essential for maintaining good oral health and identifying problems early, particularly for populations at the highest risk of disadvantage.

Data and insight about oral health in Suffolk

A note about confidence intervals:

Many of the charts in this profile include confidence intervals, which are shown as thin vertical lines or bars that look like double-ended 'T' shapes. These are a key part of interpreting the data accurately. A confidence interval provides a range around an estimate — for example, the percentage of people reporting a particular health condition — and reflects the degree of uncertainty around that estimate.

In public health, data are often based on samples rather than entire populations. Confidence intervals help us understand how reliable the estimate is: **narrow intervals suggest greater precision, while wider intervals indicate more uncertainty**. They are particularly important when comparing groups — if the confidence intervals overlap, it may mean that any observed difference is not statistically significant.

Including confidence intervals helps avoid over-interpreting small differences in the data. They are a reminder that every estimate comes with a margin of uncertainty.

Children

The National Dental Epidemiology Programme (NDEP) for England provides the primary source of data on children's oral health outcomes. Coordinated by the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care, this programme conducts regular standardised oral health surveys of specific age groups in schools across England.

For 5-year-old children, the NDEP conducts surveys approximately every two years, with the most recent survey completed during the 2023-2024 school year, representing the seventh national survey of oral health in this age group[5].

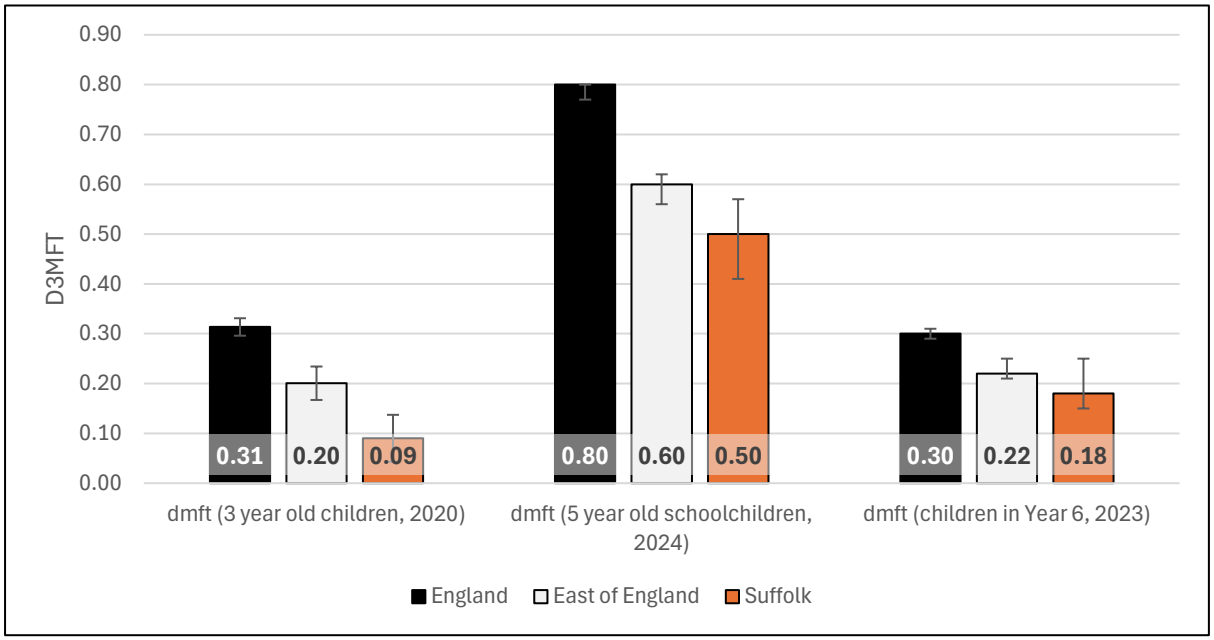
Overview for 3-year olds, 5-year olds, and Year 6 (11-year olds)

The below figure provides an overview of children and young people's dental health in Suffolk compared to national and regional averages across each age group surveyed. In each of the latest surveys, Suffolk demonstrates statistically significantly lower rates of decayed, missing, or filled teeth (dmft) than the England average at each developmental stage. This is calculated by the number of decayed, missing or filled teeth for each child being recorded, and then an average dmft score calculated per number of children examined.

There is a substantial increase in dmft scores between ages 3 (0.09) and 5 (0.50) highlighting a critical period where preventive interventions may have the greatest impact. The subsequent decrease to 0.18 in Year 6 children reflects the transition to permanent dentition rather than improved oral health, as this represents decay in newly erupted permanent teeth.

Please note, these indicators represent data collected at different time periods; the 3-year-old survey was published in March 2021 (reflecting 2020 data collection), the Year 6 survey was published in February 2024 (2023 data), and the 5-year-old survey was most recently published in March 2025 (2024 data). While this difference in survey timing should be considered when interpreting trends, Suffolk has statistically significantly lower dmft values compared to the England average across each survey. This summary provides a useful overview before understanding the geographic variations and additional measures for child oral health in the following sub-sections.

Figure 1. Average number of dentinally decayed (D3), missing due to dental decay (M) and filled (F) teeth (T) per child, for 3-year olds, 5-year olds, and children in Year 6 (11 year olds), for Suffolk, East of England, and England



Source: Office for Health Improvement and Disparities (3 year old children, 2021), (5 year old schoolchildren, 2024), (children in year 6, 2023)

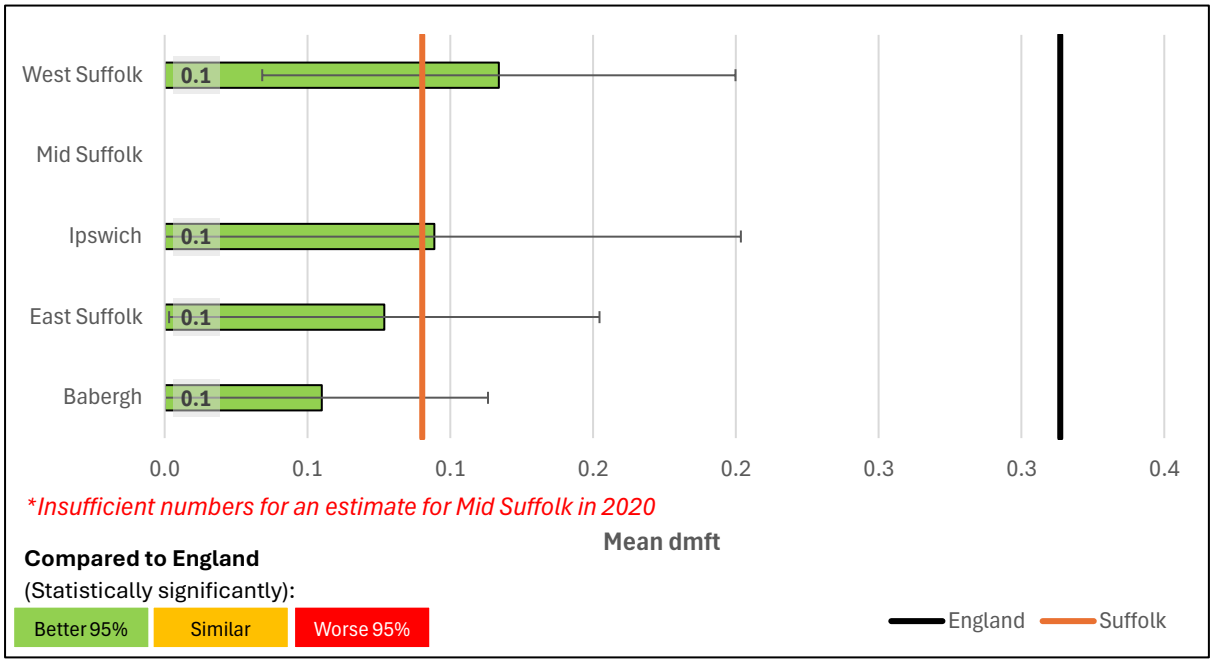
Dmft (decayed, missing, or filled teeth)

In the most recent NDEPs for both three-year-olds (2020) and five-year-olds (2024), Suffolk has had statistically significantly lower rates of dmft than the England national averages.

The below figure is the mean severity of tooth decay in children aged three years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted (dmft).

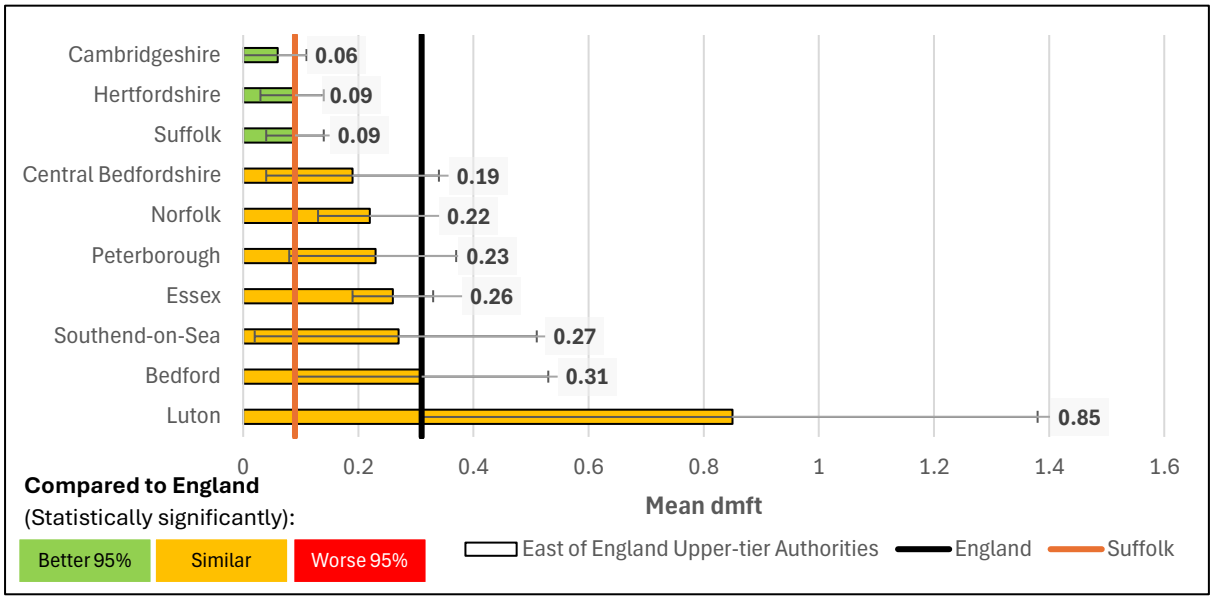
For three-year-olds, the NDEP survey in 2020 for Suffolk had a dmft value of 0.09, statistically significantly lower than the England average (0.31), and the East of England average (0.20). Suffolk's performance places it among the best in the region, matching Hertfordshire (0.09) and only slightly behind Cambridgeshire (0.06), which shows the lowest dmft score in the East of England.

Figure 2. Decayed, missing, or filled teeth (dmft) in three-year olds in Suffolk, districts and boroughs, compared to the England average, 2020



Source: Office for Health Improvement and Disparities (2021)

Figure 3. Decayed, missing, or filled teeth (dmft) in three-year olds in Suffolk and East of England region compared to the England average, 2020



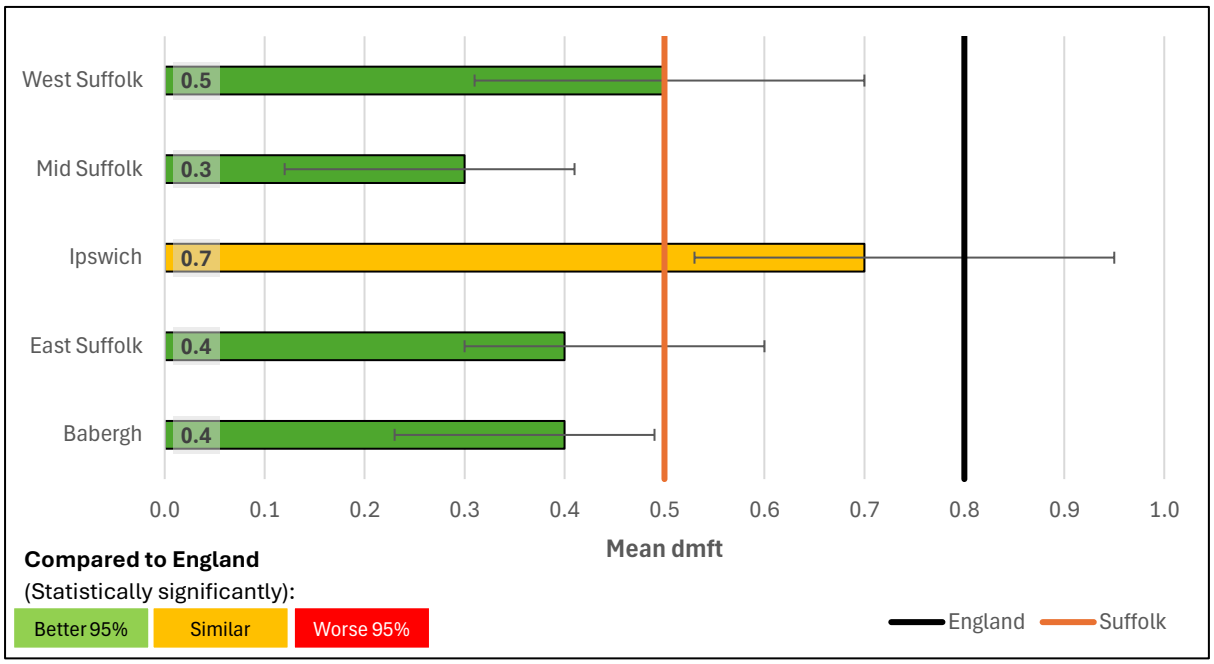
Source: Office for Health Improvement and Disparities (2021)

The below figure illustrates the mean dmft scores (decayed, missing, and filled teeth) for five-year-old children across Suffolk's districts and boroughs from the 2024 National Dental Epidemiology Programme survey,

Suffolk as a whole (0.5) had statistically significantly better oral health outcomes than the England average (0.8), demonstrating relatively good dental health among five-year-olds in the county. However, there was notable variation between Suffolk's lower-tier local authorities.

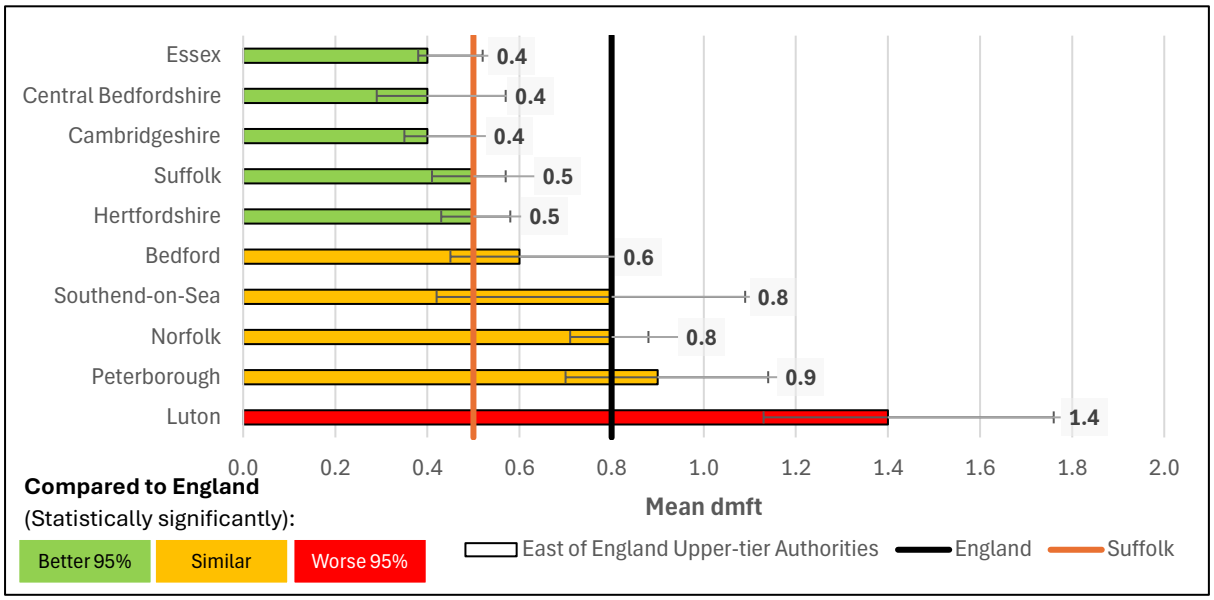
Ipswich had the highest mean dmft score (0.7), statistically similar to the England average; meaning children in Ipswich may experience more dental decay issues.

Figure 4. Dentinally decayed (d), missing due to dental decay (m) and filled (f) teeth (t) in five-year olds in Suffolk and districts and boroughs, compared to the England average, 2024



Source: Office for Health Improvement and Disparities (2025)

Figure 5. Dentinally decayed (d), missing due to dental decay (m) and filled (f) teeth (t) in five-year olds in Suffolk and East of England region compared to the England average, 2024



Source: Office for Health Improvement and Disparities (2025)

The transition from age 3 to age 5 represents a critical period in children's oral health development. During this time, most children complete their full set of primary teeth (typically 20 teeth by age 3), and these teeth are increasingly exposed to potential risk factors.

