

NSW Oral Health Implementation Plan 2005 - 2010



June 2007

 Centre for Oral Health Strategy
NEW SOUTH WALES

NSW  HEALTH

NSW DEPARTMENT OF HEALTH

73 Miller Street

North Sydney NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study 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 Department of Health.

Published by Centre for Oral Health Strategy
NSW

© NSW Department of Health 2008

SHPN (COHS) 080070

ISBN 978-1-74187-312-2

For further copies of this document please
contact:

Better Health Centre – Publications Warehouse

Locked Mail Bag 5003

Gladesville NSW 2111

Tel. 02 9816 0452

Fax: 02 9816 0492

Further copies of this document can be
downloaded from the NSW Health website:

www.health.nsw.gov.au

June 2007

Foreword

In undertaking a review of the **NSW Oral Health Strategic Directions 2005-2010** it became evident that a substantial amount of fundamental research and review had already been completed: a comprehensive NSW Oral Health Strategy had been developed; a substantial budget bid prepared for the NSW Cabinet; and indicative frameworks devised for the application of new funding and optimisation of the existing recurrent funding.

In addition, a wide ranging process of consultation and feedback had been pursued to ensure that comprehensive depth of knowledge, expertise and opinion had been taken into account in developing the strategy and budget framework.

Thus, the review has consequently focussed more on presenting an independent examination of existing materials, and seeking to identify any revisions or refinement of priorities that may assist in achieving optimum outcomes.

A key feature in the newly developed strategy is the recognition that the current approach will not be able to meet current and emerging needs. New strategies and approaches will be essential if there is not to be a further degradation in the oral health of NSW citizens.

It has been emphasised that the fundamental elements to any successful population based oral health program are three-fold. The program must:

- improve the oral health of the population
- reduce inequalities in oral health outcomes
- provide equitable access to dental health services.

The Centre for Oral Health Strategy NSW looks forward to working cooperatively with our many colleagues to see changes within the current system by improving performance in these key objectives across New South Wales.



Dr Clive Wright
Chief Dental Officer
Centre for Oral Health Strategy NSW

Contents

Foreword		i
Contents		ii
Acknowledgements		iii
Executive Summary		iv
Section 1	Context of Implementation Plan	1
1.1	Introduction	1
1.2	Areas of need	1
1.3	New models of care	1
1.4	Oral health integrated into mainstream health	1
Section 2	Essential Features of Implementation Plan	2
2.1	Key implementation questions	2
2.2	Constraints and limitations on achievements	2
2.3	Key factors influencing implementation	2
2.4	Role of COHS in oral health reforms	2
2.5	Guiding principles	2
2.6	Implementation plan expertise	3
2.7	Monitoring and reporting	3
2.8	Priority areas and project plan	3
2.9	Research, evaluation and performance development	3
2.10	Roles and responsibilities	3
2.11	Committees and working parties	4
Section 3	Budget Enhancements 2006-2010	5
Section 4	NSW Oral Health Implementation Plan	6
Appendices		11

Acknowledgements

The **NSW Oral Health Strategic Directions 2005 – 2010** was prepared by the Centre for Oral Health Strategy NSW (COHS) and the State Oral Health Executive (SOHE). Contributions have also been made to the document from participants who attended two oral health planning days in July 2005 and other interested parties who have commented on the document.

Following agreement with SOHE COHS conducted a workshop with Dr Martin Dooland in February 2006 to prioritise actions and link NSW activities into **Australia's National Oral Health Plan 2004-2013**.¹ The advice of Dr Dooland, CEO, South Australian Dental Service, relating to this process, is gratefully acknowledged.

In addition, Mr David Harrison was commissioned by COHS to draft out the implementation program, in consultation with staff from COHS. Members of COHS have edited and contributed to the final presentation of the Implementation Plan and timetable.

¹ National Advisory Committee on Oral Health. Healthy mouths healthy lives: Australia's National Oral Health Plan 2004-2013. South Australia: South Australian Department of Health, 2004.

Executive Summary

Goals

- To improve the oral health of the population
- To reduce inequalities in oral health outcomes
- To provide equitable access to dental health services

Guiding Principles

- The delivery of population-based preventive oral health measures, such as fluoridation of public water supplies
- The promotion of oral health through the development and implementation of health promotion strategies
- The provision of hospital and community based acute and similar dental care services
- The provision of general dental services for disadvantaged individuals and communities who have difficulty accessing mainstream oral health services through the Priority Oral Health Program (POHP)
- Planning for future workforce needs to ensure supply meets increasing demand

NSW Health Key Areas for Action	NSW Oral Health Outcomes	Objectives	Strategies
1. Make prevention everybody's business	1.1 Increased prevention and oral health promotion activities	1.1.1 To increase access to prevention programs in rural and remote areas	<ul style="list-style-type: none"> Develop supplementary prevention programs in rural and remote areas, which, by virtue of their geography, cannot cost-effectively receive fluoride through public water supplies Develop preventive models of care using dental therapists, hygienists and allied health workers in early childhood development programs
		1.1.2 To increase access to prevention programs for low income people	<ul style="list-style-type: none"> Provide maintenance programs for low income people
		1.1.3 To increase access to prevention programs for the frail elderly and those in supported and residential care	<ul style="list-style-type: none"> Provide maintenance programs for the frail elderly and those in supported and residential care
		1.1.4 To increase fluoridation of public water supplies	<ul style="list-style-type: none"> Continue support of fluoridation of local water supplies
		1.1.5 To improve the quality of preventive and health promotion projects	<ul style="list-style-type: none"> Incorporate evaluation protocols into project designs
2. Create better experiences for people using the health system	2.1 Increased dental services to communities with the greatest need ²	2.1.1 To improve access to dental services in rural and remote areas	<ul style="list-style-type: none"> Promote a rural dental scholarship scheme Strengthen Rural and Regional Centres of Oral Health Support education, training and specialist services through new graduate, "s14", graduate and specialist rotations Provide additional dental providers and services for Aboriginal Oral Health Fill current staffing vacancies
		2.1.2 To reduce waiting times for communities with the greatest need	<ul style="list-style-type: none"> Develop specific strategies to address high risk/high need communities, using currently available best compromises
		2.1.3 To improve access to services for high risk communities	<ul style="list-style-type: none"> Identify major areas requiring significant capital development Develop a capital improvement strategy Develop sustainable models for high risk/high need communities

² People in rural and remote areas, people with special needs, Aboriginal and Torres Strait Islander communities, very young children and older people

