



SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

- Proposal Parameters:

Treasury has costed upgrades to the Access Canberra systems as a fixed dollar amount of \$75,000 per annum over two years. Development of these systems is anticipated to commence in 2016-17 and take two years to complete. The costing assumes that administrative expenses would be met entirely by Access Canberra once implemented. Treasury has costed a community education and information campaign as a fixed dollar amount of \$50,000 in 2017-18. Treasury has costed the garden as a fixed dollar amount of \$70,000 in 2017-18.

Caveats or qualifications to the costing:

Depending on the nature of the system upgrades and garden, these costs could be capitalised. However, Treasury has adopted a conservative approach and expensed these amounts. Project management costs have not been included; it is assumed that these costs would be met from existing directorate resources.

Contact Officers: Kylie Downes Agency Manager Donate Life ACT Health 6174 5624
Leesha Pitt, Director Licensing and Registrations, Access Canberra 6205 0566
Alex Jorgensen, Senior Policy Officer, JACS 6207 0534



ELECTION COMMITMENT BRIEF NO. EC LAB 020

ACT Labor: Clinical School at University of Canberra

Portfolio and function

Health – DDG Corporate
University of Canberra

Policy source

Canberra Times, 14 September 2016, "Labor, Greens make new health election pledges, Libs to build Molonglo shops".

Announced policy

Create a \$2.3 million clinical school at the University of Canberra. The school would train nurses and allied health professionals, with teaching facilities at the Canberra Hospital and in the new UC Public Hospital.

A key feature of the school would be the use of "enhanced clinical simulation equipment", and the appointment of a full-time professor.

Proposed Implementation Strategy

Implementation would require a joint ACT Health / University of Canberra (UC) Working Group chaired by the Project Director Collaboration Partnership ACT Health and UC, which would report to the ACT Health/UC Partnership Committee for decision.

An initial implementation strategy is proposed as follows.

- Development of the proposal with Government and Cabinet agreement;
- Discussion and further collaboration between ACT Health and UC;
- Reach agreement on the location and scope of the Nursing Midwifery and Allied Health Clinical School. This agreement would need to consider the already planned shared education space at the University of Canberra Public Hospital, and the potential availability of UC badged space on Canberra Hospital campus;
- Planning approvals;
- Determine simulation equipment requirements, any required re-furbishment;
- Collaborative design work as required;
- Construction/refurbishment as/if required;
- Collaborative consideration of staffing including the potential appointment of a full-time professor and other requirements dependent on scope; and
- Agreement on ongoing governance.

Implementation issues

This commitment would require further discussion and ongoing collaboration between ACT Health and UC.

Agreement would need to be reached on the location of the Nursing Midwifery and Allied Health Clinical School. This agreement would need to consider the already planned shared education space at the University of Canberra Public Hospital, and the potential availability of UC badged space on Canberra Hospital campus.

Consideration should also be given to how the proposed Nursing, Midwifery and Allied Health Clinical School might articulate with current and future Nursing Midwifery and Allied Health Research arrangements between ACT Health and UC.

Key stakeholders

- University of Canberra
- Dean of Health
- Vice- President Campus development
- ACT Health
- DG , DDG Corporate, DDG CHHS
- Chief Nurse
- Chief Allied Health Officer

Legislative impact

No legislative change required.

Implementation Timing

	0-12 months	X	12-24 months		24-48 months
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This commitment would require clarification regarding location, budget and staffing between ACT Health and UC.

Financial considerations

Announced Cost
\$2.3 million



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Treasury costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	-2,050.0	-200.0	0.0	-2,250.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-2,050.0	-200.0	0.0	-2,250.0
- 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
Net Operating Balance	0.0	-2,050.0	-200.0	0.0	-2,250.0
Capital Requirement	0.0	0.0	0.0	0.0	0.0
Cash Surplus/Deficit	0.0	-2,050.0	-200.0	0.0	-2,250.0

(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 capped amount of \$2.25 million over two years. The scope of the proposal would need to be managed within this level of funding.

- Proposal Parameters:

The program will commence in 2017-18 and run for two years only.

Funding will be provided under an agreement between the ACT Government and UC, consisting of:

- \$0.200 million each year for two years to employ a Director of the Clinical School; and
- \$1.85 million in 2017-18 for the purchase of new audiovisual and simulation equipment and refurbishment of teaching spaces at UC and the Canberra Hospital.

No indexation has been applied.

The costing assumes that expenses associated with administering the agreement would be absorbed by the Health Directorate.

Caveats or qualifications to the costing:

As the vast majority of assets are assumed to be owned by the UC, depreciation expenses associated with any refurbishment of Health Directorate assets have not been included in the costing.

Other Comments:

It is assumed that UC will take responsibility for funding the school from 2019-20.

Directorate comments

The Directorate notes that this is a shared commitment across ACT Health and UC.

Contact Officer: Lisa Gilmore
 Telephone: 6205 1648
 Directorate: Health



POLICY COMMITMENT BRIEF NO. EC LAB 021a

ACT Labor: Investing in Calvary Public Hospital – Upgrades to Facilities

Portfolio and function

ACT Health – Corporate

Policy source

City News, 15 September 2016, "Labor promises more money for Calvary"

Announced policy

\$15 million over three years to upgrade of Calvary Public Hospital. This will include upgrade and expansion of Calvary's Emergency Department, comprising:

- New paediatric short stay beds, which allow for overnight observation.
- More adult short stay beds allowing patients to be monitored for 24 hours.
- New waiting and triage areas.

Further upgrades will also be made in surgical areas, and new imaging and diagnostic equipment installed. These upgrades will be developed in close consultation with Calvary and the clinicians who use these spaces every day.

Proposed Implementation Strategy

The announced upgrade to Calvary Public Hospital outlines the expansion of Calvary's Emergency Department, including;

- new paediatric short stay beds;
- more adult short stay beds; and
- new waiting and triage areas.

The announcement also outlines further upgrades in surgical areas, and new imaging and diagnostic equipment to be installed. All of which are to be implemented over the next three years. The plan provides Calvary with more beds to treat patients and enhanced emergency department design and layout of facilities.

Calvary Healthcare will be required to provide a business case under the Capital Framework guidelines for consideration by ACT Health, Treasury and ultimately Cabinet.

Subject to budget approval, grant funding will provided to Calvary Healthcare to undertake the works. Updates will be provided to Government through the Calvary Network Agreement meetings between ACT Health and Calvary Healthcare.

Implementation issues

The policy would require assessment and critical review of a business case submitted by Calvary Healthcare for consideration in the 2017-18 Budget context.

Key stakeholders

- ACT Health
- Calvary Public Hospital Bruce
- ACT Treasury
- Community Consultation



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Legislative impact

No legislative change required.

Implementation Timing

	0-12 months		12-24 months	X	24-48 months
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The grant would be provided over the three years from 2017-18 through 2019-20, with delivery dependent on Calvary Healthcare's program and contractual framework.

Financial considerations

Announced Cost

\$15 million.

Treasury Costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	-4,000.0	-5,000.0	-6,000.0	-15,000.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-4,000.0	-5,000.0	-6,000.0	-15,000.0
- 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
Net Operating Balance	0.0	-4,000.0	-5,000.0	-6,000.0	-15,000.0
Capital Requirement	0.0	0.0	0.0	0.0	0.0
Cash Surplus/Deficit	0.0	-4,000.0	-5,000.0	-6,000.0	-15,000.0

(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 \$15 million over three years.

- Proposal Parameters:

The commitment would commence in 2017-18 and finish in 2019-20.

The funding in this proposal would augment funds provided under the current agreement.

It is assumed that the costs of administering this program would be absorbed by the Health Directorate.

No indexation has been applied.

The costing does not include depreciation nor maintenance costs as the ACT Government would not own these assets.

Contact Officer: S Strachan
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 Directorate: ACT Health



POLICY COMMITMENT BRIEF NO. EC LAB 021b

ACT Labor: Investing in Calvary Public Hospital – Scoping Study

Portfolio and function

ACT Health – Health Infrastructure

Policy source

City News, 15 September 2016, "Labor promises more money for Calvary".

Announced policy

Conduct a scoping study for longer-term new and expanded Northside hospital facilities. This will be in consultation with healthcare professionals, who each and every day care for patients at Calvary.