The difference between Suffolk's dmft scores at ages 3 (0.09) and 5 (0.5) illustrates this progression, highlighting the importance of early preventive interventions and establishing good oral health habits before children reach school age. This data suggests that while Suffolk performs well compared to national averages, there remains an opportunity to further improve preventive approaches during this period of a child's life[6,7].

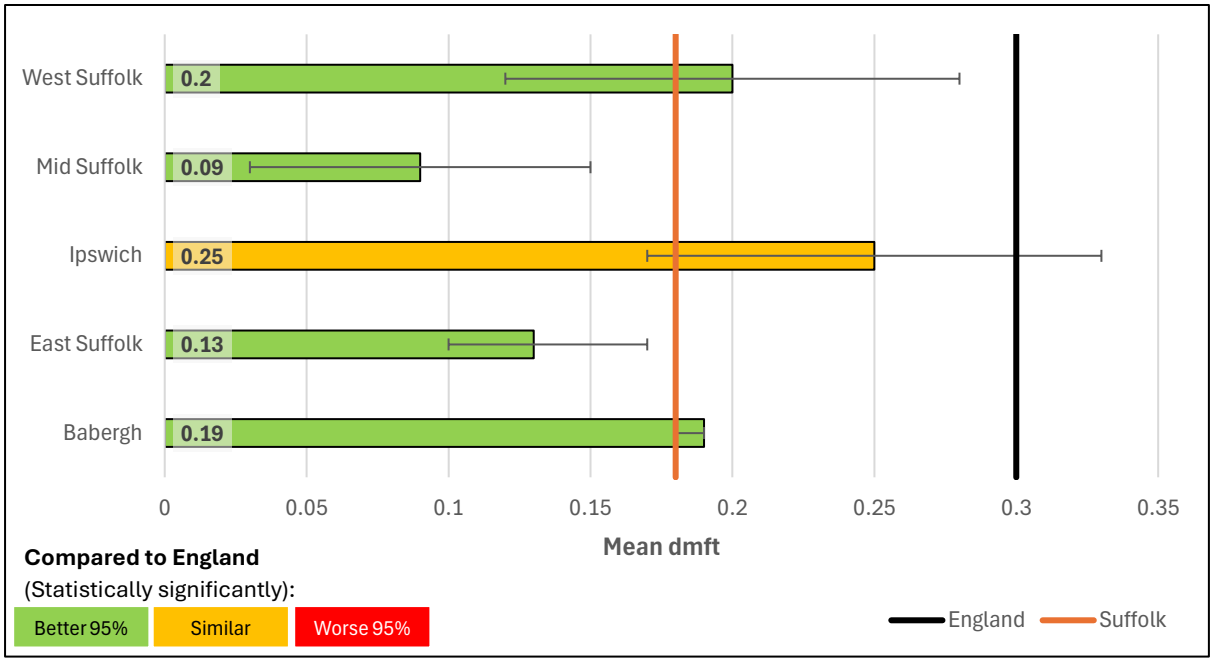
The 2023 National Dental Epidemiology Programme survey of Year 6 (typically 11-year-old) children provides further insight into the progression of oral health through childhood. Suffolk's mean dmft score for 11-year-olds was 0.18, which remains statistically significantly lower than the England average of 0.30.

This difference in dmft scores from age 5 (0.5) to age 11 (0.18) requires careful interpretation. The dmft index at age 11 primarily measures decay in permanent teeth that have erupted, while many primary teeth with previous decay history have naturally been replaced.

This developmental transition means the dmft scores for 11-year-olds essentially "reset" as new permanent teeth emerge, making direct comparison with younger age groups inappropriate. It is also recognised however, that poor oral health in early childhood can have lasting effects, as severe decay in primary teeth may influence the development, alignment, and health of permanent teeth.

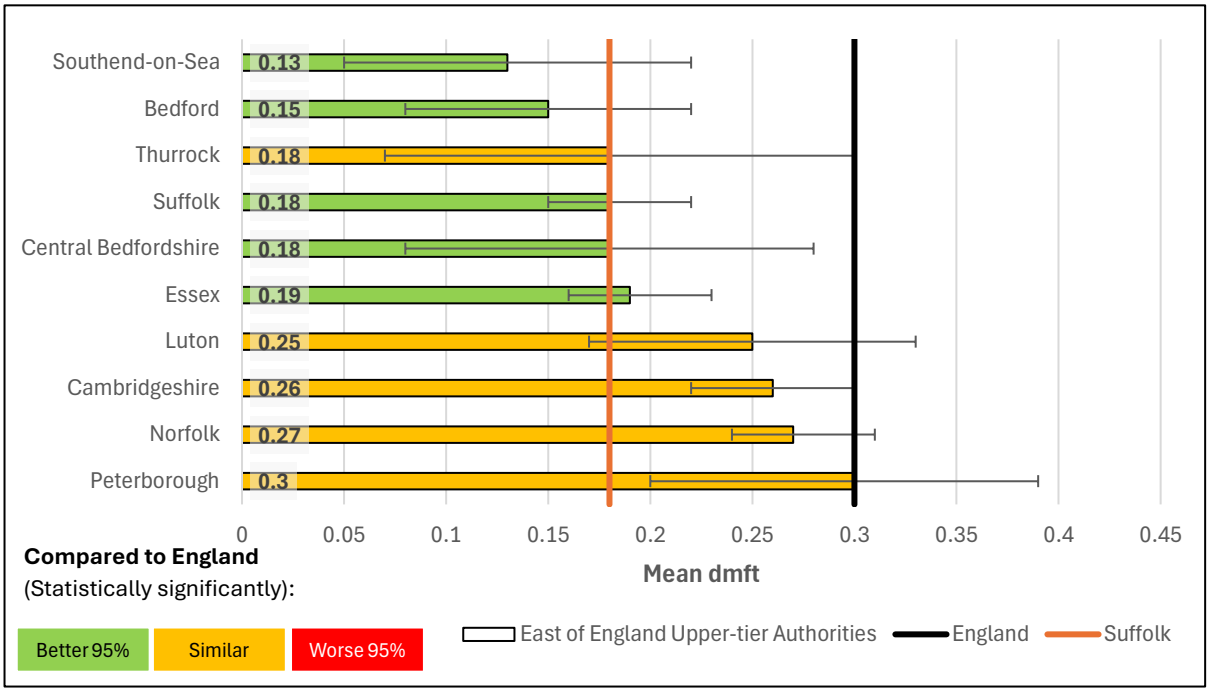
Within Suffolk, there is notable geographic variation in Year 6 dmft scores. East Suffolk (0.13) and Mid Suffolk (0.09) have the lowest rates, while Ipswich (0.25) has the highest, statistically similar to the England average.

Figure 6. Average number of dentinally decayed (D3), missing due to dental decay (M) and filled (F) teeth (T) in Year 6 children (11 year olds) in Suffolk and districts and boroughs, compared to the England average, 2023



Source: Office for Health Improvement and Disparities (2024)

Figure 7. Average number of dentinally decayed (D3), missing due to dental decay (M) and filled (F) teeth (T) in Year 6 children (11 year olds) in Suffolk and East of England region, compared to the England average, 2023



Source: Office for Health Improvement and Disparities (2024)

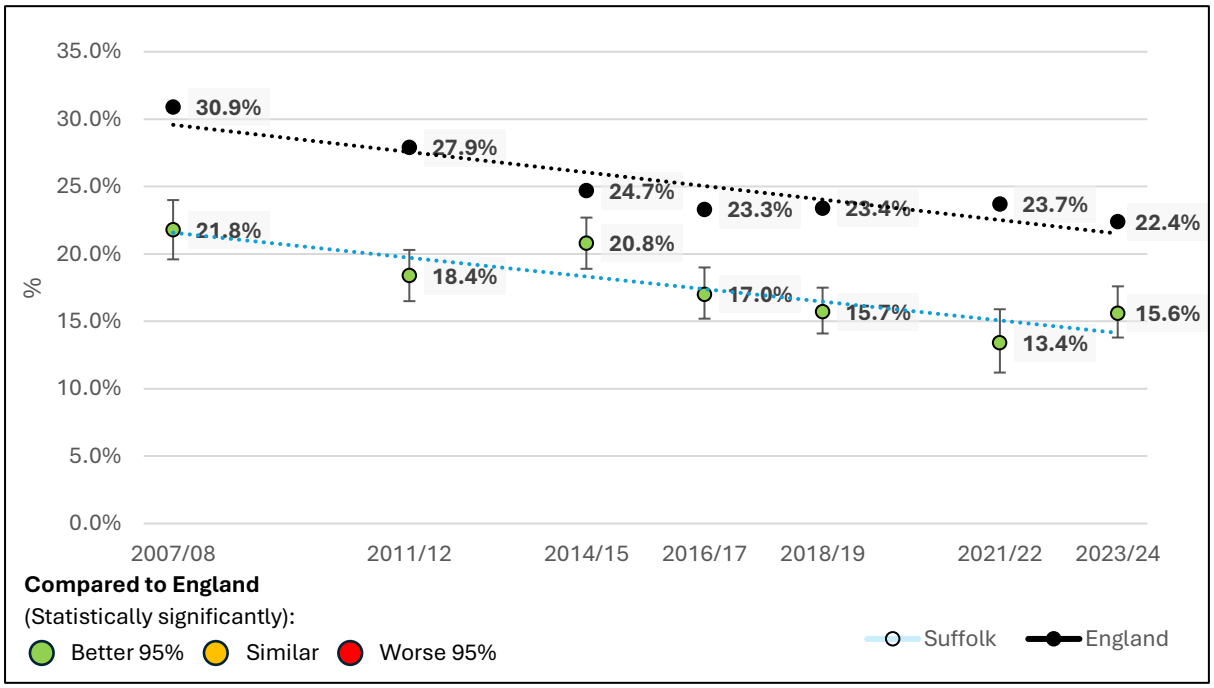
Visually obvious dental decay

Experience of dentinal decay refers to teeth with visually obvious dentinal decay, and teeth that are missing, or that have been filled due to decay. Severity of dentinal decay refers to the number of teeth with decay experience.

The following indicator is the percentage of 5 year olds with dental decay extending to the dentine layer which can be detected by visual observation alone – calculated by the number of 5 year olds in a given area with at least one tooth decayed, missing or filled.

In Suffolk in 2023/24, 15.6% of 5 year olds had visually obvious dental decay, statistically significantly lower than the England figure of 22.4%. The NDEP is on average conducted every two years, hence there is not a complete set of year to year data. However, the percentage of 5 year olds in Suffolk with experience of visually obvious dental decay has statistically significantly decreased for Suffolk (from 21.8% in 2007/08 to 15.6% in 2023/24) and for England (from 30.9% in 2007/08 to 22.4% in 2023/24)[8]. Due to the biennial nature of the survey and some irregular breaks in data collection between 2007/08 and 2023/24, trend lines have been produced to illustrate the overall change throughout the survey period.

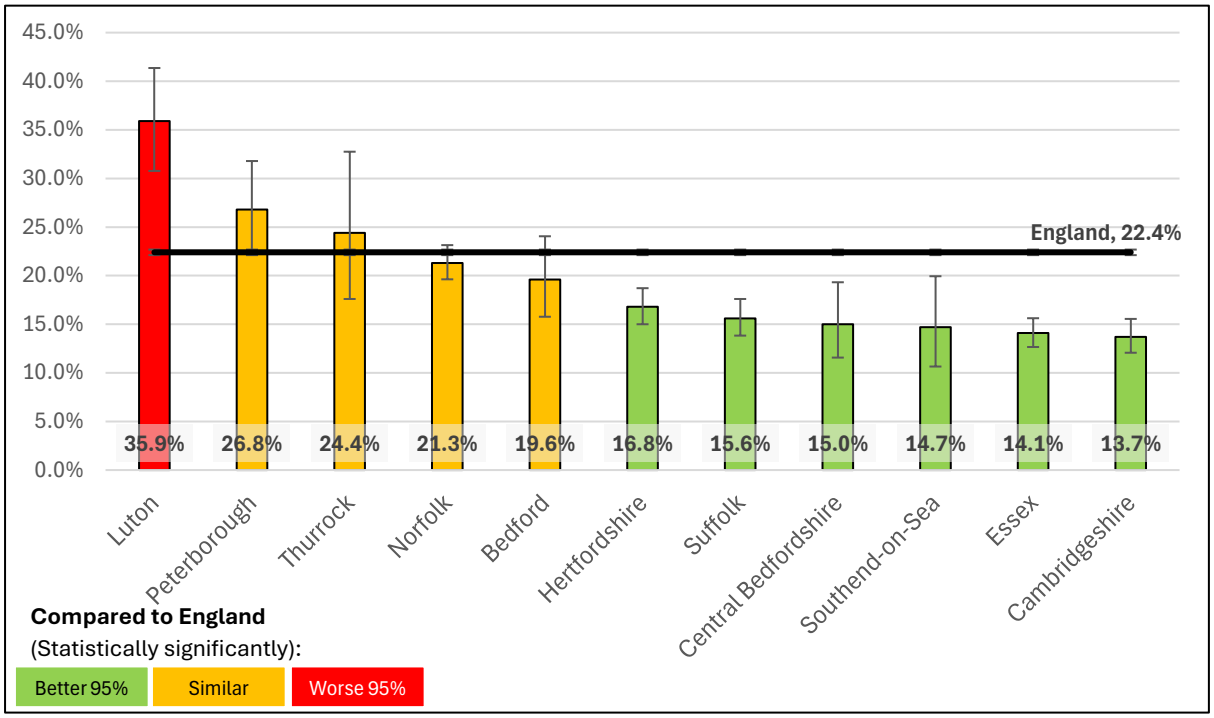
Figure 8. Percentage of 5 year olds with experience of visually obvious dental decay, Suffolk and England, 2007/08 to 2023/24



Source: Office for Health Improvement and Disparities (2025); Office for Health Improvement and Disparities (2024)

The percentage of Suffolk 5 year olds with visually obvious dental decay (15.6%) also placed the county 7th out of 11 Eastern region upper tier local authorities. Over half (6 of 11) Eastern region upper tier local authorities had statistically significantly lower proportions of 5 year olds with visually obvious dental decay compared to the England average in 2024[8].

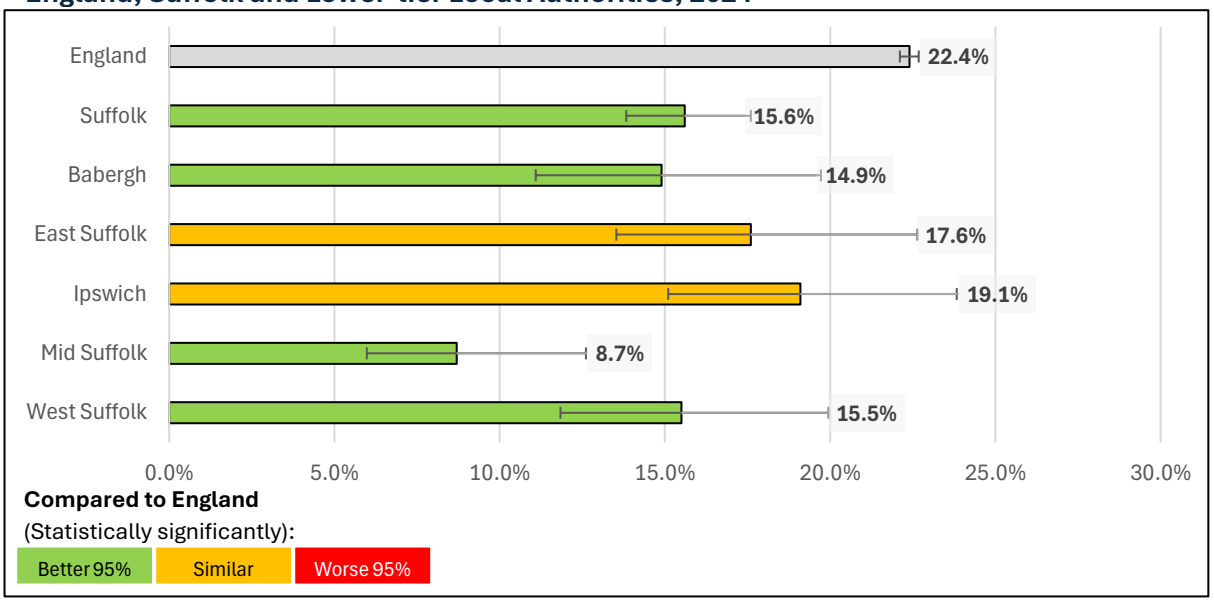
Figure 9. Percentage of 5 year olds with experience of visually obvious dental decay, Suffolk and East of England Upper-tier Local Authorities, 2024



Source: Office for Health Improvement and Disparities (2025)

For Suffolk's districts and boroughs, Babergh (14.9%), Mid Suffolk (8.7%), and West Suffolk (15.5%) all have statistically significantly lower rates of visually obvious dental decay for five year olds compared to the England average in 2024. East Suffolk (17.6%) and Ipswich (19.1%) both have statistically similar rates of visually obvious dental decay to the England average for five year olds in 2024[8].

