# NSW Oral Health Strategic Plan

2022-2032





# Acknowledgements

NSW Oral Health Strategic Plan: 2022-2032 was developed with NSW Health consumers, public health organisations, Aboriginal community controlled health organisations, dental and oral health peak representative organisations, and tertiary institutions.

NSW Health recognises the following organisations for their contributions:

Aboriginal Health and Medical Research Council of NSW

Albury Wodonga Aboriginal Health Service

Australian Dental Council Australian Dental Prosthetists Association

Australian Dental and Oral Health Therapists Association

Australian Dental Association, NSW Branch

Australian Health Care and Hospitals Association

Carers NSW

Central Coast Local Health District

Centre for Aboriginal Health, NSW Ministry of Health

Centre for Oral Health Strategy, NSW Ministry of Health

Charles Sturt University City Denture Clinic

Consumer Representative Council, Sydney Dental Hospital, Sydney Local Health District

Council of the Ageing NSW

Dental Council of NSW Dentures Direct Ballina eHealth NSW

Environment Health Branch, Health Protection NSW

Far West NSW Local Health

Hancock Denture Clinic Pty Ltd

Health and Social Policy Branch, NSW Ministry of Health

Hunter New England Local Health District

Illawarra Shoalhaven Local Health District

Justice Health and Forensic Mental Health Network

Mid North Coast Local Health District

Murrumbidgee Local Health

Nepean Blue Mountains

Local Health District Northern NSW Local

Health District Northern Sydney Local

Health District

NSW Council of Social Service Orange Aboriginal Medical Service

Royal Australasian College of Dental Surgeons

South Eastern Sydney

Local Health District
South Western Sydney

Local Health District

Southern NSW Local Health District

Sydney Children's Hospital Network

Sydney Local Health District

The Poche Centre for Indigenous Health, University of Sydney

University of Newcastle

University of Sydney

University of Wollongong

Walgett Aboriginal Medical Service

Western NSW Local Health District

Western Sydney Local Health District

Western Sydney University

Yerin Eleanor Duncan Aboriginal Health Centre



# Contents

Introduction	2
The vision of the NSW Oral Health Strategic Plan: 2022-2032	3
A snapshot of oral health in NSW	4
Oral health funding in NSW	5
Achievements of Oral Health 2020: A Strategic Framework for dental health in NSW	6
Priority Populations	8
Direction 1 Improving oral health wellness across the population	10
Direction 2 Providing safe, high quality patient-centred care	13
Direction 3 Delivering truly integrated care	15
Direction 4 Enabling research, innovation, and health technologies	17
Direction 5 Supporting and developing our workforce	19
How will NSW Health monitor progress of the Plan?	21
References	22





NSW Ministry of Health 1 Reserve Road St Leonards NSW 2065 Tel. (02) 9391 9000 Fax. (02) 9391 9101 TTY. (02) 9391 9900 www.health.nsw.gov.au

Produced by: NSW Ministry of Health.

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health 2023.

ISBN 978-1-76081-631-5 SHPN (COHS) 210126

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

February 2023.

# Good oral health is essential to a person's lifelong health and wellbeing. It ensures a person's quality of life, and their ability to eat, speak and socialise is not compromised<sup>1</sup>.

The oral health status of people living in NSW is comparable to other states and territories in Australia<sup>1</sup>. However, there are disparities amongst age groups and population groups that result from various social, environmental, and economic factors.

In Australia, there is no universal access to oral health care as it is not covered by Medicare. NSW public dental services focus on providing free dental care to populations who are most in need. This means that care is available for all children under 18 and adults with a Pensioner Concession Card, a Health Care Card or a Commonwealth Seniors Health Card.

A population's oral health is frequently measured by the occurrence of the two most common oral conditions: dental caries (tooth decay) and periodontal disease (gum disease). In Australia, oral diseases are common chronic conditions with significant health impacts and costs<sup>1,2</sup>. Many oral health conditions share common risk factors with other major non-communicable diseases (chronic conditions)<sup>3</sup>. As chronic conditions, many oral diseases are preventable and treatable in their early stages, with changes to diet, fluoride exposure, and oral hygiene<sup>3</sup>.

The purpose of this Strategy is to guide coordinated action for what oral health care in NSW will look like in 2032. Through the directions outlined in this strategy, NSW Health is committed to reducing dental disease and providing equitable access to oral health care for our patients. The future of oral health care is about promoting dental practitioners as essential health providers and improving the engagement and links between oral health and a person's overall health.

This Strategy has been designed in collaboration with consumers and stakeholders including public health organisations, Aboriginal community controlled health organisations, relevant government organisations, dental and oral health peak bodies and associations, tertiary institutions, and non-government agencies. The Strategy will be implemented in partnership with consumers of public dental services, and the stakeholders who collaborated in its design.



Brush your teeth morning and night



Eat more fruit and vegies



Choose water as a drink



Have regular dental check-ups

# Our vision

Oral health is integral to overall health. Improving oral health outcomes for people in NSW, while addressing disparities experienced in our vulnerable population groups, will have a positive impact on overall health and wellbeing.

#### These five strategic directions address our vision:

# 1. Improving oral health wellness across the population

NSW Health will focus on health prevention strategies that aim to reduce oral diseases across the population, throughout a person's lifespan. These prevention strategies are aligned with NSW Health's principles that work to reduce common risk factors for chronic disease, for example, programs to reduce tobacco and alcohol use, to increase healthy weight in children and adults, and increase access to fluoridated water.

