Department of Health and Human Services and Tasmanian Health Service

Clinical Planning Taskforce

**Terms of Reference**

# Background

The Tasmanian Government has directed that the Clinical Planning Taskforce be established, led by the Department of Health.

The provision of coordinated, efficient, effective and patient-centred publicly funded health services requires a strategic approach to planning. The delivery of services across Tasmania must accommodate the geographic, demographic and clinical variations across the State. With the international trend being increasing health costs, a more informed patient population and more pressing resource constraint, the planning of health services must include clinical expertise. High-level decision makers within the DHHS and THS must have access to, and be informed by, appropriate clinical input.

# Purpose

The Clinical Planning Taskforce (CPT) will provide well-informed non-partisan, evidence based advice to the Secretary, DHHS, for the planning, delivery, evaluation and improvement of health services in Tasmania. In particular, the CPT will drive alignment of capital investment with longer term system and service plans and health priorities. It will also collaborate effectively with other key elements of the planning function, including (but not limited to) the Planning, Purchasing and Performance group, the Royal Hobart Redevelopment project, and the Workforce Recruitment, Planning and Retention Unit.

# Role and Function

The CPT will have the following functions:

* Drive and oversee the development of a long term detailed health plan to set the future direction and strategy for Tasmania’s health system.
* Provide advice and guidance to the Secretary on capital planning projects of significance to the Health System.
* Provide advice and guidance to the Secretary on strategic planning for the Tasmanian Health System.
* Recommend options to address service duplication, gaps and developments.
* Provide advice to the Secretary on proposed service configuration changes.
* Provide advice to the Secretary on the planning for, and implementation of, new technologies and clinical systems in Tasmania, based on new research evidence, horizon scanning and clinical guidelines that emerge from peak bodies.
* Recommend strategies promoting an integrated and cohesive approach between the various elements of the health system on a Statewide basis.
* Undertake such other responsibilities as requested by the Secretary.

# Structure and Governance

## Structure

The CPT structure will be:

* A core Taskforce, the strategic group, that takes accountability for recommendations and is responsible for a framework for the functions of the CPT.
* Supported by subordinate ‘groups’ comprising:
	+ local reference groups, including key local clinical leaders
	+ issue-specific committees, as required, and
	+ task-specific working groups, as required.

## Governance

The CPT will report to the Secretary, through the Chair.

The members of the core CPT will be appointed by the Secretary.

The CPT provide advice to the Secretary on and convene the subordinate ‘groups’ and develop advice arising from their operation.

Each subordinate group will decide its terms of reference and work plan according to its aims and objectives, endorsed by the CPT. CPT groups will make recommendations to the CPT who in turn will advise and make recommendations to the Secretary.

The Secretary may from time to time direct the committee to consider certain issues or seek submissions and or advice from relevant areas of the Department or THS, external bodies or individuals, and to provide specific recommendations regarding these matters.

The CPT and its groups will be supported by a Secretariat. Functions of the Secretariat will include:

* + organisation of meetings and venues
	+ preparation of agendas, minute taking and distribution of papers
	+ coordination and preparation of position papers, submissions and other relevant documentation
	+ drafting of terms of reference and work plans for the subordinate groups, and
	+ the development of communication material.

# Membership

## Member Roles

The primary responsibility of the CPT is to develop the best possible solutions for all current and future users of the health system. CPT appointees must possess the ability to balance their practical clinical knowledge with the overall context of the system as a whole.

## CPT Chair

The Chief Medical Officer will be the CPT Chair and will report to the Secretary.

## Core Strategic Membership

To enable differing clinical perspectives, membership will be drawn from across the primary to tertiary spectrum, from medical, nursing and allied health perspectives, and reflecting key stakeholder involvement. All possible effort will be made to ensure representation from all regions of Tasmania, underpinned by local reference groups.

Membership will also include nominee of the University of Tasmania’s College of Health and Medicine, and a nominee of Primary Health Tasmania.

To ensure connectivity with strategic purchasing planning and policy, membership will also include relevant Departmental and Tasmanian Health Service executives (both clinical and non-clinical).

The CPT will need to maintain linkages with Asset Management Services, who will lead the Government’s health infrastructure investment program for 2018 to 2024 and the Workforce Recruitment, Planning and Retention Unit as the mix of services and models of care associated with the new infrastructure will require planning for new workforce models and the recruitment and retention of staff and vice versa.

Membership of the CPT is:

* Chief Medical Officer
* Chief Nurse and Midwifery Officer
* Chief Psychiatrist
* Chief Allied Health Adviser
* Director of Public Health
* Deputy Secretary, Planning, Purchasing and Performance
* Chief Operating Officer, THS (or equivalent)
* Head of the Health Workforce Planning Unit
* Executive Dean, University of Tasmania College of Health and Medicine (or nominee)
* Chief Executive Officer, Primary Health Tasmania (or nominee)

In addition to the core membership, the work of the CPT will benefit from observers at its meetings. These will take the form of regular standing observers, and others who may attend on an *ad hoc* basis.

The work of the CPT will be supported by an Executive Officer.

## Local reference groups, subject specific committees and task specific working groups

The number, form and membership to these groups will be discussed by the CPT and recommended to the Secretary for endorsement prior to convening.

Each of these groups will have its own terms of reference and work plan, as endorsed by the CPT. These groups will make recommendations to the CPT who in turn will advise and make recommendations to the Secretary.

# Meeting Times

Meetings shall occur no fewer than four times a year. Out of session decisions may also occur. Additional meetings may be called, at the discretion of the Chair

# Meeting Protocols

* Apologies are to be received prior to each meeting. If appropriate, members may nominate an alternate to attend in their place.
* Decisions/recommendations by CPT can be made with a quorum of half standing members plus one member of the total membership of the Committee.
* Where possible, decisions will be made on a consensus basis.
* Meetings can occur with fewer members at the discretion of the Chair.
* The Chair will endorse meeting papers for distribution to members at least one week before meeting.
* Agenda and meeting papers shall be distributed by the Executive Officer one week prior to the meeting.

# Review of Terms of Reference

The terms of reference can be reviewed at any time as necessary. A review must occur at least once every two years.