

Transalpine Oral Health Service Development Group Work Plan 2021-22

Vision: Aiming for equity of access and outcomes, and the best possible oral health, for all Canterbury and West Coast residents.

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Improved whole of life Oral Health awareness, with a focus on Māori and Pacific and caregivers on low incomes	<p>Implement the Canterbury Oral Health Education and Promotion Plan, ensuring these are evidence based and focus on improving equity for identified groups. These include:</p> <ul style="list-style-type: none"> Implementing the Well Child Tamariki Ora project to improve Oral Health literacy for parents of 0-2-year-olds. Supporting Pegasus to develop an oral health webinar for use in primary care. (EOA, SLM CDHB) 	<p>Q1-Q4:</p> <ul style="list-style-type: none"> Improved equity of access to toothbrushes and education. Pre and post training evaluation of WCTO staff to measure improved understanding. Māori and pacific whānau/caregivers of 0-4-year-olds and rangatahi have an improved understanding of oral health. Māori and pacific whānau/caregivers and their tamaraki and rangatahi are more engaged with services (measured by uptake in accessing DHB funded dental services). 	<ul style="list-style-type: none"> Improved environment supports health and wellbeing. Decrease in OH contribution to ASH rate for Māori and Pacific 0-4 years. Improved Oral Health status of Māori and Pacific tamaraki and adolescents.
	<ul style="list-style-type: none"> Develop and implement a West Coast Oral Health Education and Promotion plan. Offer a package of support that addresses both good oral hygiene practices (supervised brushing twice a day with a fluoride toothpaste) and health literacy related to good oral health (promote breastfeeding, limit sugary drinks and eat a balanced diet that includes fresh fruit and vegetables). Support the appointment of a Clinical lead for Oral health. (EOA, SLM WCDHB) 	<p>Q1: Plan completed.</p> <p>Q2-4</p> <ul style="list-style-type: none"> Prioritised actions commenced. Prioritised actions completed. <p>Q1: 75% of Māori whānau with a child admitted for treatment of a dental condition are engaged in a wraparound support package.</p> <p>Q2: Appointment of Clinical Lead Dental at WCDHB.</p>	<ul style="list-style-type: none"> Reduce the 3-year average ratio between ASH rates for Māori children to below 1:1.23 (2021/22 SLM plan).
	<ul style="list-style-type: none"> Collaborate with Community and Public Health to advocate for, and support, policies that will improve oral health for our most vulnerable populations, including water fluoridation and reduced sugar/sugar free policies /position statements. Connect with other advocacy initiatives. (EOA WCDHB and CDHB) 	<p>Q4</p> <ul style="list-style-type: none"> Fluoridation actions undertaken following approval of CDHB position statement when/as directed by MoH. Reduced sugar/sugar free oral health messaging included in new Healthy food and drink policy. Quarterly progress updates/collaboration with other initiatives completed. 	
2. Improve the oral health of children through streamlining the patient flows process	<p>Improve the Canterbury Oral Health Service Model:</p> <ul style="list-style-type: none"> Undertake a patient flow project to investigate how Māori with acute dental needs flow through the system and identify opportunities to improve links into earlier dental care. Implement recommendations of the patient flow process / pathway. 	<p>Q4:</p> <ul style="list-style-type: none"> Patient flow opportunities are identified, and recommendations implemented. 10% less children are referred out of Community Dental Service. 10% less children are referred for Sedation and then on referred to Hospital Dental. Performance reporting programme 	<ul style="list-style-type: none"> Access to care. Improved Coordinated care. Timely access to specialist intervention.