# 2. Providing safe, high quality patient-centred care.

As part of providing safe, high quality care, NSW Health is committed to delivering value based health care, which centres on improving:

- health outcomes that matter to patients,
- experiences of receiving care,
- experiences of providing care, and
- effectiveness and efficiency of care<sup>4</sup>.

NSW public dental services aim to provide efficient, safe and high quality services that are prioritised equitably and are within benchmark waiting times. A particular focus will be on ensuring that patients from priority populations receive equitable care and experience equitable outcomes that matter to them.

#### 3. Delivering truly integrated care

In integrating care, there will be an emphasis on building linkages, referral pathways within the overall health system and enhancing care for our priority populations.

NSW Health will continue to foster strong working relationships between the dental and medical professions and key professionals in Aboriginal community controlled health organisations, aged care, social services and for patients who are refugees and asylum seekers.

# 4. Enabling research, innovation and health technologies

NSW Health recognises the importance of embracing technological change and the positive impact that research and innovation can have on improving efficiency and effectiveness of oral health care delivery. NSW Health will work to foster research partnerships with tertiary education, research institutions and professional bodies to cultivate evidence-based innovation. NSW Health will drive to maximise the use of data to provide efficient, high quality clinical outcomes for our patients.

# 5. Supporting and developing our workforce

NSW Health recognises that we need to build the capacity and capability of our workforce to provide patient centred care for better health outcomes. It endeavours to support and develop the Aboriginal oral health workforce by developing opportunities for culturally safe career and development programs. NSW Health aims to inspire the current and future workforce to develop their career in the public dental system and improve retention of staff, particularly in regional, rural and remote areas.

# A snapshot of oral health in NSW



A diverse community with



/3 residents born overseas



275 lan

languages spoken



144

religions practiced<sup>5</sup>

Total population of NSW

**8,095,430** as at June 2021<sup>6</sup>

10.1%

population growth since December 2012<sup>6</sup>



Over the last 10 years, an additional

9.2%

of the NSW population became eligible for public dental services<sup>7</sup> 3,724,196

people in NSW are eligible for NSW public dental services as at March 2022, which is

44%

of the population<sup>7</sup>

**57%** 

of dental presentations to emergency departments are preventable<sup>8</sup>



278,043

Aboriginal people living in NSW as at June 20229



46,296

appointments were provided to

27, 733

Aboriginal and Torres Strait Islanders in NSW public dental clinics in 2021-2022<sup>10</sup> **26**, **276** 

appointments were provided to Aboriginal and Torres Strait Islander people through funding to Aboriginal community controlled health organisations



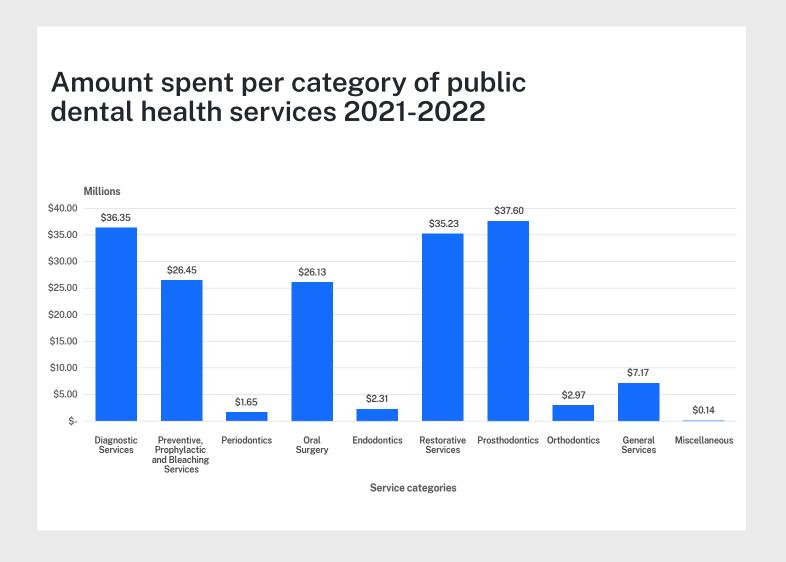
# Public oral health funding in NSW

# In Australia, there are limited dental services provided under Medicare and/or the National Health Reform Agreement.

NSW public dental services are funded by contributions from the NSW Government including for the Primary School Mobile Dental Program, and the Commonwealth Government under the Federation Funding Agreement and the Child Dental Benefits Schedule. Some patients are eligible for treatment under the Cleft Lip and Palate Scheme.

NSW public dental services are operationally delivered by local health districts and speciality health networks, and via private dental practitioners through the Oral Health Fee for Service Scheme. Additionally, NSW Health provides funding for dental service activity to 24 Aboriginal community controlled health organisations, totalling nearly \$10 million for the 2021-2022 financial year.

The table below shows the amount spent per category of services in 2021-2022 in NSW public dental services.<sup>11</sup>



# Achievements of Oral Health 2020: A Strategic Framework for Dental Health in NSW and the NSW Aboriginal Oral Health Plan 2014–2020

The Oral Health 2020: A Strategic Framework for Dental Health in NSW<sup>12</sup> provided direction for oral health action in NSW. There were three goals outlined in the strategy and an Action Framework to plan and deliver priority programs tailored to the health needs of the population both locally and state-wide, working with a range of partners. The strategic plan prioritised key strategies to address significant oral health inequities among Aboriginal people. This was actioned by implementing the NSW Aboriginal Oral Health Plan 2014-2020<sup>13</sup>.

