

health

# North and West Metropolitan Region Integrated Oral Health Plan

2011 - 2014

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North and West Metropolitan Region

Integrated Oral Health Plan

**2011 - 2014**

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# Introduction

The Victorian Department of Health - North and West Metropolitan Region (NWMR) has three regional goals:

- improve the health and wellbeing of all people within our region
- improve health equity for those most vulnerable/ disadvantaged
- strengthen and coordinate the health system so it responds effectively to future needs

The NWMR role in community dental clinics is one of systems management, service system coordination and service planning. Unlike other Department of Health funded programs, NWMR does not have a compliance role with community dental clinics. The NWMR does have an impact on partnership development and strategic planning which is critical in the implementation of this plan.

The NWMR is committed to area based planning described as initiatives which seek to improve the social, cultural, economic and/or physical environment within a defined boundary, in order to improve overall health and reduce the differences in health amongst the people living within that area<sup>1</sup>.

Within this framework is a commitment to population health - 'integrated and collaborative planning that demands that health and non-health sectors, government departments and service delivery agencies work together to address the issues faced by their communities and populations'<sup>2</sup>.

This draft document outlines the overall strategic objectives with identified strategy areas, key actions and measures relating to both service system development and population health. It is supported by the Background and Evidence document containing data and issue identification plus a three year Action Plan. The Background and Evidence document contains data gathered under the National Health Performance Framework which has three domains:

- Health Status
- Health Determinants
- Service System Performance<sup>3</sup>

The data is presented in aggregate form as a NWMR profile then in planning catchments which align with current Primary Care Partnership (PCP) boundaries as follows:

**Table 1 –Planning catchments for NWMR Integrated Oral Health Plan**

Planning Catchment	Local Government Area
Health West	Brimbank, Melton, Hobson's Bay, Maribyrnong and Wyndham
Hume Whittlesea Health	Hume and Whittlesea
Inner North West	Melbourne, Moonee Valley, Moreland and Yarra
North East	Banyule, Darebin and Nillumbik

The Action Plan details objectives, key actions, responsibilities and time lines.

<sup>1</sup> Baum et al. 2007; Klein 2004; Thomson et al. 2006, In Boyd, Mark, *People, Places, Processes: Reducing health inequalities through balanced health approaches*, Victorian Health Promotion Foundation, April 2008, pg 1

<sup>2</sup> Victorian Healthcare Association, Population Health, viewed 5 April 2011 <http://www.vha.org.au/page/1111.html>

<sup>3</sup> National Health Performance Framework, National Health Performance Committee (NHPC) established in 1999 by the Australian Health Ministers' Conference viewed 5 April 2011: <http://meteor.aihw.gov.au/content/index.phtml/itemId/392569>

## NWMR Dental Snapshot

There are 13 Community Health Services in NWMR with 12 having public dental clinics over 20 sites. There are a total of 110 chairs based in Community Dental Clinics in the region with 17 of those being clinical placement chairs. Ozanam House has one special needs chair managed by the Royal Dental Hospital Melbourne.

Djerriwarrh has 10 clinical placement chairs and is affiliated with La Trobe University. All other clinical placement chairs are affiliated with the Melbourne Dental School.

There are a total of 87.3 FTE practitioners employed in NWMR community dental clinics as follows:

Dentists:	59.7 FTE,
Dental and Oral Health Therapists:	23.8 FTE
Prosthetists	3.8 FTE

The FTE figures do not include the full range of potential Oral Health Staff including Dental Specialists, Dental Hygienists, Dental Assistants and Dental Reception staff.

A total of 597,063 adults and children are eligible for public dental clinics in 2010<sup>4</sup>. A total of 136,359 people were treated at NWMR public dental clinics and at the Royal Dental Hospital Melbourne. This means a total of 22.8% of the eligible population were treated in 2009 – 2010.

## Strategic Summary

To support the implementation of NWMR Regional goals, the NWMR Integrated Oral Health Plan seeks to achieve the following objectives:

- 1 Enhance the capacity of NWMR Public Oral Health Services to provide quality service to the most disadvantaged people in the region, and
- 2 Reduce the incidence of oral health disease with an emphasis on prevention and oral health promotion.

The NWMR Integrated Oral Health Plan has five key strategies as follows:

- Establish a representative network of key NWMR stakeholders in Oral Health to provide leadership and clinical governance of NWMR public oral health services.
- Develop a model of service delivery for public oral health inclusive of workforce role delineation and integration with other services and programs including screening treatment recall and referrals.
- Improve access and attendance of eligible client groups including priority groups at NWMR public dental clinics by planning catchment inclusive of referral pathways and capacity strategies.
- Support the development and implementation of oral health promotion programs and resources specifically targeting identified areas of need in partnership with Dental Health Services Victoria (DHSV).
- Support the development of an integrated workforce strategy inclusive of the use of oral health students and private practitioners in conjunction with the other health workforce strategies.

Each strategy contains key actions to perform in order to realise the two NWMR Integrated Oral Health Plan objectives.

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<sup>4</sup> Figure does not include children up to 18 years in residential care, youth justice clients or children enrolled in special development schools.

# Strategy One

## Establish a representative network of key NWMR stakeholders in oral health to provide leadership and clinical governance of NWMR public oral health services

### Key Actions

- 1.1 Develop a model for NWMR considering membership and in keeping with the roles and responsibilities as described in Improving Victoria's Oral Health<sup>5</sup>.
- 1.2 Support an ongoing commitment to collect, analyse and distribute data related to oral health to assist planning.
- 1.3 Develop a process for supporting NWMR catchment planning addressing identified catchment specific issues and responses.
- 1.4 Develop a model for clinical governance aligned with Dental Health Services Victoria (DHSV) clinical governance framework.
- 1.5 Plan for infrastructure and related capacity in response to existing need and expected population growth.
- 1.6 Develop a model to improve the interface between public and private oral health services including universities.

### Success measures

Service System Response	Population Health Response
All key agencies represented on the network with capacity to effect change within own agency	Person centred and public health considerations relating to oral health tabled at regional coordinating level
Ongoing service system gap analysis	Measured changes in disease presentations, pre conditions and conditions
Targeted catchment strategies for the four planning areas based on evidence of need and other determinants	Adequate provision of oral health services measured by throughput and waitlist data
Measured agreement and adherence to clinical standards	Improvements in quality indicator results relating to patient care
Targeted infrastructure to support expected growth	The percentage of eligible population treated in public dental clinics is acceptable

<sup>5</sup> Improving Victoria's Oral Health, July 2007. Department of Human Services

## Strategy Two

**Develop a model of service delivery for public oral health inclusive of workforce role delineation and integration with other services and programs including screening, treatment, recall and referral.**

### Key Actions

- 2.1 Identify best practice approaches within NWMR and broader in service access and response to eligible client groups.
- 2.2 Provide opportunity for networking and information exchange between public oral health clinic staff to share ideas and innovations.
- 2.3 Apply for funding (DHSV – research and innovation grants) to explore model by role delineation with enhanced scope of practice of oral health staff.

### Success Measures

Service System Response	Population Health Response
Knowledge of best practice initiatives and likely applications	Focus on quality improvement for service delivery
Peer support for clinical staff and improved opportunity for change	Supported progressive oral health workforce
Testing a theoretical model for improved service delivery	Improved quality and access to services for patients from catchment
Application of identified best practice approaches in clinics	



## Strategy Three

### Improve access and attendance of eligible client groups including priority groups at NWMR public dental clinics by planning catchment inclusive of referral pathways and capacity strategies in conjunction with National oral health targets

#### Key Actions

- 3.1 Promote the use of the demand management tool and the other suite of service coordination tool templates.
- 3.2 Promote formal agreements to facilitate referral processes between agencies, programs and oral health services.
- 3.3 Develop targeted strategies using the Evidence Based Oral Health Resource<sup>6</sup> for health promotion.
- 3.4 Seek agreement with public oral health clinics regarding eligibility for emergency care.
- 3.5 Improve feedback mechanisms from Royal Dental Hospital Melbourne specialist services to community dental clinics.
- 3.6 Support programs working with identified priority groups in referral and access to public dental clinics such as Closing the Gap and The Homeless Persons Program.

#### Success Measures

Service System Response	Population Health Response
Greater capacity to improve service delivery	Improved client experience in care coordination and timely access to services
Greater system coordination and improved client pathways	Priority Group access improved through facilitated referral
Identified areas of need receiving the programs they require	Targeted program reaching identified needs group
Public clinic servicing people from catchment community	Increased access of local community to services
Improved care coordination through feedback and shared care	Improved patient care with less fragmentation of service delivery
Integration of services working with particular target groups – whole of system approach	Greater capacity to improve access for targeted groups through multiple access points

<sup>6</sup> Department of Health 2011, Evidence –based oral health promotion resources, State Government of Victoria, Melbourne

## Strategy Four

### Support the development and implementation of oral health promotion programs and resources specifically targeting identified areas of need in partnership with DHSV

#### Key Actions

- 4.1 Promote the uptake of oral health promotion (OHP) and prevention resources<sup>7</sup> and activities that reduce the incidence and improve outcomes of oral health disease in NWMR.
- 4.2 Promote the inclusion of OHP strategies in NWMR plans such as Community Health Services Integrated Health Promotion Plan, Primary Care Partnership Integrated Health Promotion Plans and Local Government Health Plans, Municipal Early Years Plans.
- 4.3 Support targeted implementation of OHP programs in catchments with identified need and supporting programs.

#### Success Measures

Service System Response	Population Health Response
Greater impact and targeting of oral health promotion messages	Altered health behaviour, change in oral health status for NWMR
Increased emphasis of oral health promotion within broader planning frameworks	Up stream oral health promotion messages for broader public health
	Altered health behaviour, change in oral health status in identified high risk areas

<sup>7</sup> Particularly Oral Health Promotion Evidence Based Resource, Department of Health 2011

## Strategy Five

**Support the development of an integrated workforce strategy inclusive of the use of oral health students and private practitioners in conjunction with the other health workforce strategies**

### Key Actions

- 5.1 Scope willingness and capacity of private practitioners to work in public clinics.
- 5.2 Promote targeted cultural competence training from specialist agencies.
- 5.3 Plan for improved specialist access for the more remote parts of NWMR.
- 5.4 Develop with DHSV an integrated workforce strategy to support existing and anticipated needs of public oral health services including provision of specialist services.

### Success Measures

Service System Response	Population Health Response
Improve system capacity to respond to identified need	More people treated and reduced wait lists
Cultural sensitivity in place in agencies to improve the experience of different cultural groups	Greater use of the service by cultural group – improved oral health outcomes
Increased capacity to deliver full range of services on site	Patient treated within catchment improved ease of access
Considered, achievable strategies to maintain an efficient, qualified workforce	System has capacity to meet identified needs.

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# North & West Metropolitan Region Integrated Oral Health Plan

Background and Evidence

2011 - 2014

North & West Metropolitan Region

Integrated Oral Health Plan

**Background and Evidence**

**2011 - 2014**

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# Introduction

## Overview

### Aim

The NWMR Integrated Oral Health Plan aims to facilitate improved oral health outcomes of people in the region particularly identified disadvantaged groups.

The plan has two key goals namely to:

- Enhance the capacity of NWMR Public Oral Health Services to provide quality service to the most disadvantaged people in the region, and
- Reduce the incidence of oral health disease with an emphasis on prevention and oral health promotion.

The objectives of the plan were to:

1 Identify the following:

- Current and potential future oral health needs of the NWMR population
- Best responses for identified special needs groups namely:
  - Indigenous population
  - Mental health
  - Supported residential services
  - Homeless people
  - Pregnant women
  - Refugees – survivors of torture
  - People with intellectual and physical disabilities

- Reasons for and methods to reduce current dental waiting times
- Effective workforce attraction and retention strategies
- Key activities for a regional oral health promotion model

2 Develop a model for regional clinical leadership and service coordination for dental services

3 Develop an implementation plan

### Method

This plan uses a population health planning approach defined by the Victorian Healthcare Association as 'integrated and collaborative planning that demands that health and non-health sectors, government departments and service delivery agencies work together to address the issues faced by their communities and populations.

It focuses on achieving real and sustainable health improvements and is committed to reducing health and social inequities. This offers opportunity for innovation by seeking and applying evidence about new and changing needs of populations, and how these are influenced by the determinants of health<sup>1</sup>.

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<sup>1</sup> Victorian Healthcare Association/definitions/position statement viewed 13 April 2011  
<http://www.vha.org.au/uploads/Population%20Health%20Position%20Statement%20FULL%20DOCUMENT%20FINAL%20UPDATE%20180310.pdf>

Key features of the applied population health planning approach are:

- A focus on the oral health of the people of NWMR
- Addressing the determinants of oral health and their interactions
- Decisions are based on evidence
- Increase upstream investments
- Applying multiple strategies
- Collaboration across sectors and levels
- Employment of mechanisms for public involvement
- Demonstrated accountability for oral health outcomes

## Evidence

The National Health Performance Framework provided the structure for collecting data and analysis under the three key areas of Health Status, Health Determinants and Service System Performance<sup>2</sup>. Data was then grouped using area based planning principles defined as initiatives which seek to improve the social, cultural, economic and/or physical environment within a defined boundary, in order to improve overall health and reduce the differences in health amongst the people living within that area.<sup>3</sup>

The NWMR of Melbourne has 14 local government areas. For the purposes of this report the following planning catchments apply:

**Table 1 – NWMR Oral Health Planning Catchments**

Planning Catchment	Local Government Area
Health West	Brimbank, Melton, Hobson's Bay, Maribyrnong and Wyndham
Hume Whittlesea	Hume and Whittlesea
Inner North West	Melbourne, Moonee Valley, Moreland and Yarra
North East	Banyule, Darebin and Nillumbik

The Quantative data meta set is attached as Appendix 1.

Qualitative data included consultation with:

- NWMR Oral Health Plan Steering Committee members
- NWMR Community Dental Clinic Dentists and other Oral Health staff via focus group discussion
- Central and NWMR Department of Health- Primary Care and Public Health
- University of Melbourne Dental School, Faculty of Medicine, Dentistry & Health Sciences
- Dental Health Services Victoria
- Australian Dental Association – Victoria Branch

Full details are attached as Appendix 2 – Stakeholder Consultations

Data was collated under the following themes:

- Pressing issues to be addressed
- Leadership and clinical governance
- Access for eligible populations and priority groups
- Integration with Community Health
- Oral Health Promotion

<sup>2</sup> National Health Performance Framework, sighted 13 April 2011 <http://meteor.aihw.gov.au/content/index.phtml/itemId/392569>

<sup>3</sup> Vic Health (2008) People, Places, Processes reducing health inequalities through balanced health promotion approaches Victorian Health Promotion Foundation, Carlton.

# Factors influencing this plan

## Victorian Context

### **The Victorian oral health policy is Improving Victoria's Oral Health – July 2007.**

This policy has six strategic priorities namely:

- Oral health service planning framework
- Integrated service model for children and adolescents
- Workforce strategy
- Oral health promotion
- Responding to high needs groups
- Oral health funding, accountability and evaluation

The Victorian policy states being influenced by the 'Care in your Community' framework for a 'consistent approach to the development of a health care system that is integrated and coordinated around the needs of people, rather than around service types, professional boundaries, organisational structure or funding and reporting requirements'<sup>4</sup>.

### **Because Mental Health Matters – Victorian Mental Health Reform Strategy 2009 – 2019**

This policy sets out an approach for eight reform areas placing partnership in the centre of treatment, prevention and cure strategies. The NWMR established a response to this policy specifically in relation to partnerships and accountability and have established working groups and implementation plans.

## **Primary Care Partnerships (PCP's)**

All PCPs include hospitals, community health, local government and divisions of general practice as core members of the partnerships. Other types of agencies such as area mental health, drug treatment and disability services are also members of PCPs. The partners can also be specific to local issues and needs. For example, some PCPs have engaged with the police, schools and community groups. PCP's have four key areas of activity:

- Partnership development
- Integrated Health Promotion
- Service Coordination and
- Integrated Chronic Disease Management<sup>5</sup>

Four PCP's operate across the NWMR:

- HealthWest
- Inner North West
- Hume Whittlesea and
- North East

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<sup>4</sup> Improving Victoria's Oral Health – July 2007 Victorian Department of Human Services, Pg IX

<sup>5</sup> <http://www.health.vic.gov.au/pcps/about/index.htm> sighted April 15 2011

## National Policy Context

### Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004–2013.

This plan, prepared by the National Advisory Committee on Oral Health (NACOH), aims to improve health and wellbeing across the Australian population by improving oral health status and reducing the burden of oral disease.

Four broad themes underpin the National Oral Health Plan:

- recognition that oral health is an integral part of general health
- a population health approach, with a strong focus on promoting health and the prevention and early identification of oral disease
- access to appropriate and affordable services – health promotion, prevention, early intervention and treatment – for all Australians and
- education to achieve a sufficient and appropriately skilled workforce, and communities that effectively support and promote oral health<sup>6</sup>

Five population groups are identified in the National Oral Health Plan targeted for specific actions:

- Aboriginal and Torres Strait Islanders
- People with special needs
- People with low income and experience social disadvantage
- Older people and
- Children and Adolescents

### Hospital and Health Reform Commission – A healthier future for all Australians.<sup>7</sup>

A key component of this national reform focuses on the primary health care system and better coordination of services that deal directly with people. It is expected that 3 or 5 Medicare Locales will be established in the NWMR with the confirmation of boundaries. Key roles of Medicare Locales as described in the Guidelines for Establishment and Initial Operation can arguably encompass oral health service provision and oral health promotion.<sup>8</sup>

### Aboriginal Health National Partnership – Close the Gap

In late 2007 all State and Territory Governments reached a commitment to a National Indigenous Reform Agenda. In 2008 the Commonwealth allocated funding to 5 streams within national partnerships to enact this reform agenda. One stream is Aboriginal Health which resulted in the Victorian Department of Health implementation plan. The NWMR supported the establishment of the Closing the Gap Advisory Group and subsequent implementation plans including screening and identification of health issues including oral health.

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<sup>6</sup> Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004–2013, pg V

<sup>7</sup> <http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report> sighted 15 April 2011

<sup>8</sup> Australian Government – Department of Health and Ageing – Medicare Locals – Guidelines for the establishment and initial operation of Medicare Locals ....2011

## **Medicare Chronic Disease Scheme and Medicare Teen Dental Plan**

The Medicare Chronic Disease Scheme (item no 85011 - 87777) and Teen Dental Plan are currently available. The Chronic disease scheme is available to patients with a chronic medical condition and complex care needs being managed by a GP under specific Medicare care plans (GP Management Plans and Team Care Arrangements).

Coupled with this the persons oral health must also be impacting on, or likely to impact on, their general health. The patient must be referred by their GP to a dentist (or in some cases to a dental prosthetist) in order to access Medicare benefits for dental services. A comprehensive range of dental services are covered, including dentures.<sup>9</sup>

The Medicare Teen Dental Plan assists with the cost of 'preventative dental check' and in order to be eligible teens must "have been issued with a voucher by Medicare Australia. In most cases this will be an automatic process. To be issued with a voucher, a teenager must, for a least part of the calendar year be aged between 12 and 17 years, be entitled to receive Medicare benefits and satisfy the means test for the program by receiving certain Government payments"<sup>10</sup>.

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<sup>9</sup> Information for dentists and dental specialists – Dental services under Medicare for people with chronic and complex conditions – Department of Health and Ageing November 2010 sighted April 2011

<sup>10</sup> Medicare Teen Dental Plan – Information for Dentists – Department of Health and Ageing 1 January 2011 sighted April 2011



# Key Stakeholders

## The Victorian Department of Health

The Victorian State Department of Health has six strategic directions:

- Improve health service performance
- Reform the response to mental health and drug and alcohol services to meet client needs
- Strengthen prevention and health promotion
- Develop the health system and organisation
- Respond to an ageing population
- Reduce health inequalities

The Dental team is in the Clinical Service Development Unit, in the Wellbeing and Integrated Care and Ageing Division under the Integrated Care Branch. The Department of Health has lead responsibility for the development of strategic policy, capital and service planning and funding public dental services.<sup>11</sup>

## The North and West Metropolitan Region

The NWMR has three program areas: Primary Care, Public Health and Aged Services with three regional goals. These goals align with the overall Department of Health strategic directions and are as follows:

- Improve the health and wellbeing of all people within our region
- Improve health equity for those most vulnerable/ disadvantaged
- Strengthen and coordinate the health system so it responds effectively to future needs

The NWMR role in Community Dental Clinics is one of support and system development. Unlike other State funded programs, NWMR does not have a compliance role with Community Dental Clinics and will have an impact on partnership development and strategic planning.

The NWMR Department of Health is committed to population health and area based planning. In keeping with these goals the NWMR is developing a NWMR Health and Wellbeing Plan. Supporting documents include:

- NWMR Closing the Health Gap Strategic Plan. Implementation plans are developed annually and currently the Project is in Year 2
- NWMR Community Mental Health Planning and Service Coordination Initiative Action Plan
- NWMR Alcohol and Other Drugs Plan 2011 - 2013

## Dental Health Services Victoria (DHSV)

DHSV is the leading public oral health agency with a key role in the delivery of public oral health services and programs across Victoria.

The DHSV Strategic Plan has four key focus areas: Leadership, Access, Intelligence and Workforce. Five strategic goals support these focus areas as follows:

- Embed oral health initiatives with other health issues
- Lead the emphasis from treatment interventions towards prevention of oral health disease
- Continue to develop and implement universal access models for at – risk populations
- Build capacity to undertake population health studies and gather information on at – risk population groups

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<sup>11</sup> Improving Victorias Oral Health, Department of Human Services July 2007

- Identify and implement new, innovative, best practice clinical models and low cost, high quality, readily accessible provider models.

In keeping with these goals DHSV has developed and implements a number of policies and procedures for providers of Community Dental Clinics reflected in the Oral Health Program Purchasing Agreement 2010 - 2011 as described below.

