



- ACT Health and Calvary are continuing to work together to achieve agreement on the funding model. While Calvary has not committed its agreement to the new funding model, there are no significant points of difference at this stage.

*Payment process*

- To strengthen financial governance, ACT Health has proposed payments are made to Calvary monthly on provision of an invoice for services provided.
  - To assist with transition to this process, ACT Health agreed to continue the historical payment schedule for the first quarter of 2016-17.
  - As part of current and ongoing negotiations around the payment process, ACT Health and Calvary senior officials continue to negotiate improved contractual governance arrangements.

*Elective Surgery*

- Calvary is negotiating their 2016-17 elective surgery plan as part of the 2016-17 Performance Plan.
- ACT Health has established a Territory-wide Elective Surgery Coordination Committee to coordinate efforts on achieving and sustaining ACT Government targets. Calvary is key to the achievement of those targets, and is a participant in the Committee.

*Births*

- ACT Health and Calvary have committed to working together on a joint strategy to address birthing location preferences by pregnant women. The strategy will seek to rebalance territory births to encourage mothers to utilise the capacity at Calvary Public Hospital.

**Critical dates and reasons**

Not applicable.

**Financial considerations**

Not applicable at this stage. The Health Reform Program provides for efficiencies in the delivery of hospital services which would include Calvary. This matter has been incorporated into the approach for Calvary's Performance Plan for 2016-17.

**Recommended approach and timing**

Calvary's performance against the Performance Plan will be routinely monitored and addressed through the monthly Calvary Network Committee meeting.

Contact Officer: Cheryl Harkins  
 Telephone: 6205 0877  
 Directorate: ACT Health, Business Performance Information and Decision Support



**Commonwealth *Child and Adult Public Dental Scheme***

**Portfolio and function**

ACT Health

**Issue**

Commonwealth Child and Adult Public Dental Scheme (CAPDS) aims to better target vulnerable people by combining the current *National Partnership Agreement (NPA) on Adult Public Dental Services* and the existing *Child Dental Benefit Scheme (CDBS)*.

**Current status**

The process to negotiate the interim measures for the extension of *NPA on Adult Public Dental Services (NPA on APDS)*; and the bilateral agreement between the Commonwealth and all jurisdictions, including the ACT, has not yet commenced.

**Critical dates and reasons**

- 1 July until 31 December 2016: six-month extension of NPA on APDS.
- 1 January 2017: a bilateral agreement between the ACT and the Commonwealth is finalised.

**Financial considerations**

The total Commonwealth funding commitment to support CAPDS is \$2.1 billion over five years will be executed via an NPA with the States and Territories. A bilateral agreement between each jurisdiction and the Commonwealth will be in place to deal with possible extension of eligibility, co-payment and maintenance of effort arrangements under the CAPDS.

The Commonwealth is expecting states and territories to maintain current funding levels, and support growth in public dental services by matching National Efficient Price (NEP) contributions delivered under CAPDS.

The Commonwealth anticipates using an NEP arrangement, and intends to provide 40 per cent of the NEP, while each State and Territory will provide the balance of the cost of public dental services delivered under the CAPDS for their respective jurisdictions.

Currently, to manage the estimated new demand cohort, it is expected that the ACT will require additional dental health specialists. In addition, a demand modelling analysis has been undertaken to determine the required ACT funding commitment.

**Recommended approach and timing**

The Commonwealth has advised that interim measures will be applied including funding for the extension of the NPA on APDS as well as the continuation of the CDBS until 31 December 2016.



A bilateral agreement between each jurisdiction and the Commonwealth, in the form of a national partnership agreement, would be available close to the commencement of CAPDS on 1 January 2017.

Contact Officer: Inez Nimpuno  
Telephone: 6205 4802  
Directorate: Health

## **Dhulwa Mental Health Unit - Upcoming opening**

### **Portfolio and function**

Health – Mental Health, Justice Health and Alcohol and Drug Services

### **Issue**

The Dhulwa Mental Health Unit (DMHU) represents an important addition to health service provision in the ACT. The 25 bed Unit will be the most secure mental health facility in the ACT and as such, will have a high threshold for admission. It will have a strong rehabilitation and recovery ethos and will focus on helping 'the whole person' and not simply 'treating' a mental illness.

### **Current status**

Currently under construction.

Handover of the building to ACT Health is due in early October 2016.

Wet weather has resulted in some delays to external works – not anticipated to delay opening.

Recruitment for clinical and non-clinical staff commenced in 2015 and remains ongoing.

Commissioning activities are on target.

### **Critical dates and reasons**

Admission of patients commences in 15 November 2016.

Full briefing will be provided.

### **Financial considerations**

The over \$40 million facility will provide 10 acute care beds and 15 rehabilitation care beds, which will be opened in 3 phases:

- Phase 1 – at opening 10- beds will be commissioned,
- Phase 2 – in 2017-18 a further 7 to equal 17 beds operational, and
- Phase 3 – in 2020 all 25 beds are expected be operational

Phase 1 recurrent budget appropriated in 2016/17.

Phase 2 and 3 will require future business cases for funding.

### **Recommended approach and timing**

October 2016 - Facility handover, followed by an active facility and clinical commissioning program.

10 October 2016 - 5 week comprehensive DMHU training commenced for clinical and support staff.

11 November 2016 - Completion of training is expected.

12 November 2016 - Official opening event, with community tours planned.

15 November 2016 - Expected go-live date.

Contact Officer: K. Bracher  
Telephone: 6205 1313  
Directorate: Health

## Implementation of ACT Medicinal Cannabis Scheme

### Portfolio and function

ACT Health – Population Health Protection and Prevention (lead agency); Chief Minister, Treasury and Economic Development Directorate; Justice and Community Safety Directorate; Community Services Directorate; ACT Policing.

### Issue

On 4 August 2016, Assistant Health Minister Meegan Fitzharris MLA announced that a Medicinal Cannabis Scheme would be established in the ACT to give people safe and legal access to high quality medicinal cannabis products from 2017.

The implementation of a Scheme in the ACT (informed by expert advisory groups) is required following recent amendments to Commonwealth legislation and the decision of the Therapeutic Goods Administration to move cannabis to Schedule 8 of the Poisons Standard.

States and territories are responsible for determining arrangements for the prescription, use and distribution of medicinal cannabis.

### Current status

ACT Health is currently working with other agencies (as above) to establish two expert committees; the Medicinal Cannabis Medical Advisory Panel and the Medicinal Cannabis Advisory Group to assist in the development of a considered and coherent framework for the scheme.

### Critical dates and reasons

October 2016 – Commonwealth *Narcotic Drugs Act 1967* comes into effect.

November 2016 – Cannabis down scheduled by the Therapeutic Goods Administration from Schedule 9 (prohibited substance) to Schedule 8 (controlled drug).

2017 – Public commitment to commence an ACT Medicinal Cannabis Scheme.

### Financial considerations

There will be additional resources required to support the implementation of a scheme in the ACT. Costs associated with the provision of these resources are highest in the next two years, with a decline in costs anticipated once the scheme is bedded down.

Economic impacts for the first two years commencing 1 September 2016 are estimated at \$350,000 per year. A smaller ongoing budget is anticipated to maintain the established scheme and ongoing costings will be assessed once the scheme is established.



This impact is mostly comprised of the cost of amending the Drugs and Poisons Information System database to track the prescription and use of medicinal cannabis, providing an additional pharmacist resource to manage Chief Health Officer approvals and stakeholder interaction, and a time limited resource for the Office of the Chief Health Officer to undertake the necessary policy development.

Funding for the Scheme was agreed by Cabinet on 1 August 2016.

### **Recommended approach and timing**

There has been a public commitment by the previous Government to implement an ACT Medicinal Cannabis Scheme from 2017.

The ACT will strive to become a national, and potentially global leader in medicinal cannabis policy, research and medicine.

Contact Officer: A Pengilly  
Telephone: 6207 0291  
Directorate: ACT Health

## Calvary Public Hospital – Financial and Performance Reporting and Management

### Portfolio and function

ACT Health - Business Performance Information and Decision Support Branch

### Issue

The Auditor-General's office commenced an Audit in early 2015 in relation to major issues with financial reporting by Calvary Public Hospital Bruce, on a recommendation by ACT Health.

The Auditor General's Office found that Calvary had manipulated their financial and other reports, resulting in the ACT Health Directorate and the Little Company of Mary Health Care Ltd receiving misleading information that presented a better financial result than was occurring. (Auditor General's Report, *Calvary Public Hospital Financial and Performance Reporting and Management*, Page 1)

There are several recommendations in the Audit Report, which comprise;

- a. Two recommendations in relation to the capacity of the current Calvary Network Agreement to meet the requirements of managing public hospital services;
- b. A recommendation on the establishment of appropriate risk management processes for managing the Calvary relationship including an initial risk assessment;
- c. A recommendation to provide clarity on the requirements of annual financial reporting requirements in relation to Calvary Public Hospital as a separate entity of Calvary ACT (which includes the operation of both the public and private hospital services on the Bruce campus);
- d. A recommendation to finalise the funding model provided for in the Calvary Network Agreement which was to be in place by February 2015;
- e. Two recommendations in relation to workplace culture including that Calvary to institute processes for investigating inappropriate workplace behaviours and also provide more information to and support for staff in relation to their obligations; and
- f. A recommendation on improved financial reporting by Calvary in relation to revenues on a monthly basis.

### Current status

Both ACT Health and Calvary are working to further improve this arrangement through the consolidation of Governance processes and improving reporting and compliance regimes.

ACT Health has engaged external consultants (Pricewaterhouse Coopers) to develop a Contract Management Plan which will incorporate both clinical and corporate audits. An initial action plan has been developed and preliminary meetings with Calvary have commenced.



**Critical dates and reasons**

The Calvary Network Agreement requires ACT Health to undertake a clinical audit review by February 2017.

**Financial considerations**

The correction of the financial misrepresentation by Calvary resulted in a change to their 2013-14 financial result for that year from an original figure of a surplus of \$1.925 million to a deficit of \$9.451 million.

The Audit Report notes that the financial issue at Calvary did not impact on the finances of the ACT and that Calvary accepts all responsibility for the financial misrepresentation and did not seek (nor gain) additional funding from the Territory to address their 2013-14 financial issue.

**Recommended approach and timing**

The joint action plan will be finalised including agreed timeframes. The Contract Management Plan is scheduled to be finalised by December 2016 with an implementation date before February 2017 (as required by the Calvary Network Agreement).

