Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

HUTT VALLEY DHB

Oral Health
consultation

ADDRESSING THE ORAL HEALTH NEEDS OF OUR CHILDREN & ADOLESCENTS

Summary of Greater Wellington Oral Health Consultation

Introduction

Capital & Coast and Hutt Valley DHBs currently fund and provide oral health services to children and adolescents aged 2½ to 18 years in the greater Wellington region, which includes Kapiti Coast (including Waikanae), Porirua City, Wellington City, Hutt City and Upper Hutt City.

The two DHBs are developing a proposal to reconfigure these services in line with the Ministry of Health's strategic vision for oral health (*Good Oral Health for All, for Life- August 2006)* for people aged 0-18. They have joined together to undertake this process in the greater Wellington area and will, following this public consultation, present a business case to the Ministry of Health by 30 November 2007. Any final proposal that comes out of this consultation process will only proceed if the two DHBs are successful in gaining the additional funding required.

This is a summary of the proposals set out in the full consultation document.

The Ministry's vision includes the following:

- A community based dental service with strong links to schools, Maori oral health providers and primary care providers (replacing single-practitioner dental clinics at schools)
- A seamless 0-18 year-old service structure (currently the links between early child hood services and the school dental service are tenuous, and the adolescent service is run separately as is the health promotion and education service)
- Delivery through a hub and spoke model with a mix of fixed and mobile facilities (this means having a larger central clinic in an area, with mobile units travelling to schools for examinations)
- A focus on prevention and very early intervention (the intent is to strengthen services for children in the zero to two age group in order to prevent problems later)
- An appropriate and skilled workforce (the school dental service, in particular, has long suffered from workforce shortages)

All DHBs throughout the country are required to present the Ministry with business cases, which outline how they intend to implement this vision in their areas. The Ministry has allocated $100 million in additional capital funding over the next five years to allow DHBs to upgrade their current services.

What the DHBs are considering is a significant change from the current system. We are particularly keen to understand better the likely impact upon family/whanau, schools and the wider community. We need to understand all the issues so we can finalise a plan within the guidelines of the national vision.

The Current Service in the Wellington

Currently a range of different services cover elements of oral health for young people aged 0-18 across this area. These services have grown over the years to meet varying demands and are, consequently, fragmented, through a range of independent providers (this is further outlined in the full document).

The current services have a range of pressing issues which include.-

- Very poor facilities in many areas in need of major renovation
- Difficulty recruiting dental therapists to work in isolation in poor facilities
- Very limited oral health promotion
- Long delays in seeing primary school aged children
- Limited enrollment and treatment of adolescents aged 13 to 18
- Considerable inequalities between the oral health status of various population groups

0-2 years

There is a low level of enrolment of pre-school children in the School Dental Service, currently 45% (7,485 children out of an eligible population of 16,765). Historically, this has been disproportionately lower for Pacific and Maori children.

3-12 years

Compared to 2005 national averages, figures indicate that Capital & Coast and Hutt Valley DHB children have better oral health status at ages 5 and 12, but there are significant inequalities in oral health between different groups in the region.

By the time children begin primary school at age five, there is often a significant dental decay problem. Some children require treatments in Hospital with a general anesthetic for extensive fillings.

Currently there are 89 school dental clinics and four mobile caravans serving 180 schools, meaning 48% of children receive dental services at a school other than their own. The number of children experiencing delays for examination by the School Dental Service at December 2006 indicates that 31% of all enrolled children are not being seen within the target recall period of one year.

13-18 years

In 2005, 44% of the population aged 13-18 years in Capital & Coast and Hutt Valley DHB combined were recorded as having received and completed their free treatment (38% for CCDHB; 53% for HVDHB).

The National goal is to achieve and maintain an 85% utilisation rate.

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Our Ideas for a Solution

Following a school dental service review in 2004 and a review of current school dental facilities, the two DHBs have produced two options, which they believe will meet the national requirements.