**Table 2 – Policies named in the Oral Health Programs Purchasing Agreement 2010 - 1011**

DHSV policies cited in the Purchasing Agreement	DH policies requiring compliance referred to in the Purchasing Agreement
<ul style="list-style-type: none"> <li>• Clinical Leadership Guidelines issued by the DHSV Clinical Leadership Council DHSV</li> <li>• Fees Policy</li> <li>• Workforce - Learning and development mentor program</li> <li>• Co payment exception procedure, capacity to pay</li> <li>• Oral Health Quality Framework</li> <li>• Complaints management</li> <li>• Sentinel Events</li> <li>• Grants, Claims and other funding</li> <li>• Supplies and Equipment</li> <li>• Demand Management</li> </ul>	<ul style="list-style-type: none"> <li>• Health Accreditation</li> <li>• Victorian Eligibility Policies</li> <li>• The Victorian Clinical Governance Policy Framework</li> <li>• The Victorian Privately Contracted Dental Schemes</li> <li>• The Principles of Service Coordination in particular familiarity with the demand management framework for community health services</li> <li>• Victorian Community Health Priority Tools</li> <li>• Privacy Acts</li> <li>• The Australian Health Practitioner Regulation Agency in relation to infection control and Dental records code of practice</li> </ul>

In addition to purchasing Oral Health Programs DHSV also plays a key role in:

- Statewide general and specialist care through the Royal Dental Hospital Melbourne (RDHM). A total of 51,710 patients were treated at RDHM from NWMR in 2009 – 2010. RDHM has a total of 140 chairs under the following program areas
  - Special Needs Clinic
  - Primary Care
  - Undergraduate Clinic
  - Oral Health Promotion
- Education of dentists, specialists, oral health therapists through the Melbourne Dental School
- Official support and affiliation with RMIT, La Trobe University and bridging programs for overseas trained dentists
- The maintenance and development of the ICT system used in Community Dental Clinics
- A focus on quality and continuous improvement

## Community Health Services (CHS)

CHS's are companies limited by guarantee under the Victorian Health Services Act 1988 and are managed by a Board of Management comprised of local constituents. The Health Services Legislation Amendment Act 2008 established a new framework for community health centre governance and accountability, comprising a voluntary registration scheme and performance standards to ensure quality services.

There is one or more CHS or site in each municipality of NWMR. Each CHS delivers primary care services and integrated health promotion activities and programs from Federal, State and other funding sources.

CHS's plan and work with a range of acute and primary health care providers, coupled with other service providers which interplay with health. NWMR CHS's are significant planning and service delivery partners with many organisations through a number of service integration activities such as Primary Care Partnerships and Closing the Gap.

**Table 3 – Community Health Centres and Dental sites**

Community Health Service	Number of sites
Djerriwarrh Health Services Ltd	1
Doutta Galla Community Health Service Ltd	2
Western Region Health Centre Ltd	2
ISIS Primary Care Ltd	3
Banyule Community Health Ltd	1
Darebin Community Health Service Ltd	3
Dianella Community Health Ltd	1
Nilumbik Community Health Service Ltd	1
Merri Community Health Services Limited	1
North Richmond Community Health Limited	2
Plenty Valley Community Health Ltd	2
Sunbury Community Health Centre Ltd	1

# Regional Overview

## Water Fluoridation

The value of water fluoridation is undeniable and most of the water supply in NWMR is fluoridated. However there are small pockets in the outer areas where access to fluoridated water is not available. Those areas are:

- Nillumbik - Steels Creek, Yarra Glen and St Andrews
- Hume – Clarkefield, Konagaderra and King Lake
- Wyndham – Glenmore, (Laverton RAFF and Williams RAAF) is not fluoridated.<sup>12</sup>

## NWMR Populations

The total NWMR projected population for 2011 is 1,719,017 people. By 2026 the NWMR projected population is 2,440,198 people<sup>13</sup>.

**Table 4 – Anticipated NWMR population growth by Local Government Area**

Planning Catchment	Local Government Area	2011 Projected population	% Growth 2006 - 2026	No. additional people
HealthWest	Brimbank	179,986	11.4	19,957
	Melton	113,537	145.1	117,382
	Hobson's Bay	87,942	15.3	12,972
	Wyndham	161,499	139.4	161,659
	Maribyrnong	70,171	25.4	16,813
<b>Catchment total</b>		<b>613,135</b>		<b>328,783</b>
Hume Whittlesea	Hume	181,215	63.3	97,350
	Whittlesea	162,152	91.5	118,517
<b>Catchment total</b>		<b>343,367</b>		<b>215,867</b>
Inner North West	Melbourne	101,786	102.2	83,303
	Moonee Valley	109,491	10.7	11,410
	Moreland	148,296	18	25,682
	Yarra	77,598	20	14,730
<b>Catchment total</b>		<b>437,171</b>		<b>135,125</b>
North East	Darebin	139,022	15.4	20,661
	Banyule	122,694	11.3	13,488
	Nillumbik	63,627	11.7	7,259
<b>Catchment total</b>		<b>325,343</b>		<b>41,408</b>
<b>Total NWMR</b>		<b>1,719,017</b>	<b>47.3</b>	<b>721,182</b>

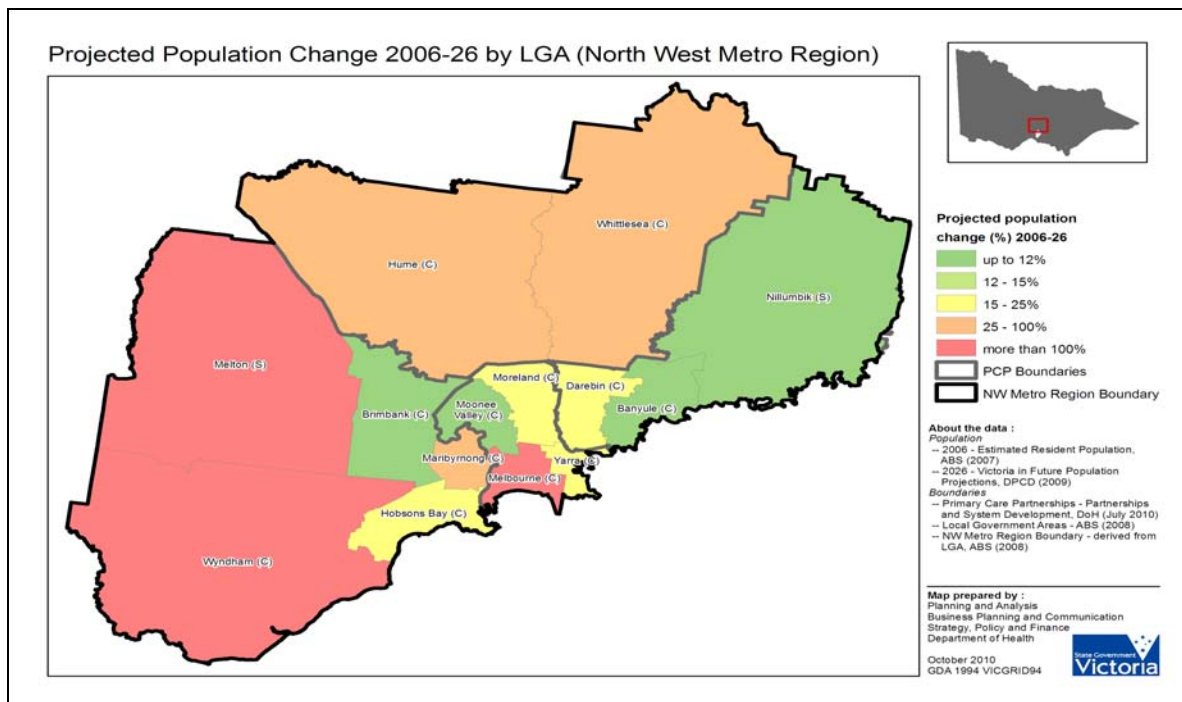
<sup>12</sup> Source: Environmental Health Unit, Department of Health, May 2011

<sup>13</sup> Population growth and demographic features 2006 – 2026 – NWMR. Population Health Planning Unit, January 2011.

Grouped by planning catchments, the growth will be relatively fastest in Hume Whittlesea but slowest in North East, with rapid growth also in HealthWest. HealthWest will accrue the greatest additional numbers, followed by Hume Whittlesea.

Each LGA is expected to grow by at least 10% in the period, but three LGA's - Melbourne, Melton and Wyndham- are expected to double their population in the period, and another two – Hume and Whittlesea- to grow by more than 50%. Hume, Melton, Melbourne, Whittlesea and Wyndham will all grow by more than 80,000 people, and Wyndham will gain more that twice that number.

**Chart 1 - Projected Population Change 2006 -26 by LGA (North West Metro Region)**



## Eligibility Criteria

The following groups are eligible for community dental services:

- All children aged 0 – 12 years
- Young people aged 13 – 17 years who are health care or pensioner concession card holders or dependants of concession card holders
- All children and young people up to 18 years of age in residential care provided by the Children Youth & Families division of the Department of Human Services
- All youth justice clients in custodial care, up to 18 years of age
- People aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders
- All Refugees and Asylum Seekers

## Priority Access

The following groups have priority access to care:

- Aboriginal and Torres Strait Islanders
- Children and Young People
- Homeless people and people at risk of homelessness
- Pregnant women
- Refugees and Asylum Seekers
- Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools <sup>14</sup>

**Table 5 - NWMR Eligible population – Health and Pension Card Holders and their Dependents 2010<sup>15</sup>**

Planning Catchment	Local Government Area	Adults <sup>16</sup>	Adults with 1 or more children <sup>17</sup>	Total
HealthWest	Brimbank	42,458	13,338	55,796
	Melton	17,386	6,932	24,318
	Hobson's Bay	18,163	3,777	21,940
	Wyndham	20,912	9,109	30,021
	Maribyrnong	15,435	3,459	18,895
<b>Catchment total</b>		<b>114,356</b>	<b>36,616</b>	<b>150,972</b>
Hume Whittlesea	Hume	33,603	13,936	47,539
	Whittlesea	29,507	8,800	38,307
<b>Catchment total</b>		<b>63,110</b>	<b>22,736</b>	<b>85,846</b>
Inner North West	Melbourne	9,692	1,735	11,427
	Moonee Valley	21,581	2,929	24,511
	Moreland	35,747	6,287	42,034
	Yarra	13,853	2,301	16,155
<b>Catchment total</b>		<b>80,874</b>	<b>13,253</b>	<b>94,128</b>
North East	Darebin	33,035	5,678	38,713
	Banyule	22,146	3,636	25,783
	Nilumbik	7,130	1,494	8,625
<b>Catchment total</b>		<b>62,312</b>	<b>10,809</b>	<b>73,122</b>
<b>Total NWMR</b>		<b>320,654</b>	<b>83,415</b>	<b>404,069</b>

<sup>14</sup> [http://www.health.vic.gov.au/dentistry/clients/dental\\_system.htm](http://www.health.vic.gov.au/dentistry/clients/dental_system.htm) - viewed 14 April 2011

<sup>15</sup> DHS Business Planning and Communication Unit – original data from Centrelink

<sup>16</sup> Health Care or Pension Card holders

<sup>17</sup> Adults and dependents of Health Care or Pension Card holders

Within the NWMR the largest eligible population is the HealthWest catchment which is more than double the eligible population of the North East Catchment. Brimbank is the local government area with the largest population followed by Hume and then Moreland.

### **Children up to the age of 12 years by LGA<sup>18</sup>**

Expected growth to 2026 of children aged less than 12 years varies significantly across the NWMR. The highest rate of expected growth is in Melton followed by Wyndham, Melbourne and Whittlesea. Several local government areas are expected to experience negative growth in this cohort – Brimbank and Yarra with Banyule, Moonee Valley and Nillumbik expected to experience zero growth.

By planning catchment the largest expected growth is in the Hume Whittlesea Catchment. Full details are attached as Appendix 3.

### **Minimum standards**

The Australian National Oral Health Plan and the Victorian Oral Plan both cite a set of minimum standards to provide performance benchmarks as a basis for planning.

#### **For Children**

- All children should receive at least one course of general oral health care including appropriate oral health promotion every two years. Children with greater dental needs should be recalled more frequently
- All children should receive emergency dental care as needed, with priority based on specific clinical need

#### **For Adults**

- All adults should receive at least one course of general dental care every three years on average
- All adults who require denture services should have access to a set of dentures once every eight years on average, with denture being approved more frequently only where indicated by clinical parameter.
- All adults should receive emergency oral health care as needed, with priority based on specific clinical need.

Additional standards have been proposed by DHSV (1998) to include the following:

- Decayed teeth and other oral disease should be treated in time to prevent expensive, complicated oral health care and tooth loss
- Australians receiving oral health care should be provided with the information to enable them to prevent further oral disease
- Oral health care should be provided within the local community in a socially and culturally acceptable manner.<sup>19</sup>

### **Children of NWMR**

NWMR School Dental Programs were integrated into community dental clinics over a two year period from 2007 – 2009. Doutta Galla Kensington had no service to integrate but now see children and North Richmond had no service to integrate.

A total of 36,719 children aged from 0 – 17 years were seen by NWMR Community Dental Clinics in 2009 – 2010.

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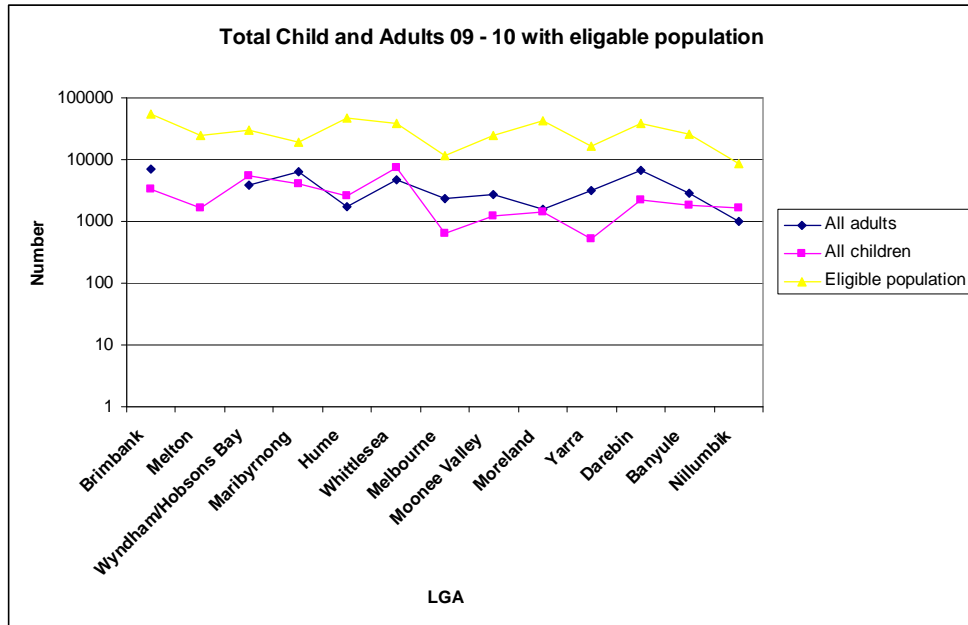
<sup>18</sup> Knowledge Net – Service Planning - demographics

<sup>19</sup> Healthy Mouths Healthy Lives, Pg 54

## Adults in NWMR

A total of 47,940 adults were treated in Community Dental Clinics in 2009 – 2010. Priority Group access is difficult to determine as existing data sets do not record priority group status. The funding model to be implemented in July 2011 will record priority group access.

**Chart 2: Children and adults seen by NWMR Community Dental Clinics in 2009 – 2010 as a percentage of the eligible populations**





## Priority Groups

### Aboriginal and Torres Strait Islanders

Aboriginal and Torres Strait Islander people comprise 0.53% of the regional population. ABS has revised the number of Aboriginal and Torres Strait Islander people in Victoria upwards since the 2006 census, and this revision is now widely used. In order to be consistent with state wide population data, figures for the NWMR have been revised pro rata, replacing the original census figure of 7,279 with 8,100 for 2006. Regional numbers have been projected, also on the basis of ABS Experimental estimates as follows:

**Table 6 – Estimated Aboriginal and Torres Strait Islander population by age 2010 by Local Government Area**

Local Government Area	Aged 0 - 9	Aged 10 - 19	Aged 20 - 29	Aged 30 - 39	Aged 40 - 49	Aged 50 - 59	Aged 60 - 69	Aged 70+	Total
Brimbank	153	176	99	97	77	51	19	19	692
Melton	134	164	92	107	64	36	13	11	620
Hobson's Bay	83	66	68	65	50	29	13	4	378
Wyndham	226	199	149	127	85	47	19	4	857
Maribyrnong	68	65	54	47	44	23	14	0	315
<b>Catchment total</b>	<b>664</b>	<b>670</b>	<b>462</b>	<b>443</b>	<b>320</b>	<b>186</b>	<b>78</b>	<b>38</b>	<b>2862</b>
Hume	280	291	152	180	84	71	17	15	1089
Whittlesea	249	286	186	103	100	64	35	6	1029
<b>Catchment total</b>	<b>529</b>	<b>577</b>	<b>338</b>	<b>283</b>	<b>184</b>	<b>135</b>	<b>52</b>	<b>21</b>	<b>2118</b>
Melbourne	22	27	87	56	36	12	10	4	254
Moonee Valley	77	72	75	60	53	27	20	11	395
Moreland	162	135	133	145	71	51	27	43	765
Yarra	34	29	82	67	39	35	14	8	308
<b>Catchment total</b>	<b>295</b>	<b>263</b>	<b>377</b>	<b>328</b>	<b>199</b>	<b>125</b>	<b>71</b>	<b>66</b>	<b>1722</b>
Darebin	321	265	233	195	171	110	43	17	1355
Banyule	159	146	91	82	70	43	25	17	632
Nillumbik	28	58	32	26	22	16	7	0	189
<b>Catchment total</b>	<b>508</b>	<b>469</b>	<b>356</b>	<b>303</b>	<b>263</b>	<b>169</b>	<b>75</b>	<b>34</b>	<b>2176</b>
<b>NWMR Total</b>	<b>1996</b>	<b>1979</b>	<b>1531</b>	<b>1356</b>	<b>966</b>	<b>615</b>	<b>276</b>	<b>158</b>	<b>8877</b>

The largest estimated populations of Aboriginal and Torres Strait Islander people are residing in Darebin, followed by Hume and Whittlesea.

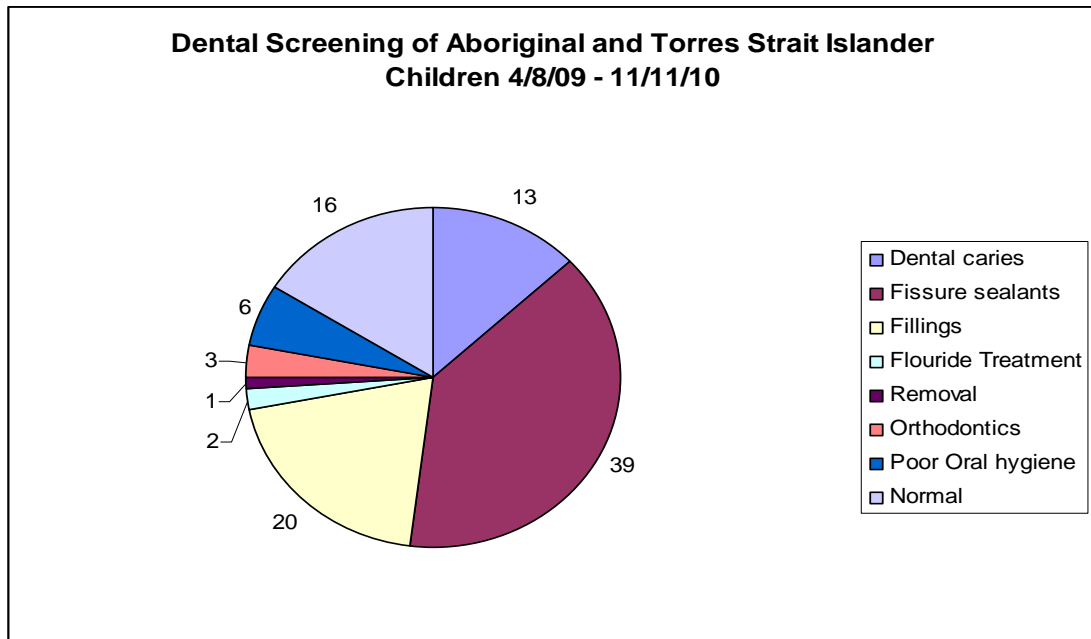
Victorian Aboriginal Health Service (VAHS) is the dominant provider of oral health services to Aboriginal and Torres Strait Islander people in NWMR. Plenty Valley Community Health and Western Region Health

Centre have a higher rate of treatment of Aboriginal and Torres Strait Islander people than other clinics with 118 people and 87 people being treated in 2009 – 2010 respectively.

Plenty Valley Community Health has a dedicated clinic on Saturday mornings for Aboriginal and Torres Strait Islander people living in the northern part of the region.

The Victorian Aboriginal Child Care Agency (VACCA), and the Aboriginal Community Services Association (VACSAL) were funded through the NWMR Closing the Health Gap 2009 Implementation Plan to facilitate a number of activities for children and youth. Oral health screening occurred in November 2010. A total of 61% of the children and youth screened required referral for screening and follow up.

**Chart 3 – Dental screening of Aboriginal and Torres Strait Islander Children 4/8/09 – 11/11/10**



The Victorian Advisory Council on Koori Health developed the Victorian Aboriginal Health Plan 2009 which lists a range of strategies aiming to address the health issues of Aboriginal and Torres Strait Islander people.

A sub committee has since been developed focusing on Oral Health. This Sub Committee, convened by VAHS, has representation from DHSV, The Victorian Aboriginal Community Controlled Health Organisation (VACCHO). DH, Department of Human Services and VAHS.

DHSV has an Aboriginal Oral Health plan which focuses on access to services, the patient journey and engaging with Aboriginal Community Controlled organisations.

### Refugees and Asylum Seekers

The largest number of asylum seekers and refugees (humanitarian stream) to come into the NWMR (first settlement) from 2006 to 2010 settled in the HealthWest catchment particularly in Brimbank and Maribyrnong. The next largest number of refugees settled in the Hume Whittlesea catchment notably in Hume.

The largest cultural group to access services was from Iraq followed by people from Somalia, Sudan and Sri Lanka.

For the year 2010 the largest cultural group to settle in the NWMR were from Iraq in Hume followed by people from Burma and Thailand in Brimbank and Maribyrnong. Full details are attached as Appendix 4.

In the year 2009 – 2010 a total of 6,672 people believed to be refugees based on country of birth accessed NWMR Community Dental Clinics with 2808 as emergency treatments and 3864 as general care. A total of 938 used the services of an interpreter.

The Victorian Department of Health funds the Refugee Health Nurse initiative which aims to build capacity in areas of high refugee settlement to better meet the health needs of refugee groups. Refugee Health Nurses are located at Darebin CHS, ISIS in Brimbank, Western Region HC, Dousta Galla and Dianella. Although not a priority action of refugee health nurses it is reasonable to expect they would facilitate referrals into oral health services for refugee clients.

The Victorian Refugee Health Network brings together health, community and settlement services to build their capacity to provide accessible and appropriate health care for people of refugee backgrounds. A reference group oversees the work and for 2011 a specific capacity building project is focused on oral health.

In partnership with Dental Health Services Victoria, the Victorian Refugee Health Network, under the auspice of the Victorian Foundation for Survivors of Torture (Foundation House), is implementing a Department of Health funded state-wide refugee oral health capacity building project with the Victorian dental health services sector. The stated aim of this project is to support Victorian community dental clinics in working effectively with clients from refugee and asylum seeker backgrounds.