Contact Officer: Cheryl Harkins  
Telephone: 6205 0877  
Directorate: ACT Health, Business Performance Information and Decision Support





## Non-Government Organisation (NGO) Service Funding Agreement (SFA) review

### Portfolio and function

Health Directorate, Policy & Stakeholder Relations

### Issue

The majority of ACT Health SFA for health services are for a 3 year period unless otherwise stipulated.

At the March 2016 Government Procurement Board Meeting, it was agreed that there be market testing for all ACT Health NGO SFAs and a tendering process for services to be undertaken.

As a result of this determination, the SFAs were initially extended for a 3 month period. Renewed 3 year Agreements were then raised with service providers advised of the 'tendering for services' which will be undertaken during the life of the funding period.

The successful service providers will be offered a new 5 year SFA which will supersede any arrangement that may be currently in place. Negotiations for transitional funding may be required for some critical services if the current provider is not successful.

The Policy and Stakeholder Relations (P&SR) Division have appointed a Project Manager to co-ordinate and assist with the consultation and execution of the procurement process. The project team is made up of the seven current Policy Unit Managers who have historically managed the SFAs.

The consultation phase will be framed around themed sub-sector discussion papers produced by P&SR after consultation with clinical Executive Directors (EDs) to identify the scope of the services required and emerging opportunities for greater efficiency and efficacy. The policy division will review international best practice and how those lessons can be imported into the ACT with a particular emphasis on high quality research a strategic policy advice to the organisation.

Following the consultation phase detailed tender specification documents will be prepared "in house", with the assistance of contracted external consultancy expertise.

Upon advice of the upcoming open tender process, the Canberra Mothercraft Society (operating the Queen Elizabeth II Family Centre) approached Minister Corbell and ACT Health to express concern about the inclusion of QEII in the open tender process. In recognition of their unique status, QEII was subsequently granted an exemption from the open tender process. Additionally, QEII is seeking an agreement that mirrors the agreement between ACT Health and Calvary Hospital. They have specifically asked that their 2016-2019 Service Funding Agreement include a clause related to responsibility for staff employment and conditions in the event of the agreement being terminated.



P&SR is working through the requests from QEII. Given the complexity of the requests and the requirement for input from across the Directorate, the 2013-2016 Service Funding Agreement has been extended until 31 December 2016.

The Canberra Mothercraft Society has been informed that P&SR are working through their request, and they have agreed to the extension of their current agreement, however it is possible they will take their concerns to an incoming government.

**Current status**

The Policy and Stakeholder Relations Branch, ACT Health hosted a Forum for all current NGO Stakeholders on 5 September 2016. The Forum detailed information regarding the procurement process and provided opportunities for the Stakeholders to ask questions.

ACT Health anticipates there will be some services which will be exempt from the open tender process. The criteria for exemption are yet to be identified, however it is expected this work will occur in the coming months.

**Critical dates and reasons**

The consultation phase is expected to be undertaken in late 2016, with the market tender process to commence in the first half of 2017. The tendering process is anticipated to be complete by the end of 2017.

New five year contracts could potentially be issued (as appropriate) from 1 July 2018.

**Financial considerations**

With a large number of current SFAs, it is anticipated there may be some services which may not bid for funding as well as additional services applying for funding agreements.

Quality services and new initiatives may arise which can only benefit ACT Health and the wider community.

There is potential for savings of funds on completion of the overall tendering process and/or for more effective and efficient investments.

**Recommended approach and timing**

ACT Health recognises the uncertainty for NGOs that comes with this process, and hence will continue to work closely with stakeholders.

The select internal stakeholders will be ACT Health executives who have a strategic overview of the current NGO services and current and potential links to acute and sub-acute government services. The executives will be engaged at the initial stage of the consultation process as well as during the tendering process.

Following the consultation phase, detailed tender specification documents will be prepared by ACT Health, with the assistance of contracted external consultancy expertise.

Contact Officer: Ross O'Donoghue  
Telephone: 6207 7958  
Directorate: ACT Health



## Cleaning Contract - ACT Health

<b>Portfolio and function</b> Health - ACT Health, Business Support Branch
<b>Issue</b> In anticipation of the expiration of the Domestic and Environmental Services Contract between ACT Health and ISS Health Services Pty Ltd (ISS), the United Voice (UV) Union was in contact with the former Minister for Health to discuss the possibility of in-sourcing cleaning services at Canberra Hospital.  ACT Health and UV have previously met on several occasions to provide UV with an opportunity to set out the benefits of direct employment for cleaning staff and how this might occur, should the services be brought in-house.  A full Public Sector Comparator was undertaken as a comparison tool when evaluating the tenders received.
<b>Current status</b> Finalisation of the Tender Evaluation process is being undertaken and contract negotiation with the preferred Tenderer will commence thereafter should it be required.
<b>Critical dates and reasons</b> The current contract with ISS expires on 17 December 2016.
<b>Financial considerations</b> Not anticipated.
<b>Recommended approach and timing</b> The current contract with ISS expires on 17 December 2016.

Contact Officer: Rosemary Kennedy  
 Telephone: 6205 0606  
 Directorate: ACT Health



## Maternity Services at Canberra Hospital and Health Services

### Portfolio and function

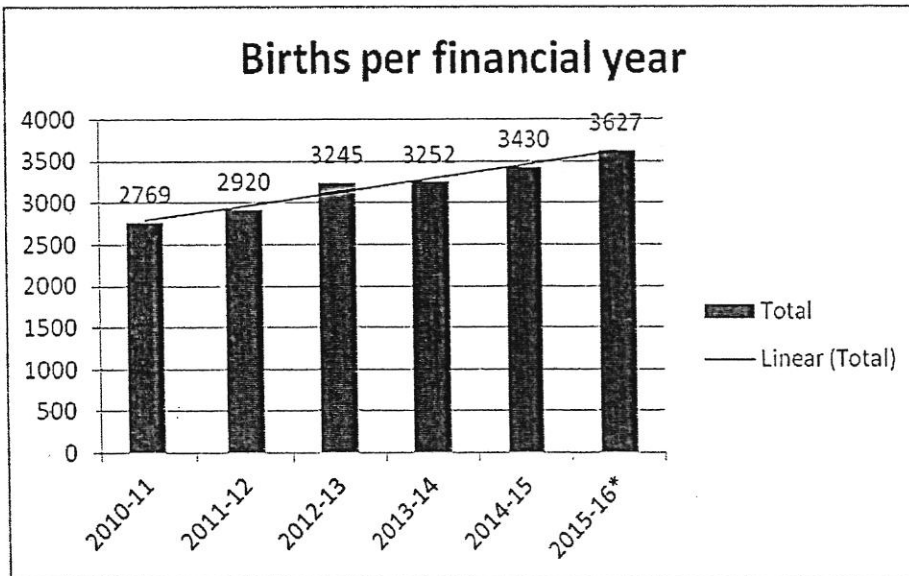
Health - ACT Health - Canberra Hospital and Health Services, Women Youth and Children Division – Maternity Services

### Issue

#### Maternity Demand

Since the Centenary Hospital for Women and Children (CHWC) opened in 2012, there has been a significant increase in women giving birth at the Canberra Hospital. This can be attributed to the high standard of clinical care and new state-of-the-art facilities.

The number of births at Canberra Hospital has been increasing steadily. In 2010-11 there were 2769 babies born, compared to 3430 in 2015-16 which is an increase of 24 per cent in four years.



Women Youth and Children have developed a comprehensive demand management strategy to manage the increasing demand within Maternity Services. These strategies include:

- Increasing throughput through the Birth Centre which is an area for low risk women and currently has low occupancy rates.
  - Expanding the midwifery continuity model of care to care for a further 200 well women. Low risk women of this model birth in the Birth Centre.
  - Utilise the Birth Centre for postnatal overflow as required.
- Exploring an initiative to transfer the care of gynaecology patients from CHWC to the main tower block for care. This initiative would provide increased capacity within the current antenatal/gynaecology ward by four beds for postnatal women.



- Increase staffing to reduce the need for overtime and double shifts.
  - An additional 4.2FTE midwives are currently being recruited for the birthing suite. Agreement has been given that this can be agency midwives when other options are unavailable.
  - Introduce 4.7FTE Assistants in Midwifery to support midwives with workload.
  - ACT Health is increasing the number of midwives in their casual pool.

Canberra Hospital and Health Services met several times with senior representatives from Calvary Health Care and Queanbeyan Hospital to discuss a way to better manage service demand across the ACT and surrounding region for Maternity Services.

Canberra Hospital and Health Services continue to work with Calvary Hospital to explore ways of increasing their birthing capacity.

Royal Australian and New Zealand College Obstetrics and Gynaecology (RANZCOG) Accreditation

The purpose of the RANZCOG accreditation review is to assess the training program offered by the Obstetrics and Gynaecology Unit at Canberra Hospital to trainees who have been accepted onto the RANZCOG training program. The training program is an adjunct to the clinical service delivery and high quality care provided at the hospital.

During the September 2014 accreditation review the College provided the Obstetrics and Gynaecology Unit with a number of recommendations in relation to each standard that outlined key areas for the Unit to work on. The College noted in their report they had concerns about the hospital's ability to provide core Obstetrics and Gynaecology training and issues with junior and senior staffing levels. Trainee workload and registrar morale all contributed to the Unit being identified as not currently meeting the RANZCOG requirements for an adequate tertiary base hospital of an ITP.

The Unit was granted six months provisional accreditation until April 2015, at which time the College would conduct a follow up visit. The College advised that if by this date, there has been no substantial progress in addressing the recommendations contained in the Report the re-accreditation team will recommend to the RANZCOG Board that the hospital's accreditation be withdrawn.

On 30 October 2015, the RANZCOG survey team re-visited the CHWC to assess the Unit against the recommendations made in 2014.

The survey team noted that several significant positive changes had been made and commended the Obstetrics and Gynaecology Unit on the progress made against the conditions noted at the previous visit and recommended to the RANZCOG Board that the Canberra Hospital Obstetrics and Gynaecology Unit be granted two years provisional accreditation up until October 2017.

The survey team made ten recommendations and provided a Final Report to the Unit in March 2016. A site visit will be conducted by RANZCOG in October 2016 to assess the hospital progress against the recommendations arising from the October 2015 visit.



A multidisciplinary committee has been established and an implementation plan prepared to meet the recommendations in readiness for the reaccreditation visit in October 2016.

A recent culture survey showed a very pleasing improvement within the Obstetrics and Gynaecology Unit.

**Current status**

See above

**Critical dates and reasons**

Not applicable.

**Financial considerations**

Not applicable

**Recommended approach and timing**

For information only.

Contact Officer: Elizabeth Chatham, Executive Director  
Telephone: 61747389  
Directorate: Health



## **ACT Asbestos Health Study**

### **Portfolio and function**

ACT Health – contract monitoring and Steering Committee; Chief Minister, Treasury and Economic Development Directorate (Asbestos Response Taskforce) – budget and input as required.

