



**ACT**  
Government

## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF - OCTOBER 2016

### 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 <sup>(a)</sup>	0.0	0.0	0.0	0.0	0.0
Expenses <sup>(a) (b)</sup>	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
<b>Net Operating Balance</b>	<b>0.0</b>	<b>-915.1</b>	<b>-914.9</b>	<b>-940.4</b>	<b>-2,770.4</b>
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



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## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

### ELECTION COMMITMENT BRIEF NO. EC GRN 046c

#### ACT Greens: Standing Up for Full Equality – A Gender Health Clinic

##### Portfolio and function

Health – Policy and Stakeholder Relations, Multicultural and Diversity Health Policy Unit  
CSD - Strategy, Participation and Early Intervention, Community Participation Group

##### Policy source

ACT Greens, 20 September 2016, "Marriage and More: Standing Up for Full Equality"

##### Announced policy

- Create a new "Gender Health Centre" that brings together specialists and services across different medical areas, including primary health and mental health, and takes a lead advocacy role in the development of training of health professionals and creating enhanced supportive trans-sexual [sic] health pathways;
- Increase funding to expand the reach of LGBTI generalist health services and ensure access to long term and affordable specialist health and counselling services; and
- Invest in increased access to community based rapid testing and work to ensure that the ACT is able to take advantage of any new technologies such as PrEP as they become available.

##### Proposed Implementation Strategy

###### Gender Health Centre

The creation of a "Gender Health Centre" would involve a process led by the Multicultural and Diversity Health Policy Unit. Consultation would occur with the Health Services Planning Unit, System Innovation Group (ACT Health) to model the demand for services and scope requirements against that demand. This outcome would further determine scoping of the facility that is needed to deliver the services.

Stages in the process for the Multicultural and Diversity Health Policy Unit are:

1. Consult with the community and health services in regard to the needs and functions of the Gender Health Centre:
2. Work in collaboration with the Health Services Planning Unit to develop a model of care to meet the needs of transgender, gender diverse and other members of the LGBTI community in the ACT.
3. Establish an appropriate location, governance structure and operational parameters of the Centre/Clinic.
4. Negotiate care referrals pathways to other community services, social supports and specialist health services not able to be provided in the Centre (including interstate and international).
5. Work in collaboration with identified service provider/s, to deliver appropriate and coordinated health care to the gender diverse and LGBTI community in the ACT.
6. Evaluate the Centre/Clinic.

###### Expand reach of generalist health services and ensure access to specialist and counselling services

To achieve the commitment of increased funding to expand reach of services, the Multicultural and Diversity Health Policy Unit would continue to lead work begun in March 2016 in facilitating, coordinating and managing LGBTI inclusion strategies across ACT Health and health services in the



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## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

ACT more generally.

Expanding generalist health services to meet the needs of the LGBTI community could include: additional targeted inclusion training for service staff; and supporting services to review what they are doing to include LGBTI community members, identify possible changes, and supporting them to achieve those changes.

Increased funding could also allow ACT Health or community partners to:

- Provide more support and training for specialists and counsellors to meet the health needs of people in the LGBTI community; and
- Train and attract specialists and counsellors for the ACT to provide those services where there are insufficient existing specialists and counselors confident in working with LGBTI community members.

### Invest in increased access to community based rapid testing and take advantage of new technologies

The Multicultural and Diversity Health Policy Unit and the Government Relations, Primary Health and Chronic Conditions Policy Unit would support services:

- provided by the Canberra Hospital's Canberra Sexual Health Centre; and
- through ACT Health funded partners such as the AIDS Action Council of the ACT, and Sexual Health and Family Planning ACT.

This support would ensure that new technologies such as PrEP, and community based rapid testing, are accessible to the LGBTI community. This would include assessing the current target communities of these services, and expanding the uptake within those communities and/or into additional target communities based on identified needs.

### **Implementation issues**

The policy would require coordination across ACT Health and with the LGBTI community sector through the Multicultural and Diversity Health Policy Unit

### **Key stakeholders**

A Gender Agenda, ACT

Paediatric endocrine services at the Canberra Hospital

Canberra Sexual Health Centre

Interchange General Practice

Capital Health Network

AIDS Action Council of the ACT

Sexual Health and Family Planning ACT

LGBTIQ Working Group - Mental Health, Justice Health, Alcohol & Drugs Services Division, ACT Health

Community Services Directorate, ACT Government

ACT LGBTIQ Ministerial Advisory Council (including members focusing on health)

ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD)

### **Legislative impact**

No legislative change required.

### **Implementation Timing**



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ELECTION COMMITMENT BRIEF – OCTOBER 2016

0-12 months	X	12-24 months	24-48 months
<p>This policy requires community and health service consultation, planning and implementation. It would complement existing and planned future work of the Multicultural and Diversity Health Policy Unit and would take 12-18 months to complete.</p>			
<p><b>Financial considerations</b></p> <p><u>Announced Cost</u></p> <p>No announced cost.</p> <p><u>Treasury costing</u></p> <p>No request was received by ACT Treasury for costing of this election commitment under the <i>Election Commitments Costing Act 2012</i>. Costing will be conducted during the normal budgetary process as required.</p>			

Contact Officer: Ruth Das or William Mudford  
 Telephone: 6205 5040 or 6205 0863  
 Directorate: Health



**DIRECTORATE BRIEF FOR INCOMING MINISTER**

**HEALTH DIRECTORATE**

DIRECTORATE BRIEF FOR INCOMING MINISTER  
OCTOBER 2016

**SENSITIVE - CABINET**



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## DIRECTORATE OVERVIEW

ACT Health's purpose is to deliver safe, quality healthcare services that meet the needs of the Canberra community and surrounding region. The strategic goals are:

- Strategic Goal 1 – Putting patients at the centre of everything we do;
- Strategic Goal 2 – Building a sustainable health system, driven by innovation;
- Strategic Goal 3 – Developing the workforce of the future, starting now.

These three goals can be summarised by ACT Health's focus on ensuring we provide the community with a service that is Accessible, Sustainable and Accountable. In order to create the health system of the future, ACT Health has also developed seven key areas of focus, which sit under the Strategic Goals – Access; Quality; Mental Health; Sustainability and Innovation; Infrastructure; Strategic Partnerships, and Workforce/Culture.

The Services provided by ACT Health include:

- Acute health services;
- Aged Care and rehabilitation services;
- Cancer services;
- Child health development;
- Health policy;
- Local hospital network;
- Mental health services;
- Community health services;
- Population health; and
- Public health protection policy.

ACT Health is led by the Director-General to deliver its vision of '**Your Health – Our Priority**'. The organisation has recently undergone a realignment of current functions to provide greater prominence to reform and innovation, and elevate the profile of quality and governance issues. There are five Divisions within the organisation, each led by a Deputy Director-General.

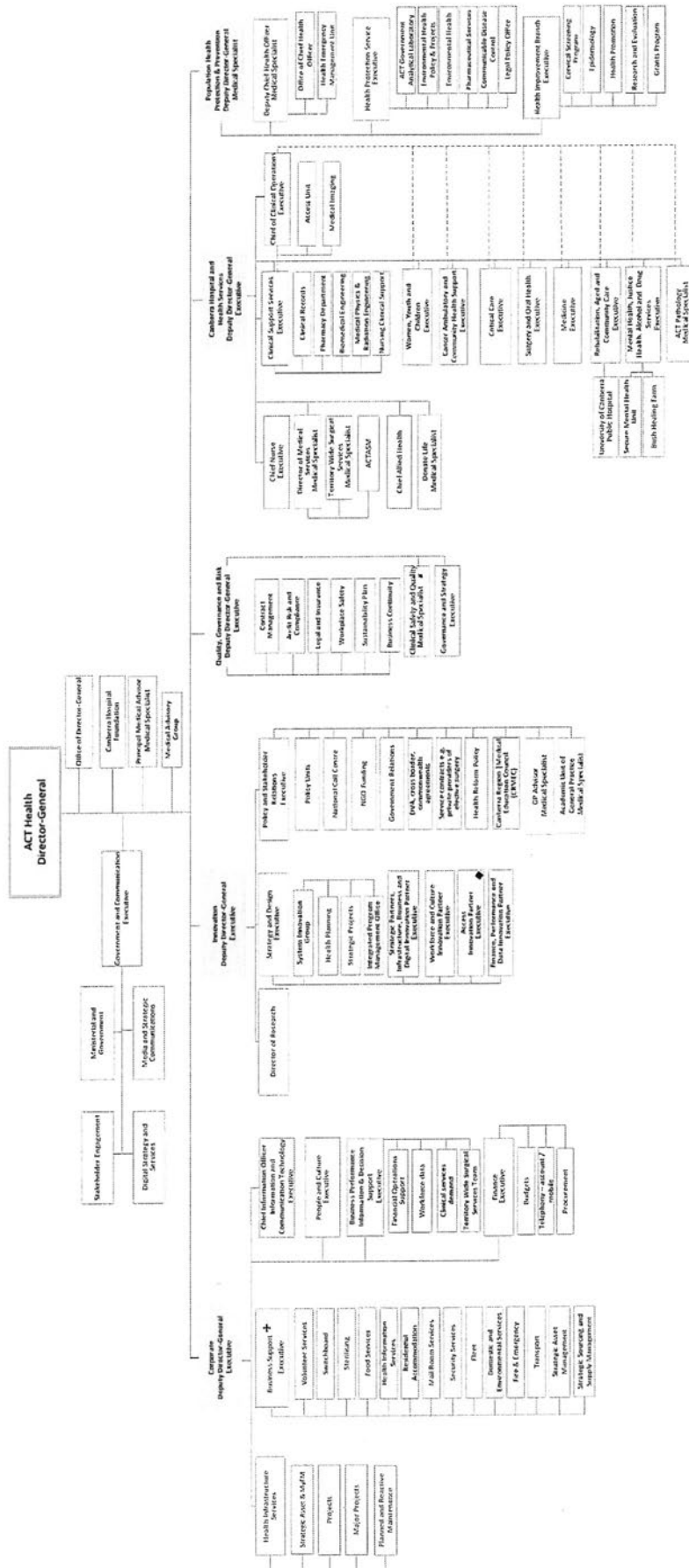
- **Canberra Hospital and Health Services (CHHS)** – provides acute, subacute, primary and community based health services to the ACT and surrounding region through key service divisions.
- **Corporate** – provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance Information.
- **Innovation** – a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation. The Division also incorporates the Director of Research position and the Policy and Stakeholder Relations Branch.