## Homeless People

There are five access points in the NWMR for people seeking assistance with homelessness and support:

- North East Housing Service – Preston
- St Vincent De Paul Housing Services – Glenroy
- HomeGround Services – Collingwood
- Metrowest Services – Footscray
- SASHS Western – Sunshine

As of 15 November 2010 there were 3,444 households assessed as in need of, and awaiting, homelessness assistance in the region.

Of those people awaiting assistance in the NWMR approximately:

- half of those are single adults (1,721); 40% of whom are single women;
- 2,466 accompanying children are awaiting assistance;
- 964 (27%) of the households are women headed single parent families;
- 856 (25%) of those people are between 16 and 24 years of age, some of whom are exiting the child protection system;
- 837 (24%) households have been assessed as being in high housing need. At least 7% of these are single parents with children; and
- 688 (20%) households have been assessed as having a high level of support need and a high level of personal vulnerability.<sup>20</sup>

## Pregnant Women

For the purposes of this report disadvantaged pregnant women are identified by involvement in the Healthy Mothers Healthy Babies Program. For the 2009 – 2010 period the program worked with 148 young women with the most clients coming from Hume. Results for the 2010 – 2011 (Q1 and 2) indicate the program working with 194 young women with the highest figure again from Hume then Brimbank<sup>21</sup>.

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<sup>20</sup> DHS, Sector Development Initiatives, Community Programs Unit, February 2011

<sup>21</sup> Department of Health, Projects and Performance, March 2011

For 2009 the highest number of births were recorded in Wyndham followed Brimbank and Hume. High numbers of births were also recorded in Hume and Whittlesea.

The Victorian Department of Health funded DHSV Healthy Mothers Healthy Babies – oral health during pregnancy project commenced in March 2011. The project aim is to increase the number of eligible pregnant women accessing oral health services which will be achieved through provision of professional development for clinical staff and enhanced service coordination to support priority access for eligible pregnant women.

The project will be delivered in a staged approach. Stage one will pilot initiatives at sites with Healthy Mothers Healthy Babies Programs as priority communities. In stage two the program will be replicated at agencies in areas with high birth rates. The final stage will replicate the program in remaining communities across Victoria.

In NWMR the following community health services have a Healthy Mother Healthy Babies program:

- Dianella Community Health – Hume Whittlesea Catchment
- Plenty Valley Community Health – Hume Whittlesea Catchment
- ISIS Primary Care: Wyndham and Brimbank - HealthWest Catchment
- Djerriwarrh Health Services – HealthWest Catchment

### **Registered clients of disability services**

The NWMR has 33 Supported Residential Services (SRS) with the North East Catchment having the highest number of services but the Inner North West catchment has the highest capacity.

The NWMR has 289 Community Residential Units (CRU's). The North East Catchment has significantly higher numbers and capacity of CRU's than other planning catchments in the region. The HealthWest catchment follows with almost half the number of services and capacity of those in the North East.

### **Registered clients of Mental Health Services**

A total of 18,421 people were registered as clients of mental health services for 2009 from NWMR. A further 4,150 clients were registered clients of PDRSS. The largest number of people registered as clients of mental health services is in Hume followed by Brimbank then Moreland. The largest number of people registered with a PDRSS is in Melbourne, followed by Darebin then Moonee Valley.

There are three Community Mental Health Planning and Service Coordination Projects in NWMR:

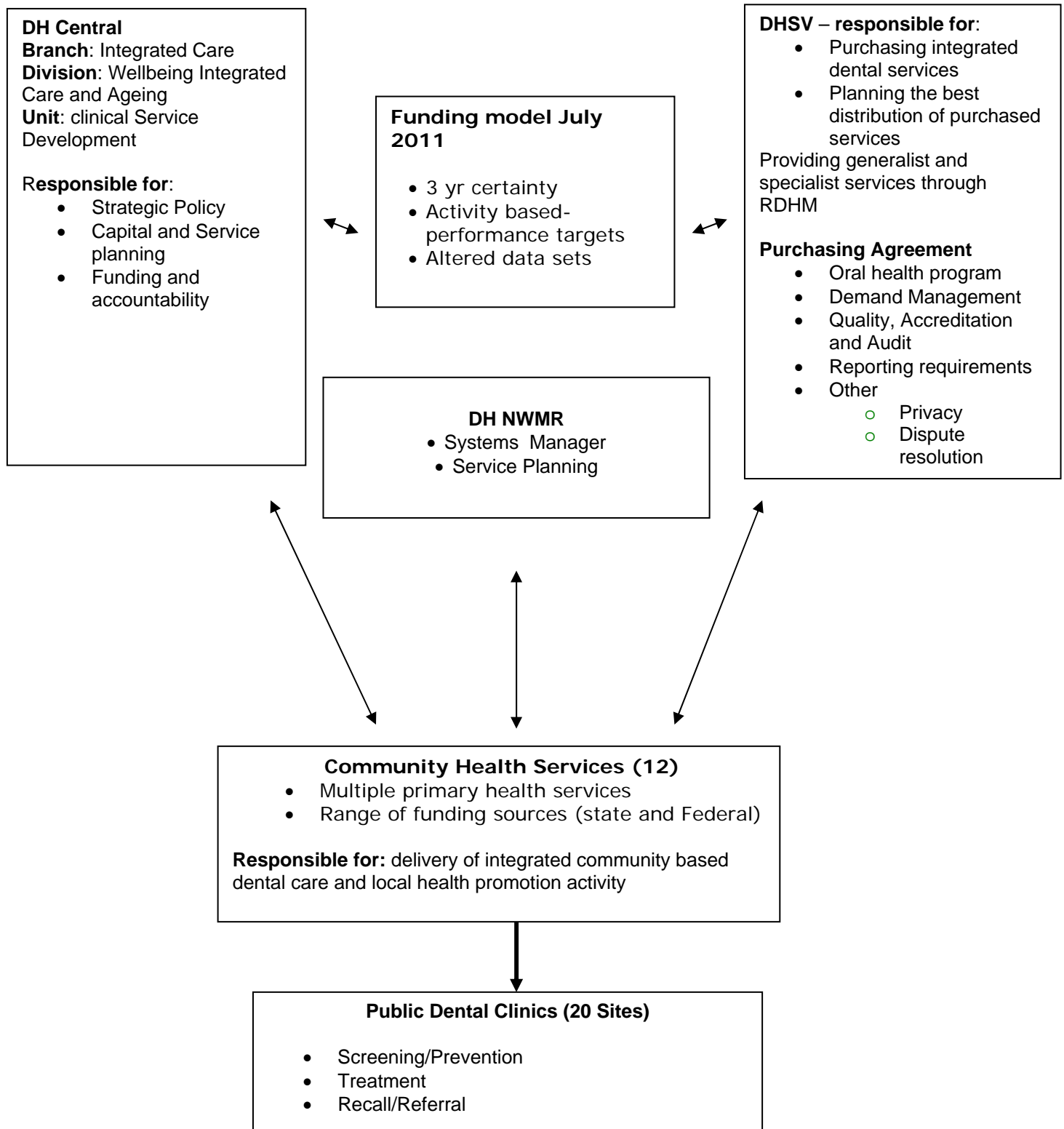
- Western Project – Improved access to services and improving pathways for people (0 – 25 years) with a mental illness in Wyndham and Melton
- Northern Project – Reduce the physical health gap of adults with severe mental illness and the general population in Nillumbik, Banyule, Darebin, Whittlesea and Hume
- Inner North West Project – increase access to health services for people experiencing homelessness in the areas of Melbourne, Moonee Valley, Moreland and Yarra<sup>22</sup>

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<sup>22</sup> NWMR CMHPSCI Information Bulletin – February 2011

# NWMR Oral Health Service System

Chart 4 – NWMR Oral Health Service System



## Services in NWMR

There are 13 Community Health Services in NWMR with 12 having Community Dental Clinics over 20 sites. There are a total of 110 chairs based in Community Dental Clinics with 17 of those being clinical placement chairs. Ozanam House has one chair. Djerriwarrh has 10 chairs for clinical placement and is affiliated with LaTrobe University. Djerriwarrh commenced dental services in November 2010. The remaining clinical placement chairs are affiliated with the Melbourne Dental School.

There are a total of 87.3 FTE practitioners employed in NWMR Community Dental Clinics as follows:

Dentists	59.7 FTE
Dental and Oral Health Therapists	23.8 FTE
Prosthetists	3.8 FTE

The FTE figures do not include the full range of potential Oral Health Staff including Dental Specialists, Dental Assistants and Dental Reception staff.

A total of 597,063 adults and children are eligible for Community Dental Clinics in 2010<sup>23</sup>. A total of 136,359 people were treated at NWMR Community Dental Clinics and at the RDHM. This means a total of 22.8% of the eligible population were treated in 2009 – 2010.

## Eligible Populations

Adult Health Care and Pension Card holders – 2010 <sup>24</sup>	320651
Estimate children up to 12 years 2011 <sup>25</sup>	275187
Refugees 2010 <sup>26</sup>	1225
<b>TOTAL</b>	<b>597063</b>

## People treated 2009 – 2010

NWMR Community Dental Clinics	84,659
Royal Dental Hospital Melbourne	51,710
<b>TOTAL</b>	<b>136,369</b>

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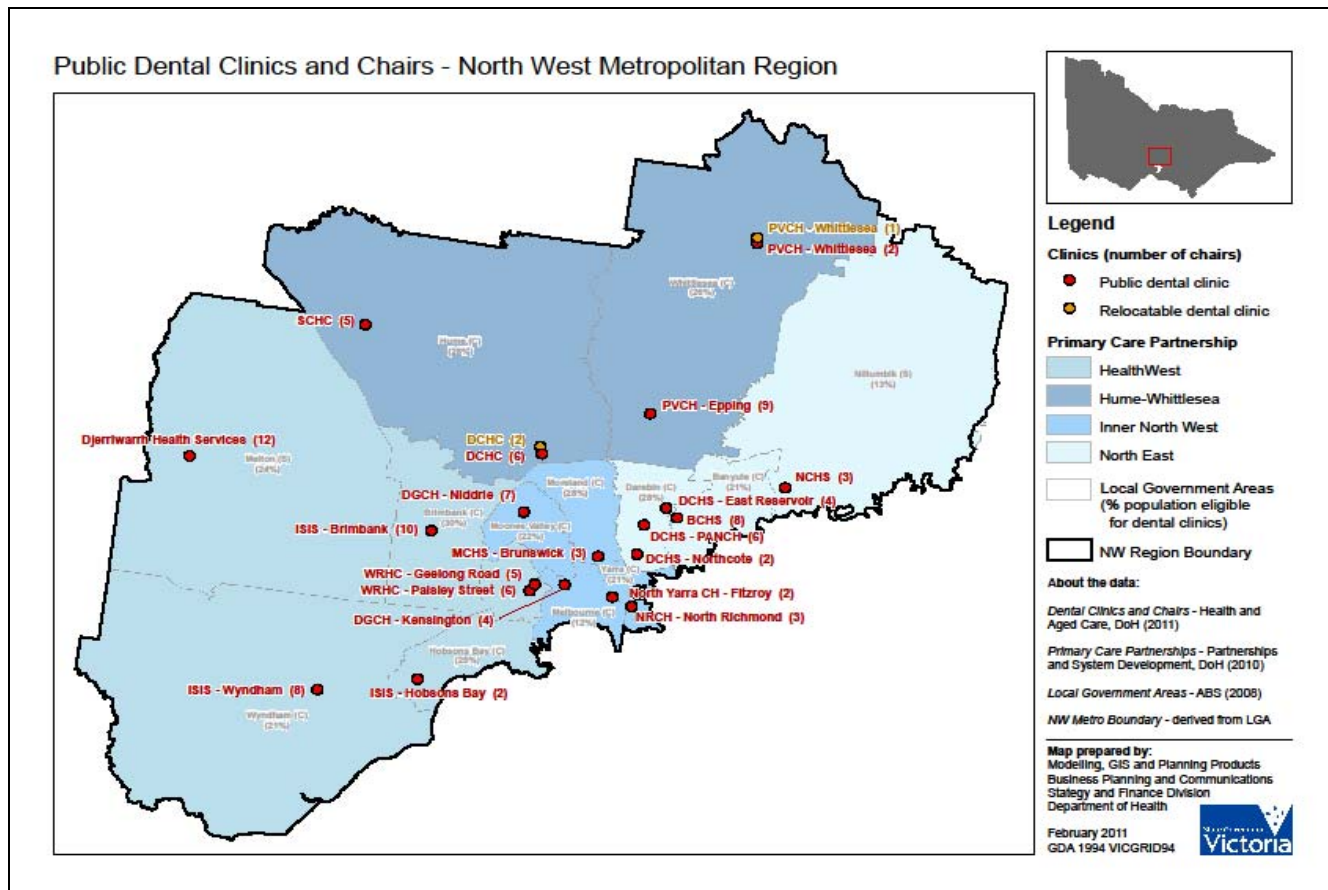
<sup>23</sup> Figure does not include children up to 18 years in residential care, youth justice clients or children enrolled in special development schools.

<sup>24</sup> Original data from Centrelink, prepared DH Planning and Analysis unit, Business Planning and communications

<sup>25</sup> 2011 projection – DHS Knowledge net, service planning

<sup>26</sup> Original Data from DIAC settlement reporting – 2 February 2011

**Chart 5 – Community Dental Clinics and Chairs NWMR**



**Legend**

- PVCH Plenty Valley Community Health
- SCHS Sunbury Community Health Service
- DCHC Dianella Community Health
- Djerriwarrh Health Service
- ISIS ISIS Primary Care
- WRCH Western Region Health Centre
- DGHS Doutta Galla Health Service
- MCHS Merri Community Health Service
- NRCH North Richmond Community Health
- DCHS Darebin Community Health Service
- BCHS Banyule Community Health Service
- NCHS Nillumbik Community Health Service

## **The Funding Model**

From 1 July 2011 there will be new funding and accountability arrangements for the Dental Health Program with a two-year transition phase. The key components of the new arrangements are a new funding model and data set.

Key principles of the new funding model are:

- activity/output based funding
- agreed activity targets (Dental Units of Value - DUV)
- three year funding certainty for agencies
- universal base price paid for the same activity/output (course of care)
- universal base price applicable to public dental services delivered and/or purchased by Dental Health Services Victoria from both public and private providers
- transparent loadings to the base price in accordance with agency classification. For example: designated specialist and special needs clinics and small agency sustainability. Small agency sustainability eligibility determined according to chair numbers and throughput (less than 4 chairs AND less than 1,000 courses of care per chair per annum)
- allowances for treating Indigenous clients and Refugee and Asylum seeker clients
- Block funded grants for after hours (RDHM only) and clinical placements

A new data set complements the funding model and will provide robust, unit record level data to support the funding model, meet reporting requirements and support policy development and decision making.



# Regional Service System Issues

## Planning Structures

It is anticipated that NWMR will have three or five Medicare Locals established in 2012 – 2013. NWMR has four established PCP's and a number of other planning structures associated with programs or service streams. Oral Health Services and Oral Health Promotion have not featured in planning structures in the NWMR to date.

In order to embed oral health in the whole of health continuum it is necessary for the public oral health system to have an impact on regional and sub regional planning structures. There are a number of compelling reasons to do so:

- Oral Health is fundamental to overall health, wellbeing and quality of life<sup>27</sup>
- Good oral health in childhood contributes to better oral health outcomes in adults
- Dental conditions are the highest cause of preventable hospital admissions in Australia<sup>28</sup>. A total of 4094 people were admitted in 2009 – 2010 from NWMR with 30% of those being children aged under 14 years
- Dental conditions have been linked to other diseases such as Diabetes, Arthritis, adverse pregnancy outcomes and coronary heart disease
- Direct actual expenditure on oral health services in Australia was \$6.7 billion during 2008 – 2009. The high cost makes oral conditions the second most expensive disease group to treat, just below cardiovascular diseases. Dental conditions are more expensive to treat than all the cancers combined<sup>29</sup>.
- In NWMR direct actual expenditure for public oral health services was \$23.86 Million for 2009 - 2010<sup>30</sup>.
- Oral health disease is preventable.

## Clinical Governance and Leadership

Feedback from consultations and quantitative data indicates varying applications of clinical standards and policies across NWMR Community Dental Clinics. This is due to productivity pressures, use of, and different training of overseas and interstate clinicians and varying interpretations of policy. Analysis of clinical indicators data demonstrates a wide variation of results across 9 parameters of clinical care.

Clinical Governance is defined as ' the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuous improving, minimising risks and fostering an environment of excellence in care for consumers/patients/residents.'<sup>31</sup>

DHSV has a Quality Committee chaired by a member of the Board of Directors. This Committee assists the Board in fulfilling its clinical governance responsibilities in relation to areas such as patient feedback, adverse clinical incidents, infection control and clinical risk management systems and the external accreditation functions<sup>32</sup>.

Improving Victoria's Oral Health states a role for regional leadership in a range of tasks including:

- Catchment planning
- Waitlist and recall management
- The range of clinical services
- Oral health promotion

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<sup>27</sup> Improving Victoria's Oral Health, Department of Human Services, July 2007

<sup>28</sup> Evidenced Based Oral Health Promotion Resource, DH 2010 pg 22

<sup>29</sup> IBID

<sup>30</sup> Only NWMR Community Health dental clinics

<sup>31</sup> Victorian Clinical Governance Framework, Enhancing Clinical Care, March 2009

<sup>32</sup> <http://www.dhsv.org.au/about-us/our-organisation/committees/> sighted March 2011

- Workforces strategies including student placements
- Links with other services

## **Integration within Community Health and broader programs and services**

NWMR Community Dental Clinics are mostly co located with Community Health services but have varying levels of integration both within the CHS and across the broader primary and acute care system.

Fostering integration of Community Dental Clinics across systems will enhance service delivery capacity.

Functional integration<sup>33</sup> of Community Dental Clinics within host CHS's is affected by the separate funding stream, different and non communicating information technology systems, different clinical quality indicators monitored by DHSV and reporting mechanisms.

Some functional integration is found in common policies and procedures relating to human resources, strategic planning and sterilisation practices.

Clinical integration<sup>34</sup> is varied in clinics across NWMR. Some clinics report receiving referrals from other CHS programs particularly from Diabetes Management or other chronic disease management programs. Intra agency referrals within the Community Health service to and from the dental clinics are not universally adopted across the region. Interagency referrals other than to the RDHM for specialist services are not universally sent or received.

Service access systems for dental clients also vary across the region. Some clinics have dental clients entering the CHS globally via the main service access system for triage where service access tools are used. Dental clients are then seen by the dental service access team.

Other clinics have a completely separate service access system for dental from the main CHS global intake system.

Service coordination tool templates<sup>35</sup> are not generally used in Community Dental Clinics.

A useful framework for integration is presenting it as a continuum involving four clear processes:

- Networking- the exchange of information for mutual benefit
- Coordination – Exchanging information and altering activities for a common purpose
- Cooperation – As above plus sharing resources
- Collaboration – In addition to the other activities collaboration includes the capacity of the other partners for mutual benefit and a common purpose. Building interdependent systems to address issues and opportunities. Sharing resources and making equal commitments<sup>36</sup>

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<sup>33</sup> Functional Integration is described as the extent to which key support functions and activities (such as financial management, human resources, strategic planning, and information management, marketing and quality improvement) are coordinated across operating units so as to add the greatest value to the system.

<sup>34</sup>reflects an umbrella concept including the notion of continuity of care, coordination of care, disease management, good communication among caregivers, smooth transfer of information and records, elimination of duplicate testing and procedures and, in general, making sure things don't fall between the cracks

<sup>35</sup> <http://www.health.vic.gov.au/pcps/coordination/sctt2009.htm>

<sup>36</sup> Integrated Health Promotion Resource Kit, DHS,

## Oral Health Workforce

The recruitment and retention of staff is a continuing issue and one cited often in focus groups and consultations. Dentists cited workload demands, difficult clients, less remuneration, stigma, access to specialist services and individual service management strategies as disincentives to working in public clinics.

Positive workplace culture, opportunity to salary package, mentoring and training students and the notion of helping the disadvantaged were stated as reasons for working in the public dental system. Of the dentists interviewed more than half were employed privately part time and most had been in community dental clinics for less than 3 years.

For oral health therapists and hygienists the difficulties cited were workload and productivity targets and these targets affecting their capacity to deliver oral health promotion and interventions. Some spoke of antiquated equipment with health and safety issues. They also stated workplace culture as being an incentive to working in clinics and having more autonomy and collaboration in their role.

The changing nature and scope of oral health staff in particular Oral Health Hygienists, Therapists and Dental Assistants is an opportunity to review roles and responsibilities within Community Dental Clinics and the model of service delivery.

## Students

Oral health and dental students all have periods of rotation or placement in community dental clinics supported by their tertiary institutions during their years of training. These rotations are supported by a lead clinician employed by the clinic that mentors and monitors the work of the students. Remuneration is paid to the clinic for the role of the lead clinician.

There are a total of 17 clinical placement chairs in NWMR community dental clinics with 10 located at the newly established Djerriwarrh Clinic in Melton. Focus Group discussions indicate some tensions regarding adequate remuneration for senior public clinic staff in mentoring and supervising students and the reduced productivity of clinical placement chairs.

## Service Delivery Model

Academic literature suggests that unless there is reform of existing public oral health systems, inequities in oral health care linked to socio economic factors and geographic location will remain.

Traditionally dentists have been the sole provider of oral health services. There are questions relating to a dentists capacity to improve the oral health of communities alone.<sup>37</sup> There is consistent recommendations for.. 'an appropriate aggregate number and mix of oral health practitioners (general and specialist dentists, dental hygienists, dental therapists, oral health therapists, prosthetists, dental technicians, dental assistants) for an efficient, sustainable and appropriately skilled workforce.'<sup>38</sup>

When considering the role of oral health practitioners in a service model there is scope for role delineation within the public system by client group and treatment required.