Figure 10. Percentage of 5 year olds with experience of visually obvious dental decay, England, Suffolk and Lower-tier Local Authorities, 2024



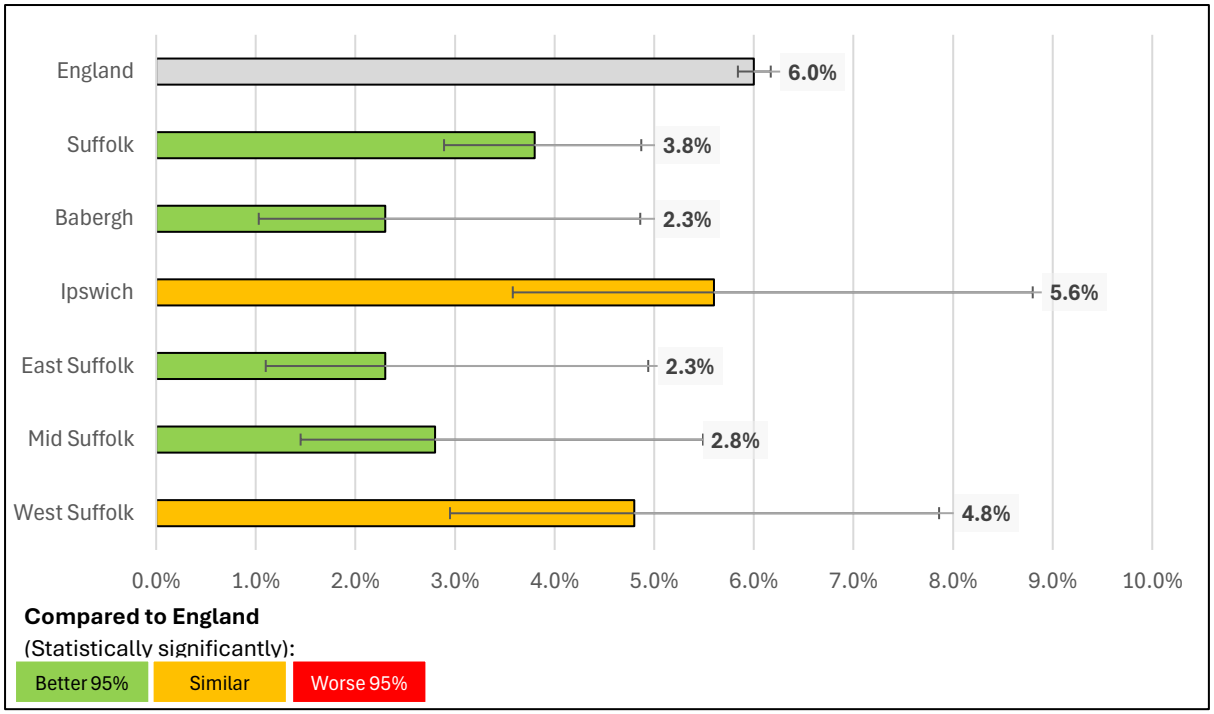
Source: Office for Health Improvement and Disparities (2025)

Incisor decay

Decay affecting one or more incisor (front) teeth is usually associated with long term bottle use with sugar-sweetened drinks, particularly when given overnight or for long periods during the day[9]. However, poor general oral hygiene, and feeding practices that promote plaque accumulation on vulnerable front teeth can also impact this.

Across England in 2024, 6.0% of 5-year-olds had dentinal decay affecting incisors – Suffolk's rate of 3.8% was statistically significantly lower than the England average. Babergh (2.3%), East Suffolk (2.3%), and Mid Suffolk (2.8%) all had rates statistically significantly below the England average. Ipswich (5.6%) and West Suffolk (4.8%) both had a statistically similar percentage of 5-year-old children experiencing dentinal decay affecting incisors compared to the England average in 2024[8].

Figure 11. Percentage of 5-year-old children with dentinal decay affecting incisors, England, Suffolk and Lower Tier Local Authorities, 2024



Source: Office for Health Improvement and Disparities (2025)

Hospital admissions for dental caries

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has generally become less common over the past two decades but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived areas, compared to affluent communities[10].

The following indicator is finished consultant episodes for dental caries among children aged 0 to 5 per 100,000. Suffolk has consistently had a statistically significantly lower rate of hospital

admissions for dental caries among young children (aged 0-5) compared to the national average between 2015/16 to 2023/24. Across the three-year period of 2012/22-2023/24, Suffolk's rate of hospital admissions for dental caries for 0 to 5 year olds (146.7 per 100,000/200 total admissions), was statistically significantly lower than the England rate (207.2 per 100,000).

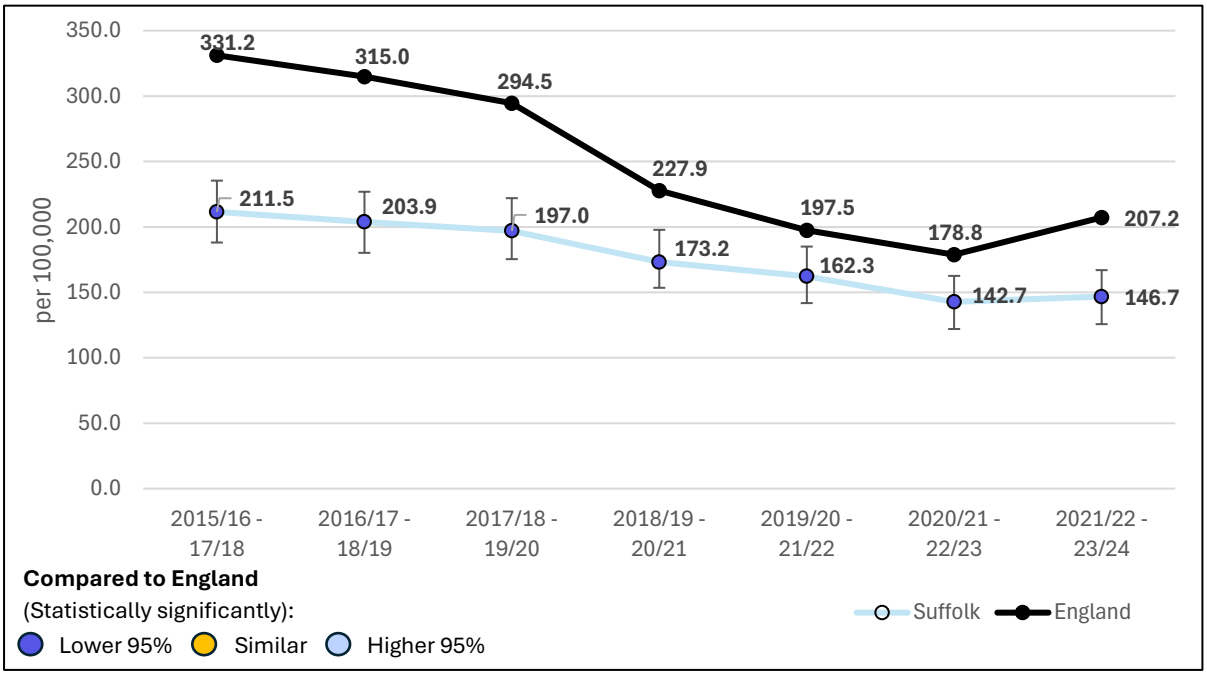
The rates of hospital admissions for dental caries among 0 to 5 year olds for both Suffolk and England have statistically significantly decreased over the periods shown. Suffolk's rate has decreased by 30.6% from 211.5 per 100,000 in 2015/16-2017/18 to 146.7 in 2021/22-2023/24. Similarly, England's rate has decreased by 37.4% from 331.2 to 207.2 per 100,000 during the same period.

The more pronounced decrease in the England rate means the gap between Suffolk and England has narrowed over time. While Suffolk's rate was 36% lower than England's in 2015/16-2017/18, this difference reduced to approximately 30% in the most recent period.

National policy changes such as the introduction of the Soft Drinks Industry Levy (sugar tax) in 2018 may have contributed to these improvements. A 2022 study from the University of Cambridge found a significant reduction in hospital admissions for tooth extractions among children following the levy, suggesting that national-level dietary interventions may be influencing oral health outcomes[11].

While the overall downward trend appears robust and aligns with policy and service improvements, caution is warranted in interpreting short-term fluctuations, particularly during pandemic years. Continued monitoring and local intelligence are needed to ensure these trends reflect sustained improvements in prevention and access to care.

Figure 12. Hospital admissions for dental caries (0 to 5 years), rate per 100,000 for Suffolk and England, 2015/16–17/18 to 2021/22–23/24



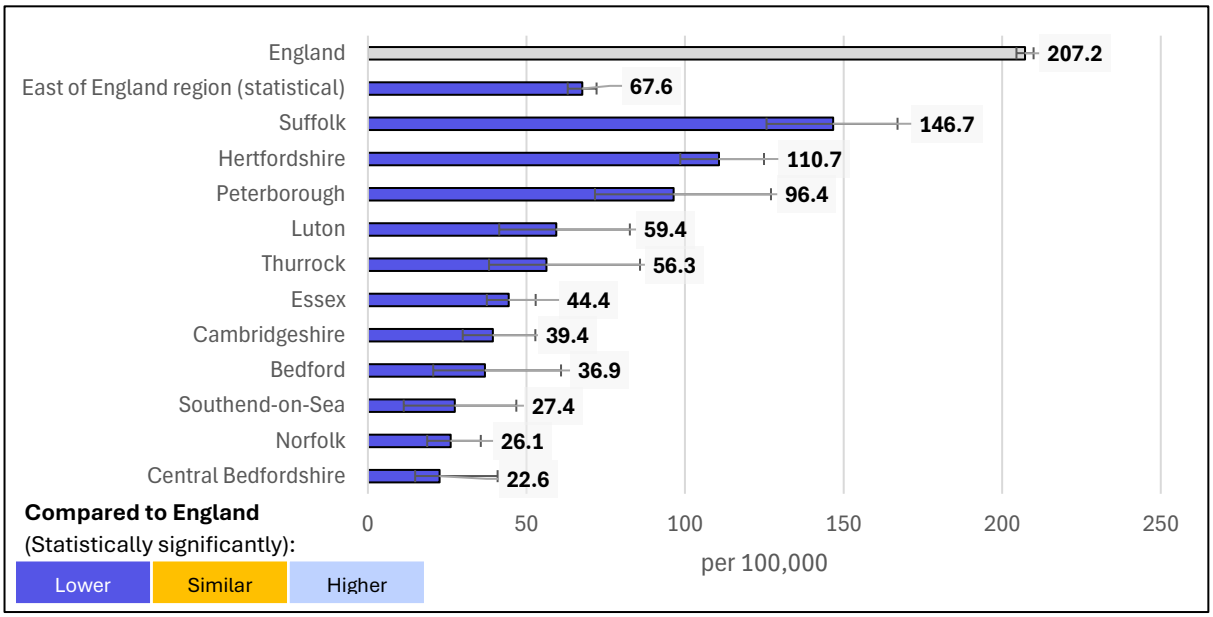
Source: Office for Health Improvement and Disparities (2024)

While Suffolk's rate of hospital admissions for dental caries (0 to 5 years) is statistically significantly lower than the England average, the rate for East of England Region was 67.6 per 100,000 in 2021/22-23/24, less than half the rate for Suffolk (146.7 per 100,000).

Looking at the data for hospital admissions for dental caries among children aged 0-5 years in the East of England region, Suffolk has the statistically significantly highest rate of 146.7 per 100,000.

The nearest comparable rates are from Hertfordshire (110.7 per 100,000) and Peterborough (96.4 per 100,000), but these are still substantially lower than the rate for Suffolk. Most other areas in the region have significantly lower rates, with Central Bedfordshire (22.6 per 100,000), Norfolk (26.1 per 100,000), and Southend-on-Sea (27.4 per 100,000) having the lowest rates - less than one-fifth of Suffolk's rate. This regional comparison highlights that while Suffolk performs better than the national average (207.2 per 100,000), there is significant room for improvement when compared to its immediate geographical neighbours within the East of England.

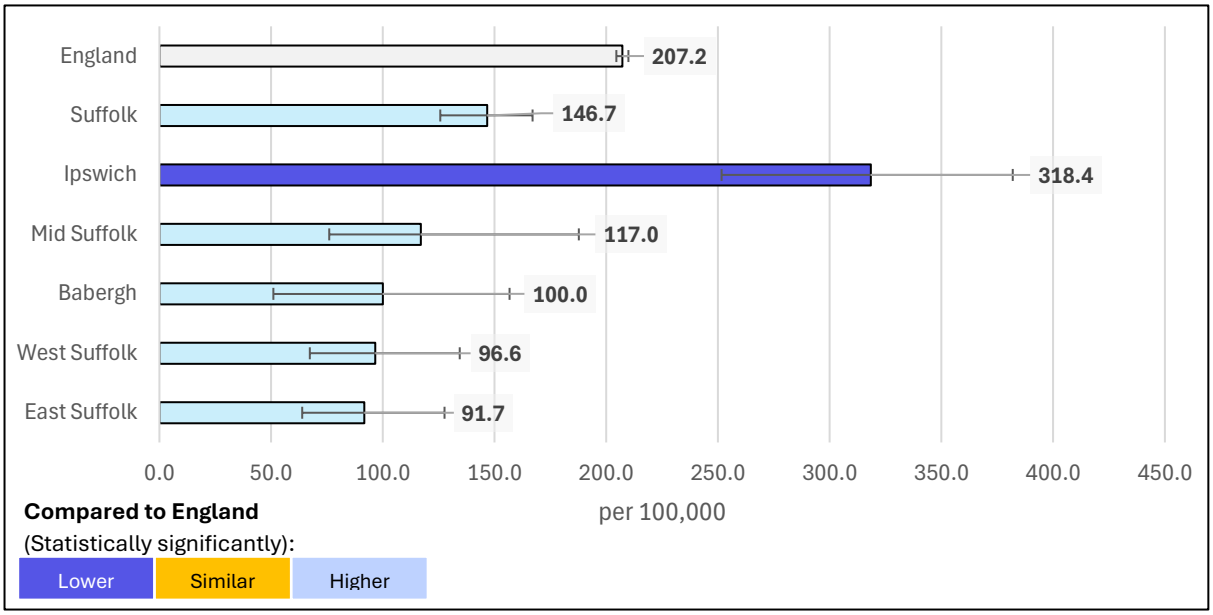
Figure 13. Hospital admissions for dental caries (0 to 5 years), rate per 100,000, Suffolk and East of England statistical neighbours, 2021/22-23/24



Source: Office for Health Improvement and Disparities (2024)

Among Suffolk's districts and boroughs, all have statistically significantly lower rates of hospital admissions for dental caries (0 to 5 years) between 2021/22 to 2023/24 compared to the England average, apart from within Ipswich (318.4 per 100,000). Ipswich alone accounted for almost half of all 0 to 5 year old hospital admissions for dental carries between 2021/22 to 2023/24 (95 out of 200 in Suffolk during this three-year period).

Figure 14. Hospital admissions for dental caries (0 to 5 years), rate per 100,000, Suffolk and districts and boroughs, 2021/22-23/24



Source: Office for Health Improvement and Disparities (2024)

Hospital tooth extractions in 0 to 19 year olds

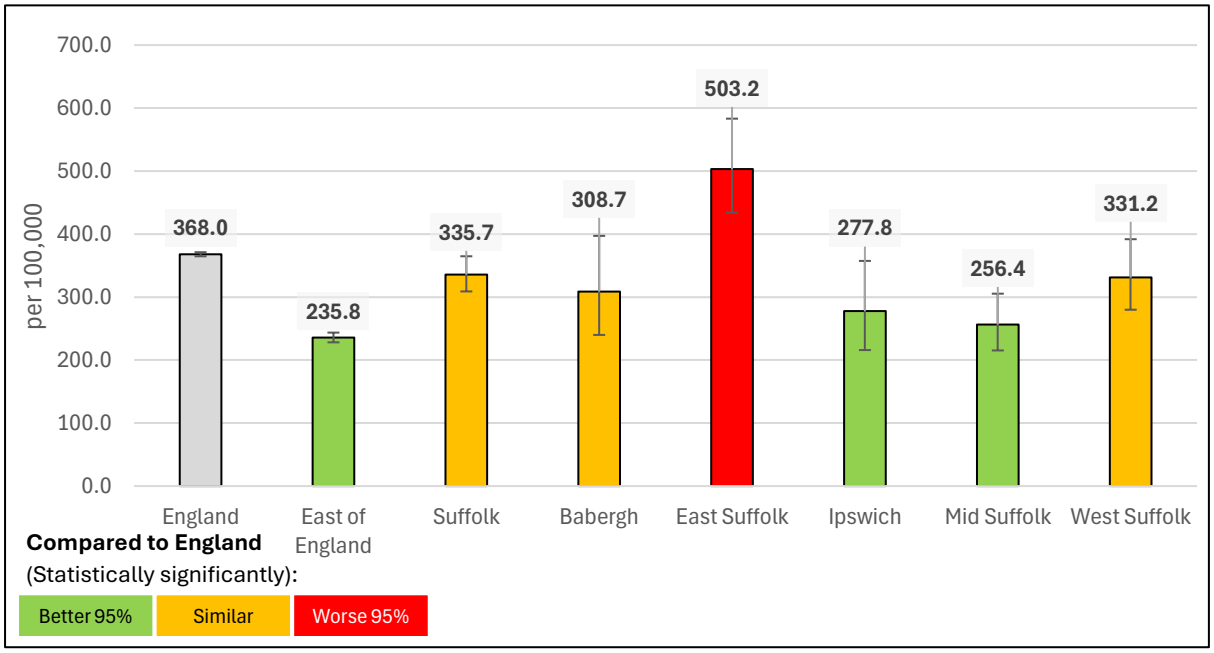
Dental decay that progresses to require hospital treatment represents one of the most severe outcomes of poor oral health in children and young people. Hospital tooth extractions are significant events that often require general anaesthesia and consume substantial NHS resources.