### **Issue**

Independent researchers from the Australian National University's National Centre for Epidemiology and Population Health (NCEPH) have been contracted by the ACT Government to undertake an ACT Asbestos Health Study in response to enquiries from residents about ACT specific research into the health impacts associated with loose-fill asbestos.

The purpose of the Study is to gain additional understanding regarding the risk of developing mesothelioma from living in a house containing loose-fill asbestos (a Mr Fluffy house).

### **Current status**

The Study began in January 2015 and is expected to take two years to complete. Final results will not be available until after the conclusion of the study in 2017, however there are four different parts to the study and some information has been and will be available earlier than that.

Parts one and two, a descriptive analysis and a focus group study designed to inform the third component have been completed and reports are available publicly. A report on the third component (a survey of current and past residents and owners which looks at the likely exposure levels of current and recent residents in terms of years lived in an affected house and activities undertaken such as renovating) is expected in late 2016.

The fourth component will link a number of data sets to estimate the risk of developing mesothelioma in current and former residents of affected houses compared with the general population. The results of this component are not expected until 2017.

### **Critical dates and reasons**

October 2016 – expected release of survey report (third component).

March 2017 – expected release of data linkage report (fourth component).

First half of 2017 – expected public forum to share results (NCEPH driven).



### **Financial considerations**

The majority of the study has been funded out of Supplementary Appropriation and these funds are held by the Asbestos Response Taskforce.

There will be a shortfall of \$65,806.60 which comprises GST and the ANU administration tax which were not included in the Supplementary Appropriation request.

- The ACT Government is funding the study which will cost \$415,806.60 over three financial years.
- The Taskforce Supplementary Appropriation is \$350,000.
- The shortfall of \$65,806.60 will need to be secured in the 2016/17 financial year.

### **Recommended approach and timing**

All relevant stakeholders will be advised when further Reports are issued. The NCEPH is considering holding a public forum following acceptance by the ACT Government of the final report in early 2017. There may be media opportunities at this time.

Contact Officer: A Pengilley  
Telephone: 6207 0291  
Directorate: ACT Health



## Needle and Syringe Program - Alexander Maconochie Centre

### Portfolio and function

ACT Health, Mental Health, Justice Health and Alcohol and Drug Services, Needle Syringe Program Working Group

### Issue

In response to the Deed of Agreement between the Territory and the Community and Public Sector Union (CPSU) in April 2015 the Needle Syringe Program (NSP) Working Group was established to develop a preferred model for an NSP at the Alexander Maconochie Centre (AMC). The preferred model would be put to a ballot of eligible Corrections officers. The Working Group is co-chaired by Mr David Pryce (DDG Justice and Community Safety (JACS)) and Mr Vince McDevitt, (ACT Regional Secretary of CPSU) and consists of five JACS Management Representatives, six Union Delegates and two CPSU Union Officials. ACT Health has had one representative, Katrina Bracher, Executive Director, Mental, Health, Justice Health and Alcohol and Drug Services.

### Current status

The NSP Working Group has had two full day workshops and met 16 times since 2015. External submissions have been sought and expert, external advice has been provided to the Working Group. The preferred model was agreed by consensus decision in August 2016 – being a Supervised Injecting Room within the Health Centre at the AMC. The Ballot is being coordinated through the Electoral Commission; the voting opened on 1 September and closed on 15 September 2016.

The outcome of the Ballot was that the model was not supported. Of the returned 155 admitted votes, 4 were supported and 151 were opposed. The Deed of Agreement requires the Working Group to evaluate the ballot outcome (reasons why opposed the model) to inform and determine the next steps. Advice will be provided to the incoming government for consideration.

### Critical dates and reasons

15 September 2016 - vote not supported

### Financial considerations

No costing has been done in regard to implementation of this model. The model does describe a space that will be "will be purpose-built and be appropriately resourced so that the safety of both detainees and Health Centre staff can be appropriately managed".

In light of the infrastructure and staffing requirements, it can be expected that these may be considerable.

### Recommended approach and timing

Briefing will need to be updated as outcome is known.

Contact Officer: Katrina Bracher  
Telephone: 6205 1313  
Directorate: Health



## Inanna Inc. – Transition of care to new service provider for existing mental health clients

### Portfolio and function

Health Directorate

### Issue

- Inanna Inc. is an independent organisation funded by ACT Health and Community Services Directorate (CSD) to provide housing, homelessness, disability and mental health services to vulnerable Canberrans.
- ACT Health has a Standard Funding Agreement (SFA) with Inanna for \$279,000 per annum, for the provision of eight short-to-medium term, non-NDIS mental health respite beds.
- Additionally, ACT Health is also paying for the support of five NDIS eligible mental health clients on a monthly invoice while these clients await transition to the NDIS.
- In February 2016, the Human Services Registrar began working with Inanna's Board and its Chief Executive Officer (CEO) to address issues of governance and financial management.
- On 31 August 2016, following resignation of the Board and CEO, the Human Services Registrar appointed a Statutory Manager to Inanna.
- Under the *Associations Incorporations Act* an application has been made to wind up Inanna.

### Current status

- With CSD taking the lead, ACT Health has been working very closely with the Directorate to ensure consistent action by ACT Government, including consistent select procurement to ensure appropriate service continuity for existing clients in preparation for Inanna's liquidation.
- Mental Health Policy Unit (MHPU) identified five preferred mental health providers with the capacity to take on service provision from Inanna. Three submissions were received and the successful provider, Wellways, was selected through a formal evaluation panel.
- MHPU and Wellways are currently negotiating with Housing ACT in order for the new provider to continue to operate the eight mental health respite beds.
- ACT Health have suspended payments to Inanna and is looking to terminate Inanna's 2016-19 SFA shortly.
- The Supreme Court of the ACT placed Inanna in provisional liquidation on 6 October 2016, and appointed *Kazar and Slaven* as provisional liquidators.

- ACT Health was able to immediately terminate the 2016-19 Funding Agreement with Inanna on 6 October 2016, and no longer has any obligations, contractual or otherwise with the organisation.
- ACT Health has picked up the cost (as required and appropriate) of select Inanna staff to work with Wellways to support the initial transition of mental health clients (1 October 2016 to 7 October 2016 inclusive).
- Wellways report that the transition of mental health clients has progressed and should be completed by 14 October 2016.
- Wellways report they are working the MHJHAD service to integrate the Inanna program beds into existing mental health supported accommodation programs.
- Advice from GSO has been sought throughout this entire process.

**NOTE:** The situation with Innana is changing quickly. Most recent developments will be provided in a formal briefing.

#### **Critical dates and reasons**

- 1 October 2016 – Wellways to commence operations for service transition

#### **Financial considerations**

The total funding for the mental health program for the period from 1 July 2016 to 30 June 2017 is \$279, 000 (GST excluded).

**Pro rata** funding for the program for the period from 1 October 2016 to 30 June 2017 Mental Health Supported Accommodation and Outreach Program is \$209,250 (GST excluded).

The potentially liability for transition costs should not exceed (\$2600 excluding GST), however ACT Health will have a clearer understanding of mental health liability once the new provider has commenced.

#### **Recommended approach and timing**

Information brief for noting.

Contact Officer: R Bromhead  
Telephone: 6207 1066  
Directorate: ACT Health



## 1. Key Dates – ACT Health

### Portfolio and function

ACT Health – Government and Communications

### Issue

To provide key dates for the Health Directorate until the end of 2016.

### Current status

To inform of upcoming events and meetings across the health portfolio.

### Critical dates and reasons

#### November 2016

**12 November** – Canberra Hospital Foundation ‘Newborn November’ Family Fun Day (Majura Park)

- Information brief forthcoming.

**25 November** – Australia and New Zealand Ministerial Forum on Food Regulation (Brisbane)

- Ministerial attendance or by proxy due to technical discussions.

#### National awareness campaigns – November

Campaign	Dates
Movember for Prostate Cancer Awareness	Month of November
Australian Food Safety Week	6-12 November
Perinatal Depression and Anxiety (PNDA) Awareness Week	13-19 November
World Diabetes Day	14 November
Antibiotic Awareness Week	14-20 November
DonateLife Thank You Day	20 November
National Skin Cancer Action Week	20-26 November

#### December 2016

**1 December** – Canberra Hospital Foundation Thank you Function (National Portrait Gallery)

- Diary request for ministerial attendance forthcoming.

**2 December** – Australian Health Ministers Advisory Council (Sydney)

**7-8 December** – ACT Aboriginal and Torres Strait Islander Elected Body Hearings (ACT Legislative Assembly)

#### National awareness campaigns – December

Campaign	Dates
World AIDS Day	1 December
International Volunteers Day	5 December



**Additional Diary requests for ministerial involvement:**

- Visit to University of Canberra Public Hospital site for construction update (media event – November 2016)
- Launch of 'Purple Crying' at the Centenary Hospital for Women and Children (expected November 2016)
- Event to mark completion of Canberra Hospital Emergency Department expansion (expected December 2016)
- Official opening ceremony of the Ngunnawal Bush Healing Farm (expected November 2016 – February 2017)
  - Community tours of the facility to take place prior to or in conjunction with the opening.
- Cheque presentation to the Canberra Hospital Foundation from Canberra Brick Expo (expected December 2016)
- Cheque presentation to the Canberra Hospital Foundation from Give Me 5 For Kids (expected December 2016)

**Forthcoming AIHW publications (release date TBC)**

- Radiotherapy in Australia: report on the second year of a pilot collection 2014–15
- The use of lung function testing for the diagnosis and management of chronic airways disease: demonstration data linkage project using the 45 and Up Study 2001–2014
- Australia's mothers and babies 2014—in brief

**Financial considerations**

Not applicable

**Recommended approach and timing**

That you note these dates and that diary requests for events will be forthcoming.