Proposed Implementation Strategy

Stages in the process are:

1. Initial funding requirements – Business Case to seek planning and project initiation funding
2. Finalisation of the Clinical Services Framework
3. Review of existing asset performance and Bruce Precinct Master Plan
4. Asset alignment and performance benchmarked against new CSF and model of service delivery/models of care
5. Project Definition Phase:
 - a. Detailed clinical feasibility, demand analysis and service planning
 - b. Construction feasibility, including site assessment
 - c. Stakeholder consultation and market engagement
 - d. Scoping Study/Feasibility Report
6. Presentation of scoping study to Government for policy approval
7. Concurrent amendment of agreements to align funding and delivery of any new or expanded services or services transferring to other facilities
8. Construction procurement and delivery (should the scoping study be accepted)

Implementation issues

The policy will require information that will be available on completion of the revised Clinical Services Framework and contractual issues pursuant to the Calvary network agreement.

The final service profile developed as part of the SPIRE and Centenary Hospital proposals will influence the service profile for non-tertiary hospitals and services including the Northside hospital.

Key stakeholders

- Calvary Health Care
- Little Company of Mary
- Clinical staff and health planners
- Community stakeholders
- Private health care providers


Legislative impact

Legislative changes may be required depending on the preferred site for the northside hospital.

Implementation Timing

0-12 months	x	12-24 months		24-48 months
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- This policy is interdependent on the service profile developed through the Clinical Services Framework and the other policy announcements including SPIRE and Centenary Hospital Expansion – a scoping study/ feasibility report could be delivered for consideration in the 2018-19 Budget context.

Financial considerations
Announced Cost

No announced cost.

Treasury Costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	0.0	-1,200.0	-75.0	-1,275.0
- Employee Expenses	0.0	0.0	-400.0	0.0	-400.0
- Other Expenses	0.0	0.0	-800.0	0.0	-800.0
- Cost of Financing	0.0	0.0	0.0	-75.0	-75.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
Net Operating Balance	0.0	0.0	-1,200.0	-75.0	-1,275.0
Capital Requirement	0.0	0.0	0.0	-3,000.0	-3,000.0
Cash Surplus/Deficit	0.0	0.0	-1,200.0	-3,075.0	-4,275.0
<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 based on the cost of feasibility/scoping studies prepared for similar projects.

- Proposal Parameters:

An estimated \$1.275 million over two years commencing in 2018-19 for a scoping study to determine future hospital service needs in the north.

It is assumed that funding would cover stakeholder consultation costs, as well as staffing costs.

An estimated \$3 million for preliminary design in 2019-20.

The cost of financing has been calculated at 2.5 per cent.

Caveats or qualifications to the costing:

All costs are indicative only.

Full design works would be dependent on the outcome of the scoping study and are assumed to continue beyond 2019-20. These amounts have not been included in the costing.

Preliminary design works have been capitalised on the assumption that the asset would be owned by the ACT Government.

The costing does not include land acquisition, engineering, construction or site preparation costs. It also does not include any operating costs of a new facility.

Other Comments:

ACT Labor has not announced a commitment in relation to the construction of this project.

Contact Officer: B Burch
Telephone: 6207 2385
Directorate: ACT Health



ELECTION COMMITMENT BRIEF NO. EC LAB 022

ACT Labor: Stroke Foundation Follow-up Program

Portfolio and function

Health – Canberra Hospital and Health Services – Division of Medicine

Policy source

Stroke Foundation Website, 12 September 2016, "Vital boost for stroke support in the ACT".

Announced policy

\$320,000 to fund the territory-wide roll-out of the Stroke Foundation's Follow-up Program, which will offer crucial information, advice and support for stroke survivors as they return home from hospital.

Proposed Implementation Strategy

The announced Stroke Foundation's Follow-up Program Plan outlines the potential to expand the post-discharge care for stroke patients, and is expected to be implemented by 2018. The plan provides people with information, advice, support and referral to assist them to better manage their health and stroke recovery.

The referral process for the Stroke Foundation's Follow-up Program relies on a key contact from within the hospital to co-ordinate implementation and the ongoing referral process. The key contact within the hospital would deliver a resource information pack to patients prior to discharge, provide information about the Stroke Foundation's Follow-up Program and obtain the patient's consent for referral, a process which requires a form to be completed and sent to the Stroke Foundation.

Implementation will require a referral and management processes to the service, to be developed in collaboration with Stroke Care across the territory.

Implementation issues

The policy would require assessment of the current service delivery at Canberra Hospital and Health Services for stroke patients and their carers post-discharge, being reviewed as part of the Stroke Pathway being developed in 2016/17. This includes the development of Clot Retrieval Service across the territory.

Key stakeholders

- ACT Health
- Stroke Foundation
- Calvary Hospital
- General Practitioners



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Legislative impact

No legislative change required.

Implementation Timing

	0-12 months		12-24 months	x	24-48 months
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Subject to budget funding this commitment could be implemented by 2018. The commitment requires assessment of the current service delivery at Canberra Hospital and Health Services for stroke patients and their carers post-discharge prior to the employment and training of staff and the development of the expanded model of care.

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

Announced Cost

\$320,000

Treasury costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	-80.0	-80.0	-80.0	-240.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-80.0	-80.0	-80.0	-240.0
- 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
Net Operating Balance	0.0	-80.0	-80.0	-80.0	-240.0
Capital Requirement	0.0	0.0	0.0	0.0	0.0
Cash Surplus/Deficit	0.0	-80.0	-80.0	-80.0	-240.0

(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 \$80,000 per annum.

No indexation has been applied.

- Proposal Parameters:

The proposed program would run for four years commencing in 2017-18 and ceasing in 2020-21. The total cost of the commitment would be \$320,000 over this period. The costing assumes that administrative expenses associated with the program would be absorbed by the Health Directorate and, where a grant is awarded in turn, by the organisation receiving the grant.

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 Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC LAB 024

ACT Labor: Preventative Health Coordinator

Portfolio and function

Health – Health Improvement Branch, Population Health Protection and Promotion

Policy source

City News 15 September 2016 “Labor promises a Preventative Health Coordinator”
ACT Labor’s Ten Year Health Plan

Announced policy

Appoint a Preventative Health Coordinator to focus on keeping Canberrans healthy.

The Preventative Health Coordinator will be responsible for developing preventative health strategies, with a focus on addressing smoking rates, alcohol consumption and obesity, address the burden of disease and reduce the growing incidences of chronic health care conditions like type 2 diabetes, heart disease, depression and osteoporosis.

Proposed Implementation Strategy

Background

The cost of ill health is increasing, for example treating type II diabetes costs the Australian healthcare system \$6 billion a year (2012)¹. A recent Australian Institute of Health and Welfare report (September 2016) found most of the burden of disease comes from chronic disease and that about a third of this burden could be prevented by reducing the exposure to modifiable risk factors. The risk factors causing the most burden are tobacco use, high body mass, alcohol use, physical inactivity and high blood pressure.

Implementation

To meet this election commitment, it is proposed to appoint a Preventative Health Coordinator within the Health Improvement Branch (HIB), under the leadership of the Chief Health Officer. The role would be supported by the HIB to serve as a single point of contact within Government on preventative health strategy and implementation. HIB will be renamed to become Preventative Health Canberra.

The Preventative Health Coordinator with support from the existing resources in Preventative Health Canberra, would integrate planning and delivery of preventative health programs and initiatives, ensuring alignment, coordination and collaboration across Government and with the community,

¹ Diabetes Australia; diabetes: the silent pandemic and its impact on Australia 2012



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peak bodies and stakeholders.

Preventative Health Canberra would enhance and strengthen the existing approach to creating and sustaining health at every stage of life and across all our communities. It would develop, support and implement, and evaluate world class preventative health and health promotion programs in the ACT to improve population health, reduce health inequities and reduce hospitalisations.

Preventative Health Canberra would bring opportunities to find efficiencies and better value for money for investments in preventative health. There will be a focus on addressing smoking rates, alcohol consumption and obesity, sun smart behavior and high blood pressure to reduce the growing incidences of chronic disease, reduce health service utilisation and costs.

Preventative interventions under the Healthy Weight Initiative will continue to be led through the existing governance arrangements.

To implement the election commitment, the following actions would be taken:

- Develop position description for the Preventative Health Coordinator, advertise and appoint to the position.

The Preventative Health Coordinator will:

- Develop a Preventative Health Framework and relevant strategies.
- Ensure a focus on cost effective and best buys for preventative health.
- Enhance the power and reach of digital technology for prevention.
- Coordinate planning, delivery and evaluation of preventative health initiatives.
- Support the evaluation of the Healthy Weight Initiative in addressing overweight and obesity in the ACT population.