The goals of both plans were to:

- Improve access to oral health services in NSW;
- Reduce the disparities in the oral health status of people in NSW; and
- Improve the oral health of the NSW population through primary prevention.

Oral Health 2020: A Strategic Framework for Dental Health in NSW and the NSW Aboriginal Oral Health Plan 2014-2020 goals are embedded within the NSW Oral Health Strategy 2022-2032.

The coronavirus pandemic (COVID-19) significantly impacted on the provision of dental services across NSW, with periods of restrictions on routine activity and limitations due to the need to implement additional infection control measures. Urgent dental services continued to be provided.

An Oral Health Community of Practice was established in April 2020 with stakeholders from NSW public dental services, dental associations, universities and Aboriginal community controlled health organisations. A Guideline for Dental Services was developed and is regularly reviewed to provide guidance to dental practitioners. COVID-19 impacted on the final year in the Oral Health 2020 plan and therefore comparison data is from 2011-2012 and 2018-2019.



# How well did NSW Health do in 2014–2020?

NSW public dental activity in regional local health districts increased by 6.3%.

There was a 26% improvement in children and 29% improvement in adults receiving treatment within the recommended waiting times in NSW public dental clinics.

Delivered over 124,000 appointments through the Oral Health Fee For Service Scheme, enabling patients to receive care closer to home.

Nine new public dental clinics were established, increasing the total to 192.

121 new dental chairs were installed, increasing the total to 871.

Completion of the NSW Oral Health Tertiary Services Plan 2018 – 2023.

Increased access to fluoridated town water in regional, rural, and remote Local Government Areas.

The Early Childhood Oral Health Program was successfully implemented.

Oral health messaging was integrated into general health promotion campaigns.

Routine height and weight measurements for children, with associated dietary advice and referral to established services.

22,940 telehealth appointments were completed in 2019-2020 by public dental services in response to essential changes to service delivery due to the COVID-19 pandemic.

In 2018-19, 65,827 oral health appointments were provided to Aboriginal people within local health district clinics.

Aboriginal community controlled health organisations provided 31,630 dental appointments in 2019-2020, funded by NSW Health.

NSW public dental activity provided to Aboriginal people increased by 2.3%.

Partnerships and collaborations were enhanced and strengthened between NSW Health, Aboriginal community controlled health organisations, Aboriginal Health and Medical Research Council and the Poche Centre for Indigenous Health.

Funding to Aboriginal community controlled health organisations increased by \$2.8 million.

\$1 million was provided for traineeships for Aboriginal dental assistants.

Collaborated with the Poche Centre for Indigenous Health to deliver oral health promotion programs in schools.

Culturally safe and responsive oral health promotion materials were developed.

Since 2015, 17 more Aboriginal people have been employed in the NSW public oral health workforce, equalling 4% of the total oral health workforce.

# Priority populations

NSW Health recognises that people living in NSW are diverse, from different social, cultural, spiritual, and economic environments and backgrounds. This means there are some people who may have greater difficulty accessing dental care in traditional settings and require targeted approaches to improve their access. Targeted approaches, together with oral health promotion and prevention programs for these people, may improve their oral health outcomes.

The NSW Oral Health Strategic Plan: 2022-2032 works towards reducing the gaps that exist in achieving good oral health outcomes for the NSW population. There may be people who are in more than one of the priority populations. Those populations who may need additional support in accessing public dental services and dental outcomes are:

- People who experience socio-economic disadvantage
- Aboriginal people
- People living in regional, rural, and remote communities
- People living with a disability
- People from culturally and linguistically diverse (CALD) backgrounds
- Refugees and Asylum Seekers
- Older People, in particular those living in Residential Aged Care Facilities
- · People experiencing homelessness
- People with complex health conditions
- Carers
- People with diverse sexualities, gender identities and those with intersex variations (LGBTIQ+).

Early childhood is the best time for children to learn habits which will last a lifetime. NSW Health will continue to work closely with parents, families, and carers to ensure children establish and maintain good oral health habits during childhood and adolescence.

### People who experience socio-economic disadvantage

Education, income, housing, and working conditions are socio-economic factors associated with general health and also oral health. Higher levels of dental caries and periodontal disease are experienced by people who face social disadvantage or who are on low incomes. This can impact their ability to eat, speak, work and socialise.¹ One in 16 children live in households that could not afford dental treatment when needed¹⁴.

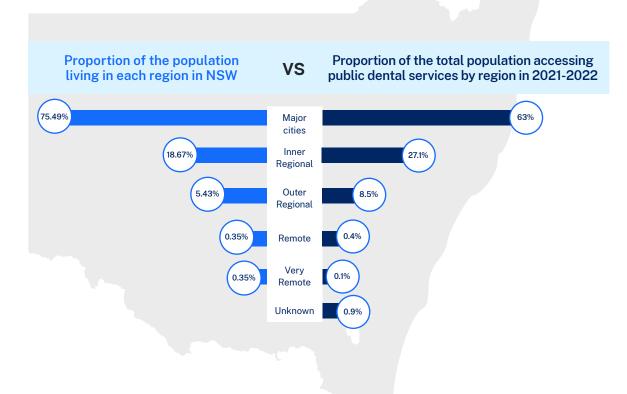
For adults, infrequent dental care is often associated with cost barriers and significantly impacts people who experience socio-economic disadvantage<sup>1</sup>.

