

Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 10 November 2021**.

This application requested access to:

'Documents generated or received by the ACT Government in relation to the review referenced in the answer to QON 108, placed on notice paper No.2.

Specifically, I am requesting the latest draft or copy of the review conducted by KPMG into the provision of dental services at the Alexander Maconochie Centre.

Additionally, I am requesting any comments or requests for changes to the draft from the Directorate to KPMG.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Friday 31 December 2021**.

I have identified 16 pages of information relevant to the scope of your access application.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment A to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The views of relevant third parties.

Decisions on access

I have decided to grant partial access to the identified information.

Page 7 contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the Act as the information contained on this page is comprised of another agencies business affairs.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Following the consideration of the above factors I have decided, regarding the business affairs of another agency, the factor favouring non-disclosure outweighed the factors favouring disclosure. Therefore, and I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Jo Morris', with a long horizontal flourish extending to the right.

Jo Morris
Executive Director, Rehabilitation, Aged and Community Services
Canberra Health Services

22 December 2021



Oral Health Services Model of Care and Governance Framework

Canberra Health Services

FINAL

25 September 2020

24 June 2021

KPMG.com.au



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Inherent Limitations

This report has been prepared as outlined in Section 1 of the Official Order dated 17 June 2020 and in the Introduction Section of this report. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the stakeholders consulted as part of the process.

KPMG has indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

Any redistribution of this report is to be complete and unaltered version of the report. Responsibility for the security of any distribution of this report (electronic or otherwise) remains the responsibility of the Canberra Health Services and KPMG accepts no liability if the report is or has been altered in any way by any person.

Third Party Reliance

This report is solely for the purpose set out in Section 1 of the Official Order and for the Canberra Health Services, the report is not to be used for any other purpose or distributed to any other party without KPMG's prior written consent.

This report has been prepared at the request of the Canberra Health Services in accordance with the terms of KPMG's engagement letter/contract dated 17 June 2020. Other than our responsibility to the Canberra Health Services, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

1
Executive
Summary



We agreed your future Model of Care would be: person-centred; outcomes-based; appropriate and equitable; value-based; and coordinated.



1. Person-centred

A person-centred system based on services people need



2. Outcomes-based

Outcomes-based approach to enable monitoring and evaluation of the improvements in oral health for the ACT community



3. Appropriate and equitable access

Provide the right services, at the right time, in the right locations, by the right person to meet the changing needs of the community



4. Value-based care

Achieve the best outcomes at the lowest cost



5. Care coordination

Integrated care across facilities, linking primary, community, justice and hospital healthcare

Requirements

- Optimised workforce and governance structure
- Clinical education and leadership
- Patient and community education
- Clinical and business intelligence and reporting
- Community outreach programs
- Optimised use of physical infrastructure

We have made 12 key recommendations to support CHS to transition to the proposed Future Model of Care



AREA	RECOMMENDATIONS
CHANNELS	
CARE SETTINGS	
POPULATION HEALTH MANAGEMENT	<p>Recommendation 5: Improve the accessibility, quality and cultural safety of services provided to Aboriginal and Torres Strait Islander people.</p> <p>Recommendation 6: Improve the focus on preventative services, oral health education and care transition for people in remand.</p>
STRATEGY, BUSINESS PLANNING AND CLINICAL SERVICE PLANNING	
INTAKE	
CARE DELIVERY	
HEALTH PROFESSIONS, PARTNERS & ACADEMIC MANAGEMENT	
TECHNOLOGY	

We were engaged to develop a Model of Care and Governance Framework for Oral Health Services

Background

Canberra Health Services' (CHS) Oral Health Services (OHS) currently provide a range of public dental services to children under the age of 14 years who live in or attend an ACT school, and young people and adults with a pension concession or health care card. Services are provided at five Community Health Centres and three Mobile Dental Clinics. The range of dental services available for eligible clients includes preventative dental interventions and health promotion, emergency dental care, restorative and prosthetic dental care and some orthodontic interventions.

Scope of this Document

CHS has engaged KPMG to support the development of a new Model of Care (MoC) and Governance Framework that will provide for transition to a contemporary clinical service and business model to support this transition.

