Partners in Palliative Care Reference Group

Terms of Reference

Background

‘Partners in Palliative Care’ (PIPC) is a reference group convened to provide leadership and inform the ongoing and sustainable development of palliative care in Tasmania. Membership is representative of stakeholder organisations from across the Tasmanian health, aged and community service sectors, and other entities with a role in palliative care advocacy and capacity building.

PIPC was first established in 2012 as part of the Better Access to Palliative Care program but has evolved with an ongoing role providing palliative care advice leadership for Tasmania.

PIPC is sponsored by the Department of Health & Human Services under the governance arrangements for the Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021 (The Policy Framework)

The Policy Framework identifies six priorities for action. They are:

- Providing inclusive palliative care that is community and person centred
- Strengthening communities of care
- Enhancing end of life care
- Enhancing bereavement care
- Delivering contemporary, accountable and sustainable specialist palliative care
- Providing leadership, co-ordination and evaluation

The role of the Partners in Palliative Care Committee is to oversee the implementation of The Policy Framework.

Purpose

The purpose of the PIPC is to:

- provide advice, guidance and oversight to DHHS and THS in relation to the implementation and evaluation Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021 (The Policy Framework)
- promote and strengthen capacity across the palliative care service system
- promote, support and facilitate community capacity and engagement in palliative care
- build networks and partnerships to promote and support palliative care in Tasmania
- inform service system planning, enhancements and linkages.
Role and Function

The role of the PIPC is to provide expert palliative care advice and leadership, including:

- providing support and advice to inform the implementation, monitoring and evaluation of the Tasmanian Palliative Care Policy Framework
- providing advice to governments and contributing to palliative care policy development, service and system planning and reforms
- engagement with the wider community including consumers and carers and groups with specific needs to identify and address gaps in the delivery of community based palliative care;
- the development of networks and linkages between public, private and non-government providers of palliative care in order to build capacity and strengthen the role of existing palliative care services;
- providing regular feedback to stakeholders regarding the work of the PIPC
- providing advice to inform ongoing palliative care service development
- leading and promoting collaborative and partnership approaches to palliative care
- information sharing regarding current events, service developments and research to enhance communication across the palliative care sector in Tasmania
- promoting, building awareness and capacity across the palliative care sector

Governance

A governance structure has been established to support the role of the PIPC. The governance structure, including accountabilities are provided in Diagram 1.

PIPC

The PIPC Reference Group does not have direct governance responsibility. The Reference Group can refer matters to DHHS and/or THS for consideration and action. This includes requests for advice and guidance in relation to the role and function of the Reference Group.

The Reference Group is responsible for representing key stakeholders and works to facilitate the active engagement and input of stakeholders, including representing the palliative care interests of the broader Tasmanian community. The Reference Group also provides specialist knowledge and ensures that the Policy Framework and other palliative care initiatives are informed by contemporary practice and local context and community needs.

DHHS

DHHS provides executive and secretariat support for PIPC. DHHS is responsible for convening PIPC meetings and implementing and managing projects and initiatives to progress Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021. DHHS is required to provide annual reports to the Minister for Health regarding progress towards implementing the Policy Framework.
Diagram 1:

Membership

Members of the PIPC attend as nominated representatives of their organisation. Members are also required to nominate a proxy to represent them should they be unable to attend a PIPC meeting.

Chair:
Deputy Secretary, Planning, Purchasing and Performance, DHHS
Proxy and Deputy Chair – Director, Community Planning and Strategy, DHHS
Membership:

- Aged and Community Services Tasmania (ACST)
- Palliative Care Tasmania (PCT)
- The District Nurses (TDN)/private nursing services
- General Practitioner representative/s
- Carers Tasmania
- CanTeen
- Council on the Ageing (COTA)
- Disability peak
- Tasmanian Council of Social Service (TasCOSS)
- Tasmanian Health Services North, North West & South:
  - Specialist Palliative Care Services (SPCS)
  - Community Nursing
  - Emergency Department (ED)
  - Rural Hospitals and Multi-purpose Centres
  - Allied Health Services
  - Mental Health Services
- Ambulance Tasmania
- Primary Health Tasmania (PHT)
- Tasmanian Aboriginal Health Reference Group (TAHRG)
- Migrant services representative
- LGBTI services representative
- University of Tasmania (UTAS)
- Calvary Health Care Tasmania/private hospital rep
- Hospice volunteers representative

Other stakeholders or members of DHHS may attend meetings as required to update the reference group on issues of significance to the deliberations of the group.

