



## **TERMS OF REFERENCE**

### **Health Reform Implementation Steering Committee**

#### **1. NAME**

Health Reform Implementation Steering Committee

#### **2. ORIGIN**

On 14 September 2005, the Expenditure Review Committee (ERC) requested the Under Treasurer and the Acting Director General of Health to formulate a model for steering, monitoring and reporting on health reform implementation, including the compliance by DOH in achieving 5.5% annual expense growth constraint.

Following consultations with Department of Treasury and Finance, the Health Reform Implementation Steering Committee was established, and endorsed by ERC on 19 October 2005.

#### **3. PURPOSE**

The Steering Committee will assume the role of the External Reference Group outlined in recommendation 84 of the HRC report with its purpose being:

- The ongoing evaluation of the effectiveness of health reform implementation
- Provision of advice to the Treasurer and Minister for Health on the progress towards achieving the Government's target for health expenditure growth of 5.5% pa; and
- To highlight the major risks and opportunities in the health reform process.

Measurement of the effectiveness of health reform will be based on the original objectives of the Health Reform Committee being:

##### **Promoting and protecting health**

- To give priority to promoting and protecting the health of the people of Western Australia.

##### **Reducing inequities**

- To reduce inequities in health status and inequities in access to health care with particular focus on Aboriginal people, people with mental illness and the poor.

##### **Provision of safe, high quality, evidence-based health care**

- To provide safe, high quality health care, underpinned, by good evidence.
- To pursue a culture of continual improvement.
- To ensure appropriate care is provided in appropriate settings.

### **A patient centred continuum of care**

- To ensure a patient focused, patient friendly health system.
- To enable a patient to move between the different levels of health care in a seamless and easy manner.

### **Value for money**

- To ensure the use of health care resources is based on best value for money and allocated fairly.

### **Transparency and accountability**

- To promote transparency and accountability to the community and to government.
- To promote a culture of 'a budgetary integrity' as the defining objective in resource use.
- To put in place clear and robust accountability mechanisms, and ensure that these accountability mechanisms are adhered to.

### **Optimal public/private mix**

- To ensure complementarity between the public sector and the non-government and private sectors.

### **Sustainability**

- To ensure that funding and workforce requirements for the Western Australian health system are sustainable for the future.

## **4. ACCOUNTABILITY AND REPORTING**

The Health Reform Implementation Steering Committee reports to ERC via jointly the Minister for Health and Treasurer. A report will be prepared and submitted to ERC following each meeting of the Steering Committee.

## **5. MEMBERSHIP**

The Steering Committee will consist of:

1. Director General of Health, as Co-Chair
2. Under Treasurer, as Co-Chair
3. Professor Mick Reid
4. A representative of the Minister for Health
5. A representative of the Treasurer

Proxies are not permitted.

The Steering Committee or its Co-Chairs may co-opt persons to temporary membership of the Committee.

Others may be invited to attend meetings of the Steering Committee in relation to a specific agenda item(s) and may be called to give presentations and advise on relevant matters as required.

Secretariat support will be provided by the Office of the Director General of Health with the Manager in attendance at all meetings.

#### **5.1. Meeting Frequency**

The Steering Committee will meet for up to two working days every 6 months.

#### **5.2. Agenda and Meeting Papers**

An Agenda and associated papers are to be circulated to members no less than seven (7) working days before the meeting is to be held.

As Co-Chairs, the Under Treasurer and Director General of Health will agree the agenda.

#### **5.3. Records**

Formal records will be made of each Steering Committee meeting. The Secretariat shall keep files of at least the following:

- 1 Agendas, meeting papers and meeting records;
- 2 Correspondence and papers circulated other than with agendas.

The files are the property of the DOH and must be preserved in accordance with the *State Records Act 2000* and the *Freedom of Information Act 1992*. The *Health Services (Quality Improvement) Act 1994* may also apply to the documents.

#### **5.4. Communication**

At the end of each meeting there will be agreement as to the communication of issues discussed.

#### **5.5. Confidentiality**

Issues discussed at the Steering Committee are confidential and as such, members shall not disclose those matters unless given the explicit approval of the Co-Chairs.

#### **5.6. Subcommittees**

The Senior Officers Group is a sub group of the Steering Committee. It will meet monthly, the first of which shall be after the first meeting of the Steering Committee.

This group provides support and advice to the Steering Committee and comprises representatives from WA Health and the Department of Treasury and Finance.

The Steering Committee shall not create any other standing Subcommittees.

### **6. ADOPTION AND AMENDMENT OF TERMS OF REFERENCE**

The role and Terms of Reference of the Steering Committee will be reviewed and evaluated at the last meeting of each year.

These Terms of Reference shall be altered only with the approval of the Co-Chairs.

These Terms of Reference were first adopted by the Steering Committee on 10 November 2005.

Subsequent revision dates:

<b>No.</b>	<b>Date</b>	<b>Revision</b>

## **HEALTH REFORM IMPLEMENTATION STEERING COMMITTEE THEMATIC ISSUES**

The following thematic issues were identified by members at the inaugural meeting as being key focus areas for the Steering Committee for both in-session consideration, and out of session continuation of the health reform agenda:

- For each reform initiative:
  - What has been achieved to date?
  - What are the impacts of the reform on service delivery and financials?
  - What achievements are planned for the following 6 month period?
- Demand management:
  - How is the non-hospital based model of care being changed by the reforms?
  - Prevention
- 5.5% expenditure growth limit:
  - What is the action required to achieve this?
  - How appropriate is this limit?
- Management of major infrastructure projects:
  - How are opportunities for changing models of care and business operations being realised?
  - What structure is in place to ensure delivery on time and on budget?
- What will the impact of the reform program be on key areas of the WA Health:
  - Elective Surgery
  - Emergency Departments (waiting time and access block)
  - Ambulance Bypass
- Identification and prioritisation and management of cost drivers.
  - Is there a direct relationship between the stated objectives, and the identified cost drivers?
- Mechanism for identification, harvesting and reinvestment of savings from reforms.
- Communication Strategy