In addition, Health Improvement Branch will:

- Increase grants for healthy weight activities in schools and sporting clubs, administered as part of the annual Healthy Canberra Grants program.

Implementation issues

To be effective the mandate of Preventative Health Canberra will require consultation and will need to be clearly communicated to Government and non-Government partners.

Funding is subject to the ACT Government budget process. ACT Health estimates that ongoing funding is required for the Preventive Health Coordinator position plus relevant indexation. Funding will also be required for consultation and strategy development. Implementation costs may be subject to ACT Government process as well as from current resources and in outer years from realignment of the budgets.



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Additional funding is required for the Health Promotion Grants program but could be administered within existing resources.

Key stakeholders

- Other Government Agencies,
- Non-government partners e.g. Heart Foundation, Nutrition Australia, Capital Health Care Network, Alzheimer's ACT;
- Academic partners at Australian National University and University of Canberra; and
- Industry/business partners, e.g. Canberra Business Chamber.

Legislative impact

No legislative change required. The Public Health Act 1997 already provides a mandate for the Chief Health Officer to 'develop and implement strategies to promote public health'.

Implementation Timing

x	0-12 months		12-24 months		24-48 months
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The Preventative Health Coordinator could be appointed within 12 months, subject to funding availability.

Additional grant funding will be distributed in the first open round of Healthy Canberra Grants after the funding is made available.

Financial considerations

Announced Cost

No announced cost.

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

See "implementation issues" for information relating to resourcing required to implement this commitment.

Contact Officer: J Greenfield
Telephone: 62059440
Directorate: ACT Health

ELECTION COMMITMENT BRIEF NO. EC LAB 026**ACT Labor: Expand "It's Your Move" program****Portfolio and function**

Health – Chief Health Officer
ACT Education

Policy source

Canberra Times 13 September 2016 "Labor pledges free vaccinations for Canberra babies".

(Policy announced within the vaccinations commitment)

Announced policy

Expand the "It's Your Move" program to more high schools in the ACT.

Proposed Implementation Strategy

To implement the election commitment the following actions would be taken to expand the *It's Your Move* program to more ACT high schools across the public, Catholic and Independent sectors.

- Offer the *It's Your Move* program to all ACT high schools (public, catholic and independent schools)
- Assess proposals with a focus on cost effective and best buys for preventative health solutions in high schools that will ultimately be incorporated in schools' core activities
- Provide grants to schools to implement *It's your Move*;
- Provide implementation support to schools;
- Procure providers to support implementation of the program; and
- Develop and implement evaluation of the program.

Implementation issues

To be effective, the *It's Your Move* program will be offered to all ACT high schools (public, Catholic and Independent schools) with the aim of expanding the program, not all schools may wish to participate. Expansion will require further consultation with Government and non-Government school sectors.

Key stakeholders

- Other government directorates (eg. ACT Education Directorate)
- Non government partners (eg. Catholic Education Office and The Association of Independent Schools of the ACT)
- Industry/business partners working with schools (eg. ThinkPlace Australia)



Legislative impact

No legislative change required. The *Public Health Act 1997* provides a mandate for the Chief Health Officer to 'develop and implement strategies to promote public health'.

Implementation timing

	0-12 months		12-24 months	X	24-48 months
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The It's Your Move program will be progressively expanded starting in the first 12 months and continued to be expanded over a 48 month period.

Financial considerations

Announced cost

No announced cost.

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: J Greenfield
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Directorate: ACT Health



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ELECTION COMMITMENT BRIEF NO. EC LAB 032

ACT Labor: Health Research

Portfolio

Health – Innovation

Policy source

Labor Press Release, "Labor's ten year plan to keep Canberra healthy".

Announced policy

Provide \$3 million to support health research in key areas.

Proposed Implementation Strategy

This initiative will provide the Health system with additional funding to conduct research in key areas to be identified through the implementation process. Key implementation steps include:

- Reviewing current areas of research
- Consultation with key stakeholders including University partners
- Identification of priority areas of need
- Presentation opportunities to Government
- Facilitation of research

Implementation issues

Implementation will require agreement on priority areas in which the research will be conducted within the budget available.

Key stakeholders

- ANU and UC
- ANU Medical School
- Capital Health Network
- Winnunga Nimmityjah
- Health Care Consumers Association of the ACT
- Researcher clinicians from all disciplines.
- Medical Researchers from all disciplines
- Philanthropic organisations that support research into health

Legislative impact

No legislative change required

Implementation Timing

x	0-12 months	12-24 months	24-48 months
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The support and coordination of research can occur in the first 12 months, with specific research endeavors to follow.



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Financial considerations

Announced Cost

\$3 million.

Treasury costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	0.0	-1,000.0	-1,000.0	-2,000.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	0.0	-1,000.0	-1,000.0	-2,000.0
- 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
Net Operating Balance	0.0	0.0	-1,000.0	-1,000.0	-2,000.0
Capital Requirement	0.0	0.0	0.0	0.0	0.0
Cash Surplus/Deficit	0.0	0.0	-1,000.0	-1,000.0	-2,000.0

(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 million per annum for three years only.

- Proposal Parameters:

The funding would commence in 2018-19 and cease in 2020-21.

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

No indexation has been applied.

The costing assumes that administrative expenses for the health research grants program would be met by the Health Directorate.

Caveats or qualifications to the costing:

The proposal includes funding of \$1 million in 2020-21, bringing the total cost to \$3 million over three years.

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 Directorate: ACT Health



ELECTION COMMITMENT BRIEF NO. EC LAB 033

ACT Labor: Family Assistance Fund

Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

Labor Press Release, "Labor's ten year plan to keep Canberra healthy".

Announced policy

Establish a new Family Assistance Fund to provide financial support for parents to be with their child when visiting hospitals interstate. This will assist families for example who may have a child with cancer and who need to travel to Sydney to access specialist treatment.

Proposed Implementation Strategy

This new initiative will provide financial support for families to be with their child when accessing Tertiary Children's Hospitals and services in NSW – when the service is not offered in the ACT. This new initiative will supplement the Interstate Patient Travel Assistance Scheme (IPTAS) program.

Stages in the process are:

1. Consult with families to determine specific areas of support required
2. Establish funding guidelines and referral processes
3. Develop process for assessing funding applications and providing financial support
4. Test process with families and refine as required
5. Develop communication strategy and implement new fund

Implementation issues

The policy would require development of funding guidelines and a communication strategy. Consideration will need to be given to the current IPTAS program to ensure there is no overlap.

Key stakeholders

- Families of ACT children requiring care in NSW
- Centenary Hospital for Women and Children

Legislative impact

No legislative change required.

Implementation Timing

X	0-12 months	12-24 months	24-48 months
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The program could be developed and implemented within 12 months.



SENSITIVE - CABINET
ELECTION COMMITMENT BRIEF – OCTOBER 2016

Financial considerations

Announced Cost

No announced cost.

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: I Thompson
Telephone: 6244 2728
Directorate: Health



SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

ELECTION COMMITMENT BRIEF NO. EC LAB 083

ACT Labor: Inner North Walk In Centre

Portfolio and function

Health – Innovation

Policy source

Andrew Barr, Twitter, 9 October 2016.

Announced policy

A new nurse led walk in centre in the Inner North, as part of a network of five centres across Canberra.

Proposed Implementation Strategy

Stages in the process are:

1. Initial funding requirements – Business Case to seek planning and project initiation funding (2016-17 or 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; and
 - f. Business Case development (capital funding) - Budget Cabinet Submission.
3. Design and Construction Phase:
 - a. Planning (continuation of above);
 - b. Documentation;
 - c. Construction; and
 - d. Commissioning.
4. Clinical commissioning and post commissioning; and
5. Post occupancy evaluation.

Implementation issues

The implementation of this policy would need to be informed by the completion of the Clinical Services Framework.

Key stakeholders

- Clinicians
- Community interest groups
- Construction industry

Legislative impact

No legislative change required.



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Implementation Timing

	0-12 months		12-24 months	x	24-48 months
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Financial considerations

Announced Cost

No announced cost.

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: B Burch
 Telephone: 6207 2385
 Directorate: ACT Health

ELECTION COMMITMENT BRIEF NO. EC LAB 091

ACT Labor: Health care checks for grade six students

Portfolio and function

Health – Canberra Hospital and Health Services, Women, Youth and Children

Education

Policy source

Andrew Barr Linked in, 10 October 2016, "Labor to extend health care checks to grade six students"

Announced policy

Introduce a new health check for grade six students in all schools to help identify health issues early.