NSW Health Key Areas for Action	NSW Oral Health Outcomes	Objectives	Strategies
2. Create better experiences for people using the health system (cont)	2.1 Increased dental services to communities with the greatest need (cont)	2.1.4 To improve the quality of service delivery to the target group	<ul style="list-style-type: none"> ■ Create a series of new models of dental care on a “whole-of-life” basis ■ Fund and initiate demonstration projects using more flexible service delivery models ■ Provide team-based treatment and care ■ Identify areas of need requiring analysis and development ■ Initiate budgetary and structural change to deliver improved service models ■ Provide sustainable care for older people, especially those in supported and residential care ■ Provide an on-going program, which includes education and service access, to young mothers and infants
	2.2 Increased specialist and special needs care services	2.2.1 To improve access to specialist and special needs care	<ul style="list-style-type: none"> ■ Provide additional specialist/joint appointment staff to major teaching hospitals and university oral health clinics ■ Provide in-house specialist services and continuing educational and training programs ■ Provide additional specialist outreach services ■ Employ “s14” Overseas Trained dentists, within a guided learning program to assist with full registration through the Australian Dental Council
3. Build regional partnerships for health	3.1 Increased partnerships with consumers and stakeholders	3.1.1 To increase consumer participation in oral health issues	<ul style="list-style-type: none"> ■ Encourage formation of consumer networks and support with factual information and advice ■ Include consumer representatives on pertinent advisory committees ■ Participate in key consumer/advisory bodies in areas such as aged care, family health and the homeless ■ Initiate sample consumer feedback surveys
		3.1.2 To increase the oral health knowledge and skills of non-dental staff	<ul style="list-style-type: none"> ■ Enhance training and development for non-dental staff (eg Maternal & Child Health Nurses)
4. Redesign and reinvigorate the health workforce	4.1 Better trained oral health personnel	4.1.1 To improve the quality of the working environment for oral health personnel working within the public sector of NSW	<ul style="list-style-type: none"> ■ Develop strategies to provide sustainable and realistic expectations for oral health personnel working within the public sector and appropriate awards and benefits ■ Provide retraining and continuing education for current practitioners ■ Initiate training and development strategies with long lead-times for benefits
5. Be ready for new risks and opportunities	5.1 Improved data collection	5.1.1 To improve qualitative and quantitative data collection	<ul style="list-style-type: none"> ■ Develop strategies to collect qualitative and quantitative data on health gain, value of services delivered, and equity of access

SECTION 1 Context of Implementation Plan

1.1 Introduction

The NSW Oral Health Strategy and associated Dental Services Budget Supplements are evidence of a Governmental commitment to a new Oral Health Program for NSW which incorporates and consolidates the goals and aspirations of:

- **Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013**
- **NSW Oral Health Promotion: Framework for Action 2010**
- **A new direction for NSW: State Plan**
- **A new direction for NSW: State Health Plan Towards 2010**
- **Healthy People NSW: Improving the health of the population**
- The vision of the SOHE
- The COHS and AHS Strategic Objectives
- The directions of the Legislative Council (NSW) Standing Committee Inquiry into Dental Services in NSW.

1.2 Areas of need

This review substantially confirms the range of issues and concerns previously documented in the above documents:

- NSW faces significant waiting lists for access to public oral health care
- Young children have minimal access to public oral health care
- Performance and accountability framework needs dramatic improvement
- Rural and remote communities have increasing need and very limited access to public oral health care
- Many ethnic and Indigenous communities have poor oral health and limited access to care.

1.3 New models of care

A new approach supplementing traditional restorative treatment and extractions model is called for, such as:

- Placing greater emphasis on health promotion and illness prevention
- The introduction of an effective oral health team model to expand the skill base and effectiveness of public oral health
- Focusing on reform and new program approaches in early childhood, for those with special needs, rural and remote communities and older persons, especially the frail aged.

1.4 Oral health integrated into mainstream health

Overall, Oral Health needs to be recognised and see itself as:

- integrated into mainstream health care services, but with a high profile and transparency in operation;
- patient focused, preventive oriented, population-based and consistent across all Area Health Services (AHSs);
- having effective collaboration between: (i) the private and public sector; and (ii) dentists and dental auxiliaries;
- having a whole-of-life response to the oral health needs of the community; and
- having the trust and respect of the community.

SECTION 2 Essential Features of Implementation Plan

2.1 Key implementation questions

- What strategies can be applied immediately to commence improvement to services?
- What needs to be done over the next year or two to initiate long term, sustainable improvements?
- What needs to be introduced to manage programs and monitor service improvements?

2.2 Constraints and limitations on achievements

Achievement of the strategy will require recognition and resolution of issues relating to:

- information
- technical knowledge and research findings
- the development of an agreed strategy – traditional wisdom on service roles and delivery
- commitment of stakeholders – competitive agendas and drivers
- budget resources
- project management skills, resources and expertise within COHS and in AHSs
- adequate data, population and service provider information
- sound research on effective intervention models, which may work in the range of NSW environments
- multiplicity of stakeholders
- long lead-time for achievement of outcomes.

2.3 Key factors influencing implementation

- Central Departmental structure
- AHS structure
- workforce limitations
- limitations of performance measurement
- private dental practice structure and distribution
- geographic dispersal of clients
- extreme variations in access and equity
- significant differentials in terms of need, growth and resources across AHSs
- development of new service models.

2.4 Role of COHS in oral health reforms

COHS has only modest staffing and funding resources available to manage programs and initiatives. Consequently, it is critical to be realistic about what can be achieved on a sustainable basis, which is aimed clearly at improving client treatment and care. A “collegiate” approach with key stakeholders is essential.

2.5 Guiding principles

The guiding principles for the NSW approach to oral health activity include:

- delivery of population-based preventive oral health measures, such as fluoridation of public water supplies
- promotion of oral health through the development and implementation of health promotion strategies
- provision of hospital and community based acute and similar dental care services
- provision of general dental services for disadvantaged individuals and communities who have difficulty accessing mainstream oral health services through the Priority Oral Health Program (POHP)
- planning for future workforce needs to ensure supply meets increasing demand.

2.6 Implementation plan expertise

There are specific strategies that need to be undertaken by COHS and/or AHS staff to ensure the implementation of the **NSW Oral health Strategic Directions 2005-2010** is effective and of the highest quality:

- Formalise key working party representation (external)
- Allocate COHS functional and AHS responsibility (internal)
- Hold preliminary workshops with AHSs
- Hold cooperative AHS-specific strategy development workshops, eg Models of Care Forum
- Use broad skill-based advisory and working groups to implement plans and sub-programs (eg establish: an Oral Health Performance Monitoring and Evaluation Committee (max. 5 persons); a Special Care Advisory Committee; a statewide Workforce Selection and Appointment Committee)
- Appoint/co-opt occasional project officers/researchers to work within COHS for cooperative development of action research protocols and evaluation of new initiatives
- Utilise an "Action Research"³ approach to service development to ensure a process of learning and incremental improvement; combine action research, implementation and evaluation across localities and sub-programs; and initiate an action research evaluation process incorporating an independent evaluation at Year 3
- Allocate COHS, AHS and other stake-holding staff work responsibilities by function and geographic area (Matrix- Multi-skilling and cooperative model).

2.7 Monitoring and reporting

Mechanisms exist to ensure that oral health reporting occurs at a state level:

- SOHE
- COHS Monthly Reporting to SEAB
- Department of Health, Treasury Reporting Requirements
- State Oral Health Senior Advisory Committee (Reporting to Chief Health Officer)
- NSW Oral Health Promotion quarterly reports

2.8 Priority areas and project plan

Key personnel in COHS have been identified to address priority areas for the **NSW Oral Health Implementation Plan 2005-2010**. ([Appendix A](#))

2.9 Research, evaluation and performance development

- Ensure regular monitoring of health outcomes, especially for children and adolescents in relationship to preventive initiatives
- Improve key outcome measures, such as waiting list and waiting time frameworks, patient service outcomes, and value of service estimates
- Promote independent evaluation of oral health services performance
- Strengthen evidence-based practice through collaborative partnerships.

2.10 Roles and responsibilities

- COHS will provide the framework and the co-ordinating infrastructure for change
- AHS will provide the operational structures and management infrastructure for change
- NSW Health (Department and AHSs) will provide the accountability framework to Government.

³ Action research is inquiry or research in the context of focused efforts to improve the quality of an organisation and its performance. It typically is designed and conducted by practitioners who analyse the data to improve their own practice. Action research can be done by individuals or by teams of colleagues. The team approach is called *collaborative inquiry*. http://carbon.cudenver.edu/~mryder/itc/act_res.html

2.11 Committees and working parties

The following groups are intended to assist the Chief Dental Officer-in the development of policy responses to the oral health needs of the NSW community and to facilitate the monitoring of current and evolving programmatic responses to these needs at a Departmental and Government level.