People who may experience social disadvantage and be on low incomes could include people experiencing homelessness, harmful drug and alcohol use, and/or domestic violence, people from culturally and linguistically diverse communities, refugees, and the prison population. Barriers to accessing public dental services and treatment can be linked to cost, communication, transport, cultural safety, and disconnected service delivery.

# People living in regional, rural, and remote communities

People living in regional, rural and remote communities experience poorer oral health than those living in metropolitan areas. Water fluoridation is a safe and effective way of preventing tooth decay. The majority of NSW residents that do not have access to fluoridated water live in regional, rural, and remote communities<sup>15</sup>. People in these communities are more likely to experience dental caries and less likely to visit the dentist, particularly due to geographical access to services. In order to access dental care, people living in these communities will often need to travel a significant distance for dental care. The mean travel time to dental services in remote areas can exceed four hours<sup>16</sup>. Due to limited service provision, patients in these areas will often present to their general practitioner (GP), nearest hospital emergency department, or pharmacist for symptomatic relief<sup>17</sup>.

The following chart shows the proportion of the population living in each region in NSW compared to the proportion of the total population accessing public dental services by region in 2021-2022.



#### Aboriginal people

Aboriginal people are at increased risk of non-communicable diseases such as cardiovascular disease and diabetes<sup>18</sup>, which have shared risk factors with oral health conditions. Aboriginal and Torres Strait Islander people experience higher rates of dental caries in comparison to the population<sup>19</sup>. The oral health of Aboriginal people is influenced by many factors and can be linked to difficulty accessing services due to cost, and the cultural sensitivity of care.



## People with complex health conditions or those residing in Residential Aged Care Facilities

There are challenges in providing care to people who have complex health conditions or who live in residential aged care facilities<sup>20, 21</sup>. Establishing and maintaining a good oral hygiene routine can help people maintain a sense of autonomy and self-esteem. There are also links between oral health and diseases such as diabetes, coronary heart disease, and respiratory conditions<sup>21</sup>. People who live in residential aged care often require support from staff or carers to maintain their oral health<sup>20</sup>. If their oral health is not maintained, then more invasive treatment might be required and this can result in longer hospital stays and an increased cost to the health system.

#### People living with a disability

Despite being largely preventable, oral disease in people with disabilities is common. Carers are often relied on to provide oral hygiene support<sup>22</sup>. If carers do not have sufficient oral hygiene training, then they may be unable to identify decay or periodontal disease early. As a result, more invasive treatment may be required later on. People with disabilities may require general anaesthesia to accept certain procedures. However, there is a limited number of dentists skilled in special needs dentistry<sup>23</sup>. Due to this barrier, patients, particularly those living in regional, rural, and remote areas, often need to travel long distances for treatment. This further increases the cost of accessing care.



**VISION** 

Improve the oral health of people living in NSW.

Most oral health conditions can be prevented and treated in their early

stages<sup>3</sup>. Access to oral health care, the marketing of foods and drinks that

are high in sugar, access to fluoride,

#### **Direction 1**

# Improving oral health wellness across the population



## 1. Ensure appropriate access to fluoride to prevent dental caries

- Support access to good quality fluoridated water where feasible.
  - i. Raise awareness and promote the benefits of drinking fluoridated water.
  - ii. Collaborate with local government and peak bodies to seek opportunities to expand water fluoridation, and to maintain and upgrade existing fluoridation systems.
- b. Evaluate the need for alternate fluoride use strategies in areas without adequate levels of water fluoridation or where there are other factors that limit consumption of reticulated water.
- c. Promote the use of fluoride toothpaste at home and in supportive settings such as residential aged care facilities, out of home care residences, schools and early childhood education environments.

# 2. Promote, encourage, and educate people to actively participate in their dental care across the lifespan

- a. Ensure health promotion resources are culturally appropriate and available in diverse languages.
- b. Consolidate and synthesise health promotion campaigns that include common messages around increasing water consumption; reducing sugar sweetened beverages and food, alcohol use, and smoking.
- c. Encourage, support, and promote access to fluoride preventive care such as the use of fluoride toothpaste.
- d. Embed NSW Health Literacy Framework<sup>26</sup> priorities into oral health preventive programs where:
  - i. Patients, carers and families are active partners in their oral health care.
  - ii. The NSW Health workforce communicates with patients, carers, and families in a way they understand.
  - iii. Access to public dental services is easy to navigate; and
  - iv. Public dental services are sustainable, reliable, and delivered in a consistent way.

# 3. Enhance community awareness of the importance of good oral health care and hygiene across the lifespan

- a. Collaborate with communities, public health organisations, Aboriginal community controlled health organisations, dental and oral health peak bodies and associations, the private sector, and other relevant government agencies to develop whole of population prevention programs.
  - Promote, encourage, and educate people to undertake regular dental checks and preventive dental care across the lifespan.
  - ii. Raise awareness of the integration and connection between oral health and general health outcomes.
  - iii. Encourage oral health promotion and prevention at home and in supportive settings such as health care settings, residential aged care facilities, supported accommodation, out of home care residences, schools, early childhood education, and the workplace.