Around 4,800 grade six students each year will benefit from the health check covering vision, hearing, height, and weight and development checks. The program will commence in 2018.

Proposed Implementation Strategy

The announced Health Care Checks for year six students is to commence in 2018. The plan provides for each year six student to have a health screen with the focus on vision, height, weight, BMI and mental health issues.

Proposed implementation steps:

- Review current arrangements with schools and consult with stakeholders;
- Employment and training of nurses;
- Develop operational and clinical guidelines;
- Deployment of new nurses to schools;
- Development of service pathways including intervention and communication of results to parents and schools; and
- Ongoing review of outcomes and value of the program would be measured through staff, student, parent and teacher satisfaction surveys and also through monitored occasions of service.

Implementation issues

In order to implement this policy , ACT Health would require discussion with the Australian Nursing and Midwifery Federation to consider the Registered Nurse 1 positions (only) falling under schedule four of the nursing and midwifery EBA (work is during the school term only)

This would be a change in practice in schools, consultation with parents and key stakeholders would form an integral part of the development of this policy.



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Catch up clinics would need to be offered if the student was absent from school (similar to those offered if a student is absent from the kindergarten health check)

Development of intervention pathways would need to be undertaken to deal with results that raise concerns about a student's health.

The Education Directorate would assess the administrative impact on schools, to ensure there are no adverse impacts on work currently underway to reduce administrative tasks for school staff.

Key stakeholders

- Education Directorate
- Consumer representatives
- School Staff
- Parents
- Health Directorate
- Capital Health Network
- Education Unions
- Australian Nursing and Midwifery Federation

Legislative impact

No legislative change required

Implementation Timing

	0-12 months	X	12-24 months		24-48 months
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The extended health care checks to grade six students policy could be implemented by 2018.

Financial considerations

Announced Cost

\$4 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.

Contact Officer: E Chatham
 Telephone: 6174 7389
 Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC LAB 093a

ACT Labor: Mental Health: Additional Funding

Portfolio and function

Health – Policy and Stakeholder Relations

Policy source

Canberra Times, 12 October 2016, "ACT election: Labor focuses on mental health as Greens and Liberals trade blows on advertising".

Announced policy

Invest \$7.5 million in mental health services if re-elected, including:

- \$1.5 million to create a pilot version of the Black Dog Institute's lifespan program, which is currently being trialled in NSW to reduce suicide rates. The program aims to deliver a 20 per cent reduction in suicides by working with GPs to improve early detection and by increasing mental health awareness in high schools;
- \$2.3 million to fund an undisclosed mental health service for vulnerable and marginalised youth;
- \$1.6 million would allow youth service Headspace to employ five more staff; and
- Funding for a support group to assist Canberrans upset by 'damaging commentary surrounding marriage equality.'

Proposed Implementation Strategy

Implementation stages for trial of Black Dog Institute's Lifespan program:

1. Approach Capital Health Network (CHN) as a strategic partner and potential co-commissioner in this trial work;
2. Broad consultation with the community sector, Education Directorate, and the Black Dog Institute. Establish linkages with existing programs and services for service integration and coordination;
3. Establish a collaborative with representatives including the CHN, ACT Health, and community organisations to lead the trial in partnership;
4. Tender for additional program/service requirements for the trial if and where gaps arise; and
5. Be guided by Black Dog with respect to evaluating the trial of Lifespan.

Implementation for the funding of undisclosed mental health services and an LGBTIQ support group:

1. Consult with the community mental health sector, CHN and MHJHADS to identify vulnerable and marginalised youth to target. The planned community sector NGO review will also help guide this process;
2. Tender for additional services to better target youth who are identified as being marginalized or vulnerable within the ACT community (only if additional services are not to be provided by public mental health services);



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3. A Gender Agenda (AGA) is an existing agency that ACT Health funds. Undertake a variation to AGA's Standard Funding Agreement to include additional funding for the establishment of a support group to assist Canberrans upset by 'damaging commentary surrounding marriage equality'; and
4. Maintain general program management with successful organisations once funding agreements have been executed.

Additional staff for headspace:

1. Liaise with local ACT headspace organisation and CHN who currently fund the organisation;
2. Single select procurement approach to provide this funding to headspace.

Implementation issues

Black Dog's Lifespan program –

- Lifespan is an evidence-based systems approach involving simultaneous implementation of nine strategies proven to reduce suicide, including improved access to mental health care, education programs for people at the front line, minimizing access to lethal means, encouraging safe conversations, and providing services to people who have recently attempted suicide.
- While a number of these programs and services are already funded by ACT Health, trialing the Lifespan program would enable a more integrated and coordinated whole-of-community response to suicide prevention. CHN also have a key role in suicide prevention and therefore would be strategic partners - and potential co-commissioners, in this trial work.
- Existing programs and services funded in the proposed domains of Lifespan include: MIEACT (school and community mental health education programs), Lifeline and OzHelp (training on safe conversations), Let's Talk (suicide prevention campaign), and beyondblue (support following a suicide attempt).

ACT Health already funds AGA to undertake mental health work with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people and other gender variant or gender non-conforming people. Beginning in 2016-17, ACT Health increased funding to this organization by \$150,000 per annum to ensure the sustainability and viability of the organization and its programs. As a result, ACT Health currently provides a total of \$313,000 per annum in recurrent funding to AGA.

headspace staff – Mental Health Policy Unit (MHPU) does not generally provide funding solely for clinician wages.

Key stakeholders

- Community mental health sector
- Education Directorate
- MHJHADS
- CHN
- Black Dog Institute
- headspace



Legislative impact

No legislative change required.

Implementation Timing

X	0-12 months	X	12-24 months		24-48 months
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0-12 months: Single select procurement for headspace and AGA initiatives.

12-24 months: \$2.3 million funding for undisclosed mental health services targeting vulnerable and marginalized youth.

12-24+ months: Trial of Lifespan, pending advice from Black Dog.

Financial considerations

Announced Cost

\$7.5 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: J Brooker
Telephone: 6207 1347
Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC LAB 093b

ACT Labor: Mental Health: A Gender Agenda

Portfolio and function

Health – Policy and Stakeholder Relations

CSD – Strategy, Participation and Early Intervention, Community Participation Group

Policy source

Canberra Times, 12 October 2016, “ACT election: Labor focuses on mental health as Greens and Liberals trade blows on advertising”.

Announced policy

Create a support group called “A Gender Agenda” to assist any Canberran upset by “damaging commentary surrounding marriage equality”.

Proposed Implementation Strategy

Note: A Gender Agenda (AGA) is an existing agency that ACT Health funds for support services and community literacy programs specifically regarding the transgender and Intersex community. The broader LGBTIQ community is at risk concerning “damaging commentary surrounding marriage equality”, and is best represented by the LGBTIQ Community Consortium. This consortium is currently funded by CSD and constituent members are: the AIDS Action Council, A Gender Agenda, Northside Community Service and Sexual Health and Family Planning ACT. Undertake a single select procurement LGBTIQ Community Consortium to assist LGBTIQ community members adversely affected by ‘damaging commentary surrounding marriage equality.’

Stages in the process are:

1. Consult with relevant LGBTIQ community members and organizations as well as health stakeholders/services to further scope the issues and needs.
2. Undertake a single select procurement for the LGBTIQ Community Consortium to assist with access to appropriate psychological services for LGBTIQ community members adversely affected by ‘damaging commentary surrounding marriage equality.’

Implementation issues

The Consortium would be best placed to respond to short lead times and the funding could be used to augment existing counseling services for target LGBTIQ people.

Key stakeholders

- Relevant LGBTIQ community members and organizations as well as health stakeholders and services.
- Community Services Directorate

Legislative impact

No legislative change required.



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Implementation Timing

<input checked="" type="checkbox"/>	0-12 months	<input type="checkbox"/>	12-24 months	<input type="checkbox"/>	24-48 months
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Single select procurement to an already existing LGBTIQ Consortium which is best placed to establish this support group and with strong linkages with consumers in the ACT.

Financial considerations

Announced Cost

No announced cost.

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: J Brooker
Telephone: 6207 1347
Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC LAB 093c

ACT LABOR: Mental Health: Expand Mental Health Consultation Liaison Service

Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

ACT Labor Press Release, 12 October 2016, "Labor to bring groundbreaking mental health service to Canberra".

