

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Additional Estimates 2015 - 2016, 10 February 2016**

**Ref No:** SQ16-000144

**OUTCOME:** 0 - Whole of Portfolio

**Topic:** Commissioned Reports

**Type of Question:** Written Question on Notice

**Senator:** Ludwig, Joe

**Question:**

Since the change of Prime Minister on 14 September, 2015:

1. How many reports (including paid external advice) have been commissioned by the Minister, department or agency?
  - a) Please provide details of each report including date commissioned, date report handed to Government, date of public release, Terms of Reference and Committee members.
2. How much did each report cost/or is estimated to cost? How many departmental or external staff were involved in each report and at what level?
3. What is the current status of each report? When is the Government intending to respond to these reports?

**Answer:**

1) to 3)

There have been eight (8) reports commissioned since the change of Prime Minister on 14 September 2015

<b>Regional Planning of Mental Health Services delivered by Primary Health Networks (PHN)</b>	
1a) Date commissioned.	16 September 2015.
i) Date report handed to Government.	30 October 2015.
ii) Date of public release	Not released at this time.
iii) Terms of Reference	Not applicable – The work is being undertaken under contract with the Queensland Centre for Mental Health Research.
iv) Committee Members	See above.
2) Cost/estimated cost of report.	\$30,850.
i) Number of Departmental or external staff involved and level.	Unknown, conducted under contract.
3) Status of report.	Received.
i) Date of expected government response.	Unknown, decision for Government.

**Utilisation of MBS subsidised mental health services**

1a) Date commissioned.	16 September 2015.
i) Date report handed to Government.	Due on 15 June 2016.
ii) Date of public release	NA, not yet received.
iii) Terms of Reference	Not applicable – The work is being undertaken under contract with the Queensland Centre for Mental Health Research.
iv) Committee Members	See above.
2) Cost/estimated cost of report.	\$50,850.
i) Number of Departmental or external staff involved and level.	Unknown, conducted under contract.
3) Status of report.	In progress.
i) Date of expected government response.	Unknown, decision for Government.

**Program redesign to implement a stepped care approach to treatment of common mental disorders.**

1a) Date commissioned.	16 September 2015.
i) Date report handed to Government.	Due on 27 May 2016.
ii) Date of public release	NA, not yet received.
iii) Terms of Reference	Not applicable – The work is being undertaken under contract with the Queensland Centre for Mental Health Research.
iv) Committee Members	See above.
2) Cost/estimated cost of report.	\$85,700.
i) Number of Departmental or external staff involved and level.	Unknown, conducted under contract.
3) Status of report.	In progress.
i) Date of expected government response.	Unknown, decision for Government.

**Private Health Insurance Consumer Consultations**

1a) Date commissioned.	28/10/2015 – contract signed.
i) Date report handed to Government.	02/03/2016.
ii) Date of public release	This is a matter for Government.
iii) Terms of Reference	Nil.
iv) Committee Members	Nil.
2) Cost/estimated cost of report.	\$252,641.20 (GST Inclusive).
i) Number of Departmental or external staff involved and level.	This was part of normal Departmental business. No staff were dedicated solely to this task.
3) Status of report.	The report was provided to government on 2 March 2016.
i) Date of expected government response.	This is a matter for Government.

<b>Models of care delivery in an Influenza Pandemic</b>	
1a) Date commissioned.	16 February 2016.
i) Date report handed to Government.	Due on 17 June 2016.
ii) Date of public release	To be determined after presentation to Australian Health Principal Protection Committee (AHPPC) in August 2016.
iii) Terms of Reference	<p>Overall, the outputs expected from this project are:</p> <ol style="list-style-type: none"> <li>1. An interim draft report of findings from the literature review (before stakeholder consultation);</li> <li>2. A draft report of the literature review after stakeholder consultation, incorporating relevant comments and feedback from states and territories and the Department;</li> <li>3. A 'skeleton' of a nationally consistent models of care framework for an influenza pandemic;</li> <li>4. A final report incorporating relevant comments and feedback; and</li> <li>5. A presentation of the final report to the Communicable Diseases Network of Australia (CDNA).</li> </ol>
iv) Committee Members	Relevant Departmental Committees including AHPPC and Communicable Disease Network Australia (CDNA) will be briefed on the outcomes of the reports at the conclusion of the projects.
2) Cost/estimated cost of report.	\$126,558 (GST Exclusive).
i) Number of Departmental or external staff involved and level.	<p>Four (4) Departmental staff 1xEL2, 1xEL1, 1xAPS6, 1xMedical Advisor</p> <p>A project team of eleven (11) staff from external organisations.</p>
3) Status of report.	In progress.
i) Date of expected government response.	The final report will be presented to Communicable Disease Network of Australia (CDNA) and Australian Health Principal Protection Committee (AHPPC) mid 2016.