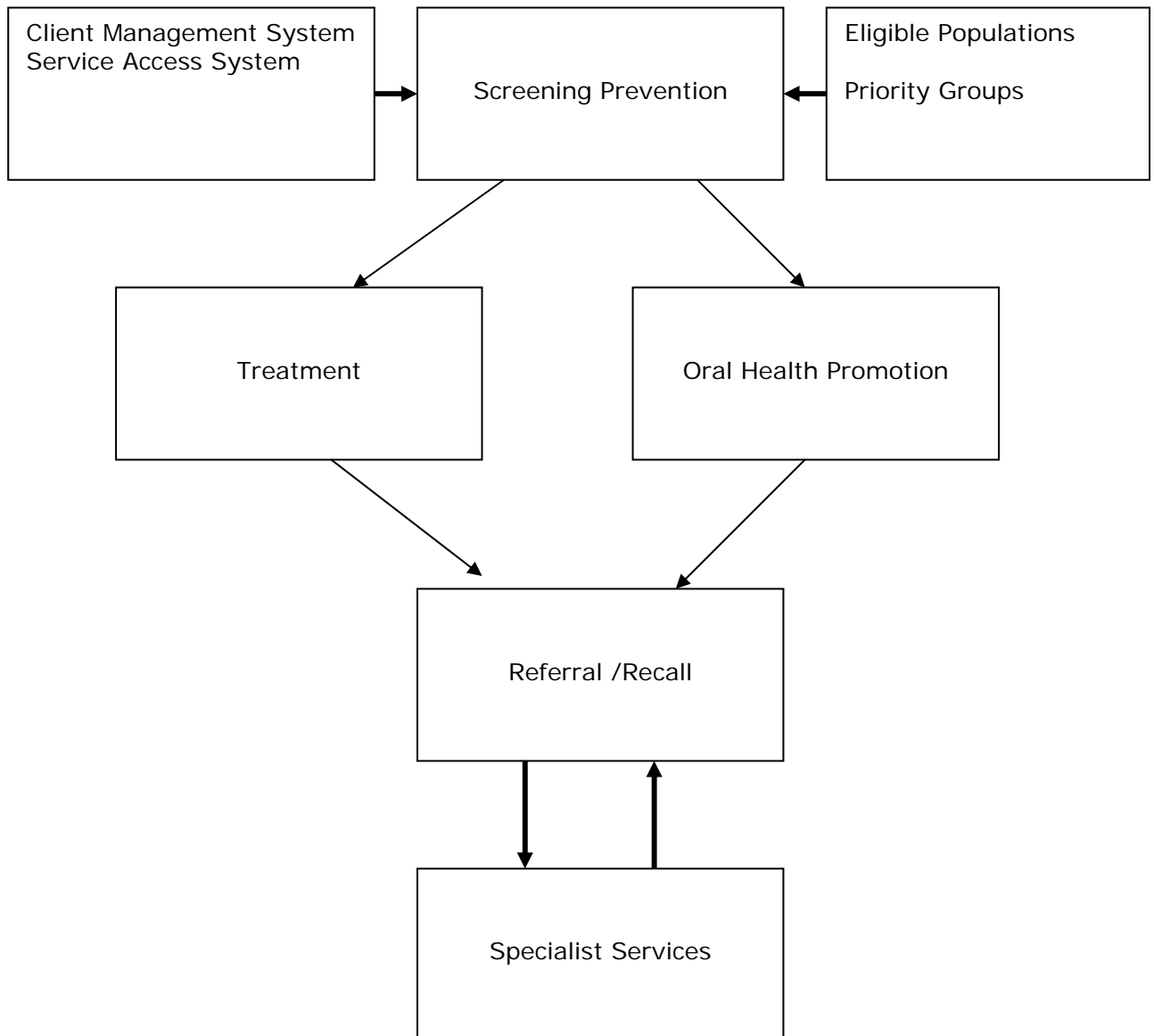
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<sup>37</sup> <http://onlinelibrary.wiley.com/doi/10.1111/j.1601-5037.2006.00159.x/pdf>

<sup>38</sup> Healthy mouths Healthy Lives, pg 38

Currently the system in public clinics reflects key areas of activity,

**Chart 6 – Community Dental Clinic key areas of activity**



**Throughput and courses of care**

Within the NWMR, clinics with a high number of chairs and a corresponding high number of staff have the highest number of courses of care for 2009 – 2010. Overall clinics which offer extended hours during the week and on weekends complete more courses of care and make the chairs more profitable, that is the chairs are in use for longer periods. Of the 20 sites 8 offer extended hours of service mostly one or two nights per week and Saturday morning.

## Failure to attend

All clinics across NWMR, including the RDHM, experience patients who fail to attend scheduled appointments (between 10 and 20%). Each clinic has a number of strategies developed to counter this issue including 'sit and waits'. This means people are asked to attend the clinic and wait to be seen. They are treated but often at the expense of meal and other breaks for staff.

Other strategies include

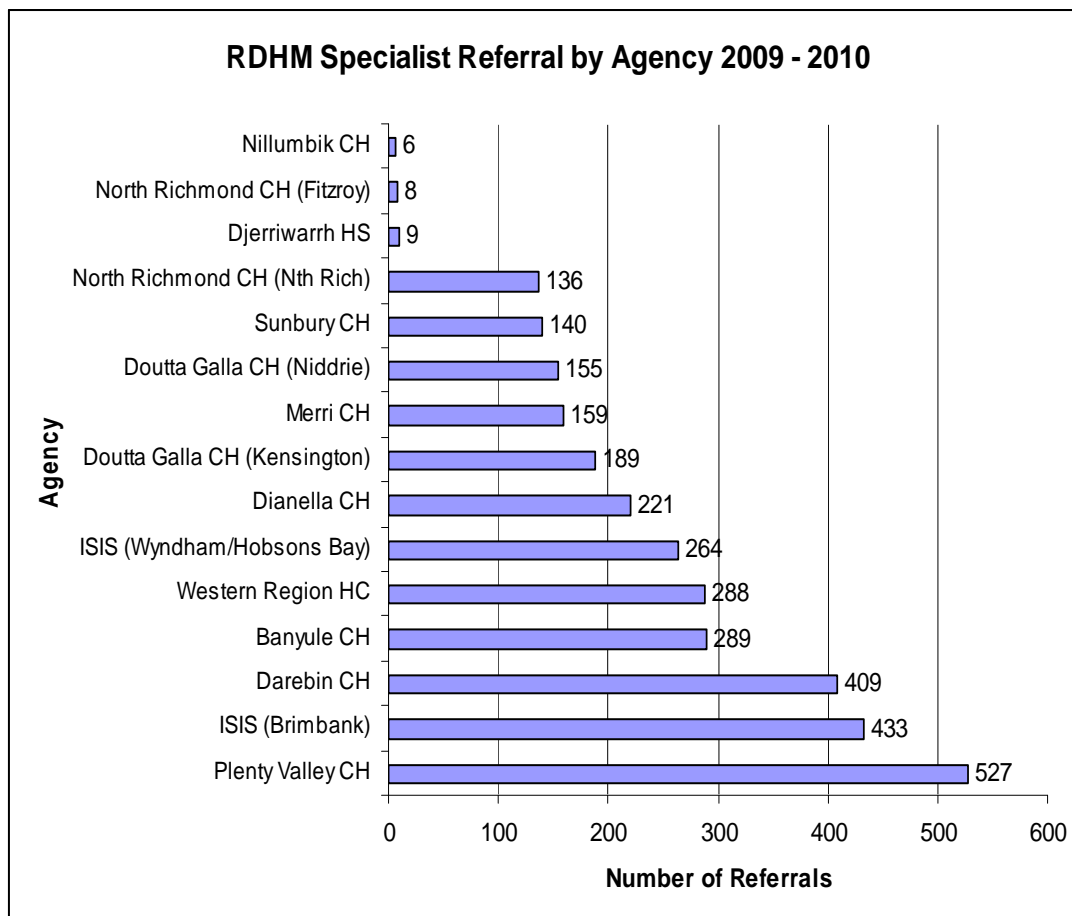
- Calling or texting patients on mobiles to confirm appointments
- Not scheduling more than one appointment in advance for more timely courses of care
- In some instances, clinics charge a fee to clients for missed appointments which is outside Department of Health policy.

## Access to specialist services

Specialist services are provided by RDHM. A total of 3,233 people were referred to RDHM specialist services from NWMR in 2009 – 2010. The most referrals came from Plenty Valley Community Health followed by ISIS Brimbank and Darebin.

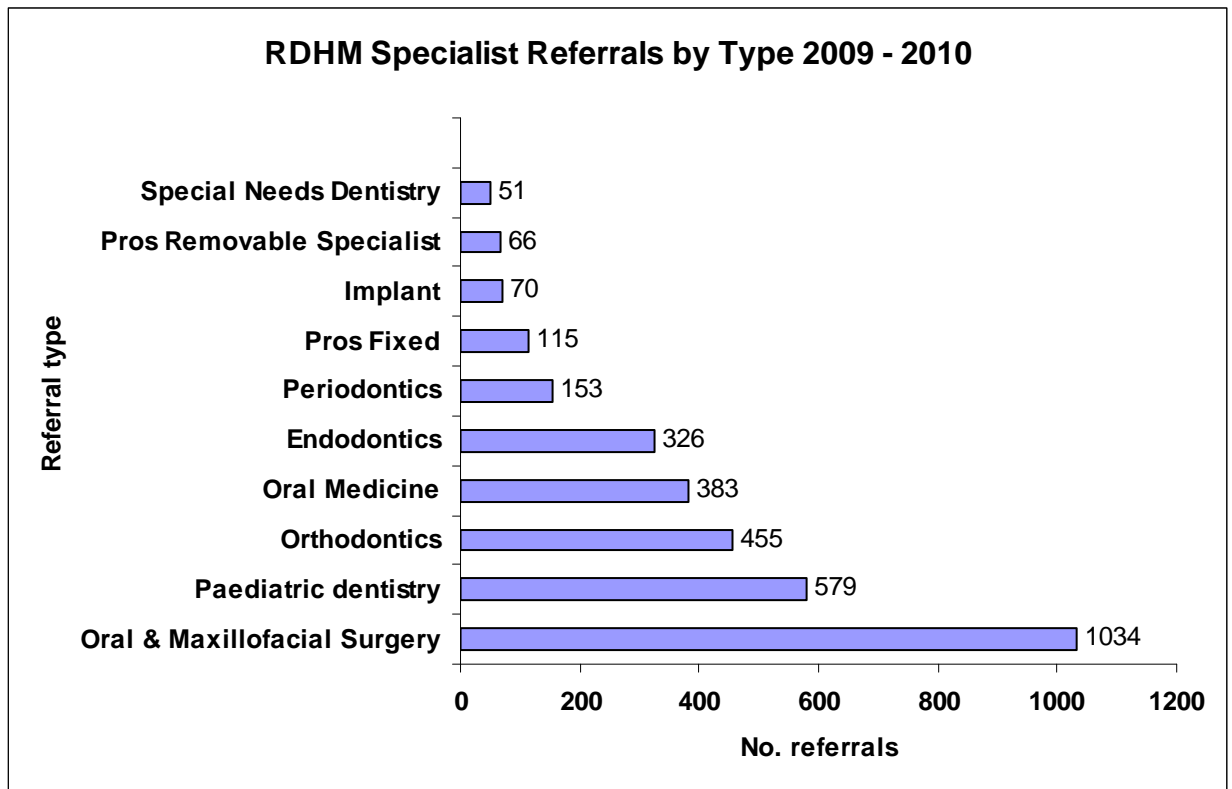
Stakeholder consultations indicated some frustration with paperwork requirements for specialist referral and lack of feedback regarding referral outcomes including whether the client attended or not. Other comments include long waitlists, distance from some of the outer areas of NWMR such as Whittlesea and Melton to Carlton and lack of transport and parking.

**Chart 7 - Number of referrals made by agency 2009-10 for specialist services**



Oral & Maxillofacial Surgery was the most common reason for referral followed by Paedodontics.

**Chart 8 - Reason and number of referrals 2009 – 2010 for specialist services**



## Oral health Promotion

DHSV has a lead role in setting the oral health promotion agenda and has developed a number of resources for professionals namely:

- Culturally and linguistically diverse communities - resource kit
- Disability awareness guide
- Disability resource toolkit
- Oral health information for people with an intellectual disability
- Oral health promotion: a resource pack for children's services
- Teeth: oral health information for maternal and child health nurses complementing lift the lip
- Mouth: oral health information for primary school nurses
- Oral health for older people: a practical guide for aged care services

Specific DHSV Oral health promotion programs include:

- Defenders of the Tooth – a web based program for primary school aged children including fact sheets and resources for teachers
- Promoting Oral Health within Disability Accommodation Services
- Pension Level Supported Residential Services (SRS) Project
- Healthy Choices for Healthy Mouths
- Smiles 4 Miles - The program is based on the World Health Organisation's Health Promoting Schools Framework and is implemented through early childhood services such as kindergartens and child care centres

## Smiles for Miles implementation in NWMR

The Smiles for Miles program is implemented in 8.25% of possible locations and reaching a capacity of 11.6% of children enrolled in early childhood settings in NWMR for 2010. One of the recommendations from the Evaluation of the Smiles for Miles Program was that “Smiles for miles be targeted specifically at communities at greatest oral health risk, that risk be determined on the criteria of socio economic status, Aboriginal population and CALD population.....”<sup>39</sup>

Greater integration with partner programs such as Kids Go for Your Life and with local dental services is also recommended.

**Table 7 – Smiles for Miles Implementation in NWMR - 2010**

Planning Catchment	Local Government Area	Number of Providers <sup>40</sup>	Capacity	Capacity not stated	No. early childhood services participating in S 4 M	No. Children attending S 4 M early childhood settings
HealthWest	Brimbank	109	6048	3	0	0
	Melton	66	4440	1	14	1315
	Hobson's Bay	60	2967	0	0	0
	Wyndham	90	5998	2	17	1725
	Maribyrnong	45	2107	5	0	0
<b>Catchment Total</b>		<b>370</b>	<b>21560</b>	<b>11</b>	<b>31</b>	<b>3040</b>
Hume Whittlesea	Hume	98	5034	2	26	1564
	Whittlesea	72	3504	3	8	677
<b>Catchment Total</b>		<b>170</b>	<b>8538</b>	<b>5</b>	<b>34</b>	<b>2241</b>
Inner North West	Melbourne	60	3722	2	0	0
	Moonee Valley	78	3767	6	0	0
	Moreland	75	3044	1	12	644
	Yarra	56	2861	0	0	0
<b>Catchment Total</b>		<b>269</b>	<b>13394</b>	<b>9</b>	<b>12</b>	<b>644</b>
North East	Darebin	70	3541	1	0	0
	Banyule	84	3628	5	7	270
	Nillumbik	54	2479	0	0	0
<b>Catchment Total</b>		<b>208</b>	<b>9648</b>	<b>6</b>	<b>7</b>	<b>270</b>

<sup>39</sup> Impact and outcome evaluation of Smiles for Miles, The Allen consulting Group, pg 7

<sup>40</sup> Family day care, limited hours day care, long day care, kindergartens, preschool and after school care as at December 2010

## Victorian Department of Health and Oral Health Promotion

The Department of Health, Prevention and Population Health Branch has developed the Evidence - Based Oral Health Promotion Resource. This resource describes oral diseases and their determinants and indicates the most effective health promotion strategies for prevention based on evidence.

### Oral Health Promotion in NWMR Community Health Services

There is no specific oral health promotion funding distributed to community health services. Oral health promotion tends to be subsumed within broader health promotion strategies such as healthy eating and physical activity programs. Dedicated oral health promotion programs are not universally adopted across the region.

### Oral health Promotion and Primary Care Partnerships

Primary Care Partnerships were required to choose from the following Victorian Health Promotion Priority Areas in the development of their strategic plans:

- Accessible and nutritious food and drink
- Mental health and wellbeing
- Physical activity and active communities
- Reducing tobacco related harm
- Reducing and minimising harm from alcohol and other drugs
- Safe environments to prevent unintentional injury
- Sexual and reproductive health

Although not stated as a key priority oral health links exist to each of the seven priority areas<sup>41</sup>.

**Table 8 - Health promotion priorities selected by NWMR PCP's**

HealthWest	Inner North West	Hume Whittlesea	North East
1. Physical Activity 2. Mental Health 3. Sexual Reproductive Health 4. Family Violence 5. Nutritious Food 6. Alcohol and Drug Use	1.Social Inclusion	Mental Health & Wellbeing	1. Workplace health 2. Prevention of violence against women 3. Implementation of reflective practice 4. Prevention of problem gambling 5. Prevention of elder abuse 6. Improvement of physical health

<sup>41</sup> Evidence based oral health promotion pg 21



# NWMR Oral Health Catchment Profiles

## 1 HealthWest Catchment

The HealthWest Catchment is the largest planning catchment of NWMR comprised of five LGA's:

- Brimbank
- Melton
- Hobsons Bay
- Wyndham
- Maribyrnong

HealthWest has the largest overall population of NWMR and contains two of the three local government areas expected to increase growth by more than 100% by 2026 - Melton and Wyndham.

HealthWest has the largest eligible population<sup>42</sup> in Brimbank and Wyndham respectively and the largest number of children aged 0 to 12 years for 2011. Growth of children aged 0 to 12 years is expected to reduce in Brimbank by 2026 but increase significantly in Wyndham and Melton.

### Priority Access to Care

Brimbank, Wyndham and Melton are home to a significant number of Aboriginal and Torres Strait Islander people with 2,862 people estimated for the catchment with the highest age cohort less than 19 years.

A total of 4,895 people first settled in the HealthWest Catchment as Refugees and Asylum Seekers under the Humanitarian stream from 2006 to 2010. The largest settlement was in Brimbank and Wyndham. 2010 saw an increase in the number of refugees from Burma, Thailand and Iraq.

The birth rate for 2009 was highest in Brimbank and Wyndham with a total of 9,864 births recorded in the catchment for 2009. The Victorian Government Healthy Mothers Healthy Babies Program reports working with 58 clients in 2009 - 2010 and 96 clients for the first 2 quarters of 2010 – 2011 year.

Homeless people can access assistance in Maribyrnong and Brimbank. Of the people requesting assistance a significant number did not record a suburb of last residence. Of those who did 1157 indicated the HealthWest catchment.

A total of 6163 people were registered clients of mental health services from the catchment for 2009 – 2010 with the highest number coming from Brimbank and Wyndham and more than double the figure for the remaining LGA's.

Brimbank, Melton and Maribyrnong have 5 Supported Residential Units with capacity for 93 people. HealthWest has 85 Community Residential Units which has a capacity for 429 people.

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<sup>42</sup> Defined as health and pension card holders and their dependants 2010

## 1.1 Health Status

### Decayed Missing Filled Teeth

The following chart indicates the sample size for the data presented.

**Table 1.1 – Sample size for 0 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Brimbank	421	239	458	635	128
Hobsons Bay	154	86	239	339	81
Maribyrnong	307	103	245	324	67
Melton	174	143	317	509	80
Wyndham	416	238	493	650	141
<b>TOTAL</b>	<b>1427</b>	<b>809</b>	<b>1752</b>	<b>2457</b>	<b>497</b>

Brimbank has the highest rate across the first three age cohorts. The dmft average rate for children aged 1 – 8 years is 2.71 with the highest rates in Brimbank. For children aged 9 – 12 years the average is 1.21 in the catchment. The highest rates overall for these age cohorts are in Brimbank then Hobsons Bay and Maribyrnong.

**Table 1.2 – dmft rates 0 – 8 years, DMFT rates 9 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Brimbank	<b>2.92</b>	<b>3.72</b>	<b>3.5</b>	0.96	<b>1.53</b>
Hobsons Bay	2.8	2.73	3.03	<b>1.06</b>	1.49
Maribyrnong	1.91	3.22	2.97	<b>1.06</b>	1.42
Melton	1.87	2.07	2.12	0.69	1.66
Wyndham	2.44	2.79	2.63	0.87	1.36

**Table 1.3 – Percentage of sample where dmft = 0**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Brimbank	42.5	33.4	27.3	56.2	38.3
Hobsons Bay	49.4	43	29.3	50.4	48.1
Maribyrnong	57	48.5	34.3	52.5	46.3
Melton	55.2	51	40.1	67.4	40
Wyndham	49	37.8	34.3	59.2	43.4

## DMFT Rates 13 – 65 years

**Table 1.4 - Sample size for 13 – 65 + years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Brimbank	416	64	182	295	322
Hobsons Bay	181	21	50	58	83
Maribyrnong	238	28	95	89	97
Melton	173	24	66	112	92
Wyndham	308	51	145	99	74
<b>Total</b>	<b>1316</b>	<b>188</b>	<b>538</b>	<b>653</b>	<b>668</b>

The highest rate for people aged 13 – 17 years is in Brimbank followed by Maribyrnong. Melton has the highest rate for the remaining four age cohorts.

**Table 1.5 – DMFT rates 13 – 65+ years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Brimbank	<b>3.48</b>	6	12.07	19.62	24
Hobsons Bay	2.86	4.67	11.14	16.91	23.47
Maribyrnong	3.14	6	9.77	18.98	24.41
Melton	2.99	<b>6.46</b>	<b>14.74</b>	<b>21.21</b>	<b>25.58</b>
Wyndham	2.67	4.59	9.07	16.57	22.11

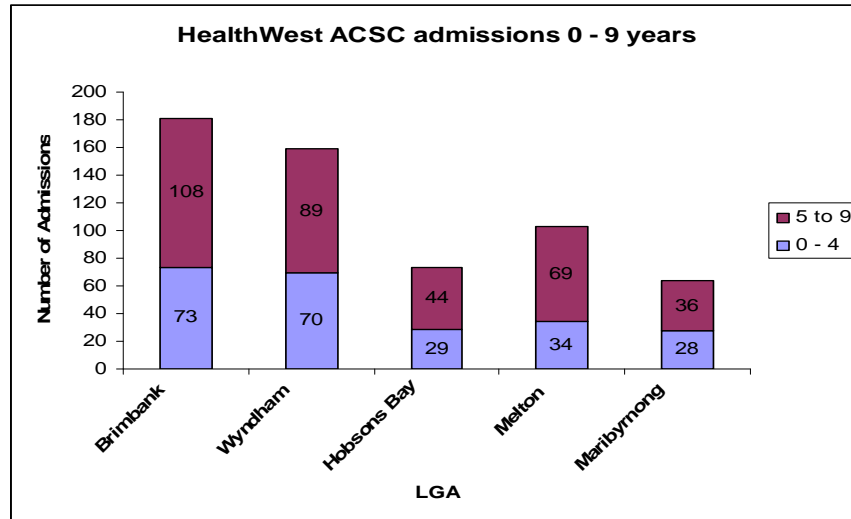
**Table 1.6 - Percentage of sample where dmft = 0**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Brimbank	22.4	21.9	6.6	1	0
Hobsons Bay	26	14.3	4	5.2	0
Maribyrnong	28.6	10.7	18.9	3.4	0
Melton	28.3	16.7	1.5	.9	0
Wyndham	27.6	15.7	9.7	3	2.7

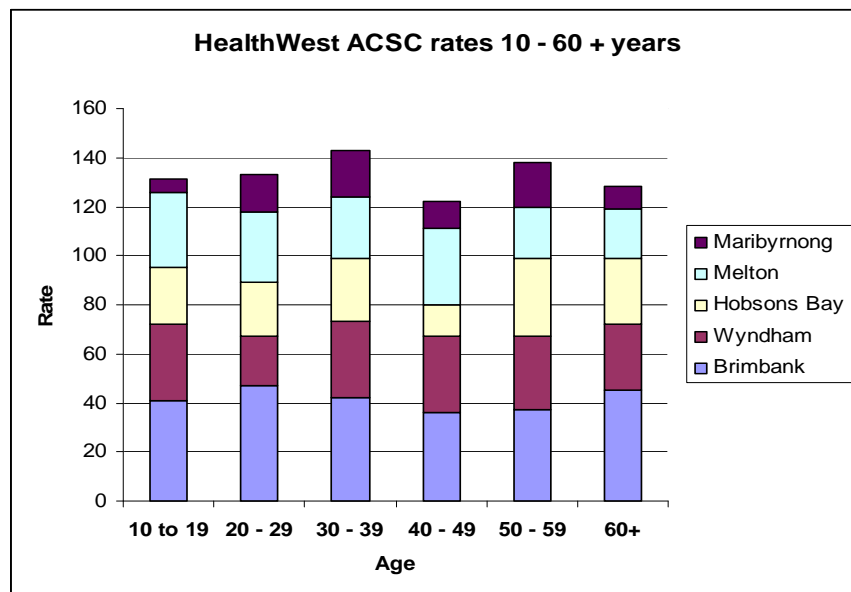
## Ambulatory Care Sensitive Conditions

A total of 1,384 people were treated at hospital for dental conditions. The largest numbers of people treated were from Brimbank followed by Wyndham. A total of 42% of admissions from the catchment were children aged less than 9 years with the highest representation from Brimbank and Wyndham.

