

Oral Health Services

Adolescent Oral Health Coordination Service

(previously Regional Oral Health Coordination Services)

Tier 2

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

2. Review History

Review History	Date
First Published on Nationwide Service Framework Library	June 2001
Amendments: Administration Review, updated DHB references and aligned content with the suite of Oral Health service specifications.	June 2015
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
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

ADOLESCENT ORAL HEALTH COORDINATION SERVICE

TIER TWO SERVICE SPECIFICATION

D01009

(May 2021)

The tier two service specification for Adolescent Oral Health Coordination (the Service) must be used in conjunction with the overarching tier one Oral Health Services service specification.

This service specification was previously known as 'Regional Oral Health Coordination services'.

The service specification for Adolescent Oral Health Coordination Services 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).

4. Service Definition

The Service is a community based, population targeted service that coordinates the interaction of the groups that deliver, or are involved with, adolescent oral health services, such as, dentists, the Community Oral Health Service (COHS), and Māori oral health providers.

For the purposes of this service specification, the term 'adolescent' means a young person from school year nine up to and including age 17 years ie, <18 years of age.

Each district plans, develops, implements and maintains a population-based service for improving the uptake and ongoing participation of adolescents in publicly funded oral health services. The Service does not directly deliver oral health assessment or treatment services.

In addition, there may be an educational or public health component to meet the Service's objective, specified by the District.

The Service will work with oral health providers to improve the uptake of adolescent oral health services within a specified District or region.

The Service is developed with a focus on mutual benefits for both adolescents and oral health providers. Within that scope, other stakeholders, eg, the COHS and providers contracted under the CDA, will also use and benefit from the Service.

5. Exclusions

The Service is independent of the contractual relationship between oral health providers (private practitioner dentists) and the Districts that hold their contract. The Service does not directly deliver oral health assessment or treatment services.

6. Service Objectives

6.1 General

The purpose of the Service is to improve the health and wellbeing of all adolescents, particularly those most at risk of poor oral health outcomes, by providing coordinated services that will enhance the uptake and ongoing participation rates of adolescents in oral health care services.

6.2 Māori Health Objectives

Refer to the tier one Oral Health Services service specification for generic requirements.

In addition, the Service will take into account the District's strategic direction for Māori health, the District's Annual Plan objectives, and any specific local objectives.

6.3 Service Outcomes

The Service will coordinate with stakeholder groups to ensure that adolescents are:

- aware of the availability of publicly funded oral health care
- enrolled with a dentist
- completing their annual oral health examination and any treatment
- reporting for their dental appointments
- continuing to access publicly funded oral health care during their adolescence
- benefiting from a well-functioning relationship and transfer process between the providers and other services such as the COHS.

6.4 Performance Outcome Measures

Performance of the Service will be measured as follows.

- The number of adolescents enrolled in publicly funded oral health care (absolute numbers, percentages) including children transferring to adolescent oral health care from the Community Oral Health Service.
- The number and percentage of adolescents using publicly funded oral health services in each year ended 31 December (absolute numbers, and percentage of age cohort)
- The number and percentage of local/regional dental practitioners holding CDA agreements.

7. Service Components

7.1 Processes

The Service includes:

7.1.1 Facilitation and Liaison

- liaising with secondary schools and alternative education providers to promote the uptake and ongoing participation of adolescents in oral health care
- creating links between the local COHS, oral health providers and adolescents to maximise the uptake of oral health services by adolescents entering school year nine

- developing links with local Māori and Pacific health providers to improve the uptake and participation in oral health services by Māori and Pacific adolescents, and endeavouring to incorporate Māori and Pacific principles/tikanga into the coordination services
- liaising with education providers and oral health providers to ensure that adolescents are attending their scheduled appointments, and that initiatives focused on ensuring adolescents can attend appointments are developed and implemented (in consultation with the oral health providers).