## Improving oral health wellness for children and young people

Key oral health messages will continue to be provided to children and young people to encourage them to care for their teeth as part of a healthy and active life. Important to a child's development, a growth assessment is conducted in NSW public dental clinics and information about NSW Health's Healthy Eating Active Living programs are provided where appropriate. The continuation of the Primary School Mobile Dental Program in NSW will also ensure more primary school students receive dental care and these essential messages.

## Improving oral health wellness for Aboriginal people

NSW Health is committed to building respectful and trusting partnerships with Aboriginal people and communities, Aboriginal community controlled health organisations, representative bodies, and Primary Health Networks. These collaborative partnerships will work to influence health policies and practices to reduce oral health inequities with education and preventive measures for Aboriginal people living in NSW.



# Improving oral health wellness for regional, rural and remote communities

Regional, rural, and remote communities have more difficulty in accessing good quality fluoridated water and public dental clinics than their metropolitan counterparts. To assist with reducing oral health disparities experienced by these communities, local solutions will be developed in collaboration with communities, public health organisations, Aboriginal community controlled health organisations, Primary Health Networks, dental and oral health peak bodies and associations, the private sector, and other relevant government agencies.

# Improving oral health wellness for people in hospitals, residential aged care facilities and for those receiving care from social services

Support workers in these settings by identifying, reviewing, developing and implementing resources and improving capability that increases awareness and benefits of good oral health care and builds capacity of workers in these facilities. This will assist in reducing oral health disparities experienced by people who have chronic health conditions, are elderly or frail or have a disability.





#### **Direction 2**

# Providing safe, high quality patient-centred care

#### **VISION**



Patient-centred care is embedded in the delivery of oral health care in public dental clinics in NSW.

NSW Health provides a safety net public dental system that provides services to children and eligible adults. The experience of patients, carers, and families is at the heart of providing patient-centred care in public dental services. Patient-centred care, is respectful and responsive to a patient's choices, needs, and values; where patients, carers, and families are partners with health services<sup>27</sup>. NSW Health is committed to providing safe, high quality care, that is evidence based and clinically appropriate with outcomes that matter to patients.

#### Improve oral health outcomes for patients that use public dental services

- Develop, implement, and monitor strategies that will reduce the incidence of dental caries and periodontal disease.
- b. Support the development and implementation of value based health care, improving health outcomes that matter to patients, the experience of receiving care, the experience of providing care, and the effectiveness and efficiency of care provided.
- 2. Ensure dental programs support equitable dental outcomes and follow the principles of patient-centred and evidence-based care.
  - a. Closely evaluate and monitor provision of public dental services across priority populations.
  - Use innovative practice and health technology, such as virtual care and computer-aided design and manufacturing, to improve efficiency in service delivery.
- 3. Ensure all patients, carers, and families receive culturally safe and responsive care, respectful of their preferences and values
  - a. Promote communication that is delivered sensitively, appropriately, and clearly, as a collaborative between NSW Health staff or NSW health funded service providers, such as Aboriginal community controlled health organisations, Oral Health Fee For Service Scheme providers, and patients, carers, and families from priority populations.
  - b. Embed compassion, kindness, and respect in care delivery, ensuring the patient and carer experience is culturally safe and responsive.

# Providing safe, high quality care for LGBTQI+ people

The vision of the NSW LGBTQI+ Health Strategy 2022-2027 is for people who are LGBTQI+ to receive high quality, safe, inclusive and responsive health care when and where they need it<sup>28</sup>. NSW Public dental clinics will promote gender affirming spaces and inclusiveness in providing dental care to patients.

# 4. Embed patient, carer, and family engagement in decisions about oral health care, service planning and provision, and governance

- a. Enhance collaborative care with patients, carers, and families, where appropriate, in decisions about their oral health and treatment, enabling self-care.
- b. Partner with other service providers where improvements are generated in oral health access and care outcomes, such as general practitioners, dietitians, diabetes educators, residential aged care facilities, home care services, and Aboriginal community controlled health organisations in the provision of oral health care.

#### 5. Develop the patient experience

- Use patient reported experience measures and patient reported outcome measures to design, implement, and evaluate oral health programs.
- b. Ensure there are strategies in place that allow for consumer engagement in designing and improving the provision of dental services, such as a state-wide Oral Health Consumer Group.

# Safe, high quality care for Aboriginal people

A culturally safe and appropriate environment ensures Aboriginal people can safely access oral health care. This environment can be achieved by working together with Aboriginal people, Aboriginal community controlled health organisations, and by listening to and respecting our differences in providing and accessing oral health services. NSW Health is committed to ensuring that Aboriginal people are actively involved in decisions about their oral health care.

#### **Direction 3**

# Delivering truly integrated care

#### VISION



Partner with health and social services to provide oral health care in a coordinated way to meet a person's overall health needs.

NSW Health is working towards providing a Value Based Health Care framework, that simultaneously improves the:

- · patient, carer, and family experience;
- experience for service providers and clinicians;
- · health outcomes for the population; and
- · cost efficiency of the health system4.

Integrated care is the provision of consistent, efficient, and effective care that reflects a whole of person's health needs.

Integrated care forms part of providing value based care and is about forming partnerships to provide seamless, effective and efficient care closer to home<sup>29</sup>.