Each of these groups will be supported as required, via COHS, with secretarial assistance, a nominated project officer and external resources as required, subject to resource availability.

It is acknowledged that there will be some functional overlaps between the various groups and committees as set out below. The Chief Dental Officer and the staff of COHS will be responsible for ensuring coordination and exchange of information and views between these groups to minimize unnecessary duplication and overlap.

The following groups are proposed to be supported or established:

- SOHE ([Appendix B](#))
- State Oral Health Strategic Advisory Committee (SOHSAC) ([Appendix C](#))
- NSW Oral Health Promotion Network (OHPN) ([Appendix D](#))
- Early Childhood Oral Health Program (ECOH) ([Appendix E](#))
- Oral Health Special Needs and Specialist Services Advisory Group ([Appendix F](#))
- Oral Health Rural Advancement Group ([Appendix G](#))
- Oral Health Outcome Measures and Monitoring Working group ([Appendix H](#))
- Workforce Development Group – Dental Recruitment Initiative ([Appendix I](#))
- Oral Health Forum on “Models of care” ([Appendix J](#))

SECTION 3 Budget Enhancements: 2006-2010

The NSW Cabinet has recently approved a four year budget initiative for oral health to the value of \$40M over the four years. The initiative provides a phased increase in recurrent expenditure over the four years with an on-going recurrent component of \$16M per year thereafter. In addition there is funding for a range of special initiatives, trials and demonstration projects aimed at enhancing service delivery (See [Appendix K](#) and [Appendix L](#) for details).

The \$40M budget initiative is independent of normal award increments and capital expenditure initiatives.

Initiative	2006/07	2007/08	2008/09	2009/10	Total
	\$ M	\$ M	\$ M	\$ M	\$ M
	Recurrent	Recurrent	Recurrent	Recurrent	
1. Oral health promotion, including water fluoridation	-	0.500	0.500	0.500	1.500
a. Data collection /evaluation	0.150	0.500	0.300	0.500	1.450
b. Models of care	0.150	0.500	1.0	2.000	3.650
2. Increased clinical services					
a. Dentist recruitment	2.200	2.000	2.000	2.000	8.200
b. Allied dental health recruitment	-	1.000	2.000	3.000	6.000
c. Contracted services (OHFFSS)	1.000	1.000	1.000	1.000	4.000
d. Business /Clinical efficiencies	0.150	-	0.150	0.200	0.500
3. Workforce recruitment and retention					
a. Rural incentives	0.100	0.500	2.000	1.000	3.600
b. Education and training	0.100	0.500	0.500	1.000	2.100
c. Other incentives	-	0.500	0.500	1.000	2.000
4. Increased specialised and special needs services					
a. Aboriginal Oral health	0.150	0.200	0.200	0.500	1.050
b. Specialist staff	-	0.500	1.000	2.300	3.800
c. Aged care/special care/ refugees	-	0.500	0.650	1.000	2.150
	\$ 4M	\$8M	\$12M	\$16M	\$40M

SECTION 4 NSW Oral Health Implementation Plan

Goals

- To improve the oral health of the population
- To reduce inequalities in oral health outcomes
- To provide equitable access to dental health services

NSW Health Key Area for Action 1					Make prevention everybody's business
NSW Oral Health Outcome 1					Increased prevention and oral health promotion activities
Objectives	Strategies	Tasks	Who	Indicators	Time Frame
1.1.1 To increase access to prevention programs in rural and remote areas	<ul style="list-style-type: none"> Develop supplementary prevention programs in rural and remote areas, which, by virtue of their geography, cannot cost-effectively receive fluoride through public water supplies 	Develop a process to ensure all AHSs have access to information about appropriate programs for smaller unfluoridated communities	NSW OHP Network AHSs	No. programs developed & implemented in relevant AHSs	Short
	<ul style="list-style-type: none"> Develop preventive models of care using dental therapists, hygienists and allied health workers in early childhood development programs 	ECOH Program Aboriginal Oral Health	AHSs AMSs	No. preventive models of care developed & implemented in relevant AHSs	Medium
1.1.2 To increase access to prevention programs for low income people	<ul style="list-style-type: none"> Provide maintenance programs for low income people 	Clinical packages Workforce development	AHSs	No. prevention programs in place	Medium
1.1.3 To increase access to prevention programs for the frail elderly and those in supported and residential care	<ul style="list-style-type: none"> Provide maintenance programs for the frail elderly and those in supported and residential care 	Trial nursing home		Project under development, evaluation	
1.1.4 To increase fluoridation of public water supplies	<ul style="list-style-type: none"> Continue support of fluoridation of local water supplies 	Time & sequence schedule Capital Funding Plan	NSW Health COHS AHSs ADA	No. Councils gazetted No. new plants	
1.1.5 To improve the quality of preventive and health promotion projects	<ul style="list-style-type: none"> Incorporate evaluation protocols into project designs 	Demonstration Projects	Sax Institute Sydney University	No. projects and quantum of funding	Short

Objectives	Strategies	Tasks	Who	Indicators	Time Frame
2.1.1 To improve access to dental services in rural and remote areas	■ Promote a rural dental scholarship scheme	Information tracts	University of Sydney	No. scholarship holders	Short
	■ Strengthen Rural and Regional Centres of Oral Health	Advisory Committee Clinical schools with rural incentives	COHS AHSs		
	■ Support education, training and specialist services through new graduate, "s14", graduate and specialist rotations	NSW OTD Program	SSWAHS SWAHS	No. of candidates in program Retention rates in public sector	
	■ Provide additional dental providers and services for Aboriginal Oral Health Services		COHS	No. dental providers employed in AMSs, providing services under contact	
2.1.2 To reduce waiting times for communities with the greatest need	■ Fill current staffing vacancies	Recruit overseas dentists	COHS AHSs	Waiting times for priority groups	
		Appoint to priority sites			
		Maximise benefit of extended supervision of overseas trained dentists			
2.1.3 To improve access to services for high risk communities	■ Develop specific strategies to address high risk/high need communities, using currently available best compromises	Focus on high profile issues requiring resolution	AHSs	Performance reported efficiently and appropriately	
		Focus on highly visible achievements	COHS AHSs		
		Publish Waiting Lists	Auditor General COHS		
	■ Identify major areas requiring significant capital development		COHS AHSs	No. & type of new capital works	Long
	■ Develop a capital improvement strategy		COHS		
	■ Develop sustainable models for high risk/high need communities		AHSs		

⁴ People in rural and remote areas, people with special needs, Aboriginal and Torres Strait Islander communities, very young children and older people

NSW Health Key Area for Action 2		Create better experiences for people using the health system				
NSW Oral Health Outcome 2.1		Increased dental services to communities with the greatest need				
Objectives	Strategies	Tasks	Who	Indicators	Time Frame	
2.1.4 To improve the quality of service delivery to the target group	■ Create a series of new models of dental care on a “whole-of-life” basis	Forum	COHS	No. and type of projects	Medium	
	■ Fund and initiate demonstration projects using more flexible service delivery models	Demonstration Grants/Sites	COHS			
	■ Provide team-based treatment and care					
	■ Identify areas of need requiring analysis and development	Community consultation	COHS AHSs	Consultations conducted	Long	
	■ Initiate budgetary and structural change to deliver improved service models		COHS	Reports and budget papers		
	■ Provide sustainable care for older people, especially those in supported and residential care	Demonstration Projects	AHSs	No. residential care facilities with dental programs		
	■ Provide an on-going program, which includes education and service access, to young mothers and infants	Identify sites/Programs	AHSs COHS	ECOH Reports		
NSW Oral Health Outcome 2.2		Increased specialist and special needs care services				
2.2.1 To improve access to specialist and special needs care	■ Provide additional specialist/joint appointment staff to major teaching hospitals and university oral health clinics	Develop linkages between AHSs, rural universities and major dental teaching hospitals	Universities COHS AHSs	Committees and processes in place	Medium	
	■ Provide in-house specialist services and continuing educational and training programs	Advisory Committees	COHS AHSs	No. continuing education programs		
	■ Provide additional specialist outreach services			No. additional services provided		
	■ Employ “s14” Overseas Trained dentists, within a guided learning program to assist with full registration through the Australian Dental Council	NSW OTD Program	SSWAHS SWAHS	No. registrations	Short	