Contact Officer: J Andersen  
Telephone: 62050829  
Directorate: Health

**2016 ELECTION COMMITMENTS  
ACT Labor**

NO	TITLE
1	001 - Two new nurse-led Walk-in Centres
2	007 - Bulk billing GP Centres
3	009a - Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre at Canberra Hospital and New Emergency Department at Canberra Hospital
4	009b - Expansion of Centenary Hospital
5	010 - \$36 million to boost nursing numbers, training
6	011 - Two more mobile dental centres
7	012 - Build Aboriginal health clinic for Winnunga
8	013 - Free vaccinations for Canberra babies
9	014 - Increase capacity of the Hospital in the Home (HITH)
10	016 - NeuroMoves program
11	017 - Grant to Health Care Consumers Association
12	018 - Model for patient care navigators
13	019a - Remove hurdles to higher organ donation rates
14	020 - Clinical school at University of Canberra
15	021a - Investing in Calvary Public Hospital: Upgrades to facilities
16	021b - Investing in Calvary Public Hospital: Scoping study
17	022 - Health Stroke Foundation Follow-up Program
18	024 - Preventative Health Coordinator
19	026 - Expand "It's Your Move" program

NO	TITLE
20	032 - Health Research
21	033 - Family Assistance Fund
22	083 – Inner north Walk-in Centre
23	091 - Healthcare checks for grade six students
24	093a – Mental Health – Additional Funding
25	093b – Mental Health – Gender Agenda
26	093c – Expand Mental Health Consultation Liaison Service
27	095 – Help for New Parents

**ELECTION COMMITMENT BRIEF NO. EC LAB 001**

**ACT Labor: Two new nurse-led Walk-In Centres**

**Portfolio and function**

Health – Rehabilitation, Aged and Community Care

**Policy source**

Canberra Times 22 July 2016 “New walk-in centres promised for Weston Creek and Gungahlin”

**Announced policy**

Gungahlin and Weston Creek will get new nurse-led walk-in centres to make it easier for more Canberrans to “access even better care” and “take pressure off other areas of the health system”.

**Proposed Implementation Strategy**

This plan outlines a proposal to replicate the Walk-In Centre model to serve the needs of the Gungahlin and Weston Creek communities which will further build on the success of the current Walk-In Centres located in Tuggeranong and Belconnen.

There is insufficient information provided to propose a full implementation strategy. ACT Health will work with the incoming Government to assist to develop the required strategies to give effect to the Government policy. The following processes are highlighted as work that will need to be undertaken prior to policy implementation:

- Consultation with the relevant stakeholders to be undertaken to discuss the introduction of the Walk-In Centres;
- Identification of the appropriate model of care;
- Procurement of a facility;
- Procurement of necessary products/consumables; and
- Staff recruitment.

**Implementation issues**

The policy would require investigation into suitable accommodation for a Walk-In Centre:

- The Gungahlin Community Health Centre is not currently designed to accommodate a Walk-In Centre. A review into whether the proposed Walk-in Centre could be incorporated into the existing Gungahlin Community Health Centre would need to be undertaken. There are currently no design or construction plans in place.
- There is currently no ACT Health Community Health Centre in Weston Creek to accommodate the proposed Walk-In Centre.

Further recruitment of Nurse Practitioners could present challenges and this is a consideration for the introduction of two new Centres. Recruitment to these positions is difficult with a limited number of accredited Nurse Practitioners available.

There could be subsequent implementation issues however this is dependent on approval/endorsement to commence and the model of care to be implemented. It is unclear if it is expected the same model of care would apply, nurse led only, or whether another model of care is to be considered i.e. including medical and allied health staff.





# SENSITIVE - CABINET

## ELECTION COMMITMENT BRIEF – OCTOBER 2016

### Key stakeholders

General Practitioners  
 Australian Nursing and Midwifery Federation  
 Health Care Consumers Association  
 Gungahlin Community Council  
 Weston Creek Community Council.

### Legislative impact

No legislative change required.

### Implementation Timing

0-12 months	X	12-24 months	24-48 months
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The Treasury election commitment costing request suggests that the facilities would be fully operational from 1 July 2018.

### Financial considerations *(A minus sign indicates a cost to the Budget)*

#### Announced cost

No announced cost, but these centres are not funded within the existing Health budget.

#### Treasury costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-57.7	-5,636.0	-5,556.4	-11,250.0
- Employee Expenses	0.0	0.0	-4,991.9	-5,114.6	-10,106.5
- Other Expenses	0.0	0.0	-585.0	-381.2	-966.2
- Cost of Financing	0.0	-57.7	-59.1	-60.6	-177.3
Expenses – Depreciation	0.0	0.0	-167.3	-167.3	-334.6
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-57.7</b>	<b>-5,803.3</b>	<b>-5,723.7</b>	<b>-11,584.6</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>-2,306.2</b>	<b>0.0</b>	<b>0.0</b>	<b>-2,306.2</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-2,363.9</b>	<b>-5,636.0</b>	<b>-5,556.4</b>	<b>-13,556.2</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.

(b) Excludes depreciation expenses.



# SENSITIVE - CABINET

## ELECTION COMMITMENT BRIEF – OCTOBER 2016

### Other Information

#### Costing Methodology Used:

##### - Costing Technique:

Treasury has costed this commitment based on the leasing, fitting out and operating costs of existing walk-in-centres in the ACT. Treasury confirms that the costs in the request are consistent with leasing, fitting out and operating costs of the proposed facilities.

##### - Proposal Parameters:

Facilities are operational from 1 July 2018.

##### Recurrent:

- Staffing of 29.6 Full Time Equivalents as set out in the costing request.
- Operating expenses (medical, surgical and radiology supplies, leasing, security costs, cleaning costs, utilities) based on existing facilities.
- One-off relocation and communication costs.
- Indexation based on Consumer Price Index outcomes and forecasts as published in the 2016 Pre-Election Budget Update (PEBU).

The capital cost reflects an estimate for lease fit-out which is expected to be completed in 2017-18.

- The costing assumes leasing and fit-out costs for sites of a size consistent with existing walk-in facilities.
- Cost of financing has been calculated at 2.5 per cent.
- Depreciation has been calculated on a straight line basis over a 14 year period.
- Repairs and maintenance expenses consistent with existing walk-in centres.

##### Caveats or qualifications to the costing:

Capital costs are indicative only and would need to be fully informed by design work. The assumption that the centres would be operational by 1 July 2018 would depend on appropriate accommodation being available and fit-out work being completed in the prior period.

### Directorate comments

ACT Health agrees with the costing provided.

Contact Officer: Marina Buchanan-Grey, A/g Executive Director, RACC  
 Telephone: 6244 3579  
 Directorate: Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 007**

**ACT Labor: Bulk billing general practitioner centres**

**Portfolio and function**

Health – Policy and Stakeholder Relations

**Policy source**

Canberra Times 29 August 2016 “Labor, Greens would consider drug law reform after election”.

**Announced policy**

A grant scheme to build bulk billing general practitioner centres in Canberra's south. A grant of up to \$1.05 million would see three new bulk-billing practices built. Two would be set up in Tuggeranong, and another in Molonglo Valley.

Centres that offer the provision of low or no cost primary care services, such as psychology, diabetes support, and physiotherapy would also be looked on favourably.

**Proposed Implementation Strategy**

General practices in Australia, including the ACT, are private businesses, and as such, the decision on whether to bulk bill or not remains entirely up to each individual general practice. Neither the ACT Government nor the Commonwealth Government can compel general practices to bulk bill.

Further to this, primary health care, including general practice, is an Australian Government responsibility rather than the responsibility of state or territory governments. The ACT Government has no jurisdiction over the Medicare funding that supports bulk billing in general practice.

The ACT Government will need to:

- Develop a model for the grants scheme; and
- Work in consultation with the proposed new bulk billing practices to negotiate fee for service and support mechanisms to ensure the sustainability of the practice in light of a potentially lower profit margin.

Health will work with the incoming Government to assist to develop the required strategies to give effect to this Government policy.

**Implementation issues**

As general practices are private, for-profit businesses, the ACT Government should exercise caution in providing targeted support to an individual or group to build up their business, when such support is not being provided to other general practices in the ACT. This activity can at times, conflict with the *Competition and Consumers Act 2010*, and the *Health Insurance Act 1973*.

**Key stakeholders**

- AMA (ACT)
- Capital Health Network



**Legislative impact**

Primary health care, including general practice, is an Australian Government responsibility rather than the responsibility of state or territory governments. The ACT Government has no jurisdiction over the Medicare funding that supports bulk billing in general practice.

**Implementation timing**

<b>X</b>	<b>0-12 months</b>		<b>12-24 months</b>		<b>24-48 months</b>
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Health will work with the incoming Government to develop the required strategies to give effect to the Government policy. The intended implementation date of this program is 1 July 2017, with funding proposed to be made available to applicants during the 2017-2018 financial year. It is anticipated that lead time will be required between the provision of grant funds and the opening of the new/renovated centres.

**Financial considerations**

Announced cost

Grants of up to \$1.05 million for up to three new bulk billing practices.

Treasury costing

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-1,050.0	0.0	0.0	-1,050.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-1,050.0	0.0	0.0	-1,050.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-1,050.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,050.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-1,050.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,050.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment as a grants program for a fixed amount of \$1.050 million in 2017-18 only.

**- Proposal Parameters:**

An amount of \$1.050 million for grants to facilitate the construction of new, or expansion/refurbishment, of existing bulk-billing General Practitioner medical practices.

The costing assumes a full take-up of the grants program.

The financial implications table above does not include design, depreciation or maintenance costs, as the ACT Government would not own these assets.

The costing assumes that administrative expenses associated with the administration of the grants program would be absorbed by the Health Directorate.

Contact Officer: R Pickrell  
Telephone: 6205 2371  
Directorate: Health



**ELECTION COMMITMENT BRIEF EC LAB 009a**

**ACT Labor: Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre at Canberra Hospital**

**Portfolio and function**

Health – Health infrastructure

**Policy source**

Canberra Times, 9 September 2016, "ACT election: Labor promises a new building at the Canberra Hospital".

**Announced policy**

The SPIRE Centre will accommodate the closely related and inter-dependent services of surgical procedures, interventional radiology procedures, the critical care units and the Emergency Department within the same building. It would expand the number of operating theatres from 13 to 20, and have separate theatres dedicated to emergency and elective surgery so elective surgery is not delayed by emergencies.

It would include two inpatient wards with 64 beds, new critical care and imaging facilities, a 24-bed high-level coronary care unit, a 48-bed intensive care unit, including for paediatric care, and a new day surgery centre with seven surgery rooms.

Staff for the SPIRE centre would come from existing ranks and expansion already planned in the budget.

A new emergency department would be built next to the SPIRE Centre, allowing the existing emergency department to be dedicated to women and children. The two emergency departments would operate as one, but have separate entrances.

