

Terms of Reference – National Hypertension Taskforce Steering Committee

Hypertension is the leading risk factor that drives cardiovascular disease, kidney disease and stroke. Improving blood pressure diagnosis and treatment by way of systematic national and/or State and Territory hypertension control programs will save lives, reduce disability from heart attacks and strokes, reduce medical costs, and improve productivity.

In response to the recent Call to Action (Schutte *et al*, 2022) the National Hypertension Taskforce has been established with the remit to improving hypertension control rates in Australia from 32% to at least 70% by 2030.

Purpose

The National Hypertension Steering Committee is a panel of experts established to provide strategic advice and direction and to guide the design and implementation of the National Hypertension Taskforce initiatives and ensure quality, patient safety, timely scale up, and accurate monitoring.

Role and Responsibilities

- To provide oversight and strategic direction for the National Hypertension Taskforce
- To develop and maintain hypertension control as a high priority and promote a culture of continuous quality improvement for hypertension control amongst policy makers and civil society.
- To provide and seek advice from Taskforce members to develop strategy, identify risks and mitigations, and monitor the ongoing work of the Taskforce and its working groups to drive outcomes.
- To annually review program performance and identify barriers and evidence-based actions to improve hypertension control. These may include health systems change, regulations to enhance care (task sharing, affordable and available long-acting high-quality medications, ensuring the sale of only accurate BP devices, etc.), education-training-knowledge translation (e.g., to optimize hypertension control through enhanced task sharing), use of registries with performance reporting for screening and blood pressure measurement, program monitoring and evaluation, updating hypertension diagnosis and treatment recommendations.
- To take into consideration new developments from other hypertension control programs.
- To promote prevention of hypertension, including through policy and educational initiatives to reduce sodium consumption.
- To report progress on hypertension control to stakeholder organisations.
- To meet on a regular basis and as needed, but no less than quarterly in the first year.
- To engage internally with the established International Advisory Group to seek international expert guidance on strategy, implementation and policy approaches and to leverage proven initiatives.

Membership

The Steering Committee will comprise a minimum of six and maximum of eight Taskforce members from partnering organisations. Members of the Steering Committee will be sought from the Taskforce through an open Expression of Interest, and will have representation from the strategic partners, Australian Cardiovascular Alliance (ACvA) and Hypertension Australia (HA).

Membership roles

Co-Chairs: Well-respected, senior leaders who have a strong track record of accomplishment and is dedicated to and accountable for improving hypertension control. For the inaugural Steering Committee, Chairs will be the Co-Leads of the National Hypertension Taskforce. Should the Chairs stand down from the Committee, new Co-Chairs will be chosen from the Committee membership.

Secretariat: Led by a senior manager who has strong track record of accomplishment and organisational management experience. Responsible for organising meetings, minutes, agendas, and necessary supporting documents, and supported by the Co-Chairs. This function will be provided as agreed by Taskforce members under a shared resourcing model.

General members: Representatives from the main stakeholder organisations of the National Hypertension Taskforce. The individual representatives would be senior, influential within their constituencies, responsible to report to and from their constituencies, and responsible to advocate for implementing the committee's recommendations.

Membership Term

The Steering Committee is effective from Q1 2023 and will exist until the goal of reaching 70% control rates is achieved or until termination by agreement between collaborating partners.

- Members will serve an initial term of three years, with the option of extending appointment for another term.
- A full review of the Steering Committee will be undertaken after two years to advise on any strategic changes that will strengthen its impact.

Reporting

The Steering Committee will report progress on hypertension control to stakeholder organisations on an annual basis or as required.

References

Schutte AE, Webster R, Jennings G, Schlaich M. Uncontrolled blood pressure in Australia: a call to action. *Med J Aus* 2022; 216(2):61-63; doi: 10.5694/mja2.51350.