NSW Health Key Area for Action 3		Build regional partnerships for health				
NSW Oral Health Outcome 3		Increased partnerships with consumers and stakeholders				
Objectives	Strategies	Tasks	Who	Indicators	Time Frame	
3.1.1 To increase consumer participation in oral health issues	<ul style="list-style-type: none"> Encourage formation of consumer networks and support with factual information and advice 	Develop a consumer advocacy package	NSW OHP Network	Reports and minutes	Long	
	<ul style="list-style-type: none"> Include consumer representatives on pertinent advisory committees 		COHS AHSs	No. committees with consumer representation		
	<ul style="list-style-type: none"> Participate in key consumer/advisory bodies in areas such as aged care, family health and the homeless 		COHS AHSs	No. committees with oral health representation		
	<ul style="list-style-type: none"> Initiate sample consumer feedback surveys 	Develop survey & trial	Committees	No. surveys		
3.1.2 To increase the oral health knowledge and skills of non-dental staff	<ul style="list-style-type: none"> Enhance training and development for non-dental staff (eg Maternal & Child Health Nurses) 	ECOH Program	AHSs COHS	No. sessions offered No. participants attended	Medium	

NSW Health Key Area for Action 4		Redesign and reinvigorate the health workforce				
NSW Oral Health Outcome 4		Better trained oral health personnel				
4.1.1 To improve the quality of the working environment for oral health personnel working within the public sector of NSW	<ul style="list-style-type: none"> Develop strategies to provide sustainable and realistic expectations for oral health personnel working within the public sector and appropriate awards and benefits 		NSW Health	Appropriate legislative changes are in place to assist the professional growth of dental auxiliaries	Medium	
				Work practice flexibility of employment awards and conditions of dentists and dental auxiliaries are in place		
	<ul style="list-style-type: none"> Provide retraining and continuing education for current practitioners Initiate training and development strategies with long lead-times for benefits 		COHS Universities TAFW	No & type of continuing education practitioners have attended		

NSW Oral Health Outcome 5

Improved data collection

Objectives	Strategies	Tasks	Who	Indicators	Time Frame
5.1.1 To improve qualitative and quantitative data collection	<ul style="list-style-type: none"> ■ Develop strategies to collect qualitative and quantitative data on health gain, value of services delivered, and equity of access 		University of Sydney SAX Institute COHS		Medium

APPENDICES

Appendix A Priority Areas & Key Personnel

Priority Area	Key Personnel	Position	Contact Details
<ul style="list-style-type: none"> ■ Standards & Accountability ■ Review, Legislation & Regulation 	Clive Wright	Chief Dental Officer	02 8821 4304 Clive_wright@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Performance Management ■ Funding & Finance ■ Capital Works⁵ 	John Skinner	Project Manager, Oral Health Program Development	02 8821 4305 John_skinner@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Oral Health Workforce Policy 	Bill Cowie	Principal Analyst, Workforce	02 8821 4306 Bill_cowie@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Research & Evaluation ■ Fluoridation 	Shanti Sivaneswaran	Principal Advisor , Oral Health	02 8821 4307 Shanti_sivaneswaran@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Oral Health Promotion/ Population Health 	Jennifer Noller	NSW Oral Health Promotion Coordinator	02 8821 4312 Jennifer_noller@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Governance ■ Communication 	Jeni Conquest	Project Officer, Strategic Development	02 8821 4311 Jennifer_conquest@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Early Childhood Oral Health 	Claire Phelan	Senior Policy Analyst, Oral Health Programs	02 8821 4313 Claire_phelan@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Aboriginal Oral Health 	Marie Wilson	Aboriginal Oral Health Manager	02 8821 4315 Marie.wilson@swahs.health.nsw.gov.au
<ul style="list-style-type: none"> ■ Information Systems 	Michael Jacobi	Information Systems Officer	02 8821 4316 Michael_jacobi@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Continuing Education 	Nicole Alderson	Coordinator Continuing Education	02 8821 4312 NicoleAlderson@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Older Person's Oral Health ■ Rural Oral Health ■ Special Needs Oral Health 	Peter List	Project Officer	02 8821 4310 peter.list@swahs.health.nsw.gov.au
<ul style="list-style-type: none"> ■ Fluoridation ■ Early Childhood Oral Health 	Tanya Schinkewitsch		02 8821 4314 Tanya_schinkewitsch@wsahs.nsw.gov.au
<ul style="list-style-type: none"> ■ Administration 	Rita Noble	Executive Assistant	02 8821 4319 rita.noble@swahs.health.nsw.gov.au
	Georgette Roumanos	Admin Coordinator	02 8821 4300 Georgette_roumanos@wsahs.nsw.gov.au

⁵ Refer Appendix M for Alignment of Key Components of the NSW Oral Health Capital Strategy with Key NSW Strategic Plans and Reports