The scope of this document is to present the future state model for CHS OHS, including:

- A MoC, including the agreed design principles and the proposed care settings, intake and care delivery pathways.
- A proposed Governance Framework, including underpinning principles of good governance and a proposed organisational structure and description of each team's functions.

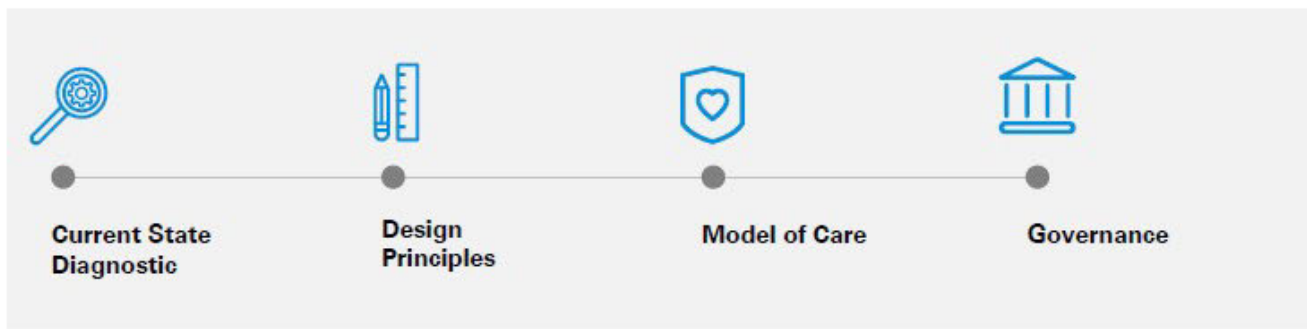


PROJECT OUTCOME

A new Model of Care (MoC) for Oral Health Services that delivers contemporary, efficient and effective, values-based and person-centred services.

Our Approach

The project commenced with a rapid current state diagnostic and then adopted a co-design approach to develop the proposed future state MoC and Governance Framework.



3 Model of Care



We agreed on five key design principles to drive and inform the development of the future MoC



1. Person-centred

A person-centred system based on services people need



2. Outcomes-based

Outcomes-based approach to enable monitoring and evaluation of the improvements in oral health for the ACT community



3. Appropriate and Equitable access

Provide the right services, at the right time, in the right locations, by the right person to meet the changing needs of the community



4. Value-based care

Achieve the best outcomes at the lowest cost






5. Care coordination

Integrated care across facilities, linking primary, community, justice and hospital healthcare




Requirements

- Optimised workforce and governance structure
- Clinical education and leadership
- Patient and community education
- Clinical and business intelligence and reporting
- Community outreach programs
- Optimised use of physical infrastructure

... and improve the accessibility and quality of services to priority populations.

 AREA	 INSIGHTS	 RECOMMENDATIONS
CARE SETTINGS / POPULATION HEALTH MANAGEMENT / CARE DELIVERY		
CARE SETTINGS / INTAKE / CARE DELIVERY / POPULATION HEALTH MANAGEMENT	<ul style="list-style-type: none"> — Aboriginal and Torres Strait Islanders have poorer oral health outcomes compared to non-Indigenous people, and longer wait times for services at CHS OHS. — Aboriginal and Torres Strait Islanders have not been historically targeted as a priority population by the CHS. 	<p>Recommendation 5: Improve the accessibility, quality and cultural safety of services provided to Aboriginal and Torres Strait Islanders.</p> <ul style="list-style-type: none"> — Support local Aboriginal and Torres Strait Islander health services to deliver culturally specific and appropriate oral health services — Continue to develop strategic partnerships with key stakeholders in ACT Aboriginal and Torres Strait Islander communities — Building the capacity of CHS to support the provision of culturally safe and accessible oral health services — Provide workforce cultural awareness and competency training to staff who are involved in customer service and clinical service delivery for Aboriginal and Torres Strait Islander people, and focus on establishing continuity of care.

