MINISTRY OF HEALTH
MANATŪ HAUORA

All District Health Boards

ORAL HEALTH SERVICES –
COMMUNITY ORAL HEALTH SERVICE FOR CHILDREN AND SOME ADOLESCENTS
(previously Child Oral Health Services)
TIER TWO
SERVICE SPECIFICATION

STATUS: Approved to be used for mandatory nationwide description of services to be provided.	**MANDATORY**
Review History	**Date**
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Amendments: Administration review, minor editing and formatting changes, updated links, references and language etc.	May 2021
Consideration for next Service Specification Review	within five years

Note: Contact the Service Specification Programme Manager, Planning and Accountability, Ministry of Health, for queries about these service specifications at nsfl@health.govt.nz.

Nationwide Service Framework Library (NSFL) website http://www.nsfl.health.govt.nz

ORAL HEALTH SERVICES - COMMUNITY ORAL HEALTH SERVICE FOR CHILDREN AND SOME ADOLESCENTS TIER TWO SERVICE SPECIFICATION D01022 (May 2021)

The tier two service specification for the Community Oral Health Service for Children and Some Adolescents (the Service) must be used in conjunction with the overarching tier one Oral Health Services service specification.

This tier two service specification was previously known as 'Child Oral Health Services'.

The Service Specification for the Community Oral Health Service for Children and Some Adolescents is related to, but distinct from, the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents (commonly known as the 'Combined Dental Agreement' or CDA).

1. Service Definition

The Service provides a range of oral health services for children and some adolescents up to their 18th birthday, to contribute to an improvement in oral health status of the DHB's population. The COHS will give priority to children and adolescents who are the most at risk of poor oral health.

The Service provides a range of oral health services within the scope of dental and oral health therapy practice including: preventive care, oral health promotion and education, diagnostic services, treatment of oral disease, and restoration of tooth tissue.

Services are provided by registered dental and oral health therapists, other registered oral health practitioners who have appropriate certification and supervision (eg, hygienists) other trained personnel where they can operate within the legislative framework and some community dentists. A continuum of care should be provided between oral health services for children and adolescents covered by the Service and the other services described in the tier two oral health service specifications.

2. Service Users

Service Users are:

- all eligible[1] children from birth up to and including school year eight
- adolescents up to their 18th birthday, who are unable to access oral health services under the CDA.

3. Exclusions

In addition to the exclusions described in Section 3 of the tier one Oral Health Services service specification, the following services are excluded from the Service:

- oral health services for children and adolescents funded through other oral health services such as the CDA.

[1] The Eligibility Direction describes the groups of people who are eligible for publicly funded health and disability services in New Zealand. www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction

The Service also excludes those children and adolescents:

- that require treatment beyond the scope of the registered dental or oral health therapist/community dental service provider
- who are not able to be treated by the service provider due to the person's long term medical conditions, disabilities, and/or complicated ongoing oral health care needs.

These children and adolescents are eligible to receive the Service but are better managed in other settings such as a hospital, or other community oral health setting, where the necessary linkages with hospital services are in place for children and adolescents with special needs.

4 Service Objectives

Refer to Service Objectives in the tier one Oral Health Services service specification.

5. Access

5.1 Enrolment Pathway Process

Enrolment pathways include, but are not limited to:

- birth notification
- referrals from Well Child Tamariki Ora providers and Lead Maternity Carers
- general practice or other health professionals
- self-referral.

Service enrolment of pre-school, primary school and intermediate school children must include the full range of educational facilities, including Kohanga Reo, Kura Kaupapa Māori and Pacific language nests.

The Service will identify, minimise and, where possible, eliminate access barriers for Māori, Pacific and other children and adolescents likely to be assessed as most at high risk of poor oral health outcomes.

5.2 A Well Child Tamariki Ora provider referral includes a risk assessment

Children of any age assessed as high risk must be examined within three months of the risk assessment. Babies may not yet have teeth, however, an appointment provides an opportunity to engage with parents of children assessed as high risk to support the development of good oral health care at home.

Children assessed as low risk must been examined by two years of age.

5.3 Exit or Transfer to another Service

5.3.1 Referral onto another service provider

The Service will refer children and adolescents requiring treatment beyond the scope of the Service to a dental service provider who can undertake the necessary treatment.

5.3.2 School Year Eight Transfer

The Service will:

- aim to complete treatment for all school year eight children before they transfer to a provider of adolescent oral health services
- promote enrolment with, and facilitate the transfer of school year eight children to, a provider of adolescent oral health services operating an agreement or contract with

the DHB. The priority is given to those at-risk groups of children with relatively poor oral health.

Where the provider also has a contract for adolescent dental services, the child may remain enrolled with that provider (refer to the CDA).

6. Service Components

6.1 Processes

The Service includes:

- **Preventive care** including scaling, cleaning, fluoride treatments and fissure sealing, as appropriate
- **Oral health promotion and disease prevention education** including individual, group and caregiver advice on oral hygiene, diet, fluoridation and other factors affecting oral health
- **Diagnostic services** including oral examination, radiographs where necessary, identification of a child or adolescent's oral health needs and consultation on treatment options and management plans with the parent/caregiver and Service User
- **Treatment of oral disease and restorative (or reparative) services** including the treatment of oral disease and restoration of tooth tissue. Where necessary this will require coordination with and referral to other health services and providers, including referral under the CDA.
- **Minor Surgical Services** including the extraction of deciduous teeth.

6.2 Examination and Completed Treatments

Every enrolled child will have at least one examination by a dentist or dental/oral health therapist every 12 months and will be offered any necessary treatment as defined above. Children at high risk of oral disease must be examined preferably every six months. Any necessary treatment should be completed within two months of examination.