Appendix B State Oral Health Executive (SOHE) – Terms of Reference

<p>OBJECTIVE</p> <p>To establish oral health (OH) programs that lead the way for best practice models of dental care in NSW through: (i) development of policy directives, guidelines and/or information bulletins; (ii) establishment of evidence based standards for clinical practices; and (ii) capacity building strategies, which support the implementation of NSW OH Strategic Plan.</p>		
<p>ROLE</p> <p>SOHE will assist and support appropriate OH strategic directions through cooperative partnerships with Department of Health, the Centre for Oral Health Strategy (COHS) NSW, AHSs, Faculties of Dentistry, Teaching Hospitals, Aboriginal Medical Services (AMSs) and relevant Professional Associations.</p>		
<p>VISION</p> <p>To promote the implementation of national, state and AHS OH strategic plans through: (i) OHs integration into general health, (ii) a population health approach to OH service delivery, and (iii) advocacy of promoting healthy OH lifestyles.</p>		
<p>TERMS OF REFERENCE</p> <p>The role of the Committee is to :</p> <ul style="list-style-type: none"> ■ Provide forum of discussion of strategic, operational and clinical issues in OH to formulate recommendations to NSW Department of Health and other relevant key stakeholders ■ Promote the overall goals of the OH reform processes through OH programs ■ Disseminate information and facilitate discussion on public health and OH issues ■ Promote advice to and seek advice from OH programs on clinical and operational matters as they relate to or are impacted upon by OH strategic and business planning processes through working parties, information sessions and/or conferences 		<ul style="list-style-type: none"> ■ Facilitate an accreditation approach to the delivery of OH care ■ Provide future management and clinical development of IM&T in OH ■ Support the development and implementation of Department of Health Policy directives/guidelines/ information bullets that support best practice models and population health approach to OH ■ Develop effective partnerships between individual AHSs, COHS, and the NSW Department of Health ■ Facilitate opportunities to support improved data collection, monitoring, evaluation and reporting on OH and benchmark performance standards ■ Facilitate opportunities to integrate OH into health and promote the development of Centres of Excellence, for Teaching and Research
<p>NETWORK SUPPORT</p> <p>Chairperson: Chief Dental Officer, COHS Responsible Manager: Chief Dental Officer, COHS Supported by: COHS</p>		<p>REPORTING FRAMEWORK</p> <p>The SOHE will report to State Oral Health Strategic Advisory Committee (SOHSAC) through the COHS</p>
<p>COMPOSITION</p> <ul style="list-style-type: none"> ■ 8 X AHS Management representative ■ 8 X AHS Clinical Director or equivalent representative ■ 1 X Justice Health Management/Clinical representative 		<ul style="list-style-type: none"> ■ 1 X Westmead Children’s Hospital Management / Clinical representative ■ 1 X Aboriginal Health Management representative ■ 1 X Aboriginal Health Clinical representative ■ 2 X COHS Management and Clinical representative
<p>QUORUM</p> <p>Half the membership, plus one</p>	<p>MEETINGS</p> <p>To be held quarterly</p>	<p>TENURE</p> <p>New nominations for membership to take place at review of SOHE terms of reference</p>
<p>AGENDA ITEMS</p> <p>The agenda for each meeting will be agreed in advance by the Chair. The agenda will include:</p> <ul style="list-style-type: none"> ■ Draft agenda to be placed on COHS’s website prior to meeting ■ Approval of running actions sheet from the previous meeting 		<ul style="list-style-type: none"> ■ A report on progress of outcomes from the action sheet ■ Discussion items ■ Items for recommendation for endorsement by working parties, information sessions and/or conferences ■ Other items decided by the Chair
<p>AGENDA ATTACHMENTS</p> <p>Agenda attachments to be distributed to committee members 1 month prior to the meeting</p>		<p>REVIEW OF TERMS OF REFERENCE</p> <p>To be reviewed annually</p>
<p>LINKAGE TO CORE POLICY DOCUMENTS / RESOURCES</p> <ul style="list-style-type: none"> ■ Oral Health of Australians ‘National Planning for Oral Health Improvement’ Final Report 2001 ■ Australia’s National Oral Health Plan 2004 – 2005 ‘Healthy Mouths Healthy Lives’ ■ NSW Department of Health Research on Ethics and Policy 		<ul style="list-style-type: none"> ■ NSW Oral Health Strategic Directions 2005 – 2010 ■ NSW Oral Health IM&T Strategy 2003 – 2008 ■ NSW Aboriginal and Torres Strait Islander Oral Health Strategic Plan 2005 - 2010 ■ Department of Health Policy Directives and Circulars ■ OH&S legislation ■ EEO legislation

Appendix C State Oral Health Strategic Advisory Committee (SOHSAC) – Terms of Reference

<p>OBJECTIVE</p> <p>To monitor strategic directions and activities identified in the NSW Oral Health Strategic Plan.2005 – 2010. To advise the Chief Dental Officer on emergency issues in oral health affecting the implementation of the NSW Oral Health Plan.</p>		
<p>ROLE</p> <p>The State Oral Health Strategic Advisory Committee (SOHSAC) will assist and support appropriate oral health strategic directions through cooperative partnerships with: (i) International and National organisations; (ii) professional associations; (iii) Government and Non-government health organisations; and (iv) community based organisations and support groups.</p>		
<p>VISION</p> <p>To promote the implementation of national, state and AHS oral health strategic plans through: (i) oral health's integration into general health; ii) a population health approach to oral health service delivery; (iii) advocacy of promoting healthy oral health lifestyles; and (iv) cooperative exchange of ideas and advice on issue confronting oral health in NSW.</p>		
<p>TERMS OF REFERENCE</p> <p>The role of the Committee is to :</p> <ul style="list-style-type: none"> ■ Provide a forum for discussion on strategic issues which impact on oral health ■ Provide high level advice and/or recommendations to the Minister for Health through the Chief Health Officer Population Health, NSW Department of Oral Population Health programs ■ Promote the overall goals of the oral health reform processes through oral health programs ■ Monitor the implications of Australia's National Oral Health Plan 2004 – 2005: Healthy Mouths Healthy Lives, NSW Oral Health Strategic Directions 2005 – 2010, NSW Oral Health IM&T Strategy 2003 – 2008 ■ Develop effective partnerships between main stream services, individual area health services, COHS, and the NSW Department of Health that is reflective of a population health approach ■ Support opportunities that will improve data collection, monitoring, evaluation and reporting on oral health and benchmark performance standards ■ Promote recruitment strategies that influence: (i) increase rates of retention; (ii) standards of clinical excellence; and (iii) placement into areas of need ■ Promote understanding across the sections of population oral health in NSW 		
<p>NETWORK SUPPORT</p> <p>Chairperson: Chief Health Officer and Deputy Director-General, Population Health Responsible Manager: Chief Dental Officer, COHS Administrative support: COHS</p>		
<p>REPORTING FRAMEWORK</p> <p>The SOHSAC Committee will report to the DG of Health through the Division of Population Health Branch.</p>		
<p>COMPOSITION</p> <ul style="list-style-type: none"> ■ Chief Health Officer and Deputy Director-General, Population Health ■ Chief Dental Officer COHS ■ 1 X CE AHS Rural representative ■ 1 X CE AHS Metropolitan representative ■ 1 X SOHE Management representative (metro or rural must not be same AHS as CE) ■ 1 X SOHE Clinical Director or equivalent representative (metro or rural must not be same AHS as CE) 		<ul style="list-style-type: none"> ■ 1 X Faculty of Dentistry, University of Sydney ■ 1 X Faculty of Dentistry, University of Newcastle ■ 1 X Australian Dental Association NSW representative ■ 1 X Australian Dental Prosthetists Association NSW Inc representative ■ 1 X Dental Therapist Association representative ■ 2 X Community representatives
<p>QUORUM</p> <p>Half the membership, plus one</p>	<p>MEETINGS</p> <p>To be held half yearly</p>	<p>TENURE</p> <p>New nominations for membership to take place at review of SOHSAC terms of reference.</p>
<p>MINUTES</p> <p>Minutes to be in action format. A running action sheet format to record items actioned at the meeting. Minute taking can be supported by digital recorder. The secretariat to be provided by the COHS. Minutes to be distributed at least 14 days after the meeting to committee members and placed on COHS intranet site in Acrobat reader format. Members of the committee have the responsibility to circulate the minutes to all relevant key stakeholders.</p>		
<p>APOLOGIES: To the convenor by email or telephone</p>		