A greater focus on health management and preventative care can reduce the need for services in the long term

 AREA	 INSIGHTS	 RECOMMENDATIONS
CARE SETTINGS / INTAKE / CARE DELIVERY / POPULATION HEALTH MANAGEMENT	<ul style="list-style-type: none"> — Services are provided to people on remand at the Alexander Maconochie Centre three days a week at a purpose built dental clinic at the Hume Health Centre. — The 'Healthy Prisons Review' indicates that 87% of detainees reported it was difficult to get dental services when needed, and experienced longer wait times than the general public. 	<p>Recommendation 6: Improve the focus on preventative services, oral health education and care transition for people on remand.</p> <ul style="list-style-type: none"> — Ensure sufficient capacity for preventative services at the Hume Health Centre, balancing dedicated time for general appointments and emergency care. — Establish a program for oral health awareness and education for people in remand. — Establish better linkages between the Hume Health Centre and Community Health Centre to transition patients to the community waitlist and ensure handover of care plans.
POPULATION HEALTH MANAGEMENT	<ul style="list-style-type: none"> — The CHS does not currently have a strategy or dedicated resource for oral health promotion or system integration with other health services. — There is a positive association between oral health and systemic health, demonstrating the need for collaboration between oral health services and integration with medical and allied health services. 	<p>Recommendation 7: Establish a strategy and dedicated resource for oral health promotion and collaboration with other health and community service providers.</p> <ul style="list-style-type: none"> — Establish better linkages with health and community organisations that provide services to population groups identified as being vulnerable or at higher risk of oral health disease, including the justice sector, disability sector, Community Services Directorate, aged care sector, Education Directorate, Aboriginal and Torres Strait Islander people, and Women, Youth and Children Community Health Programs. This should include co-delivery of oral health education and training for the workforce and target population group, integration of oral health considerations into general health check-ups, and a direct pathway to access CHS OHS services. — Establish closer linkages with the wider health system and allied health and medical professionals to ensure oral health education and promotion is integrated into policy and service delivery for at risk groups (i.e. people with diabetes, mental health issues, AIDs). — Explore the opportunity to work with Maternal and Child Health nurses to deliver oral health education and services at key child development milestones (pregnancy, 12 months and pre-school).

The Future Model of Care



Model of Care - Care Settings and Channels

Outcomes of a new MoC

- Accessible information about how, where and when to access oral health services.
- Clearly defined roles and functions of each care setting in order to make the best use of scarce resources.
- Multiple care channel options, promoting patient choice and innovative practice that aligns to patient expectations and needs.
- Appropriate care settings for patients through all stages of life, and integration of services across all settings to ensure a smooth transition and timely access to services.
- Appropriate physical infrastructure and technology to support access to oral health services and clinical service delivery.
- Integrated models that incorporate oral health education, prevention and screening with other primary care services.

CAPABILITIES

- Innovative and patient-centric services**
- Responsive operations**
- Aligned and empowered workforce**
- Digitally enabled technology and insight-driven services**
- Integrated partner ecosystem**



PATIENT A "I want services that are safe, appropriate and easy for me to access."

Community Health Centres

- Virtual**
- Referrers**
- Phone**
- In-Person**

- Continued provision of comprehensive assessment, individual oral health plans and general preventative, restorative and emergency treatment, and dentures through five Community Health Centres.
- Provision of the same scope of general services across all clinics.
- Use of digital platforms to improve patient registration, triage, scheduling, communication and records management processes, including a 'digital first' approach.
- Better processes for managing the competing demands for preventative and emergency care to ensure sufficient and appropriate capacity is available for both.

Mobile Dental Service

- In-Person**

- Continued provision of Mobile Dental Services at Bimberi Youth Justice Centre, as well as 'at risk' patients, including aged care, schools and Targeted Access Program patients.
- Closer management of service demand, throughput and capacity, and forward looking service planning, to ensure alignment with recommended timeframes for comprehensive dental check-ups.
- Expansion of Mobile Dental Services to other at risk groups, including young children and people with disability.

Adult Mental Health Rehabilitation Unit

- Referrers**
- Phone**
- In-Person**

- Continued provision of dental services to patients through an appropriately equipped treatment room. Greater focus on health education and promotion.

Hospital

- In-Person**

- Continued provision of on-call emergency dental care at CH Emergency Department
- Continued provision of in-hospital delivered services, including treatment under general anaesthetic and oral surgery.

Hume Health Service (HHC)

- Referrers**
- In-Person**

- Continued provision of dental services to patients who are remanded at the Alexander Maconochie Centre (AMC) at the purpose-built dental clinic within HHC.
- Ensuring sufficient capacity for preventative services balancing dedicated time for general appointments and emergency care.
- Greater focus on prevention through: education and promotion, oral health planning, assessment and treatments within recommended timeframes and care transitioning to community services.