- 1. Develop appropriate referral pathways across providers of public dental services and clinical streams within public health organisations, Aboriginal community controlled health organisations, providers of social services, not-for-profit and private sectors
  - a. Increase culturally safe pathways to care from Aboriginal community controlled health organisations to NSW public dental services by improving partnerships between local health districts and Aboriginal community controlled health organisations.
  - b. Strengthen referral pathways from within the NSW Health system.
  - c. Use technology to improve referral pathways to specialist care within the NSW public dental system.
  - d. Establish referral pathways across providers of public dental services, providers of social services, and the not-for-profit and private sectors including GPs and nurse practitioners.
- 2. Support the capacity development of the general health workforce to promote oral health
  - a. Contribute to the development of oral health training programs for general health clinicians and students as appropriate with universities and professional organisations, particularly those representing general practitioners, nursing and midwifery, and allied health.

# Delivering truly integrated care for Aboriginal people

By increasing culturally safe pathways to care and improving partnerships between Aboriginal community controlled health organisations, local health districts, Non-Government Organisations and other government organisations, this will provide holistic and safe care for Aboriginal people.



# Delivering truly integrated care for people living in Residential Aged Care Facilities and those who are receiving care from social services

Integrated care pathways for people living in residential aged care, and/or who are receiving assistance from several social service providers will support a reduction in preventable emergency department presentations and treatment needs arising from poor oral health.

#### Delivering truly integrated care for those who experience social disadvantage or are on low incomes

People who are experiencing social disadvantage and who are on low incomes benefit from integrated collaboration with social services, and public health organisations, targeting prevention and care in non-dental settings.

#### Delivering truly integrated care for refugees, asylum seekers and people who experience homelessness

Establishing improved referral pathways for refugees, asylum seekers and people who experience homelessness will assist in providing integrated treatment to meet the complex medical needs of these groups.

# Enabling research, innovation, and health technologies

#### **VISION**

Drive the use of current and future technologies, and push for adoption of innovative ideas and research to ensure that NSW public dental services remain evidence based and effective to support service planning tailored to the needs of people living in NSW.

Oral health service delivery in NSW needs to be equitable, innovative, sustainable and efficient. Patients in priority populations experience barriers in accessing public dental services. Through the redesign of workflows and use of innovative ways of working, we can achieve better outcomes for patients.



- 1. Encourage the development of innovative practices and models of care that enhance patient-centred care
  - a. Champion the development of virtual models of care such as the use of teledentistry.
  - b. Support the implementation of innovative local models of care that address the challenges and barriers experienced by priority populations.
  - c. Promote and encourage the sharing of innovative and evidence based programs across the state.
- 2. Drive the establishment of electronic health solutions to improve system efficiency and effectiveness, and the patient experience
  - a. Connect and capitalise on medical and dental health records, between State and National electronic platforms creating a two-way flow of relevant patient information.
  - b. Ensure that feedback from workforce, patients, carers, and family members is considered in the development of electronic health solutions.
  - c. Steer the development and utilisation of contemporary electronic health solutions to enhance the patient experience, service delivery and staff retention.

- 3. Foster research partnerships between public health organisations, tertiary education and research institutions, professional bodies and associations
  - a. Encourage and implement as appropriate, research that can inform new models of care, is outcomes based, reflects clinical effectiveness, and improves service efficiency.
  - b. Create agile local solutions that sustain better patient care over the long-term.
  - c. Support the development of research that provides benefit to priority populations.
  - d. Support the development of population health research that focuses on oral health prevention.
- 4. Champion the use of clinical data to enable evidence-based decisions that improve efficiencies and equity in service delivery
  - a. Continue to develop and evaluate models of care based on locally acquired and clinically relevant data.
  - b. Promote the full use of the electronic oral health record in all public dental services.



#### Research, innovation and technologies for people living in regional, rural and remote areas

The adoption of health technologies such as computer aided design and manufacturing, across the state will enable more complex care to be provided closer to a patient's home and decrease the number of appointments they will need to attend.

# Research, innovation and technologies for Aboriginal people

NSW Health will collaborate with universities to undertake research into the barriers to Aboriginal people entering into careers in oral health and developing ways to improve participation in oral health professions.



#### **Direction 5**

# Supporting and developing our workforce

#### **VISION**



The right people are in the right roles, at the right time to meet the needs of the people accessing public dental services in NSW.

The NSW oral health workforce consists of highly skilled dental practitioners, managers, and support staff. It is increasingly difficult to recruit dental practitioners throughout NSW, however, in regional, rural, and remote areas, the challenges to recruitment and retention are more significant. Additional workforce challenges facing NSW public dental services include an experienced workforce that is nearing the age of retirement, and a limited number of dental specialists.

It is important to acknowledge the role of the non-dental workforce in the provision of patient care and work to increase their dental knowledge.

#### Develop the capability and capacity of the NSW Public Dental Service into the future

- a. Collaborate with relevant public dental health professionals to identify opportunities for training and development of the workforce.
- Ensure there is robust analysis of workforce data to inform future recruitment and retention strategies.
- c. Expand on the implementation of the *Tertiary Services Plan 2018 2023* where the investment in professional development programs will be available for all NSW dental practitioners.
- d. Foster business models that will support the development of optimal models of care in regional, rural, and remote areas that may include rotations, recruitment, or retention strategies.
- e. Ensure there are appropriate incentives in place to support an equitable distribution of the oral health workforce across NSW.