Data below is nationally published from the Hospital Episode Statistics (HES) dataset and includes inpatient care figures from hospitals across England. In 2020/21 the estimated costs of hospital admissions in 0 to 19 year olds across England for all tooth extractions was £74.8 million and for extractions due to tooth decay was £45.8 million in the financial year ending 2024[12].

Across England, the decay-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3.5 times that of those living in the most affluent communities. Tooth decay remains the most common reason for hospital admissions in children aged between 5 and 9 years.

In 2023/24, Suffolk recorded 555 finished consultant episodes (FCEs) for tooth extractions among residents aged 0-19 years, producing a rate of 335.7 per 100,000. This rate is statistically significantly lower than the England average (368.0 per 100,000) but is statistically significantly higher than the East of England figure (235.8 per 100,000). There is variation across Suffolk, with East Suffolk showing the highest extraction rate at 503.2 per 100,000 – both statistically significantly higher than the East of England, and England averages. Other lower-tier local authorities vary, with Mid Suffolk recording the lowest rate (256.4), followed by Ipswich (277.8), West Suffolk (331.2), and Babergh (308.7).

Figure 15. Finished Consultant Episodes (FCE) tooth extraction rate (all diagnoses) per 100,000 target population 0-19 years, 2023/24



Source: Office for Health Improvement and Disparities (2025)

Age-related patterns are evident across the county, with children aged 5-9 years experiencing the highest extraction rates in most areas. This trend is particularly pronounced in Ipswich, where the rate reaches 768.5 per 100,000 for this age group. The adolescent population (15-19 years) in Ipswich also shows elevated figures, with an extraction rate of 522.2 per 100,000. Consistently across all areas, the 0-4 age group demonstrates the lowest extraction rates.

These geographical and demographic variations may reflect differences in access to preventive dental care, dietary habits, oral hygiene practices, or socioeconomic factors that influence dental health outcomes among Suffolk's young population.

Table 1. Finished Consultant Episodes (FCE) tooth extraction rate by area, per 100,000 target population, 2023/24

	FCE tooth extraction rate (all diagnoses) per 100,000 target population 2023/24				
Area	**Age 0-4 yrs**	**Age 5-9 yrs**	**Age 10-14 yrs**	**Age 15-19 yrs**	**Total 0-19 yrs**
England	152.8	605.4	388.4	306.9	368.0
East of England	60.0	246.5	301.4	320.6	235.8
Suffolk	120.2	427.0	370.3	413.2	335.7
Babergh	c	412.7	284.1	482.9	308.7
Ipswich	124.8	768.5	553.4	522.2	503.2
Mid Suffolk	c	371.1	340.5	367.4	277.8
East Suffolk	99.0	204.3	293.4	391.6	256.4
West Suffolk	97.0	425.7	419.1	328.3	331.2

**FCE counts of less than 8 are suppressed and indicated by the letter c. As a result, rates for some age groups are unable to be produced*

Red/green shading in **each column denotes the highest and lowest values in each age grouping*

Source: Office for Health Improvement and Disparities (2025)

Delivery of the National Supervised Toothbrushing programme in the most deprived areas of Suffolk from 2025

Suffolk has several initiatives aimed at improving children's oral health:

Keep Suffolk Smiling Project: This project has been running since January 1995, commissioned by Public Health and Communities Suffolk and delivered by Health Visitors during 8-12 month assessments for new births. Parents receive a dental health pack containing a toothbrush, toothpaste, health promotion leaflet, and reward chart. The programme provides guidance on brushing techniques, the harms or sugary drinks, dentist visits, and introducing trainer cups. Parents in areas with high levels of tooth decay (Waveney, St Edmundsbury, and Forest Heath) receive additional supplies[13].

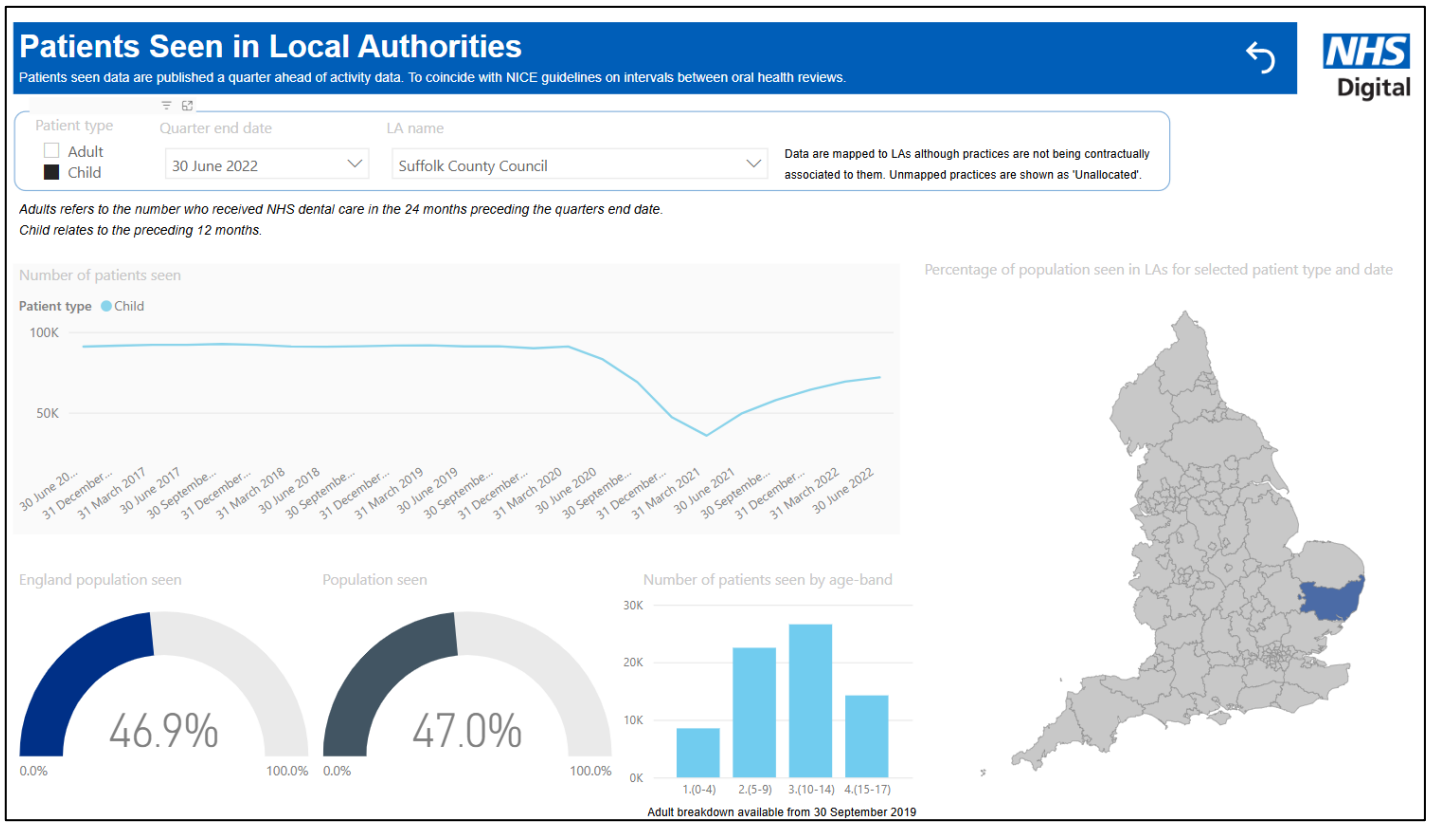
Keep Suffolk Smiling in Schools: Since 2017, supervised toothbrushing programmes have been piloted in selected early years settings and primary schools to improve oral health and reduce inequalities. In 2023, a £2.8 million package was proposed to expand these programs, with £966,514 earmarked for Suffolk County Council to fund additional Keep Suffolk Smiling Packs targeting vulnerable communities, expand supervised toothbrushing schemes, and implement dental varnishing programs including hiring community nurses[14].

Building on these local initiatives, in March 2025, the UK government announced a national supervised toothbrushing programme targeting children in the most deprived areas of England. This £11 million investment (£73,377.68 for Suffolk) will reach up to 600,000 children aged 3-5 years in early years settings and primary schools annually, with funding available from April 2025. The programme addresses concerning statistics showing tooth decay affects 1 in 5 children aged 5 nationally and up to 1 in 3 in deprived areas, with tooth extraction being the most common reason for hospital admission among children aged 5-9.

The government has partnered with Colgate-Palmolive, who will donate over 23 million toothbrushes and toothpaste over 5 years, along with educational materials and a public-facing oral health campaign. This builds on Colgate's existing Bright Smiles, Bright Futures program which has reached 18 million UK children since 2014. The initiative is expected to save the NHS over £34 million in avoided treatment costs over 5 years[15].

While Suffolk oral health in children is generally better than the England national average, the rates of child patients seeing an NHS dentist were similar for Suffolk to the England average in the most recent data for the year ending 30 June 2022. The impact of the pandemic can be clearly seen, with a decrease in the number of children seeing an NHS dentist throughout 2020 and early 2021, following several years of consistent appointments. There are signs of recovery towards pre-pandemic levels in the latest available data, but numbers are still much lower (71,849 in the 12 months ending 30 June 2022, compared to 90,973 prior to March 2020).

Figure 16. Child patients seen by NHS dentists for Suffolk in the year to 30th June 2022



Source: NHS Digital (2022)

Adults

Access to NHS Dental Services

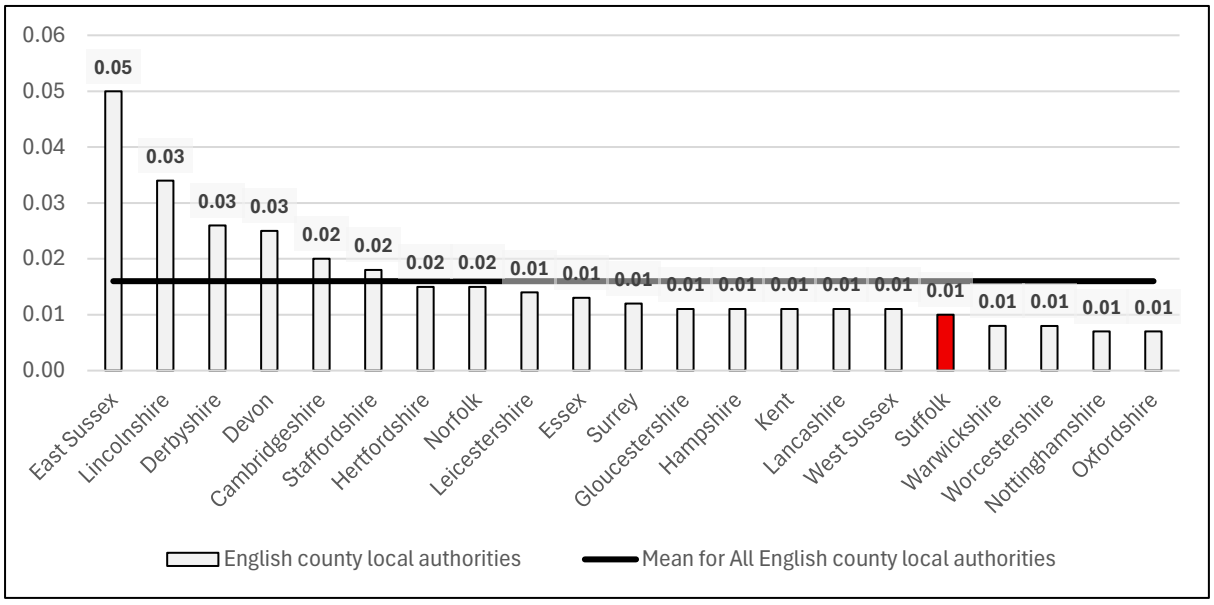
Access to NHS dental services has become a growing concern across England, with significant national challenges providing vital context to local issues in Suffolk. A 2025 House of Commons Committee of Public Accounts report found that the NHS dental system is under severe strain, with only 40% of adults in England seeing an NHS dentist in the two years to March 2024 — decreasing from 49% before the pandemic. The Committee reported that the government's 2024 dental recovery plan, intended to expand access and increase activity, has largely failed to deliver: targets for 1.5 million additional treatments were missed, the number of new patients accessing care fell, and initiatives such as mobile dental vans and incentive payments for new dentists underperformed. The Committee noted that the existing dental contract, unchanged since 2006, is "widely regarded as in need of reform with many in the sector viewing the contract as a disincentive to perform NHS care when practices have the choice of offering private care too". There remains no clear timeline for the fundamental reform promised by NHS England and the Department of Health and Social Care. The Committee concluded that these national shortcomings have left many communities — particularly in rural and coastal areas like Suffolk — facing ongoing barriers to accessing timely and affordable dental care[16].

Local evidence gathered by Healthwatch Suffolk between July 2022 and July 2023 echoes these national concerns. Over 180 contacts were recorded during this period, with 157 enquiries specifically seeking help to find an NHS dentist. Many people reported contacting multiple practices — in some cases up to 30 — without success, and some described being unable to find an NHS dentist within a 40-mile radius. Others highlighted the unaffordability of private care, even when in significant dental pain. One resident reported living with a painful abscess and being unable to access emergency care despite repeated calls to NHS 111. Another, an older adult in their 70s, expressed distress after their practice converted to private-only care, leaving them with no affordable alternatives. Healthwatch also documented cases where people were advised to undergo expensive private procedures — such as root canals and crowns — or face tooth extraction under NHS care, highlighting concerns around continuity and quality of treatment. The report also underscored the emotional toll of poor access, with individuals reporting impacts on their mental health, diet, and wellbeing. These experiences illustrate that barriers to NHS dental care in Suffolk are both widespread and severe, disproportionately affecting vulnerable groups, including older adults, those on low incomes, and individuals with disabilities or complex needs[17].

Data on NHS dental statistics is provided by the annual publication for NHS dental treatment in England. This data includes the number of patients seen by an NHS dentist, as well as NHS dental activity, and the number of treatments, provided at regional, local authority, and integrated care board level. To produce statistics for Suffolk, data for Babergh, East Suffolk, Ipswich, Mid Suffolk and West Suffolk has been aggregated.

Suffolk has 0.01 dental practices per 1,000 population, which is below the mean of 0.016 for all English county local authorities. This places Suffolk in the lower tier of English counties for dental practice availability.

Figure 17. Number of dental practices in an area per 1,000 population (Q2 Apr-June 2025), England



Source: LG Inform (2025)

As of August 2024, there were 112 NHS dental practices in Suffolk. Ipswich has the highest concentration of NHS dental practices at 22.2 per 100,000. Across Suffolk, Mid Suffolk has 8.3 practices per 100,000, while Babergh has 11.5 practices per 100,000. East Suffolk and West Suffolk have 14.2 and 14.0 NHS dental practices per 100,000 respectively.

Table 2. Number of dental practices in Suffolk's local areas, August 2024

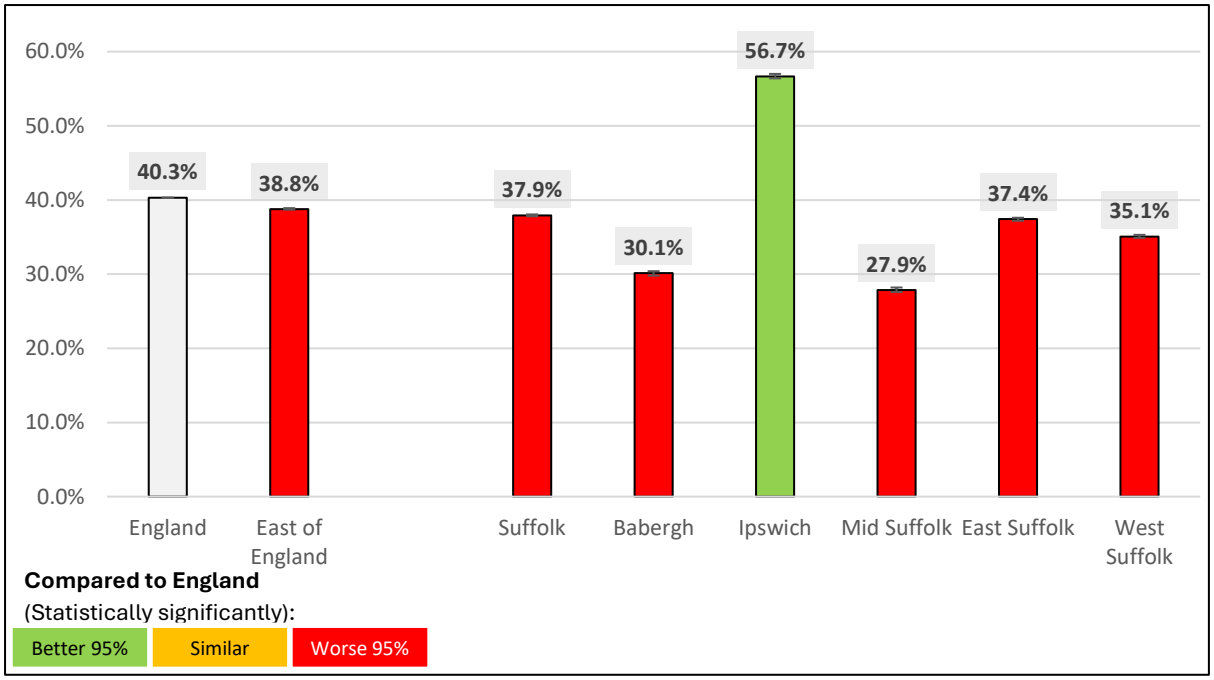
Area	Rural Urban Classification	Number of NHS Dental Practices	NHS Dental Practices per 100,000 people
Suffolk		112	14.4
Babergh	Mainly Rural	11	11.5
East Suffolk	Largely Rural	35	14.2
Ipswich	Urban with City and Town	31	22.2
Mid Suffolk	Mainly Rural	9	8.3
West Suffolk	Largely Rural	26	14.0

Source: Office for National Statistics (2024)

In Suffolk, for the previous 24 months to 2023/24, 237,376 adult patients had been seen by an NHS dentist. This represents 37.9% of the adult population in Suffolk, which is statistically significantly lower than the England average of 40.3%.