<b>Model Infection Control with Personal Protective Equipment (PPE) during an Influenza Pandemic</b>	
1a) Date commissioned.	24 February 2016.
i) Date report handed to Government.	17 June 2016.
ii) Date of public release	To be determined after presentation to Australian Health Principal Protection Committee (AHPPC) in August 2016.
iii) Terms of Reference	<p>The Department's objective for this project is to identify the quantities of masks required in an influenza pandemic in different clinical settings, Identifying options based on available evidence and cost models will assist in:</p> <ul style="list-style-type: none"> <li>• Minimising transmissibility, morbidity and mortality;</li> <li>• Minimising the burden on and support health systems and health care workers;</li> <li>• Efficient delivery and maintenance of PPE levels needed during a pandemic; and</li> <li>• Assuring the public that evidence-based infection control measures will be implemented in the event of an influenza pandemic.</li> </ul>
iv) Committee Members	Relevant Departmental Committees including AHPPC and Communicable Disease Network Australia (CDNA) will be briefed on the outcomes of the reports at the conclusion of the projects.
2) Cost/estimated cost of report.	\$40,577
i) Number of Departmental or external staff involved and level.	<p>Two (2) Departmental Staff 1xEL1, 1xAPS6</p> <p>A project team of five (5) staff from external organisations.</p>
3) Status of report.	In progress.
i) Date of expected government response.	The final report will be presented to Communicable Disease Network of Australia (CDNA) and Australian Health Principal Protection Committee (AHPPC) mid 2016.

<b>Laboratory Scoping Study</b>	
1a) Date commissioned.	10 February 2016.
i) Date report handed to Government.	15 June 2016.
ii) Date of public release	Not for public release.
iii) Terms of Reference	<p>The key outcome of the project will be a report that:</p> <ul style="list-style-type: none"> <li>a. provides an overview of national public health laboratory testing capacity and capability based on the results of stakeholder engagement using a robust methodology;</li> <li>b. assessment of the current state of national readiness to respond to a health emergency event like a communicable disease outbreak or bioterrorist attack;</li> <li>c. provides a map of the current jurisdictional and national laboratory network, including linkages and pathways within and across the structure;</li> <li>d. examines the current state of laboratory communication networks at a state and territory and national level;</li> <li>e. includes a broad assessment of IT compatibility/interoperability at a state and territory and national level and provide the department with advice and recommendations for improvement if required;</li> <li>f. examines the viability and feasibility of establishment of a nationally consistent approach to laboratory information sharing utilising existing systems and information technology infrastructure and/or adopting an existing jurisdictional system/model at a national level;</li> <li>g. if not feasible, makes a broad assessment as to the resources and infrastructure required to establish a nationally consistent laboratory information sharing network; and</li> <li>h. makes recommendations about opportunities to strengthen the degree of collaboration and preparedness of Australia's public health laboratories.</li> </ul>
iv) Committee Members	Relevant Departmental Committees including, AHPPC, Communicable Disease Network Australia (CDNA) and Public Health Laboratory Network (PHLN) will be briefed on the outcomes of the reports at the conclusion of the project.
2) Cost/estimated cost of report.	\$397,628 (GST Inclusive).
i) Number of Departmental or external staff involved and level.	<p>Five (5) Departmental Staff 1xEL2, 1xA/gEL2, 2xEL1, 1xAPS6</p> <p>A project team of twelve (12) staff from external organisations.</p>
3) Status of report.	In progress.
i) Date of expected government response.	The Department will respond to the final report prior to 30 June 2016.

<b>Study of the Impact of the Tobacco Plain Packaging Measure on Smoking Prevalence in Australia</b>	
1a) Date commissioned.	On 8 December 2015.
i) Date report handed to Government.	9 February 2016.
ii) Date of public release	26 February 2016.
iii) Terms of Reference	Dr. Tasneem Chipty was engaged-by the Australian Department of Health to assess the post-implementation evidence, of the impact of plain packaging on smoking prevalence in Australia. For this purpose Dr Chipty was asked to analyse individual-level survey data, over the period January 2001 to September 2015, from Roy Morgan Research, an independent entity that collects nationally representative information on the smoking behavior of Australians aged 14 and above. This data, which spans time periods both before and after plain packaging, enabled Dr Chipty to study the early effects of plain packaging on smoking prevalence in Australia.
iv) Committee Members	Nil.
2) Cost/estimated cost of report.	\$131,000 (subject to currency fluctuations, GST out of scope).
i) Number of Departmental or external staff involved and level.	The report was produced by Analysis Group Inc., an economic and business consulting firm with particular expertise and experience in econometric analysis.
3) Status of report.	Published
i) Date of expected government response.	See above.