These options were arrived at with the support of an expert reference group that includes representatives from amongst local dentists, dental therapists within the current service, service managers and representatives of the Maori, Pacific and new immigrant communities.

Both options are outlined fully in the accompanying consultation document but include.-

- Replacing most of the 89 school dental clinics currently in the region with 11 centralised community-based clinics supported by motorised mobile units that will provide initial examinations.
- Eight geographical zones within the greater Wellington region
- A greater focus on the zero to three-year age group.
- Increasing the workforce by more than 50% by.-
  - ♣ Increasing the number of dental therapists working in the region from 31 to 42 full-time equivalents (FTEs)
  - ♣ Adding six FTE contracted dentists to provide access to dental care for those aged 13 to 18 years in areas where coverage from private dentists under the national publicly funded scheme is low.
  - ♣ Increasing the number of dental assistants from 31 to 48 FTEs
  - ♣ Increasing the health promotion early intervention team from 1.5 to 5.5 FTEs to increase our focus on prevention from an early age.

Community-based Clinics

The community-based clinics would have up to 39 chairs, depending on the option chosen. They would involve teams of dental therapists working together to provide a full-year service to their local community. They would combine with the mobile units to provide screening services to all children aged zero to 12 years. Depending on the option chosen, all or most annual screening of children's teeth would be undertaken in the mobile units at the child's school. All follow-up treatment would be completed at the local centralised clinics. We estimate 75% of children will require follow-up treatment at the centralised clinic.

Option One: Building 11 clinics consisting of 33 chairs with support from 16 mobile units. All initial examinations would be done in the mobile units and all follow-up treatment would be done at one of the centralised clinics.

Option Two: Building 11 clinics consisting 39 chairs with support from 11 mobile units. All initial examinations for primary school aged children would be completed in the mobile units but all pre-school children would have their initial examinations at one of the centralised clinics.

Geographical Zones

The proposed new service would have eight geographical zones, five for Capital & Coast DHB and three for Hutt Valley DHB. Some zones would have more than one centralised clinic to allow for improved access for children and their families should they require treatment after being assessed, as well as providing improved administrative, professional and clinical support to dental therapists across the region.

Pre-School Children

Increasing the health promotion early intervention team from 1.5 to 5.5 FTEs will have a particular impact on the services we can provide to pre-school children. It will allow a greater focus on the zero to three age group by offering support for well-child providers and practice nurses and early child-hood education centers to deliver consistent oral health messages to families and whanau.

Adolescents

The proposed service would increase the number of 13-18 year old enrolled in the publicly funded adolescent oral health service by improving the co-ordination and transition from primary to secondary schools.

The addition of six FTE contracted dentists will support the service already delivered by private dentists by increasing access in areas where the coverage is currently low.