Announced policy

Provide \$1.6 million to expand the Mental Health Child and Adolescent Consultation/Liaison Service so it can run seven days per week.

Proposed Implementation Strategy

Expansion of Mental Health Child and Adolescent Consultation/Liaison Service to reflect increasing demand and current service gaps.

- This is an expansion of an existing service, which currently has nursing staff of 1.5 FTE. One FTE position works in the emergency department Monday to Friday during business hours and .5 FTE position works within paediatrics over 3 days Monday to Friday. Consultant psychiatrist works 0.4 FTE providing assessment, medical review, diagnosis, psycho-pharmaceutical advice, referral and liaison.
- The service will expand by 1.6 FTE to provide these services 7 day a week service.

Implementation issues

This policy will require consultation with key stakeholders and employment of staff.

Key stakeholders

- Health Directorate staff including paediatrics

Legislative impact

No legislative change required

Implementation Timing

0-12 months	X	12-24 months	24-48 months
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The commitment could be implemented in 12 – 24 months.

Financial considerations

Announced Cost

\$1.6 million

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



ELECTION COMMITMENT BRIEF NO. EC LAB 095

ACT Labor: Help for new parents

Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

City News, 14 October 2016, "Labor promises to help new parents".

Announced policy

Increased support for new and expecting Canberra Mums and Dads.

Expand our perinatal service and help increase the support offered to new parents by Post and Ante Natal Depression Support and Information (PANDSI).

We will commit \$2 million to fund more clinicians to exist the existing perinatal mental health consultation liaison service from five to seven days a week.

In addition to expanding our services we will also provide dollar for dollar funding for the annual PANDSI 'cake off' in addition to the core funding provided by ACT Health. It will continue to grow and we want to further encourage community donations by matching these commitments dollar for dollar up to \$25,000 a year over the next four years.

Proposed Implementation Strategy

Expansion of Perinatal Mental Health Consult/Liaison Service to reflect increasing birth demand and current service gap from the current 5 day per week service to a 7 days per week service.

- Review the way health services are delivered that outlines the best delivery of health care for this service and consult with key stakeholders
- Employment of appropriate staff as per profile – 1.65 FTE
 - Medical – 0.6
 - Nursing – 1.05
 - Total – 1.65 FTE

The commitment matches funds raised through the community by PANDSI, the community sector provider, during their "cake off". This may commit up to an additional \$100,000 over four years.

Stages in the process are:

- Consultation with Post and Ante Natal Depression Support and Information (PANDSI)
- Individual grant process for PANDSI each year reflecting the matched funding against the funds they raise.



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Implementation issues

This policy will require consultation with key stakeholders and employment of staff.

Key stakeholders

- Health Directorate staff
- Obstetrics and Gynecology
- Maternal and Child Health Nursing Services
- Post and Ante Natal Depression Support and Information

Legislative impact

No legislative change required at this stage.

Implementation Timing

	0-12 months	x	12-24 months		24-48 months
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Financial considerations

Announced Cost

\$2 million and matched funding up to \$25,000

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: K. Bracher
 Telephone: 6205 1313
 Directorate: Health

2016 ELECTION COMMITMENTS
ACT Greens

NO	TITLE
1	001 - Legalise medicinal cannabis for those suffering chronic or terminal illnesses
2	014a - Pill Testing
3	020 – Reducing and Preventing Suicide in Canberra
4	023 - Office for Mental Health
5	024b - Preventative Health Strategy
6	025 - Two new Walk-In Centres
7	045a - More Nurses for Canberra: More Nurses, More Practitioners
8	045b - More Nurses for Canberra: More Home and Community Nurses
9	045c - More Nurses for Canberra: Keeping our health workers safe
10	045d - More Nurses for Canberra: Indigenous Health
11	045e- More Nurses for Canberra: \$1.5million to Dental care for low income families
12	046c - Gender Health Clinic



ELECTION COMMITMENT BRIEF NO. EC GRN 001

ACT Greens: Legalise medicinal cannabis

Portfolio and function

Health – Office of the Chief Health Officer and JACS – Legislation, Policy and Programs

Policy source

Canberra Times 17 October 2015 “One Year Out: Rail, rates and renewal questions for 2016 ACT election”

Announced policy

Legalise medicinal cannabis for those suffering chronic or terminal illnesses.

Proposed Implementation Strategy

Health and JACS will work with the incoming Government to develop the required strategies to give effect to the policy.

It should be noted that under the previous Government work was underway to develop and implement a medicinal cannabis scheme (the Scheme) in the ACT that would allow patients to legally access high quality, safe medicinal cannabis products in appropriate clinical circumstances. The development and implementation of the Scheme was to be informed by two expert advisory committees. These committees were to provide high level advice to Government on the development of clinical guidelines and regulations and the broader economic, legal and social issues related to the introduction of the Scheme.

Implementation issues

The policy would require extensive consultation with the Commonwealth Government and other jurisdictions, as well as with various professional organisations (e.g. AFP, Medical Practitioners, pharmacists, academia etc).

Commonwealth changes to legislation (including the rescheduling of certain medicinal cannabis products to schedule 8 of the Poisons Standard) allow the implementation of a medicinal cannabis scheme in all jurisdictions. Licensing of the cultivation and manufacture of medicinal cannabis products is a Commonwealth responsibility under the *Narcotic Drugs Act 1967*. States and territories are responsible for determining arrangements for the prescription, supply, distribution, possession and use of medicinal cannabis.

Key stakeholders

- Law enforcement
- health sector
- community sector
- non-government organizations
- professional bodies



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- other Australian Governments
- Therapeutic Goods Administration
- Office of Drug Control

Legislative impact

No legislative change required at this stage.

Implementation timing

Assistant Minister for Health, Meegan Fitzharris MLA, indicated during 2016 that a scheme was likely to be in place in 2017. The timing would depend largely on the requirement to consult broadly and satisfactorily address the complex policy issues associated with the introduction of the Scheme.

Financial considerations

Announced cost

No announced cost

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

Financial implications can be assessed as part of the further development of the policy.

Contact Officer: E Harper
 Telephone: 6205 2245
 Directorate: ACT Health



SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

ELECTION COMMITMENT BRIEF NO. EC GRN 014a

ACT Greens: Pill testing at festivals

Portfolio and function

Health – Population Health Protection and Prevention

Policy source

ABC News website 30 August 2016 "Pill testing a possibility for Canberra music festivals with ACT Greens to push idea"

ACT Greens website "A New Approach to Drugs: Keeping People Safe and Healthy"

Announced policy

Pill testing trial at Canberra music festivals.

Proposed Implementation Strategy

ACT Health will work with the incoming Government to assist in developing required strategies to give effect to the Government's policy. Options might include:

- a) Reform of the ACT's regulatory environment to allow pill testing (with the testing provided by festival organisers or another provider)
- b) Provision of the trial of pill testing by the Population Health team. Should this option be chosen, the scope of any such trial would need to be clearly defined. The trial would need to investigate the challenges of transporting and maintaining what is laboratory equipment in a field environment, and optimising the equipment and methods to provide a fit for purpose analysis. These challenges are not insignificant and it may not be possible to fully optimise all of these elements.

Before commencement of any pill testing trial, the Government would need to:

- a) Consider philosophical, ethical and legal aspects of a proposed trial and consult with stakeholders on the trial;
- b) Study national and international precedents to assist in the development of the trial;
- c) Develop the regulatory and policy framework for the trial;
- d) Develop strategies for providing health advice regarding drug consumption and gathering drug consumption data at the time of testing.

These may also be potential to partner with the Australian Federal Police to utilise the existing mobile laboratory – MobiLab. This can also be explored as part of policy development.

Implementation issues

Pill testing is not only a potential harm minimisation approach, but can also act as an early warning system to monitor drug trends in the community. Proponents of pill testing suggest that testing substances before they are consumed will give the consumer knowledge of the potential hazards and lead to a reduction in associated risk.



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Where pill testing has been introduced overseas, the program has shown potential for reducing harm associated with illicit drug taking.

A decision will need to be made as part of the policy development process as to the type(s) of testing that would be offered or approved as this will impact on the quality/value of the tests and therefore the achievement of the desired policy outcome of harm minimisation:

- a) Simple testing, such as colour tests, can give useful initial information, but they can only identify classes of drugs. They have limited ability to identify specific drugs and are extremely limited in their ability to determine if more than one drug is present. The risk is that many drugs and adulterants do not give positive results when subjected to this type of testing, which can lead to their presence being overlooked. This testing is also unable to give any information regarding the amount of drug that is present.
- b) More advanced testing systems which would provide comprehensive information on drug composition enabling medical practitioners to provide more accurate information to drug users at the time of testing. Drug consumption information could also be obtained at the time of testing. These statistics could be invaluable for future drug related strategies.