Appendix D NSW Oral Health Promotion Network (OHPN) – Terms of Reference

<p>OBJECTIVE</p> <p>The objective of the <i>NSW Oral Health Promotion Network</i> is to ensure oral health promotion efforts in NSW are collaborative, well coordinated, based on best evidence-based practice, and continuously delivered in an effective and efficient manner.</p>	
<p>VISION STATEMENT</p> <p>To promote the implementation of the National and state oral health promotion strategies through a highly creative and enthusiastic health promotion workforce who will ensure oral health promotion activities in NSW are coordinator, effective and appropriately resourced. This will be achieved by a willingness to be cooperative rather than competitive and to value team-work and partnerships across all sectors.</p>	
<p>TERMS OF REFERENCE</p> <p>The role of the Network will be to:</p> <ul style="list-style-type: none"> ■ Provide strong leadership for oral health promotion in NSW ■ Monitor, evaluate, audit and report on the outcomes of the NSW Oral Health Promotion Framework for Action 2010 ■ Develop strategies to coordinate oral health promotion activities across NSW ■ Ensure comprehensive and consistent statewide oral health promotion policies, standards, guidelines, protocols and strategies to address priority oral health issues ■ Promote partnerships in all relevant aspects of oral health promotion activity 	<ul style="list-style-type: none"> ■ Promote community understanding and participation in oral health partnerships in NSW ■ Promote oral health promotion training for oral health/dental staff ■ Develop agreed statewide approaches to emerging national and international oral health promotion issues ■ Identify opportunities through liaison and collaboration with interstate oral health promotion agencies ■ Promote oral health promotion with government and non-government sectors in NSW ■ Report on the Network activities and make recommendations for action to SOHE ■ Assist AHSs with their oral health promotion activities
<p>REPORTING FRAMEWORK</p> <p>The Network will report to SOHE through COHS</p>	
<p>MEMBERSHIP</p> <p>The membership of the Network will consist of:</p> <ul style="list-style-type: none"> ■ Chief Dental Officer, COHS ■ NSW Health Chair of Population Oral Health ■ NSW Oral Health Promotion Coordinator, COHS ■ Oral Health Promotion representatives from each AHS ■ Aboriginal oral health representation ■ Community advocate representative (NCOSS) 	<ul style="list-style-type: none"> ■ Health promotion representative ■ Representation from universities (2) ■ Corporate/industry representation ■ Australian Dental Association (ADA) (NSW Branch) representation ■ Linkages with other state and territories through the National OHP Steering Group. ■ Invited guests
<p>COMMUNICATION STRUCTURE</p> <pre> graph LR A([Information is sent to the NSW OHP Coordinator from: NSW Dept of Health; NOHPSG; HP; SOHE & other general info]) --> B([NSW OHP Network members]) B --> C([AHSs, other organisations, communities, groups, individuals]) </pre>	
<p>QUORUM</p> <p>The quoracy level will be 50% plus one</p>	
<p>TIME AND PLACE OF MEETING</p> <p>The Network meetings will be held quarterly on a Thursday in February, May, August and November of each calendar year from 9:30am to 3:30pm. Meetings will be decided in advance each year by the Members of the committee. If a special meeting is planned, the time and place will be decided by the Chair, in consultation with the other members of the Committee.</p>	
<p>CHAIR OF MEETING</p> <p>NSW Oral Health Promotion Coordinator</p>	
<p>MINUTES</p> <p>Minutes will be taken at each meeting and circulated well in advance of the following meeting. A copy of the minutes will be signed off by a mover and seconder. A summary sheet of actions will be attached to the front of the minutes.</p>	
<p>PRESENTATIONS</p> <p>Two 15-20 minute presentations will be provided at each meeting (unless otherwise agreed upon), focusing on the priority areas of early childhood, special needs, older adults and Aboriginal communities</p>	
<p>AGENDA</p> <p>The agenda for the meeting will be agreed in advance by the Chair. The agenda will include:</p> <ul style="list-style-type: none"> ■ Approving the minutes of the previous meeting ■ Information sharing 	<ul style="list-style-type: none"> ■ Discussion items ■ Presentations ■ Items for recommendation for endorsement by SOHE ■ Other items decided by the Chair

Appendix E Early Childhood Oral Health Program (ECOH) – Terms of Reference

<p>OBJECTIVE</p> <p>The objective of the <i>Early Childhood Oral Health Program</i> is to ensure early childhood oral health efforts in NSW are collaborative, well coordinated, based on best evidence-based practice, and continuously delivered in an effective and efficient manner</p>	
<p>VISION STATEMENT</p> <p>To promote the implementation of early childhood oral health strategies through highly motivated health professionals who will ensure that children aged 0-5 and their parents/caregivers have the best opportunity for primary prevention of dental caries, especially before it is established as an active disease process before age 2. This will be achieved by establishing cooperative partnerships across all sectors and settings.</p>	
<p>TERMS OF REFERENCE</p> <p>The role of the Early Childhood Oral Health Program Advisory Committee will be to:</p> <ul style="list-style-type: none"> ■ Provide advice on the Early Childhood Oral Health Program ■ Provide input into the major documents produced as part of the program ■ Provide input into oral health training initiatives for health professionals ■ Participate in, or be represented at, select consultation forums relating to the program 	
<p>REPORTING FRAMEWORK</p> <p>The Advisory Committee will report through the Chief Dental Officer and the SOHE to the State Oral Health Strategic Advisory Committee (SOHSAC) on the progress made on key ECOH program strategies.</p>	
<p>MEMBERSHIP</p> <p>The membership of the Advisory Committee will consist of:</p> <ul style="list-style-type: none"> ■ Chief Dental Officer, NSW ■ Senior Policy Analyst, COHS ■ Aboriginal Oral Health Manager, COHS ■ State Manager, Child & Family Health Nurses / Paediatrician ■ NSW Health Department, Primary Health & Community Partnerships 	<ul style="list-style-type: none"> ■ Paediatric Dentist (2) ■ SOHE members (2) ■ Dental Therapist (2) ■ University, Faculty of Dentistry representative ■ Dietician ■ Clinical Nurse Consultant ■ Alliance of the Divisions of GPs representative ■ Consumer / Advocacy organisation representative
<p>QUORUM</p> <p>The quoracy level will be five.</p>	
<p>TIME AND PLACE OF MEETING</p> <p>The Advisory committee meetings will be held quarterly on a Friday in July, October, February and May. Meetings will be decided in advance each year by the Members of the committee. If a special meeting is planned, the time and place will be decided by the Chair, in consultation with the other members of the Committee.</p>	
<p>CHAIR OF MEETING</p> <p>Senior Policy Analyst, with executive support</p>	
<p>AGENDA</p> <p>The agenda for each meeting will be agreed in advance by the Chair. The agenda will include:</p> <ul style="list-style-type: none"> ■ Approving the minutes of the previous meeting ■ A report on progress of early childhood activities ■ Discussion items ■ Items for recommendation for endorsement by SOHE ■ Other items decided by the Chair 	

Appendix F Oral Health Special Needs and Specialist Services Advisory Group - Terms of Reference