**Chart 1.1 - Ambulatory Care Sensitive Conditions 0 – 9 years**



**Chart 1.2 - Ambulatory Care Sensitive Conditions 10 – 60 years +**



## 1.2 Health Determinants

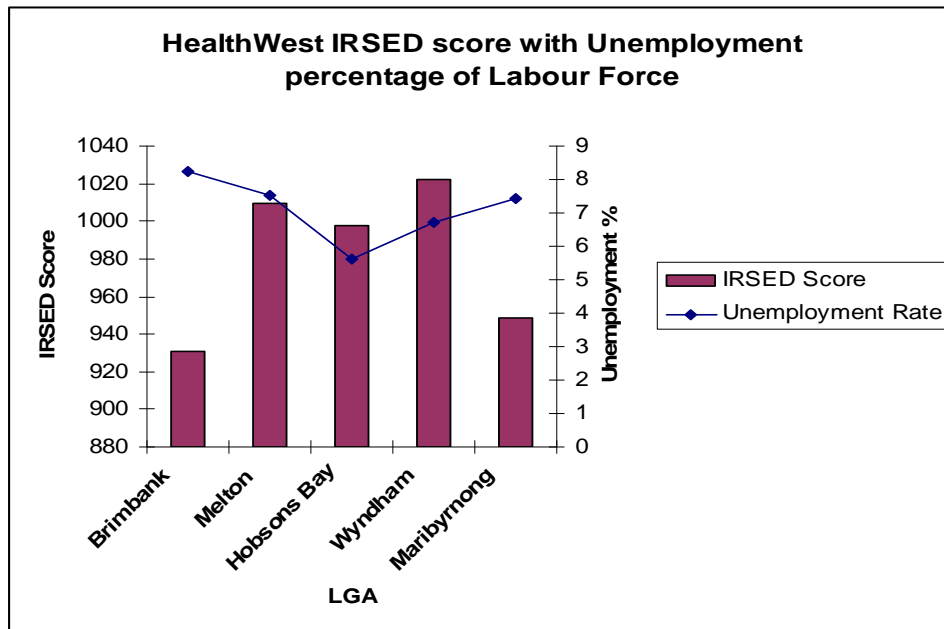
### SEIFA

Both Brimbank and Maribyrnong are in the 10 most disadvantaged local government areas in metropolitan Melbourne. There is significant variation across the catchment in SEIFA indices at Statistical Local Areas (SLA's) with scores in 700's in Melton East and Wyndham North. Low scores by SLA are also noted in Keilor, Sunshine, Melton, Altona and Maribyrnong.

## Unemployment

The highest percentage unemployment rate in the catchment is in Brimbank (Sunshine), 10.6% followed by Melton at 8.7% of the total labour work force. These are the second and third highest rates for NWMR. HealthWest overall has higher percentage rates than other catchments across the region with the exception of Hume. 7.23% of the overall population of the catchment is unemployed.

Chart 1.3 – IRSED scores with unemployment percentage



## Tobacco Smoking

Four of the five LGA's in HealthWest registered more than 20% of the population as current smokers with Hobsons Bay at 18 %. Similarly four LGA's registered more than 20% as Ex smokers. Melton registered the highest rate of current smoker followed by Wyndham.

## Food Insecurity

Hobsons Bay and Maribyrnong recorded the highest percentage of people who indicated food insecurity in the past 12 months at 7.7 and 7.1 % of respondents. Wyndham and Melton recorded above 5% with Brimbank the lowest percentage rate.

## 1.3 Health System Performance

### Efficiency and sustainability

There are three Community Health Services operating dental clinics in the HealthWest catchment in 6 sites. Two sites: Hobsons Bay and Geelong Road are for children only.

**Table 1.7 - Community Dental Clinic Overview**

Community Health Agency	Sites	Clinical Chairs	Clinical Placement Chairs	Affiliated Tertiary Institution	Staff (FTE)	Staff <sup>43</sup>
Djerriwarrh Health Services	Melton	2	10	La Trobe University	1.0	Dentist – 0.1 Therapist – 0.9
ISIS Primary Care	Brimbank	10			9.5	Dentist – 6.9 Therapist – 1.8 Prosthetist– 0.8
	Wyndham	8			7.9	Dentist 3.4 Therapist – 4.3 Prosthetist– 0.2
	Hobsons Bay	2 – Children Only				
Western Region Health Centre	Paisley Street	5	1	Melbourne Dental School	11.1	Dentist - 6.8 Therapist – 3.5 Prosthetist– 0.9
	Geelong Road	5 – Children Only				
		32	11		29.5	

Western Region Health Centre Paisley Street is the only clinic to offer extended hours as follows: 6 chairs operating 2 nights per week for 3 hrs plus 6 chairs 9am - 1pm every Saturday

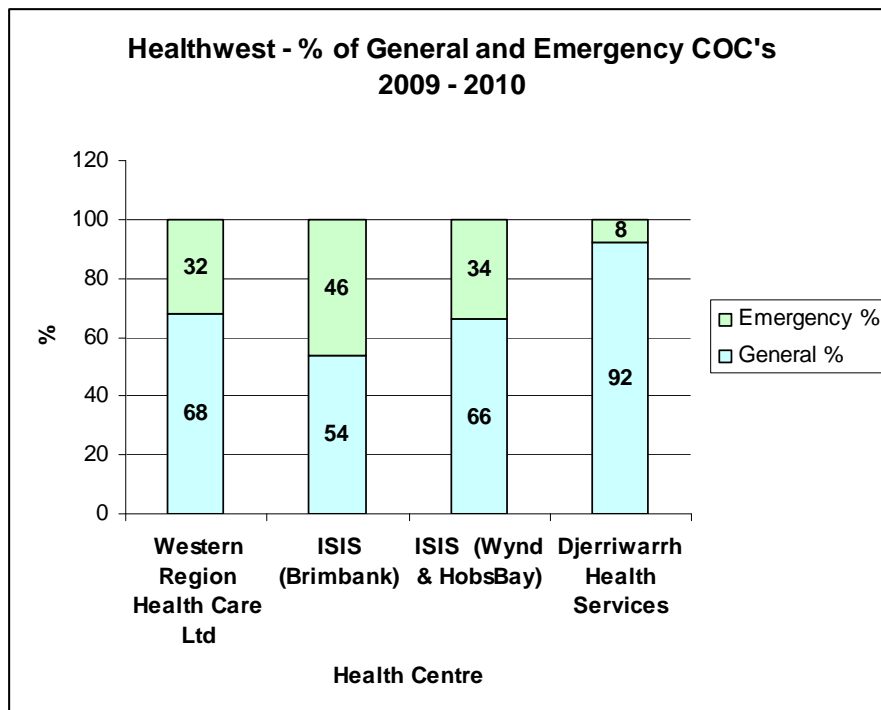
The following chart demonstrates a comparable throughput of total courses of care with variation between chair usage and staffing.

**Table 1.8 –Community Dental Clinic Course of Care 2009 - 10**

Clinic	Total Courses of	Courses of care by chair	Courses of care by staff
Western Region Health Care Ltd	13152	1315.2	1185
ISIS Primary Care (Brimbank)	13388	1338	1409
ISIS Primary Care (Altona North and Wyndham)	11254	1023	1013.8

<sup>43</sup> The Therapist figure includes Oral Health Therapists and Dental Therapists

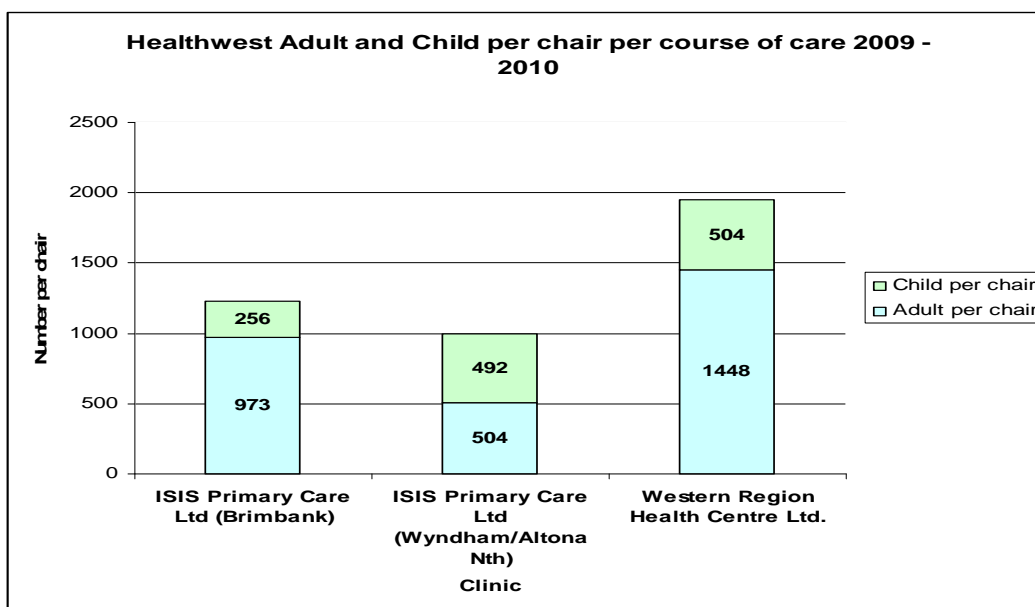
Chart 1.4 - The percentage of General Care<sup>44</sup> and the percentage of Emergency Care 2009 – 2010.



## Accessibility

Integration of School Dental Services occurred in the catchment from 2007 until March 2009. All clinics in the catchment have integrated school dental into their clinics.

Chart 1.5 – Adult and Child per chair per course of care 2009 - 10



Waitlists vary across the catchment with an average of 17.7 months for general dental and 22.32 for dentures.

<sup>44</sup> All In house and Private Courses of Care ( including dentures)

## Priority Group Access

**Table 1.9 – Aboriginal and Torres Strait Islander Community Dental Clinic attendance 2009 - 2010**

Clinic	Aboriginal People treated	Torres Strait Islander People treated	Aboriginal and Torres Strait Islander people treated	Total	2010 population estimates
Western Region Health Centre Ltd	82	0	5	87	315
Isis Primary Care Ltd- Brimbank	4	0	1	5	692
Isis Primary Care Ltd- Wyndham	16	2	1	19	857
Djerriwarrh	8	0	0	8	620
<b>Total</b>	<b>106</b>	<b>2</b>	<b>7</b>	<b>119</b>	<b>2484</b>

**Table 1.10 – Pregnant Women attendance at Community Dental Clinics 2009 - 2010**

Clinic	Patients	Courses of Care	Visits
Western Region Health Centre Ltd	23	23	67
Isis Primary Care Ltd- Brimbank	20	20	37
Isis Primary Care Ltd- Wyndham	24	24	27
Djerriwarrh	No data available		
<b>Total</b>	<b>67</b>	<b>67</b>	<b>131</b>

No data is currently available to identify other priority group usage of clinics.

## Responsiveness

**Table 1.11 – Community Dental Clinic wait times**

Clinic	Waiting time ( months) General	Waiting time (Months) Dentures
Western Region Health Centre Ltd	13.54	21.65
Isis Primary Care Ltd- Brimbank	19.78	24.87
Isis Primary Care Ltd- Wyndham	19.78	20.44
No data for Djerriwarrh		
<b>Average</b>	<b>17.7</b>	<b>22.32</b>



## Continuity of Care

Recall is a recommended approach to follow up care.

**Table 1.12 – Community Dental Clinic recall numbers and time (months)**

Clinic	No of people due for recall per annum	Recall interval (Months)	
		Low Risk	High Risk
Western Region Health Centre Ltd	3991	23	11
Isis Primary Care Ltd- Brimbank	2333	44	12
ISIS Altona North	818	23	11
Isis Primary Care Ltd- Wyndham	2326	57	18
Djerriwarrh	901	22	12
<b>Total/Average</b>	<b>10369</b>	<b>33.8</b>	<b>12.8</b>

## Referrals to Royal Dental Hospital for Specialist Treatment

All clinics from the catchment referred to RDHM for specialist treatment with ISIS Brimbank referring the most. The most common reason was for oral maxillofacial surgery followed by Paediatric Dentistry and Orthodontics.

**Table 1.13 – Community Dental Clinic referrals to Specialist services**

Clinic	Number referred
Western Region Health Centre Ltd	288
Isis Primary Care Ltd- Brimbank	433
ISIS Hobsons Bay/Wyndham	264
Djerriwarrh	9
<b>Total</b>	<b>994</b>

## Identified Catchment issues

- Targeting Smiles for Miles in Brimbank and improving referral pathways
- Improving access for Aboriginal and Torres Strait Islander people
- Networking and sharing of good practice initiatives
- ISIS recall for low risk extremely long

## 2 Hume Whittlesea Catchment

The Hume Whittlesea catchment is comprised of two local government areas:

- Hume
- Whittlesea

The Hume Whittlesea catchment has the third largest catchment population in the NWMR and is expected to increase significantly by 2026. Hume and Whittlesea are viewed as a Melbourne growth corridor with growth expected to increase by 63% in Hume and 91.5% in Whittlesea.

There is a significant eligible population in both LGA's with a higher figure overall in Hume. The catchment is expected to experience the highest level of growth of children aged less than 12 years by 2026 in NWMR with Whittlesea expecting higher growth in this cohort.

### Priority Access to Care

Aboriginal and Torres Strait Islander people live in Hume and Whittlesea in virtually equal numbers with the highest age cohort for both LGA's under 19 years.

Hume Whittlesea had the second highest rate of refugee and asylum seeker first settlement with significant numbers of people from Iraq settling in Hume.

A total of 4835 births were recorded in the catchment for 2009 with marginally more in Hume than in Whittlesea. The Healthy Mothers Healthy Babies recorded 71 Clients in 2010 (52 Hume, 19 Whittlesea) and 82 clients for the first two quarters of 2011.

A total of 3,759 people were registered clients of mental health services, including PDRSS, with 2256 people from Hume and 1503 from Whittlesea.

There are 3 SRS in the catchment (2 Hume, 1 Whittlesea) with capacity for 59 people. There are 33 CRU's with capacity for 167 people.

### 2.1 Oral Health Status

#### Decayed Missing Filled Teeth

The following chart indicates the sample size for the data presented.

**Table 2.1 – Sample size for 0 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Hume	355	167	314	439	75
Whittlesea	578	161	295	388	92
<b>TOTAL</b>	<b>933</b>	<b>328</b>	<b>609</b>	<b>827</b>	<b>167</b>

Hume has the highest rates across the first three age cohorts. The dmft average rate for children aged 0 – 8 years is 1.46 with the highest rates in Hume. For children aged 9 – 12 years the average across the catchment is 1.10. Hume has the highest rate across all ages except 6 years where Whittlesea is higher.

**Table 2.2 – dmft rates 0 – 8 years, DMFT rates 9 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Hume	<b>1.58</b>	1.54	<b>2.38</b>	<b>0.84</b>	<b>1.55</b>
Whittlesea	0.74	<b>1.84</b>	2.13	0.62	1.42

**Table 2.3 – Percentage of sample where dmft = 0**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Hume	61.7	56.9	42.7	63.3	45.3
Whittlesea	77.2	53.4	47.8	69.1	46.7

The DMFT rates for people aged 13 – 65 + are detailed below. Whittlesea has lower rates from 13 – 24 years then again at 65+ years. Hume has the lower rate from 25 – 64 years.

**DMFT Rates 13 – 65 years**

**Table 2.4 – Sample size for 13 – 65+ years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Hume	379	89	278	277	261
Whittlesea	265	79	164	136	94
<b>TOTAL</b>	<b>644</b>	<b>168</b>	<b>442</b>	<b>413</b>	<b>355</b>

**Table 2.5 – DMFT rates 13 – 65+ years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Hume	<b>3.94</b>	<b>5.87</b>	10.39	16.79	<b>22.6</b>
Whittlesea	1.94	5.28	<b>11.26</b>	<b>17.53</b>	19.63

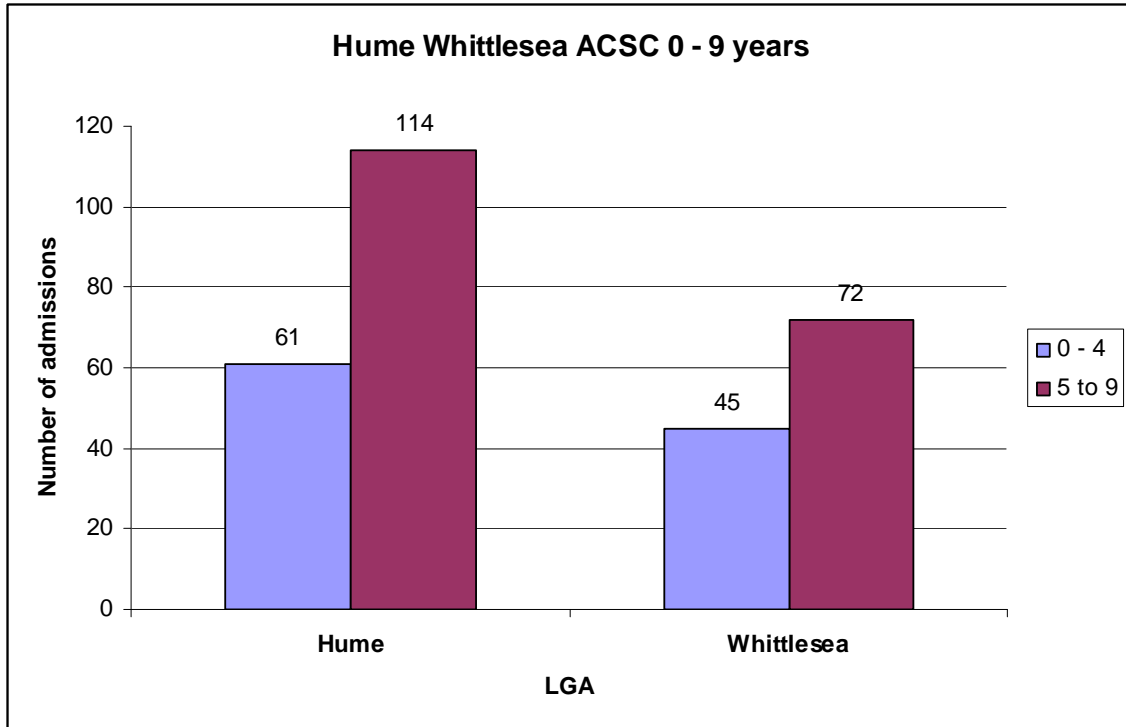
**Table 2.6 – Percentage of sample where DMFT = 0**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Hume	22.4	15.7	7.9	5.10	3.10
Whittlesea	47.5	26.6	5.0	0	0

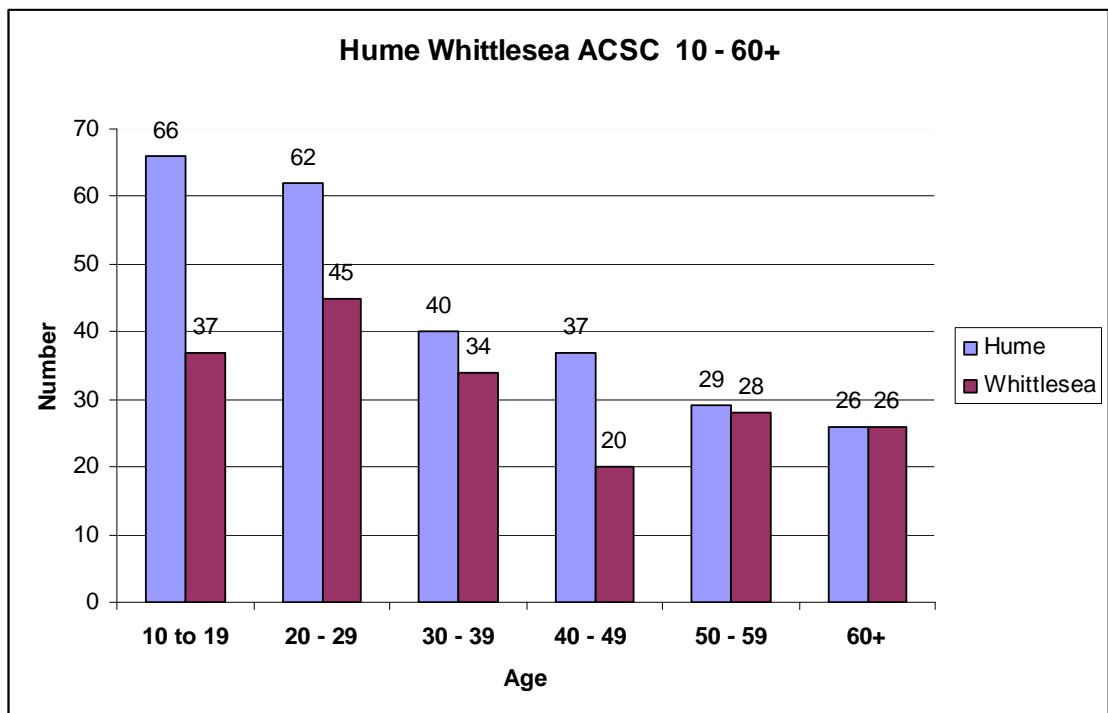
## Ambulatory Care Sensitive Conditions

A total of 742 people were admitted to hospital in 2009 – 2010 with 435 people from Hume and 307 people from Whittlesea. The largest age cohort was 0 – 9 years representing 39% of total catchment admissions. The highest representation was from Hume for this age cohort.