Key stakeholders

- AFP/ACT Policing
- Justice and Community Safety Directorate
- ACT Health Alcohol and Other Drug Policy
- Technical experts
- Festival-going public
- Event organisers
- Key non-government and advocacy groups

Legislative impact

Amendments to regulation may be required to support a pill-testing scheme.

Implementation Timing

	0-12 months		12-24 months	x	24-48 months
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Subject to decisions to be made during policy development, it is anticipated that a trial could be implemented in 24-48 months.

Financial considerations

Announced cost

No announced cost.

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 cost for the program will be dependent on the model chosen and the required level of accuracy and dependability of a testing regime

Contact Officer: Dr Paul Kelly
Telephone: 6205 0883
Directorate: ACT Health



ELECTION COMMITMENT BRIEF NO. EC GRN 020

ACT GREENS: Reducing and preventing suicide in Canberra

Portfolio and function

Health – Policy and Stakeholder Relations

Policy source

ACT Greens Website, 9 September 2016, "Greens back targets and a new approach to suicide prevention".

Announced policy

The ACT Greens plan for suicide prevention includes:

- I. Setting a target to reduce suicide by 50% by 2025, in line with calls from Suicide Prevention Australia.
- II. Establishing a Suicide Expert Committee, along the lines of the Child Death Review Committee, to properly examine suicides in the ACT and make policy recommendations to ACT Government to help us better respond to and prevent suicide.
- III. Advocating for the creation of a national suicide register through representation at the Ministerial Council level, and the development of improved suicide prevention campaigns relevant to the ACT community.
- IV. Enhancing anti-stigma and health promotions strategies to challenge the ongoing misunderstanding and misrepresentation of the lived experience of mental illness- particularly in relation to at risk groups, such as Aboriginal and Torres Strait Islander, LGBTI and CALD communities.

Proposed Implementation Strategy

The ACT Greens are proposing four separate policies which would require separate implementation strategies. Refer to 'Implementation Timing' for more information.

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

Implementation issues

The policy of setting a target to reduce suicide would require support of the Chief Psychiatrist and local experts and clinicians. The small size of the ACT population makes meaningful target-setting difficult, particularly if raw numbers rather than rates are used. This means there may be statistically misleading variations between years which, taken in isolation, may not accurately represent progress.

Some of the abovementioned policies will need to be carefully considered to avoid duplication with initiatives being pursued at a national level. The Australian Government announced a renewed approach to suicide prevention as part of its response to the National Mental Health Commission's (NMHC) *Contributing Lives, Thriving Communities: Review of Mental Health Programmes and Services in 2015*. This includes national leadership, support to anti-stigma and awareness campaigns, and the commissioning of regionalised mental health and suicide prevention activity through primary health networks (PHNs).

Key stakeholders

- Health Directorate
- ACT Mental Health Consumer Network
- ACT Mental Health Community Coalition
- Centre for Mental Health Research at the Australian National University
- OzHelp Foundation

Legislative impact

No legislative change required.

Implementation Timing

- I. This policy could be implemented following development of a strategy and implementation plan. A strategy would take approximately two years to develop and require a Cabinet Submission process: estimate two - three years for policy implementation.
- II. This policy could be implemented quickly after Cabinet agreement. A committee could be established within a year.
- III. This policy could be implemented quickly after Cabinet agreement in the first year.
- IV. This strategy is part of ongoing policy and could be honed to reflect the Greens priorities.

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

Announced Cost

As part of the announcement, the Greens have committed \$100,000 for the development and implementation of new targeted health education activities to reduce suicide.

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 Dawson
Telephone: 6207 2519
Directorate: Health

ELECTION COMMITMENT BRIEF NO. EC GRN 023

ACT GREENS: Office for Mental Health

Portfolio and function

Health – Mental Health Policy Unit
JACS – Legal Unit

Policy source

City News, 13 September 2016, "Greens promise more help for mental health".

Announced policy

- Create a new Office for Mental Health in consultation with local representative bodies and service providers such as the Capital Health Network, local community based advocacy services and government officials; and
- Empower the Office for Mental Health to provide independent reports and advice to the community and government on what is working and what is not working in the delivery of mental health services; and have a role in partnering and monitoring the delivery of programs.
- The Office for Mental Health will also have a role in coordinating the range of support services.

The Office for Mental Health will:

- Examine the recent gap analysis undertaken by the ACT Primary Health Network into mental health services, and support increased funding to key areas of need, particularly in the community mental health sector;
- Ensure ongoing whole of sector coordination; Increase carer and consumer representative involvement with the Crisis Assessment and Treatment Team; and
- Increase funding for behaviour management programs and cognitive behavioural programs that focus on emotional regulation.

Proposed Implementation Strategy

Stages in the process include:

1. Consultation with the sector to determine planned approach to setting up the Office for Mental Health.
2. Seek Cabinet agreement to the policy.
3. Legislation amendment to establish a Statutory Body and Office Holder e.g. Chief Officer for Mental Health.
4. Fit-out of office in existing ACT Government office space.
5. Appointment of Chief Officer for Mental Health and recruitment/ of three staff: a Senior Officer and two Administration/Research Officers.
6. Establishment of Office for Mental Health.
7. Lead time for the Chief Officer for Mental Health.r to develop an appropriate level of understanding of the mental health services andsector, consult widely with the sector and establish the Office and their key responsibilities and priority action areas.

Implementation issues

In a small jurisdiction, this policy risks duplication with:

1. The Mental Health Advisory Council (MHAC) legislated under the *Mental Health Act 2015* (close to finalisation). The MHAC will be responsible for providing independent advice to the Health Minister about:
 - (i) emerging or urgent mental health issues; and
 - (ii) mental health service reforms; and
 - (iii) mental health policy; and
 - (iv) mental health legislative change; and
 - (v) anything else in relation to mental health requested by the Minister; any other function given to the council under this Act.

2. The role of the Capital Health Network (CHN) under its brief from the National Mental Health Commission’s Review of mental health programmes and services. As part of its role, the CHN is required to produce a comprehensive mental health and suicide prevention needs assessment followed by a regional mental health and suicide prevention plan. This plan is due by November 2016.

Potentially the MHAC could provide advice to the Office for Mental Health, to then feed up to the ACT Minister for Health. This would avoid two parallel, duplicative advisory bodies providing independent advice in a small jurisdiction.

The policy does not allow for professional/lived experience representatives (carers and consumers) in keeping with ACT Government policy and similar to the structure of the NSW Mental Health Commission.

Key stakeholders

- ACT Government: Mental Health, Justice Health, Alcohol and other Drug Service
- Community mental health sector including carers, consumers, and service providers
- Capital Health Network
- Mental Health Official Visitors

Legislative impact

The Office for Mental Health would be a statutory body, which requires amendment to legislation. Statutory bodies are established if there is some need for independence from the local government and are subject to varying degrees of Ministerial control which are specified in the statutory body’s enabling legislation. This would likely be the *Mental Health Act 2015*.

Implementation Timing

	0-12 months	X	12-24 months		24-48 months
I.	It would likely take most of the first year to amend legislation and establish the Office for Mental Health. The Office could be operational in the second and third year of government.				
II.	Implementation of policies related to increasing carer and consumer participation in the Crisis Assessment and Treatment Team could be implemented in the first year.				
III.	Seeking increasing funding for key areas of need and behaviour management programs would take more than one year due to timing of budget cycles.				



SENSITIVE - CABINET

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

Announced Cost

No announced cost

Treasury costing

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	-915.1	-914.9	-940.4	-2,770.4
- Employee Expenses	0.0	-687.3	-707.0	-727.3	-2,121.6
- Other Expenses	0.0	-227.8	-207.9	-213.1	-648.8
- 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
Net Operating Balance	0.0	-915.1	-914.9	-940.4	-2,770.4
Capital Requirement	0.0	0.0	0.0	0.0	0.0
Cash Surplus/Deficit	0.0	-915.1	-914.9	-940.4	-2,770.4

(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:

The costing is based on a staffing structure of a Chief Officer, and three additional Full-Time Equivalent (FTE) staff. The costing assumes that office space would be provided by the Health Directorate.