**Proposed Implementation Strategy**

The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre is planned to be operational in the 2022-23 financial year, followed closely by enhancements and refurbishment of Building 12 to meet the new Emergency Department component (2023-24 completion). It will be built on the north western corner of the Canberra Hospital campus, The SPIRE will connect with the existing Building 12, to collocate:

1. A dedicated Surgical and Interventional Centre.
2. A larger Intensive Care Unit.
3. A Day Surgery Centre.
4. A general Emergency Department and additional dedicated Emergency Department for women and children.
5. Expanded medical imaging facilities

Stages in the process are:

1. Initial funding requirements – Business Case to seek planning and project initiation funding (2016-17 of 2017-18) – Budget Cabinet Submission



- 2. Project Definition Phase:
  - a. Clinical feasibility, demand analysis and service planning
  - b. Construction feasibility, including site assessment
  - c. Master planning (including staging and decanting strategy)
  - d. Stakeholder consultation and market engagement
  - e. Procurement model assessment
  - f. Business Case development (capital funding) – Budget Cabinet Submission
- 3. Design and Construction Phase:
  - g. Planning (continuation of above)
  - h. Documentation
  - i. Construction (SPIRE Building)
  - j. Commissioning (SPIRE Building)
  - k. Refurbishment (Building 12)
  - l. Commissioning (Building 12)
- 4. Clinical commissioning and post commissioning:
  - m. Staged occupancy
  - n. Post occupancy evaluation

**Implementation issues**

The clinical planning and site master planning will inform the final business case for this project – the timing of the commencement of this planning phase will impact on the delivery timeframes.

Community consultation, statutory land development processes and site engineering will be considered in determining the final built form.

**Key stakeholders**

- ACT Health – Canberra Hospital and Health Services identified clinical teams
- Canberra Primary Care and Community services
- Environment and Planning Directorate
- Civil Aviation Safety Authority
- Local residents and services (i.e Garran Primary School)

**Legislative impact**

No legislative change required

**Implementation Timing**

	0-12 months		12-24 months	>	24-48 months
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**Financial considerations**

Announced Cost

SPIRE and Building 12 building cost of \$500 million.


**Treasury costing**

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	0.0	-75.0	-251.9	-326.9
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	0.0	0.0	0.0	0.0
- Cost of Financing	0.0	0.0	-75.0	-251.9	-326.9
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>0.0</b>	<b>-75.0</b>	<b>-251.9</b>	<b>-326.9</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>-3,000.0</b>	<b>-7,000.0</b>	<b>-10,000.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>0.0</b>	<b>-3,075.0</b>	<b>-7,251.9</b>	<b>-10,326.9</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**
**Costing Methodology Used:**
**- Costing Technique:**

Treasury has costed this commitment as a fixed amount of \$10 million in capital funding over two years exclusively for design work associated with the proposed Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.

**- Proposal Parameters:**

The costing assumes capped initial design funding.  
The cost of financing has been calculated at 2.5 per cent.

**Caveats or qualifications to the costing:**

The proposed delivery timeframe may necessitate quicker completion of design than outlined in the commitment resulting in a bring forward of funding from 2019-20 into 2018-19.

The above costing is for design only.

No feasibility funding has been costed in this proposal.

Capital construction costs of \$500 million outlined in the request would occur after 2019-20 and are indicative only. These costs would need to be fully informed by scoping and design work.

The costing does not include the write-off of the net book value should any existing structures need to be demolished. It also does not include any operating costs (including staffing, maintenance and depreciation) associated with a new facility.

**Other Comments:**

The ACT Labor Party has committed to build the SPIRE Centre at an estimated cost of \$500 million.

Contact Officer: David Blythe, Chris Bone  
Telephone: 61745470 (DB) or 61747354 (CB)  
Directorate: ACT Health Directorate



**ELECTION COMMITMENT BRIEF EC LAB 009b**

**ACT Labor: Expansion of Centenary Hospital**

**Portfolio and function**

Health – Health Infrastructure

**Policy source**

Canberra Times, 9 September 2016, "ACT election: Labor promises a new building at the Canberra Hospital".

**Announced policy**

The Centenary Hospital is to be expanded to become a centre of excellence in women, youth and children’s healthcare. The facility will expand both physically and in terms of its service delivery capabilities. The expansion would include a mix of capital and staff spending, with 107 new staff at the Centenary Hospital for Women and Children, half of whom would be nurses.

It would include a 12-bed child and adolescent mental health unit, an adolescent gynaecology service to reduce the need for young women and girls to travel to Sydney for treatment, 12 new paediatric high-dependency units and four paediatric intensive care beds

**Proposed Implementation Strategy**

Stages in the process are:

1. Initial funding requirements – Business Case to seek planning and project initiation funding
2. Project Definition Phase:
  - a. Clinical feasibility, demand analysis and service planning
  - b. Construction feasibility, including site assessment
  - c. Master planning (including staging and decanting strategy)
  - d. Stakeholder consultation and market engagement
  - e. Procurement model assessment
  - f. Business Case development (capital funding)
3. Design and Construction Phase:
  - a. Planning (continuation of above)
  - b. Documentation
  - c. Construction
  - d. Commissioning
4. Clinical commissioning and post commissioning
5. Post occupancy evaluation

**Implementation issues**

The implementation of parts of this capital project is interdependent with the SPIRE announcement, and will require an integrated staging and decanting plan.





**Key stakeholders**

- ACT Health – Canberra Hospital and Health Services identified clinical teams (Division of Women, Youth and Children).
- Canberra Primary Care and Community services
- Environment and Planning Directorate

**Legislative impact**

No legislative change required.

**Implementation Timing**

	<b>0-12 months</b>		<b>12-24 months</b>	<b>x</b>	<b>24-48 months</b>
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- The identified service expansion components can be delivered over the year from mid 2017.
- Capital intensive elements would be delivered over a longer time frame with critical interdependencies with the SPIRE works.

**Financial considerations**

Announced Cost

\$80m recurrent operational cost and \$70m building capital.

Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

**Contact Officer:** David Blythe, Chris Bone  
**Telephone:** 61745470 (DB) or 61747354 (CB)  
**Directorate:** ACT Health Directorate



**ELECTION COMMITMENT BRIEF NO. EC LAB 010**

**ACT Labor: \$36 million to boost nursing numbers, training**

**Portfolio and function**

Health – Canberra Hospital and Health Services

**Policy source**

ABC News Website, 10 September 2016, "ACT Labor commits \$36 million to boost nursing numbers, training if re-elected".

See also Canberra Times, 11 September 2016, "Labor promises \$40 million to add 68 nurses and mobile dental centres".

**Announced policy**

\$36 million across four years to employ another 68 nurses. The 68 new nurses would be in addition to the 48 extra nurses promised to deliver over four years as part of an expansion of the Centenary Hospital for Women and Children.

The commitment includes a five-point plan to boost nurse numbers and invest in training and education to be rolled out over the next four years.

The plan includes a scholarship and training partnership with the University of Canberra, two new maternal and child health nurses, increasing the number of graduate nurses employed each year and employing an extra six roving school nurses. 12 new "nurse navigators" would also be employed to act in support roles for complex patients.

**Proposed Implementation Strategy**

The announced plan to boost nursing numbers and training will be implemented over the next four years. The plan provides a scholarship and training partnership with the University of Canberra and increased employment opportunities for new graduates. The plan also identifies increased numbers of maternal and child health nurses (2), roving school nurses (6) and nurse navigators for complex clinical areas (12).

Stages in the process are:

1. Consultation with Executive staff from the University of Canberra and ACT Health Executive staff to advance the scholarship and education components of the plan.
2. Consultation with the Australian Nursing and Midwifery Federation (ANMF) prior to development and implementation of this plan.
3. Development of a recruitment and retention plan for newly funded nursing (and midwifery) positions, including identification of numbers from each of the following staff categories – enrolled nurses, registered nurses and registered midwives.
4. Implementation of the recruitment and retention plan, guided by predetermined clinical/geographical areas for the nurses and new graduates.



5. Provision of mandatory and other identified training requirements for new staff.

**Implementation issues**

The policy would require partnership arrangements/agreements with the University of Canberra and ACT Health to deliver training to graduate nurses.

Attracting and recruiting new nurses (and midwives) to the ACT can be challenging due to the geographical location of Canberra.

**Key stakeholders**

University of Canberra  
Australian Nursing and Midwifery Federation.

**Legislative impact**

No legislative change required

**Implementation Timing**

	0-12 months		12-24 months	X	24-48 months
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The five-point plan is to be rolled out over a period of four years.

**Financial considerations** *(A minus sign indicates a cost to the Budget)*

Announced Cost

\$36 million over four years. There is no recurrent funding available for this initiative.

Treasury costing


**More graduate nurses**

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-1,309.0	-3,474.2	-5,746.8	-10,530.0
- Employee Expenses	0.0	-1,309.0	-3,474.2	-5,746.8	-10,530.0
- Other Expenses	0.0	0.0	0.0	0.0	0.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-1,309.0</b>	<b>-3,474.2</b>	<b>-5,746.8</b>	<b>-10,530.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-1,309.0</b>	<b>-3,474.2</b>	<b>-5,746.8</b>	<b>-10,530.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
 (b) Excludes depreciation expenses.

**Other Information**
**Costing Methodology Used:**
**- Costing Technique:**

Treasury has costed this commitment based on the applicable first year rates for graduates under the ACT Public Service Nursing and Midwifery Enterprise Agreement 2013-17; and then the standard cost per nurse (obtained from the ACT Government Standard Costing Parameters 2016) for each year thereafter.

**- Proposal Parameters:**

This costing assumes that new nurses would be employed at the graduate nurse rate for one year, thereafter at the standard nurse rate on an ongoing basis. This commitment would require ongoing funding. Salaries are indexed at 2.5 per cent per annum.

**Caveats or qualifications to the costing:**

The standard cost per nurse used in this costing may differ from the actual cost per nurse.



More school nurses

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-519.0	-1,064.0	-1,090.5	-2,673.5
- Employee Expenses	0.0	-519.0	-1,064.0	-1,090.5	-2,673.5
- Other Expenses	0.0	0.0	0.0	0.0	0.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-519.0</b>	<b>-1,064.0</b>	<b>-1,090.5</b>	<b>-2,673.5</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-519.0</b>	<b>-1,064.0</b>	<b>-1,090.5</b>	<b>-2,673.5</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment using standard nurse salary and on-costs.

**- Proposal Parameters:**

Three additional school nurses in 2017-18 and six additional nurses from 2018-19 onwards.

The costing assumes that administrative expenses associated with the program would be absorbed by the Health Directorate.

Indexation of 2.5 per cent has been applied to employee expenses.

**Caveats or qualifications to the costing:**

The expense profile would be subject to the recruitment of suitably qualified staff and their respective start dates.

**Other Comments:**

These positions will require ongoing funding.


**MACH nurses**

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-287.9	-296.2	-304.7	-888.7
- Employee Expenses	0.0	-287.9	-296.2	-304.7	-888.7
- Other Expenses	0.0	0.0	0.0	0.0	0.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-287.9</b>	<b>-296.2</b>	<b>-304.7</b>	<b>-888.7</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-287.9</b>	<b>-296.2</b>	<b>-304.7</b>	<b>-888.7</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
 (b) Excludes depreciation expenses.