Cleft Lip and Palate Clinic

- Referrers**
- Phone**
- In-Person**

- Continued provision of dental services through a multi-disciplinary team, including comprehensive examinations, treatments and orthodontics.

Private Providers

- In-Person**

- More defined pathways and criteria for accessing private providers for each scheme and care setting (i.e. services under the National Performance Agreement, Child Dental Benefit Schedule and specialist services). This should be supported by MoUs and formal quality assurance process.

Home

- Virtual**

- Explore opportunities to use tele-dentistry and telehealth for the following:
- Provision of advice in complex settings for pre-clinical assessment and triage (e.g. residential care)
 - Clinician-to-clinician communication (e.g. specialist advice and clinical mentoring and training)
 - Opportunistic clinician instigated contact with consumers (e.g. contacting consumers on the waitlist, health promotion and education).

Model of Care - Population Health Management

Outcomes of a new MoC

- Clear pathways into targeted access programs.
- Partnerships with organisations already working with target cohorts, building on existing trusted patient relationships with services.
- Integration of services with a focus on providing ease of access and continuity of care.
- A focus on improving oral health literacy for people, their carers and family.
- Services are culturally appropriate and are accessible to culturally and linguistically diverse cohorts.
- Services address holistic health and wellbeing, including the oral health needs of patients with unique circumstances.

CAPABILITIES



PATIENT B "I receive the right information on how to take care of my oral health at the right times in my life."

Justice sector

- Oral health education and practical skill development provided to justice sector health workforce.
- Oral health education integrated with general health check-ups.
- Targeted oral health prevention including education, oral health planning, case management and integration with community clinics.
- Services are safe and appropriate.

Disability sector

- Oral health education and training provided to disability sector workers.
- Oral health planning and direct and appropriate access pathways to services.
- Behavioural counselling to improve uptake of services.

Education Directorate

- Universal oral health promotion and education across all of ACT's schools, including promoting CHS's OHS services and access pathways through regular media and communications campaigns.
- Forward looking service planning to ensure alignment with recommended timeframes for comprehensive dental check-ups in school-aged children (2 years).
- Promotion of public and private community based dental services to school leavers transitioning from school-based dental services.

Aboriginal and Torres Strait Islander health

- Integration with relevant service providers to deliver co-located and culturally safe oral health services where appropriate.
- Direct access pathways.
- Aboriginal and Torres Strait Islander Health workforce development opportunities.

Community Services Directorate

- Oral health education and training provided to child protection workers and foster carers.
- Oral health education integrated with general health check-ups.
- Targeted oral health prevention program including education and oral health planning.



Aged care sector

- Oral health education and training provided to aged care workers.
- Oral health planning incorporated in residential aged care.

Wider health system

- Oral health education and promotion integrated into policy and service delivery across health system for 'at risk' groups.
- Multi-disciplinary approach and direct access pathways for 'at risk' groups, i.e. mental health, diabetes, AIDs, Cleft Lip and Palate.

Women, Youth and Children Community Health Programs

- Training and collateral provided to Maternal and Child Health (MACH) nurses on educating parents on the importance of oral health care in pregnancy and early childhood, and how to prevent oral health disease.
- Universal oral health prevention program delivered by MACH and OHS, focussed on oral health education, dental check-ups and preventative treatments at key milestones: pregnancy (oral health education), 12 months (oral health education and 'lift the lid'), and pre-school (comprehensive check-up by OHS).
- Education and counselling provided to parents during pregnancy and early years on oral health concerns due to tongue tie and Cleft Lip and Palate, including genetic counselling.
- Integration with 'ready for school' program targeted for vulnerable and 'at risk' children.