Additional members may be co-opted at any stage to provide expertise not existing within the core reference group membership.

Sub-Committees and Working Groups

The Reference Group may need to convene working groups and/or sub-committees as part of its activities.

The establishment and membership of any working groups and/or sub-committees is by consensus of Reference Group members.
**Consumer input** will be obtained by accessing the existing consumer engagement and participation structures and mechanisms of the organisations and representatives of the members of the PIPC Reference Group.

Membership is ongoing until June 2021, but will be reviewed annually to ensure that the PIPC has appropriate representation in accordance with the Policy priorities and requirements of the PIPC.

The Chairperson is the Deputy Secretary, Planning, Purchasing and Performance, DHHS. The Deputy Chairperson is the Director, Community Planning and Strategy, DHHS). The nomination of the Chair and Deputy Chair will be reviewed periodically

Executive Officer and Executive support functions (agenda, minutes and correspondence) for the reference group are provided by the DHHS, Community Planning and Strategy Business Unit.

### Member Roles

**Chairperson:**
- Preside at all meetings which they are present.
- Invite co-opted members as necessary.
- Notify and brief the Deputy Chairperson in the event they are not able to attend a scheduled meeting.
- Approve the content of the agenda, action list and minutes arising from meetings.
- Review all official correspondence generated by the reference group.

**Deputy Chairperson:**
- In the absence of the Chairperson undertake the role and functions of the Chairperson as described above.

**Executive Officer:**
- Responsible for scheduling and notifying members of upcoming meetings.
- Oversight and ensure executive support functions are provided to the reference group.

**Partners in Palliative Care Reference Group members:**
- Committing to the purpose of the reference group and taking the time to make informed contributions, both within and outside formal meetings.
- Attending scheduled meetings or sending a proxy.
- Providing a system wide, balanced perspective on current issues and options without bias or prejudice.
- Seeking the views of their professional networks, health service or organisation on matters to be considered by the reference group and communicate these to the reference group upon request.
- Declaring and managing any potential conflicts of interest.
- Undertaking other actions and activities in support of the purpose of the reference group.
- Disseminating key outcomes from meetings back to relevant stakeholders within their organisation.
Membership arrangements

Members representing funded service organisations will not receive remuneration for their participation on the reference group.

Remuneration may be provided to consumer representatives and other members on a case by case basis.

Meeting Times

- Meetings will be convened in business hours.
- Meetings will be scheduled approximately every 12 weeks
- Extraordinary meetings may be convened as required. Any member of the PIPC can request that an extraordinary meeting be convened, however the decision to convene an extraordinary meeting rests with the Chair (Deputy Secretary, Purchasing, Planning and Performance, DHHS)

Meeting Protocols

- Meetings commence in November 2017 and will be conducted up to June 2021.
- The meetings will be convened face to face in a geographically central location, to support participation of committee members state-wide. These meetings will be up to 4 hours duration (10.30- 2:30 pm)
- Meetings may be conducted via videoconference, for those meetings where the focus of the meeting is restricted to the core business of the standing agenda items or when the business of the meeting may be concluded in 2 hours or less.
- A quorum will consist of not less than 50% +1, which at a minimum must include one representative from DHHS, THS, PCT plus 3 community sector organisation representatives.
- Nominated proxies must be sent through to the Chairperson for approval prior to the meeting.
- The agenda and meeting papers will be distributed electronically one week in advance of the meeting.
- Minutes will be circulated within one week of the meeting date and distributed to The Policy Framework Sponsor (Secretary, DHHS) and other relevant committees at the discretion of the Chairperson.
- Conflict of Interest – Declarations of conflict of interest will be a standard agenda item for all meetings. Meeting attendees for whom a conflict of interest has been identified may be required to absent themselves from the meeting for the relevant agenda item.
- If a dispute arises in relation to the business of the reference group, the Chairperson will determine the dispute resolution process which may involve independently mediating a solution or seeking advice of additional members to facilitate a solution.

Review of Terms of Reference

The Terms of Reference will be reviewed annually or as required.