**Other Information**
**Costing Methodology Used:**
**- Costing Technique:**

Treasury has costed this commitment based on the salaries and on-costs of the additional staff.

**- Proposal Parameters:**

Two Full-Time Equivalent maternal and child health nurses at the Registered Nurse 3.1 level from 2017-18. Employee expenses have been indexed at 2.5 per cent and are ongoing. The costing assumes that any administrative expenses would be absorbed by the Health Directorate.

**Caveats or qualifications to the costing:**

The expenses profile would be subject to the recruitment of suitably qualified staff and their respective start dates.

**Other Comments:**

N/A

**- Statistical Data Used:**

Relevant Enterprise Bargaining Agreement.

Consumer Price Index estimates are as per the 2016 Pre-Election Budget Update.



More nurses to navigate the health system

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-441.3	-2,067.9	-2,119.6	-4,628.9
- Employee Expenses	0.0	-441.3	-2,067.9	-2,119.6	-4,628.9
- Other Expenses	0.0	0.0	0.0	0.0	0.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-441.3</b>	<b>-2,067.9</b>	<b>-2,119.6</b>	<b>-4,628.9</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-441.3</b>	<b>-2,067.9</b>	<b>-2,119.6</b>	<b>-4,628.9</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment based on the salary and on-costs of the number of nurses required.

**- Proposal Parameters:**

The costing assumes that administration expenses associated with the program would be absorbed by the Health Directorate.

The expenses profile includes three Full-Time Equivalent (FTE) nurses in 2017-18 at Registered Nurse Level 2, increasing to 12 FTE Registered Nurse Level 2 nurses in 2018-19 (ongoing), and one senior clinician at Registrar Level 4 from 2018-19 (ongoing).

**Caveats or qualifications to the costing:**

The expenses profile would be subject to the recruitment of suitably qualified staff and their respective start dates.

**Other Comments:**

N/A

**- Statistical Data Used:**

Relevant Enterprise Bargaining Agreements, plus standard salary on-cost rates.



New nurse practitioner

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-500.0	-500.0	-500.0	-1,500.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-500.0	-500.0	-500.0	-1,500.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-500.0</b>	<b>-500.0</b>	<b>-500.0</b>	<b>-1,500.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-500.0</b>	<b>-500.0</b>	<b>-500.0</b>	<b>-1,500.0</b>
<small>(a) A negative number indicates a decrease in revenue or an increase in expenses.</small>					
<small>(b) Excludes depreciation expenses.</small>					

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment as an ongoing capped spending program of \$500,000 per annum. Treasury considers that the commitment can be delivered within this funding amount.

**- Proposal Parameters:**

Funding is for one associate professor position and course fees for 10 students per year. The proposed program would commence in 2017-18 and be ongoing. The costing assumes full take-up of the funding. The costing also assumes that administrative expenses associated with the program would be absorbed by the Health Directorate.





# SENSITIVE - CABINET

## ELECTION COMMITMENT BRIEF – OCTOBER 2016

### Scholarships to boost training for nurses

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-225.0	-210.0	-115.0	-550.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-225.0	-210.0	-115.0	-550.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-225.0</b>	<b>-210.0</b>	<b>-115.0</b>	<b>-550.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-225.0</b>	<b>-210.0</b>	<b>-115.0</b>	<b>-550.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

### Other Information

#### Costing Methodology Used:

##### - Costing Technique:

Treasury has costed this commitment as a fixed level of \$0.550 million over three years only.

##### - Proposal Parameters:

The costing assumes a capped annual profile of scholarship funding as set out in the costing request.

It is assumed that there would be a full take up of the scholarship program.

The costing assumes that administrative expenses associated with the program would be absorbed by the Health Directorate.

No indexation has been applied.

Contact Officer: Margaret McLeod  
Telephone: 6244 2147  
Directorate: Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 011**

**ACT Labor: Two more mobile dental centres**

**Portfolio and function**

Health – Dental Health Program

**Policy source**

Canberra Times, 11 September 2016, "Labor promises \$40 million to add 68 nurses and mobile dental centres".

**Announced policy**

Nearly \$4 million to buy and operate two more mobile dental clinics.

The new vans, which would be equipped with a dental chair, X-rays, a mobile hoist and all electronic patient records, would be operational by the end of 2018.

**Proposed Implementation Strategy**

The announced mobile dental clinic plan outlines the funding allocation and the clinics are to be implemented by 2018.

Stages in the process are

1. Consultation with internal and external stakeholders
2. Further develop model of care
3. Recruitment of new staff
4. Purchase mobile dental clinic
5. Provide training for clinical staff

**Implementation issues**

The policy would require a feasibility study, a design and planning process, and build of two mobile dental clinics, noting that:

- It is currently estimated that the aged care population is sufficiently serviced with one mobile clinic.
- If targeting the paediatric population by servicing area schools is a consideration, planning would need to occur, related to logistical issues arising from eligibility for either free or subsidised dental services, noting this is determined by means testing for the 6 to 14 years age group.
- There is potential to determine targeting of the paediatric population based on the Index of Community Socio-Educational Advantage (ICSEA). Preliminary results from the most recent National Child Oral Health Survey suggest there is a strong correlation between low school ICSEA and poor oral health.



**SENSITIVE - CABINET**  
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- The Commonwealth has proposed to extend funding of dental services to the 14 to 18 years age group commencing 1 January 2017, but this legislation has not been finalised, so the potential for service provision to this population is unclear at this time.
- Consideration needs to be given to the size of van, relative to the function of the service being provided. Larger vans which require the driver to have a truck driver’s license are needed if the service involves a sterlised area. Smaller vans which don’t require a truck driver’s license may be suitable for some other functions/services that don’t require a sterlised area.

**Key stakeholders**

Education Directorate  
 Health Care Consumers Association  
 Aged Care Facility providers  
 Council On The Ageing (COTA) ACT

**Contracting agents**

Nil

**Legislative impact**

No legislative change required.

**Implementation Timing**

	0-12 months	x	12-24 months		24-48 months
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The announcement indicates that the proposal would be implemented by the end of 2018.


**Financial considerations**
**Announced Cost**

\$4 million.

**Treasury costing**

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	0.0	-361.8	-708.1	-1,069.9
- Employee Expenses	0.0	0.0	-218.8	-448.3	-667.1
- Other Expenses	0.0	0.0	-110.5	-226.4	-336.9
- Cost of Financing	0.0	0.0	-32.5	-33.3	-65.9
Expenses - Depreciation	0.0	0.0	-65.1	-130.1	-195.2
<b>Net Operating Balance</b>	<b>0.0</b>	<b>0.0</b>	<b>-426.8</b>	<b>-838.2</b>	<b>-1,265.0</b>
<b>Capital Requirement:</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,301.1</b>	<b>0.0</b>	<b>-1,301.1</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,662.9</b>	<b>-708.1</b>	<b>-2,371.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**
**Costing Methodology Used:**
**- Costing Technique:**

Treasury has costed this commitment based on purchase costs, fitout costs and operating expenses associated with the existing dental van, which was funded in the 2013-14 Budget.

**- Proposal Parameters:**

Procurement and fit-out of the vans in the first half of 2018-19, with operating commencing in January 2019. The cost of vans, fit-outs and operating expenses based on existing services have been indexed for CPI. Depreciation is assumed to be across 10 years commencing in the first half of 2018-19, with no residual value.

Employees are assumed to be:

- 2 Health Professionals level 3; and
- 2 Qualified Dental Assistants level 2.

Operating expenses include:

Medical and surgical supplies; domestic services; pharmaceuticals; repairs and maintenance; computer and communication expenses; agency nurse and non-contract services; and other supplies and services.

**Caveats or qualifications to the costing:**

Operating expenses would be ongoing.

**Contact Officer:** L Bettiens  
**Telephone:** 6205 0989  
**Directorate:** Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 012**

**ACT Labor: Build Aboriginal health clinic for Winnunga**

**Portfolio and function**

Health – Policy & Stakeholder Relations

**Policy source**

Canberra Times, 12 September 2016, "ACT Labor promises \$12 million to build Aboriginal health clinic for Winnunga".

**Announced policy**

\$12 million to build a community health clinic for the Winnunga Nimmityjah Aboriginal Health Service (Winnunga).

Build a new facility on a new site, working with Winnunga to make sure its needs are met.

**Proposed Implementation Strategy**

Stages in the process includes:

1. Development of a Heads of Agreement with Winnunga regarding service principles and governance requirements.
2. Initial funding requirements – Business Case to seek planning and project initiation funding
3. Project Definition Phase:
  - a. Clinical feasibility, demand analysis and service planning
  - b. Construction feasibility, including site selection and assessment
  - c. Site master planning (including staging and decanting strategy)
  - d. Stakeholder consultation and market engagement
  - e. Procurement model assessment
  - f. Business Case development (capital funding)
4. Design and Construction Phase:
  - a. Planning (continuation of above)
  - b. Documentation
  - c. Construction
  - d. Commissioning
5. Clinical commissioning and post commissioning
6. Post occupancy evaluation

**Implementation issues**

The policy would require development of a business case, subject to a feasibility and design study. ACT health has been working with Winnunga during 2016 on a staged approach to determining whether a complete new Health building is needed, including an asset condition and functionality



# SENSITIVE - CABINET

## ELECTION COMMITMENT BRIEF – OCTOBER 2016

assessment of the existing building completed in August 2016. A \$1.3 million capital grant was provided by ACT Health to Winnunga in 2015 to expand the number of clinical rooms and the waiting area at the existing site to better meet service demand. This funding has not yet been expended, pending a decision on a new building, and Winnunga has requested permission to redeploy or partially redeploy this money for a feasibility and design study for the proposed new health facility.

### Key stakeholders

ACT Aboriginal and Torres Strait Islander Elected Body  
 Winnunga Nimmityjah Aboriginal Health Service  
 ACT Health clinical staff  
 Community health organisations  
 Land Development Agency  
 ACT Environment and Planning Directorate

### Legislative impact

No legislative change required.

### Implementation Timing

	0-12 months		12-24 months	X	24-48 months
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### Financial considerations (A minus sign indicates a cost to the Budget)

#### Announced Cost

\$12 million

#### Treasury costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-150.0	-303.8	-311.3	-765.1
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	0.0	0.0	0.0	0.0
- Cost of Financing	0.0	-150.0	-303.8	-311.3	-765.1
Expenses - Depreciation	0.0	0.0	0.0	-200.0	-200.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-150.0</b>	<b>-303.8</b>	<b>-511.3</b>	<b>-965.1</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>-6,000.0</b>	<b>-6,000.0</b>	<b>0.0</b>	<b>-12,000.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-6,150.0</b>	<b>-6,303.8</b>	<b>-311.3</b>	<b>-12,765.1</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
 (b) Excludes depreciation expenses.