## 2. Ensure an appropriate practitioner mix in the NSW dental workforce

- a. Support the development of local models of care that ensures the practitioner mix is well matched to the needs of patients within their communities.
- Engage with tertiary providers, professional, and accreditation bodies to consider the needs of the future oral health system and workforce.
- c. Design care delivery models that effectively utilise practitioners working at the top of their scope.

#### Aboriginal people in our workforce

Low representation of Aboriginal people in the oral health workforce is a barrier to Aboriginal people accessing oral health care. Supporting Aboriginal people to pursue a career in oral health ensures oral health care is provided in a holistic and culturally safe and responsive way, reducing the gap in oral health outcomes for Aboriginal people. Developing and piloting ways to explore career pathways for Aboriginal people will help to strengthen the oral health workforce.

#### Support the development of the Aboriginal oral health workforce and build a culturally safe and responsive workforce

- a. Enhance collaborative partnerships with Aboriginal community controlled health organisations,
   Aboriginal people, non-Government organisations, and the private sector to support the development of a culturally safe and responsive workforce.
- Develop opportunities for culturally safe career and development programs for the Aboriginal population and workforce.
- c. Collaborate with the Aboriginal community controlled health organisations and public health organisations to enhance and support the Aboriginal workforce.
- d. Support the development of the NSW oral health workforce to undertake cultural safety training and practice in a culturally safe and responsive way.

## 4. Increase the capability of the non-dental workforce

- a. Work with universities to integrate oral health care into non-dental professional health degrees.
- Incorporate oral health care training into professions that work closely with priority populations, such as refugee and asylum seeker workers.
- c. Develop partnerships with Aboriginal community controlled health organisations to increase oral health care knowledge in non-dental appointments.

### Our workforce in regional, rural and remote communities

Adverse oral health outcomes for people living in regional, rural and remote areas are impacted by challenges in recruitment and retention of the oral health workforce. Targeted strategies, such as reviewing and expanding the Dental Officer Rural Incentive Scheme, will assist in addressing these challenges in these communities.

# How will NSW Health monitor progress of the Plan?

NSW Health is committed to delivering value based oral health care that focuses on the overall health of consumers; supported by the principles of building capacity and capabilities of the workforce, patients, families, and communities.

Public health organisations, Aboriginal community controlled health organisations, Primary Health Networks, dental and oral health peak bodies and associations, tertiary institutions, and other relevant Government agencies will work together to design solutions for patients, carers, staff, and the community.

The NSW Oral Health Strategic Plan: 2022-2032 builds on the successes already achieved in Oral Health 2020: A Strategic Framework for Dental Health in NSW. Over the next 10 years, the implementation and monitoring of the NSW Oral Health Strategic Plan: 2022-2032 will be achieved by the Centre for Oral Health Strategy working collaboratively with the State Oral Health Executive.

The State Oral Health Executive is comprised of managers and clinical directors of public dental services from all local health districts and specialty health networks in NSW.

# NSW Health will monitor progress on these indicators for each strategic direction

# 1. Improving oral health wellness across the population

 Monitor the experience of dental decay for children, adolescents and young people by using public oral health data.

# 2. Providing safe, high quality patient-centred care

- Monitor the proportion of people that are seen within the recommended wait time.
- Monitor the proportion of patients who report that they are satisfied with their experience.

#### 3. Delivering truly integrated care

- Monitor the proportion of care provided to Aboriginal people through Aboriginal community controlled health organisations, and through public dental services (with reference to the proportion of the population).
- Monitor the number of oral health referrals to healthy intervention programs such as Quitline, Healthy Eating Active Living, and referrals to oral health from other health providers.

# 4. Enabling research, innovation and health technologies

- Monitor the use and access of contemporary health technologies in public dental clinics.
- Monitor the number and value of approved research grants to oral health.

#### 5. Supporting and developing our workforce

- Monitor the proportion of oral health staff who identify as Aboriginal people.
- Monitor the long term vacancy rate, particularly for regional and rural locations, across all dental professions.

The Centre for Oral Health Strategy with the local health districts and specialty health networks will progress and monitor achievement of these strategies. This will involve appropriate integration into the broader NSW Health Performance Management Framework. The Centre for Oral Health Strategy will work to enhance the oral health information system to support the strategic directions.

NSW Oral Health Strategic Plan: 2022-2032 will be regularly reviewed to reflect changes in how dental care is provided in NSW with those who matter most, the patients, carers, and families who access NSW public dental services.