Model of Care - Care Delivery

Outcomes of a new MoC

- An end-to-end pathway focused on enabling seamless transitions and optional patient outcomes from intake through to transition of care. Care is provided in a timely and coordinated manner, with patients having clear oral health care plans and follow up provided as per planned timeframes.
- Prevention-focused and value-based dentistry that is evidence-based and aligned with the patient's goals, advocates for minimal intervention dentistry and measures patient-reported experience and outcomes.
- Care and treatment delivered by the right workforce role to suit the patient's oral health needs, drawing on full scopes of practice.
- Oral health activity is accurately captured in real time securely and digitally. Further, quality and safety data and performance is measured, monitored, reported and used to inform an iterative improvement process.
- A process for patient complaints and compliments, linked to patient consent management.
- Appropriate technology (e.g. tele-health, patient information systems) to support delivery of clinically appropriate care.
- Data-driven capabilities to continuously monitor care coordination effectiveness relative to patient access requirements, operational efficiency, and patient outcomes.

CAPABILITIES



Innovative and patient-centric services



Responsive operations



Aligned and empowered workforce



Digitally enabled technology and insight-driven services



Integrated partner ecosystem



PATIENT D

"I understand my oral health care plan and receive high value oral health services that are coordinated and focused on keeping me well."

Plan & Diagnose

- Establish clear service plans for CHS OHS that ensure capacity is sufficient to balance the competing demands for preventative and emergency treatments across all care settings.
- Continue provision of comprehensive assessments, including diagnostic imaging and digital impressions.
- Establish routine oral health care planning to develop risk-based target timeframes for follow-up care, and practical considerations for access and provision of services for vulnerable populations, i.e. people with disability.
- For complex cases or complex medical histories, consider use of tele-dentistry to facilitate capture of medical and medication history to reduce 'time in the chair' and consultative clinician-to-clinician telehealth.

Treat

- Continued provision of high-quality, culturally appropriate and patient-centred general preventative, restorative and emergency treatment, and dentures across Community Health Centres, Mobile Dental Services and other sites.
- All dental professionals are supported to work to their full scope of practice and receive continuing professional development opportunities to achieve their personal development goals
- Better definition of specialist services provided by CHS OHS, and referral pathways to private providers for public and non-publicly funded services.
- Greater integration of restorative treatments with denture services to ensure smooth and efficient patient pathway.

Case Management and Care Coordination

- Better linkages with community dental services upon discharge from inpatient and correctional facilities, including transitioning patients to the community waitlist and handover of care plans.
- Better linkages with community service organisations to coordinate oral health care delivery, including disability; child protection; homelessness.
- Consider use of tele-dentistry to facilitate patient follow up and oral health promotion and education delivery.
- Clearer definition of referral requirements for private providers, and review and audit of uptake and quality outcomes.

Clear and transparent roles across the clinical team is critical to high quality, patient-centred care

The key tasks provided by the Clinical team are provided below.

<p>Clinical Director</p>	<p>The Clinical Director will provide clinical leadership and development for the CHS' Oral Health Service. Key functions include:</p> <ul style="list-style-type: none"> • Driving accountability for clinical and operational performance of the service • Developing CHS OHS strategy and providing staff and people management leadership • Leading service improvement and innovation through high level clinical management • Actively supporting quality improvement initiatives and overseeing compliance of the service with relevant legislation and contemporary healthcare safety and quality standards including accreditation • Leading the design, development and implementation of service models and service enhancements • Maintaining highly developed, appropriate and contemporary clinical skills and participate as an active part of the clinical team • Provide authoritative counsel to relevant stakeholders and facilitate the development of strong partnerships to identify and implement relevant community engagement initiatives, research projects and oral prevention programs in line with CHS strategic priorities.
<p>Senior Dental Officers</p>	<p>Act a the lead professional member of the clinic team, providing support and supervision to other staff as required, alongside providing clinical assessment, diagnosis and treatment of dental patients. Key functions include:</p> <ul style="list-style-type: none"> • Overseeing the delivery of general dental services, including prosthetic services, to patients • Providing clinical leadership and service accountability in specific sectors. For example, one SDO will be responsible for providing clinical leadership and support to the Justice Health service clinicians in the management of custodial patients oral health needs at AMC • Assessing and prioritising patients' oral health care needs • Driving and monitoring clinical and operational performance of CHS OHS, including people management • Referral and liaison with key treatment providers (including GPs) and active participation in a multidisciplinary setting; • Provide training and support to other Dental Officers within the Community Health Clinics • Maximise patient participation in decision making and choices in the care planning process • Ensuring the health, safety and welfare of employees and patients is maintained • Providing information, instruction, training and supervision as necessary.