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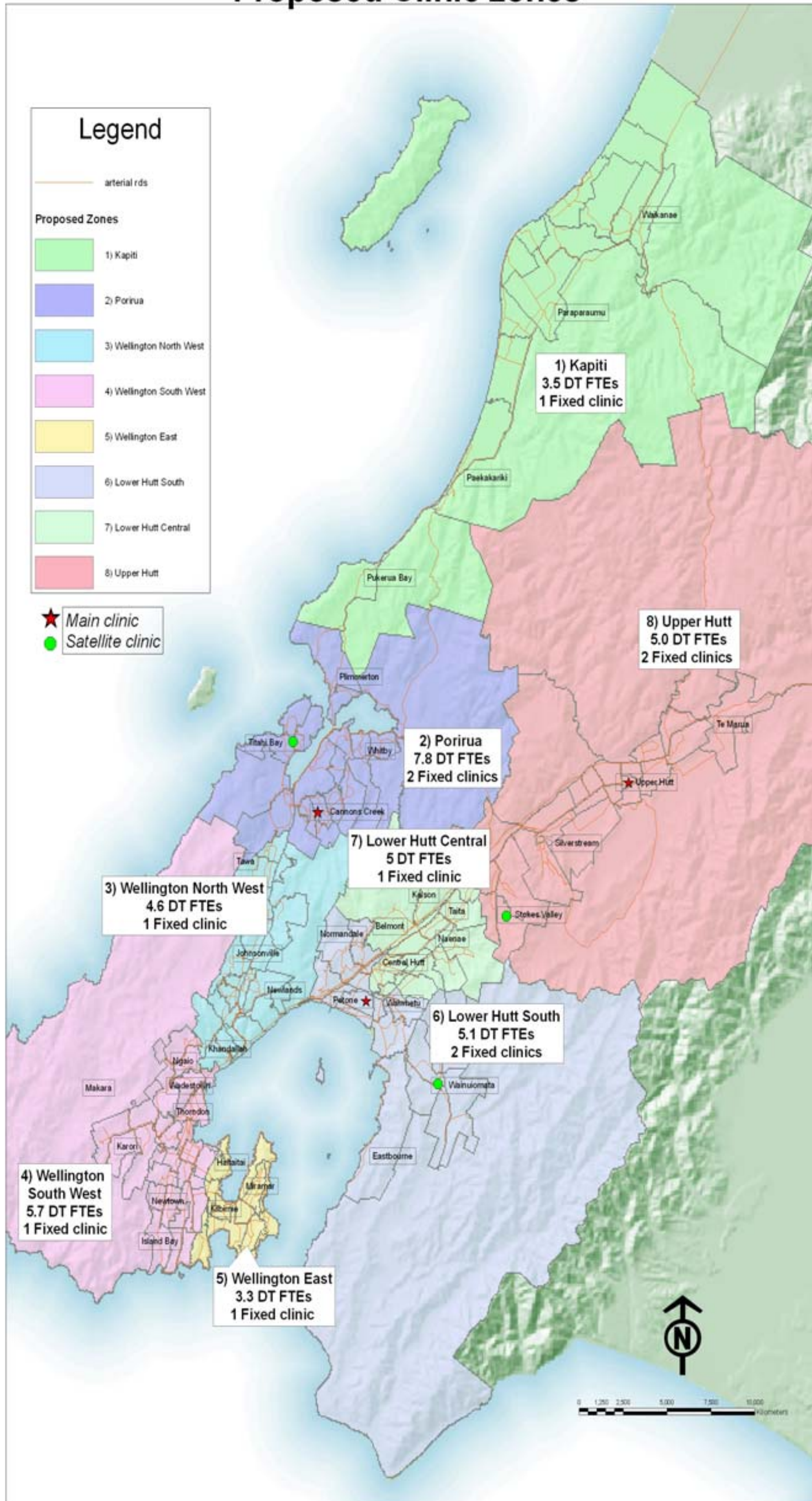
Proposed Clinic zones



Zones	Option 1	Option 2
1) Kapiti	One clinic with three chairs	One clinic with three chairs
2) Porirua	Two clinics, one with five & one with two chairs	Two clinics, one with six & one with two chairs
3) Wellington North West	One clinic with three chairs	One clinic with four chairs
4) Wellington South West	One clinic with four chairs	One clinic with five chairs
5) Wellington East	One clinic with three chairs	One clinic with four chairs
6) Lower Hutt South	Two clinics, one with three chairs & one with two	Two clinics with three chairs each
7) Lower Hutt Central	One clinic with four chairs	One clinic with five chairs
8) Upper Hutt	Two clinics, one with three chairs & one with one	Two clinics, one with three chairs & one with one
Mobiles	16	11
Fixed Chairs	33	39
Total Chairs	49	50

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Oral Health Questions &

Reasons for the Changes?

Why change the current system?
There are a number of reasons.

Firstly, the current system is fragmented - there isn't good co-ordination between services for pre-schoolers and those for school-aged children, and less than half those young people between 13 and 18 use the current services available to them.