## References

- Australian Institute of Health and Welfare (AIHW), <u>Oral health and</u> <u>dental care in Australia</u>, AIHW, catalogue number DEN231, AIHW, Australian Government, 2021, accessed 31 May 2021.
- Australian Institute of Health and Welfare (AIHW), <u>Oral Health and</u> <u>dental care in Australia</u> <u>supplementary table on costs</u> [dataset], AIHW website, 2021, accessed 3 February 2021.
- World Health Organization (WHO), <u>Oral health</u>, WHO website, 2020, accessed 3 February 2021.
- 4. NSW Health, <u>Value based healthcare</u> <u>in NSW</u>, NSW Health website, 2020, accessed 10 November 2020.
- NSW Government, <u>Key facts about</u> <u>NSW</u>, NSW Government website, 2021, accessed 2 February 2021.
- Australian Bureau of Statistics (December 2021), <u>National, state and territory population</u>, ABS website, accessed 15 July 2022.
- Australian Government, <u>DSS</u>
   <u>Demographics March 2022</u>, data. gov.au, 2022, accessed 15 July 2022; Australian Bureau of Statistics (June 2020), National, state and territory population, ABS website, accessed 15 July 2022.
- 8. NSW Health, <u>Dental Presentations to</u>
  <u>New South Wales Emergency</u>
  <u>Departments, 2015-2018</u>, Centre for
  Oral Health Strategy, NSW Health,
  unpublished, accessed 15 July
  2022.
- 9. Australian Bureau of Statistics (2021) Aboriginal and Torres Strait Islander people: Census, ABS website, accessed 15 July 2022.
- 10. NSW Health, <u>Visits and Patient</u> <u>volume, 2022</u>, Centre for Oral Health Strategy, NSW Health, [unpublished data], accessed 11 August 2022.
- NSW Health, <u>Amount spent on</u> <u>services in 2021-2022</u>, Centre for Oral Health Strategy, NSW Health, [unpublished data], accessed 29 July 2022.
- 12. Centre for Oral Health Strategy NSW Health (COHS), <u>Oral Health</u> 2020: A Strategic Framework for <u>Dental Health in NSW</u>, COHS, NSW Ministry of Health, 2013, accessed 10 November 2020.

- 13. Centre for Oral Health Strategy NSW Health (COHS), <u>NSW</u>
  <u>Aboriginal Oral Health Plan 2014 2020</u>, COHS, NSW Ministry of Health, 2014, accessed 10 November 2020.
- Australian Institute of Health and Welfare (AIHW), <u>Australia's children</u>, catalogue number CWS 69, AHIW, Australian Government, 2020, accessed 3 February 2021.
- NSW Health, <u>Fluoridation coverage</u>, NSW Health website, 2013, accessed 20 June 2022.
- 16. G Jean, E Kruger, and M Tennant, <u>The distribution of allied dental</u> <u>practitioners in Australia: socio-</u> <u>economics and rurality as a driver of</u> <u>better health service accessibility,</u> Australian Dental journal, 2020, 64(2), 153-160, doi:10.1111/adj.12679.
- T Barnett, H Hoang, J Stuart, and L Crocombe, <u>The relationship of primary care providers to dental practitioners in rural and remote Australia</u>, BMC health services research, 2017, 17(1). Doi: 10.1186/s12913-017-2473-z.
- 18. Australian Institute of Health and Welfare (AIHW), <u>Cardiovascular disease</u>, <u>diabetes and chronic kidney disease Australian facts: Aboriginal and Torres Strait Islander people</u>, Cardiovascular, diabetes and chronic kidney disease series no. 5,catalogue number CDK 5, AIHW, Australian Government, 2015, accessed date 10 November 2020.
- Australian Institute of Health and Welfare (AIHW) & National Indigenous Australians Agency (NIAA), <u>1.11 Oral Health Tier 1 Health</u> <u>Status</u>, AIHW & NIAA website, 2021, accessed 3 February 2021.
- T Patterson Norrie, AR Villarosa, S Clark, AC Villarosa, S Macdonald, R Srinivas, J Anlezark, and A George, <u>Oral Health in Residential</u> <u>Aged Care: Perceptions of Nurses</u> <u>and Management Staff</u>, Nursing Open, 2020, 7(2), 536-546. Doi: 10.1002/nop2.418.
- J Gibney, C Wright, A Sharma, and V Naganathan, <u>Nurses' knowledge</u>, <u>attitudes and current practice of daily</u> <u>oral hygiene care to patients on acute</u> <u>aged care wards in two Australian</u> <u>hospitals</u> Special Care in Dentistry, 2015, 35(6), 285–293. doi:10.1111/ scd.12131.

- MAWT Lim, and GL Borromeo, <u>Oral</u>
   <u>health of patients with special needs</u>
   <u>requiring treatment under general</u>
   <u>anesthesia</u>, Journal of Intellectual
   <u>8 Developmental Disability</u>, 44(3),
   315-320.
- 23. MAWT Lim, SAC Liberali, H Calache, P Parashos, and GL Borromeo, Perceived barriers encountered by oral health professionals in the Australian public dental system providing dental treatment to individuals with special needs, Special Care Dentistry, 2021, 41(3), 381-390. Doi: 10.1111/scd.12581.
- 24. Australian Institute of Health and Welfare (AIHW), <u>Regional population change</u>, <u>estimated residential population</u>, <u>by Remoteness Area</u>, <u>2020 to 2021 New South Wales</u>, AIHW website, 2021, accessed 7 December 2022.
- RG Watt, B Daly, P Allison, LMD Macpherson, R Venturelli, and S Listl, Ending the neglect of global oral health: time for radical action, The Lancet, 2019, 394 (10194): 261-272. Doi: 10.1016/S0140-6736-19-31133-X.
- Clinical Excellence Commission (CEC), <u>Health Literacy Framework:</u> <u>A Guide to Action 2019 – 2024</u>, CEC website, 2019, accessed 10 November 2020.
- Clinical Excellence Commission (CEC), <u>Person Centred Care</u>, CEC website, n.d., accessed 23 November 2020.
- 28. NSW Health, <u>NSW LGBTIQ+ Health</u> <u>Strategy 2022 - 2027</u>, NSW Health website, 2022, accessed 15 July 2022.
- NSW Health, <u>What is integrated</u> <u>care?</u>, NSW Health website, 2020, accessed 1 February 2021.