There is variation in dental access across Suffolk's lower tier local authorities. Ipswich had the highest proportion of adults seen by an NHS dentist at 56.7%, statistically significantly higher than both the Suffolk and national averages. Mid Suffolk had the lowest access rate at just 27.9%, followed by Babergh at 30.1%. East Suffolk and West Suffolk saw 37.4% and 35.1% of the eligible adult population in the previous 24 months respectively.

Figure 18. Adult patients seen in the previous 24 months by an NHS dentist as a percentage of the population by Local Authority in 2023/24



Source: NHS Business Services Authority (2024)

Table 3. Adult patients seen in the previous 24 months by an NHS dentist as a percentage of the population by Local Authority in 2023/24

Area	Adult population	Adults seen in the previous 24 months	Percentage of adults seen as a % of the population
England	45,689,812	18,414,066	40.3%
East of England	5,277,185	2,045,620	38.8%
Suffolk	626,085	237,376	37.9%
Babergh	78,311	23,603	30.1%
Ipswich	107,877	61,117	56.7%
Mid Suffolk	88,428	24,630	27.9%
East Suffolk	202,879	75,933	37.4%
West Suffolk	148,590	52,093	35.1%

Source: NHS Business Services Authority (2024)

Types of treatment

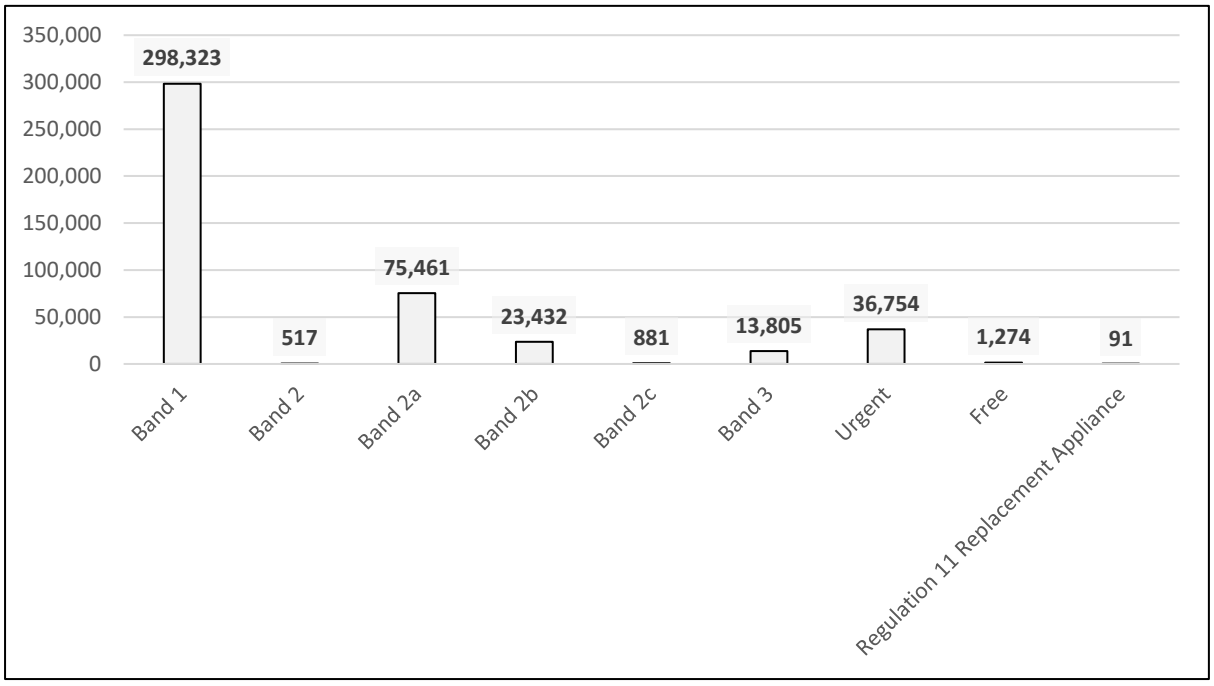
NHS dental activity is broken down into treatment bands based on complexity, with Band 1 covering basic examinations and preventive care, Band 2 covering intermediate treatments like fillings and extractions, and Band 3 covering complex treatments such as crowns and dentures. From November 2022, Band 2 treatments have been further subdivided into sub-bands 2a, 2b, and 2c to provide more detailed information about treatment complexity.

In 2023/24, a total of 450,538 courses of dental treatment were delivered by NHS dentists across Suffolk. The majority of these (66.2%) were Band 1 treatments, which include examinations, assessments, advice, X-rays, and simple preventive care. This was followed by Band 2 treatments (22.2%, including all sub-bands), which cover fillings, extractions, and root canal work[18].

Urgent treatments accounted for 8.2% of all dental activity in Suffolk, indicating many patients sought emergency care rather than planned treatment. More complex Band 3 treatments, including crowns, bridges, and dentures, represented just 3.1% of all treatment courses.

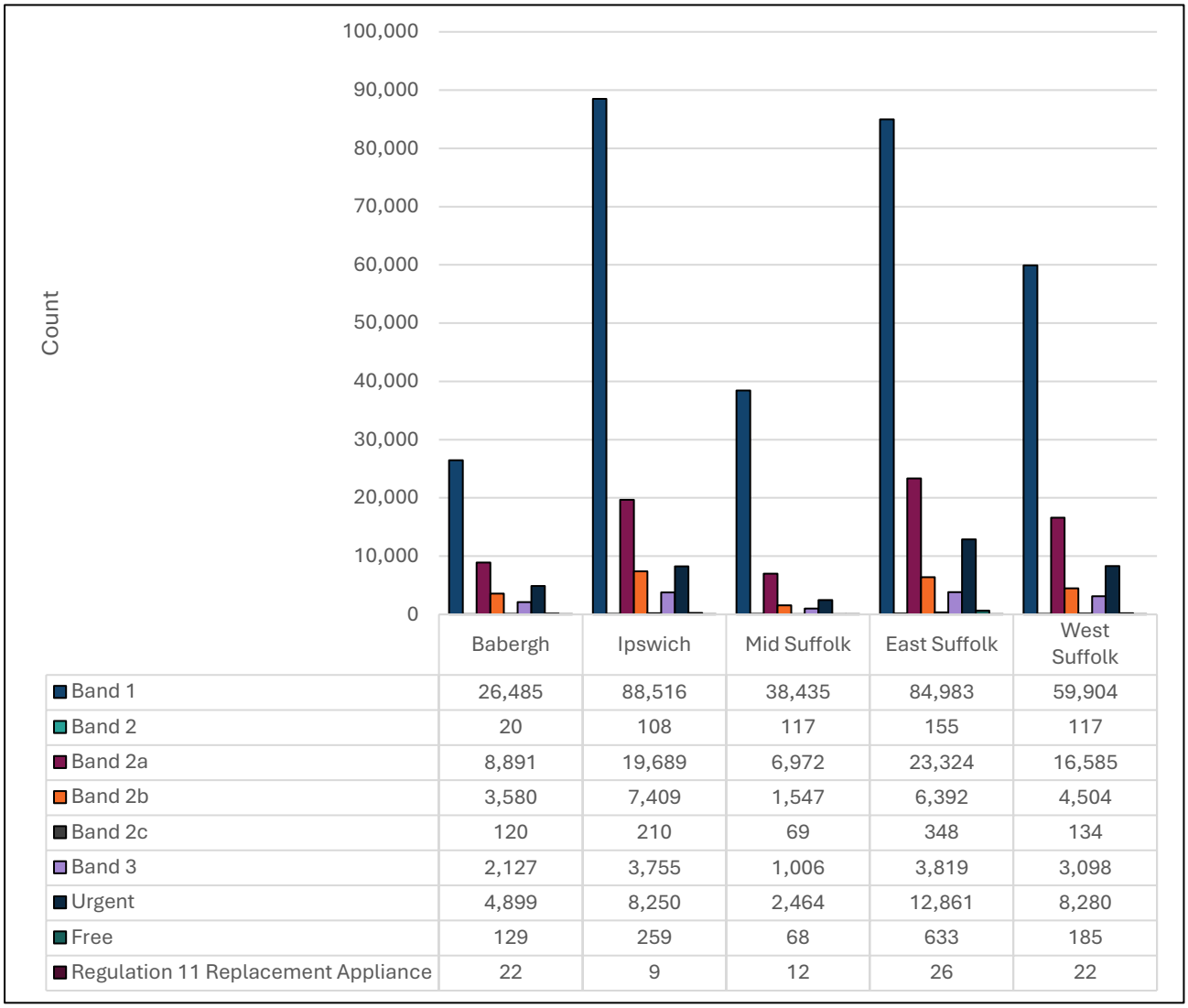
There were notable variations across Suffolk's districts. Ipswich, which has the highest percentage of adults seen by an NHS dentist, also had the highest absolute number of treatment courses (128,205), despite not having the largest population. East Suffolk had a similar volume of treatment courses (132,541) spread across a larger population area. The predominance of Band 1 treatments suggests a focus on routine examinations and preventive care, though the substantial number of urgent treatments may indicate challenges in accessing regular dental care, potentially leading to more acute dental problems requiring emergency intervention.

Figure 19. Count of courses of treatment for Suffolk residents by NHS dentists, and treatment band in 2023/24



Source: NHS Business Services Authority (2024)

Figure 20. Count of courses of treatment for Suffolk residents by NHS dentists, and treatment band by lower tier local authority, 2023/24



	Babergh	Ipswich	Mid Suffolk	East Suffolk	West Suffolk
Band 1	26,485	88,516	38,435	84,983	59,904
Band 2	20	108	117	155	117
Band 2a	8,891	19,689	6,972	23,324	16,585
Band 2b	3,580	7,409	1,547	6,392	4,504
Band 2c	120	210	69	348	134
Band 3	2,127	3,755	1,006	3,819	3,098
Urgent	4,899	8,250	2,464	12,861	8,280
Free	129	259	68	633	185
Regulation 11 Replacement Appliance	22	9	12	26	22

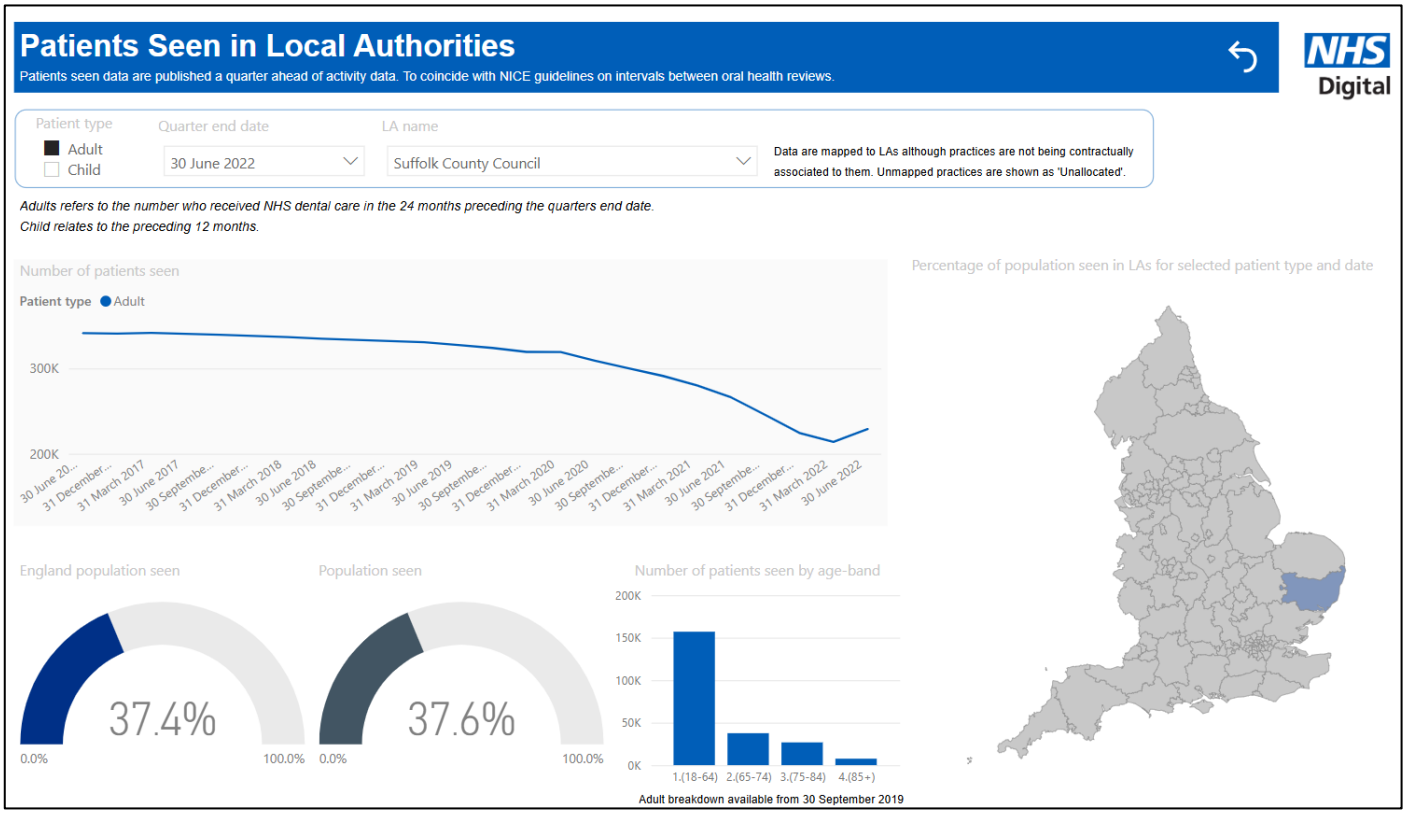
Source: NHS Business Services Authority (2024)

Attendances over time

Dentist attendances over time for Suffolk adults are in line with England figures. The impact of the COVID-19 pandemic on dental care in Suffolk is evident in the below figure, with a 33.3% reduction in the number of patients seen by an NHS dentist in the 24 months prior to 31st March 2020 (319,146) to the 24 months prior to 31st March 2022 (213,812).

In the years prior to the start of the COVID-19 pandemic, there had been a gradual decline in the number of Suffolk adults receiving NHS dental care, from 341,255 in the 24 months prior to 30th June 2016, to 319,146 adults in the 24 months prior to 31st of March 2020.

Figure 21. Adult patients seen by NHS dentists for Suffolk in the year to 30th June 2022



Source: NHS Digital (2022)

Access to appointments

Data from the NHS GP Patient Survey provides insight into patients' ability to secure NHS dental appointments across Suffolk. The latest figures reveal ongoing challenges in dental access for Suffolk residents.

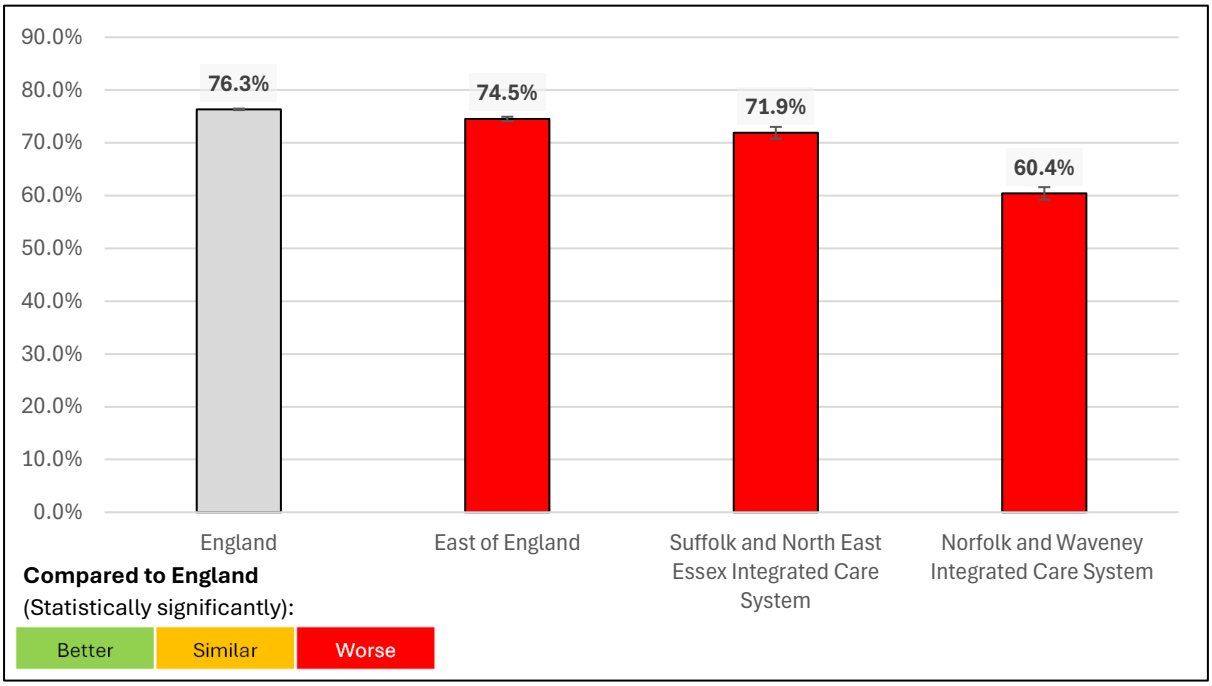
Among respondents who tried to get an NHS dental appointment in the last two years, the success rate in the Suffolk and North East Essex Integrated Care System (ICS) was 71.9%, statistically significantly lower than both the England average (76.3%) and the East of England regional average (74.5%).