- **Quality, Governance and Risk** – provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division, as well as the Clinical Safety and Quality branch.
- **Population Health Protection and Prevention** – provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services through **Calvary Public Hospital**, under a contractual agreement with ACT Health.





# Formerly known as Healthcare Innovation Division  
 + Formerly known as Business and Infrastructure  
 • This position aligns with the COO at CHHS

15/08/2016



**SENIOR STAFF AND CONTACT DETAILS**

NAME	DIVISION	PHONE	MOBILE	EMAIL
<b>Director-General</b>				
Ms Nicole Feely (EA Ms Gabrielle Sek)	ACT Health	620 50825		<a href="mailto:nicole.feely@act.gov.au">nicole.feely@act.gov.au</a>
<b>Deputy Directors-General</b>				
Mr Shaun Strachan	Corporate	620 52248		<a href="mailto:shaun.strachan@act.gov.au">shaun.strachan@act.gov.au</a>
Mr Ian Thompson	Canberra Hospital and Health Services	624 42728		<a href="mailto:ian.thompson@act.gov.au">ian.thompson@act.gov.au</a>
Dr Paul Kelly	Population Health	620 52108		<a href="mailto:paul.kelly@act.gov.au">paul.kelly@act.gov.au</a>

**DIRECTORATE FINANCIAL OVERVIEW**

	Total Cost	FTE
<b>Agency</b>	<b>2016-17 Forecast (\$'000)</b>	<b>2016-17 Forecast</b>
<b>ACT Health (Departmental)</b>	<b>1,320,305*</b>	<b>6,572</b>
Acute Services	817,353	4,122
Rehabilitation, Aged and Community Care	143,947	658
<b>Other Health Services</b>	<b>359,005</b>	<b>1,792</b>
• Mental Health, Justice Health and Alcohol and Drug Services	151,779	
• Public Health Services	36,644	
• Cancer Services	76,960	
• Early Intervention and Prevention	93,622	



## STRATEGIC PRIORITIES

### Government Priorities

ACT Health will support the ACT Government to progress its key policy reforms announced during the election, including:

- Two new hospitals with EDs in Gungahlin and Tuggeranong – a business case to seek planning and project initiation funding (2016-17 or 2017-18) will commence as soon as possible.
- Addressing emergency waiting times – Canberra Hospital and Health Services will further examine how waiting times can be addressed, with a view to understanding whether an extension of the existing strategy (within the System Innovation Program) can be implemented, or whether new initiatives will be required.
- First Stage of Canberra Hospital Rebuild – as a first step, it is proposed to develop a business case to seek planning and project initiation funding.
- University of Canberra Public Hospital (restoring 60 overnight hospital beds) – a business case will be developed as a first step. Additional commercial and contractual processes for amending the scope of both construction and services will be complex and are likely to require negotiation of a variation to the deeds between ACT Health and the University of Canberra, additional planning approvals through the relevant statutory authority, a possible variation to the construction contract, or a new tender process to contract construction of an extension, and a variation to the services contract.
- Early Intervention Services for Youth Mental Illness – as a first step, it is proposed to determine whether committed funding (\$500,000) is recurrent or one-off. Non recurrent funding for service delivery may some risk to vulnerable consumers if services provided are then ceased. There may be limited interest from community organisations for non-recurrent funding. Should funding be recurrent, it is proposed to align funding with the existing service funding agreement processes.
- Support the completion of the Dhulwa Mental Health Facility in Symonston and six government mental health nurses – the Dhulwa Mental Health Unit is an important addition to health service provision in the ACT. It is proposed the Facility will have a strong rehabilitation and recovery ethos. It is planned that the building will be handed over to ACT Health in October 2016, with admission of patients to commence in November 2016.
- Staffing at Adult Mental Health Facilities (funding for extra orderly and security staff) – as a first step, it is proposed to undertake a review of the way health services are delivered to ensure they outline best practice care in the Adult Mental Health Unit. Further advice will be provided to the Minister following this review.
- Upgrade to inpatient mental health facilities at Calvary – it is proposed to develop a business case to seek planning and project initiation funding (in either 2016-17 or 2017-18 as a first step). It is expected that the implementation of this commitment will be informed by the completion of the Clinical Services Framework and the revised Service Level Agreement with Calvary Healthcare.

Briefings have been prepared on each of the election commitments, and also on time critical matters. Additional briefings will follow in due course.



System Innovation Program

ACT Health has been engaged in a comprehensive System Innovation Program (SIP) to strengthen the delivery of health care by focusing on patient centred care and enriching the patient experience. The SIP objectives include:

- improving access to services; and
- increasing efficiency and freeing up hospital capacity through contemporary service delivery solutions and models of care.

SIP commenced in November 2015 and, subject to the Minister's views, is planned to run to the end of 2019-20. The SIP objectives include improving access to services, increasing efficiency and freeing up hospital capacity by implementing contemporary service delivery solutions and models of care.

As part of this work, ACT Health is updating its Clinical Services Framework (CSF) to define health services for the next decade. The CSF will take an ACT wide view of our provision of health services. It will be patient-focussed and multi-disciplinary, have safety and quality as its driving forces and take into account community and primary care sectors. Extensive consultation with ACT Health staff, external health stakeholders and members of the community will take place in early to mid 2017.

More specifically the SIP is focusing on:

- Improving efficiency for reinvestment in growth and activity by:
  - achieving savings totalling \$97.2m between 2016–17 and 2019–20 which includes increasing the bed efficiency equivalent to 50 overnight beds by 2018–19;
- Progressively improving ACT Health's performance against the National Emergency Access Target (NEAT), by the achieving the following targets:
  - 69 per cent of the national performance target by 30 June 2016;
  - 77 per cent of the national performance target by 30 August 2016; and
  - 90 per cent of the national performance target by June 2017;
- Improving our performance against the National Elective Surgery Target (NEST) by:
  - reducing the number of paediatric patients classified as 'long wait' to zero; and
  - reducing the remaining 'long wait' list by 90 per cent; and
- Reducing the need for category 4 and 5 presentations to attend the ED.



Health Infrastructure

The following major Health Infrastructure projects are programmed to be completed in 2016-17:

- the Emergency Department Expansion Project;
- Ngunnawal Bush Healing Farm;
- Dhulwa Mental Health Unit;
- Calvary Hospital – Operating Theatre Upgrade and Medical Imaging Department Upgrade;
- Hospital Road upgrades to provide additional capacity to Canberra Hospital; and
- Installation of internal signage across Canberra Hospital campus.

Work on the Southern Car Park Solar Panel Project and the Electrical Main Switchboard Replacement at Canberra Hospital has also commenced and will continue throughout 2016-17.



**ACT**  
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**PORTFOLIO BRIEF FOR INCOMING MINISTER**

**MINISTER FOR HEALTH**

PORTFOLIO BRIEF FOR INCOMING MINISTER  
OCTOBER 2016

**SENSITIVE - CABINET**



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## PORTFOLIO OVERVIEW

ACT Health's vision is 'Your Health – Our Priority'. Our vision is to provide a world-class, patient centred, evidence-based health system that provides access to services when and where they are needed, with safety and quality as our driving forces.

ACT Health's values - **Care, Excellence, Collaboration** and **Integrity** - underpin how we work and how we treat each other.

The Health Portfolio comprises:

- **Canberra Hospital and Health Services (CHHS)**, which provides acute, subacute, primary and community based health services to the ACT and surrounding region through its key service divisions, including:
  - Division of Surgery and Oral Health
  - Division of Women, Youth and Children,
  - Division of Critical Care,
  - Division of Cancer, Ambulatory and Community Health Support,
  - Division of Rehabilitation, Aged and Community Care (including the University of Canberra Public Hospital),
  - Division of Mental Health, Justice Health, Alcohol and Drug Services, (including the Secure Mental Health Unit and the Ngunnawal Bush Healing Farm)
  - ACT Pathology,
  - Chief of Clinical Operations (including Access Unit and Medical Imaging)
  - Office of the Chief Nurse,
  - Director of Medical Services (including Territory Wide Surgical Services)
  - Division of Clinical Support Services,
  - The Office of the Chief Allied Health Officer,
  - Donate Life
- **Corporate**, which provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance information.
- **Innovation**, a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation. The Division also incorporates the Director of Research position and the Policy and Stakeholder Relations Branch.
- **Quality, Governance and Risk**, which provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division, as well as the Clinical Safety and Quality branch.





- **Population Health Protection and Prevention**, which provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services through Calvary Public Hospital, under a contractual agreement with ACT Health.

The **ACT Local Hospital Network Directorate** (ACT LHN) is established under the *Health Act 1953* and is administered by the Director-General of ACT Health. The ACT LHN receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:

- Canberra Hospital and Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.

The ACT LHN has an annual *Service Level Agreement* (SLA) which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the ACT LHN. This SLA identifies the funding and activity to be delivered by the ACT LHN and key performance priority targets. The ACT Government manages system-wide public hospital service delivery, planning and performance, including the purchasing of public hospital services and capital planning, and is responsible for the management of the ACT LHN.



**PORTFOLIO FINANCIAL OVERVIEW**

	<b>Total Cost</b>	<b>FTE</b>
	<b>2016-17 Forecast (\$'000)</b>	<b>2016-17 Forecast</b>
<b>Health (Departmental)</b>	1,320,305	6,572
<b>Health (Territorial)</b>	22,745	nil
<b>Local Hospital Network (LHN)</b>	1,064,691	nil

**Note 1:** Health (Territorial) expenses comprise of grant payments to Calvary Public Hospital and the University of Canberra (in connection with the hospital car park) and the on-passing of regulatory fee revenue collected by ACT Health to consolidated revenue.

**Note 2:** The Local Hospital Network makes payments to the Health Directorate worth \$853.405m in 2016-17. Therefore if you add the three figures above to get a total Health spend, you must subtract \$853.405m to get a true Health expenses figure (\$1,554.336m).



## **LEGISLATIVE RESPONSIBILITIES**

- Blood Donation (Transmittable Diseases) Act 1985
- Health Act 1993
- Health (National Health Funding Pool and Administration) Act 2013
- Health Practitioner Regulation National Law (ACT) Act 2010
- Health Professionals (Special Events Exemptions) Act 2000
- Health Records (Privacy and Access) Act 1997
- Human Cloning and Embryo Research Act 2004
- Intoxicated People (Care and Protection) Act 1994
- Mental Health Act 2015, except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269  
*(Potentially the responsibility of the Minister for Mental Health, dependent on the Administrative Arrangements)*
- Mental Health (Secure Facilities) Act 2016  
*(Potentially the responsibility of the Minister for Mental Health, dependent on the Administrative Arrangements)*
- Drugs of Dependence Act 1989
- Epidemiological Studies (Confidentiality) Act 1992
- Food Act 2001
- Gene Technology Act 2003
- Gene Technology (GM Crop Moratorium) Act 2004
- Medicines, Poisons and Therapeutic Goods Act 2008
- Public Health Act 1997
- Radiation Protection Act 2006
- Smoke-Free Public Places Act 2003
- Smoking in Cars with Children (Prohibition) Act 2011
- Supervised Injecting Place Trial Act 1999, except sections 7, 8 and 13
- Tobacco and other Smoking Products Act 1927
- Transplantation and Anatomy Act 1978



## KEY APPOINTMENTS

### Statutory Appointments

- ACT Gene Technology Advisory Council
- Radiation Council
- Medicines Advisory Committee
- Mental Health Advisory Council
  - (Note: Appointments to the Mental Health Advisory Council may be made by a Minister for Mental Health, dependent on the Administrative Arrangements).

### Non-Statutory Appointments

- ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD)
- Canberra Region Medical Education Council.

A full briefing package which proposes a process for appointments/reappointments to the abovementioned Committees and Councils will be provided to the Minister as appointments expire or become vacant.

## MINISTERIAL COUNCILS AND CONSULTATIVE BODIES

- **COAG Health Council (CHC)** – The CHC and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC), provide a mechanism for the Australian Government, New Zealand Government and state and territories to discuss matters of mutual interest concerning health policy, services and programs. The CHC meets three to four times each year.
  - *The last CHC meeting for 2016 was held on 7 October 2016. It is expected that a 2017 meeting schedule will be distributed shortly.*
- **Australia and New Zealand Ministerial Forum on Food Regulation (Forum)** - The Forum is primarily responsible for the development of domestic food regulatory policy and the development of policy guidelines for setting domestic food standards. Membership comprises a Minister from New Zealand and the Health Ministers from the Australian Government, states and territories. The Forum is required to meet at least once per year, and out of session papers are distributed regularly.
  - *The next Forum meeting is scheduled for 25 November 2016 (Brisbane).*
  - *The 2017 meeting schedule will be considered at the 25 November meeting. There are two meetings planned for 2017:*
    - *28 April 2017 (Adelaide)*
    - *24 November 2017 (Perth).*



**PORTFOLIO BRIEF FOR INCOMING MINISTER**

**MINISTER FOR MENTAL HEALTH**

PORTFOLIO BRIEF FOR INCOMING MINISTER  
OCTOBER 2016

**SENSITIVE - CABINET**



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## PORTFOLIO OVERVIEW

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The Health Portfolio comprises:

- **Canberra Hospital and Health Services (CHHS)**, which provides acute, subacute, primary and community based health services to the ACT and surrounding region through its key service divisions.
  - The **Division of Mental Health, Justice Health, Alcohol and Drug Services**, (including the Dhulwa Mental Health Unit and the Ngunnawal Bush Healing Farm).
- **Corporate**, which provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance Information.
- **Innovation**, a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation. The Division also incorporates the Director of Research position and the Policy and Stakeholder Relations Branch.
  - The **Mental Health Policy Unit** falls within the Policy and Stakeholder Relations Branch.
- **Quality, Governance and Risk**, which provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division, as well as the Clinical Safety and Quality branch.
- **Population Health Protection and Prevention**, which provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services (including Mental Health Services) through Calvary Public Hospital, under a contractual agreement with ACT Health.

The **ACT Local Hospital Network Directorate (ACT LHN)** is established under the *Health Act 1953* and is administered by the Director-General of ACT Health. The ACT LHN receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:



- Canberra Hospital and Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.

The ACT LHN has a yearly Service Level Agreement (SLA) which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the LHN. The SLA identifies the funding and activity to be delivered by the ACT LHN and key performance priority targets.

#### Mental Health Services

ACT Health provides a range of services in the area of mental health, justice health and alcohol and drug services, including:

- Adult Acute Mental Health Services – provides acute inpatient mental health care at the Adult Mental Health Unit and the Mental Health Short Stay Unit,
- Adult Community Mental health Services –provides mental health assessment, treatment, clinical management, crisis management, family support and referral pathways for people with mental health issues, and is provided by five adult community teams, located in the Community Health Centres,
- Child and Adolescent Mental Health Services provides provide assessment and treatment for children and young people under 18 years of age who are experiencing moderate to severe mental health difficulties,
- Alcohol and Drug Services provides specialist Drug Treatment Services through an inpatient withdrawal unit, counselling and consultation and liaison service,
- Justice Health Services provides specialist service based in the court, custodial, youth detention and community settings. The Forensic Mental Health Service provides assessment and intervention for people with a mental illness who have or are at risk of criminal offending. Forensic Services includes Forensic Community Outreach Service, Court Assessment and Liaison Service and mental health services at the Alexander Maconochie Centre (AMC) and the Bimberi Youth Justice Centre (BYJC),
- Rehabilitation and Speciality Mental Health Services provides mental health services, at Brian Hennessey Rehabilitation Centre focusing on recovery model of care, through an Older Person's Community Team and at the mental health day service.

ACT Health has also been working with the ACT Capital Health Network to develop a consistent jurisdictional approach for mental health planning for the ACT. The Capital Health Networks across Australia are tasked by the Australian Government to develop regional mental health plans that are endorsed by the Local Hospital Networks.

ACT Health also funds a number of non government organisations to deliver health services, including mental health services and supports.





## PORTFOLIO FINANCIAL OVERVIEW

	Total Cost	FTE
	2016-17 Forecast	2016-17 Forecast
<b>Mental Health Funding</b>	148.1million	564.7



## LEGISLATIVE RESPONSIBILITIES

- Mental Health Act 2015, except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269
- Mental Health (Secure Facilities) Act 2016

## KEY APPOINTMENTS

### Statutory Appointments

- Mental Health Advisory Council
  - (Note: Appointments to the Mental Health Advisory Council may be made by a Minister for Mental Health, dependent on the Administrative Arrangements).

### Non-Statutory Appointments

- Nil

A full briefing package which proposes a process for appointments/reappointments to the abovementioned Committees and Councils will be provided to the Minister as appointments expire or become vacant.

## MINISTERIAL COUNCILS AND CONSULTATIVE BODIES

- Nil specifically for Minister for Mental Health.
  - **COAG Health Council (CHC)** – The CHC and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC), provide a mechanism for the Australian Government, New Zealand Government and state and territories to discuss matters of mutual interest concerning health policy, services and programs (including Mental Health policy issues). The CHC meets three to four times each year.

*Cleared by D-G-16 amts*

**ELECTION COMMITMENT BRIEF NO. EC LIB 002**

**CANBERRA LIBERALS: Permanent nurses in special schools**

**Portfolio and function**

Health – Canberra Hospital and Health Services

**Policy source**

Canberra Liberals website May 5 2016 “Canberra Liberals commit to nurses in special schools”

**Announced policy**

Permanent nurses in all four of the ACT’s special schools, with at least two nurses at Black Mountain School and one each at the Woden, Cranleigh and Malkara schools.

**Proposed Implementation Strategy**

Proposed implementation steps:

- Consultation with stakeholders
- Review current arrangements in schools
- Additional consultation with stakeholders
- Employment and training of nurses
- Implementation

**Implementation issues**

This proposed policy is not consistent with current practice in schools. Therefore, policy realignment and consultation would have to occur with key stakeholders and parents.

**Key stakeholders**

Education Directorate  
School staff  
Parents  
Health Directorate  
Education Unions  
Australian Nursing and Midwifery Federation

**Legislative impact**

No legislative change required.



**Implementation Timing**

<input type="checkbox"/> 0-12 months	<input type="checkbox"/> 12-24 months	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 24-48 months
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The announced permanent nursing strategy could be implemented by 2018.

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

Announced cost

No announced cost.

Assessed Financial Implications

Annual operational cost will be \$645,000, this includes on costs.

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



With MAGs  
for D-G  
clearance

## Latest News

### Canberra Liberals commit to nurses in special schools (<http://canberraliberals.org.au/2015/05/canberra-liberals-commit-to-nurses-in-special-schools/>)

May 05, 2015 | Steve Doszpot MLA (<http://canberraliberals.org.au/category/steve-doszpot-mla/>)

**The Canberra Liberals are committing to permanent nurses in all four of the ACT's special schools, with at least two nurses at Black Mountain School and one each at the Woden, Cranleigh and Malkara schools, Shadow Minister for Education Steve Doszpot said today.**

"The ACT Labor government still refuses to guarantee permanent nurses to all special schools, which has been causing significant stress for families. The Canberra Liberals want to give families peace of mind and that is why we're making this commitment," Mr Doszpot said.

"All teachers and particularly those in special schools have huge responsibilities and the introduction of permanent nurses would result in improved care of students and a more appropriate sharing of responsibility for teachers.

"Joy Burch has failed to address parents concerns but the Canberra Liberals are now providing certainty for the future of families with children in special schools," Mr Doszpot concluded.

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[Steve Doszpot MLA \(http://canberraliberals.org.au/category/steve-doszpot-mla/\)](http://canberraliberals.org.au/category/steve-doszpot-mla/)

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(<http://canberraliberals.org.au/2016/09/berry-has-serious-questions-to-answer-over-inanna-collapse/>)

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August 2016 (<http://canberraliberals.org.au/2016/08/>)

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July 2016 (<http://canberraliberals.org.au/2016/07/>)

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June 2016 (<http://canberraliberals.org.au/2016/06/>)

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*cleared by D-G to CMTEB11*

**ELECTION COMMITMENT BRIEF NO. EC LIB 008**

**CANBERRA LIBERALS: Build the UC public hospital and Restore 60 Hospital Beds**

**Portfolio and function**

Health – health infrastructure

**Policy source**

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

Hansard 9 June 2016

**Announced policy**

Build the UC Public Hospital with 200 beds

Restore the 60 overnight hospital beds that have been cut at the planned University of Canberra Hospital

**Proposed Implementation Strategy**

Stages in the process are:

1. A review of demand for sub-acute beds in the ACT will be undertaken, including the investigation of the feasibility for the configuration and delivery of sub acute Mental Health and Rehabilitation services to the population of the ACT.
2. Pending the outcome of the feasibility study, if additional infrastructure is needed to deliver the required services, commence business case to support a procurement process to design and construct the extensions to the facility.
3. As part of the process undertaken for increased beds, determine the required workforce and associated medical equipment to service the patients accessing the extra beds.

**Implementation issues**

The policy would require further negotiation with the University of Canberra to:

1. Amend the existing legal agreements with regard extending University of Canberra Public Hospital; and or
2. Amend the existing legal agreements or develop new agreements, if the acquisition of additional land area is required.

**Key stakeholders**

ACT Health – Division of Rehabilitation and Aged Care.

ACT Health – Division of Mental Health, Justice Health, Alcohol and Drugs Services

University of Canberra

Canberra Community

Environment and Planning Directorate



**Legislative impact**

No legislative change required.

**Implementation Timing**

	<b>0-12 months</b>		<b>12-24 months</b>	<b>x</b>	<b>24-48 months</b>
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- The review of demand and a feasibility study would take approximately six months, followed by provision of a cost estimate for any capital works.
- This cost estimate would inform the business case for design and construct to be developed.
- The procurement, determination of the preferred tenderer and contract execution is estimated to take six months.
- Design and construction will take approximately 18 months to two years.

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

Announced cost

No announced cost.

Assessed Financial Implications

Not applicable pending progression to feasibility study.

Contact Officer: L Sharpe  
 Telephone: 6174 8253  
 Directorate: Health Directorate



9 June 2016

Legislative Assembly for the ACT

We support every cent of the funding for our children in our public schools who require extra learning support. We will maintain this funding, but we will also provide support to those children in the non-government school system who are being left behind.

Currently, the government is relying on potential federal funding in this sector, but it has acknowledged the need, as was reflected in the Shaddock review. I will quote from a recommendation:

The Panel believes that the issue of 'perceived disparity' remains an unnecessary, ongoing, contentious and sometimes divisive one in parts of the ACT community. The Panel urges the ACT Government and the non-government sector to work together to promote greater school and community understanding of the regulations of the needs-based SRS model, in regard to additional funding for students with a disability.

That is what we will do, Madam Speaker. As a starting point, the Canberra Liberals will provide \$5 million a year for a total of \$17.5 million in support of children with special needs in our non-government schools. This will help meet the individual learning needs of those children and will go some way to assist in the implementation of the recommendations of the Shaddock review across all Canberra schools. We will work closely again with the Catholic and independent schools across the ACT to implement this funding.

Madam Speaker, this is just the beginning of our extra support for the education system, and we can provide that because we will not be spending \$1.65 billion on a tram over the next 20 years.

And we will fix our health system. We have all of the elements to give Canberra the world's best health system. We have excellent staff, a medical teaching school, a world-class medical research facility, universities that train nurses and much, much more. But, as we know, under Labor we now have the longest waiting times for emergency departments in Australia. We have got the most expensive health costs in Australia. We have a toxic workplace culture, and we have a critical shortage of hospital beds. With a growing and an ageing population and health expenditure consuming about a third of the budget, we must make fixing our health system a core non-negotiable priority.

We need to make the system bigger. It needs to be smarter and it needs to deliver better services. This means more hospital beds in more locations, it means a better culture for our staff, it means a better experience for patients and it means a greater focus on prevention and early intervention. Under a Hanson Liberal government we will restore the 60 overnight hospital beds that have been cut by the Labor Party at the planned University of Canberra Hospital.

How our city is planned, how our local environment is preserved and how our city is connected is also fundamental to our way of life. We are privileged to live in a city so beautiful. It is a beautiful bush capital. But in recent years what we have seen is Civic and our town centres degenerate and our suburban environment spoiled in many places.

## One Year Out: Rail, rates and renewal questions for 2016 ACT election

Matthew Raggatt

Published: October 17, 2015 - 11:00PM

- [A new reality awaits the ACT come the 2016 election](#)
- [Green balance will let Labor defy history: Malcolm Mackerras](#)

Canberra Liberals leader Jeremy Hanson has welcomed the 2016 election being a referendum on light rail and responsible spending, but has also promised his party would not cut services to return to surplus if it won power.

As the one-year mark to the ACT election was passed on Thursday, Mr Hanson promised to avoid the politically toxic measures of Liberal governments led by Tony Abbott and Campbell Newman, saying he was optimistic his "competent, stable and united" team could win government after 15 years.

But Chief Minister Andrew Barr fired back, saying the ACT's "progressive majority" would be unwilling to back the "most conservative Liberal branch in the country".

"Jeremy Hanson is no Malcolm Turnbull," he said.

"We'll be reminding all the progressive voters in Canberra just how conservative this Liberal Party is."

Mr Hanson said Labor's \$783 million light rail proposal for Gungahlin to Civic – with an extension to Russell a potential pre-election addition – would be the defining issue of the vote, with the Liberals promising more than just a "no" campaign.

"The question will be do you want light rail, or do you want a comprehensive suite of alternatives, which includes health, education, public transport and infrastructure, and is prudent spending for all Canberrans?

"We would endeavour to deliver surpluses, but not at the expense of cutting any services."

He declined to provide a time frame on when a first Liberal surplus would be, and said he did not believe Mr Barr's 2018-19 forecast to return to the black.

Mr Barr said the competing light rail policies would be a deciding factor for some voters, but doubted the election would hang on the issue.

"I would always caution that the issues that tend to decide elections in the ACT, time after time, have been on health, education and economic management," he said.

The reforming treasurer said his next five-year plan for rates, outlined next June, would disprove the Liberals' claims the staged phasing out of stamp duty and insurance taxes from 2012 will have forced rates to triple within 11 years. He said the community were the winners from the move to more efficient taxation, including through better housing affordability

"Moving house is a fairly common thing, once in seven years on average in Canberra, so it's a big [stamp duty] tax we're relieving from people," he said.

"The rate of increase will be lower in the future because we will have completed the most significant part of tax reform – there will be five, six, seven, eight elections between now and when rates might triple."

Mr Hanson said the benefit of the doubt some Canberrans gave Labor on rates in 2012 would not be repeated after the evidence of recent hikes, with a dozen suburbs having rises of about 60 per cent in four years. The average rise has been 42 per cent, including an average 9 per cent this financial year.

"Other people who thought that generally they didn't mind paying additional rates, because they're prepared to invest in health, education and local services, those people are equally angry because they didn't expect their rates to be put into light rail," he said.

If ACT Labor were to succeed in winning a fifth straight term, they would become the longest-serving Labor government in the country since the Tasmanian branch's 35-year rule to 1969. But Mr Barr said his team for 2016 would have entirely renewed since 2001.

On Legislative Assembly experience, excluding the retiring Simon Corbell, the Liberals now have the edge with a combined 60 years to 42. Six of Labor's recontesting MLAs have ministerial experience. Only Brendan Smyth – deputy chief minister under Gary Humphries – has similar service on the Liberal side.

Mr Hanson said he expected a close election but was "optimistic" about the Liberals' chances, saying light rail was "deeply unpopular" – a *Canberra Times* survey will detail the latest views on Monday – and Mr Barr had not resonated with the public.

Liberal alternatives to Labor's tax reform and many policy costings were expected only after the next budget.

**Barr:** On light rail: "The 'throw more money at buses' approach has been tried and it hasn't addressed our challenges with congestion."

On health: "The Liberal Party at the federal level has cut about \$50 billion out of health nationally – we're very happy to have a focus on health policy and funding over the next 12 months."

**Hanson:**

On light rail: "It's not that there's any ideological objection, it's just when you look at light rail it doesn't work for Canberra.

Surpluses: "My focus is much more on driving up the economy to deliver that surplus, not making cuts to services."

On health: "A significant portion of money we won't spend on light rail will go to health – the health system is in crisis in terms of waiting times, beds and staff culture".

**Light rail Hanson's carbon tax: Rattenbury**

Greens leader Shane Rattenbury said a coalition with the Liberals after the first 25-member election would be unlikely due to their "Abbott-style" unpicking of progressive measures.

"The Liberals are running light rail like Tony Abbott ran the carbon tax issue, when all good policy analysis shows you the right outcome is to proceed," he said.

"Jeremy is the friendly window dressing to a very conservative ACT Liberal Party."

Mr Hanson and Mr Rattenbury both said they would be open to talks, but the Liberal leader shared the scepticism of any realistic agreement.

"It's clear that Shane Rattenbury is in many ways the reason there is a tram," he said.

"I'm not going to go to an election saying we will not proceed with light rail then deviate from those promises to secure government."

Mr Rattenbury said the governing of Labor with the Greens had proven a maturity to the public, but disagreed with Mr Hanson's view there was little policy difference between the two.

He pointed to the Greens' proposed legislation on medicinal use of cannabis and gambling reform issues as examples.

The Minister for Territory and Municipal Services, also assisting the Chief Minister on transport reform, Mr Rattenbury said the move to five electorates of five members would make it harder for smaller parties to win seats due to a raised quota, but he was hopeful of extra Greens MLAs after being a "bit unlucky" to drop from four to one in 2012.

#### **Last rule by one party/coalition of 15 consecutive years or more**

NSW: Labor, 1995-2011

VIC: Coalition, 1955-1982

QLD: Country/National Party-led Coalition, 1957-1989

SA: Liberal-Country League coalition, 1933-1965 (but Labor will have ruled from 2002 to 2018 at time of next election)

TAS: Labor, 1998-2014 (with Greens from 2010)

WA: Never

NT: Country Liberal Party, 1974-2001

CW: Coalition, 1949-1972

ACT: Labor, 2001-current (with Greens 2001-2004, 2008-current, Democrats 2001-2004)

#### **MAJOR POLICY POSITIONS**

##### **Labor Government**

\*Light rail – build \$783 million, 12-kilometre Capital Metro project from Gungahlin to Civic. Development of further 2.3-kilometre section to Russell to be considered early next year (no public costings yet released for this extension).

\*Health – build sub-acute University of Canberra Public Hospital. In addition, \$40.6 million in extra funding across four years for more beds and services, including for new general hospital beds at both The Canberra Hospital and Calvary Hospital and two new intensive care beds at TCH. Calvary Hospital to receive \$12.4 million for refurbishment, new operating theatre equipment and imaging equipment, and to open 12 new acute beds. An extra 500 elective surgeries and 500 endoscopy cases to be funded across two years.

\*Roads – as part of suite of Gungahlin road upgrades, install additional lane at all four entries and signalise Barton Highway-Gundaroo Drive-William Slim Drive roundabout. Duplicate Gundaroo Drive from Mirrabai Drive to Gungahlin Drive. Duplicate and upgrade part of Horse Park Drive. \$24.6 million to duplicate part of Ashley Drive, Tuggeranong.

\*Education – \$160 million for modern classrooms and schools, including new North Gungahlin Primary School (opening 2019) and Caroline Chisholm School STEM specialist learning centre. \$1 million for feasibility studies into Year 7-10 school in North Gungahlin and a primary to year 10 school in Molonglo. \$13.3 million for new CIT Tuggeranong and upgrades to CIT Bruce and Reid campuses. \$3.9 million in funding to help students with disability, including transport to school.

\*\$5.4 million for refurbishment of National Convention Centre across two years.

##### **Liberal Opposition**

\*Light rail – would stop light rail and has called on Labor not to sign deals pre-election. Will pay out contract in accordance with any cancellation clauses.

\*Public transport – would introduce 50 so-called "super express buses" from suburbs to the city.

\*Health – would build the UC Public Hospital with 200 beds. Would ensure permanent nurses were in each of the ACT's special schools.

\*Roads – build Barton Highway-Gundaroo Drive-William Slim Drive flyover. Duplicate Cotter Road between McCulloch St and Tuggeranong Parkway. Duplicate Gundaroo Drive all the way from Mirrabai Drive to Barton Highway.

\*Justice system – called for dedicated domestic violence court. Would not support needle exchange program in AMC.

\*Planning – would reduce the lease variation charge to zero per cent for four years in Civic and Tuggeranong, Woden, Belconnen and Gungahlin town centres. Repeal Variation 306 solar planning rules, replace with a simple building envelope or increased solar fence.

## **Greens**

\*Light rail: eventually to run from Gungahlin through to Tuggeranong

\*Legalise medicinal cannabis for those suffering chronic or terminal illnesses.

\*Create a voluntary euthanasia scheme in ACT, first by revoking the federal Euthanasia Laws Act.

## **THE TEAMS so far**

### **LABOR**

#### **Chief Minister and Treasurer Andrew Barr**

Age: 42

Years in assembly: 9

Prior occupation: chief of staff to ACT Labor minister John Hargreaves

#### **Joy Burch**

Age: 60

Years in assembly: 7

Prior occupation: Owner and operator, childcare centre

#### **Mick Gentleman**

Age: 60

Years in assembly: 7 (across two stints)

Prior occupation: Executive director, Motor Trades Association ACT

#### **Yvette Berry**

Age: 47

Years in assembly: 3

Prior occupation: union organiser, United Voice

#### **Chris Bourke**

Age: 55

Years in assembly: 4

Prior occupation: dentist

#### **Mary Porter**

Age: 73

Years in assembly: 11

Prior occupation: inaugural CEO, Volunteering ACT

**Meegan Fitzharris**

Age: 43

Years in assembly: 1

Prior occupation: chief of staff to ACT Chief Minister Andrew Barr

**LIBERALS**

**Opposition Leader Jeremy Hanson**

Age: 48

Years in Legislative assembly: 7

Prior occupation: Lieutenant-Colonel, Australian Army

**Deputy leader Alistair Coe**

Age: 31

Years in assembly: 7

Prior occupation: Adviser, RSL national headquarters

**Shadow treasurer Brendan Smyth**

Age: 56

Years in assembly: 17

Prior occupation: adviser to Senator Amanda Vanstone, Peter Reith MP

**Steve Doszpot**

Age: 67

Years in assembly: 7

Prior occupation: executive in the information, communication and technology sector

**Vicki Dunne**

Age: 58

Years in assembly: 14

Prior occupation: adviser to ACT chief minister Gary Humphries

**Giulia Jones**

Age: 35

Years in assembly: 3

Prior occupation: media adviser to Liberal MP Sophie Mirabella

**Nicole Lawder**

Age: 53

Years in assembly: 2

Prior occupation: Chief executive, Homelessness Australia

**Andrew Wall**

Age: 31

Years in assembly: 3

Prior occupation: construction company Patio World Building Systems

**GREENS****Shane Rattenbury**

Age: 44

Years in assembly: 7

Prior occupation: political and business director, Greenpeace International

**POTENTIAL CANDIDATES**

**Labor:** Education campaigner and former staffer Chris Steel, Belconnen Community Council chairwoman and blogger Tara Cheyne, Mr Fluffy campaigner Brianna Heseltine, former public servant and staffer Kim Fischer, Australia India Business Council president Deepak-Raj Gupta, Canberra City Residents Association president Joshua Ceramidas, ACT Aboriginal and Torres Strait Islander Elected Body member Jo Chivers, public servant Mark Kulasingham, adviser to Andrew Leigh MP Thomas McMahon, John Sherbourne, Rebecca Cody, Suzanne Orr. Mr Barr said nominations for party preselections closed this month.

**Liberal:** Mr Hanson said he had met a wide range of interested people including those from the community sector, business sector and public servants, as well as some with Indigenous and multicultural backgrounds. Candidates would be announced in first half of 2016.

**Greens:** former MLAs Caroline Le Couteur and Meredith Hunter, real estate agent and former candidate Johnathan Davis. Mr Rattenbury said candidates would be announced within one week.

**Independent:** federal public servant Andrew Dewson

*This story was found at: <http://www.canberratimes.com.au/act-news/one-year-out-rail-rates-and-renewal-questions-for-2016-act-election-20151017-gk96hb.html>*

Hospital Rebuild  
with Brad

Canberra Liberals

(<http://canberraliberals.org.au/>)

## Latest News

### CANBERRA LIBERALS TO BUILD HOSPITAL FOR THE FUTURE INSTEAD OF LIGHT RAIL (<http://canberraliberals.org.au/2016/08/canberra-liberals-to-build-hospital-for-the-future-instead-of-light-rail/>)

August 10, 2016 | Jeremy Hanson MLA (<http://canberraliberals.org.au/category/jeremy-hanson-mla/>)

**A Canberra Liberals government will expand the Canberra Hospital to meet extra demand and enhance capacity in critical care over the next decade, instead of building light rail. We are committed to making our health system the envy of the nation and this is a flagship election commitment to make that happen, Leader of the Opposition and Shadow Minister for Health Jeremy Hanson said today.**

"The \$395 million new hospital building at the Canberra Hospital site will be supported by \$8 million for new nurses, doctors and other staff and will be broadly based on the plans that ACT Labor shelved so it could build light rail," Mr Hanson said.

"The new building includes:

- A new 92 bed 21st century emergency department.
- A new 48 bed intensive care unit.
- A new 25 bed emergency medical unit.
- Capacity for 20 new operating theatres.

"The new hospital will also cater for a new 25 bed medical assessment planning unit, 105 ambulatory treatment spaces and a new state of the art medical imaging unit. There will also be new admission foyer, sterilisation unit and new patient and volunteer facilities.

"Because we won't build light rail, a Canberra Liberals government will be able to invest in the health infrastructure and services that the ACT has badly needed for many years.

"We believe in delivering the infrastructure the ACT needs and wants, not the unnecessary light rail



that was demanded as a price to secure government," Mr Hanson concluded.

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

ELECTION COMMITMENT BRIEF NO. EC LIB 074a

**CANBERRA LIBERALS: More nurses and hospital security: More nurses**

**Portfolio and function**

Health – Canberra Hospital and Health Services

**Policy source**

Canberra Liberals website 22 August 2016 "Canberra Liberals commit to more nurses and enhanced safety for frontline staff".

Canberra Times 20 August 2016 'Canberra Liberals promise 52 new nurses, beefed up hospital security'.

**Announced policy**

Employ 52 new nurses at Canberra Hospital if they win government, with 20 coming on board from July 2017 and the rest over the following two years.

Fund 16 new nurses in their first budget, an extra 16 the following year and an extra 20 in 2019-20. Work with the Chief Nurse and the Australian Nursing and Midwifery Federation (ANMF) union to decide where the nurses should be employed (potentially for critical shortages in maternity, emergency and mental health).

*(note conflict between 20 in paragraph 1 and 16 in paragraph 5)*

**Proposed Implementation Strategy**

Proposed stages in the process are:

1. Consultation with ACT Health Executive staff in early 2017 to determine the priority areas throughout the Canberra Hospital. Commitment identifies As currently identified by the Canberra Liberals, potential clinical areas to include maternity, emergency and mental health.
2. Consultation with Australian Nursing and Midwifery Federation NMF prior to implementation of this strategy.
3. Development of a recruitment and retention plan for newly funded nursing (and midwifery) positions, including identification of numbers from each of the following staff categories – enrolled nurses, registered nurses and registered midwives.
4. Implementation of the recruitment and retention plan.
5. Provision of mandatory and other identified training requirements for new staff.

**Implementation issues**

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

**Key stakeholders**

Australian Nursing and Midwifery Federation (ANMF).

**Comment [NK1]:** Note that one source says 20 nurses (this para) and another source says 16 nurses (next para) - should a formal Tsy costing be requested we might be able to resolve this conflict.

**Comment [jr2]:** Finance to advise pls

**Comment [NK3]:** The consultation likely to be contentious? Are there likely to be conflicting views to be managed?

**Comment [jr4]:** It is not anticipated to be contentious



**ACT**  
Government

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

**Legislative impact**

No legislative change required.

**Implementation Timing**

<input type="checkbox"/> 0-12 months	<input type="checkbox"/> 12-24 months	<input checked="" type="checkbox"/> 24-48 months
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As per the Canberra Liberals' ~~proposal~~ commitment, from July 2017 to 2020.

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

Announced cost

More than \$10 million over first term of Government.

Treasury costing

*These words will be replaced with the Treasury Completed Costing, developed with Directorate Finance areas, if requested by parties.*

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

~~Health will work with the incoming government to assist to develop costings to give effect to the government policy.~~

**Comment [NK5]:** We have a slight modification to the template to reflect where formal Tsy costings have not been requested. The Directorate comment could now be deleted given it duplicates what's in the section above.

Contact Officer: ACT Chief Nurse  
Telephone: 6244 2147  
Directorate: Health

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## Canberra Liberals promise 52 new nurses, beefed up hospital security

Kirsten Lawson

Published: August 20, 2016 - 12:15AM

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"We have been listening to nurses and talking to patients and it is clear that nurses are under incredible pressure," he said. "... Across the board our nurses are spread too thin."

Asked whether he was prepared to see higher budget deficits or a delayed return to surplus to fund his election promises, Mr Hanson said his policies were "prudent and affordable and part of our plan to fix the health system and that is my number 1 priority".

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He would also introduce tougher penalties for assaults on frontline workers, with assaults on that category attracting 25 to 33 per cent higher penalties than other assaults.

The Liberals introduced similar legislation in 2012 to increase penalties for assaults on police officers. It was knocked back by Labor and the Greens, but Mr Hanson said he would reintroduce it and extend it to other workers to "send a very clear message to the community that our nurses, our firies, our ambos and our police are at the frontline of care and protection to our community and anyone that assaults them or any other crime perpetrated on them will face increased penalties".

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ACT Health has about 2500 full-time equivalent nurses at the moment.

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"I'm glad he's promising the funding to employ them," she said. "The difficulty will be accessing them and I think that's still going to be a problem."

Nurses were coping with increased demand, and hospitals with the difficulty of recruiting skilled staff, especially in areas such as midwifery, neonatal intensive care, and mental health, Ms Miragaya said. The shortage of skilled staff would be exacerbated by the number of retirements expected in five to 10 years.

*This story was found at: <http://www.canberratimes.com.au/act-news/canberra-liberals-promise-52-new-nurses-beefed-up-hospital-security-20160819-gqwm7x.html>*

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# CANBERRA LIBERALS COMMIT TO MORE NURSES AND ENHANCED SAFETY FOR FRONTLINE STAFF

(<http://canberraliberals.org.au/2016/08/canberra-liberals-commit-to-more-nurses-and-enhanced-safety-for-frontline-staff/>)

August 22, 2016 | Giulia Jones MLA (<http://canberraliberals.org.au/category/giulia-jones-mla/>), Jeremy Hanson MLA (<http://canberraliberals.org.au/category/jeremy-hanson-mla/>)

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"The Canberra Liberals will deliver in government:

- 52 new nurses at the Canberra Hospital.
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- Specific 'Frontline Assaults' legislation to protect nurses, doctors, ED staff, police and other emergency services personnel.

"We will move immediately to address nurse shortages, providing more than \$10 million over our first term of government to employ 52 new nurses. We're also committed to providing \$750,000 to fund additional security at both Canberra and Calvary Hospitals," Mr Hanson concluded.

"The Canberra Liberals will also move to introduce legislation to increase penalties for assaults on police, ambulance workers, firefighters, nurses, doctors and other medical staff. Frontline staff have to deal with testing situations and deserve adequate legal deterrents from assaults," Mrs Jones said.

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*\*Prepared by CSD, reviewed by Health.*

**ELECTION COMMITMENT BRIEF NO. EC LIB 076**

**CANBERRA LIBERALS: More support for carers**

**Portfolio and function** Community Services Directorate – Disability ACT

The Health Directorate has been consulted in the development of this brief.

**Policy source**

Canberra Liberals website 24 August 2016 "Canberra Liberals announce more support for carers"

**Announced policy**

Work with Carers ACT in the development and implementation of an ACT Carers Strategy to support ACT carers sustain and continue their role.

**Proposed Implementation Strategy**

The development of an ACT Carers Strategy would require a significant consultation process with all stakeholders. The Community Services Directorate (CSD) would work closely with the Health Directorate to develop the Strategy, with a senior officer engaged to manage the project. It is anticipated this project would require an 18 month timeframe to be implemented.

**Background**

**Carer's Charter**

The ACT Government launched the Carer's Charter in October 2011. The Charter is intended to improve the circumstances of carers by raising community awareness and promoting carers' role in service delivery.

The Charter consists of five concise core principles. Broadly, the principles focus on ensuring carers are engaged, supported and able to achieve a quality of life that is in line with community standards. The Charter aligns with the renewed vision of the Canberra Social Plan 2011 for people to reach their potential, make a contribution and share the benefits of an inclusive community.

**Funding**

- Disability ACT provided Carer's ACT with \$300,000 funding for the period 1 July 2014 to 31 December 2016 for the provision of the Carers Wellness Program and National Disability Insurance Scheme Carer Pathways Program.
- In 2016-17, Carers ACT received \$412,000 (*Mental Health Policy, ACT Health*) to provide carers of people with mental health needs and psychosocial disability with good information, support, referral and counselling.
- Carers ACT receives a further \$247,100 (*2016-17*) from ACT Health to provide carers of people under the age of 65 with support in their carer role, again through counselling, assistance and information to manage stress and some of the financial issues they might be



facing.

- Carers ACT is also funded to deliver programs to support carers of people with disability through the Carers Wellness Program, National Disability Insurance Scheme Carer Pathways Program, Flexible Respite and Case Management and an Advocacy Program.

**Implementation issues**

To assist with the development of future ACT Government policies and strategies, and as a way to enhance the Human Services Blueprint, Community Services Directorate should consult with Carers ACT as they develop their ACT Carers Strategy. Engagement with officials from ACT Health will also be critical as a considerable number of Carers are supporting people with health conditions.

**Key stakeholders**

- Carers ACT
- People with Disability
- Carers of people with Disability
- ACT Human Rights Commission

**Legislative impact**

No legislative change required

**Implementation Timing**

	<b>0-12 months</b>	<b>X</b>	<b>12-24 months</b>		<b>24-48 months</b>
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A Carers' Strategy would take approximately 18 months to implement allowing for appropriate consultation.

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

Announced Cost

No announced cost

Assessed Financial Implications

A SOGC, located in either CSD or ACT Health for 18 months to develop the strategy could be required, approximately \$275,000.

Contact Officer: R Baumgart  
 Telephone: 6207 1475  
 Directorate: CSD



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### CANBERRA LIBERALS ANNOUNCE MORE SUPPORT FOR CARERS

(<http://canberraliberals.org.au/2016/08/canberra-liberals-announce-more-support-for-carers/>)

August 24, 2016 | Andrew Wall MLA (<http://canberraliberals.org.au/category/andrew-wall-mla/>)

**The Canberra Liberals have today made a commitment to work with Carers ACT in the development and implementation of an ACT Carers Strategy to support ACT carers sustain and continue their role, Shadow Minister for Disability Andrew Wall said today.**

"There are 48,500 ACT family or friend carers who are providing unpaid, informal care to family members or friends and it is estimated that 74 percent of all community care is provided by these carers," Mr Wall said.

"Carers are a critical part of Canberra's social fabric providing the vast majority of informal care for those who need it. Without good data it is difficult to establish evidence based priorities to further assist the vital contribution of carers.

"A Canberra Liberals government will work with Carers ACT to implement the actions they see as priorities. We hope this is a stepping stone to making a real difference in carers lives here in the ACT," Mr Wall concluded.

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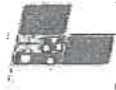
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**ELECTION COMMITMENT BRIEF NO. EC LIB 077**

**CANBERRA LIBERALS: Support for our Indigenous Community**

**Portfolio and function**

Health – Policy and Stakeholder Relations

**Policy source**

Canberra Liberals website 26 August 2016 “\$1.8m to support our Indigenous Community”

**Announced policy**

\$1.8 million for 10 new social workers to boost frontline service delivery at Winnunga Nimmityjah Aboriginal Health Service. By providing this funding, one of our major Indigenous support organisations will be able to direct services to areas of most need.

The added capacity will assist in responding to the continued increase in demand for services relating to matters such as Care and Protection, legal issues, housing/homelessness, safety/domestic violence, access to mainstream services, intergenerational trauma, cultural identity, and social and emotional health and wellbeing.

**Proposed Implementation Strategy**

The announced Indigenous Support Plan outlines an intention to bolster frontline service staff working to address multiple needs for complex Aboriginal and Torres Strait Islander clients of Winnunga Nimmityjah Aboriginal Health Service. The plan anticipates 10 new ‘social workers’ who can provide services including but not limited to care and protection, domestic violence, legal issues and housing. Responsibility for these services spans a number of ACT Government Directorates including ACT Health, Community Services Directorate and the Justice and Community Safety Directorate.

Stages in the process may include:

1. Consultation with relevant directorates about appropriate lead responsibility for developing and implementing the program.
2. Consultation with the service provider as to the full scope of the services to be provided.
3. Develop a project implementation timeline.
4. Seek a business case from the proposed service provider that clearly identifies need and proposed scope of services to be provided and the staffing profile required to deliver these services.
5. Purchase the service from Winnunga Nimmityjah Aboriginal Health Service, following an evaluation of the business case and obtaining approval for a single select procurement process.



**Implementation issues**

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

**Key stakeholders**

ACT Health  
Winnunga Nimmityjah Aboriginal Health Service  
Community Services Directorate  
Justice and Community Safety Directorate

**Legislative impact**

No legislative change required.

**Implementation Timing**

	0-12 months	X	12-24 months		24-48 months
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Subject to a robust business case being presented, evaluated and the service 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

\$1.8 million

Assessed Financial Implications

The Directorate notes that an Election Commitment costing has not been requested.