Secondly, the DHBs recognise the need to increase resources aimed at ensuring there is good oral health guidance for the families of babies and toddlers aged up to three years old. The new system is providing this information and helping families link in with the oral health service following their child's second birthday.

Thirdly, a full survey of all clinics in the greater Wellington area has shown that most do not meet the required health and safety legislation and even if they did most of them would not be suitable for modern dentistry.

Fourthly, we want to improve our ability to recruit and retain the dental therapist workforce by improving working conditions and collegial support.

Why not just fix the current school dental service clinics?
The cost is estimated at being far in excess of the change to the new system and it would not address other issues.

The clinics are currently owned by the Ministry of Education and are therefore the responsibility of the schools to maintain. Many schools would value being able to use the buildings for something else.

Secondly, the isolation of dental therapists is considered one of the reasons it is hard to recruit and retain dental therapists.

How will we know the new service model has made an improvement?
The measurements we would use to evaluate the success of the new service would include:

- Numbers of pre-schoolers and adolescents enrolled
- All primary school children receiving an examination within each calendar year
- Children being examined from an earlier age with a stronger focus on prevention and early intervention
- Improved oral health statistics for the 0-18 year population within the greater Wellington region
- Better conditions and support for the workforce resulting in better recruitment and retention

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The Change Process

What is the timeline for the change?

Once the DHBs have finished the consultation we will complete a business case for funding which will be submitted to the Ministry of Health at the end of November this year (2007). If the Ministry approves funding the implementation of the new service is intended to take approximately five years.

We'd expect the process to actually start about the middle of next year (2008).

What is the process following the Community Consultation period?

Once the consultation period is complete (17 August 07), an independent consultant will analyse all submissions. The Capital & Coast and Hutt Valley DHBs will then use that analysis to complete the development of the new service model and to build a business case to the Ministry of Health for additional funding. Once the Boards have approved the business case it will go to the Ministry for approval and the project will only proceed if it receives Government approval and funding.

How much will this cost?

Our estimates are that option one would cost $12.9 million and option two would cost $13.2 million in additional funding to build the fixed clinics and purchase the mobile clinics. We also estimate that an extra $6.8 million will be required each year to run the new service under both options.

Who will pay for it?

The government has made provision for capital funding to build new community-based clinics throughout the country and each DHB is applying for that funding. We will be able to proceed only if we are successful in obtaining a share of that funding as well as increased operating funding.

When will my community be affected?

We've indicated the order in which we'd look to build the new clinics and start implementing the new service in the consultation document (see the summary above). We've based the phasing on an analysis of the areas most in need, but we are looking for any further information, which might influence the order in which the new service is introduced.

What service will we receive until the new service model is implemented in our community?

School dental services would continue to be provided through the current dental clinics until the new community based clinics are built in your area.

Won't those communities that receive the changes later be at a disadvantage?

The build up of staff would begin as soon as we start putting in place the new service so all areas would benefit. We would also introduce the mobile units as quickly as possible right across the region to increase the rates of initial examinations.

Isn't there another option to improve the service?

The DHBs have considered a range of models and decided not to continue with them at this stage. These include refurbishing existing clinics (quality, efficiency and workforce issues remain); refurbishing a smaller number of the existing clinics (same issues as the first idea); a fully mobile service (difficult on-going working conditions, costly to maintain and access issues on some sites).

The options outlined in this document are being promoted because they address facilities and workforce issues as well as ensuring those with greater oral health needs receive a focus.

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Pre-school & Primary Children

What are the benefits for my whanau/family?
The proposed new service would adopt a 'Whanau ora' or family focused approach to care. Whanau/families will have the opportunity to have all members aged 0-12, and in some areas 0-18, seen at one time.

How will I get my child to the clinic?
Firstly, for the initial examination, children would be seen at their own school. If they need treatment, we would work hard to make appointments at times that suit the family. The DHBs are also intending that the clinics would be in easily accessible areas and that they would be open during normal business hours during the week and during school holidays.