**Chart 2.1 - Ambulatory Care Sensitive Conditions 0 – 9 years**



**Chart 2.2 - Ambulatory Care Sensitive Conditions 10 – 60 years +**



## 2.2 Health Determinants

### SEIFA

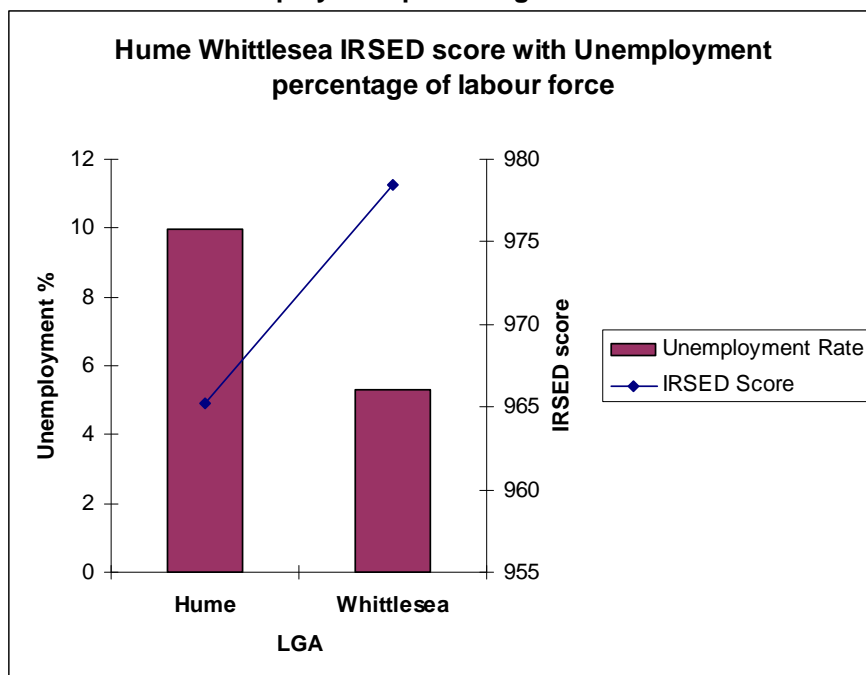
Hume is number 16 in the listing of the most disadvantaged suburbs in Victoria and Whittlesea is number 27. At SLA level Broadmeadows in Hume is significantly low and Craigieburn in Hume and Whittlesea South West have lower SLA levels.

### Unemployment

Broadmeadows in Hume has the highest unemployment percentage of population in NWMR at 15.9%.

Craigieburn is the second highest in the catchment at 8.3% followed by Whittlesea South West at 7.6. Sunbury in Hume and Whittlesea North and South East have comparatively low unemployment rates.

Chart 2.3 – IRSED scores with unemployment percentage



### Tobacco Smoking

Both LGA's in the catchment register more than 20% of current smokers: Hume 24.5, Whittlesea 23.1. Both LGA's also register high rates of ex smokers, Hume 25.2, Whittlesea 21.8.

### Food Insecurity

Hume recorded the highest percentage of people who indicated food insecurity in the past 12 months at 7.7 of respondents with Whittlesea indicating 6.9.

## 2.3 Health System Performance

There are three health services operating 4 sites in the Hume Whittlesea Catchment.

**Table 2.7 – Community Dental Clinic overview**

Community Health Agency	Sites	Clinical Chairs	Clinical Placement Chairs	Affiliated Tertiary Institution	Staff (FTE)	Staff
Plenty Valley	Epping	9	0	0	10.9	Dentist:6.2, Therapist: 4, Prosthetist:0.7
	Whittlesea	3	0	0		
Dianella	Broadmeadows	8	0	0	6.3	Dentist: 4.1, Therapist : 1.9, Prosthetist: 0.2
Sunbury	Sunbury	5	0	0	4	Dentist: 2, Therapist 2.1
<b>TOTAL</b>		<b>24</b>			<b>21.2</b>	

Dianella operates from 8.30 – 4.30 pm Monday to Friday with one chair operating on a Saturday morning. Plenty Valley operates from 8.30 – 4.30 pm Monday to Friday with 9 chairs x 2.5 hours x 3 nights (Mon-Wed) + Saturday mornings 8 chairs x 4.5 hrs (8:30am-1:00pm). Sunbury operates 8.15 – 5.00pm Monday o Friday.

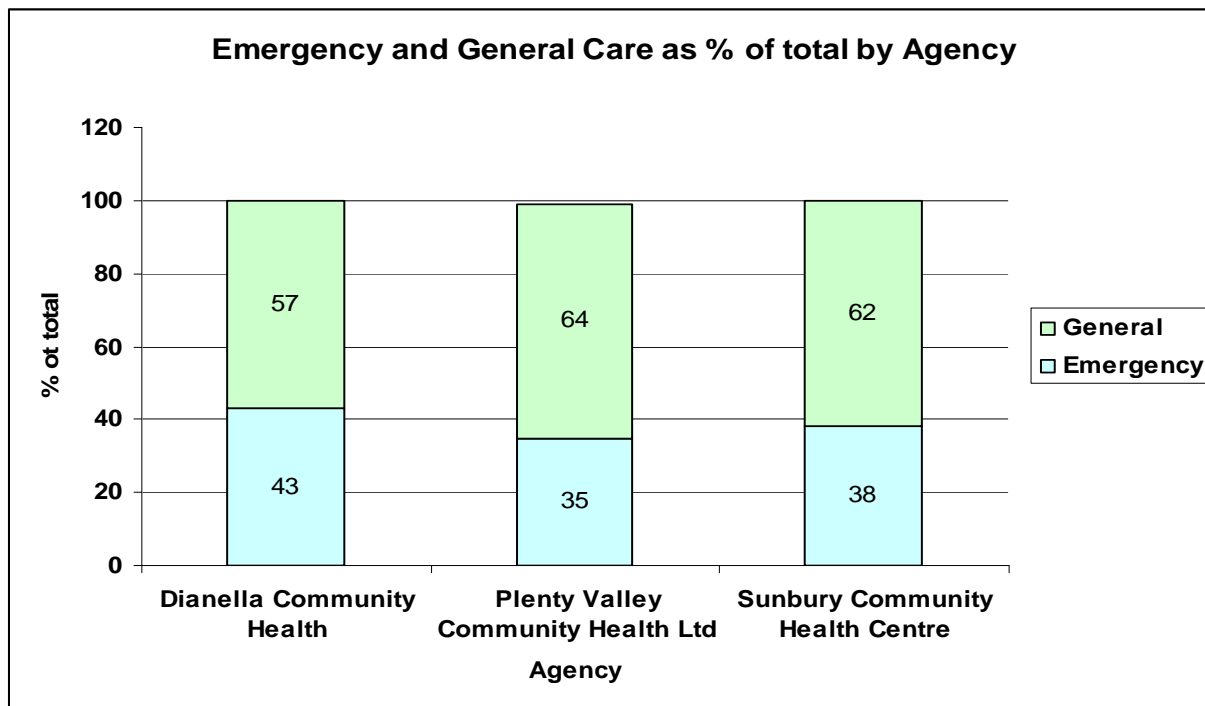
The following table indicates the total courses of care by agency for 2009 – 2010 with courses of care divided by number of chairs and then by number of staff. Each agency records the same number of courses of care by staff.

**Table 2.8 – Community Dental Clinic course of care 2009 - 10**

Clinic	Total Courses of care	Courses of care by chair	Courses of care by staff
Dianella	8544	1068	1356
Plenty Valley	14790	1344.5	1356
Sunbury	5426	1085	1356

The following chart shows total emergency and general care courses of care as a percentage of the total for 2009 – 2010.

Chart 2.4 – Percentage of general care and emergency care 2009 - 2010

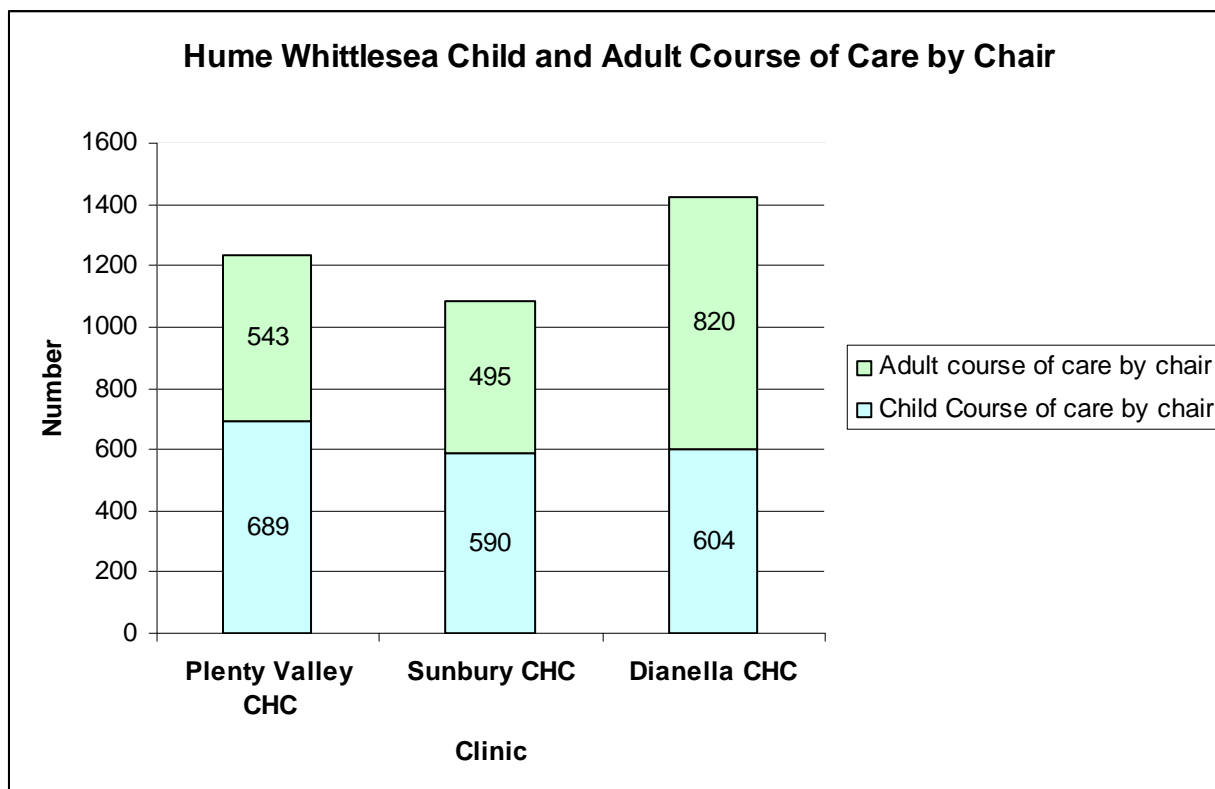


### Accessibility

Integration of School Dental Services occurred in the catchment from 2007 until March 2009. All clinics in the catchment have integrated school dental into their clinics.

Rates of Children to Adults courses of care per chair by agency for 2009 – 2010 are indicated below.

Chart 2.5 – Adult and Child per chair per course of care 2009 - 2010



## Priority Group Access

**Table 2.9 – Aboriginal and Torres Strait Islander Community Dental Clinic attendance 2009 - 2010**

Clinic	Aboriginal People treated	Torres Strait Islander People treated	Aboriginal and Torres Strait Islander people treated	Total	2010 population estimates
Plenty Valley	111	4	3	118	1029
Dianella	11	1	0	12	1089
Sunbury	8	0	1	9	
<b>TOTAL</b>	<b>130</b>	<b>5</b>	<b>4</b>	<b>139</b>	<b>2118</b>

**Table 2.10 – Pregnant Women attendance at Community Dental Clinics 2009 - 2010**

Clinic	Patients	Courses of Care	Visits
Plenty Valley	43	43	87
Dianella	13	13	29
Sunbury	16	16	47
<b>TOTAL</b>	<b>72</b>	<b>72</b>	<b>163</b>

## Responsiveness

Waitlists vary across the catchment with an average of 31.69 months for general dental and 17.51 months for dentures.

**Table 2.11 – Community Dental Clinic wait times**

Clinic	Waiting time ( months) General	Waiting time (Months) Dentures
Dianella Community Health	35.15	28.29
Plenty Valley Community Health Service Ltd	26.28	14.26
Sunbury Community Health Centre	33.64	9.99
<b>Average</b>	<b>31.69</b>	<b>17.51</b>



## Continuity of Care

Recall rates only relate to children and are a recommended approach to follow up care.

**Table 2.12 – Community Dental Clinic recall numbers and time (months)**

Clinic	No of people due for recall per annum	Recall interval (Months)	
		Low Risk	High Risk
Dianella Community Health	1861	53.0	33.0
Plenty Valley Community Health Service Ltd	2556	23.0	11.0
Sunbury Community Health Centre	2092	24.0	12.0
<b>Total/Average</b>	<b>6509</b>	<b>33.3</b>	<b>18.6</b>

## Referrals to Royal Dental Hospital for Specialist Treatment

All clinics from the catchment referred to RDHM for specialist treatment with Plenty Valley referring the most. A total of 888 referrals were made in 2010. The most common reason was for oral maxillofacial surgery followed by Paedodontics and orthodontics.

**Table 2.13 - Community Dental Clinic referrals to specialist clinics**

Clinic	Number referred
Dianella Community Health	221
Plenty Valley Community Health Service Ltd	527
Sunbury Community Health Centre	140
<b>Total/Average</b>	<b>888</b>

## Identified Catchment issues

- The catchment has no clinical placement chairs
- Dianella recall for low risk is extremely long
- Target Smiles for Miles
- Explore provision of specialist services

### 3 Inner North West Catchment

The Inner North West Catchment is comprised of four local government areas:

- Melbourne
- Moonee Valley
- Moreland and
- Yarra

Melbourne is the only LGA in the Inner North West catchment expected to experience significant growth by 2026 (102.2%). Yarra is expected to increase by 20% followed by Moreland and then Moonee Valley.

The largest eligible population is in Moreland which is the third highest in NWMR and significantly higher than the other catchment LGA's. The largest expected growth of children (2026) up to the age of 12 years is in Melbourne (91%) followed by Moreland (10%). Moonee Valley is expected to have zero growth in this cohort whilst Yarra will have negative growth.

#### Priority Access to Care

It is estimated that 1722 Aboriginal and Torres Strait Islander people live in the catchment with the largest population in Moreland (765) which is almost double the next largest population in Moonee Valley (395). The age group representing the highest number is 10 – 19 years followed by 20 – 29 years.

A total of 1128 people settled in the catchment as refugees from 2006 to 2010. The largest settlement was in Moreland and Yarra. 2010 saw an increase in the number of people from Iraq.

The birth rate for 2009 was highest in Moreland (2,272) followed by Moonee Valley then Yarra. The Healthy Mothers Healthy Babies Program reports a small number of clients from the catchment.

Homeless people can access assistance in Collingwood. A total of 412 people accessed support services in 2009 – 2010 mostly from Melbourne and Brunswick.

A total of 3597 people were registered clients of mental health services in 2009 – 2010 with the highest number being in Moreland followed by Moonee Valley and Yarra.

The catchment has 11 Supported Residential Services with capacity for 103 people – the highest in NWMR. Melbourne has no SRS's. There are 25 CRU's in the catchment with capacity for 221 people.

#### 3.1 Health Status

##### Decayed Missing Filled Teeth

The following chart indicates the sample size for oral health status

**Table 3.1- Sample size for 0 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Melbourne	139	40	77	95	18
Moonee Valley	127	75	162	204	35
Moreland	43	33	53	84	17
Yarra	104	15	22	24	4
<b>TOTAL</b>	<b>413</b>	<b>163</b>	<b>314</b>	<b>407</b>	<b>74</b>

Melbourne has the highest rate across the first three age cohorts. The dmft average for children aged 0 – 8 years is 2.29. For children aged 9 – 12 years the average is 0.19 although it is noted that only Moonee Valley has a reading for children aged 12 years. The highest overall rates for this catchment are in Moonee Valley followed by Melbourne and then Yarra.

**Table 3.2 – dmft rates 0 – 8years, DMFT rates 9 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Melbourne	1.58	<b>2.83</b>	2.9	<b>1.22</b>	*
Moonee Valley	1.7	2.28	1.93	1.02	<b>3</b>
Moreland	1.93	2.52	2.66	0.7	*
Yarra	<b>2.67</b>	*	<b>4.5</b>	0.85	*

**Table 3.3 – Percentage of sample where DMFT = 0**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Melbourne	64.7	45	39	53.7	*
Moonee Valley	57.5	54.7	46.9	54.4	31.4
Moreland	55.8	48.5	34	69	*
Yarra	49	*	22.7	50	*

**Table 3.4 - Sample size for 13 – 65+ Years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Melbourne	78	53	147	113	81
Moonee Valley	119	26	69	125	254
Moreland	51	21	72	63	141
Yarra	53	42	162	137	102
<b>TOTAL</b>	<b>301</b>	<b>142</b>	<b>450</b>	<b>438</b>	<b>578</b>

**Table 3.5 – DMFT rates 13 -65+ years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Melbourne	3.54	<b>6.3</b>	<b>12.81</b>	<b>19.81</b>	<b>22.78</b>
Moonee Valley	3.61	6.0	11.64	18.1	21.59
Moreland	3.27	5.24	11.72	14.27	21.56
Yarra	<b>5.13</b>	5.07	11.19	18.29	22.17

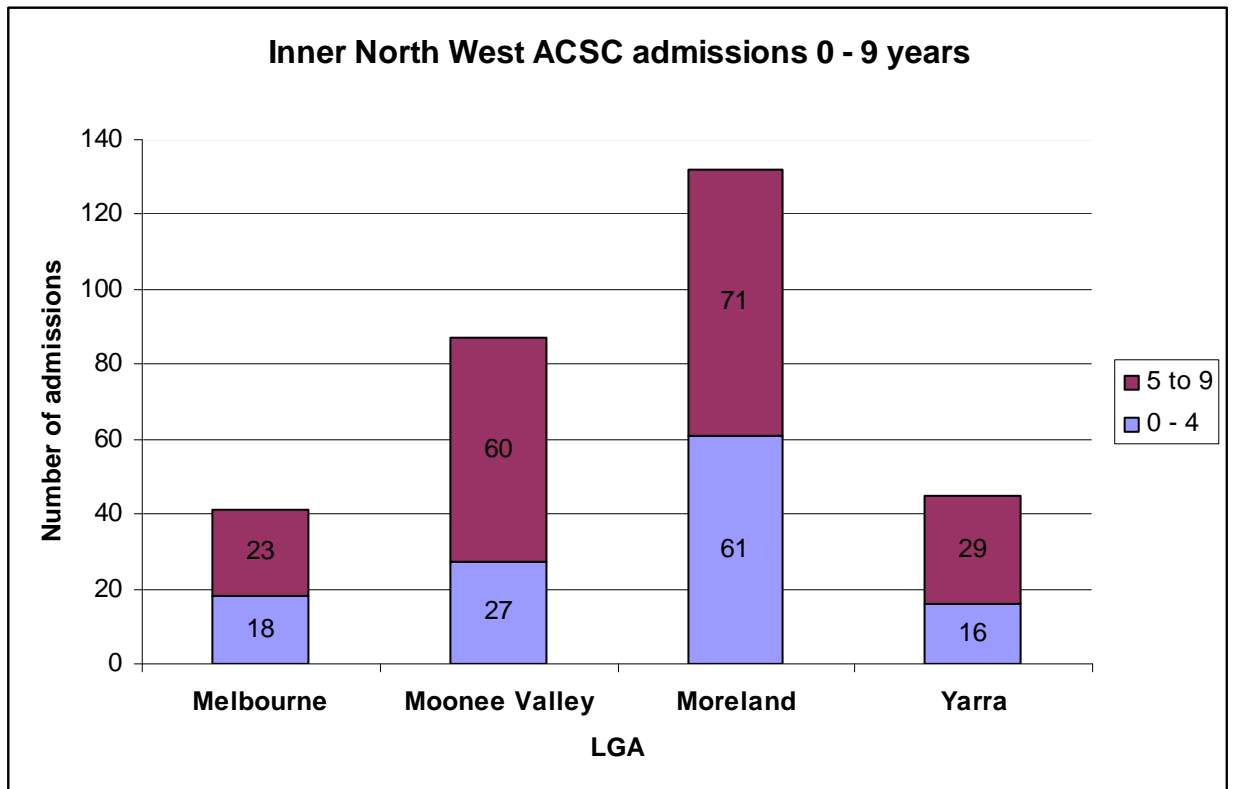
**Table 3.6 Percentage of sample where DMFT = 0**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Melbourne	28.2	7.5	4.8	0	0
Moonee Valley	26.1	7.7	4.3	.8	0
Moreland	37.3	14.3	2.8	6.3	1.4
Yarra	18.9	19	6.2	1.5	0

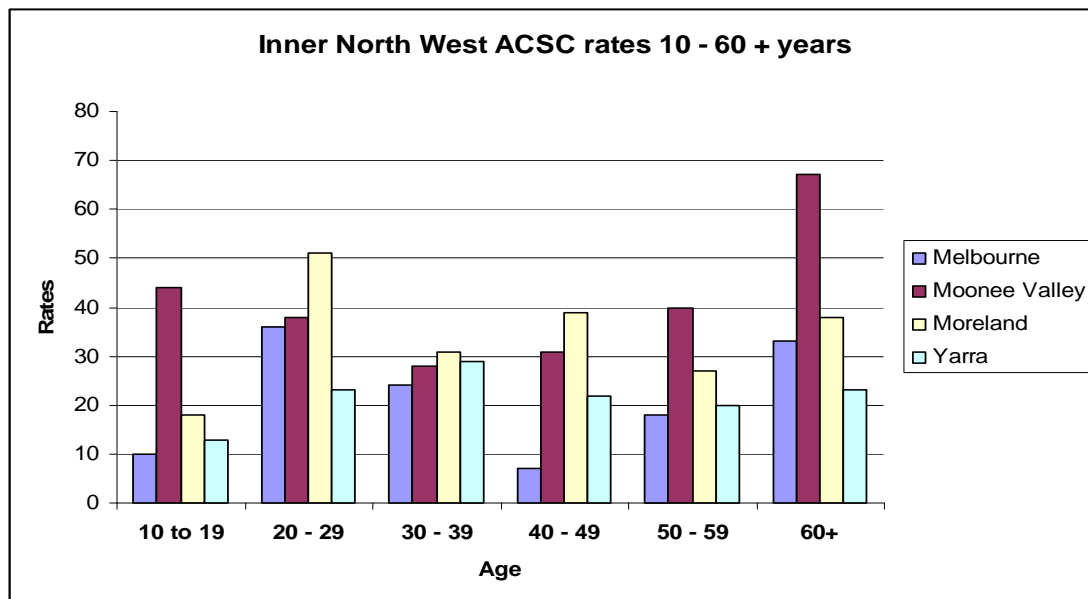
### Ambulatory Care Sensitive Conditions

A total of 1025 people from the Inner North West catchment were admitted for dental conditions. The largest number of people came from Moreland followed by Moonee Valley. A total of 30% of admissions were children aged less than 9 years with the highest representation from Moreland.