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	<ul style="list-style-type: none"> Support Dental Therapists to work at the top of their scope, within the patient pathway. Develop an oral health performance reporting programme with a focus on equity including regular reports through to CCN and Māori advisory groups. (EOA CDHB) 	<p>completed.</p> <ul style="list-style-type: none"> Regular reports to CCN and Māori advisory groups, recommendations / feedback from these groups implemented. 	
	<p>Community Dental Service targeted recall system:</p> <ul style="list-style-type: none"> Continue to develop/improve the targeted recall system based on clinical need. Refine the processes which identify Māori and Pasifika children lost to recall/not engaging and re-engage them and their whānau in school and community Oral Health services. (EOA, SLM CDHB) 	<p>Q4</p> <ul style="list-style-type: none"> Quarterly updates provided. Regular reports identify children lost to recall. Service targets for Māori and Pasifika established. Re-engagement with services meets targets for Māori and Pasifika. 	<ul style="list-style-type: none"> Increased equity of access.
	<p>Continue to use connections within primary, paediatric inpatient and community health services to identify non-attenders and other children being lost to recall and re-engage them and their whānau with school and community oral health services. (SLM WCDHB)</p>	<p>Q4: Evaluation completed on impact.</p>	
	<p>Work with Hospital Dental services to develop a Transalpine Service.</p>	<p>Q1: Transition completed.</p>	
<p>3. (a) Improve the oral health of Adolescents</p> <p>(b) An accessible youth friendly Oral Health service</p>	<p>Working group that has a strong Māori, Pasifika and Rangatahi voice develops and implements a transalpine Oral Health adolescent utilisation improvement workplan. (EOA, SLM CDHB)</p>	<p>Q1-Q4</p> <ul style="list-style-type: none"> Quarterly reporting on progress. Reduced equity gap in adolescent utilisation of Oral Health services under the Combined Dental Agreement, e.g. <ul style="list-style-type: none"> a) referred but not utilising service b) not referred 67% of adolescents utilise DHB funded dental service at June 2022. 	<ul style="list-style-type: none"> Oral Health services are accessible and feel welcoming Patient experience Increased equity of access
<p>4. A Culturally Competent Oral Health Service</p>	<p>Improve the cultural competency of Oral Health service (DHB and dental practices) by:</p> <ul style="list-style-type: none"> Investigating options to improve this at a national and local level (e.g. service specifications, association/ council expectations, education, when new staff are employed). Implementing appropriate responses in collaboration with the local branch of the NZ Dental Association, Hospital and Community Dental Services. (EOA WCDHB and CDHB) 	<p>Q1-Q4</p> <ul style="list-style-type: none"> SDG/GM advocates for cultural competency expectation in appropriate service specs (eg CDA). Appropriate programmes to improve cultural competency completed by Oral Health staff (including front of house). Increase in Māori/Pacific accessing Oral Health services (CDS, Private). 	<ul style="list-style-type: none"> Oral Health services are accessible and feel welcoming. Patient experience. Increased equity of access.
	<p>Support improved relationships and engagement with Māori and Pacific</p>	<p>Q1-Q3</p> <ul style="list-style-type: none"> Regular hui for Māori and Pasifika OH 	

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	people working in Oral Health. (EOA WCDHB and CDHB)	workforce held.	
5. Improved Oral Health for other populations	Develop patient pathways that facilitate access to Hospital or Specialist Dental Services on West Coast for people with special dental or health conditions. (EOA WCDHB and CDHB)	Q2: Pathways developed which consider older persons, low income adults and those who experience mental health issues.	
	Support private dentists in Canterbury and West Coast to utilise local community Health Pathways and HealthInfo. (EOA WCDHB and CDHB)	Q1 <ul style="list-style-type: none"> Increased awareness via branch meetings/physical visits to introduce/refresh awareness. Increased utilization. 	
	Ensure regular access to Oral Health education opportunities for Older Persons Health and Mental Health workforce. (EOA WCDHB and CDHB)	<ul style="list-style-type: none"> Training opportunities such as MoH/NZDA Healthy Mouth Healthy Aging seminars for Older Persons Health are endorsed and regularly circulated. 	
	Work with the Alcohol and Other Drugs team (AOD) and Community Pharmacies to offer Oral Health hygiene consumables, brief advice and printed resources to consumers of Opiate Substitution Therapy to support and enable them to maximize their oral health. (EOA WCDHB and CDHB)	Q4 <ul style="list-style-type: none"> Develop service with AOD, Pharmacies engaged and supported. Initial learnings quantified and applied according to quality improvement principles. Evaluation – number of packs distributed, continued engagement. 	
Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance			
Description of metric			Data Source
1. Children caries free at 5 years of age – target 67.4%.			Community Dental
2. Mean DMFT score at school year 8 - target 0.70.			Community Dental
3. Preschool Enrolment with Community Dental Services – target 95%.			Community Dental
4. Number of enrolled preschoolers and primary school aged children overdue for their schedule's assessment.			Community Dental
5. Adolescents receiving services under the Combined Dental Agreement – target 85%.			MoH – claims data

The current CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).