# Terms of Reference

# Integrated Commissioning and Health Needs Working group

## Purpose

The purpose of the Integrated Commissioning and Health Needs Working Group (ICHNWG) is to oversee and support health needs-based integrated commissioning work across the organisation, ensuring timely resolution of barriers to implementation, and ongoing progress towards commissioning deliverables and objectives. Commissioning objectives include:

* Focussing on health needs and service design rather than service delivery
* Gaining efficiency by reducing waste and duplication in services
* Improving health equity.

## Authority

The ICHNWG is a working group that is accountable to the System Management advisory Committee (SMC).

## Functions

The principal functions of the ICHNWG are to:

* Oversee the design and implementation of the health needs-based integrated commissioning framework / plan within Queensland Health.
* Establish appropriate panels and working groups, consisting of HHS, Departmental, clinical, cross-sectoral and community representatives, to enable co-design and collaboration in the design and implementation of health needs based integrated commissioning.
* Provide recommendations on various aspects of integrated commissioning (e.g. the Integrated Commissioning Framework / Plan, Queensland Geographic Needs Index, Local Area Needs Assessment) to SMC for approval.
* Monitor and report on progress of the development of integrated commissioning to SMC ensuring they are fully informed.
* Provide prompt advice and recommendations to the project team in response to any identified barriers, risks or issues affecting project delivery, escalating to the SMC if required.

## Membership

The ICHNWG is comprised of the following members/representation:

* Director, System Planning Branch (proposed Chair)
* Director, Health Research, Analysis and Modelling, System Planning Branch
* Senior Director, Aboriginal and Torres Strait Islander Health Division
* Director, Mental Health, Alcohol and Other Drugs Branch
* Director, Health and Wellbeing Queensland
* Director, Office of Rural and Remote
* Director, Contracting and Performance Management
* Director, Healthcare Purchasing and Funding
* HHS Chief Finance Officer representative
* Three HHS ED Planners, representing metro, regional and rural Queensland
* Primary Health Network representative
* Consumer representative.

#### Proxies

Members who are unable to attend in person and do not have a delegate officially acting in their role can send a proxy. The proxy should ideally be consistent to maintain momentum.

#### Other participants

The Chair may, from time to time, invite other individuals or groups to attend ICHNWG meetings. Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support on a specific topic.

## Quorum

The quorum for ICHNWG meetings will be half of the members plus one. In the absence of a quorum, the meeting may proceed at the Chair’s discretion, with any items requiring decision circulated out-of-session or deferred to the next meeting.

## Out-of-session papers

Items can be managed out-of-session where:

* the item is urgent and must be considered before the next scheduled meeting
* there is insufficient business on the agenda to warrant a formal meeting
* in circumstances when face-to-face meetings are not possible, to enable business to be progressed.

## Confidentiality

Members may be in receipt of information that is cabinet in confidence, commercial in confidence, has privacy implications or is clinically confidential. Members acknowledge their responsibility to maintain confidentiality of all information not in the public domain.

## Conflicts of interest

To meet the ethical obligations under the Public Sector Ethics Act 1994, members and proxies must declare any conflicts of interest and manage those in consultation with the Chair consistent with the Department of Health’s Conflicts of Interest Guideline. This may relate to a position a member holds (for example, chair of an external organisation) or to the content of a specific item for deliberation.

## Secretariat

Secretariat support will be provided by System Planning Branch. The Secretariat will send and receive correspondence from Statewide\_Planning@health.qld.gov.au.

## Meeting schedule

The ICHNWG will meet monthly until an implementation plan is developed and endorsed.

Once the implementation plan and associated subcommittees are in place, the ICHNWG will meet monthly as required.

The ICHNWG will regularly review its meeting schedule and adjust the frequency of meetings to suit the forward work program.

## Business rules

ICHNWG will operate in accordance with the following business rules:

* Meetings should only commence with the appropriate quorum (see *Quorum*).
* The committee should only meet when there is business to transact. If business is limited, consideration should be given to circulating items out-of-session (see *Out-of-session papers*).
* Consideration should be given to holding a joint meeting of committees when there is an item of interest to more than one committee.
* When the committee has insufficient knowledge or information to make a decision on an item of business, an alternate decision pathway should be found (e.g. referral to another committee).
* There should be opportunity at the start of each meeting for members to declare any potential or perceived conflict of interest in relation to any item of business on the agenda (see *Conflicts of interest*). Members should absent themselves from discussion and/or the room while the item is considered.

## Communication schedule

Agendas will be provided to members in advance of each meeting. Actions and decisions will be distributed by the Secretariat following each meeting.

Should a matter arise between meetings that requires an urgent decision, members will be contacted out-of-session via email.

## Reporting schedule

ICHNWG will report to the SMC as required.

## Guiding Principles

The principles of the *Public Service Act 2008* and the *Hospital and Health Boards Act 2011* guide the deliberations of public servant participation on this Committee.

The ICHNWG is committed to establishing, maintaining and promoting good governance by adhering to the following principles of public sector governance:

* **Consistency with the Hospital and Health Boards Act (2011**) – maintain consistency with system roles, accountabilities and authorities for DGs, DDGs, HHS CE and HHS Boards under legislation.
* **Federated to Networked system governance -** to promote mutual reciprocity, and
* value-creation alliances between peers and partners including HHSs, DoH and the QAS.
* **Engagement between HHSs, DoH and QAS** - to develop common ground, mutual respect, understanding, and an active investment in relationship capital.
* **Transparency –** better decisions are made when reducing “information asymmetry”. Ensure all parties have all the information.
* **Pursuit of Value –** advice and decision are made with the view to getting the best outcome at lowest cost for Queenslanders – patients and families.
* **Partnership –** Queensland Health as part of a much broader health and social care ecosystem. We need to work with other delivery partners to get the best outcome for Queenslanders.
* **Consumers and Clinician engagement** – Services will be best when co-designed with those who deliver and receive them.

## Declaration of recognition

**Building** on the progress already made, including through the Queensland Government’s Reconciliation Action Plan 2018-2021, the Human Rights Act 2019 and new National Agreement on Closing the Gap, the Committee solemnly proclaimsa standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government’s Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government 2019, including:

* Recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
* Self-determination
* Respect for, and recognition of Aboriginal and Torres Strait Islander cultures and knowledge
* Locally led decision-making
* Shared commitment, shared responsibility and shared accountability
* Empowerment and shared decision-making
* Free, prior and informed consent
* A strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

**Affirming** that prior to colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

**Recognising** the sovereign First Nations of this continent were and remain highly sophisticated in their operations, organisations, institutions and practices;

**Convinced** that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

**Recognising** that Aboriginal peoples’ and Torres Strait Islander peoples’ sovereignty was never ceded;

**Acknowledging** the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

**Recognising** the past acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and First Nations have experienced and continue to experience;

**Convinced** that addressing levels of disadvantage and inequity will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by enabling and supporting Aboriginal peoples and Torres Strait Islanders peoples and First Nations’ self-determination, self-management and capabilities;

**Asserting** that when Aboriginal peoples and Torres Strait Islander peoples and First Nations have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;

**Acknowledging** that the United Nations Declaration on the Rights of Indigenous People, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and First Nations freely determine their political status and freely pursue their economic, social and cultural development;

**Underpinning** the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to the social, cultural, intellectual and economic advancement of Aboriginal peoples and Torres Strait Islander peoples and their development agendas;

**Recognising** that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples and First Nations is needed to address inequities.