**Chart 3.1 – Ambulatory Care Sensitive Conditions 0 – 9 years**



**Chart 3.2 - Ambulatory Care Sensitive Conditions 10 – 60 years**



### 3.2 Health Determinants

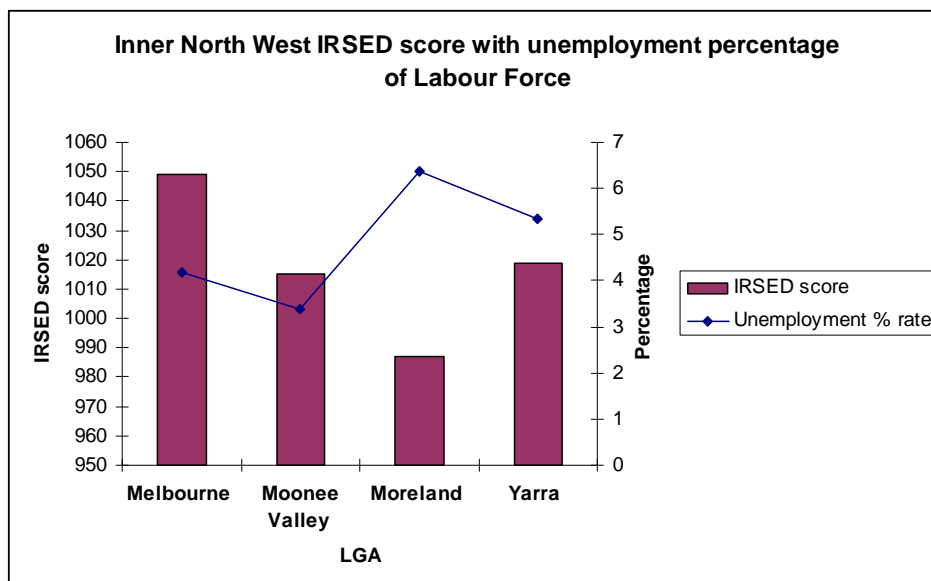
#### SEIFA

Moreland is the 7<sup>th</sup> most disadvantaged area in Metropolitan Melbourne with Moonee Valley and Yarra at 12 and 13 respectively. There is variation across the catchment at SLA level with Melbourne (remainder), Yarra (North and Richmond), Moonee Valley (Essendon) having scores in the 600's. A low score is also noted in Moreland in Brunswick.

#### Unemployment

The highest percentage unemployment rate in Inner North West is in Moreland at 6.3%. Moreland North records the highest percentage (8.3) followed by Coburg (5.6) and then Brunswick (5.5). Yarra North records the second highest percentage in the catchment at 5.7%. A total of 4.89% of the catchment labour force is unemployed.

**Chart 3.3 – IRSED scores with unemployment percentage**



### Tobacco smoking

All Inner North West LGA register current smokers at under 20% with Yarra being the highest at 19.9% followed by Moreland, then Moonee Valley. All LGA's registered more than 20% of ex smokers with the highest rate seen in Melbourne. This highest rate of non smokers is found in Melbourne, followed by Moreland and then Yarra.

### Food Insecurity

Yarra and Moreland recorded the highest percentage of people who indicated food insecurity in the past 12 months at 10 and 7.8% of respondents respectively. Melbourne and Moonee Valley recorded 5 % and under.

## 3.3 Health System Performance

### Efficiency and sustainability

There are three community health centres operating Community Dental Clinics in the Inner North West catchment in 5 sites.

**Table 3.7 Community Dental Clinic Overview**

Community Health Agency	Sites	Clinical Chairs	Clinical Placement Chairs	Affiliated Tertiary Institution	Staff (FTE)	Staff
Doutta Galla Community Health	Kensington	4			4	Dentist – 3.2 Therapist – 0.6 Prosthetist – 0.2
	Niddrie	5	2	Melbourne Dental School	5.1	Dentist – 3.4 Therapist – 1.3 Prosthetist – 0.4
Merri Community Health	Moreland	3			2.9	Dentist – 2.7 Therapist – 0.1 Prosthetist – 0
North Richmond Community Health	North Richmond	3 (+4 new chairs opening in July 2011)			2.6	Dentist – 2.1 Therapist – 0.4 Prosthetist – 0.2
	North Fitzroy	2			1.8	Dentist – 1.3 Therapist – 0.3 Prosthetist – 0.2
		17	2		16.4	

North Richmond operates chairs out of office hours as follows:

1 Chair X 1.5 hrs every Mon to Thurs + 1 additional chair X 1.5 hrs every Tuesday

Chairs X 1.5 hours each every Thursday + 1 Chair X 1.5 hours every Tuesday

Operating hours for Doutta Galla clinics are not available. Merri operates during business hours only.

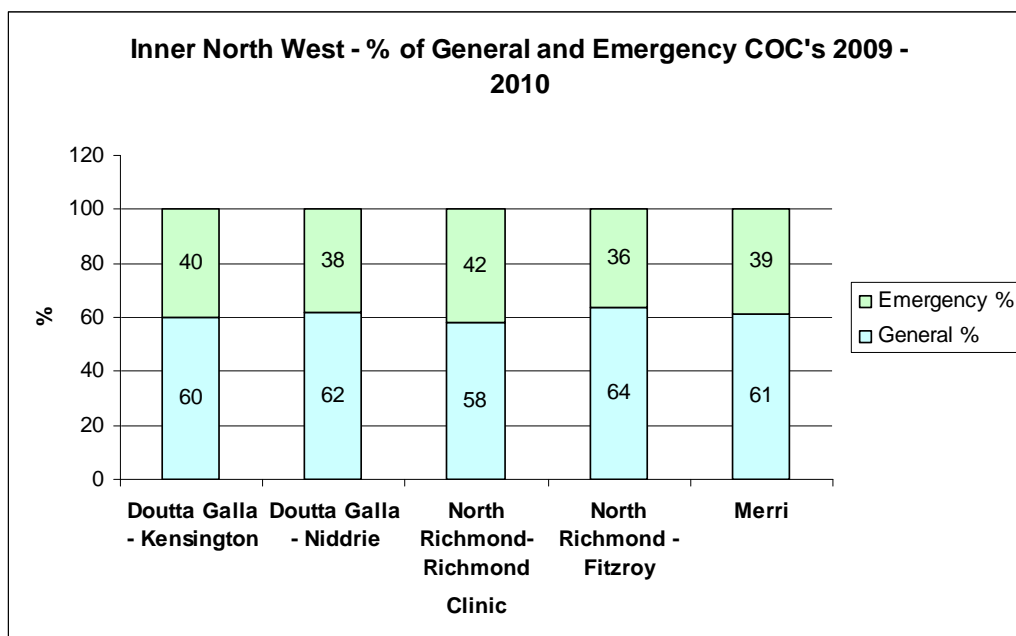
The following chart indicates the throughput of total courses of care with variation between chair usage and staffing.

**Table 3.8 – Community Dental Clinics course of care 2009 - 2010**

Clinic	Total Courses of care	Courses of care by chair	Courses of care by staff
Doutta Galla Kensington	3831	957.75	957.75
Doutta Galla Niddrie	5295	1059	1038.2
Merri	4186	1395	1443.4
North Richmond - Richmond	2885	961.6	1109.6
North Richmond - Fitzroy	1960	980	1088.8

The following chart indicates the percentage of general care and the percentage of emergency care for Inner North West Clinics 2009 – 2010.

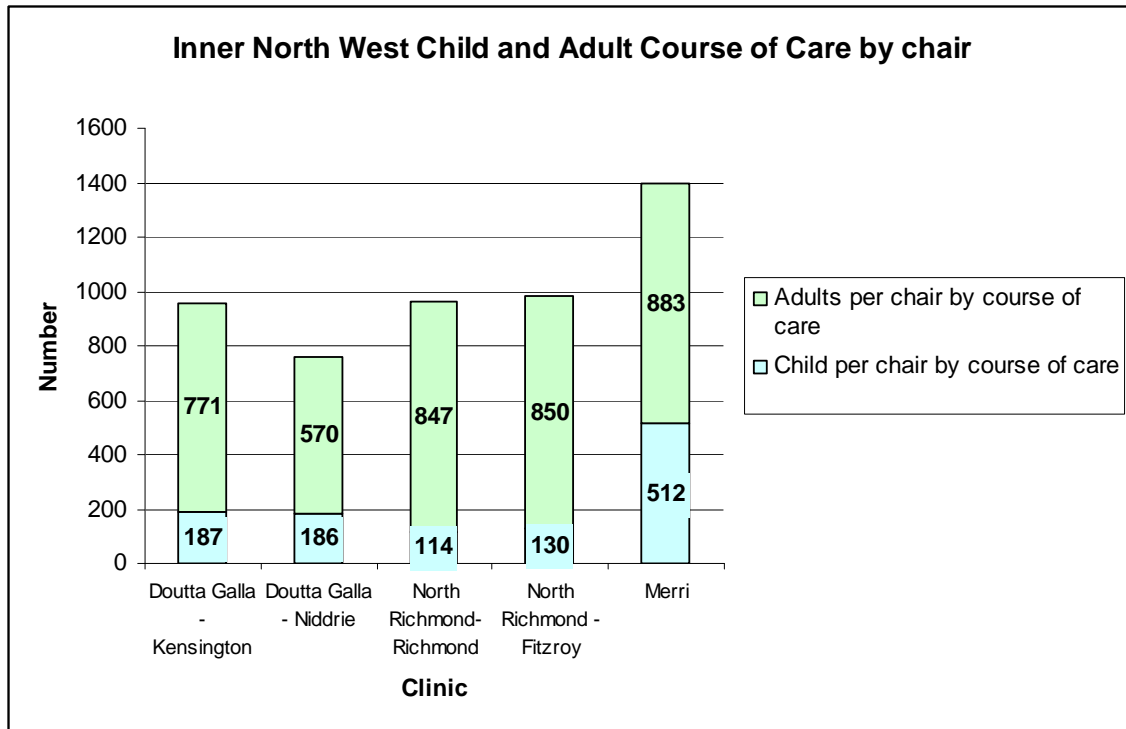
**Chart 3.4 – Percentage of general care and emergency care 2009 - 2010**



## Accessibility

Doutta Galla Kensington had no school dental service to integrate but now sees children. North Richmond clinics also had no school dental service to integrate and do not specifically see many children. The assumption is that Yarra children attend the Royal Dental Hospital Melbourne.

**Chart 3.5 – Adult and Child per chair per course of care 2009 - 2010**



## Priority Group Access

**Table 3.9 – Aboriginal and Torres Strait Islander Community Dental Clinic attendance 2009 - 2010**

Clinic	Aboriginal People treated	Torres Strait Islander People treated	Aboriginal and Torres Strait Islander people treated	Total	2010 population estimates
Doutta Galla Kensington	4	0	2	6	254
Doutta Galla Niddrie	1	0	1	2	395
Merri	0	0	0	0	765
North Richmond - Richmond	187	8	10	205 <sup>45</sup>	308
North Richmond - Fitzroy	7	0	-	7	
<b>Total</b>	<b>199</b>	<b>8</b>	<b>13</b>	<b>220</b>	<b>1722</b>

<sup>45</sup> This figure represents the clinic at Robinvale and does not accurately reflect the number of people seen from Yarra.



**Table 3.10 – Pregnant Women attendance at Community Dental Clinics 2009 - 2010**

Clinic	Patients	Courses of Care	Visits
Doutta Galla Kensington	10	10	30
Doutta Galla Niddrie	4	4	30
Merri	No data available		
North Richmond - Richmond	3	3	8
North Richmond - Fitzroy	3	3	3
<b>Total</b>	<b>20</b>	<b>20</b>	<b>71</b>

No data is available for other priority groups.

## Responsiveness

Waitlists vary across the catchment with an average of 15.34 months for general care and 17.76 for dentures.

**Table 3.11 – Community Dental Clinic Wait list times**

Clinic	Waiting time ( months) General	Waiting time (Months) Dentures
Doutta Galla Kensington	16.13	22.37
Doutta Galla Niddrie	10.41	27.63
Merri	17.41	23.39
North Richmond - Richmond	20.86	10.15
North Richmond - Fitzroy	11.93	5.29
<b>Average</b>	<b>15.34</b>	<b>17.76</b>

## Continuity of Care

**Table 3.12 – Community Dental Clinic Recall numbers and time (months)**

Clinic	No of people due for recall per annum	Recall interval (Months)	
		Low Risk	High Risk
Doutta Galla Kensington	180	23.0	11.0
Doutta Galla Niddrie	1,145	24.0	12.0
Merri	1,346	55.1	15.0
North Richmond - Richmond	209	23.0	11.0
North Richmond - Fitzroy	119	24.0	12.0

## Referrals to the Royal Dental Hospital Melbourne for Specialist Treatment

Table 3.13 – Referral numbers to specialist clinics

Clinic	Number referred
Doutta Galla Kensington	189
Doutta Galla Niddrie	155
Merri	159
North Richmond - Richmond	136
North Richmond - Fitzroy	8
<b>Total</b>	<b>647</b>

### Identified Catchment issues

- Need to improve children access high numbers and projections
- Share good practice
- Share waitlists

## 4 North East Catchment

The North East Catchment is comprised of three local government areas:

- Banyule
- Darebin
- Nillumbik

This catchment is expected to experience the smallest growth in NWMR by 2026 with the largest growth (15.4%) expected in Darebin. Banyule and Nillumbik are expected to grow by 11.3% and 11.7% respectively.

The largest eligible population is in Darebin which is the fourth largest in NWMR. Banyule has the next largest followed by Nillumbik. The eligible population for Darebin is more than 4 times that of Nillumbik.

The largest number of children up to the age of 12 years is in Darebin which is twice the number of those in Nillumbik. Darebin is expected to experience minimal growth in this cohort ( 9%) whilst Banyule is expected to experience 1% with zero growth expected in Nillumbik.

### Priority Access to Care

The largest numbers of Aboriginal and Torres Strait Islander people in NWMR live in Darebin (1355) followed by Banyule ( 632) and Nillumbik (89). The largest age cohort in Darebin is the 0 – 9 year olds followed by 10 – 19 year olds.

The North East catchment had the smallest number of refugee and asylum seekers settle in the catchment in 2010. A total of 57 people settled there with no data provided for Nillumbik.

A total of 4282 births were recorded in 2009 for the catchment with the largest number being in Darebin. The Healthy Mothers Healthy Babies program recorded working with 8 young women over 2009 – 2019 plus the first two quarters of 2010 – 2011.

Homeless people can access support and assistance at Preston with 287 people recorded as requiring support in 2009 – 2010

A total of 3517 people were registered clients of mental health services with the largest number of people coming from Darebin. A total of 1264 people were registered with a PDRSS with the largest number again in Darebin.

There are 14 SRS's in the catchment, the most in NWMR with capacity for 100 people. There is significantly more CRU's in the North East catchment than any other catchment in the region with 146 units with capacity for 718 people.

## 4.1 Oral Health Status

### Decayed Missing Filled Teeth

The following chart indicates the sample size for the data presented.

**Table 4.1 – sample size for 0 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Banyule	224	70	168	243	53
Darebin	46	34	69	92	32
Nillumbik	214	75	125	162	43
<b>TOTAL</b>	<b>484</b>	<b>179</b>	<b>362</b>	<b>497</b>	<b>128</b>

Darebin has the highest rate for 0 – 6 years with Banyule having a higher rate for 7 – 8 years. The dmft average for children aged 0 to 8 years is 1.64 with the highest rates in Darebin. For children aged 9 – 12 years the average is 1.28 for the catchment. The highest overall rates for these cohorts are in Darebin followed by Banyule and then Nillumbik.

**Table 4.2 – dmft rates 0 – 8 years, DMFT rates 9 – 12 years**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Banyule	1.11	1.29	<b>2.32</b>	<b>1.23</b>	1.74
Darebin	<b>1.57</b>	<b>3.09</b>	2.22	0.72	1.28
Nillumbik	0.3	1.17	1.73	.91	<b>1.81</b>

**Table 4.3 – Percentage of sample where DMFT = 0**

Local Government Area	0 – 5 years	6 years	7 – 8 years	9 – 11 years	12 years
Banyule	71.9	60	44	51.4	32.1
Darebin	63	32.4	36.2	70.7	37.5
Nillumbik	88.3	66.7	52	59.3	39.5

The highest rate for people aged 13 - 17 years is in Darebin followed by Banyule.

**Table 4.4 – Sample size for 13 – 65+ years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Banyule	136	30	93	120	201
Darebin	41	17	45	26	14
Nillumbik	100	9	28	51	89
<b>TOTAL</b>	<b>277</b>	<b>56</b>	<b>166</b>	<b>197</b>	<b>304</b>

**Table 4.5 – DMFT rates 13 – 65+ years**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Banyule	3.04	<b>7.13</b>	<b>14.66</b>	<b>19.7</b>	<b>25.26</b>
Darebin	<b>3.12</b>	-	10.62	16.19	-
Nillumbik	2.83	-	10.14	17.76	24.79

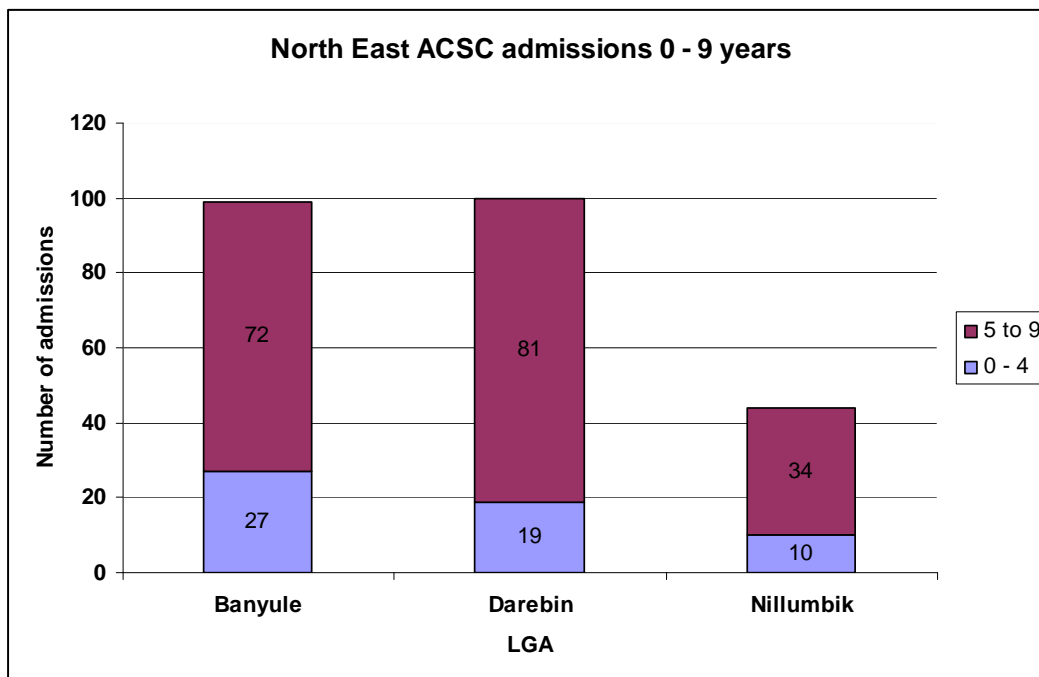
**Table 4.6 – Percentage of sample where DMFT = 0**

Local Government Area	13 - 17 years	18 - 24 years	25 - 44 years	45 - 64 years	65+ years
Banyule	30.9	10	3.2	.8	0
Darebin	*	*	*	*	*
Nillumbik	35	11	3.6	2	0

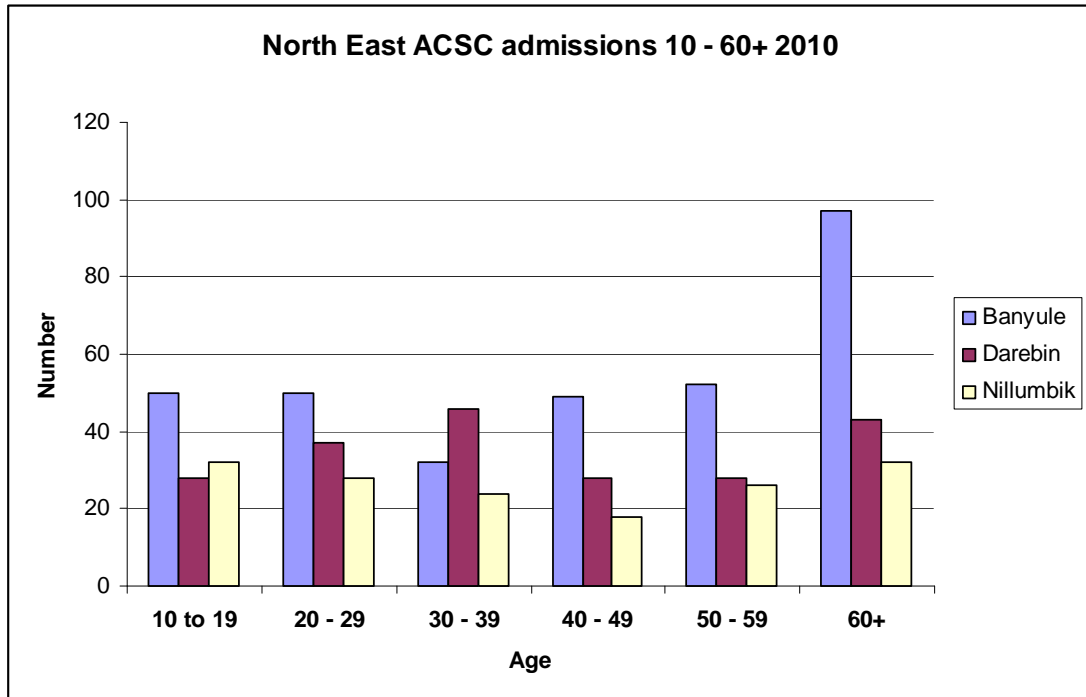
### Ambulatory Care Sensitive Conditions

A total of 943 people were admitted to hospital in 2010 for dental conditions. The largest number came from Banyule, then Darebin and Nillumbik. 26% of admissions were children aged under 9 years. The highest representation was from Darebin by 1, then Banyule.