<p>FUNCTION</p> <p>The Oral Health Special Needs and Specialist Services Advisory Group will identify and advise the Chief Dental Officer on the needs and potential programmatic responses to the oral health needs of persons with special needs (including Aboriginal persons, persons with mental health problems, those with chronic and debilitating medical conditions, the homeless, persons with physical and intellectual disabilities, refugees and asylum seekers, and elderly citizens, especially those in supported residential care).</p>		
<p>VISION</p> <p>To improve the oral health and, consequently, the quality of life, of persons with special needs through a population health approach that:</p> <ul style="list-style-type: none"> ■ uses a multidisciplinary approach to integrate oral health care into everyday care and general health care protocols ■ provides evidence based services that are culturally appropriate, accessible and affordable ■ educates clients, carers and all involved health professionals of the importance of maintaining good oral health. 		
<p>TERMS OF REFERENCE</p> <p>The Advisory Group will:</p> <ul style="list-style-type: none"> ■ identify clusters of consumers with unique needs profiles not readily met by generic service delivery models ■ reflect on the acceptability and appropriateness of combinations of service delivery modalities and the profile of clinical treatment and care needs of the above groups ■ advise on any unique means required by these special needs groups to improve access to oral health services ■ advise on the range of specialist/specialised oral health care needs of public and private oral health delivery systems, including the roles of dental auxiliaries 		<ul style="list-style-type: none"> ■ advise on the need for oral health promotion material appropriately targeted for special needs groups ■ advise on the suitability and location of oral health services for special needs groups ■ identify any specific areas of continuing education and training needs of current practitioners to ensure effective delivery of oral health care ■ advise on the priority of any capital and equipment needs required to deliver specialised oral health care ■ facilitate the development of “best-practice” protocols for delivery of specialist services appropriate in public dental settings ■ provide minutes and special reports as appropriate to the Chief Dental Officer, COHS. <p>NB Children (under the age of 14) with special needs will not be within the scope of this group, as this group is considered to be already sufficiently serviced by current specialist services.</p>
<p>ADVISORY GROUP SUPPORT</p> <p>Chairperson: Chair to be nominated by the Chief Dental Officer, COHS. Responsible Manager: Chief Dental Officer COHS Administration support: COHS</p>		
<p>REPORTING FRAMEWORK</p> <p>The Advisory Group will report to the Chief Dental Officer through the COHS. Minutes to be forwarded to the Chief Dental Officer, COHS within one week of the meeting. Minutes to be tabled at SOHE and SOHSAC.</p>		
<p>MEMBERSHIP</p> <ul style="list-style-type: none"> ■ COHS ■ DOH Aboriginal Health Branch ■ New South Wales Council of Social Services (NCOSS) ■ Council On The Aging (COTA) ■ NSW Council for Intellectual Disability ■ NSW Refugee Health Service ■ Centre for Mental Health and Drug and Alcohol ■ People Living with HIV/AIDS 		<ul style="list-style-type: none"> ■ Special Needs Unit at Westmead Centre for Oral Health and Sydney Dental Hospital ■ SSWAHS Oral Health Services & Sydney Dental Hospital ■ Specialist Aged Care ■ St. Vincents Hospital ■ Australian Dental Association (NSW) ■ Mental Health Association of NSW Inc ■ University of Sydney Faculty of Dentistry ■ Mission Australia Dental Program
<p>QUORUM</p> <p>Half the membership, plus one</p>	<p>MEETINGS</p> <p>To be held every two months.</p>	<p>PROPOSED DURATION OF OPERATION</p> <p>Initial period of 18 months. Continuation subject to review</p>
<p>MINUTES</p> <p>Minutes to be in action format. A running action sheet format to record items actioned at the meeting. Minute taking can be supported by digital recorder. The secretariat to be provided by COHS. Minutes to be distributed within 14 days after the meeting to committee members and placed on COHS intranet site in Acrobat reader format. Members of the committee have the responsibility to circulate the minutes to all relevant key stakeholders.</p>		
<p>APOLOGIES</p> <p>To Peter List by email or telephone. An appropriate replacement should be delegated to attend</p>		

<p>AGENDA</p> <p>The agenda for each meeting will be agreed in advance by the Chair. The agenda will include:</p> <ul style="list-style-type: none"> ■ Approval of running actions sheet from the previous meeting ■ A report on progress of outcomes from the action sheet 	<ul style="list-style-type: none"> ■ Discussion items ■ Items for recommendation for endorsement by working parties, information sessions and/or conferences ■ Other items decided by the Chair ■ Agenda will be sent out at least 2 weeks prior to meeting date.
<p>REVIEW OF TERMS OF REFERENCE</p> <p>To be reviewed annually.</p>	
<p>LINKAGE TO CORE POLICY DOCUMENTS/RESOURCES</p> <ul style="list-style-type: none"> ■ Oral Health of Australians 'National Planning for Oral Health Improvement' Final Report 2001 ■ Australia's National Oral Health Plan 2004 – 2005 'Healthy Mouths Healthy Lives'. ■ NSW Department of Health Research on Ethics and Policy ■ NSW Oral Health Directions 2005 – 2010 ■ Independent Pricing and Regulatory Tribunal NSW 2003 report 'NSW Health – Focusing on Patient Care' 	<ul style="list-style-type: none"> ■ DOH Public Health Division 'New South Wales Older People's Health Survey 1999' ■ NSW Aboriginal and Torres Strait Islander Oral Health Strategic Plan 2005 – 2010 ■ NSW Oral Health Promotion: Framework for Action 2010 ■ DOH Health and Equity in New South Wales 2004 ■ Department of Health Policy Directives and Circulars ■ OH&S legislation ■ EEO legislation

Appendix G Oral Health Rural Advancement Group – Terms of Reference

<p>FUNCTION</p> <p>The Oral Health Rural Advancement Group will advise the Chief Dental Officer, COHS on emerging issues, strategies and opportunities to enhance the delivery of rural oral health services, with a special emphasis on small isolated and remote communities</p>
<p>MEMBERSHIP</p> <ul style="list-style-type: none"> ■ COHS ■ NSW Health Statewide Services Development Branch ■ Primary Health and Community Care Branch ■ Two consumer representatives
<p>TERMS OF REFERENCE</p> <p>The Group will:</p> <ul style="list-style-type: none"> ■ Identify issues specific to rural and remote settings, including rural cities, small towns and isolated and remote communities ■ Identify opportunities for cooperative ventures in rural and remote areas which will benefit oral health, including Aboriginal Health, health promotion and general health with oral health related factors ■ Provide minutes and special reports as appropriate to the Chief Dental Officer, COHS
<p>MEETINGS AND MINUTES</p> <p>Meetings each two months.</p> <p>Chair to be nominated by the Chief Dental Officer, COHS</p>
<p>REPORTING ARRANGEMENTS</p> <p>Minutes to be forwarded to the Chief Dental Officer, COHS within one week of the meeting</p>
<p>PROPOSED DURATION OF OPERATION</p> <p>Initial period of 12 months, continuation subject to review</p>

Appendix H Oral Health Outcome Measures and Monitoring Working Group – Terms of Reference

<p>FUNCTION</p> <p>The Oral Health Outcome Measures and Monitoring Working Group will facilitate the development of a minimum data set appropriate to the planning, monitoring and evaluation of oral health projects and programs.</p>
<p>MEMBERSHIP</p> <ul style="list-style-type: none">■ COHS■ Quality and Clinical Policy Branch■ Funding and Systems Policy Branch■ Statewide Services Development Branch■ AHS nominee (Planning and evaluation)■ Centre for Epidemiology and Surveillance■ The Dental Statistics and Research Unit (DSRU)■ Two consumer representatives
<p>TERMS OF REFERENCE</p> <p>The Working Group will:</p> <ul style="list-style-type: none">■ Identify a minimum oral health data set through a combination of literature review, practical field experience and examination of program level funding, monitoring and evaluation processes■ Facilitate the development of appropriate definitions and criteria for their application in the field■ Identify appropriate evaluation protocols to be implemented as integral components of any newly funded initiative, as well as existing programs■ Liaise, as appropriate, with Information Technology units in incorporating the Oral Health data set into area and programmatic monitoring and evaluation protocols■ Provide minutes and special reports as appropriate to the Chief Dental Officer, COHS
<p>MEETINGS AND MINUTES</p> <p>Meetings each two months. Chair to be nominated by the Chief Dental Officer, COHS</p>
<p>REPORTING ARRANGEMENTS</p> <p>Minutes to be forwarded to the Chief Dental Officer, COHS within one week of the meeting</p>
<p>PROPOSED DURATION OF OPERATION</p> <p>Initial period of 12 months, continuation subject to review</p>

Appendix I Workforce Development Group-Dental Recruitment Initiative – Terms of Reference