The situation appears even more challenging in the Norfolk and Waveney ICS, which includes the Waveney area of Suffolk, where only 60.4% of patients successfully secured an NHS dental appointment. This is more than 15 percentage points below the national average.

Overall, 28% of patients in the Suffolk and North East Essex ICS and 39% in the Norfolk and Waveney ICS reported being unable to get an NHS dental appointment when they tried. These figures align with the relatively low percentage of adults seen by NHS dentists in parts of Suffolk, particularly in Mid Suffolk (27.9%) and Babergh (30.1%).

These appointment access challenges help to explain the declining NHS dental attendance rates for Suffolk residents observed in recent years and highlight the significant barriers many face in obtaining routine and preventive dental care through NHS services.

Figure 22. Respondents who last tried to get an NHS dental appointment in the last 2 years, were they successful in getting an appointment? Success rate (excludes those who could not remember), Suffolk's ICSs, East of England, and England, January to March 2024



Source: NHS England (2024)

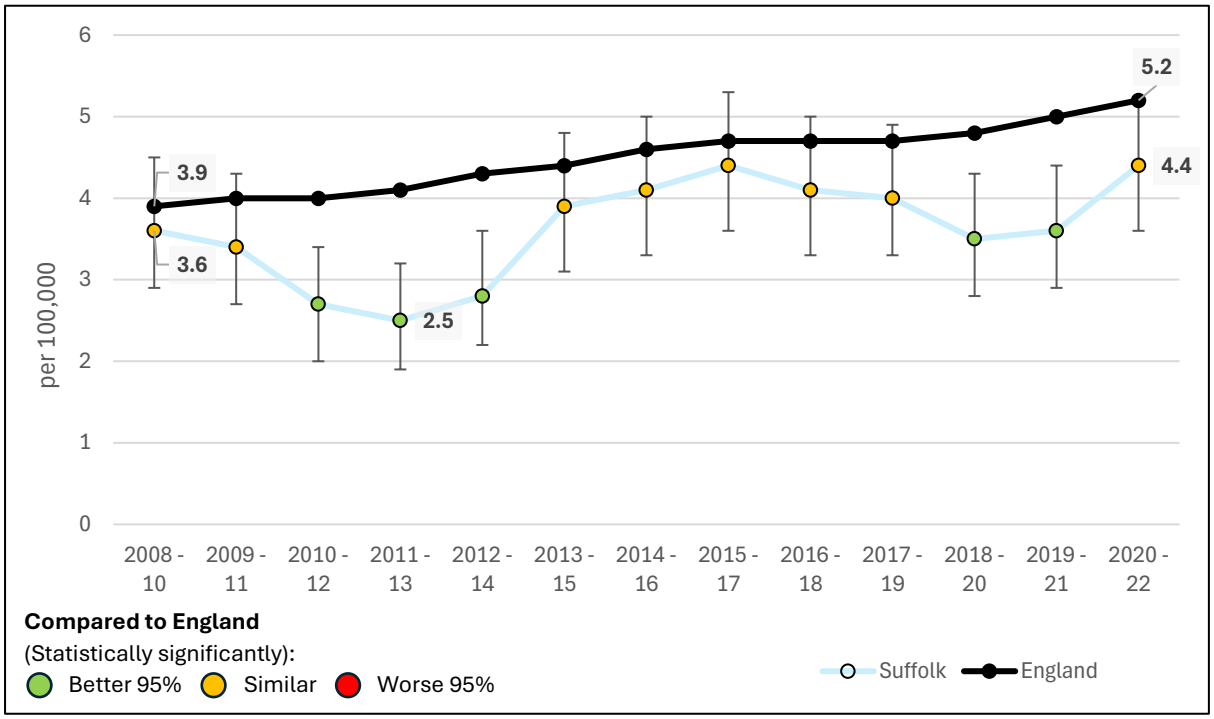
Oral cancer

Over the last decade in the UK (between 2003-2005 and 2012-2014), oral cancer mortality rates have increased by 20% for males and 19% for females. Five year survival rates are 56%. Most oral cancers are triggered by tobacco and alcohol, which together account for 75% of cases. Cigarette smoking is associated with an increased risk of the more common forms of oral cancer.

The risk among cigarette smokers is estimated to be 10 times that for non-smokers. More intense use of tobacco increases the risk, while ceasing to smoke for 10 years or more reduces it to almost the same as that of non-smokers. Oral cancer mortality rates can be used in conjunction with registration data to inform service planning as well as comparing survival rates across areas of England to assess the impact of public health prevention policies such as smoking cessation[19].

Mortality rates from oral cancer for Suffolk residents were statistically similar to the England figure in 2020-22 (4.4 per 100,000 for Suffolk, 5.2 per 100,000 across England). However, in 2018-20, and 2019-21, Suffolk was statistically significantly better (lower) than the England average. This represents a decline in health outcomes, with mortality rates from oral cancer at the lowest in Suffolk in 2011-13 (2.5 per 100,000).

Figure 23. Mortality rate from oral cancer per 100,000, all ages, Suffolk and England, 2008-10 to 2020-22



Source: Office for Health Improvement and Disparities (2024)

Smoking and alcohol consumption are known risk factors for oral cancer, with smoking contributing to 17% of all mouth cancers, and alcohol contributing to 35% of all mouth cancers[20,21]. A meta-analysis of 572 studies revealed that relative risks for heavy drinkers compared with non-drinkers and occasional drinkers were 5.13 for oral and pharyngeal cancer[22].

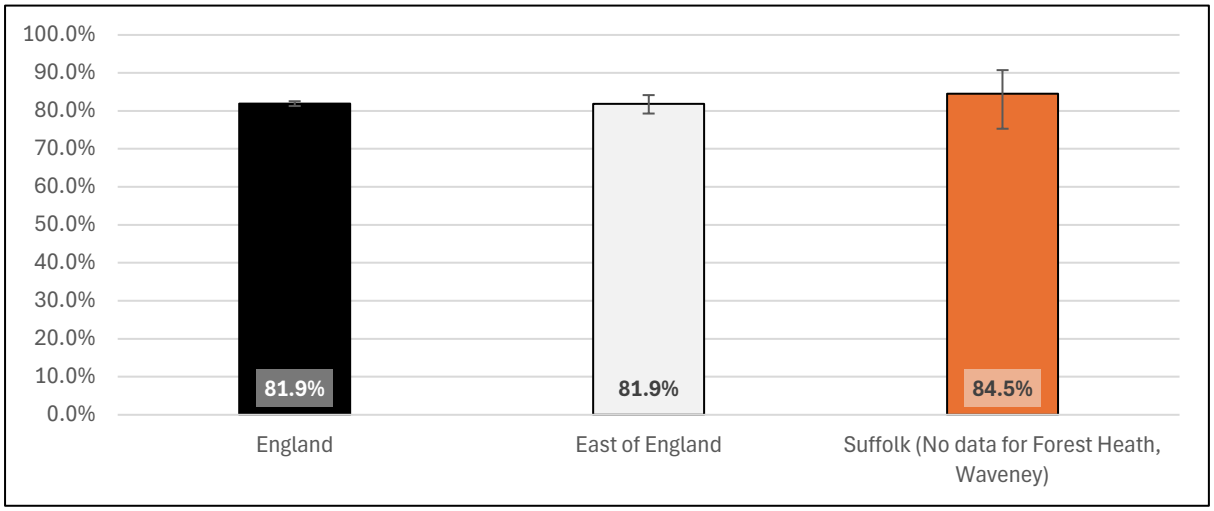
Adult oral health in Suffolk

The 2018 Oral Health Survey of Adults Attending Dental Practices provides valuable, though now somewhat dated, information about adult oral health in Suffolk. Published in June 2020, this survey offers the most recent comprehensive assessment of adult dental health in the region. It should be noted that the Suffolk data has geographical limitations, with no questionnaires or clinical examinations conducted in the former Forest Heath or Waveney lower-tier local authority areas, which may affect the representativeness of the findings for the entire county. There were also a limited number of responses for Suffolk (110 questionnaires total), leading to some wide confidence intervals.

Despite these limitations, the survey reveals that Suffolk adults generally have slightly better oral health outcomes than both the England and East of England averages across several key indicators.

Suffolk adults have a statistically similar prevalence of functional dentition (84.5%) compared to both England and the East of England (both 81.9%), suggesting similar retention of teeth necessary for adequate chewing function.

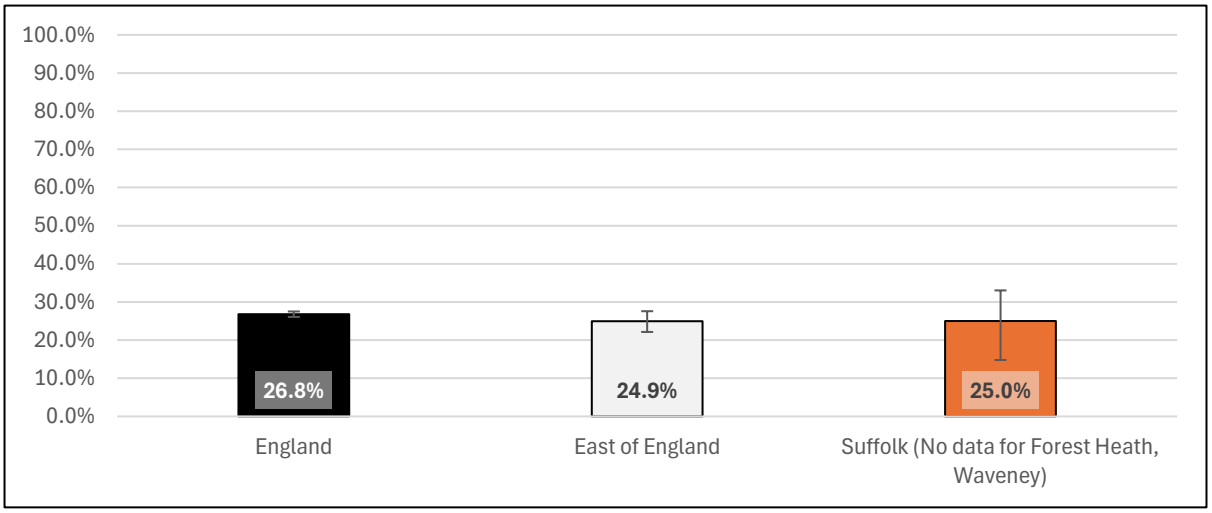
Figure 24. Percentage with a functional dentition (% of adults with 21 or more natural teeth), England, East of England, Suffolk, 2018



Source: Public Health England (2018)

The percentage of Suffolk adults with active decay (25.0%) was also statistically similar to the national average (26.8%) and the East of England average (24.9%), with those affected having an average of 2.1 decayed teeth.

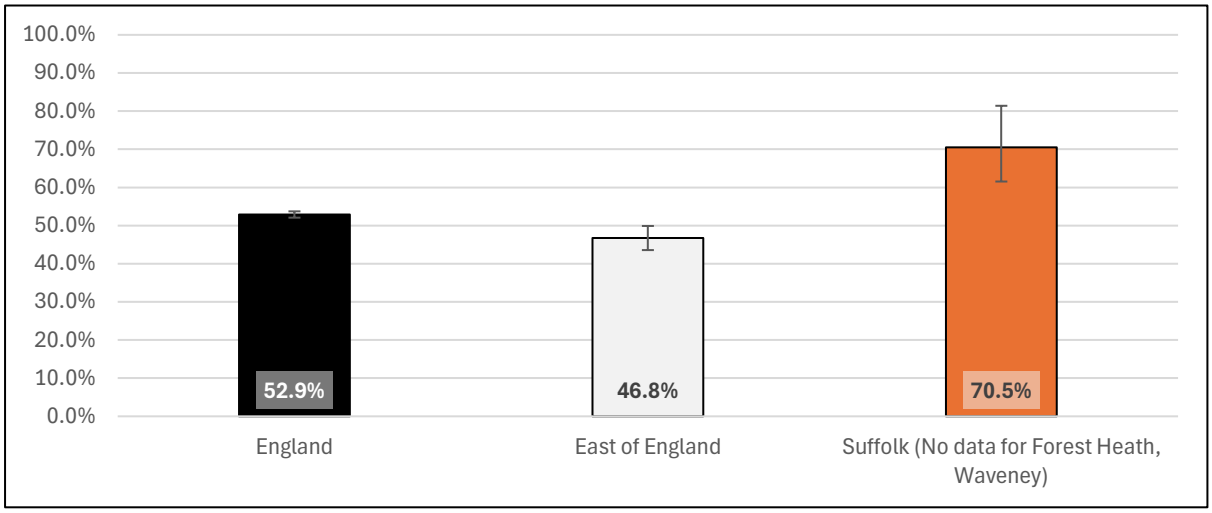
Figure 25. Percentage with active decay (DT>0) (percentage of adults with one or more obvious untreated dentinally decayed teeth), England, East of England, Suffolk, 2018



Source: Public Health England (2018)

A statistically significantly higher proportion of Suffolk adults (70.5%) presented with bleeding on probing compared to both the England average (52.9%) and East of England average (46.8%), potentially indicating greater prevalence of gingival (gum) bleeding and periodontal concerns.

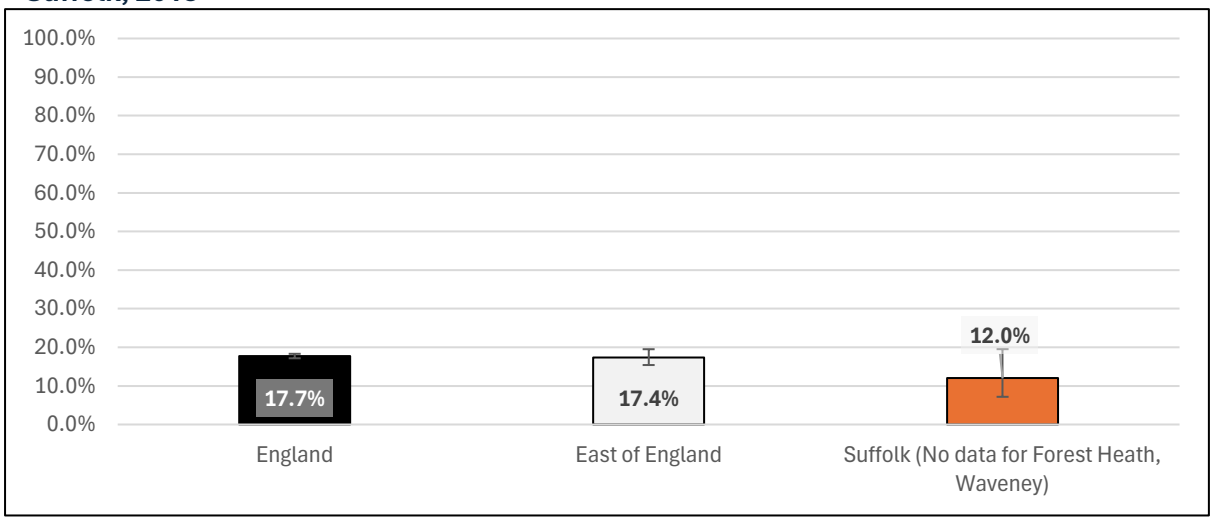
Figure 26. Percentage with bleeding on probing (% of adults with gingival (gum) bleeding on probing), England, East of England, Suffolk, 2018



Source: Public Health England (2018)

However, Suffolk adults reported fewer oral health impacts on daily life, with only 12.0% suffering oral health impacts fairly or very often, although this rate was statistically similar to 17.7% across England, and 17.4% across the East of England. This suggests that despite some clinical indicators showing room for improvement, the subjective experience of oral health problems may be less severe among Suffolk residents (at the time of survey).

