

# Example of a poorly drafted Terms of Reference

## Tackling Morbid Obesity Taskforce

### Context

Morbid obesity is a significant issue in Australia, It has been identified as a major risk factor for cardiovascular disease, type 2 diabetes, some musculoskeletal conditions, and some cancers.

In response, the National Cabinet has commissioned a taskforce to determine the best ways to tackle morbid obesity. The taskforce will work with the Commonwealth, State and Territory Governments to review and make recommendations on existing strategies and potential new measures.

Insufficient detail to illustrate the nature and scale of the problem, and why it should be addressed as a priority.

### Scope

The Taskforce will deliver advice on the following:

- The extent of the morbid obesity issue across Australia, and the capacity of the current health system to address the issue
- Education programs on the causes of obesity, and preventative measures
- Proposals for funding of health programs and services across States and Territories to improve obesity-related outcomes.

Elements are vague and ambiguous, and there is no statement of what is out of scope.

The Taskforce may also provide advice on any other matters related to the objectives above, or as requested.

Does not specify resourcing requirements from the different governments, or the taskforce's own internal governance arrangements

### Governance

The Taskforce will report to National Cabinet via the Health Reform Committee. The Taskforce will also be guided by a Deputy-Secretary level **Interdepartmental Committee** comprising representatives from several APS Departments.

Avoid creating new, bespoke committees where a standing committee can be used.

### Deliverables

The Taskforce will report in **mid-2021** and will include recommendations for a social media campaign to address morbid obesity in Australia.

Deadline is unclear

Pre-empts the taskforce's findings and solutions

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## Tackling Morbid Obesity Taskforce

### Context

Morbid obesity has become a major Australian public health concern in the past decade. The number of Australians diagnosed with morbid obesity in 2019 more than doubled those in 2010, with doctors predicting that this figure will increase by another 50% by 2025.

Morbid obesity poses a significant number of health risks to sufferers, including heightened risk of various forms of cancer, diabetes and heart disease, among other illnesses. In addition, morbid obesity impacts quality of life, general wellbeing and mental health, with more than half of obesity sufferers also diagnosed with mental illnesses such as anxiety and depression.

In addition to impacts on sufferers, there is a significant cost and strain on public health services as the number of obese Australians continues to escalate. The National Cabinet has agreed with the Commonwealth to undertake cross-jurisdictional work on the matter, with the taskforce to report to National Cabinet through the Health Reform Committee.

Clearly describes the issue and why it should be addressed as a priority

Specifies how the taskforce was created

### Objectives

Listing objectives can help frame the aims of the Taskforce and articulate the scope more clearly.

The Taskforce will deliver advice to Government addressing;

- The prevalence of morbid obesity in Australia and changes in these rates over time
- The factors, including the role of the food industry, which have led to a rise in morbid obesity in Australia
- The short and long-term harm to health associated with obesity
- The short and long-term economic burden of obesity in Australia
- The effectiveness of existing policies and programs introduced by Federal, State and Territory governments to improve diets and prevent obesity
- Evidence-based measures and interventions to prevent and reverse morbid obesity, including experiences from overseas jurisdictions

The Taskforce may also consider and provide advice on any other matters related to the objectives above.

The Taskforce will have regard to the findings or proceedings of previous and ongoing reviews or inquiries and regulatory approaches in states and territories and relevant overseas jurisdictions.

# Example of a well drafted Terms of Reference

## *Continued*

### Scope

The Taskforce will inform its work and gather data through nation-wide industry consultation to examine a number of issues related to morbid obesity. Specifically, the taskforce will undertake the following activities:

- Collate data from state and territory health services and departments to determine the prevalence of obesity within specific segments of the population
- Consult with health professionals and services within states and territories to understand societal factors contributing to obesity, including intersection with biological factors such as genetics and the long term health risks posed by obesity
- Consult with the wider health industry and state and territory health departments about the economic impacts of obesity, including on health budgets and reduced economic participation of obesity sufferers
- Evaluate the effectiveness of existing policies and programs introduced by state and territory governments to address obesity within the community.

Expert interviews with health industry professionals and consultations with government services will form the basis of the inquiry. Data gathered will have a thematic analysis applied to determine common patterns.

The Taskforce will deliver:

- An overview of the current state of obesity in Australia, including a demographic breakdown, examination of causes and connections to other life-threatening illnesses
- An overview of existing health initiatives to address obesity, including any gaps and overlaps in funding measures
- A forecast of public health costs to the Federal Government based on 2025 predictions of a 50% increase in obesity.
- Recommendations on measures to prevent and reduce obesity within Australia

The following items are out of scope for the Taskforce;

- Potential legislative reform required in states and territories arising from the Taskforce;

Explains what issues will be examined as part of the taskforce work, the way data will be gathered and the method of analysis applied for analysing data.

Provides clear, unambiguous parameters around what the Taskforce is (and is not) required to deliver

# Example of a well drafted Terms of Reference

## *Continued*

- Review of the cost-saving impact of medicines and health services that have not yet reached market;
- Costs to individual community members incurred through private health insurance; and
- Assessment of state and territory health budgets and their contributions to addressing obesity concerns.

### **Governance**

The Taskforce will report to National Cabinet, led by the Prime Minister, and a Ministerial Steering Committee to be chaired by the Minister for Health.

Membership of the Ministerial Steering Committee will comprise the following Ministers;

- Government Services
- Finance
- Industry, Science and Technology
- State and territory health ministers

An existing Deputy-Secretary level Interdepartmental Committee will act in an advisory capacity and guide the work of the Taskforce. The Committee will comprise the following representatives:

- Deputy Secretary, Prime Minister and Cabinet (co-Chair)
- Deputy Secretary, Department of Health (co-Chair)
- Deputy Secretary, Services Australia
- Deputy Secretary, Finance
- Deputy Secretary, Department of Industry, Science, Energy and Resources

Explicitly states membership and role of committees

### **Resources**

The Taskforce will be staffed by 5-8 officers from the Department of Health and 3-5 officers from PM&C, led by an SES Band 2 from Department of Health.

The Taskforce will consult with health ministries and treasuries across states and territories. The Taskforce will be supported by subject matter experts from CSIRO who will be engaged by the Department of Health.

States how the Taskforce will be resourced, who it will be led by, and who else will have input

## Example of a well drafted Terms of Reference *Continued*

### Deliverables

The Taskforce will deliver an interim report and two final reports.

An interim report will be produced by the Taskforce to reflect initial findings and next steps. The report will be delivered to National Cabinet and the Ministerial Steering Committee by 28 February 2021.

The Taskforce will deliver two final reports to reflect its findings and recommendations:

1. A costings report, which will provide a forecast of anticipated public health costs based on obesity projections for 2025. The costings report will be delivered to the Ministerial Steering Committee by 1 July 2021.
1. A response strategy report, which will address the current state of obesity in Australia, existing initiatives to address obesity, and recommendations for measures to prevent and reduce obesity, as stipulated in the Terms of Reference. The response strategy report will be delivered to National Cabinet by 1 September 2021.

Clearly articulates final products, deadlines and report governance.