<p>FUNCTION</p> <p>The Workforce Development Group-Dental Recruitment Initiative will facilitate the recruitment of dental professionals to fill existing vacancies in NSW public dentistry</p>
<p>MEMBERSHIP</p> <ul style="list-style-type: none"> ■ COHS ■ Medical Education Training and Workforce Branch ■ Nominee of ADA (NSW Branch) ■ Representative of AHSs
<p>REPORTING ARRANGEMENTS</p> <p>Minutes to be forwarded to the Chief Dental Officer, COHS within one week of the meeting</p>
<p>PROPOSED DURATION OF OPERATION</p> <p>Initial period of 12 months, continuation subject to review</p>
<p>TERMS OF REFERENCE</p> <p>The Development Group will:</p> <ul style="list-style-type: none"> ■ Identify current vacancies for dental officers within the NSW Public Oral Health Program ■ Prepare appropriate job-descriptions and terms of appointment, with initial priority being on dentists who are immediately registrable in Australia (NSW) and who have appropriate experience to commence duties immediately ■ Identify any special employment conditions (and associated costs) required to facilitate recruitment, especially to rural and remote placements ■ Prepare advertising materials for submission in news media, professional journals and appropriate web sites ■ Organise preliminary screening of written applications ■ Organise detailed referee, qualifications and police and professional standing checks prior to nominating to AHSs for site visits and possible interviews ■ Organise work visas for successful applicants as required ■ Provide minutes and special reports as appropriate to the Chief Dental Officer, COHS
<p>MEETINGS AND MINUTES</p> <p>Meetings each two months.</p> <p>Chair to be head of the Medical Education Training and Workforce Branch.</p> <p>Notes of meeting to participants and their superiors</p>
<p>REPORTING ARRANGEMENTS</p> <p>Monthly report to the Chief Dental Officer, COHS</p>
<p>REPORTING ARRANGEMENTS</p> <p>Minutes to be forwarded to the Chief Dental Officer, COHS within one week of the meeting</p>
<p>PROPOSED DURATION OF OPERATION</p> <p>Initially 6 months with independent review of effectiveness prior to extension</p>

Appendix J Oral Health Forum on “Models of Care” – Terms of Reference

<p>FUNCTION</p> <p>This “One-off” Oral Health Forum on “Models of Care” will facilitate the accessing of expert opinion and experience from around NSW and other key centres across Australia to assist in the development of a range of innovative models of Oral Health improvement appropriate to the range of local settings in NSW</p>
<p>KEY PARTICIPANTS</p> <ul style="list-style-type: none">■ COHS■ Short-term research officer from one of the universities (say three months duration)■ Selected research staff from the University of Sydney Faculty of Dental Science (Professor Eli Schwarz and A/Prof Wendell Evans)■ Selected research staff from the University of Adelaide (Professor John Spencer, Director, Australian Research Centre for Population Oral Health (ARCPOH); Dr Kaye Roberts-Thompson, Senior Research Fellow, ARCPOH)■ Dental Directors and program managers from state jurisdictions and identifiable centres of Oral Health excellence and innovation around Australia■ Professional organisations and the Dental Health industry■ Community consumer advisory groups
<p>TERMS OF REFERENCE</p> <p>The Forum Organising Committee will:</p> <ul style="list-style-type: none">■ Identify key innovators and researchers able to contribute to the development of innovative models of oral health care appropriate within NSW■ Present a literature review on models of oral health care, with an emphasis on sustainable models with a community focus and incorporating a broad team of dental and health professionals■ Identify evidence-based opportunities for trialling and demonstrating new models of care■ Assist in prioritising new models of care offering the optimum cost-effective benefits■ Identify sound research and evaluation protocols to be applied to the trial projects■ Identify criteria for potential future “mainstreaming” of cost effective models of care■ Provide minutes and special reports as appropriate to the Chief Dental Officer, COHS
<p>REPORTING ARRANGEMENTS</p> <p>A consolidated report from the proceedings of the Forum will be prepared by the selected research officer no later than 6 weeks after the conclusion of the Forum, setting out key findings, approaches and options relevant to the NSW context, including areas for further research and evaluation</p>
<p>PROPOSED DURATION OF OPERATION</p> <p>A total duration 3 months from establishment to reporting</p>

Appendix K Project Plan – Priority Areas and Implementation Timeframe 2005 – 2010

	Time Frame									Comments	
	Jul-Dec06	Jan-Jun07	Jul-Dec07	Jan-Jun08	Jul-Dec08	Jan-Jun09	Jul-Dec09	Jan-Jun10	Jul-Dec10		
Workforce											
■ Key Positions	→										
■ OTD Program	→										
■ Awards, incentives	→										
■ Therapist/Hygienist	→										
Contracted Services	→										
Population Health											
■ Fluoridation	→										
■ OH Promotion											
- Network	→										
- Projects	→										
- M of Care	→										
- Epidemiology	→										
Early Childhood											
■ Advisory	→										
■ Projects	→										
■ M of Care				→							
Rural Health											
■ Advisory	→										
■ Scholarships	→										
■ Incentives				→							
■ Centres enhance	→										
Special Needs/ Specialist											
■ Aboriginal OH	→										
- M of Care	→										
■ Special Needs			→								
- Advisory	→										
- Projects			→								
- M of Care				→							
■ Specialist/ Registrars etc				→							
Performance Improvement											
■ Waiting List Management	→										
- Ambulatory	→										
- General Anaesthesia	→										
■ Weighted Occasions of Service	→										
■ ACHS Indicators	→										
■ ISOH Clinical	→										
Education & Research											
■ HECS/Other	→										
■ Research Plan			→								

APPENDIX L Alignment of Key Components of the NSW Oral Health Capital Strategy with Key NSW Strategic Plans and Reports.

NSW Oral Health Capital Strategy Element	State Plan priority	State Health Plan priority
Targeted refurbishment of dental clinics statewide, particularly in critical rural and regional areas, over the next 10 years based on the statewide priorities determined by the NSW Oral Health Capital Plan;	S1: Improved access to quality healthcare	2. Create better experiences for people using health services
Support for capital works associated with water fluoridation;	F4: Embedding the principle of prevention and early intervention into Government Service delivery in NSW	1. Make prevention everybody's business
Implementation of chairside computing hardware to support the clinical use of ISOH and the roll-out of the electronic dental record (including odontogram);	S1: Improved access to quality healthcare.	2. Create better experiences for people using health services
Address the growing need for teaching and clinical education facilities within NSW dental clinics for growing numbers of dental personnel, student placements, and specialist services, particularly in rural and regional areas;	P7: Better access to training in rural and regional NSW to support local economies	4. Build regional and other partnerships for health 6. Build a sustainable health workforce
Roll-out of digital radiography equipment statewide where cost-effective in partnership with AHSs;	S1: Improved access to quality healthcare.	2. Create better experiences for people using health services; 5. Make smart choices about the costs and benefits of health services

Links to the NSW Oral health strategic directions

The challenges outlined in Section 3 were clearly articulated in the **National Oral Health Plan 2004**. In response to the National Oral Health Plan and the NSW Health Futures Planning process COHS developed the **NSW Oral Health Strategic Directions 2005-2010**.

The **NSW Oral Health Strategic Directions 2005-2010** outline a range of programs of work that directly and indirectly impact on the need for new and refurbished facilities as well as the ability to attract and retain a suitable oral health workforce. The following sections focus particularly on facilities and initiatives in rural and regional areas of NSW. This is in line with Recommendation 20 of the Parliamentary Inquiry in to Dental Services in NSW:

“That the standard of equipment at public dental clinics, particularly in rural and remote areas, be reviewed to ensure that it is adequate to deliver a satisfactory level of treatment to patients.”

And with Recommendation 21, that:

- Rural and remote dental services be increased;
- New dental clinics and facilities be located in areas accessible by public transport;
- Clinics and facilities in rural and remote areas be fully equipped;
- The use of mobile dental units be investigated;
- The use of existing medical infrastructure for the transfer of medical information be explored with respect to dental services.