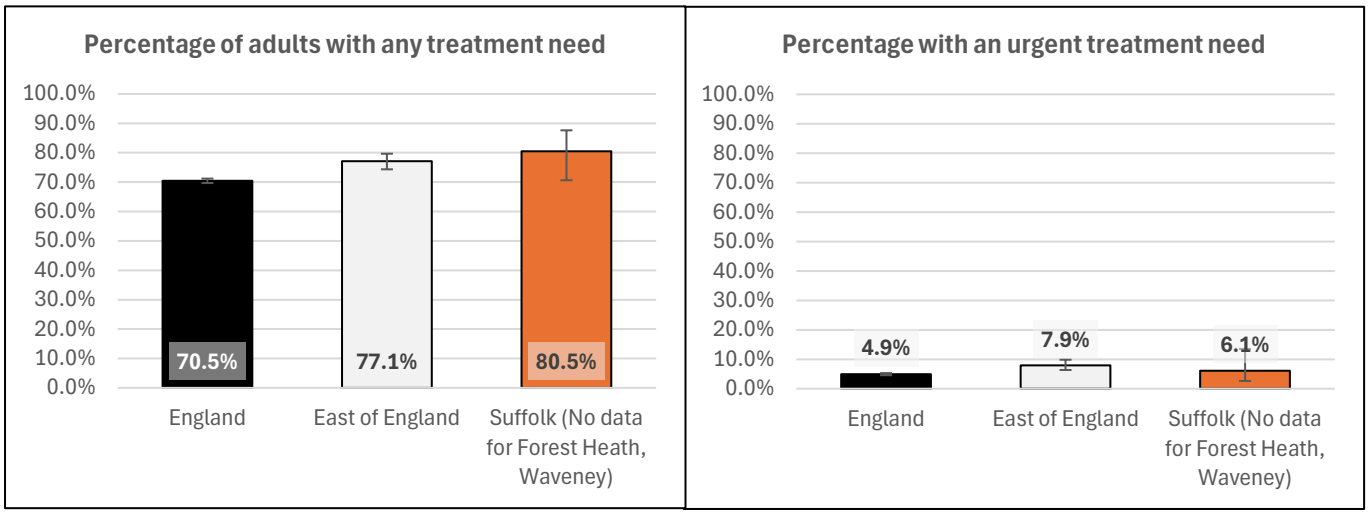
Figure 27. Percentage suffering any oral health impacts fairly or very often (% of adults suffering from any oral health impacts fairly or very often), England, East of England, Suffolk, 2018



Source: Public Health England (2018)

The data also indicates that 80.5% of Suffolk adults had some treatment need identified during examination, statistically similar to the national (70.5%) and regional (77.1%) averages, though the proportion requiring urgent treatment (6.1%) was statistically similar to the national average (4.9%).

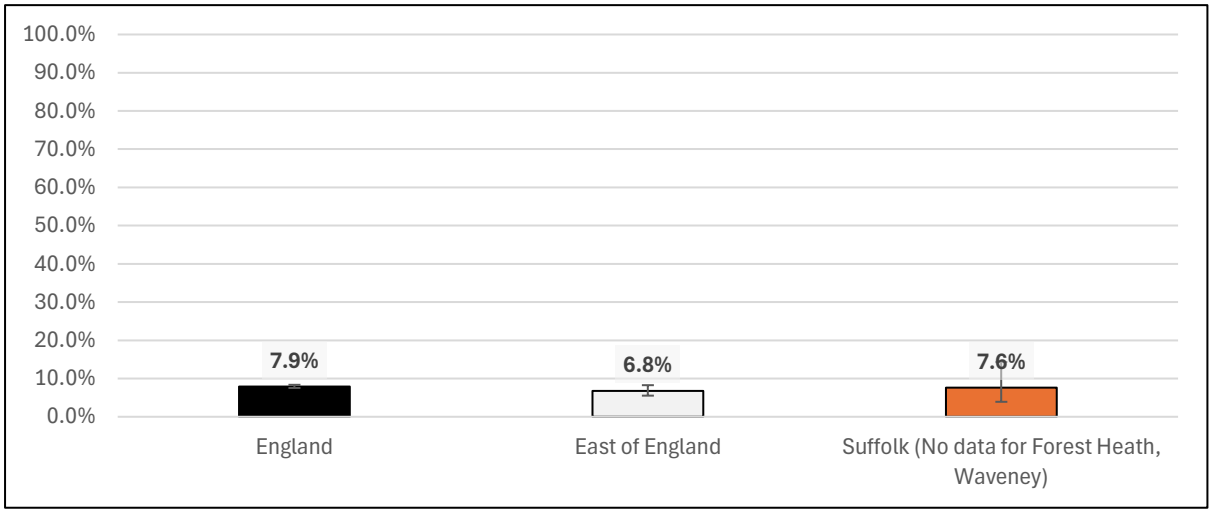
Figure 28. Percentage of adults with any treatment need, and percentage of adults with an urgent treatment need, England, East of England, Suffolk, 2018



Source: Public Health England (2018)

The 2018 Oral Health Survey data also reveals that 7.6% of Suffolk residents had not visited a dentist in the previous two years. This is statistically similar to the figure for the East of England (6.8%) and for England overall (7.9%).

Figure 29. Percentage of adults who have not visited a dentist in the last 2 years, England, East of England, Suffolk, 2018



Source: Public Health England (2018)

Inequalities in oral health

Although oral health in England has improved over recent decades, significant inequalities persist across social, geographic, and demographic groups. These disparities reflect wider social determinants of health and begin early in life, continuing through adulthood into later life.

Socioeconomic inequalities

Oral health outcomes are closely linked to deprivation. Children and adults from more deprived backgrounds consistently experience poorer oral health. For example, five-year-olds in the most deprived areas of England are over three times more likely to have dental decay than those in the least deprived areas. Among adults, those in routine and manual occupations have higher rates of tooth decay, gum disease, and tooth loss compared to those in professional or managerial roles[2].

Geographical inequalities

Regional variation is evident in both disease prevalence and access to dental services. Areas in the north of England typically report worse oral health outcomes than those in the south and east. These differences are mirrored in NHS service access, with London and parts of the south east showing the lowest uptake of NHS dental care among both adults and children[2].

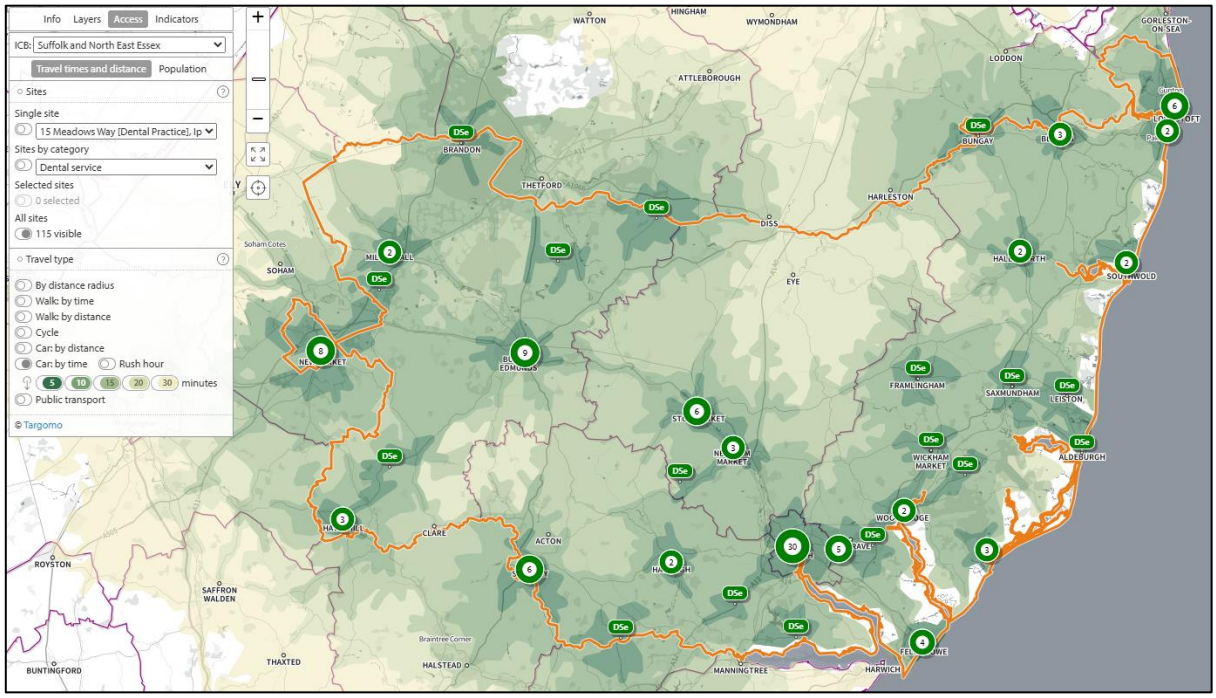
Age-related oral health challenges

Oral health needs increase with age, but the relationship is shaped by a number of biological, social, and geographic factors. Older adults are more likely to experience tooth loss, gum disease, oral cancer, and conditions such as dry mouth due to medications or chronic illness. Accessing dental care can become more difficult with age – especially for those with mobility issues, cognitive impairment, or living in rural areas[2]. Older adults in more affluent areas may experience better oral health due to lifetime access to private dental care and healthier behaviours, while those in deprived or isolated settings often face additional disadvantage. These patterns reflect a broader national trend: inequalities in later life are not just about age but also reflect cumulative disadvantage over the life course.

Inequalities in accessing dental care

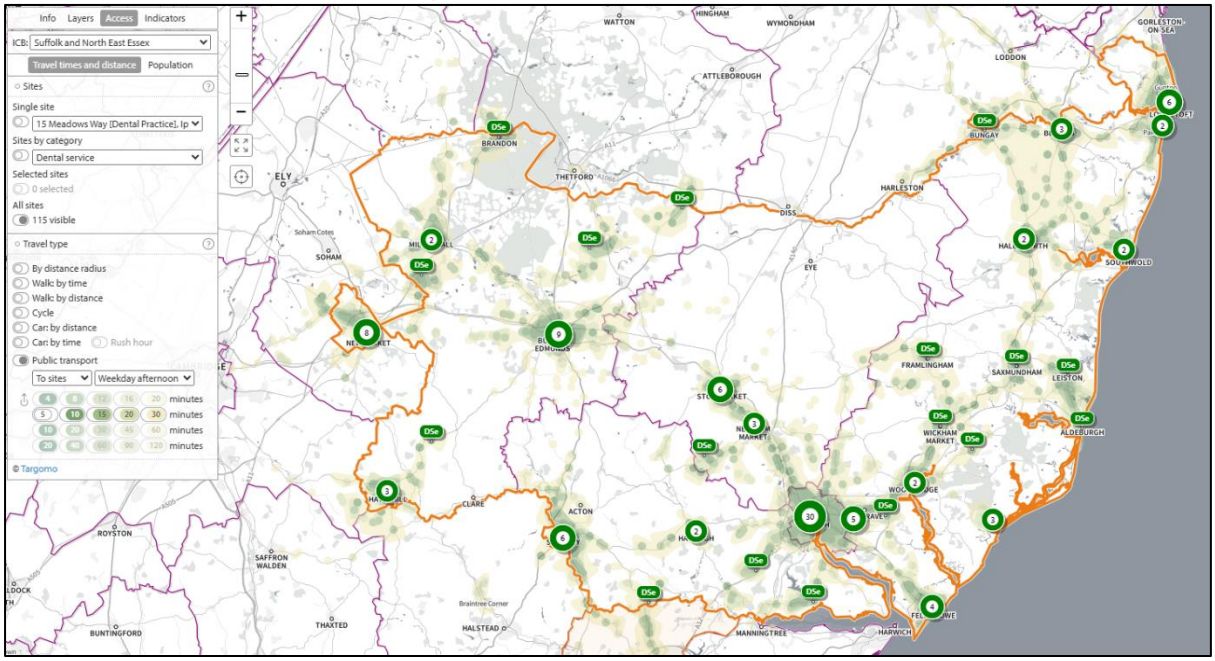
Physical access to sites where NHS dental services are provided may form part of the barrier to access to dental care. Most NHS dental services are accessible from most of Suffolk by car within 30 minutes, apart from mainly rural, coastal villages. However, access by public transport is more difficult, with the Strategic Health Asset Planning and Evaluation (SHAPE) tool suggesting 108,420 Suffolk residents live in areas where NHS dental services are not accessible within 30 minutes of travel by public transport on a weekday afternoon. It is important to note, that while the Suffolk population may have access – it does not mean they are registered and able to make an appointment. Again, these are predominantly the more rural areas of the county but still represent 13.9% of all Suffolk residents.

Figure 30. Access to NHS dental services for Suffolk residents by car within 30 minutes



Source: SHAPE Atlas (2025)

Figure 31. Access to NHS dental services for Suffolk residents by public transport within 30 minutes on a weekday afternoon



Source: SHAPE Atlas (2025)

Inequalities by protected characteristics

Oral health also varies across groups with protected characteristics:

- **Age**: Older adults, particularly those with limited mobility or living in care settings, are at higher risk of poor oral health and may have limited access to routine dental care
- **Ethnicity**: Evidence shows higher levels of dental caries among some ethnic minority groups, particularly children from Asian and Black backgrounds, often linked to dietary practices and reduced access to services
- **Disability**: People with physical, sensory or learning disabilities face additional barriers in accessing timely and appropriate dental care
- **Pregnancy and maternity**: Pregnant women may experience increased risk of gum disease due to hormonal changes, and those from lower-income backgrounds may have reduced engagement with dental services[2]

Groups at risk of disadvantage

Groups such as people experiencing homelessness, refugees, travellers, prisoners, and sex workers often experience some of the worst oral health outcomes. These populations may face compounded challenges, including high disease burden, limited access to dental services, and stigma[2].

Contributing Factors

Oral health inequalities are driven by a complex interaction of upstream, midstream, and downstream factors:

- **Upstream**: Socioeconomic policies, education, employment, housing, and food environments
- **Midstream**: Living conditions, stress, social support, and access to health services
- **Downstream**: Health-related behaviours such as diet, tobacco and alcohol use, and oral hygiene

These determinants are socially patterned, meaning those in disadvantaged circumstances are more likely to engage in behaviours that increase oral disease risk.

Improvement

- In response to the crisis, a £1.2 million urgent dental care service has been launched, providing appointments within 24 hours for those in pain. This service operates in locations including Ipswich, Felixstowe, Hadleigh, and Stowmarket, aiming to alleviate immediate needs.
- The University of Suffolk has established a social enterprise to improve access to NHS dental care and enhance oral health among local populations.

Children

Child oral health promotion forms part of the early years foundation stage framework (early years providers must promote good oral health of children who attend their setting)[23].

All Our Health (March 2022)

The 'All Our Health' guidance on child oral health provides a comprehensive framework for health and care professionals to prevent tooth decay and promote oral health among children. Tooth decay remains the most prevalent oral disease affecting children in England, with nearly a quarter of 5-year-olds experiencing dental issues, averaging 3-4 affected teeth. Despite improvements in overall oral health, significant regional inequalities persist, with children from the most deprived areas experiencing more than twice the level of decay compared to those in less deprived regions.

Prevention strategies focus on several key areas. Professionals are encouraged to promote behaviours that reduce tooth decay, primarily by reducing sugar consumption and ensuring regular brushing with fluoride toothpaste. The guidance emphasises the importance of early intervention, recommending initiatives such as the 'Dental Check by One' programme and community oral health improvement programmes like supervised tooth brushing and fluoride varnish application in early years settings.

Healthcare professionals are advised to take a proactive approach by:

- Understanding local oral health needs
- Providing evidence-based advice
- Referring patients to community oral health improvement programmes

- Supporting behaviour change interventions

Strategic leaders are called upon to embed oral health in broader healthcare services, including health and wellbeing board assessments, food policies, and initiatives to reduce sugar consumption. The economic impact is significant, with the NHS spending approximately £3.4 billion annually on treating oral conditions – a cost that could be substantially reduced through effective prevention.

OHID had established a Child Oral Health Improvement Programme Board with the goal of ensuring every child grows up free of tooth decay. This approach recognises oral health as a crucial component of general health and wellbeing, contributing directly to a child's development and school readiness.

Supporting resources include e-learning modules, professional training materials, and public health tools designed to increase healthcare professionals' confidence and skills in preventing oral health issues. The guidance underscores the importance of a collaborative approach, involving healthcare professionals, local authorities, families, and communities in promoting children's oral health[24].

Dental caries and obesity: their relationship in children (November 2019)

Public Health England (now the Office for Health Improvement and Disparities) research from 2019 on the relationship between dental caries (tooth decay) and body mass index in children provides important insights for oral health improvement strategies. This analysis linked data from the National Dental Epidemiology Programme and the National Child Measurement Programme, creating the first large-scale individual child-level examination of these two public health concerns affecting children in England.

The study of 67,033 five-year-old children revealed a significant association between weight status and dental caries, even after controlling for potential influences such as deprivation, ethnicity, and water fluoridation status. Children with overweight or very overweight status were more likely to have experienced dental caries than those of healthy weight. Similarly, children with underweight showed higher prevalence and severity of dental caries, suggesting a bimodal relationship between weight and oral health outcomes.

Notably, the study found that dental caries prevalence increased linearly with BMI across all deprivation quintiles, highlighting that the relationship exists regardless of socioeconomic status. However, socioeconomic factors remain crucial determinants of both conditions, with children from the most deprived areas experiencing more than twice the level of decay (34.2%) compared to those from the least deprived areas (13.5%). This mirrors obesity patterns, where prevalence among children in the most deprived areas is almost double that of those in the least deprived areas.

The relationship between these conditions is likely mediated through dietary factors, particularly sugar consumption, which increases risk for both obesity and dental caries. This connection presents important opportunities for integrated public health approaches. The findings emphasise the need for consistent messaging around reducing sugar consumption and

encouraging balanced diets, supporting the case for whole-systems approaches to addressing these interrelated health challenges.