- Proposal Parameters:

Employee costs for the Chief Officer are as per *Determination 4 of 2016: Full Time Statutory Officer Holders* (the Determination) and have been indexed. The Chief Officer's salary and allowances are at the same level as identified for Commissioners. These include:

- a salary of \$188,600 as per the Determination; and
- cash payments in lieu of an executive vehicle, car parking and fringe benefits.

Additional staffing of three FTEs staff has been included. The expenses profile includes one SOG A and two ASO 6s.

The costing also includes:

- annual expenses for communications/media and travel;
- one-off recruitment, set-up and relocation costs in 2017-18;
- an allowance for education and training expenses in 2018-19; and
- funding for an annual review starting from the 2018-19 financial year.

Indexation of 2.5 per cent has been applied.

Contact Officer: R Dawson
 Telephone: 6207 2519
 Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC GRN 024b

ACT Greens: Keeping Canberrans Healthy - A Preventative Health Strategy

Portfolio and function

Health – Population Health Protection and Prevention

Policy source

ACT Greens Website, 21 September 2016, Preventative Healthcare

Announced policy

The ACT Greens will:

- Develop a new comprehensive preventative health strategy;
- Provide the technical leadership to better co-ordinate and refocus the existing Healthy Weight Initiative to ensure that the ACT is genuinely focused on preventing obesity, cardiac disease and type 2 diabetes in particular; and
- Provide \$1 million in increased funding for targeted and evidence based Health Promotions Grants.

Proposed Implementation Strategy

To implement the election commitment the following actions would be taken:

- Appoint a preventive health officer to coordinate the development of the preventive health strategy;
- Develop a new comprehensive Preventative Health Strategy and relevant approaches, through a review of the evidence base, consultation with relevant stakeholders and the community;
- Support and evaluate the Healthy Weight Initiative in addressing overweight and obesity in the ACT population;
- Undertake an independent review on the Healthy Weight Initiative as part of the evaluation framework to ensure a focus on cost effective and best buys for preventative health, focusing on the prevention of obesity, cardiac disease and type 2 diabetes in particular; and
- Provide additional funding to the existing annual Healthy Canberra Grants program for targeted and evidence based health promotion and prevention programs.

Implementation issues

To be effective the development of the Preventative Health Strategy will require consultation across Government and with non-Government partners, a review of the evidence and the national policy context. The Preventative Health Strategy will need to be mandated and clearly communicated to Government and non-Government partners to be an effective coordination tool.



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Key stakeholders

- Other government agencies
- Non-government partners, eg. Heart Foundation, Nutrition Australia, Capital Health Care Network, Alzheimer's ACT
- Academic partners at Australian National University and University of Canberra
- Industry/business partners, e.g. Canberra Business Chamber

Legislative impact

No legislative change required. The *Public Health Act 1997* already provides a mandate for the Chief Health Officer to 'develop and implement strategies to promote public health'

Implementation Timing

	0-12 months	X	12-24 months		24-48 months
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A new Preventative Health Strategy could be developed within 12-24 months.

Grant funding will be distributed in the first open round of Healthy Canberra Grants after the additional funding is made available.

Financial considerations

Announced cost

\$1 million in increased funding for targeted and evidence based Health Promotion Grants

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: J Greenfield
 Telephone: 6205 9440
 Directorate: ACT Health



ELECTION COMMITMENT BRIEF NO. EC GRN 025

ACT Greens: Two new Walk-in Centres

Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

ACT Greens Website, 14 September 2016, "Keeping Canberra Healthy: Greens release plan for a healthier Canberra".

Announced policy

- » Open two more Walk-in Centres - in Dickson and Weston Creek - to provide a viable alternative for the increasing and anticipated population.
- » Undertake a review of the data on emergency department presentations and referrals from existing Walk-in Centres to identify whether opening hours and types of medical treatments can be expanded to further alleviate pressure and provide more choices for community based care; and
- » Ensure that Walk-in Centres are providing the full range of appropriate services.

Proposed Implementation Strategy

This plan outlines a proposal to replicate the Walk-In Centre model to serve the needs of the North Canberra 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. 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;
- Undertake a review of the data on emergency presentations and referrals from existing centres;
- Analyse data to determine opening hours and types of presentations to be expanded to alleviate current pressure on community based care.
- Identification of the appropriate model of care;
- Procurement or lease of facilities.
- Procurement of necessary products/consumables; and
- Staff Recruitment.

Implementation issues

The policy would require investigation into suitable accommodation for the Walk-in Centres. There is not enough space at the Dickson Health Centre to house a Walk-in Centre and no Health Centre in Weston Creek (The Independent Living Centre at Weston Creek does not have spare space to accommodate a Walk-in Centre). There are currently no design or construction plans in place.

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

Key stakeholders

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

Legislative impact

No legislative change required.

Implementation Timing

	0-12 months	x	12-24 months		24-48 months
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Health will work with the incoming Government to undertake the relevant planning, design and construction to implement the commitment.

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

Announced Cost

No announced cost.

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: T Vivian
Telephone: 6204 3142
Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC GRN 045a

ACT Greens: More nurses for Canberra: More nurses, more practitioners

Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

ACT Greens website, 19 September 2016, “More nurses for Canberra”

Announced policy

- Employ more 50 Nurse Educators, Practitioners and Advanced Practice Nurses;
- Enhance training and professional development pathways;
- Ensure we are recruiting now for the future needs to avoid skills shortages; and
- Ensure that both public hospitals are providing consistent recognition and utilisation of these positions.

Proposed Implementation Strategy

The announced plan to employ more Nurse Educators, Practitioners and Advanced Practice Nurses provides a surety that all nurses and midwives are recognised as highly skilled and educated health professionals and are employed in positions and areas that recognise their training and educational qualifications.

Under the current Enterprise Bargaining Agreement (EBA) for public nurses and midwives, an advanced practice registered nurse classification has been established to recognise roles where advanced practice skills are required (Walk-in-Centre, Fast Track in the ED). Enrolled Nurse (EN) extended scope of practice has also been developed since legislation changed to allow ENs to administer medication.

Stages in the process are:

1. Consultation with ACT Health Executive staff in early 2017 to determine the priority areas throughout ACT Health where dedicated positions are required to support the existing workforce.
2. Continue to develop an improved career pathway in accordance with the Nursing and Midwifery Enterprise Bargaining Agreement and in recognition of the changing scope of practice of the Registered Nurse, Registered Midwife and Enrolled Nurse.
3. Consultation with the Australian Nursing and Midwifery Federation on career pathway development.
4. Development of a recruitment and retention plan for the newly funded positions, including identification of numbers of personnel for each of the categories (as above).
5. Implementation of the recruitment and retention plan, guided by predetermined clinical/geographical areas.
6. Provide scholarship and training opportunities to nurses and midwives so they are educationally prepared for the extended and expanded roles.

Implementation issues

The policy would require identification of areas of need for the extended and expanded nursing roles as well as scholarship and education/training for these identified positions.



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

Key stakeholders

- Australian Nursing and Midwifery Federation
- The Canberra Hospital and Calvary Hospital
- ACT Chief Nurse

Legislative impact

No legislative change.

Implementation Timing

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

Announced Cost

No announced cost.

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: V Croome
 Telephone: 6244 2147
 Directorate: Health


ELECTION COMMITMENT BRIEF NO. EC GRN 045b
ACT Greens: More nurses for Canberra: More home and community nurses
Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

ACT Greens website, 19 September 2016, "More nurses for Canberra"

Announced policy

- Review the current ACT Health outpatient and community based services to ensure that vulnerable patients are getting the care they need, and services are adequately resourced and appropriately targeted;
- Increase funding to these services across the board to reflect outcomes of the review, and provide up to 50 new nurses;
- Increase the pre and post care available for surgical procedures and post-natal care in particular, to reduce the likelihood of readmission, support enhanced wound care, and increase preventative healthcare measures such as medication reviews, mental health support and nutrition plans;
- Increase the level of post-natal home visits; and
- Seek to partner with the "Home Doctor" service to develop a best practice approach to supporting nurses and carers in a range of environments, and see a stronger preventative system that supports ageing in place where possible.

Proposed Implementation Strategy

The increase in ageing population, chronic conditions and early discharge from hospital has placed extra pressure on community based nursing services. The strategy would require detailed investigation into current workloads and service gaps across ACT Health's community based services to assist with relevant distribution of additional community nursing positions.