**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment as a fixed capital investment capped at \$12 million. Based on the floor space and construction costs of the Tuggeranong, Gungahlin and Belconnen Health Care Centres, this amount is considered reasonable to construct the proposed facility.

**- Proposal Parameters:**

- Construction would commence in 2017-18 and be completed in 2018-19, with the facility operational in 2019-20.
- Fixed investment of \$12 million.
- The cost of financing has been calculated at 2.5 per cent.
- Depreciation has been calculated on a straight line basis over a 60 year period.
- The costing assumes that administrative expenses associated with the program would be absorbed by the Health Directorate.

**Caveats or qualifications to the costing:**

No other costs have been calculated for this commitment. This costing does not include land costs, furniture, equipment, administrative costs, repairs and maintenance, pharmaceuticals nor any staff costs. With the exception of land costs, these other costs would be ongoing, and would commence after construction is completed in 2019-20. Capital costs are indicative only and would be fully informed by feasibility and design work.

**Contact Officer:** D Ryan  
**Telephone:** 6207 9172  
**Directorate:** ACT Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 013**

**ACT Labor: Free vaccinations for Canberra babies**

**Portfolio and function**

Health – Population Health Protection & Prevention

**Policy source**

Canberra Times 13 September 2016 “Labor pledges free vaccinations for Canberra babies”

**Announced policy**

Make available free meningococcal B vaccinations for every Canberra baby.

**Proposed Implementation Strategy**

1. A tender process will need to be conducted for the purchase of the vaccine.
2. A communication and implementation plan will need to be developed. Engagement of key stakeholders will be essential.
3. Development and distribution of promotional materials and amendment and reprinting of current ACT Immunisation Program vaccination schedules, pamphlets and other resources to include meningococcal B vaccine
4. Collection of data and evaluation of the program will need to be considered.

**Implementation issues**

1. Implementation costs will include items other than the vaccines themselves, including staffing, promotional materials and education of health services providers. Procurement of vaccine and an associated tender process will need to be finalised before the commencement of this program.
2. The vaccine may not be readily available, as there is currently a shortage of this vaccine in Australia.
3. Meningococcal B vaccine would be in addition to the immunisations already administered at two, four, six and 12 months.
4. The duration of protection afforded by Meningococcal B vaccine is currently unknown due to the limited data. It is not yet known if there will be a requirement of an additional booster dose at four years of age or in early adulthood. If future evidence indicates that a booster is required for ongoing protection this will need to be implemented.
5. The Commonwealth fund the National Immunisation Program (NIP), but this vaccine is not on it.
6. The Australian Technical Advisory Group on Immunisation has advised that prophylactic paracetamol be given to children prior to meningococcal B vaccination this is due to the risk of high fevers post administration of this vaccine. High fevers could lead to febrile convulsions. To sustain public trust in government funded vaccination programs, vaccines must be safe. Many parents are intolerant of risk and the success of immunisation in Australia may be eroded by the introduction of a vaccine that has a higher risk of high fevers.
7. No other states or territories in Australia have implemented or are contemplating a Meningococcal B vaccination program.





8. The ACT has a high immunisation coverage rate (approximately 95 per cent) for vaccines provided under the NIP. It is possible that the uptake of Meningococcal B vaccine may not be as high as other vaccines because it increases the number of injections from two to three at each vaccination point.
9. The factors above may decrease the uptake of the vaccine. The Australian aspirational target for all vaccination programs in Australia is 95 per cent. If well promoted, an ACT Government funded vaccine program could achieve high coverage. Funding for promotion of this program would be essential.
10. Patients would still have to pay to go to a GP to have the vaccine.
11. Forty percent of childhood immunisations are administered by Maternal and Child Health nurses. An additional vaccine at four schedule points and a potential catch up program will increase the length of consultations and may lead to a reduced number of appointments available through ACT Health Immunisation Clinics. This could lead to longer waiting times and vaccines given late.
12. The Health Protection Service distributes vaccines to all immunisation providers in the ACT

**Key stakeholders**

- Immunisation providers
- Parents and Carers
- Paediatricians

NB: Education of parents and immunisation providers regarding the administration of paracetamol prior to the vaccination. Some immunisation providers may need to purchase larger fridges to accommodate the additional vaccines

**Legislative impact**

No legislative change required.

**Implementation timing**

	<b>0-12 months</b>	<b>X</b>	<b>12-24 months</b>		<b>24-48 months</b>
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October 2017 (pending vaccine availability, completion of the procurement process and suitable education and promotion has been conducted). There is currently a worldwide shortage of meningococcal B vaccine.



## **SENSITIVE - CABINET**

### **ELECTION COMMITMENT BRIEF – OCTOBER 2016**

#### **Financial considerations**

##### Announced cost

\$12.3 million over four years.

##### Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

##### Directorate comments

The funding required for vaccine will depend on the uptake of the vaccine and the success of the program. Leakage of vaccine to unfunded groups (older children) may also impact on program costs.

Costings done by ACT Health are available.

**Contact Officer:** Dr Paul Kelly  
**Telephone:** 620 50883  
**Directorate:** ACT Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 014**

**ACT Labor: Increase capacity of Hospital in the Home (HITH)**

**Portfolio and function**

Health – Canberra Hospital and Health Services

**Policy source**

Andrew Barr LinkedIn Publications, 12 September 2016, "Community health a priority for Labor".

**Announced policy**

Increase the capacity of the Hospital in the Home (HITH) program by employing a further 25 nurses and three doctors so it can be delivered in community health centres, as well as in the hospital and in the home.

This commitment will allow around 3,000 more patients to receive care that otherwise would have required time in hospital. The program will be expanded in close consultation with clinicians to ensure that patients continue to receive appropriate levels of clinical care.

**Proposed Implementation Strategy**

The announced increased capacity of HITH outlines the potential to expand HITH to include service delivery within community health centres and is expected to be implemented by 2020. The plan allows people to receive hospital-level care outside the acute hospital environment.

Proposed implementation steps:

1. Review current arrangements and consult with stakeholders
2. Develop expanded model of care
3. Employ and train staff
4. Purchase equipment and resources
5. Implementation

**Implementation issues**

The policy would require assessment of the current HITH capacity and adaption/review of the model to provide care to a different or broader cohort of patients than we are currently providing the service to, including expanding the model to operate within the Community Health Centres and look at an integrated whole of territory approach.

**Key stakeholders**

Community Health Centres  
Calvary Public Hospital Bruce  
General Practitioners



**Legislative impact**

No legislative change required.

**Implementation Timing**

x	0-12 months	12-24 months	24-48 months
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**Financial considerations** *(A minus sign indicates a cost to the Budget)*

Announced Cost

\$39.4 million

Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

Contact Officer: R O'Donnell  
Telephone: 6244 3603  
Directorate: Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 016**

**ACT Labor: NeuroMoves program**

**Portfolio and function**

Health – Policy and Stakeholder Relations

**Policy source**

Andrew Barr LinkedIn Publications, 12 September 2016, "Community health a priority for Labor".

**Announced policy**

Provide a one-off capital grant of \$300,000 to Spinal Cord Injuries Australia (SCIA) to establish a NeuroMoves program in Canberra.

**Proposed Implementation Strategy**

- Seek Cabinet agreement to implement the commitment including any terms attaching to the grant funding;
- Seek budget funding in 2017-18 Budget as per Treasury costing; and
- Liaise with SCIA to develop Deed of Grant.

Funding for the development of a NeuroMoves Program in ACT would need to be developed with a plan for integration with existing healthcare services. A strategy would also need to be developed to ensure that the NeuroMoves Program would be self-funded and sustainable following the cessation of one-off ACT Government start-up funding.

**Implementation issues**

One-off funding will provide for equipment and training costs to enable Neuromoves to establish a service hosted in an existing facility (proposed to be provided by the private sector). Ongoing costs for operation will be met from patient fees.

Negotiations would need to ensure that the new NeuroMoves Program is integrated with the existing health system and would be self-funded and sustainable following the cessation of one-off ACT Government start-up funding.

**Key stakeholders**

- Spinal Cord Injuries Australia (SCIA)
- Spinal Cord ACT
- Capital Health Network
- Rehabilitation, Aged and Community Care Division, ACT Health

**Legislative impact**

Not applicable.



**SENSITIVE - CABINET**  
ELECTION COMMITMENT BRIEF – OCTOBER 2016

**Implementation Timing**

<b>X</b>	<b>0-12 months</b>	<b>12-24 months</b>	<b>24-48 months</b>
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**Financial considerations**

Announced Cost

\$300,000.

Treasury costing

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	<b>0.0</b>
Expenses <sup>(a) (b)</sup>	0.0	-300.0	0.0	0.0	<b>-300.0</b>
- Employee Expenses	0.0	0.0	0.0	0.0	<b>0.0</b>
- Other Expenses	0.0	-300.0	0.0	0.0	<b>-300.0</b>
- Cost of Financing	0.0	0.0	0.0	0.0	<b>0.0</b>
Expenses Depreciation	0.0	0.0	0.0	0.0	<b>0.0</b>
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-300.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-300.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-300.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-300.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment as a grants program for a fixed amount of \$300,000 in 2017-18 only.

**- Proposal Parameters:**

The costing assumes that administrative expenses associated with the implementation of the program would be absorbed by the Health Directorate. The costing assumes that ongoing administrative expenses associated with the program would be absorbed by SCIA.

Contact Officer: R Pickrell  
Telephone: 6205 2371  
Directorate: Health

**ELECTION COMMITMENT BRIEF NO. EC LAB 017**

**ACT Labor: Grant to Health Care Consumers' Association**

**Portfolio and function**

Health – Policy and Stakeholder Relations

**Policy source**

Andrew Barr LinkedIn Publications, 12 September 2016, "Community health a priority for Labor".

**Announced policy**

Provide the Health Care Consumers' Association with an investment of \$500,000 over two years to develop clear information to help patients better understand the health system.

**Proposed Implementation Strategy**

The health literacy initiative will be designed in conjunction with ACT Health to build the capacity of consumers and carers to navigate the health system and increase their confidence to be active in their own health care.

The initiative will focus on:

- multicultural communities, older people and vulnerable populations including those living with disadvantage to build their understanding of the ACT health care system;
- development and delivery of community education and information sessions on how to access online health information; and
- working with community (lead workers and youth workers) to build their health literacy so they can provide support to people they are working with.