Children assessed as low risk may be examined up to every 18 months where the Service has well-managed, computer-assisted oral health records, appropriate oral health information for parents/caregivers and children, and a robust individual risk assessment. The impact of such a change must be monitored by the Service to ensure that it does not result in a deterioration of oral health amongst low risk children.

6.3 Utilisation

The Service will implement a process to manage:

- children who are overdue for their scheduled oral health examination to within the national benchmark of 10 percent or less
- the number of booked appointments that are not kept to within the national benchmark of 10 percent
- children who do not complete their treatment.

6.4 Oral Health Promotion

The Service will:

- support public policy initiatives on health, eg, the benefits of fluoridation in water supplies
- develop and maintain a close working relationship with the full range of Public Health providers and health services as appropriate.

6.5 Key Inputs

Dental and oral health therapists and community dentists are the lead practitioners that provide the Service.

Dental and oral health therapists are to have access to timely and appropriate advice from a registered dentist during the delivery of clinical care. Service staff must have access to continuing professional development (CPD) and demonstrate effective links with dental professional organisations to facilitate CPD such as Te Aō Marama, the New Zealand Dental Association, and the New Zealand Dental and Oral Health Therapists Association, as per the Dental Council's CPD requirements.

Dental therapists, oral health therapists and community dentists will work together to maintain a high standard of care for each child, provide a seamless service, and develop and maintain appropriate linkages with services and organisations listed in Section 7 below.

Refer to section 6.7 Key Inputs of the tier one Oral Health Services service specification for generic requirements including Staff, Supplies, Equipment and other Services.

7. Service Linkages

In addition to the generic Service Linkages described in the tier one Oral Health Services service specification, the Service is required to develop appropriate links with private providers, hospital dental services and other health care services and consumer advisory services.

The Service will collaborate with providers of public health programmes such as health promotion and disease prevention programmes to coordinate effort and approaches.

Liaison with referring GPs or other medical practitioners and Well Child Tamariki Ora service providers maybe required for overall health care management for appropriate action to be taken.

8. Quality Requirements

8.1 General

Refer to the tier one Oral Health Services service specification for generic Quality Requirements including requirements of the Children's Act 2014. In addition, the following specific quality requirements apply.

DHBs can access unit level (NHI level) information on the age cohort 0-17 years of age domiciled in their DHB's region from the Ministry of Health. This data may support and potentially enhance the utilisation and quality of the Service (and other DHB funded oral health services for adolescents). When using this data DHBs must comply with the Ministry's guidelines for disclosure and use of NHI level health information.

In addition, the Ministry and DHBs have established oral heath indicators to evaluate system performance and clinical indicators useful for quality improvement such as Ngā Mana Hauora Tūtohu: Health status indicators, Prevention and Management of Dental Caries in Children: Guidance in Brief, and Oranga Waha: Oral Health Research Priorities for Māori.[2]

[2] Ministry of Health Oral Health Publications https://www.health.govt.nz/our-work/preventative-health-wellness/oral-health/oral-health-publications

The Service is also encouraged to follow the best practice guidelines set out in the Oral Health Clinical Advisory Network's *Clinical Guidelines for Child and Adolescent Oral Health* (July 2019).

8.2 Acceptability

The Service will undertake consumer experience surveys to support ongoing service quality improvement.

8.3 Quality Performance Measure

The Service will aim to improve the oral health status of pre-school, primary school and intermediate school children, as shown by mean dmft/DMFT[3] score and the percentage caries free at age five and school year eight, the percentage of pre-school and primary school children enrolled in the Service, and the percentage of children who are overdue for scheduled examinations (arrears).

9. Purchase Units

Purchase unit (PU) codes are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following purchase unit applies to this Service.

PU Code	PU Description	PU Definition	PU Unit of Measure
D01022	Community oral health - children/some adolescents	Community oral health services to maintain a functional natural dentition for children and some adolescents up to their 18th birthday. Includes preventive care, dental health promotion, health education, treatment of oral disease and restoration of lost or absent tooth tissue. It excludes services funded via the Combined Dental Agreement.	Client

Unit of Measure	PU Measure Definition
Client	Number of clients managed / enrolled by the Service in the reporting period, ie. caseload at the beginning of the period plus all new cases in the period 'Client' and 'Service User' are interchangeable.

10. Reporting Requirements

10.1 General

The reporting requirements measure the prevalence of oral disease and severity of dental decay experienced by preschool and primary school children, and system performance in terms of the number of children enrolled and receiving their scheduled examination on time. The information is used by the Provider and Funder to monitor the scope and quality of dental care provided to their enrolled children and adolescents.

Providers are expected to report complete, comprehensive and timely information as required by their Funder DHB using the reporting templates provided through the DHB Quarterly Reporting process.

[3] dmft relates to 'deciduous 'little' teeth, and DMFT to permanent teeth. DMFT is a count of the number of: decayed, missing, filled teeth in a person's mouth.

10.2. Annual Reporting

Service performance data is reported each calendar year in Quarter 3 to the Service's DHB General Manager Planning and Funding and to the Ministry of Health. Reporting requirements are outlined in the DHB non-financial monitoring framework and performance measures document[4].

10.3 National Health Index and Ethnicity Data

Services will record data at the unit (individual) level, using the NHI.

Services will report percentage of children caries-free and mean (d) (m) (f) (D) (M) (F) and total dmft / DMFT data by fluoridation status (fluoridated/non-fluoridated), ethnicity (Māori, Pacific, Other). All data must be recorded at the time of examination.

10.4 Fluoridation status

The fluoridation status for preschool children is determined by the water fluoridation status of their residential address.

The fluoridation status for primary and intermediate school children is determined by the water fluoridation status of the school the child attends, or in the case of home schooling the child's residential address.

[4] Current performance measures are available on the NSFL website www.nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures