



Malta

National Reform Programme

Annex Table 1

Ministry for Finance
April 2017

Table 1. Description of the measures taken and information on their qualitative impact											
CSR number (1)	CSR sub-categories (2)	Number and short title of the measure (3)	Information of the planned and already enacted measures								Foreseen Impacts
			Description of main measures of direct relevance to address the CSRs					Europe 2020 targets	Challenges/Risks	Budgetary implications	Qualitative elements
			Main policy objectives and relevance for CSR (4)	Description of the measure (5)	Legal/administrative instruments (6)	Timetable on progress achieved in the last 12 months (7)	Timetable on upcoming steps (8)	Estimated contribution to Europe 2020 targets (9)	Specific challenges/risks in implementing the measures (10)	Overall and yearly change in government revenue and expenditure (reported in mln. national currency) Contribution of EU funds (source and amounts) (11)	Qualitative description of foreseen impacts and their timing (12)
CSR 1	In view of the high risk of a significant deviation, achieve an annual fiscal adjustment of 0.6% of GDP towards the medium-term budgetary objective in 2016 and 2017 by taking the necessary structural measures. Step up measures to ensure long-term sustainability of public finances.	Measure 1 – Review of ministerial spending allocations	The Government is committed to keeping Government expenditure in check including by improving efficiency in public spending.	A Government spending review is ongoing to ensure the achievement of improved efficiency and effectiveness in public spending, reduce waste and ensure value for money. This should ensure that spending reflects changing priorities and changing needs.	Budget Implementation Act and accompanying legislation.	The Financial Estimates now provide projections for the medium-term so that each Ministry will have a planning total in submitting their spending plans for subsequent years. In 2015, the Comprehensive Spending Review was focused at the Mater Dei Hospital. The study was completed in September 2015 and had the following recommendations: <ul style="list-style-type: none"> • Better scrutiny of the payroll system, working overtime, sick leave and allowances. It is noteworthy, that as from this year the cost of overtime has fallen because of improvements in processes. • In a bid to reduce expenditure in medicines and medical supplies, new technology is being introduced at the hospital to allow for single dosage dispensing to patients in a bid to reduce the expiry of drugs. • Better liaison between Pharmacy of your choice and the hospital will reduce the risk of over prescription of medicines • Mechanisms have been set up to ensure contracts are being adhered to whilst ensuring that Government achieves value for money for these contracts. • The repairing process of medical equipment is being reviewed. <p>There is now a process to allow for the decentralisation of departmental budgets. This should increase transparency in decisions being made by clinical staff. A concept of notional billing is being introduced between departments to increase awareness for the costs of pathology and imaging services. This will enable departments to become more aware of their staffing costs.</p> <p>The decentralisation of budgets includes seven departments: Medicine, Surgery, Anaesthesia, Pathology, Imaging, Cardiology A and E. These departments represent over 70 per cent of spending at Mater Dei.</p>	Starting in April 2017 the Comprehensive Spending Review programme will focus on the Ministry for Health. This will include the Ministry for Health itself, Primary Care Services, Pharmacy of Choice (POYC) and the Contracts Procurement Services Unit (CPSU). Expenditure between these entities totals circa €250 million. POYC delivers free medicines to circa 140,000 eligible patients. The Panel will focus on issues of procurement for medicines, contractual obligations including clerical support services, care workers, hospital cleaning services and security services. In the meantime, the implementation of decentralisation continues at Mater Dei Hospital. A senior management team has now also started to meet at the Ministry for Education and Employment to deal with the recommendations of the Education Comprehensive Spending Review.	The Review is medium-term. Government now has outputs for each line item against spending inputs, which will allow it to better assess unit costs.	Zero budgets impose a major challenge but they allow Ministries to ask whether resources can be channelled to new areas without asking for additional spending.	The Comprehensive Spending Reviews aim to increase efficiency in public spending. A quantitative estimate of the budgetary implications of the Comprehensive Spending Review on social security was included in the 2015 Update of the Stability Programme. Impacts of the Comprehensive Spending Reviews undertaken in 2015 and 2016 will be determined later on once the recommendations are fully implemented.	The reviews are one pillar of Government's approach to economic policy.

						<p>In 2016, the Comprehensive Spending Review focused on education. The review started in January 2016 and was completed in July 2016. The aim of the review was to make more transparent the outputs of both the primary and secondary educational system. One of the objectives of Government is to lower the number of early school leaving students and to encourage these students to stay within the educational system and be matriculated.</p> <p>The major recommendations were that the Ministry should focus on teaching and learning, allowing students to carry lower study workloads, introducing a system of prerequisite and option subjects. The review also recommended the expansion of vocational subjects as a way of increasing student choice. The review also recommended the decentralisation of budgets to college principals.</p>					
		Measure 2 – Ensuring an appropriate structural effort	Ensuring public finance sustainability in the short to medium-term, while also addressing the long-term is a key Government objective.	The Maltese Government has frontloaded structural effort in 2016 to ensure the achievement of the medium-term objective earlier than the target indicated in the calendar of convergence established by the European Commission.	Budget Implementation Act and accompanying legislation.	The medium-term objective of a structural budget balance was achieved already in 2016. The recent fiscal developments were supported by strong and sustainable economic growth, which sustained robust direct tax revenue, as well as proceeds from the International Investor Programme and savings from the Comprehensive Spending review.	Over the medium-term, a broadly neutral fiscal stance is envisaged.		In its Winter 2017 forecast, the European Commission considers that overall, risks to the fiscal outlook for 2017/18 are balanced, as slippages in current expenditure, mainly related to intermediate consumption and the renewal of the wage agreement (which expired at end-2016), could be compensated by higher proceeds from the citizenship programme.	Further details of Government's medium-term fiscal plan are included in the 2017-2020 Update of the Stability Programme.	Ensuring a sustainable budgetary position is important to ensure a sustainable debt position, taking into account the economic and budgetary impact of ageing populations, and to have adequate room for budgetary manoeuvre, in particular taking into account the needs for public investment.
		Measure 3 – Pension reform	Malta has a medium risk with regard to the long-term sustainability of its public finances due to the projected long-term cost of ageing.	The Pensions Strategy Group prepared a post-consultation report, which was submitted to the Government, whereby a number of the presented measures were adopted by Government in the Budget for 2016.	The pension reform measures have been adopted by the House of Representatives (Act No. XV of 2016) in March 2016. The incentive mechanism has been publicly announced on the 22 nd March and a legal notice LN289/16 was published in August.	<p>Following the set-up of the new Pensions Strategy Group to continue the work of the previous Working Group, a report presenting pension reform recommendations was finalised in June 2015. Subsequently, the Group prepared a post-consultation report that took into consideration the feedback received (till the end of August 2015) from social partners, political partners and the general public. The post-consultation report, including the final recommendations, was submitted for the attention of Government during September 2015. A number of these measures were adopted by Government as from the Budget for 2016:</p> <ul style="list-style-type: none"> The contributory period is being raised from forty to forty-one years for persons born after 1968. The contributory period 	In the Budget for 2017 Government continued to address adequacy by introducing measures aimed at supporting the income of specific groups of pensioners. In fact, through the Budget for 2017, pensioners will not be taxed on income arising from any type of pension amounting up to a maximum of €13,000. Pensioners, whose income is taxed at the married rates, will retain a differential of a further €1,000 (arising from any source) on top of the		Main challenges concern the increase in awareness by the stakeholders, including the general public. Further fine-tuning to the first pillar is necessary to maintain sustainability and adequacy of the pension system.	The pension reform initiatives together with the measures related to the Marriage Pension and Minimum Pension introduced in the Budget for 2016 are expected to have an incremental budgetary	The Maltese Government prioritised a number of recommendations and presented them for implementation in the Budget for 2016. It is still considering the next steps with respect to the other

						<p>shall be reviewed every 5 years to ensure that stable proportion is kept between the contribution period and the periods of time during which it is expected that the individual shall be in receipt of a pension.</p> <ul style="list-style-type: none"> The introduction of an incentive mechanism for persons to defer their pension, whereby persons who are eligible for retirement at the age of 61 years, are awarded a financial incentive for each additional year they choose to continue working up to the age of 65 years. A Working Group (WG) was set up with the scope of bringing to the consideration of Government, proposals relative to the introduction of fiscal incentives for employers that opt to introduce occupational pensions on voluntary basis. This WG has presented a report to Government and in fact a measure intended to incentivise the take-up of voluntary occupational pensions has been announced in the Budget for 2017. As from 2016, the Minimum Pension for a person with a full contributory record will not be less than €140 per week. This measure will contribute to address the problem of poverty amongst the elderly. Better credits for child rearing and family growth and the introduction of credits for human capital development and lifelong learning. <p>The Pension Strategy Group argued against a mandatory approach to increases in the statutory retirement age based on the linking of the retirement age to a longevity index. Such an approach does not take into account differences in life expectancy between different types of workers as well as differences between life expectancy and healthy life expectancy. The Group proposed that the Government should strive to increase active employment beyond the statutory retirement age by (i) incentivising late exits from the labour market; (ii) incentivising the deferral of a retirement decision; and (iii) initiating discussion within civil society and amongst constituted bodies for the eventual separation of the mandatory retirement age from the statutory retirement age.</p> <p>The Government, in the 2016 Budget, accepted the principle behind recommendations (i) and (ii) above. The reform measures listed above have been adopted by the House of Representatives (Act No. XV of 2016) in March 2016. The incentive mechanism has been publicly announced on the 22nd March and a legal notice LN289/16 was published in August. The scheme is open to workers in the private sector, who would have paid 35 years of social security</p>	<p>€13,000. This measure shall be implemented over a period of 2 years. With respect to entitled beneficiaries of a minimum pension for married couples and to a non-contributory age pension, these will experience an increase in their pension of €4 per week. The Budget for 2017 is also raising the amount of service pension that is not taken into consideration for Social Security pension assessment purposes by another €200. In addition, the Budget for 2017 will be addressing the gender inequality in the pension benefit rate, with females benefiting from an increase in the pension rate of up to €20 per week.</p>			<p>impact of - 0.060% of the GDP in 2016. The incremental budgetary impact of the widows' pension on GDP amounted to - 0.017% of GDP in 2016.</p> <p>The pension reform initiatives together with the measures related to pensions introduced in the Budget for 2017 are expected to have an incremental budgetary impact of - 0.018% of the GDP for 2017.</p> <p>The pension reform initiatives together with the measures related to pensions introduced in the Budget for 2017 are expected to have an incremental budgetary impact of - 0.014% of the GDP for 2017.</p>	<p>recommendations of the Pensions Strategy Group. Furthermore, it should be noted that there is also the entrenchment in law of a strategic review process of the pension system every five years (Article 64B of the Social Security Act).</p>
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		Measure 4 – Third Pillar Pensions		<p>In the budget for 2014, the Government announced that fiscal incentives will be introduced to encourage people to take out private pensions. This legislation was approved by Parliament and came into force at the beginning of 2015.</p>	<p>The Retirement Pensions Act (Chapter 514 of the Laws of Malta) came into force on 1st January 2015. The new Regulations and Pension Rules also came into force on 1st January 2015. A new set of Regulations and Pensions Rules have been issued under the Act to supplement the legal framework for the licensing and regulation of Retirement Schemes (both Occupational and Personal), Retirement Funds and Service Providers related thereto, as well as for the requirement of recognition for persons carrying on back-office administrative services.</p>	<p>With regard to the third pillar pensions in Malta, it is to be noted that the first pension products were launched on the market during November 2015, thus bringing to fruition Government’s policy initiative in this area. Furthermore, the tax benefits for third pillar pensions have been extended to be applicable to certain insurance products in order to incentivise providers. Accordingly, there are now a number of providers offering personal pension plans. Savers undertaking these plans can receive tax rebates on their savings for retirement.</p> <p><i>Voluntary Occupational Pensions</i></p> <p>As announced in the Budget for 2016, a Working Group was set up with the scope of bringing to the consideration of Government, proposals relative to the introduction of fiscal incentives for employers that opt to introduce occupational pensions on a voluntary basis. This WG has presented a report to Government, and in fact a measure intended to incentivise the take-up of voluntary occupational pensions has been announced in the Budget for 2017.</p> <p>In the case of the voluntary occupational pension plans, employees shall continue to benefit from the incentives announced for the third pillar pensions and also benefit from incentives being given under the Voluntary Occupational Pension Schemes. At the same time, the employer shall consider expenditure related to investment to the occupational scheme as part of the recurrent expenditure for company tax</p>			<p>The main challenge is the uptake of this measure which mainly depends on the package of incentives made available.</p>	<p>Government financing is one of the sources sought; others include arrangements with industry and potential ESF financing.</p>	<p>Improved national retirement and financial capability is expected to lead in uptake of members in personal and occupational pension schemes respectively.</p>

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		Measure 5 – Incentives for employers to set up private pensions		<p>Fiscal benefits for employers linked to voluntary private pension plans at the work place.</p> <p>At this stage, the proposals include a maximum of €150 Tax Credit for employer per employee and full deduction of investment in the tax return of the employer on €2,000.</p>		<p>Review done by PricewaterhouseCoopers and presented to the Minister.</p> <p>Feedback to be given by Commissioner for Revenue to Ministry on the outstanding issues.</p> <p>Draft legislation being finalised by PricewaterhouseCoopers.</p>	This measure will be implemented by the Budget Measures legislation.		None		
		Measure 6 - Investing in a bariatric surgery theatre table	To make bariatric surgery available for the morbidly obese patients and hence control their weight problem and complications associated with excessive weight.	Bariatric surgery is the only option today that effectively treats morbid obesity in people for whom more conservative measures such as diet, exercise, and medication have not been effective.	Issue of tender from Central Procurement Supplies Unit and following usual administrative procedure of consultation and approval.	<p>a) The needs and specifications needed were agreed with different departments so that the system will have the needs requested by clinicians included.</p> <p>b) The document with all the required specifications was concluded.</p> <p>c) The tender was published.</p> <p>In February and March 2017 - Evaluation of tender was still in process, owing to clinical difficulties which are expected to be resolved shortly.</p>	<p>April 2017 - 3 week timeframe for any petitions or complaints from the contractors. May 2017 - Acceptance of conclusions from Departmental Contracts Committee. June 2017 - 3 week timeframe for petitions of objections from contractors. August 2017 - Contract signed by the Government and the tender winner.</p>		<ul style="list-style-type: none"> - The maintenance of the bariatric bed and any bariatric surgery equipment after procurement. - The need to have the adequate specialised staff to perform bariatric surgery. - Implementation of a multi-disciplinary team to manage the patient holistically. - Complications which might result secondary 	Estimated at €100,000.	<p>Medium-term impact foreseen.</p> <ul style="list-style-type: none"> - To produce dramatic and durable weight loss - To improve Diabetic control and if possible induce remission - To improve mobility problems associated with obesity - To improve other obesity related co morbidities like sleep apnoea, incidence of

									to the surgery being performed.		cancer, hypertension, heart failure and many more.
		Measure 7 - Providing Type I and Type II diabetic patients with free Glucose monitoring sticks	To provide Type I and Type II diabetic patients with free glucose monitoring sticks which will encourage them to check their blood glucose level regularly and keep tighter control on the blood glucose level.	To provide Type I and Type II diabetic patients with free glucose monitoring sticks which will encourage them to check their blood glucose level regularly and keep tighter control on the blood glucose level.		In 2016 all patients who suffer from Type 1 Diabetes were provided with a maximum of 4 glucose sticks irrespective of age and free of charge. An exercise to conclude what is permitted by current contracts has been conducted and a Request for Proposals (RFPs) for the supply of Glucose Monitoring sticks, Blood Glucose Monitors and Lancets has been issued.	In 2017 the number of diabetic patients (Type 1 and 2) entitled for free glucose sticks will increase. A consultation process with all relevant stakeholders will take place to decide the best way in which this measure should be implemented (June 2017). Intensification of the consultation process with relevant stakeholders to estimate accurately the budget needed for this measure (September 2017). Diabetic patients on Insulin will start receiving free glucose sticks and monitoring of the level of consumption of the glucose sticks will be held (October 2017).		-Testing blood glucose level might induce a level of anxiety in the patient. -Anxiety might lead to glucose testing more frequently than necessary which will result in the free supply of glucose monitoring sticks not being enough. -Lack of motivation, knowledge, and self-efficacy from the patient's side to test his/her blood glucose level regularly. -The need for the Ministry of Health to provide more information to the patient on how to perform self blood glucose monitoring and how to interpret the results.		Medium-term and long-term impacts foreseen. - Prevention of the development of diabetic complications - Reduction in Hyper and Hypo glycaemic cases and associated healthcare - Regular blood glucose monitoring and charting - Increasing patients' involvement in their own care - Increasing patients' awareness on the effect different foods have on their glycaemic control - Increase patients' knowledge on diabetic treatment especially how to titrate the insulin done needed according to their blood glucose level - Tighter control of blood glucose level.
		Measure 8 - To offer more free healthcare services to Diabetic patients who have the Schedule V card - Free dental care - Subsidies on vision glasses/	Patients who suffer from diabetes especially those who have uncontrolled blood glucose level have a higher risk of developing infections especially complicated wounds, eye	In 2017 more Diabetic patients who have Schedule V card will benefit from: free dental care, subsidies on vision glasses/spectacles, free access to antibiotics, free diabetic treatment.		In 2016 Gliptins and Repaglinide were introduced on the Government Formulary therefore the number of patient entitled for these medications increased. A monitoring and evaluation process on the level of consumption of these medications is underway to maintain good stock control. A consultation process with all relevant stakeholders has been undertaken to decide the best way in which to implement this measure and the measure has been activated accordingly.	Meeting with the stakeholders at the Department of dentistry will take place to decide which dental procedures will be offered and how to strengthen the infrastructure of the department due to the envisaged increase in patients. Intensifying consultation process with relevant stakeholders to budget accurately for this measure. Guidelines on		-Patients might not be aware of the link between diabetes and poor dental health and therefore not resort for dental care help. -The access to free antibiotics might increase their use and abuse which		This measure is foreseen to have medium-term and long-term impact. -Reduce the rate of tooth decay, gingivitis and other dental complications requiring dental interventions. -Patients with

		<p>spectacles</p> <ul style="list-style-type: none"> - Free access to antibiotics - Free diabetic treatment 	<p>complications which leads to poor and blurred vision and dental problems like tooth decay and gum infections. When diabetic complications develop, they decrease the patient's quality of life, productivity and also increase the burden on the healthcare system and the economic system through absenteeism. Managing diabetic complication at an early stage by offering easy and free access to treatment helps to prevent or diminish this burden.</p>				<p>which antibiotics can be prescribed by the family doctor and those which have to be prescribed by a specialist should be concluded.</p>		<p>might lead to an increase to antibiotic resistance (restricted antibiotic types, indications and amount is envisaged in policy).</p> <ul style="list-style-type: none"> -Increased demand on dental services, HR and infrastructure. -The number of patients requiring dental care and spectacles, as well as the cost for the amount of spectacles to be funded is not known, therefore, cost is based on an estimation. -Since the exact number of patients who will be making use of these services is not known there may be issues related to stock such that another tender will need to be issued and more funds required than those originally planned for. 	<p>access to subsidised spectacles will have better vision which means that they would have a better quality of life and productivity.</p> <ul style="list-style-type: none"> -Early treatment of infections which reduces the rate of complicated infections and the need for amputations. -Tighter diabetic control through management with diabetic drugs to prevent the development of complications and reduces demand for associated healthcare.
		<p>Measure 9 - Reduction of the Outpatients and Surgical waiting lists</p>	<p>To continue working on and enhancing the reduction in Surgical operations waiting lists. To start working on reducing the Outpatients department waiting lists.</p>	<p>To continue working on and enhancing the reduction in Surgical operations waiting lists.</p>		<p>Reduction of waiting list for hip and knee replacement.</p> <p>The plan for the new IT systems, including single sign-on and voice recognition software, have been finalised. However the new systems necessary for the Outpatients department will not be ready until later in 2017. Moreover, an Expression of interest for a PPP to address out-patients waiting lists was approved by the Ministry for Finance and will be published soon. A decision was also taken to employ more specialists in the departments with the longest waiting times. The department of Health is awaiting final approval of these new posts.</p>	<p>April 2017 – SMSs start being sent to patients before every appointment; Final decision to be taken whether 'Single Sign on' will be used in outpatients or not. June 2017 – The contract for the development of a new module for outpatients should be concluded; September 2017 – Specifications on the new I.T. system needed in outpatients department starts being developed. December 2017 – Recruitment of a Senior manager in the Outpatients Department; Beginning of the new system implementation</p>			<p>This measure is foreseen to have short-term and medium-term impacts.</p> <ul style="list-style-type: none"> -Reduction in waiting times for a surgical operation; -Reduction in waiting time for a new Outpatients appointment; -Reduction in the reported proportion of unmet needs; -Reduction in

							in the outpatients department. June 2018 – The implementation of this system in Outpatient should be finalised and concluded.				the level of Out of pocket expenses.
		Measure 10 - The development of a regional Primary care Hub at Paola	The benefits of the development of the Paola Primary Care Regional hub are enhanced and larger facilities to cater for the increasing demands of the southern region of Malta, a one-stop-shop facility offering specialised care as well as health promotion and prevention services and enhanced access to healthcare services and quality.	This Hub will be an innovation for Malta since it will serve as a one stop facility for community care as well as offer specialised care for certain prevalent diseases and conditions. It will also incorporate health promotion and prevention services as well as treatment of minor, yet urgent, conditions which may not be easily treated by the family doctor in the clinic or at home, but which do not need access to hospital services.		Application of the project with PPCD done. February 2017 – PPCD has approved the project.	June 2017 – conclusion of site clearance and land contamination (€53,000); September 2017 – Discussions with Planning Authority regarding any necessary permissions and changes which need to occur to the project (project might have to change radically subject to investigations); December 2017 – Issue of Planning Authority permissions; Issue of site clearance.		If the development and improvement of the Paola Primary Care Hub is not adequately marketed, patients who fall under the respective catchment area might still opt not to use the Primary care services.		This measure is expected to have medium-term and long-term impacts. -Development of Paola Primary Care Hub; -Increasing attendances to the Paola Primary care services; -Decreasing attendances to MDH Accident and emergency department of patients who fall under the Paola Health Centre Catchment area.
		Measure 11 - A Nationwide Home Care Delivery for bulky and heavy items: Client convenience & Enhanced Service Efficiency	-Better stock management; -Less wastage; -Reduce the required storage space; -Improved access to treatment which might increase compliance to treatment; -Achieve operational and functional efficiency.	To improve access to treatment through home care delivery and at the same time adding storage space in the limited store area for better stock management. Innovative procurement cycles to have better controlled demands and resultant supplies with no expired items at the central stores. Through these projects supply are provided directly by the supplier to the entity and/or patients. Also delivery is now made directly to POYC, for onward referral to patients' homes and pharmacies (in instances where patients communicated such a preference). This		May 2016 – Continuous Ambulatory Peritoneal Dialysis / Renal Treatment for Peritoneal Dialysis - 80 patients benefiting from this initiative; -Annual Cost of treatment is € 1.9 million; -Annual Costs of Initiative are €48,000. September 2016 – March 2017: CPSU pilot project for complete nutritional preparation (200mL and 500mL to all entities): -Pilot project for six months till March 2017 for the one being sent to POYC (200mL) to cross-match with the proposed CPSU Cost Benefit Analysis and see what is financially feasible; - 1,200 patients are benefiting from this initiative; - Annual Cost of treatment is €700,000 - Annual Costs of Initiative is €10,000 for supplies to be delivered directly to entities and cost is neutral by POYC to transport to patients (pilot testing). Domiciliary Oxygen Refilling – Implementation has started. Supplier has acquired relevant licences to provide the service directly in the community. Distribution is planned to start in April. - 900 patients to benefit from this initiative; - The annual cost of the delivery service is €54,000.	June 2017 -Named Patient Basis / Exceptional Treatment – To commence with specialised nutrition using a step-by-step approach; -300 patients to benefit; -Annual Cost of treatment is of €4 million and Annual Costs of Initiative = CBA being established. October 2017 - Special Medical Services including outreach treatments, loaning of medical aids and follow-ups; -1,000 patients to benefit from this initiative; -Annual Cost of treatment is of €2.5 million and Annual Costs of Initiative = CBA being established		-Reduction in storage in case of an emergency counteracted by an emergency unit that tries to obtain from all around the globe; - Patients being treated equally and appropriately through monitoring by client service and clinical reporting.	CAPDs / Renal Treatment for Peritoneal Dialysis: Annual Costs of Initiative = €48,000. Complete Nutritional Preparation: - Pilot testing till March through POYC as it was deemed as 'cost neutral'; - Annual Costs of Initiative through CBA = €100,000 – total for both volumes; -For next tender cycles to include specific clause. Domiciliary Oxygen Refilling: Annual Costs of Initiative = €60,000. Special nutrition: Annual Costs of	-Immediate provided space to relocate items even due to stores migration; - Better inventory management; - No waste at CPSU and Less waste within entities; -Better adherence to treatment; - Better quality of life with respect to patient; -Less hospital admissions and re-admissions; - Staff relocated to other areas for a better efficiency in new roles e.g. auditing measures.

				has a cost-neutral impact.						Initiative = CBA being established since items are procured through the exceptional route. Special Non-medicine loaning services: Annual Costs of Initiative = CBA being established as collating data from various stakeholders	
		Measure 12 - +70 Delivery of Pharmaceuticals to the Patients' Domiciliary Homes Scheme	-To facilitate easier and timelier access to Government's free pharmaceutical treatment to entitled +70 year old patients and patients with difficulty in mobility through the delivery of their prescribed treatment to their domiciliary residence. -To facilitate continuous holistic professional service from the pharmacist of the patients' own choice even when these are not able to go to the pharmacy to collect their treatment.	-Optimizing patients' treatment accessibility and focused professional advice through a ground-breaking approach (First for Malta); - Increase each patient's quality of life by effectively treating their long-term conditions; - Exploiting the current POYC Scheme tripartite collaboration set-up to reach-out further into the community at no additional cost; -Leveraging this initiative to secure an overall more balanced and financially advantageous POYC Scheme Service Level Agreement.		November 2015 (Launch of the +70 Scheme)	-The Standard Operating Procedures (SOPs) for the Delivery of pharmaceuticals from the pharmacies to the patients' domiciliary residence need to be drawn up and approved by the Malta Medicines Authority; - Approval of the Proposed Nationwide +70 Scheme Rollout Plan by the POYC Scheme Standard Advisory Committee; -Rollout Plan targets an expansion of up to 50 pharmacies every Quarter till end December 2017; - Timely notifications to be sent to all pharmacies prior to rollout; -Patients' Registration Forms to benefit from the +70 Scheme to be sent to all pharmacies prior to the expansion.		-The POYC Unit does not envisage any challenges on its part that would negatively impact its administrative support to the Joint Committee; -The POYC Unit has also drawn up a Contingency Plan to ensure that this Budget Measure will continue to reach its primary goals for the benefit of the stakeholders; - Patients registered with pharmacies that opt not to participate in the +70 Scheme will be absorbed by the other pharmacies in the same localities; -Speed of expansion will depend on the performance output per locality.	Not Applicable as this initiative is to be carried out as part of the POYC Scheme at no additional cost to Government.	-Provide a more holistic, bespoke and timelier access to treatment to eligible patients at the time when they are feeling most vulnerable; -Enhance the one to one patient -Pharmacist professional relationship; -Provide a timely and professional respite to carers of the elderly / patients with disability without moving the patients out of their domiciliary comfort; -Possibly reduce incidence of winter related illness which may eventually keep patients out of hospitals or lessen the burden on hospital stays; -Reduce the multiple visits to the pharmacies; -Increase the patients' personal control

											and choice, enabling them to stay independent for longer.
CSR 2	Take measures to strengthen labour supply, in particular through increased participation of low-skilled persons in lifelong learning.	Measure 1 – Lifelong Learning Strategy	Increasing participation in lifelong learning to improve skill matching.	<p>A draft Lifelong Learning Strategy has been published and was adopted as final in December 2014.</p> <p>The scope of the Lifelong Learning Strategy may be widened to encompass all levels of learning from early childhood education until learning in old age but the main thrust of the strategy is adult education.</p>	N/A	<p>The Lifelong Learning Strategy Task force is meeting periodically with different stakeholders.</p> <p>So far the Task Force has prioritised the setting up of the National Skills Council and the Transition of Adult Education Services from DLL&ESL to FES. The National Skills Council has now been nominated and a CEO was appointed.</p> <p>A working group meeting about Quality Assurance and Accreditation in Adult Learning was held.</p> <p>Moreover, the Malta Qualifications Framework has been updated to permit the accreditation of courses below level 1 of the MQF and enable training providers to acknowledge the learning that goes on when low-skilled adults receive education and training at very basic levels. Motivation at this level will spur people to continue with their lifelong learning journey.</p>	<p>The Task force will continue to meet throughout 2017 so that a roadmap identifying actions, timelines and responsible entities will be established. The European Agenda initiatives planned for 2016-2017 will also be complementary to the implementation of the Lifelong Learning Strategy.</p> <p>The Transition of Services from DLL&ESL to FES is in process and the target is to move services by the end of Q1 2017.</p> <p>Once this last target at governance level has taken place, the Ministry will give a new direction to DLL&ESL regarding its core function. Once this is done, the next priority actions from the LL strategy will be identified by the Taskforce.</p> <p>In March 2017 a workshop was held on Flexible and Connected Learning organised by the Task Force and open for all relevant stakeholders.</p>	The EU2020 target is to increase participation in adult learning from 7% to 15%.	The successful implementation of the Strategy is dependent on the collaboration of various entities involved in adult learning.	N/A	There are 40 strategic programmes to be implemented by 2020.
		Measure 2 – Incentives to lifelong learning of low skilled persons	These include various incentives leading to an improvement of employability skills.	<p>The various incentives to improve such employability skills will target long-term unemployed and low skilled jobseekers.</p>	N/A	<p>Work Programme Initiative: An incentive where the main objective is to up-skill long-term unemployed and reintegrate them into the labour market. Three private service providers are carrying out individual assessments with the participants where each participant will be profiled and their training needs will be identified. The service provider is then responsible to deliver training to the participants. The service providers' objective is then to place the participants into employment and provide support and guidance so that as much as possible the participants retain employment.</p> <p>Training for Employment: an incentive to facilitate access to employment through the development of skills and competences. This project is currently made up of:</p> <ol style="list-style-type: none"> 1. Work Placement Scheme – consisting of 	These incentives will continue in the coming months.	Such initiatives will have a positive impact on both education and employment targets.	The successful implementation of these incentives are dependent on the collaboration of various stakeholders.	ESF funding is being sought for such incentives.	The final aim for such incentives is to place participants in sustainable employment.

						<p>on-the-job training which takes place at the employer's premises with whom the trainee is placed</p> <ol style="list-style-type: none"> 2. Work Exposure Scheme - duration of the work exposure is of 12 weeks and a participant reports at a place of work for an average of 20 hours/week 3. Traineeship Schemes – this is based on a dual system of vocational training providing a combination of on the job and off the job training. 					
		Measure 3 – Incentives targeting youths	Identifying youths who are at risk of becoming low skilled jobseekers and giving them a second chance to improve academic and employability skills.	Various incentives to improve employability skills targeting potential low skilled youths.	N/A	<p>Youth Guarantee: The second cycle of the Youth Guarantee commenced in July 2016, The envisaged target for the NEET Activation Scheme II is circa 150 NEETS per annum who will undergo training and further training or training and work exposure. Furthermore, till 2020, 600 participants will be trained and provided with personalised support till 2020.</p> <p>SEC Revision Classes: These classes were once again offered free of charge in Maltese, English Language, Mathematics and Physics to students who failed, obtained low grades (6,7 or unclassified) or were absent.</p> <p>The ICT-ALP Summer Course: This programme was once again offered to students attending the Alternative Learning Program (ALP) delivered to 15/16-year-old secondary school students. The summer course is intended to provide them with an additional educational opportunity to acquire new practical ICT skills and knowledge.</p> <p>MCAST Remedial Classes: Students who fail one of the exams through Level 1, Level 2 or Level 3 of the respective course at the Malta College for Arts, Science and Technology (MCAST) are offered free remedial classes during the summer period, in preparation for their final assessments the following September.</p> <p>The Ġużé Ellul Mercer 16+ (ĠEM 16+) Learning Centre continued its operation during this scholastic year with an intake of 100 students. These students will be supported to resit for the SEC examinations in the core subjects of English, Maths, Maltese and Physics. During the last scholastic year, ĠEM 16+ obtained recognition of its programme by MCAST, ITS and GRTU. A further certification by Aġenzija Żgħażaġh on Lifeskills and Social Well Being is also given to those students who participate in a number of formal and non-formal activities being organised.</p>	<p>These incentives will continue in the upcoming year.</p> <p>The Youth Guarantee office has already started making preparations for the SEC classes which will take place in summer 2017. It is to be noted that this year, free SEC revision classes in Biology will also be offered.</p>	<p>Through these incentives we will improve labour supply through enhancing skills and therefore this may have an effect on both education and employment targets.</p>	<p>The successful implementation of these incentives is dependent on the collaboration of various stakeholders.</p>	<p>ESF funding is being sought for Youth Guarantee where SEC revision classes are being funded.</p>	<p>The final aim for such incentives is to increase skills in youth.</p>
		Measure 4 – Preventing potential skill	The National Curriculum Framework led to	To have a number of learning areas and general	Responsibility lies within the Directorate for Quality and Standards in Education	<p>The implementation of this reform has led to the writing of Learning Outcomes and Learning & Assessment Programmes for all subjects within all</p>	<p>During the last few months of 2016 and during 2017, Government will continue</p>	<p>Through the reform of the NCF, the LOF will be the</p>	<p>To bring all stakeholders to work together</p>	N/A	<p>Youths ending compulsory schooling in</p>

		gaps in the future labour supply	the writing of the Learning Outcomes Framework. This highlights 21st century skills as being of paramount importance in the education process of the learners, thereby increasing student achievement and strengthening the labour supply.	learning outcomes that will determine learning and assessment programmes, standards, criteria and profiles. These will guide the teaching and learning process in compulsory education.	(DQSE).	the educational cycles of compulsory education. During 2016, plans have started to be drawn up for the gradual implementation of the Learning Outcomes Framework.	<p>drawing up a plan for the gradual implementation of the Learning Outcomes Framework (LOF) by September 2017.</p> <p>Professional development sessions for teachers will be carried out. The Institute for Education (IfE), set up in October 2015, will start to train educators in the pedagogy required for the implementation of the LOF project. Such accredited courses have already been developed and these will be offered to educators after school hours.</p> <p>Moreover, agreements will be signed with local and foreign universities to provide training for teachers on the pedagogy of vocational subjects. This will enable educators to teach vocational subjects at secondary level.</p>	keystone for learning and assessment throughout the years of compulsory schooling. This will be achieved through giving freedom to schools and learners to develop programmes that fulfil the framework. Therefore this will engage learners and thus will assist in addressing Malta's EU 2020 targets for education and employment.	and to coordinate all the initiatives that will be taken.		Malta should have obtained all of the necessary skills. This approach will also motivate them to continue learning and engage in lifelong learning programmes.
		Measure 5 – The National Skills Council	To study the needs of industry and the role of education	<p>Primary Objectives:</p> <ol style="list-style-type: none"> 1. Formal structure for partnership on skills development between stakeholders in education & labour market 2. Drives strategic planning for the National labour market 3. Develops strategy for Malta's alignment with new skills agenda for Europe. 	Legal notice 278 of 2016 was published in August 2016.	<p>Discussions were held with the aim of establishing the National Skills Council with all stakeholders. A Legal Notice was drafted during the first half of 2016. Subsequently, this draft legal notice was presented and approved by the Cabinet in August 2016.</p> <p>Legal notice was published in August 2016. The NSC was formally nominated by the Minister for Education and Employment and launched publicly in November 2016.</p>	Following the official establishment of the Council the first Council meeting will be held in the beginning of 2017.	Identify and address skills gaps in labour supply therefore addressing targets related to education and employment	N/A	N/A	Once lacunae between the educational sphere and the labour market are identified, the Council will be able to provide insight within the educational system and guide the design of action plans for educational programmes and career guidance in order to meet labour market needs.