Stages in the process are :

1. Review of current and future demand.
2. Identification of areas of need in line with the Clinical Services Framework and subsequent service specialty plans.
3. Review of relevant models of care identifying areas for change and innovation. Develop agreed model of care.
4. Consultation with key internal and external stakeholders.
5. Identify and address any capital implications.
6. Recruit and train appropriate staff.
7. Purchase additional resources required for the provision of nursing care in the community as needed;
8. Implement a new model of care.



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9. Provide ongoing training to address service gaps and provide for succession planning as community nurses retire.

Implementation issues

No feasibility study or supporting infrastructure needs have been identified at this stage. Implementation will depend upon agreed model of care.

Key stakeholders

- Australian Nursing and Midwifery Federation
- Health Care Consumers Association
- Mental Health Coalition
- National Capital Health

Legislative impact

No legislative change required.

Implementation Timing

0-12 months	X	12-24 months	24-48 months
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Health will work with the incoming Government to assist to undertake the relevant planning and policy development to implement this commitment.

Financial considerations

Announced Cost

No announced cost.

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: L Kohlhagen
 Telephone: 6244 3579
 Directorate: ACT Health



ELECTION COMMITMENT BRIEF NO. EC GRN 045c

ACT Greens: More nurses for Canberra: Keeping our health workers safe

Portfolio and function

Health – Canberra Hospital and Health Services

Policy source

ACT Greens website, 19 September 2016, "More nurses for Canberra"

Announced policy

- Hold a series of forums with the Chief Nurse, Australian Nurses and Midwives Federation, Worksafe ACT, the Australian Medical Association, the Australian College of Midwives and other relevant groups to explore areas of common concern regarding: safe staffing levels; appropriate staffing allocations; legislated baseline ratios for high risk areas; and importantly, how to ensure nurses and midwives are able to work to their fully trained capacity;
- Commit to working collaboratively with all these stakeholders to take action on any recommendations for Enterprise Agreement or legislative change.

Proposed Implementation Strategy

The announced plan is to host a series of forums to explore and develop recommendations ensuring health workers are safe at work. The plan also provides a commitment to work collaboratively with all stakeholders to take action on any recommendations for Enterprise Agreement and legislative changes. Stages in the process are:

1. Consultation with ACT Health Executive staff, Australian Nursing & Midwifery Federation, consumer/advocacy groups to determine areas of concern.
2. Develop a plan and strategies to ensure nurses and midwives remain safe at work.
3. Consultation with key stakeholders prior to implementation of the plan.
4. Provision for training and workforce development.
5. Recruitment of suitably skilled nurses and midwives closely matching skills to the needs of the workplace.

Implementation issues

The policy would require the establishment of forums to provide open discussion between stakeholders and to work collaboratively to benefit the health and work safety of nurses and midwives.

Key stakeholders

- ACT Chief Nurse
- Australian Nursing and Midwifery Federation
- Health Care Consumers Association
- Australian College of Midwives
- Australian Medical Association
- Worksafe ACT



Legislative impact

Nil.

Implementation Timing

<input checked="" type="checkbox"/>	0-12 months		12-24 months		24-48 months
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Financial considerations

Announced Cost

No announced cost.

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: V Croome
Telephone: 6244 2147
Directorate: Health



ELECTION COMMITMENT BRIEF NO. EC GRN 045d

ACT GREENS: More nurses for Canberra: Indigenous Health

Portfolio and function

Health – Policy and Stakeholder Relations

Policy source

ACT Greens website, 19 September 2016, "More nurses for Canberra"

Announced policy

- \$13 million to support the creation of a social and health services hub in Narrabundah
 - provide immediate funds to support final design work to begin as soon as possible as proposed by Winnunga Nimmityjah Aboriginal Health Service,
 - commit to providing capital funding once a final feasibility study has been submitted and agreed to by Government.
- Provide an additional \$2.5 million in recurrent funding to immediately boost the Aboriginal community's capacity to address the areas of drug use and mental health.

Proposed Implementation Strategy

Social and health services hub

Stages in the process include:

1. Consultation with relevant directorates about appropriate lead responsibility for developing and implementing the program; and
2. working with Winnunga and developing a business case that clearly identifies:
 - a) Feasibility and design for social and health services hub;
 - b) need and proposed scope of services to be provided, including identifying health-specific services envisaged;
 - c) the staffing profile required to deliver these services;
 - d) implications for recurrent costings for service provision for ACT Health funded services;
 - e) identification of site; and
 - f) design and costing for the new building/s.

Increased capacity to address drug use and mental health issues in the Aboriginal and Torres Strait Islander community

Stages in the process may include:

1. Consultation with potential service provider(s) as to the full scope of the services to be provided
2. Develop a project implementation timeline



- 3. Seek a business case from the proposed service provider(s) that clearly identifies need and proposed scope of services to be provided and the staffing profile required to deliver these services
- 4. Purchase the service(s), following an evaluation of the business case and obtaining relevant approvals.

Implementation issues

The policy would require assessment of the business case/s, including of the capacity of the service/s to deliver the expanded services and the physical accommodation needed for the additional staff.

Key stakeholders

ACT Health
Winnunga Nimmityjah Aboriginal Health Service
Gugan Gulwan Youth Aboriginal Corporation
Community Services Directorate
Justice and Community Safety Directorate

Legislative impact

No legislative change required.

Implementation Timing

	0-12 months		12-24 months	X	24-48 months
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Social and health services hub

The development of a business case could be undertaken within 3- 6 months, with a view to seeking funding for the capital works through the 2017-18 budget process. A new site (if required) would then need to be identified, a design for the building(s) finalised, and building contractors procured, ahead of construction commencing.

	0-12 months	X	12-24 months		24-48 months
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Increased capacity to address drug use and mental health issues in the Aboriginal and Torres Strait islander community

Subject to a robust business case(s) being presented, evaluated and the service(s) procured, and time taken to recruit and train the necessary staff, and subject also to the service demonstrating capacity to physically accommodate the additional staff under current arrangements, it is likely that the program could be implemented in 12-24 months.

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

Announced Cost

\$13 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: Denise Ryan
Telephone: 6207 9172
Directorate: ACT Health



ELECTION COMMITMENT BRIEF NO. EC GRN 045e

ACT Greens: Dental care for low income families

Portfolio and function

Health – Canberra Hospital and Health Services and Policy and Stakeholder Engagement

Policy source

ACT Greens website, 19 September 2016, "More nurses for Canberra"

Announced policy

- Increase funding to the ACT Health Dental Service, which provides a range of dental treatment to ACT pension, concession and health care card holders.
- Increase the scope of the mobile dental clinics.
- Work with ACT Health and local private and public dental clinics to support more low income adults, youth and children to access quality proactive and emergency dental care, through increased opening hours and maintaining targeted subsidies.
- Raise the inclusion of dental care in the Commonwealth Medicare scheme through the federal Ministerial Council on Health.

Proposed Implementation Strategy

Stages in the process:

1. Research and identify new models of care that could be delivered with additional funding, including increased services to low income adults, youth and children, increased opening hours and maintaining targeted subsidies, and increased scope of mobile dental clinics;
2. Consultation with internal and external stakeholders including:
 - Education Directorate, with regard to delivery of paediatric dentistry;
 - Health Care Consumers Association;
 - the private dental sector;
 - the federal Ministerial Council on Health; and
 - staff, with regard to models of care and extended hours; and
3. If required and funded, procure and commission additional mobile dental clinics and recruit and train more staff

Implementation issues

The policy would require negotiation with the Federal Ministerial Council on Health in relation to the inclusion of dental care in the Commonwealth Medicare scheme or at a minimum, continued funding of public dental services either through a National Partnership Agreement or a funding arrangement similar to the hospital model.

The policy would also require a feasibility study, design and planning process, to determine whether the proposal fits within the funding envelope and is appropriate for partnership with the private sector in delivering public dental service, noting the following:

Continued...



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- It is currently estimated that the DHP is able to deliver services directly within clinically appropriate timeframes, and significant consideration would need to be given to appropriate involvement of private dental providers in delivering public dental services;
- 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;
- 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; and
- 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 sterilised 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 sterilised area.

Key stakeholders

- Education Directorate
- Health Care Consumers Association
- Private dental sector
- Federal Ministerial Council on Health
- Dental staff

Legislative impact

No legislative change required

Implementation timing

0-12 months	x	12-24 months	24-48 months
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The implementation of an expanded service, including new models of care and additional mobile dental clinics will take 12–24 months due to the need to engage in extensive consultation and the time challenges of procuring and constructing mobile dental clinics.