However, it will be the responsibility of the parent/caregiver to bring the children to the clinics for treatment and this is one of the areas where the DHBs are particularly interested in community feedback.

What if both parents work and/or don't have a car?
It is important that centralised clinics are on main transport routes and an Early Intervention Team would be working with local communities to help find solutions to issues surrounding transport.

What will the impact be on our school?
A mobile unit would visit primary and intermediate schools. Most of the 89 schools (50%) in the wider Wellington area which currently have an on site dental clinic would eventually have their clinics closed; the schools can then use the buildings as they choose.

Over 50% of children currently have to travel to another school for dental care. However, the DHBs are keen to better understand the impact children leaving the school grounds is likely to have on the school day.

How often will my child be examined in the new service?
If the new service model is implemented every child will be examined at least once every calendar year.

If the school dental service can't see my child every calendar year now, how will the changes make it possible to do that in the future?
The combination of the centralised treatment centre with the mobile examination units would decrease the amount of current down time experienced by the service cleaning and setting up such a large number of school based clinics, therefore we'll be able to see more children. We intend to employ another eleven full-time-equivalent dental therapists, which would give greater capacity. Also the continuous use of the clinics throughout the year would mean more capacity.

Where will my child receive their annual examination?
Examinations for 0-4 year olds would take place at their local school or centralised clinic. 5-12 year olds would have their examination completed at their school unless the parent/caregiver prefers to bring them to the centralised clinic.

Will I be able to take my children to the dental therapist during holidays or after school?
The models outlined here allow for the clinics to be open normal working hours for the full year, but we will need to discuss this with our staff and unions before we can make a decision. We would like to know whether extended operating hours are important to you.

Where will the new centralised clinics be located?
The exact sites for the centralised clinics are yet to be decided. What we can confirm is the clinics would be built on Crown owned land, likely to be a mixture of Hospital and School land. We would also ensure they are centrally located in each community, on bus routes and have adequate parking and access for all. As well, it will be important to try and locate the fixed clinics in areas where the children are likely to need the most treatment.

When will the mobile units begin examinations?
Assuming the consultation process approves the options and funding approved by the Ministry; the mobiles will be purchased during the first two years of the re-configuration and will be used for examinations as soon as they are available.

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Period of Consultation

The period for public consultation is Monday, 25 June to Friday, 17 August.

The consultation document is being distributed widely and further copies are available by contacting the oral health project managers, Marie Rodgers on 04 570 9378 or by email - marie.rodgers@huttvalleydhb.org.nz or Nicky Plant on 027 355 5279 or by email - nicky.plant@ccdhb.org.nz.

The documents are also available on both DHBs' websites - www.huttvalleydhb.org.nz or www.ccdhb.org.nz.

How To Be Involved

Included in this package is a submission document that outlines areas in which the DHBs are seeking public input. It also gives you the opportunity to provide your views on any aspect of the proposal.

Members of the project team are available to meet with any group, which seeks further input or clarification. They are happy to attend organisations' normal meetings in order to reduce the burden in providing input.

Community Meetings

- Kapiti
  - Paraparaumu Library Meeting Room, 179 Rimu Road, Paraparaumu
  - Monday 16th July, 7pm
- Lower Hutt
  - Red Cross Rooms, 31 Pretoria Street, Lower Hutt
  - Monday 23rd July, 7pm
- Porirua
  - Pataka Porirua Museum of Arts & Cultures, Norrie Street, Porirua
  - Monday 30th July, 7pm
- Upper Hutt
  - Civil Defence Rooms, Upper Hutt City Council, 840 Fergusson Drive, Upper Hutt
  - Monday 6th August, 7pm
- Wellington
  - Wellington Central Library Meeting Room, 65 Victoria Street, Wellington
  - Monday 13th August, 7pm

All dates and venues will be advertised in local community papers closer to the time

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