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



## Latest News

### \$1.8M TO SUPPORT OUR INDIGENOUS COMMUNITY

(<http://canberraliberals.org.au/2016/08/1-8m-to-support-our-indigenous-community/>)

August 26, 2016 | Andrew Wall MLA (<http://canberraliberals.org.au/category/andrew-wall-mla/>),  
Jeremy Hanson MLA (<http://canberraliberals.org.au/category/jeremy-hanson-mla/>)

**The Canberra Liberals have today committed \$1.8 million for 10 new social workers to boost frontline service delivery at Winnunga Nimmityjah Aboriginal Health Service. By providing this funding, one of our major indigenous support organisations will be able to direct services to areas of most need, Shadow Minister for Indigenous Affairs Andrew Wall said today.**

"Today's \$1.8 million commitment will see 10 new social health workers added to Winnunga Nimmityjah's current staff to ensure a more even distribution of the case workload," Mr Wall said.

"The added capacity will assist in responding to the continued increase in demand for services relating to matters such as Care and Protection, legal issues, housing/homelessness, safety/domestic violence, access to mainstream services, intergenerational trauma, cultural identity, social and emotional health and wellbeing.

"The Canberra Liberals believe that better services will equate to better outcomes for the ACT's Aboriginal and Torres Strait Islander population. A boost to frontline service delivery will assist in identifying issues before they hit crisis point," Mr Wall concluded.

"Currently our Aboriginal and Torres Strait Islander community continue to be overrepresented on the negative side of the health, education and justice statistics," Leader of the Opposition Jeremy Hanson said.

"As one of the most affluent cities in our nation there is absolutely no reason that our indigenous community should be experiencing the same issues as those in regional and rural parts of our country. The Canberra Liberals consider this unacceptable and ACT Labor has done nothing to address the issue.

"The Canberra Liberals have recognised the need for increased services for our indigenous community and today's commitment represents our plan to leave no one behind," Mr Hanson concluded.

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\$1.8M TO SUPPORT OUR INDIGENOUS COMMUNITY  
(<http://canberraliberals.org.au/2016/08/1-8m-to-support-our-indigenous-community/>)

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Migrants settling well in Australia, but more needs to be done

(<http://canberraliberals.org.au/2016/08/migrants-settling-well-in-australia-but-more-needs-to-be-done/>)

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## **Jeremy Hanson CSC MLA**

**Member for Molonglo**

ACT Leader of the Opposition

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Media Release

Saturday 3 September 2016

# **CANBERRA LIBERALS TO BUILD LOCAL HOSPITALS IN GUNGAHLIN AND TUGGERANONG**

The Canberra Liberals will build and open new local public hospitals in both Gungahlin and Tuggeranong if elected at next month's ACT Election. The two new hospitals will have 24 hour emergency departments, 12 bed short stay wards and will be staffed by specialist doctors and nurses, Leader of the Opposition and Shadow Minister for Health Jeremy Hanson said today.

"The Gungahlin Local Public Hospital and the Tuggeranong Local Public Hospital will provide more beds in more locations, alleviate the poor geographic spread of hospital beds in Canberra and help return the ACT's health system to the best in the nation," Mr Hanson said.

"These new hospitals are part of our broader plan for health which includes our previously announced \$395 million redevelopment of the Canberra Hospital.

"The Gungahlin Local Public Hospital and the Tuggeranong Local Public Hospital will each include:

- A 10 bed 24/7 operation emergency department.
- A 12 bed short stay ward.
- Care coordination as well as pharmacy, pathology and imaging services.

"At the moment some Gungahlin and Tuggeranong residents have to drive further for emergency hospital services than many residents in regional Australia. Our northernmost and southernmost regions need these hospitals and they'll become even more important as our city grows.

"ACT Labor has neglected health for 15 years, but under a Canberra Liberals government it will become the major priority. Andrew Barr's focus is a tram, but my focus is health. That's the choice for Canberrans at this election, a tram or three brand new hospitals," Mr Hanson concluded.

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**Contact: Joe Prevedello 0402768432**



(http://canberraliberals.org.au/)

## Latest News

### CANBERRA LIBERALS COMMIT \$600,000 FOR 'SHOUT' INC

(<http://canberraliberals.org.au/2016/09/canberra-liberals-commit-600000-for-shout-inc/>)

September 20, 2016 | Jeremy Hanson MLA (<http://canberraliberals.org.au/category/jeremy-hanson-mla/>)

**The Canberra Liberals have announced a \$600,000 commitment over three years for SHOUT (Self Help Organisations United Together Inc), an organisation that supports community groups to help people manage chronic conditions and improve their lives.**

ACT Leader of the Opposition, Jeremy Hanson, said helping Canberrans to stay healthy and to manage chronic conditions is not only good for individual wellbeing but is good for our community. SHOUT is at the front line of helping thousands of Canberrans through its member organisations.

"Conditions such as diabetes, cardio vascular disease, cancer, arthritis and kidney disease are increasing. Once diagnosed with a chronic disease, many patients seek information and help in managing that disease.

SHOUT's member organisations, such as Arthritis ACT, Bosom Buddies ACT, Friends of Brain Injured Children and ACT Chronic Fatigue Syndrome Society provide vital services across a large range of conditions but are dependent on the support the SHOUT provides to them.

"If elected, we will provide \$200,000 a year, over 3 years, to provide SHOUT with ongoing funding to further assist our local small community groups.

"Today's announcement reaffirms our commitment to Health, making sure Canberrans have the support and care they deserve, and reducing the pressure on our public health system," Mr Hanson concluded.

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### CANBERRA LIBERALS ANNOUNCE DISABILITY PACKAGE

(<http://canberraliberals.org.au/2016/09/canberra-liberals-announce-disability-package/>)

September 22, 2016 | Andrew Wall MLA (<http://canberraliberals.org.au/category/andrew-wall-mla/>),  
Jeremy Hanson MLA (<http://canberraliberals.org.au/category/jeremy-hanson-mla/>)

**The Canberra Liberals will provide \$300,000 in funding to ensure Spinal Cord Injuries of Australia can bring their spinal cord injury rehabilitation program, NeuroMoves, to the ACT. The Canberra Liberals will also establish a Disability Access Taskforce to enhance accessibility for all Canberrans with a disability.**

"I am committed to supporting greater choice and freedom for people with a disability, and this is why we will be bringing the NeuroMoves program to the ACT," Shadow Minister for Disability Services Andrew Wall said today.

"The program has been operating in other major cities for 8 years, and is a community rehabilitation program. It is designed to assist a person with a spinal cord injury to improve and maximise their functional ability, and to lead a more independent life.

"Because of a lack of suitable programs in the ACT, residents with an acquired injury must currently travel to Sydney to access this service. However, we believe these Canberrans should have every opportunity to access appropriate rehabilitation in their own city.

"We will work in conjunction with community partners, who have committed start up funding and premises for a period of 2 years. This is a fee for service system and will be self sufficient once the service commences," Mr Wall concluded.

"On top of bringing NeuroMoves to the ACT, we will establish the Disability Access Taskforce, as suggested by People with Disabilities ACT (PWD ACT) in a submission during the 2016-17 Budget process," Leader of the Opposition Jeremy Hanson said.

"The Canberra Liberals believe that experience should inform practical solutions that can enhance the lives of people with a disability in the ACT. This will assist them to live, work and commute in our city more easily," Mr Hanson concluded.

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### BOOST TO MENTAL HEALTH SERVICES FROM EARLY INTERVENTION TO SPECIALISED CARE (http://canberraliberals.org.au/2016/09/boost-to-mental-health-services-from-early-intervention-to-specialised-care/)

September 23, 2016 | Giulia Jones MLA (http://canberraliberals.org.au/category/giulia-jones-mla/),  
 Jeremy Hanson MLA (http://canberraliberals.org.au/category/jeremy-hanson-mla/)

**A Canberra Liberals Government will commit to a \$3.5 million package to deliver quality mental health services across the ACT. Our three pronged package will focus on early intervention, mental health units and staffing, Shadow Minister for Mental Health Giulia Jones said today.**

"Mental health will affect almost half of the Australian population over a lifetime and it's imperative that there's more of a concerted focus by governments in early intervention and specialised care," Mrs Jones said.

"Our package includes:

- 111a) \$500,000 for grants to community groups that offer early intervention services for youth mental illness. These grants will aim to fill the gaps in our current mental health services. They are critical as 75% of mental illnesses manifest in people under 25. This will set more young people up for a healthy adult life.
- 111b) Supporting the completion and opening of the Secure Mental Health Facility in Symonston and the recruitment of 6 government mental health nurses to ensure those who need care most, get it.
- 111c) \$3 million to support extra orderly and security staff at both the Adult Mental Health Units. We will also assess the security and orderly staffing of the new unit to ensure staff and client safety at all times.

"The Canberra Liberals recognise the impact of mental health needs on individuals, their families, those who work in the space and the wider community. This package will chart the way forward for better outcomes for clients, staff in our mental health facilities, and will equip more youth to manage their mental health better, going forward," Mrs Jones concluded.

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