**Implementation issues**

The initiative will require Health Care Consumers to work closely with the Health Literacy Officer within ACT Health Media and Communications team.

**Key stakeholders**

- ACT Health staff
- People from culturally and linguistically diverse communities
- Older people
- Vulnerable populations

**Legislative impact**

No legislative change required.

**Implementation Timing**

0-12 months	X	12-24 months	24-48 months
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Subject to budget funding this commitment will be completed within two years.



**Financial considerations**

Announced cost

\$500,000 over two years.

Treasury costing

A combined Treasury costing was prepared for EC LAB 017 (\$500,000 for health literacy programs) and EC LAB 018 (\$100,000 for patient care navigators). The combined costing is below:

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-350.0	-250.0	0.0	-600.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-350.0	-250.0	0.0	-600.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-350.0</b>	<b>-250.0</b>	<b>0.0</b>	<b>-600.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-350.0</b>	<b>-250.0</b>	<b>0.0</b>	<b>-600.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment as a fixed amount of \$0.600 million over two years. The scope of the proposal would need to be managed within this level of funding.

**- Proposal Parameters:**

Expansion of the current service funding agreement with the Health Care Consumer's Association of the ACT to the value of \$0.600 million over two years.

No indexation has been applied.

The costing assumes that administrative expenses associated with expansion of the service funding agreement would be absorbed by the Health Directorate.

Directorate comments

The Directorate notes that the 2016-2019 Service Funding Agreement is currently being negotiated with Health Care Consumers Association ACT. Funding allocated for 2016-17 is \$613,929.

The proposed initiative would be implemented via a Deed of Variation to an existing Service Funding Agreement.

Contact Officer: D Wilson  
Telephone: 6205 0569  
Directorate: Health





**ELECTION COMMITMENT BRIEF NO. EC LAB 018**

**ACT Labor: Model for patient care navigators**

**Portfolio and function**

Health – Policy and Stakeholder Relations

**Policy source**

Andrew Barr LinkedIn Publications, 12 September 2016, "Community health a priority for Labor".

**Announced policy**

Provide an additional \$100,000 in the 2017–18 Budget to develop a model for patient care navigators to work with Canberrans with chronic health conditions.

**Proposed Implementation Strategy**

Implementation would be achieved by undertaking research such as looking at any existing national and international models and undertaking a literature review; undertake research assessing demand for the service; convening key stakeholders to consider options, including chronic care services; developing a proposed model that could be taken to a trial and evaluation stage in the future; and provide a Budget bid to Cabinet with sufficient time for consideration in 2017–18.

**Implementation issues**

ACT Health will work with the incoming Government to give effect to the Government policy. There may be an opportunity to combine this with Commonwealth activities being undertaken by the Capital Health Network, and in relation to COAG activities around Chronic Conditions.

**Key stakeholders**

- ACT Health
- Capital Health Network
- Calvary Health Care ACT
- Health Care Consumers' Association
- Consumers of health services

**Legislative impact**

No legislative change required

**Implementation Timing**

X	0-12 months		12-24 months		24-48 months
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**Financial considerations**

Announced Cost

\$100,000

Treasury costing

A combined Treasury costing was prepared for EC LAB 017 (\$500,000 for health literacy programs) and EC LAB 018 (\$100,000 for patient care navigators). The combined costing is below:

<b>Financial Implications</b>					
<b>Impact On:</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	0.0	-350.0	-250.0	0.0	-600.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-350.0	-250.0	0.0	-600.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-350.0</b>	<b>-250.0</b>	<b>0.0</b>	<b>-600.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>0.0</b>	<b>-350.0</b>	<b>-250.0</b>	<b>0.0</b>	<b>-600.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.  
(b) Excludes depreciation expenses.

**Other Information**

**Costing Methodology Used:**

**- Costing Technique:**

Treasury has costed this commitment as a fixed amount of \$0.600 million over two years. The scope of the proposal would need to be managed within this level of funding.

**- Proposal Parameters:**

Expansion of the current service funding agreement with the Health Care Consumer's Association of the ACT to the value of \$0.600 million over two years.

No indexation has been applied.

The costing assumes that administrative expenses associated with expansion of the service funding agreement would be absorbed by the Health Directorate.

Contact Officer: C Eadie  
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Directorate: ACT Health



**ELECTION COMMITMENT BRIEF NO. EC LAB 019a**

**ACT Labor: Remove hurdles to higher organ donation rates**

**Portfolio and function**

Chief Minister; Chief Minister, Treasury and Economic Development Directorate: Access Canberra, Licensing and Registrations Division; Health; Health Directorate: ACT Health, Canberra Hospital and Health Services; and Attorney-General; Justice and Community Safety Directorate: Legislation, Policy and Programs

**Policy source**

City News, 13 September 2016, "Labor's plans to harvest more organs".

**Announced policy**

Make it as easy as possible to sign up to be an organ donor by removing key hurdles to meet a 90 per cent organ donation rate target.

Canberrans would be assisted to sign up to be a donor at the point they renew their driver licence. All necessary organ donation information will be supplied in advance with licence registration information to allow a fully informed decision. A form with basic details already completed will be supplied with driver licences. The ACT Government will post these forms for donors. The Federal Organ Donor Register will then post organ donor cards to donors.

This reform will be accompanied by an education and awareness raising campaign, developed in consultation with Gift of Life Inc and DonateLife.

**Proposed Implementation Strategy**

1. Initial stakeholder engagement (ACT Health lead) – including Organ and Tissue Authority;
2. If pre-population of forms is to occur there will be a need to be a regulation or legislative amendment authorising use of driver licensing information to pre-populate organ donor forms;
3. Public awareness of intention to pre-fill organ donor forms using driver licensing information;
4. Policy development which includes ensuring no breach of legislation (two options):
  - a) Register promotion (ACT Health lead) – in this option, the policy would be to send material or direct drivers to online material and registration form at the time of registration or renewal as per existing and past practice with no tracking of outcomes by Road Transport Authority/link to drivers licence;
  - b) Register sign-up (opt-in) recorded and shown on drivers licence card (JACS lead) – in this option, the policy would combine option A above with the need for drivers to record on their application or renewal form whether or not they opt-in to the register and this data would be recorded in the driver licence business system and a symbol printed on the physical driver licence that is in addition to the driver receiving a separate card from AODR; and
  - c) Integrated driver licence and AODR card for ACT residents (ACT Health and JACS co-lead) – in this option, the policy would combine option A and B but the driver licence card would be co-branded and be printed double-sided so that on one side it is the ACT driver licence and on the reverse it is the AODR card (similar to the co-branded Seniors and MyWay cards);
5. ICT business system changes developed if policy option B or C were agreed to (Access Canberra lead) – development can start after regulation approved;



6. Education and awareness campaign (Access Canberra lead) – prior to start of scheme for three to six months and then ongoing as part of driver licence applications;
7. Operational planning (Access Canberra lead) – procedures and customer service staff training (approx 130 staff); and
8. Commencement (Access Canberra lead) – driver licence holders start registering and reports are made to the Australian Organ Donor Register.

#### **Implementation issues**

1. Scope of policy – policy consultation may require extensive public consultation. Consideration needs to be given to whether the policy passively encourages registration (option A), whether it nudges people towards making an informed decision (option B), or whether it is overt in encouragement (option C);
2. Regulation 84(3) of the Road Transport (Driver Licensing) Regulation 2000 authorises the distribution of information or material not related to driver licences with notices of renewal sent to licence holders if satisfied on reasonable grounds that providing the information or material is in the public interest. This provision may authorise promotional information or material that is part of a public awareness campaign on a health or safety issue, such as a campaign to increase awareness of the organ donor register. However, the distribution of pre-filled organ donor register forms may give rise to privacy issues which would need to be worked through inducing possibly the need for legislative amendment;
3. Potential legislative changes – if option B or C is agreed to, legislative change is required as the road transport legislation specifies and restricts what is required to be printed on a drivers licence and in what format (e.g. symbol to indicate certain conditions, or information about the person);
4. The driver licence business system would need modifying to record data that the person had opted-in to the register, and to enable drivers licence to be printed with a symbol indicating the person had opted-in to the register. ICT changes may take up to 12 months to implement due to existing schedule of work for rego.act business system;
5. Information exchange between ACT and AODR – currently, ACT residents complete a separate AODR supplied form that is sent to AODR at the time of application or renewal. If the policy position is option B or C, it would be necessary to resolve how this form could be integrated in to the existing driver licence form, and if so, what information AODR would require to be passed back from the ACT delivering this service on their behalf. As many driver licence processes are digital, and ACT Government has adopted a savings measure to reduce postage, it would be necessary to resolve which data and how the data is sent electronically to AODR. A mechanism would also need to be determined for the ACT to be made aware of which licence holders are registered donors, so this can be shown on the drivers licence; and
6. Education and awareness campaign Length and scope of campaign to be determined.

#### **Key stakeholders**

- Australian Organ Donor Register
- Road Transport Authority (JACS and Access Canberra)
- Organ and Tissue Authority, Australian Government
- Office of the Australian Information Commissioner
- ACT driver licence holders
- ACT Health, DonatLife ACT and Gift of Life Inc


**Legislative impact**

To ensure the most robust basis for this policy, it is considered that either an authorising provision in the *Road Transport (Driver Licensing) Act 1999* or an amendment to the Information Privacy Regulation 2014 providing that the Road Traffic Authority pre-populating organ donor forms is an exempt act.

**Implementation Timing**

0-12 months	X	12-24 months		24-48 months
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Depending on the outcomes of consultation on the best way to authorise pre-filling of forms, it is anticipated that legislative change to authorise pre-filling could occur within 6-12 months.

**Financial considerations**
Announced Cost

No announced cost.

Treasury costing

The costing below is for EC LAB 019a and EC LAB 019b combined:

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	-75.0	-195.0	0.0	0.0	-270.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	-75.0	-195.0	0.0	0.0	-270.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
<b>Net Operating Balance</b>	<b>-75.0</b>	<b>-195.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-270.0</b>
<b>Capital Requirement</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cash Surplus/Deficit</b>	<b>-75.0</b>	<b>-195.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-270.0</b>

(a) A negative number indicates a decrease in revenue or an increase in expenses.

(b) Excludes depreciation expenses.

**Other Information**
**Costing Methodology Used:**
**- Costing Technique:**

Treasury has costed each element of this commitment as a fixed dollar amount for \$270,000 over two years.

The scope of the commitment would need to be managed within this level of funding plus any amount raised through private donations.

Treasury considers the fixed amounts included in the costing request would be sufficient for the intended purpose.