For healthcare professionals, these results suggest that overweight status in children may be an indicator of risk of potential dental caries. Practitioners should consider providing appropriate oral health interventions when working with children outside healthy weight ranges, while also recognising that children with underweight status may require specialist nutritional support alongside dental care.

The research reinforces the importance of addressing social determinants of health through proportionate universalism to reduce oral health inequalities, while simultaneously tackling specific factors such as unhealthy diets that contribute to both conditions[25].

Supervised toothbrushing programme toolkit (April 2025)

OHID provides comprehensive guidance on commissioning and delivering supervised toothbrushing schemes in early years and school settings, recognising these programmes as evidence-based interventions to address the persistent challenge of tooth decay in children. Despite improvements in children's oral health over the past two decades, the most recent surveys show that 22.4% of 5-year-olds and 10.7% of 3-year-olds still experience tooth decay, which can significantly impact their ability to sleep, eat, speak, play, and socialise with peers.

The evidence base for supervised toothbrushing is robust, with strong research demonstrating that daily application of fluoride toothpaste reduces both the incidence and severity of tooth decay in children. National Institute for Health and Care Excellence (NICE) public health guidance specifically recommends supervised toothbrushing schemes for nurseries and primary schools in areas where children are at high risk of poor oral health, particularly as children in more deprived areas are less likely to brush their teeth twice daily and experience poorer oral health outcomes compared to their less disadvantaged peers[26].

The NICE guidance asserts the economic case for these programmes is compelling, with a return on investment of £3.06 for every £1 spent over five years. Evidence shows that brushing each day at school over a three-year period is effective for preventing tooth decay in all children, while children living in the most deprived 20% of areas can show significant reduction in tooth decay within just one year. These programmes also support the NHS Core20PLUS5 approach to reducing health inequalities, with oral health identified as one of the clinical priorities for children and young people.

The guidance emphasises the importance of formal commissioning arrangements that include service specifications, quality assurance frameworks, and contract monitoring processes. Each scheme should have a designated lead person, clear agreements outlining partner responsibilities, access to dental professional advice, and comprehensive staff training including infection prevention and control procedures. Parental consent must be obtained, and quality assurance assessments should be conducted termly by staff and annually by providers.

The delivery model focuses on evidence-based practice to ensure effectiveness. Children should brush once daily as part of the supervised scheme, using fluoride toothpaste containing 1,350 to 1,500 parts per million fluoride. The correct amount of toothpaste is crucial, with children under 3 years using a smear and those over 3 using a pea-sized amount. Children must be closely supervised by adults and should spit out residual toothpaste without rinsing afterward. The programmes should complement home-based oral health behaviours, with toothpaste and toothbrush packs provided for home use during school holidays.

Two delivery approaches are supported: dry toothbrushing, which can take place without access to water or sinks, and wet toothbrushing at designated sink areas. Both approaches follow strict infection prevention and control guidelines developed by the UK Health Security Agency.

The guidance establishes clear roles and responsibilities for commissioners, oral health staff, providers, and childcare staff. Commissioners are responsible for identifying high-risk areas using oral health needs assessments and coordinating schemes to prevent duplication. Oral

health staff provide training, resources, and implementation support, while childcare staff ensure daily delivery following established guidelines and manage consent processes.

Since 2021, oral health promotion activities have been required in early years settings under the Early Years Foundation Stage statutory framework, reinforcing the importance of these programmes. Local authorities maintain statutory responsibility for assessing oral health needs, developing strategies, and commissioning improvement programmes[27].

Breastfeeding and dental health (January 2019)

Public Health England (now the Office for Health Improvement and Disparities) guidance on breastfeeding and dental health reinforces that dental teams should continue to actively support and encourage breastfeeding as part of comprehensive oral health strategies. The evidence demonstrates clear protective benefits, with breastfeeding up to 12 months of age associated with a decreased risk of tooth decay in children, alongside broader health benefits including reduced risks of infectious morbidity such as gastroenteritis, respiratory infections, and middle-ear infections. This aligns with World Health Organization and UK government recommendations for exclusive breastfeeding for approximately the first six months of life, followed by complementary foods alongside continued breastfeeding.

Despite these established benefits, breastfeeding rates in the UK remain low, at the time of the guidance only 34% of mothers were still breastfeeding at six months and 1% exclusively breastfeeding as recommended. The guidance provides specific recommendations including that breast milk should be the only food or drink for the first six months, with bottle-fed babies transitioning to free-flow cups from six months and bottle feeding discouraged after 12 months. Only breast milk, formula, or cooled boiled water should be given in bottles, with sugar addition to foods or drinks avoided.

The guidance emphasises that breastfeeding represents the physiological norm and dental teams should include information about the risks of not breastfeeding when providing advice to families. However, it is important to note not all babies are breastfed, and this may be due to a variety of personal, medical, or social circumstances.

While research challenges exist regarding breastfeeding beyond 12 months and its relationship to dental caries, the current evidence supports continued promotion of breastfeeding as a protective factor for children's oral health[28].

Adults

All Our Health (April 2022)

The All Our Health guidance supports health professionals in embedding oral health promotion into routine care, recognising the vital role they play in prevention and early intervention.

Health professionals are encouraged to deliver consistent messages on oral hygiene—promoting twice-daily brushing with fluoride toothpaste (1350–1500ppm), reducing sugar intake, avoiding tobacco, and limiting alcohol consumption to within recommended limits. Regular dental check-ups are advised even for individuals without teeth. Professionals should be alert to potential signs of oral cancer, such as persistent mouth ulcers or lumps, and refer accordingly.

Targeted advice should be offered to vulnerable adults, including those in care homes, accessing substance misuse or mental health services, or with long-term conditions. Denture wearers should clean their dentures twice daily and remove them overnight. Sugar-free medicines should be recommended where possible.

Managers and commissioners are advised to use available toolkits and NICE guidance to support effective service delivery, particularly for at-risk populations such as older adults in care homes. Community water fluoridation is highlighted as a population-level intervention that does not rely on individual behaviour change. Oral health improvement efforts should be underpinned by an understanding of local needs, supported by data from regional dental public health consultants and national surveys.

A wide range of professional resources and training are available, including e-learning on smoking cessation and alcohol reduction, as well as evidence-based interventions from Delivering Better Oral Health. These tools support professionals in making every contact count, using routine interactions to promote both oral and general health[29].

Adults in care homes (November 2020)

The oral health toolkit for adults in care homes national resource from the Office for Health Improvement and Disparities provides a comprehensive toolkit to improve oral health for adults in care homes across England. The toolkit was developed in response to the Care Quality Commission's "Smiling Matters" report, which identified significant gaps in oral healthcare support for care home residents.

The toolkit includes training materials, templates, and publications organised into five key sections:

- Resources for residents and their support networks - Oral health information for care home residents, families, friends, and carers
- Training resources for care home staff - Health Education England-led materials including training slides, manuals, webinars, and instructional videos
- Materials for care home managers - Policy templates, quality assurance checklists, and baseline assessments to implement NICE guidance effectively
- Relevant publications - Links to care home-related publications and research
- Commissioner resources - Documents and links specifically for those commissioning care home services

This initiative aligns with both the NHS Long Term Plan's Ageing Well Programme commitment to roll out Enhanced Health in Care Homes and the NICE guideline "Oral health for adults in care homes." The toolkit emphasises that maintaining good oral health improves general wellbeing and supports independence in older age.

Water fluoridation

The 2022 health monitoring report by the OHID reaffirms that water fluoridation is a safe and effective public health measure for reducing dental caries and narrowing oral health inequalities. Using population-level data, the report compared oral and general health outcomes across areas in England with varying levels of fluoride in the water supply.

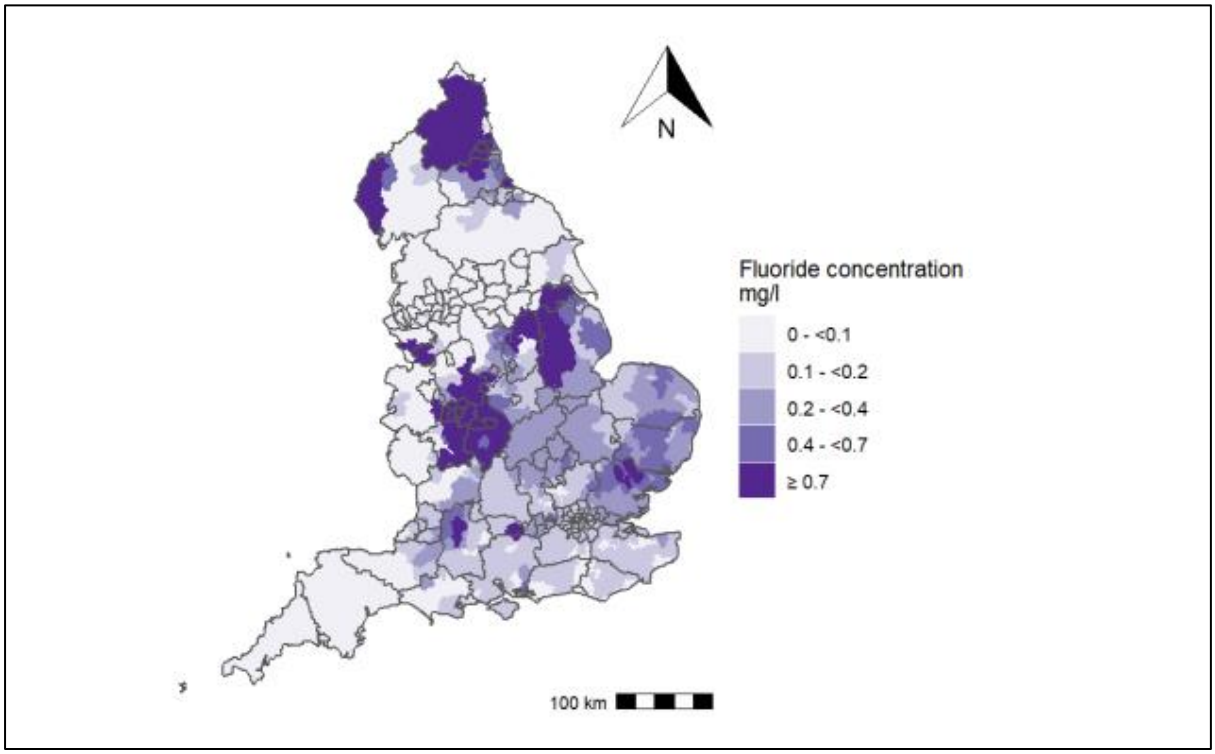
Children living in fluoridated areas, or areas with higher naturally occurring fluoride, experienced significantly lower rates and severity of tooth decay. Five-year-olds in fluoridated areas were less likely to have dental caries, and children and young people were substantially less likely to be admitted to hospital for tooth extractions due to decay. These benefits were observed across all levels of deprivation but were most pronounced in the most deprived communities.

The report found no consistent or convincing evidence of increased risk of hip fractures, a non-dental outcome previously identified for monitoring. This supports the broader international consensus that fluoridation, at levels used in England (up to 1.5mg/l), poses no harm to general health.

Approximately 10% of the population in England receives water from fluoridation schemes. The report concludes that community water fluoridation remains a highly equitable and impactful intervention, particularly for addressing dental health disparities among socioeconomically disadvantaged groups[30].

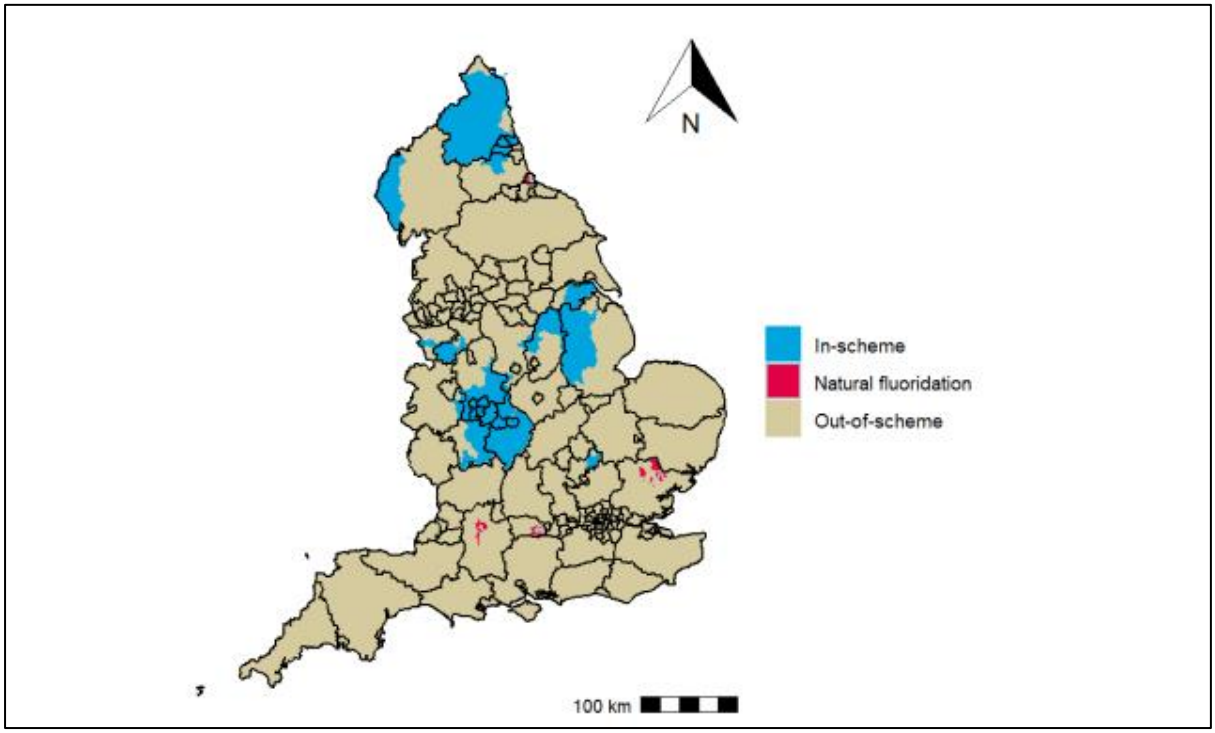
Fluoride concentration varies across England – however there are areas of the country with naturally high water fluoride concentrations (>0.7mg/l) such as in Suffolk, parts of the South West, and parts of the North East.

Figure 32. Mean fluoride concentration in LSOAs in England, with 2020 Lower-Tier Local Authority boundaries



Source: Office for Health Improvement and Disparities (2022)

Figure 33. LSOAs with a fluoridation scheme (yes/no) or with fluoride concentration naturally 0.7mg/l in England in 2015, with local authority boundaries



Source: Office for Health Improvement and Disparities (2022)

Conclusion

The overall oral health of Suffolk residents compares favourably to national averages, particularly in the case of children, where rates of dental decay are among the lowest in England. Suffolk has consistently reported statistically significantly lower rates of decayed, missing, or filled teeth (dmft) in children aged 3, 5, and 11 years. These outcomes are likely to be influenced by a number of factors, including the impact of local initiatives, such as the "Keep Suffolk Smiling" programme, alongside relatively strong baseline health outcomes across the county.

However, this positive county-wide picture masks important local variation. Children living in Ipswich consistently experience higher levels of tooth decay and hospital admissions due to dental caries compared to some peers in other Suffolk districts and boroughs. Ipswich alone accounted for nearly half of all dental hospital admissions for children under five between 2021 and 2024, underscoring the need for targeted and sustained local action.

The data also highlights a critical period in early childhood, between the ages of three and five, when dental decay increases sharply. This reinforces the importance of early intervention and preventive measures during this window, particularly through education on sugar intake and the promotion of good brushing habits from an early age.

While Suffolk has lower rates of hospital admissions for dental caries in young children compared to the England average, the Suffolk rate remains higher than many neighbouring areas within the East of England. This suggests there remains substantial room for improvement when benchmarked against similar counties.

In contrast to the relatively positive indicators for children, adult access to NHS dental services remains a significant challenge. In the 24 months leading up to 2023/24, only 37.9% of Suffolk's adult population had seen an NHS dentist—a figure statistically significantly lower than the England average of 40.3%. Access issues are particularly pronounced in rural and coastal areas, such as Mid Suffolk and Babergh, where public transport connectivity compounds physical access barriers.

Mortality rates from oral cancer in Suffolk are currently statistically similar to national figures but have worsened in recent years, reversing previous trends where Suffolk had statistically significantly lower rates. This points to a continued focus on interventions regarding smoking cessation and alcohol reduction, given their strong links with oral cancer.

Persistent inequalities in oral health are evident across Suffolk. Children and adults living in areas of higher deprivation consistently experience poorer outcomes. Access to dental care is also uneven, with physical geography and transport infrastructure influencing service accessibility. Vulnerable groups including people with disabilities, ethnic minorities, and those experiencing homelessness face additional barriers that must be addressed through inclusive and accessible service design.

The findings in this profile underscore the importance of maintaining and scaling up preventive programmes, such as supervised toothbrushing in early years settings and targeted oral health education. Efforts must also focus on reducing inequalities in access, particularly in

underserved districts and boroughs. Continued monitoring of key indicators, including dental service use and oral cancer mortality, will be critical to inform future planning and ensure that improvements in oral health are sustained and shared equitably across Suffolk.

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