7.1.2 Development of an Adolescent Oral Health Coordination Service Plan

- to reflect the agreed local or regional approaches, where these benefit service development, the Service must develop an Adolescent Oral Health Coordination Service Plan that:
 - profiles the adolescent population
 - identifies high needs areas or populations
 - identifies the most effective means of targeting the population segments
 - indicates specific Māori and Pacific (for those Districts with significant Pacific populations) health objectives and an action plan to improve uptake and ongoing participation by Māori and Pacific adolescents
 - indicates the programmes or services that will be implemented for the purpose of meeting the objectives of this Service
 - provides the action plan and timelines that will achieve the effective implementation of the service
 - uses effective and meaningful ways of measuring the effectiveness of the coordination service.

7.1.3 Provision of support for the COHS

As required, including assisting:

- with the review, in collaboration with the local COHS, of existing systems for transfer of patients from the COHS to CDA dentists at the end of school year eight or the beginning of school year nine
- the local COHS to upgrade its student transfer system (as required)
- with a review of the existing methods of patient recall operated by local/regional oral health service providers with a view to strengthening the recall systems (as required).

7.1.4 Provision of information:

Provide consistent and correct information regarding the services associated with this service specification, to inform all oral health providers, CDA providers, the COHS and other relevant stakeholders in the Service's region.

7.1.5 Monitoring

Development and maintenance of monitoring and reporting systems that accurately measure the rate of adolescent participation in oral health care in the Service's region.

7.1.6 Recruitment

The Service must have a role in assisting the recruitment of oral health practitioners to provide publicly funded oral health care for adolescents (in conjunction with District Planning and Funding Managers and the New Zealand Dental Association).

7.1.7 Settings

The Service is provided in a range of age and culturally appropriate contexts and settings such as: primary and secondary schools, tertiary institutes, workplaces with large adolescent workforces, marae, churches, community events, sports clubs and youth groups, alternative education services, private training establishments and teen parent units.

7.1.8 Key Inputs

Inputs include, but are not be limited to:

- appropriately trained, culturally competent, motivated staff
- vehicle(s)
- educational materials and presentation tools.

8. Service Linkages

The Service must develop and maintain linkages with the following regional and community-based services and stakeholders (as required or appropriate):

- Oral health providers, ie, private oral health practitioners and their staff
- 'Approving Dental Officers' of the CDA
- Intermediate schools (and primary schools in some instances)
- Secondary schools (and primary/intermediate schools in some instances)
- Kura Kaupapa Māori
- COHS, especially the Principal Dental Officers/Clinical Directors and COHS Managers
- Tertiary institutes
- Alternative education services, private training establishments
- Teen parent units (and Lead Maternity Carers)
- Māori and Pacific health providers
- Hospital dental services
- Other District Adolescent Oral Health Coordination Services
- Other locally or regionally coordinated (national) child and youth services, eg, immunisation services
- Health promotion organisations
- Consumer advocacy services, including Māori advocacy services
- Dental profession organisations such as the local New Zealand Dental Association network, the New Zealand Dental and Oral Health Therapists Association and Te Aō Marama - The New Zealand Māori Dental Association.
- Other government departments, including Work and Income, Ministry of Justice and Department of Corrections.

9. Quality requirements

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 Service will use both age and culturally appropriate means of reaching adolescent and specific at-risk populations.

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

10. Purchase unit codes

Purchase unit (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following PU code applies to this Service.

PU Code	PU Description	PU Definition	PU Unit of Measure
D01009	Oral Health Regional Co-ordination Services	Co-ordination of oral health services in the region for adolescents with particular focus on ensuring all adolescents are enrolled for oral health services.	Service

Unit of Measure	PU Measure Definition
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement

11. Reporting requirements

In addition to any local District reporting requirements, the following information for each year ended 31 December will be reported to Health New Zealand as part of the Quarter 4 District Quarterly Reporting requirements. Reporting templates will be provided as part of the Quarterly Reporting process.

Parameter (Reported per District)	Measures	Minimum Frequency
Number of adolescents resident in the District	Number	Annual
Number of adolescents receiving services under the CDA	Number	Annual
Number of adolescents receiving basic dental care from hospital dental service or the Community Oral Health Service	Number	Annual
Utilisation rate for the District	Percentage	Annual
Utilisation of District-funded dental services by adolescents from school year nine up to and including age 17 years broken down by ethnicity, (Māori, Pacific, other) and deprivation	Numbers	Annual