**Chart 4.1 – Ambulatory Care Sensitive Conditions 0 – 9 years**



**Chart 4.2 - Ambulatory Care Sensitive Conditions 10 – 60+ years**



## 4.2 Health determinants

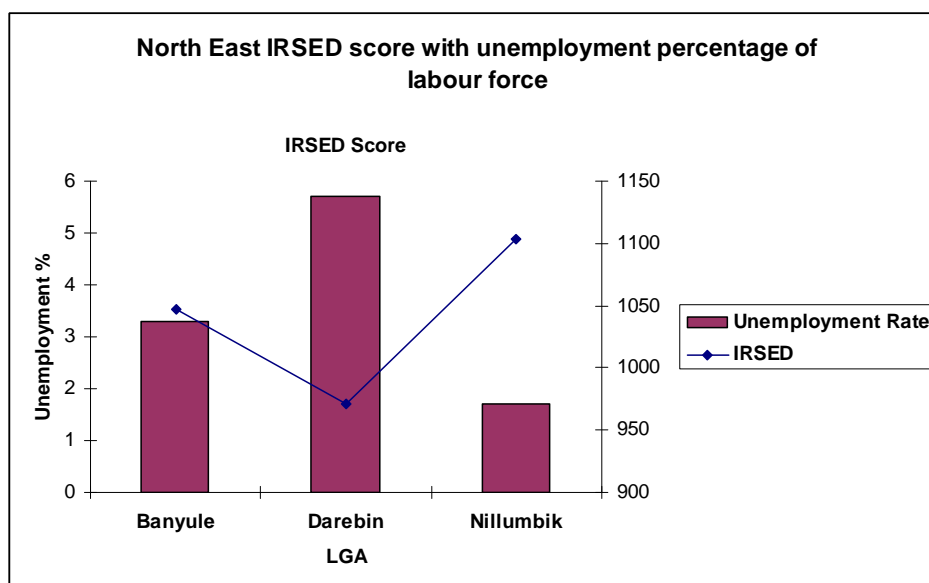
### SEIFA

Darebin is the fifth most disadvantaged LGA in Metropolitan Melbourne, with Banyule at 20 and Nillumbik the second highest in Metropolitan Melbourne. At SLA level Preston and Northcote in Darebin rate in the 700's with Heidelberg in Banyule registering in the 800's.

### Unemployment

Preston has the highest percentage rate of unemployment (6.8%) in the catchment followed by Northcote at 4.2%. Darebin has the highest overall population in the catchment and the total unemployment rate for the catchment is 4% of the labour force.

Chart 4.3 – IRSED score with unemployment percentage



### Tobacco Smoking

Darebin has the highest rate of current smokers at 23.5% of the sample followed by Banyule and then Nillumbik which are both under 20%. Nillumbik records the highest rate of exsmoker and non smoker followed by Banyule and then Darebin.

### Food Security

Darebin indicated the highest percentage of people who experienced food insecurity at 7.6% with Banyule at 4.3.

### Health System Performance

There are three health services operating 5 public dental sites in the catchment.

Table 4.7 – Community Dental Clinic overview

Community Health Agency	Sites	Clinical Chairs	Clinical Placement Chairs	Affiliated Tertiary Institution	Staff (FTE)	Staff <sup>46</sup>
Darebin Community Health	East Reservoir	4			11.0	Dentist – 10.8 Therapist – 0.2
	PANCH	4	2	Melbourne Dental School		
	Northcote	2				
Banyule Community Health	Banyule	6	2		6.1	Dentist – 4.8 Therapist – 1.2 Prosthetist – 0.1
Nillumbik Community Health	Nillumbik	3			3.2	Dentist – 1.9 Therapist – 1.2
<b>TOTAL</b>		<b>19</b>	<b>4</b>		<b>20.3</b>	

<sup>46</sup> Therapist represents oral health therapists and dental therapists

Three clinics offer out of hours services as follows:

Darebin – East Reservoir: 2 chairs Tues and 3 chairs Wed evenings until 8:30pm, plus Saturday mornings 2 chairs at 3 hours each

Banyule: 2 chairs operating Tue night for 1 hour each

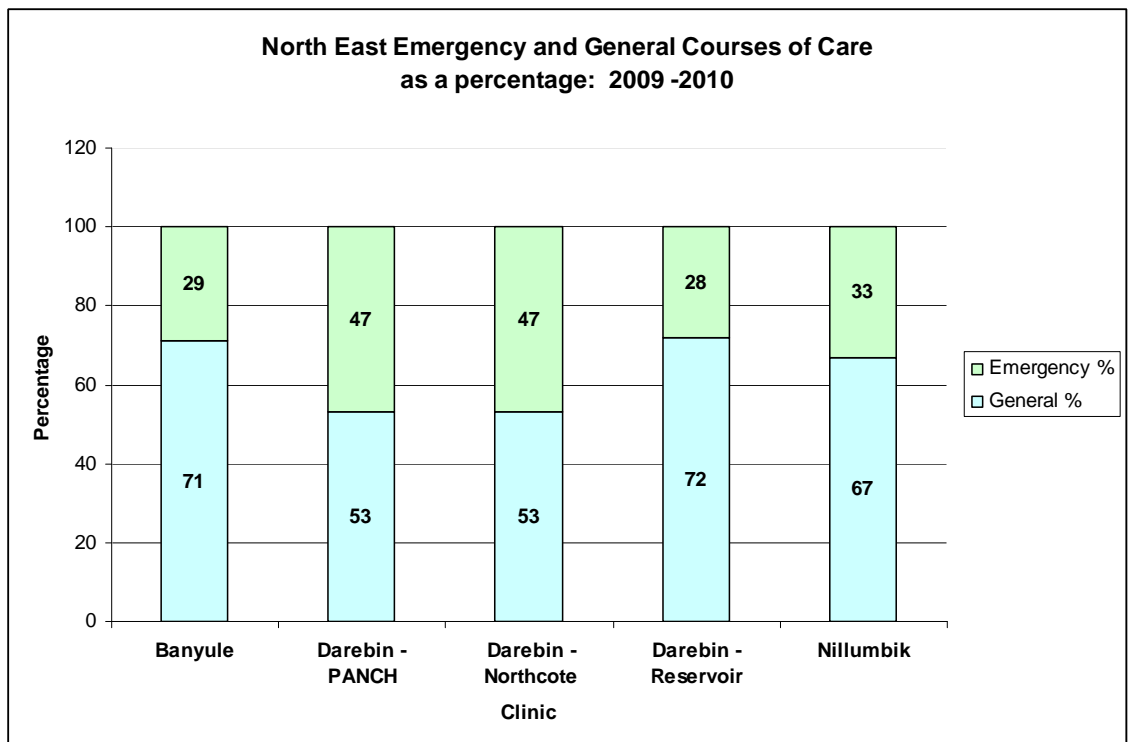
Nillumbik: 2 chairs Mon evening X 3.5 hours + 1 chair x 4 hours every second Sat morning + 1 chair x 4 hours every Sat morning (8:00am - 12:00pm)

The following table indicates the total courses of care by clinic for 2009 – 2010 with courses of care divided by chair and staff.

**Table 4.8 – Community Dental Clinic course of care 2009 - 2010**

Clinic	Total Courses of care	Courses of care by chair	Courses of care by staff
Darebin (3 sites)	11,710	1171	1064.5
Banyule	6,055	1009	992.6
Nillumbik	3,441	1147	1075.3

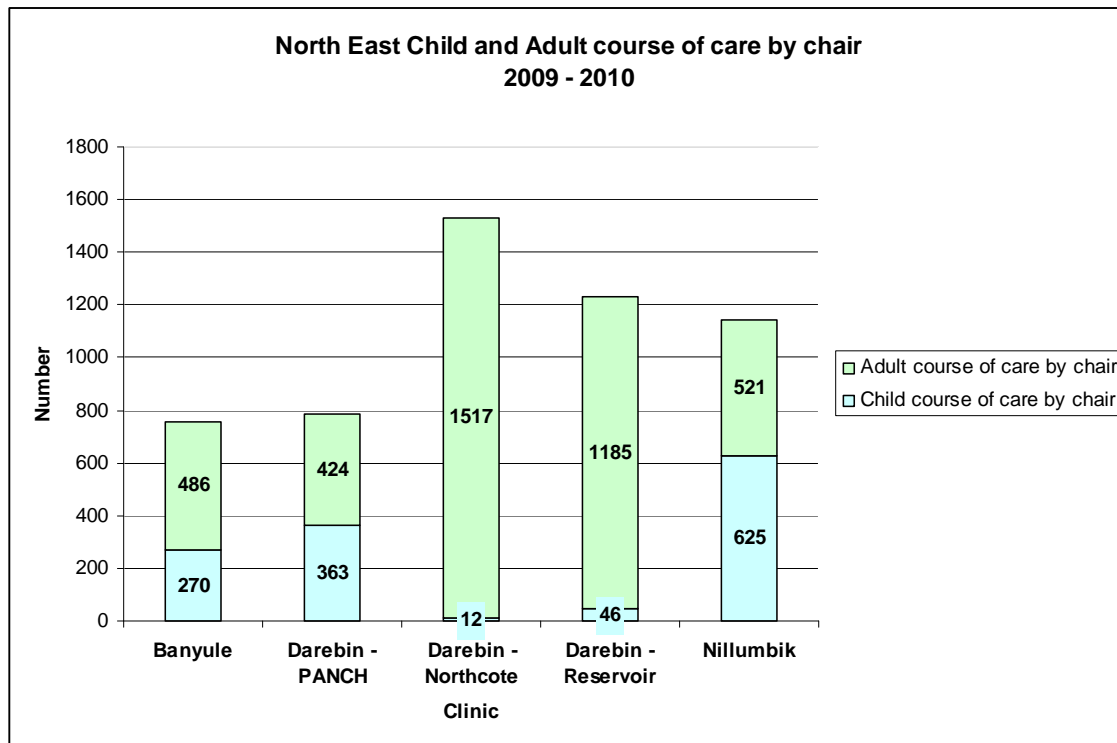
**Chart 4.4 – Percentage of emergency and general care 2009 - 2010**





## Accessibility

Chart 4.5 – Adult and child per course of care by chair 2009 - 2010



## Priority group Access

Table 4.9 – Aboriginal and Torres Strait Islander Community Dental Clinic attendance 2009 - 2010

Clinic	Aboriginal People treated	Torres Strait Islander People treated	Aboriginal and Torres Strait Islander people treated	Total	2010 population estimates
Banyule	4	-	-	4	632
Darebin - PANCH	3	-	2	5	1355
Darebin - Northcote	2	-	-	2	
Darebin - Reservoir	22	-	-	22	
Nillumbik	2	-	-	2	189
<b>TOTAL</b>	<b>33</b>	<b>0</b>	<b>2</b>	<b>33</b>	<b>2176</b>

**Table 4.10 – Pregnant Women attendance at Community Dental Clinics 2009 - 2010**

Clinic	Patients	Courses of Care	Visits
Banyule	3	3	14
Darebin - PANCH	4	4	9
Darebin - Northcote	1	1	3
Darebin - Reservoir	3	3	3
Nillumbik	2	2	5
<b>TOTAL</b>	<b>13</b>	<b>13</b>	<b>34</b>

No data is available for other priority groups.

### Responsiveness

Waitlists vary across the catchment with an average of 9.65 months for general care and 22.47 months for dentures.

**Table 4.11 – Community Dental Clinic waitlist times**

Clinic	Waiting time ( months) General	Waiting time (Months) Dentures
Banyule	9.89	29.50
Darebin - PANCH	4.40	20.07
Darebin - Northcote	7.98	21.85
Darebin - Reservoir	6.64	17.25
Nillumbik	19.35	23.72
<b>Average</b>	<b>9.65</b>	<b>22.47</b>

### Continuity of Care

The following chart indicates child recall rates by Clinic

**Table 4.12 – Community Dental Clinic recall numbers and times (months)**

Clinic	No of people due for recall per annum	Recall interval (Months)	
		Low Risk	High Risk
Banyule	113	23.0	10.0
Darebin - PANCH	810	25.0	13.0
Darebin - Northcote	7	37.4	12
Darebin - Reservoir	0	24.0	12
Nillumbik	1035	29.0	18.0

Referrals to the Royal Dental Hospital Melbourne for Specialist Treatment.

**Table 4.13 – Community Dental Clinics referrals to specialist clinics**

<b>Clinic</b>	<b>Number referred</b>
Banyule	289
Darebin	409
Nillumbik	6
<b>TOTAL</b>	<b>704</b>

Identified Catchment Issues

- Need to improve children’s access due to high numbers and projections
- Share waitlists

# Appendix 1 – Quantative Data Meta set

## **Method**

Data was collected using the National Health Performance Framework 2009. Upon receipt data was grouped on excel spreadsheets by Region and sub catchments. Totals and Averages were determined used Excel Formula and transcribed.

## **Constraints**

- Data is from different years 2006 through to 2010. All attempts were made to obtain 2009 – 2010 data
- Data was not provided for Nillumbik in Refugee 2010 data
- Data from RDHM is not represented in this report

## **Data Format**

- Excel spreadsheet
- Internet download
- Hard copy transcription
- Adobe Acrobat



Data Title	Source	Description
Population growth and demographic features 2006 - 2026	Department of Health – NWMR	Population projections and trends by Local Government Area including Aboriginal and Torres Strait Islander populations
NWMR Health Care and Pension Card Holders 2009 - 2010	Department of Health - Planning and Analysis Business Planning and Communications	Number of Health Care Card and Pension Card holders with dependants 1 – 10 by LGA 2010
NWMR Children Up to 12 years of age 2011	Department of Health – DHS Knowledge Net - Service Planning Unit	Population projections 2006 – 2026 by Local Government Area
NWMR Supported Residential Services 2010	Department of Health – NWMR - Manager, Supported Residential Services Program	Description, location, capacity by Local Government Area
NWMR Community Residential Units 2010	Department of Health - Asset Planning & Development Accommodation and Support Branch Disability Services	Description, location and capacity by Local Government Area
NWMR Licensed Preschool and Primary School Child Care Services 2009 - 2010	Department of Education and Early Childhood Development Regulations Implementation Branch - Service Development Office for Children and Portfolio Co-ordination	Location, Capacity, Service Type by Local Government Area
NWMR Smiles for Miles 2009 - 2010 Implementation	Dental Health Services Victoria Health Promotion Unit	Service Type, location, capacity by Local Government Area
NWMR Refugee Settlement Data – Humanitarian Stream 2010	Department of Immigration & Citizenship National Office, Canberra ACT	Country of Birth, Age, Quantity by LGA
NWMR Hospital Separations with a principal diagnosis of ICD10-AM codes K02-K06,K08,K12,K13,K98 or K99 – Dental - 2009 – 2010	Department of Health Planning and Analysis Business Planning and Communications	Hospitals, Principal Dental Diagnosis, by gender and age by Local Government Area
Dental Health Status Reports	Dental Health Services Victoria	dmft and DMFT by age with % of people with healthy teeth for age group by Local Government Area
NWMR IRSED - SEIFA Indexes 2006	Department of Health – DHS Knowledge Net - Service Planning Unit	IRSED – SEIFA index scores by Local Government Area, Statistical Local Area, Region and State

Unemployment Rates June 2010 (qrt)	Department of Human Services	Local government area, statistical local area, labour force (number), Unemployed (number), Unemployment rate %, rank
NWMMR Food security Survey Report 2011	NWMMR Department of Health – Public Health McCaughey Centre – University of Melbourne	Survey report
NWMMR Alcohol and Tobacco rates – 2008	Victorian Population Health Survey 2008	Risk, Usage by Percentage by LGA, Region, State
Reports for NWMMR Oral Health Plan	Dental Health Services Victoria	All data for 2009 - 2010 <ul style="list-style-type: none"> <li>• Service funding</li> <li>• Clinic sites and number of chairs</li> <li>• Number of clients by service type by clinic</li> <li>• Age profile – service output</li> <li>• Country of birth profile by service</li> <li>• Dental staff number by service by classification</li> <li>• Hours of operation by clinic</li> <li>• Failure to attend rate RDHM</li> <li>• Waiting list time</li> <li>• Child recall rates</li> <li>• Referral to RDHM specialists</li> <li>• Quality Indicators by Agency</li> <li>• Dental Care Profile</li> <li>• Postcode by patient by agency</li> <li>• Postcode by RDHM</li> <li>• Student Chair by clinic</li> <li>• Aboriginal and Torres Strait Islander presentations by clinic</li> <li>• Pregnant women presentations by clinic</li> </ul>
Close the Gap Oral Health Screening	NWMMR Close the Gap	Screening results 4-8-2009 – 11-11-10
Healthy Mothers Healthy Babies	Department of Health Projects and Performance	Agency, Local Government Area, 2009 – 2010 first 2 quarters of 2011, Number of clients, age, number of occasions of service

## Appendix 2 Stakeholder Consultations

### NWMR Oral Health Plan Steering Committee

Name	Position	Organisation
Ms Sandy Austin	Director Health and Aged	NWMR Department of Health
Dr Shane McQuire	Group Manager – Oral Health Services	Dental Health Service Victoria
Dr Colin Riley	Manager – Oral Health Agencies	Dental Health Service Victoria
Professor Mike Morgan	Colgate Chair of Population Oral Health	Melbourne Dental School Faculty of Medicine, Dentistry & Health Sciences The University of Melbourne
Ms Gabrielle MacTiernan	Chief Executive Officer	Plenty Valley Community Health
Mr Jim Killeen	Chief Executive Officer	Darebin Community Health
Ms Gemma Kennedy	Acting Manager Dental Services	Western Region Health Centre
Dr Martin Hall	Manager Dental Services	North Richmond Community Health
Ms Cindy Sutton	Manager Dental Services	Djerriwarrh Health Services
Dr Sachidandand Raju	Manager Dental Services	Dianella Community Health
Mr Russ Sevier	Program Manager	Doutta Galla Community Health
Mr Matthew Hercus	Manager Primary Care	NWMR Department of Health
Mr Des Shead	Team Leader – Community and Women's Health	NWMR Department of Health
Mr Tim Fry	Acting Team Leader – Public Health	NWMR Department of Health
Ms Kath O'Donnell	Oral Health Plan Project Manager	NWMR Department of Health

### Stakeholders

Name	Position	Organisation
Ms Sue Kearney	Manager Health Promotion and Communications	Dental Health Services Victoria
Ms Julie Satur	Associate Professor Oral Health	Melbourne Dental School The University of Melbourne
Mr Garry Pearson	Chief Executive Officer	Australian Dental Association Victoria Branch Inc
Dr Michelle Peterson	Dentist	Darebin Community Health
Dr Shaboo M	Dentist	Plenty Valley Community Health
Dr Emmanuelle Sim	Dentist	Plenty Valley Community Health
Dr Sarojani Maskey	Dentist	North Richmond Community Health



Ms Jacqueline Tsakmakis	Oral Health Therapist	Plenty Valley Community Health
Ms Bree Jones	Dental Therapist	Western Region Health Centre, DACH, University of Melbourne
Ms Branka Briffa	Dental Therapist	Western Region Health Centre
Ms Clarissa Lamp	Dental Therapist	Doutta Galla Community Health
Mr Jan Nguyen	Oral Health Therapist	Plenty Valley Community Health
Ms Sally Vong	Clinic Coordinator	North Richmond Community Health
Ms Marcella Subo	Dental Therapist/Senior Educator	North Richmond Community Health, Royal Melbourne Institute of Technology
Ms Ana Ivanovic	Dental Nurse	North Richmond Community Health
Ms Sue Casey	Manager – Health Sector Development	Foundation House

## Victorian Department of Health

Name	Position	Organisation
Ms Kerryn De Jussing	Manager Dental Program	Department of Health
Dr Ian Butterworth	Manager Public Health	NWMR Department of Health
Mr Shane Quinn	Team Leader Population Health Planning	NWMR Department of Health
Mr Jeremy Maddox	Data Analyst	NWMR Department of Health
Ms Adrienne Campbell	Primary Care Partnership Program and Service Advisor	NWMR Department of Health
Ms Noeleen Tunny	Population Health Development Advisor	NWMR Department of Health
Ms Jeanette Cameron	Senior Policy Advisor	Department of Health

## Appendix 3 – Population projection by LGA of children less than 12 years

Planning Catchment	LGA	2011 Projection	2026 Projection	% Growth 2011-2026
<b>HealthWest</b>	Brimbank	28994	28174	-2.83
	Melton	24926	40760	64
	Hobson's Bay	13870	14492	4
	Wyndham	32865	55485	69
	Maribyrnong	9774	11032	13
<b>Catchment Total</b>		<b>110429</b>	<b>149943</b>	<b>26.35</b>
<b>Hume Whittlesea</b>	Hume	35234	46570	32
	Whittlesea	30176	47183	56
<b>Catchment Total</b>		<b>65410</b>	<b>93753</b>	<b>30.23</b>
<b>Inner North West</b>	Melbourne	5945	11327	91
	Moonee Valley	15294	15229	0
	Moreland	21432	23504	10
	Yarra	7190	6692	-7
<b>Catchment Total</b>		<b>49861</b>	<b>56752</b>	<b>12.14</b>
<b>North East</b>	Darebin	20096	21860	9
	Banyule	18538	18804	1
	Nillumbik	10853	10821	0
<b>Catchment Total</b>		<b>49487</b>	<b>51485</b>	<b>3.880</b>
<b>Total NWMR</b>		<b>265415</b>	<b>340901</b>	<b>22</b>

## Appendix 4 – Refugee and Asylum Seekers 2010

Planning Catchment	LGA	Humanitarian Stream 2006 - 2009	Humanitarian Stream 2010 Countries of birth	2010	Total 2006 – 2010
HealthWest	Brimbank	1509	Burma, Ethiopia, Sri Lanka, Iran, Afghanistan, Iraq, Thailand, Liberia, Sudan, Sierra Leon, Congo, Ghana, Malaysia, Ivory Coast, Saudi Arabia, Other	292	1801
	Melton	186	Sudan, Indonesia	20	206
	Hobson's Bay	470	Burma, Thailand, Other	39	509
	Wyndham	1479	Burma, Thailand, Ethiopia, Other	113	1592
	Maribyrnong	628	Afghanistan, Burma, Sri Lanka, Iran, Ethiopia, Sudan, Other	159	787
<b>Catchment Total</b>		<b>4272</b>		<b>623</b>	<b>4895</b>
Hume Whittlesea	Hume	1919	Iraq, Bhutan, Afghanistan, Nepal, Somalia, Laos, Saudi Arabia	337	2256
	Whittlesea	422	Iraq, Liberia, Ethiopia, Sri Lanka, Other	51	473
<b>Catchment Total</b>		<b>2341</b>		<b>388</b>	<b>2729</b>
Inner North West	Melbourne	91	Somalia, Nepal, Iraq, Burma, Other	62	153
	Moonee Valley	188	Other	7	195
	Moreland	380	Iraq, Bhutan, Iran, Somalia, Other	71	451
	Yarra	312	Indonesia, Other	17	329
<b>Catchment Total</b>		<b>971</b>		<b>157</b>	<b>1128</b>

	Darebin	215	Iran, Afghanistan, Other	33	248
	Banyule	96	Burma, Other	24	120
	Nillumbik	10	No data provided		10*
<b>Catchment Total</b>		<b>321</b>		<b>57</b>	<b>378</b>
<b>Total NWMR</b>		<b>7905</b>		<b>1225</b>	<b>9130</b>